



Food Security
Assessment Unit

NUTRITION UPDATE



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OVERVIEW

With a growing body of evidence now showing that the humanitarian situation in Gedo Region is in a critical state, a consensus exists among humanitarian organisations on the need to ensure that vital relief interventions have to be maintained in order to prevent any further deterioration in the situation. As previously reported, regular deliveries of relief food in some areas have relieved the situation but the current serious deterioration in security in the region once more threatens this vital lifeline for more than 200,000 people.

In addition to the food insecurity experienced in Gedo resulting from three years of drought, the outbreak of fighting in the past week has resulted in the displacement of thousands of households and access to basic services including health have been rendered completely inaccessible to many thousands more. The benefits of the current onset of the long awaited *gu* rains are likely to be reduced significantly if insecurity deters the return to the area of livestock and the planting of crops.

In this issue of 'Nutrition Update', a summary of the recently completed 'Nutrition Causal Analysis', undertaken by ACF in Luuq District, Gedo Region is presented and the findings point towards a strong causal link between the current food insecurity and the high levels of malnutrition. A recent estimation of the nutritional status of the population around Luuq town by ACF also suggested that the situation was comparable to that found in Belet Hawa last December and could therefore be described as extremely poor.

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'In Luuq, the revised CARE distribution system is likely to result in greater coverage than the previous system. While the ration size does not meet the total food needs, when delivered monthly, for an average household, the ration size is considered of an adequate size as households are able to meet some of their food needs. **The bigger question is the possibility of delivering this ration on a monthly basis.**'

ACF. Nutrition Causal Analysis. Luuq District, Gedo Region. January – March 2002.

GEDO REGION – UPDATE ON INTERVENTIONS

In Gedo, the principle organisations involved in the current relief interventions in the northern districts are CARE, WFP, the Gedo Health Consortium and ACF. Tear Fund plans to support selective feeding in Luuq district but has been hampered by insecurity and so has not commenced activities.

In **Belet Hawa**, general ration distribution has been ongoing each month since December 2001, supported by CARE. Selective feeding targeting malnourished children, pregnant and lactating women is offered by Gedo Health Consortium and severely malnourished children are referred to the therapeutic feeding centre in Belet Hawa Hospital.

In **Burdhubo**, general ration has been delivered by WFP on four occasions since December and the commencement of the planned selective feeding has been hampered by lack of agreement on recruitment of the personnel required to run the project.

Food distribution in **Dolo** has been carried out by CARE on two occasions since December and selective feeding is in progress, supported by Gedo Health Consortium.

The significant number of severely malnourished identified during screening for SFP in **Garbaharey** district, indicated the need for therapeutic feeding. Initial efforts to establish the centre were made before insecurity made adequate access impossible. General food aid has been delivered by WFP on four occasions since December.

In **Luuq**, general ration distribution and targeting has been problematic. In March, the revised method of distribution targeted all households in the district. Targeted supplementary feeding and therapeutic feeding is supported by ACF.

GEDO REGION – NUTRITION CAUSAL ANALYSIS AND SURVEY IN LUUQ DISTRICT

SUMMARY FROM ACF REPORT

Between January and March 2002, ACF carried out a 'Nutrition Causal Analysis' in Luuq District, Gedo Region. This was followed, in mid March by a nutrition survey in the 'IDP' camps in the vicinity of Luuq town. The studies were undertaken in response to the growing concern among humanitarian organisations operating in the district about the ever deteriorating condition of the population there. This was reflected particularly in the increasing numbers qualifying for attendance at the ACF supplementary and therapeutic feeding centres in Luuq and in the observations of the CARE teams involved in the distribution of general rations to the population throughout Luuq district.

The nutrition causal analysis had the following aims:

- to analyse the relationship between food insecurity and other causes of malnutrition within the conceptual framework adapted from UNICEF
- to develop knowledge of the food economy areas in Luuq district and to gain an understanding of the factors which determine the capacity of households to meet their food needs
- to understand the level of the deficit faced by households and the extent of their capacity to cope
- to consider the impact and implications of past and present food aid and supplementary feeding on households within the food economy areas
- to provide suggestions regarding intervention strategies in light of the above

Information from secondary sources was reviewed and four field visits to Luuq were undertaken within the constraints of extremely limited access. The following is a summary of the main findings produced.

Causes of malnutrition

- Immediate causes of malnutrition show a stronger relationship with inadequate food intake than with disease. Disease is therefore a *contributing* factor.
- Household food insecurity is the paramount underlying cause of malnutrition.
- Social care, public health, hygiene and access to water are also underlying causes of malnutrition although these problems should be considered chronic rather than particular to current conditions.
- Basic causes (local priorities, infrastructure, ideologies, resources) cannot be overstated. Luuq district, together with the whole of Gedo Region, has an extreme 'structural vulnerability', as described previously by FSAU.
- Due to lack of resources and infrastructure, absences are broad ranging – from extension work in the agricultural (*and livestock*) sector to basic health and care practice education for mothers.

Household food insecurity

- Reduced production in both agriculture and livestock sectors has been caused by unfavourable climatic conditions with varying levels of impact among the different food economy groups.
- For the urban poor, income opportunities are limited, (daily wages are among the lowest in the country) and so the resulting reduction in purchasing power has affected food availability at household level.
- The proportion of households without assets is increasing.
- Increased prices of imported foods (due to crop failure in neighbouring regions) have affected all groups.
- Both the drought and chronic poverty produce an extended dry season consumption pattern meaning that for extended periods of time many households have no milk and rely only on cereals.
- The food basket for many households (with and without assets) is inadequate to meet the needs of the households.

Food aid and supplementary feeding

- Food aid and supplementary feeding have aided the population of Luuq although many households have not covered their basic food needs even with this assistance.
- The system of distribution in 2001 resulted in a concentration of food aid in Luuq and Elbon.
- Sale of food aid was concentrated in Luuq and Elbon, leading to a lowering of cereal prices in the two areas.
- Food aid is used within the household using the same principles as food from other sources. Both the blended food (distributed in the supplementary feeding programme) and the sorghum is shared between family members.
- The new CARE distribution system is likely to have greater coverage than the previous system.

Recommendations

- Currently, the need for food aid is clear.
- Future food aid is dependant on the forthcoming *gu* season.
- Nutrition programmes need to be continued and closely followed up in relation to effective food aid level in particular.
- Future intervention strategies should consider the characteristics of the different food economy groups in order that needs are met in the most appropriate and sustainable ways.

For a copy of the full report, please contact ACF at: aicf@users.africaonline.co.ke

AFMADOW AND HAGAR DISTRICT IN LOWER JUBA REGION

Mohamoud Hersi, FSAU

Recent food security reports have highlighted Afmadow and Hagar Districts, both within agro-pastoral (maize & cattle) food economy zones, as areas of concern due to poor crop production and drying up of water points in some areas. Although pasture is available in the area, the many herds of livestock which migrated from Gedo region increase the pressure in the area. Following two consecutive seasons of rain failure, cereal stock at household level is currently dwindling for most middle and poor wealth groups. As a result, food prices in the two areas are generally high compared to other markets in Somalia. Most of the food commodities come from both Mogadishu and Kismayo. Water prices are also reported to be the highest ever experienced in Afmadow. In Hagar, the situation is more serious with a looming water shortage in the area. The Hagar population mainly relies on hand dug or natural water catchments that are filled during the rainy season. Most catchments have now dried up and the few left are said to contain unhygienic water. Most villages in Hagar like Bulo Habasguul, Wallacey and Bulo Daba have been deserted as families move in search of water. With all these factors prevailing in these areas, the food security situation of the population is greatly compromised.

Population estimates	
Afmadow District	67,000
Hagar District	23,000
Ref. WHO 2001	

Access to health services in the area is quite limited. Previously, ARC (American Refugee Committee) supported all the MCH and health posts in both the areas of Hagar and Afmadow Districts. Hagar District has had no functional MCH since 1998. Afmadow District has one MCH run by a local NGO the Economic Independent Research Group (EIRG) but there are no health facilities in the main villages Hayo, Qooqaani, Taabte and Doobley. Although the Afmadow MCH is operational, it has no outreach program and as such cannot extend immunisation services to the main villages and sub villages under Afmadow District. The frequent diseases registered in the MCH of Afmadow include malaria, acute respiratory infection, worms and diarrhoea both watery and bloody. Though there is no health facility in Hagar, the population there reports a high prevalence of bloody diarrhoea, malaria and ARI.

In April 2002, FSAU carried out nutrition assessments using measurement of mid-upper-arm-circumference (MUAC) in Afmadow town and Hagar town. A total of 200 children aged below 5 years were studied in Afmadow town while all under five children in Hagar town were assessed. In Afmadow town, at least 9.5% of the children surveyed were malnourished while 10.5% of the children assessed in Hagar town were malnourished. The proportion of children either at risk of malnutrition or already malnourished in Afmadow town and in Hagar town was 44% and 35% respectively.

MUAC Assessment Results in Afmadow and Hagar Towns

Location	Nutritional Status Categories				Total
	<11.0 cm (Severe)	? 11.0 <12.5 cm (Moderate)	? 12.5 <13.5 cm (At Risk)	? 13.5 cm (Normal)	
Afmadow	1 (0.5%)	18 (9.0%)	69 (34.5%)	112 (56%)	200 (100%)
Hagar	1 (1.2%)	8 (9.3%)	21 (24.4%)	56 (65.1%)	86 (100%)

While the proportion of children in both areas could be considered relatively low, the proportion of children *at risk of becoming malnourished* is high. This suggests a population whose condition is currently reasonably good but who will not withstand any significant deterioration in food security or major disease outbreak.

The situation may be worse in surrounding villages that are reported to be experiencing more challenges in terms of diseases prevalence, lack of health care, limited water and food access resulting from limited income. During the assessment, cases of measles were reported in the area especially among the pastoral community. Food prices are very high and likely to increase when the *gu* rains commence due to the impassable condition of the roads. Observations suggest that the average households in some of the villages in the area prepare food twice daily whereas the poorer families eat once a day.

After the assessment, an increase in cases of watery diarrhoea suspected to be cholera was reported in Afmadow. This in itself may further compromise the nutritional status of children in the area. The assessment clearly highlights an already compromised nutritional status in the population. In the absence of various mitigating factors in Afmadow and Hagar like increased access to health care, improved water availability and increased access to food, deterioration in the nutritional status of children here is inevitable.

SOMALILAND UPDATE

B. Owadi, FSAU

Awdal Coastal Region - Little improvement in situation but relief interventions aim to prevent deterioration in nutritional status

As previously reported, the two Awdal coastal districts of Zeila and Lughaya continue to be vulnerable owing to (i) the recurrent droughts, (ii) the effects of the continued livestock ban, (iii) trade restrictions between Somaliland and Djibouti as well as (iv) the closure of refugee camps in Ethiopia which had been a cereal grain source to many people in these districts. Consequently, the prices of both food items and non-food items increased (some by up to 50%) and milk has been

extremely scarce. Except for the sub-coastal area, which received some *Heis* rains, most parts of the two districts continue to be unsuitable for animal survival due to poor pasture and lack of water.

In response to high malnutrition rates (27% global¹) recorded in the November 2001 nutrition survey, UNICEF screened a total of 1,956² children under five years in Zeila and Lughaya Districts in February and March 2002. Of this number, 453 (23%) were moderately malnourished while 3% were severely malnourished, a figure that almost equals the rates noted during the survey in November 2001. Consequently, UNICEF distributed 944kg high-energy biscuits (BP5) to the acutely malnourished children. The UNICEF team also immunised a total of 1,588 children, administered micronutrient supplementation to the majority and provided medical treatment to 1,045 children. Over two thousand older children and adults also benefited from medical treatment during the exercise which also included education on issues related to nutrition. The intervention was made accessible to the community through the operation of mobile teams from the three health facilities in the two districts (i.e. Lughaya, Zeila and Figi Aden). The exercise is expected to continue in various parts of the two districts with the second round of distribution in the first week of April. WFP had previously distributed a general ration 215 MT in November-December 2001. COOPI supports an MCH in Lughaya as well as some soil and water conservation projects.

In the absence of significant positive trends in these areas, more concerted and diverse interventions are required. In addition to the maintenance of the interventions described above, water supply needs to be addressed by maintaining existing boreholes, digging additional wells and improved water harvesting (through food-for-work projects). In addition to this, veterinary services are urgently needed, fishing projects require support, the existing salt plant in Zeila requires assistance in quality improvement and marketing and the issue of land mines in the area need to be addressed.

Nutrition survey planned in Sahil Region

In Sahil Region, some pockets along the coastal belt are reported to be facing similar problems as those observed in Zeila and Lughaya. To the east of Berbera is one of the remotest parts of Sahil with a rough terrain and very poor infrastructure which had previously been highlighted as vulnerable. In November 2001, WFP provided a general ration of around 70 MT to population in the area but inadequate information is currently available on nutritional status. Consequently, FSAU, the Ministry of Health and Labour (MOHL) and other collaborating partners plan to undertake a nutrition survey in the Sahil coastal belt to east of Berbera commencing in the last week of April. This will assist all concerned in developing an understanding of the current nutritional status of the population and issues affecting it.

Update on Interventions planned for Ayaha Resettlement Village

The returnees' influx continues to pose a major challenge in Somaliland in terms of provision of basic infrastructure and other social services. The challenge in Hargeisa is complex since the situation faced by returnees is closely intertwined with that of the numerous IDPs and the poor urban dwellers of Hargeisa – all currently facing the additional difficulties caused by the continued livestock ban. Subsequently, the welfare status of returnees, urban poor and the IDPs remains a priority concern to government and non-government bodies in the area.

In addition to the Inter-Agency Action Plan mentioned in last month's Nutrition Update,³ the international agencies working in Hargeisa returnee villages, in close collaboration with the municipality and local partners, collaborate through the Resettlement Area Coordination Group and aim to pursue rationalisation and prioritisation of activities that complement the UNHCR's Quick Impact Projects (QIPs) initiative. Due priority has been given to new resettlement areas like *Ayaha* (see box on the right) that has been lacking basic infrastructure, while at the same time continuing operations in the previously established returnee/IDP villages and within the settlement areas of the urban poor.

Ayaha Resettlement Village

With an estimated population of 1,047 families, *Ayaha* is the newest resettlement village in Hargeisa (having been started in December 2001) and consequently has the least developed social infrastructure amongst the returnee villages. The inhabitants of *Ayaha* were previously located in the informal settlements areas of Hargeisa town with majority from *Stadium*. Water remains a major problem in *Ayaha* with a 20-litre jerry can currently selling at SL Shs 1,000 in the camp in comparison to SL Shs 200 in other parts of Hargeisa town.

Under the overall coordination of the municipality, UNICEF, UNDP, and Danish Relief Council (DRC) now plan to support the water and sanitation sector. Education requirements are being addressed by SCF-USA/UNHCR with the completion of the construction of a primary school. UNHCR also plans to provide additional buildings, materials, and teacher requirements and intends to upgrade the school to cover upper primary level education. The International Rescue Committee (IRC) is committed to support non-formal education within the returnee village, while CARE is managing a Family Life Education programme targeting women.

ICD and UNICEF in close collaboration with the Ministry of Health and Labour (MOHL) and other partners in the health sector are planning to initiate activities that address basic health needs of the community. Priority will be given to mobile health services linked to the Iftin MCH. The construction of an MCH centre will also be considered. DRC, IRC, CARE and other agencies will explore the possibility of initiating income generating opportunities in the area. Other key activity areas to be undertaken will include garbage collection, with the municipality expected to play a lead role in close collaboration with other partners.

¹ Less than -2 Z scores using weight for height.

² Out of a possible 6,000 under-fives using an estimated population of 30,000 people reported during the survey

³ UNDP and UNHCR in collaboration with other UN agencies and international NGOs are formulating an inter-agency action plan for returnee reintegration that aims at enhancing social and economic opportunities for returnees in Somaliland.

It is notable that the coordinating group will continue to involve as many interested agencies as possible, both national and international. Although the planned activities are significant, the needs are enormous and require substantial resources if sustainable development oriented ventures are to be implemented. Accordingly support both from donors and agencies will continue to be necessary.

Nutrition Component in the Health and Nutrition Coordination Meeting in Hargeisa

On the 20th and 21st March 2001, the Quarterly Health and Nutrition Coordination Meeting was held in Hargeisa. The participants discussed a number of nutrition related issues including nutrition surveillance in Somaliland, interventions following the anaemia survey and coordination strategies. Gaps were noted in the coordination of nutrition activities among the implementing agencies leading to neglect of some areas, duplication of activities and lack of prioritisation for interventions. Subsequently, the meeting endorsed the creation of a nutrition task force consisting of Ministry of Health and Labour (MOHL), UNICEF and FSAU, which should initiate nutrition coordination meetings in Somaliland.

MIDDLE SHABELLE REGION

J. Kingori, FSAU

Middle Shabele Region is a high potential region with intense agricultural activities. The region supplies Banadir (Mogadishu) and the neighbouring central regions with food (see below). Currently (*Jilaal season*) the region has minimum population movement; mainly members of the agro-pastoral households seeking pastures/fodder and water from the riverine areas for their livestock. In general, households still have substantial stocks of cereals (maize, sorghum) following the last *Deyr* harvest.

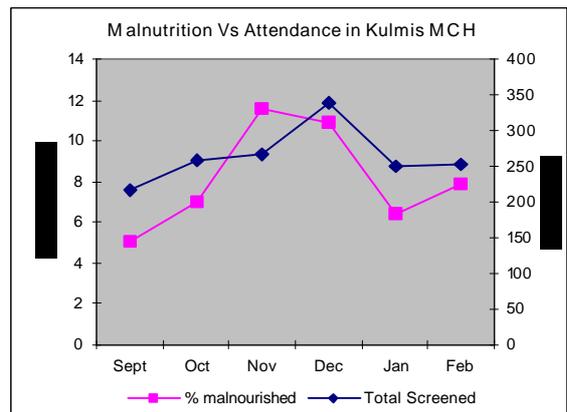
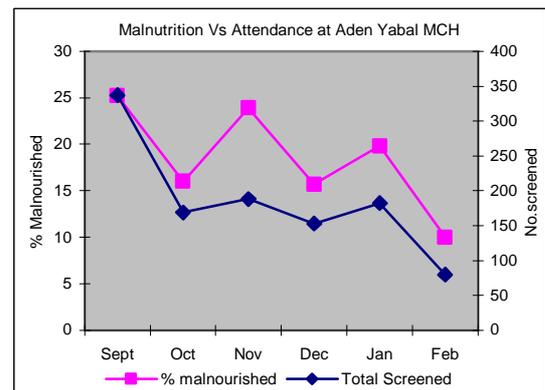
Besides major crops (rice, maize, sorghum and cowpea), pumpkins, onions, peppers, bananas and citrus fruits are also grown. Most of these commodities have a ready market in Mogadishu. The current decrease in available foods normally associated with the *Jilaal* season has resulted in a slight price increase for some food commodities in Jowhar; namely; maize ssh2000/kg (March) from ssh1800 (Feb); Sorghum 1500/kg (March) from ssh1400 (Feb); milk ssh5000/litre (March) from ssh4000/litre (Feb). Pasture availability is on decrease, resulting in crowding of livestock along the riverine areas, a slight loss of body weight in cattle along with a decrease in milk production.

The ready market for fodder is providing a good income source to the riverine group and the associated increase in crop- watering activities creates job opportunities for the poorer households (with less stock). Some canals are not operational due to decline in the water levels as most of the canals use gradient rather than pumping. Heavy silting of canals will require intense labour in the unblocking of the 'gates' which have not been opened for a while.

The water situation within the region seems relatively stable with UNICEF carrying out chlorination effectively through Farjano (local NGO), particularly within Jowhar town and the surrounding villages. Hand-dug pumps are also available in Eastern Mahaday and in Jowhar.

Data from most Middle Shabelle MCH centres indicate relatively low levels of malnutrition among the children screened (about 10%). For example, Balad MCH recorded about 8% malnutrition of the 1180 children screened; Kulmis Jowhar 8% of 254 and 10% of 80 in Aden Yabal in the month of February 2002. Slightly higher proportions of malnutrition (10-20%) have been reported in Aden Yabal MCH in late 2001 and January 2002 while in Kulmis about 10% malnutrition or below is recorded (see graphs).

Diseases particularly malaria pose a health and nutrition threat to Jowhar population. Canals form good breeding sites for mosquitoes with a consequent high incidence of malaria in the region. Other diseases like diarrhoea and ARI are also quite prevalent in the region. Compromised childcare is also suspected to contribute to malnutrition with significant population proportion working in the farms.



NUTRITION ASSESSMENTS AND SURVEYS PLANNED 2002

	Area	Organisations	Tentative Date
South	Waaqid-Bakool	World Vision	6 th April
Somaliland	Sahil	FSAU/MOHL	24 th April
South	Berdaale-Bay	IMC/FSAU	4 th May
Somaliland	Haud - Hargeisa	FSAU/MOHL	15 th May
South	Beletweyne-Hiran	IMC/FSAU	20 th May
Somaliland	Hargeisa Resettlement areas	MOHL/UNICEF/FSAU	June
Somaliland	Sool	UNICEF/MOHL	June
South	Rabdure-Bakool	IMC/FSAU	August
South	All regions (Anaemia & VAD)	UNICEF	To be confirmed
Somaliland	Sanaag	UNICEF/MOHL/FSAU	Awaiting security clearance
Somaliland	All regions (IDD)	UNICEF	To be confirmed

NUTRITION WORKING GROUP

- The evaluation of the SFP/General ration intervention in Bay and Bakool is still underway. The programme was originally designed to address an acute food shortage and it was envisaged that it should then be concluded in areas where food security has improved. As agreed in last months meeting, the intervention should be continued in areas that have been identified as being food insecure following the last harvest.
- Protocols on admission/discharge criteria for supplementary and general ration distribution will be reviewed in Baidoa by the implementing organisations.
- The group has again examined the issue of the care of severely malnourished children in areas where therapeutic feeding centres are not available. Acknowledging that such children require specialised care that is not available through standard supplementary feeding interventions, the need for the group to develop specific guidelines to guide implementing organisations and health authorities was stressed. No guidelines are available at present for the management of severe malnutrition at health facility or community level. Interventions using special imported food have some potential but other strategies need to be explored.

WEBSITES

This 'Nutrition Update', along with other relevant materials, is available on:

ReliefWeb.

<http://www.reliefweb.int/w/Rwb.nsf/vLCE/Somalia?OpenDocument&StartKey=Somalia&Expandview>

The UN Somalia website: under construction but reactivation is expected in the coming weeks.

RECENT REPORTS

- ☞ **Monthly Food Security Report for Somalia, FSAU.**
- ☞ **Gedo: A Complex Emergency. March 2002.**

FORTHCOMING REPORTS

- ☞ **Deyr Crop Harvest Assessment Report.** To be released end April.
- ☞ **Household Food Access and Use Survey in Luuq District. Gedo Region. March 2002.** First draft of the report is expected at the end of April.



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