



PRELIMINARY RESULTS OF ABALA NUTRITIONAL SURVEY

Target Groups and Sample sizes: In 30 clusters: 966 children 6-59 months of age (or 65 -<110 cm in height) in Abala woreda, Zone 2, Afar region.

Methodology: Random two stage (30 x 30) cluster survey

Date: 19th - 23rd February 2005

This survey is conducted to estimate the prevalence of acute malnutrition in children aged 6 – 59 months and to assess the health and food security situation of the population. The survey was funded by USAID/ALT and carried out by GOAL in collaboration with the Federal DPPC, and Abala Woreda administration.

Child Nutrition

Children 6 - 59 months (or 65-<110 cm in height)

Prevalence (n=966)	Z Score	Percent of Median
Global Acute Malnutrition (<-2 WFH Z-Scores / <80% median WFH /oedema) *	13.5% (n=130) (11.4% - 15.8)	7.9% (n=76) (6.3% - 9.8%)
Severe Acute Malnutrition (<-3 WFH Z-Scores / <70% median WFH /oedema)	0.4% (n=4) (0.1% - 1.1%)	0.3% (n=3) (0.1% - 1.0%)

* No oedema cases

Cumulative morbidity prevalence in previous 2 weeks

Children 6-59 months (n=966)	27.8% (n=269)
% of illness cases: ARI/cough	45.72 % (n=123)
Diarrhoea	24.54 % (n=66)
Malaria	20.82 % (n=56)
Others	8.92 % (n=24)

6-59 month child Vaccination and Supplementation

% of children (>9mo, n=913) vaccinated against measles (recall &/or card)	15.0 % (n=137)
% of children vaccinated against TB (presence of BCG scar)	9.8 % (n=95)
% children receiving vitamin A in last 6 months	14.3% (n=138)

Mortality

Crude Mortality Rate (deaths/10,000/day) (n=5685)	0.53 (not critical)
Under 5 Mortality Rate (deaths/10,000/day) (n=1289)	1.29 (not critical)
Causes of death (crude)	
Diarrhoea	25.9% (n=7)
Malaria/Fever	22.2% (n=6)
Malnutrition	7.4% (n=2)
ARI	3.7% (n=1)
Accident	3.7% (n=1)
Unknown	22.2% (n=6)
Other	14.9% (n=4)
	100% (n=27)

Child care indicators

(Children 6-36 months, n=177):

88.1 % (n=156) of mothers/carers did not prepare special foods for their youngest child.

99.4% (n=176) of mothers/carers could not read or write.

(n=300 households):

77.0% (n=231) reported prioritising young children at mealtimes.

Food security (n=300 households)

Main food: 97.3% of households were currently reliant on wheat and 2% on maize, compared to 81.7% and 8% in a normal year.

52% of households were currently reliant on relief food and 47.7% on purchase of food that was 25.3% and 60.7% in normal year respectively.

No households were currently reliant on own production that was 13.7% in normal year.

60.4% expect to have relief food as main food in the coming three months compared to the current 52%.

Coping strategies: 59.7% of the households were eating 2 meals a day.

(In the last 3 months) 19.3% of the households were eating 1 meal a day.

33% of households had experienced unusual migration.

4.7% of households had sold personal assets.

86.3% of households had sold livestock to purchase grain

14.7% of households had consumed unusual food

Livestock (n=273): 91.6% of households reported livestock in poor/very poor condition

97.8% of households reported a fall in stock holding size since last year.

Access to water (n=300)

57.7 % of households main water source was unprotected

33.3% of households reported water availability was below average

67.6 % of households had to walk over one hour one way to collect water

Access to health facilities (n=30)

80% of communities had to walk over one hour one way to the nearest health facility.

Pasture, water and livestock market (n=30)

100% of communities reported pasture availability was below average to none.

79.3% of communities reported water availability was below average to none.

40% - 50% decline of livestock prices as compared with the normal year and low demand in the market were reported.

Conclusions:

Considering aggravating factors of malnutrition such as poor food availability and poor food access of households, low coverage of measles vaccination and vitamin A supplementation, and high morbidity rate of children because of infectious diseases, it is the conclusion of the survey that the current situation in Abala Woreda be deemed to be **serious** (DPPC, 2002).

Recommendations:

These recommendations are intended for agencies working in Abala woreda and interested to work in the area.

- The general ration distribution meeting sphere minimum standards should continue until the situation shows improvement.
- DPPC should revise the beneficiary number of the woreda by doing further assessment (currently the beneficiary number is 19,300). Currently those beneficiaries receiving general rations are sharing with the whole community, diluting the intended impact of the food aid.
- It is strongly recommended that blanket supplementary feeding targeted at children under 5, lactating and pregnant women and the elderly commence as soon as possible.
- Measles immunization and vitamin A supplementation should be arranged to improve and protect the health situation of children.