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Letter to the Editor

Public health issues in a therapeutic feeding center-problems encountered and lessons learned

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Background

The town of Gode, in somali region of Ethiopia was considered the epicenter of the drought and attracted sustained media attention and resources since April 2000. Between January and June 2000, the population was reported to swell from 15,000 to 40,000 with consequent stress on food, water, and sanitation and health facilities. Different assessments at the initial stage estimated a global malnutrition rate of over 50% with 10% severe malnutrition. Although accurate mortality was difficult to determine with changing population denominators and differing methodologies, based on a retrospective mortality survey childhood mortality rates were persistently high between December 1999 on July 2000 (3.4/10000/day and 9.8/1000/day respectively). Outbreaks like measles and bloody diarrhea were important contributory factors to the high mortality. A cluster survey conducted in August showed over half (51%) of the deaths were caused primarily by diarrheal diseases (35%) and measles (16%).

By drawing on our experience, this letter attempts to identify mechanisms and processes that have both facilitated and constrained success in the treatment of severely malnourished during the recent emergency in Gode, Somali region.

Challenges

The complex link between health and nutrition has long been recognized, as it is exemplified by the clinical outcome of malnutrition, which in turn may be a result of inadequate food intake or of disease (usually infectious) or a combination of the two. However, the initial stage of response did not demonstrate the need for the network of a wide range of disciplines.

- There was no recognition and technical capacity to supply clean water. Initially the water used for the center was not treated/purified adequately and was stored in a tank which has a lid but was always open and gets contaminated by dust and multiple persons drawing water at the same time
- There was no isolation of new case and highly contagious cases like bloody diarrhea or measles. Because of a lot of admissions and lack of adequate space shelters were overcrowded which made management very difficult.
- The floors were mud/dust, often contaminated with patients' stool, and cleaning was very difficult.
- Because of lack of experience and understanding of the problem, the number of latrines made available were far from adequate as compared to the minimum required (1 pit latrine/20

persons). Their location ventilation and the general construction were not of a good quality and could not be maintained clean; they became full and became source of contamination and unpleasant smell.

- The rapid turnover of staff with limited time to review or disseminate lessons learnt contributes to missing key opportunities for improving the services.

As a result high morbidity (especially diarrheal diseases) and mortality, rates and prolonged stay persisted in the TFC, morbidity from diarrhea in the treatment facility were observed. **Measures**

Taken

- Expertise advise in the area of water and sanitation were sought through networking with other agencies.
- The shelters were extended with adequate ventilation systems. Covering the floors with plastic sheaths made cleaning easier.
- Number of cleaners was increased with appropriate job descriptions, which made workers accountable to their respective areas-shelters, compound, toilets and toilet areas. Appropriate toilets were built for children to prevent surface disposal of waste.
- A bar soap was distributed for each child weekly with education on personal hygiene.
- Hand washing areas were built at essential sites like by the toilets, kitchen and entrance of the shelters
- Shower areas were built and mothers were encouraged to use them
- After the rain at the end of April and Beginning of May, Malaria outbreak was anticipated and proper drainage of surface water bodies was done and shelters were sprayed with DDT.
- Dry garbage was daily burnt in a protected ditch. Soak-away pit for washing and kitchen areas was built.
- Sanitation of shelters and the compound were daily supervised by sanitation supervisor.
- All new admission were vaccinated against measles. **Observed outcomes of Measures**

Taken

- The sanitation of both the shelters and the compound was very well maintained at all times
- Mothers increasingly use washing facilities and practice hand washing before feeding, after going to the toilets or cleaning the child's excreta
- Marked reduction in diarrhea morbidity
- marked reduction in transmission of diarrheal diseases
- No cases of measles contracted in the center

Lessons learned and recommendations

1. It is important to consider water supply, sanitation and hygiene, not simply in terms of technical programs, but as an integral part of preventive health work, in the same way as vaccination, mother and child clinics, home visiting, etc. Thus before opening a selective feeding program, issues of water and sanitation have to be addressed by the proper technical personnel.

2. Simple health messages with accompanied necessary supply of sanitation items like soap and washing areas has a remarkable effect in reducing disease transmission and resultant decrease in morbidity.
3. It is important to produce appropriate technical solutions but the necessity for complementary activities such basic sanitation messages of hand washing and proper use of latrines and training of local technicians can never be too highly stressed.
4. Appropriate vaccination with to high coverage is essential
5. Isolate all new cases and highly infectious diseases with epidemic potential.