



Hawi Ali– Afar Region

Themes [Emergency Nutrition Response, Stabilization Centre (SC)]

Summary Hawi is Ahmed's aunt who has brought him to the Asayita hospital for treatment for severe acute malnutrition. They live in a small rural village called Mamule in Afar region. Ahmed, two years and four months old has been in the SC centre for the past eight days. As his mom has given birth to another child and his dad has passed away, his aunt and his grandmother were the ones that brought him to the hospital on a Save the Children project vehicle from where they live. He is now making progress and is ready for release.

In April Save the Children supported the regional government to conduct a mass screening of children under five and pregnant and lactating women (PLW). Twenty-seven percent of children and 33% of women were found to be acutely malnourished. Following this declaration of emergency by the local government, Save the Children immediately responded by pulling its resources and staff to help children like Ahmed.

Hawi's story in her own words

My name is Hawi Ali. I am Ahmed's aunt. Ahmed was severely suffering of an illness and was getting weak as days went by. We were referred to come to the Asayita hospital after being assessed at the OTP centre in Mamule health post.

Ahmed is now two years and four months old. His mom is at home after having given birth to another child. As she couldn't accompany him, and is in Mamule recovering from delivery, we [myself and his grandmother] brought him here. We came for medication and treatment for Ahmed but also received money, (80 birr/day) which totals 640 birr (USD \$36). This has helped us with expenses for ourselves while we stay in Asayita, away from our home in Mamule.

Ahmed's father passed away by a car accident while his wife was still pregnant. Their first daughter also passed away very shortly after being sick one night. Ahmed didn't start eating when he reached the age that he was supposed to. As he got sick very often, he has not had good appetite and doesn't feel healthy ever since. He doesn't eat normally. I think this is because he was bitten by a snake a while ago. Now, his health condition has been improving as they are constantly giving him nutritious milk (F75) and medication.

We commonly eat mufe [made with corn flour that is baked under-ground like bread]. We used to have a farm before we came to Mamule but we had to sell that and our animals to come here to start a better life. Now we buy corn from other farmers for our consumption. Since there was no water to drink as well as provide to our animals we were forced to come to Mamule. We get water from a nearby river called Mereso. Luckily, it passes by close to our home. There are other people that come from very faraway places to get to this river.

I hope we won't get hungry. We [women] usually try and go back to corn harvested farms and pick the remaining shoots of corn that can be collected and sold. This is an extra income for us to support our families.

We came from Mamule, thankfully by an ambulance that the hospital provides. We have been given money to feed ourselves during our stay too, which we are very thankful for. We got more than we asked for. We've done everything we could before coming here which included traditional medication as well as praying to get



Ahmed to be well but nothing had worked. We are very thankful for all the help that Save the Children has provided him.

Interview conducted by Amerti Lemma during the recent communication assignment to Afar region in June, 2013

Project background

The two main rainy seasons in Afar are Karma and Sugum. Early cessation of the regular Karma (long) rains in late 2012 and disruption of Sugum (short) rains in March/April 2013 resulted in critical water shortage, very poor pasture, low livestock and agricultural production and irregular migration, severely affecting the food security and livelihood status of the communities. The major affected areas are in Zones One and Two which are located in the northern and north-eastern parts of the region. Five woredas (Afdera, Erebti, Kori, Bidu and Elidaar) have been prioritised by the regional government as suffering from critical water shortage and food insecurity. Save the Children have on-going programmes in Water, Sanitation and Hygiene (WASH), livelihoods, Disaster Risk Reduction (DRR), nutrition, health and education in Afar.

An emergency nutrition programme funded by HRF started in April, 2013 in six hotspot woredas. OTP is delivered in conjunction with government health workers and Supplementary Feeding Program (SFP) is delivered directly by Save the Children. So far 1,204 severely malnourished children have been admitted to OTP sites and 40 cases transferred to the stabilization centres and received treatment. A total of 4,325 moderately malnourished children and 4,428 PLWs have been admitted to the SFP.

Drought has become a frequent and persistent phenomenon in the Afar Region causing serious impairments in livestock production, the main source of livelihoods for pastoralists. In the past 10 years the region has been hit by three severe droughts — in 2002/03, in 2004/05, in 2007 and now this latest drought. Many fear that this will continue to further deteriorate the condition of the Afar people and worsen their abilities to recover from these continuous shocks. The situation requires a large-scale response within the next three months to overcome and prevent further immediate casualties in terms of both human and livestock lives. The Afar Region requires long-term investment to reduce the impact of further droughts and provide sustainable water resources to communities. Save the Children has responded to this crisis by providing water trucking to the affected regions over the last month, and aims to do so until August when it is hoped the rains will come. Save the Children is also working with partners such as UNICEF to support the sustainable development of water resources in this area, and reduce communities' dependence on trucked water.

Location Background

Afar region, situated in the North Eastern part of Ethiopia with a population of 1.4m, is a drought prone area which suffers from chronic water shortages. The majority of Afar people are pastoralists (90%) or agro-pastoralists (10%) who rely on livestock rearing and rain fed agriculture for their diet and livelihoods.

Basic service provision in the pastoral areas of Ethiopia has historically been problematic, with less than one-fifth of pastoral communities in Ethiopia having access to basic social services such as health care and education; Afar is no exception. In Afar, there are shortages of trained health staff at all levels as well as a basic lack of infrastructure — the fact that there are only 39 health centres and 4 referral hospitals in the whole region (96,707 square kilometres) means families have to cover vast distances by foot to reach lifesaving care.