

**WORLD VISION ETHIOPIA  
SUMMARY REPORT  
NUTRITION SURVEYS CONDUCTED IN ASSAYITA WOREDA, ZONE ONE OF AFAR  
REGIONAL STATE**

**I. Background information**

Assayita woreda is located at about 680 kms North East of Addis Ababa in Zone one of Afar National regional state. It has a total population of 53,181 out of which 24,056 (45.23%) is female. The woreda capital assayita is situated at about 50 kms East of Addis Ababa Djibouti main asphalt road. World Vision Ethiopia started operation in Assayita woreda in April 2001. Mean household size is estimated at 5.2, which is similar to the national average. WVE conducted nutrition survey in Assayita woreda from December 25, 2004 to January 2, 2005 with the aim of assessing the current situation and follow up of the last year survey result.

**II. Methodology**

Standardized two stages 30 by 30 cluster methodology was employed. Data on retrospective mortality (90 days) was collected from (30) all households contacted including those households with no children under five. Two days training was conducted for enumerators and supervisors out of which one day was field practice. Household survey was also conducted for every 3<sup>rd</sup> household during anthropometrical data collection. The results are presented both in z scores and percent of the median. About 910 children 6-59 months of age were weighed and measured.

**III. Objectives of the survey**

- ✦ Assess the level of malnutrition among children 6 to 59 months of age.
- ✦ Assess immediate causes of malnutrition in the study area.
- ✦ Estimate the retrospective crude mortality rate.
- ✦ Assess the level of morbidity with in the last two weeks from the day of the survey.
- ✦ Estimate vaccination coverage of the woreda.
- ✦ Assess general food security situation of the woreda

**V. Results of the survey**

**4.1 Prevalence of Acute malnutrition based on WFH z scores (<-2 z scores and /or oedema).  
Three Oedema cases were reported**

	<b>6 - 59 months n= 910</b>	<b>6 - 29 months n=422</b>
<b>Prevalence of global malnutrition (&lt;-2 z-score and/or oedema)</b>	105 = 11.53% 95% C.I (8.8- 14.9%)	65= 15.4% 95% C.I. (10.9 – 21.15%)
<b>Prevalence of severe malnutrition (&lt;-3 z-score and/or oedema)</b>	18= 1.97% 95% C.I.(0.96 – 3.8%)	11 =2.6% 95% C.I (1.0 - 6%)

**Based on the percentage of the median and /or oedema**

	<b>6 – 59 months n=910</b>	<b>6 - 29 months n=422</b>
Prevalence of global acute malnutrition (<80% and/or oedema)	74 = 8.13% 95% C.I. (5.86-11.13%)	51 =12.08% 95% C.I (8.15-17.4%)
Prevalence of severe acute malnutrition (<70% and/or oedema)	<b>9 = 0.98%</b> 95% C.I. (0.28 –2.24%)	<b>5= 1.2 %</b> 95% C.I. (0.26-4%)

The prevalence of oedema is **0.3%** (three oedema cases reported)

Assayita Nutrition survey results compared to the previous survey (Nov-2003)

Nutrition indicators	<b>November 2003</b>	<b>December 2004</b>
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SAM	<b>1.75%</b> 95% CI (0.82 – 3.51%)	<b>1.97%</b> 95% C.I.(0.96 – 3.8%)
GAM	<b>13.84%</b> (95% CI (10.87 – 17.4%))	<b>11.53%</b> 95% C.I (8.8 – 14.9%)

In spite of food distribution to 7,400 beneficiaries from August to December 2004, no improvement has been observed in the nutritional status of the children as compared to the previous survey conducted in November 2003. This is mainly attributed to the current pasture and water shortage in the area that resulted in weak physical conditions of livestock. Cattle death was also reported in some of the areas during the survey.

#### 4.2. Retrospective mortality rates/90 days prior to the survey

1. **Crude mortality rate** **1.24 Deaths/10,000 people/day**
2. **Under five mortality rate** **2.38 Deaths/10,000 people/day**

Main causes of death for under five children during the survey as described by the households were malaria and diarrhea. Both crude and under five mortality rates are high and it is categorized as a serious stage.

#### 4.3. Morbidity within the last fifteen days prior to the survey

Prevalence of reported illness **46.26%**

Symptom breakdown in the children who reported illness in the two weeks prior to the survey (n=421)

Diarrhea	117	27.8%
Cough	46	10.9%
<b>Fever</b>	<b>220</b>	<b>52.2%</b>
Measles	3	0.7%
Others	35	8.3%
Total ill children	<b>421</b>	

#### 4.4. Vaccination coverage

**BCG** (N=909)

No =313 34.4% (95% CI 30 - 39%)

The BCG vaccination coverage is very low compared to the National average (58.64%) for year 2002.

**Measles** (N=909)

Measles with card No=434 **47.7%** (95% CI 43 – 52.4%)

Measles with card and confirmation from mothers

No=459 50.5% (45.8 – 55.1%)

#### 4.5 Food Security situations

##### Rainfall, crop and livestock conditions

1. Late onset of the *Meher* (main) rain by one month and early cessation (one month) before the normal time has created low availability of water and pasture for livestock. In addition, the short rain locally known as the 'Dedea' (3-5 days showers), which normally occurs between November and December, has failed during the year.
2. As the Shortage of the rainfall has also affected the performance of crop and pasture in the area, low availability of food at household level and death of livestock has been reported. Pastoralists have started migrating to the neighboring regions (Oromia zone of Amhara regional state Borkena valley and Tigray). As a result, there is fear of livestock diseases outbreak resulted from the movement and weak physical conditions of the livestock.

3. Market purchase was the major source of food for over 51% of the households in the last four weeks prior to the survey. Maize was the main food for people in the last four weeks.
4. About 41% of the households reported having no any income both for the last and coming three months.
5. 48% of the households received food aid in the last eight weeks. But the food distribution terminated as of December 31, 2004.
6. Maize price escalated by about 83% (from 74 Birr/100kg in December 2003 to 135.5 Birr/100kg in December 2004). Pastoralists received lower prices for their dry cows during the same period. (Price of dry cow decreased from 695 Birr to 540 Birr) due to deteriorated physical conditions of livestock.

### **Food Assistance**

- ✦ World Vision Ethiopia continued distributing general food ration and supplementary food till end of December 2004. The previous beneficiary number (20,700) was reduced to 7,400 from August to December 2004 expecting normal *Meher* season and Dedea rain in November and December.
  
- ✦ 2005 relief plan for Assayita woreda  
The multi agency assessment result (December 2004) shows that about 12,679 people in Assayita woreda will be included in safety net while 2,321 people need emergency food assistance in 2005.

### **4.6 Health, water and Sanitation**

- Over 65% of the respondents reported that they obtain water from unsafe sources like river and traditional wells.
- Nearly 60% of ill children were not taken to health institutions for treatment due to problem of money (26%) and lack of access to urban areas.
- Fever, and diarrhea were the major diseases reported during the survey.

## 5. CONCLUSIONS

1. Assayita woreda is one of the vulnerable areas of the country that has been suffering from food shortage for a long time. Government and NGOs like WVE have implemented different relief, rehabilitation and development programs. Following the 2002/03 emergency situations, WVE distributed food items from November 2002 till the end of December 2004 at different time. However, the nutritional status of children is still at a serious stage that requires intervention. This is because of the scarcity of food and water both for human and livestock due to inadequate amount and erratic distribution of the *Meher* rain. In addition, the “Dedea” rain (small rain expected from November to December) has failed during the season. Consequently, the livestock sector, which is the main source of income and food for the pastoral community is seriously affected. Pastoralists have also started migrating to neighboring regions with their livestock.
2. The nutritional status of children is at a serious stage with aggravating factors such as high mortality rate, low availability of food at household level and low level of health services. The major causes of deaths were diarrhea and malaria as reported by the respondents.
3. Occurrence of different human diseases during the survey was high (46%) resulting from inadequate safe water supply, low level of health services and sanitation, and low vaccination coverage.

## 6. RECOMMENDATIONS

1. Close monitoring of the over all situations by WVE Afar Area Development Program, woreda health and agriculture offices regarding human health and nutrition, livestock conditions, availability of feed and water, rainfall and related issues.
2. Resume full general ration distribution to all affected people in Assayita and surrounding woredas in the upcoming months. In Addition, to rehabilitate moderately malnourished children, malnourished pregnant women, nursing and lactating mothers, supplementary feeding programs should be carried out.
3. Water tankering is very important to retain the pastoralists in their localities and save lives.
4. After a detailed livestock diseases assessment by woreda agriculture office and ADP in the area, provision of livestock medicines should be a priority.
5. Strengthen and continue activities related to health of children like measles immunization, deworming, and vitamin A supplementation.

## Annex Basis for Interpretation

Alert stages (global acute malnutrition defined as <-2 z-scores and/or oedema, severe acute malnutrition defined as <-3 z-scores and/or oedema)

Indicators	Stage of alert
Global acute malnutrition prevalence > 20% and/or Severe acute malnutrition prevalence ≥ 5%	Critical
Global acute malnutrition prevalence 15-19% and Aggravating factors	
Global acute malnutrition prevalence 15-19%	Serious
Global acute malnutrition prevalence 10-14% and Aggravating factors	
Global acute malnutrition prevalence 10-14%	Poor
Global acute malnutrition prevalence 5-9% and Aggravating factors	
Global acute malnutrition prevalence 2-9%	Typical for a chronically poor population

### Potential aggravating factors include:

Poor household food availability and accessibility (due to a poor harvest, poor pasture conditions, high market prices, insecurity, or inadequate general distribution in a camp setting, etc)

1. Epidemics of measles, cholera, shigellosis and other important communicable diseases
2. Inadequate shelter and severe cold
3. Low levels of measles vaccination and vitamin A supplementation
4. Inadequate safe water supplies (quality and quantity) and sanitation.

If more than one aggravating factor is present then the situation may be worse than if there is just one.

### *Mortality rates and stages of alert*

	CMR	U5MR
Average for the developing world	0.27 deaths/10,000 people/day	1 death/10,000 people/day
In an emergency: not critical	< 1 death/10,000 people/day	< 2 deaths/10,000 people/day
In an emergency: Serious	1-2 deaths/10,000 people/day	2-4 deaths/10,000 people/day
In an emergency: out of control	> 2 deaths/10,000 people/day	> 4 deaths/10,000 people/day