



UNICEF PROPOSAL FOR NUTRITION PROGRAM



ISSUE

Djibouti is ranked by the 2004 UNDP Human Development Report 154th out of 177 countries. 74% of the population lives in relative poverty with less than US\$3/ day and extreme poverty is estimated at 42%. This impacts extremely negatively on malnutrition rates in country, both for children and mothers.

Indeed, the recent joint inter-agency/government emergency rapid assessment which followed the regional Horn of Africa drought with a view to monitor the impact of the said horn on Djiboutian children highlighted an urgent need for immediate action with regards to malnutrition programs. Indeed, the use of MUAC –Mid Upper Arm Circumference- during field visits indicated an overall severe acute malnutrition of up to 10%, attached to a moderate malnutrition higher than 17%. Meanwhile, malnutrition case management remains insufficiently strong with

a 20% case fatality rate in the two referral hospitals.

This is well in line with the little administrative data available from regular health centers. Indeed, reporting data from Integrated Management Childhood Illnesses (IMCI) clinics (October 2004), until recently only implemented in Djibouti city, show a very worrisome situation, with an average of 55% of children between 2 to 59 months medically screened (out of a total of 8,468 children) suffering from nutritional problems.

7% of severely malnourished from IMCI clinics were transferred to therapeutic care to referral hospitals of Peltier and Balbala. These two structures are currently the only health structures countrywide with -limited- capacity to attend to severely malnourished children.

A desk review of Peltier pediatric severely malnourished (marasmic + kwashiorkor) hospitalization comparative data of the 2004 and 2005 first semester (January to June) as resumed in the below table somehow confirms the worsening nutritional trend in 2005 with a 21% increase of new cases.

This fits with results from large scale surveys made in recent years, which show a growing evolution of the rate of a sharp malnutrition:

- In 1996, according to an EDAM-IS families survey, the moderately acute malnutrition rate was of 12.9 % and the severe malnutrition rate stood at 2.8 %.
- In 2004, a PAPFAM survey showed a MAG rate of 17.9% and an MAS rate of 5.9%.

96.8% of Djiboutian women breast-feed their children, which should help children have a strong and rich nutrient source. Nonetheless, 80% among them do not practice total breast-feeding, and 38% of them brutally wean their children, generally after the third or fourth month. This favours the sharp increase of malnutrition. The main nutritional deficiencies in Djibouti are : deficit in energy, protein and anaemia due to iron deficiency and deficiency in Vitamin A



Child in one of the reference hospitals. Photo: UNICEF Djibouti –Mike Kamber-

The lack of education of mothers (over 70% of Djiboutian women are illiterate) and their subsequent lack of knowledge regarding nutrition issues clearly aggravates the already fragile nutritional status of their children. Worse yet, this bad nutritional status is also widely spread in the pregnant and postpartum women, making them weaker and less able to take adequate care of their children.

But only part of this can be linked to a lack of education: The recurring droughts over the last 5 years have caused great and repeated losses amongst livestock of the nomadic pastoralists. For the urban and peri-urban populations, the extremely high unemployment rate -60%- and the continuously rising prices of basic commodities due to global increases in fuel costs; let alone the permanent consumption of khat leaves by 90% of fathers, all leave little enough funds that can be dedicated to a child appropriate nutrition diet..

ACTION

Facing this critical situation, the reinforcement and case management at the health centre must be a priority for action, as well as the creation of nutritional education unit. Indeed, demonstration and preparation of weaning foods will contribute to the reduction of morbidity and mortality due to malnutrition and case fatality due to malnutrition of the couple mother and child but also will reduce the cost due to other diseases on the economy of the country

UNICEF shall thus focus its activities on early identification and recruitment of

malnourished children primarily through community health centers, as well as mobile units, while ensuring strong subsequent referral and monitoring mechanisms to adequate feeding programs, be them supplementary feeding activities for the moderately malnourished, or therapeutic feeding interventions for the severely malnourished. As the cluster lead for the sector, UNICEF will also need to ensure adequate availability of required coordination and technical expertise



Malnutrition screened through MUAC tool during 2006 drought assessment. Photo UNICEF Djibouti

IMPACT

- 2 Hospitals of Djibouti and 5 CMH take care of severe malnutrition with a case mortality below 6%.
- 28 community health centres detect and adequately cater for moderate malnutrition.
- Doctors and Para medical personnel or those not taking part in nutrition activities of the centres are knowledgeable and fully equipped in dealing with malnutrition – moderate and severe-.
- Tools of sensitisation are produced and information on good nutrition practices is provided to parents.

SUMMARY BUDGET (US \$)

BUDGET ITEM -2006-2007	Amount
Capacity building :	140,000
Workshop for national protocol review and update based on 2006 data	5 000
Printing national protocol and Training modules (updated)	10.000
Training for all health centers national staff dealing with Malnutrition	25 000
Studies tours on best practices on malnutrition management	15.000
Supervisory on-the-job training monitoring (regular field visits by national project managers etc.)	10,000
Technical Assistance for project supervision and management	65.000
UNICEF Project admin support (fuel, communication costs, etc)	10.000
Material :	160.000
Therapeutic feeding –F75, F-100, Plumpy Nut...-	100 000
Medications	40 000
Materials, non food Items –weighting boards, MUAC, etc..-	20.000
Information and communication to mothers and parents	50.000
Production/revision of IEC nutrition oriented material	10.000
NGO trainings and agreements to provide nutrition knowledge at grass-root level to parents	40,000
Overhead costs -10%-	35,000
TOTAL	385,000