



## Rabia Ahmed– Afar Region

**Themes** [Emergency Nutrition Response, Outpatient Therapeutic Program (OTP) Centre]

**Related interviews** Fatuma Mussa, 20 years old, Wuha Limat kebele, Elidaar woreda [district]

**Summary** Rabia Ahmed, 24 has been working for Save the Children as OTP officer for the last two months in Elidaar District, in Afar Region. She mainly provides technical support to health posts and health centres to properly treat children and mothers with moderately acute malnutrition. The OTP centre where she works is one of the 77 centres in Afar supported by Save the Children.

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 malnourished children.

### Rabia's story in her own words

My name is Rabia Ahmed. For the last two months, I have been working as an OTP (Outpatient Therapeutic Program) officer in Save the Children at Elidaar District. I cover 13 outreach OTP sites and my main responsibilities are, providing technical support and on-the-job training to frontline health workers and health extension workers serving at the health posts, on how to assess, diagnose and treat children with malnutrition at the OTP centre.

Each day, we give treatment to more than 30 children under the age of five at each OTP site that Save the Children established. Most of the children that we assess are moderately malnourished. However, some are severely malnourished and have had medical complications too. When we find a child with malnutrition and medical complication, we refer them to the SC (Stabilization Centre) that Save the Children supports and strengthens in Elidaar.

At the OTP site, we assess children's conditions by measuring their weight and mid upper-arm circumference (MUAC). When a child is found with the MUAC below 11cm, then we admit s/he in the OTP program and provide a high nutrient food (peanut paste). We also do follow-up each week to see the progress.

Due to the successive failed rain in many parts of the Afar Region, majority of the people have been seriously affected by the drought and were unable to properly feed their children. As a result, many children are malnourished and their families have also temporally moved to other places in search for water and pasture.

I feel very sad, when I see children suffering from severe malnutrition. However, I am happy when they recover and do better after their treatment. The community volunteers are our key allies in implementing the project. They support us by screening children with malnutrition at the village level and they refer those children with lowest MUAC measurement to the OTP sites where they receive treatment. They also deliver key messages to mothers about nutrition and child caring practices.

The harsh environment, the distance between communities and the unique way of life of the local community in Afar has been very challenging for us to reach as many children as we would like. And I suggest that more resources would be allocated, both in terms of human and financial to address this problem.



**Interview conducted by Seifu Assegid 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.



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**Ethiopia personal story**