FSAU
Food Security Analysis Unit - Somalia

Monthly
NUTRITION UPDATE

APRIL 2006

Overview

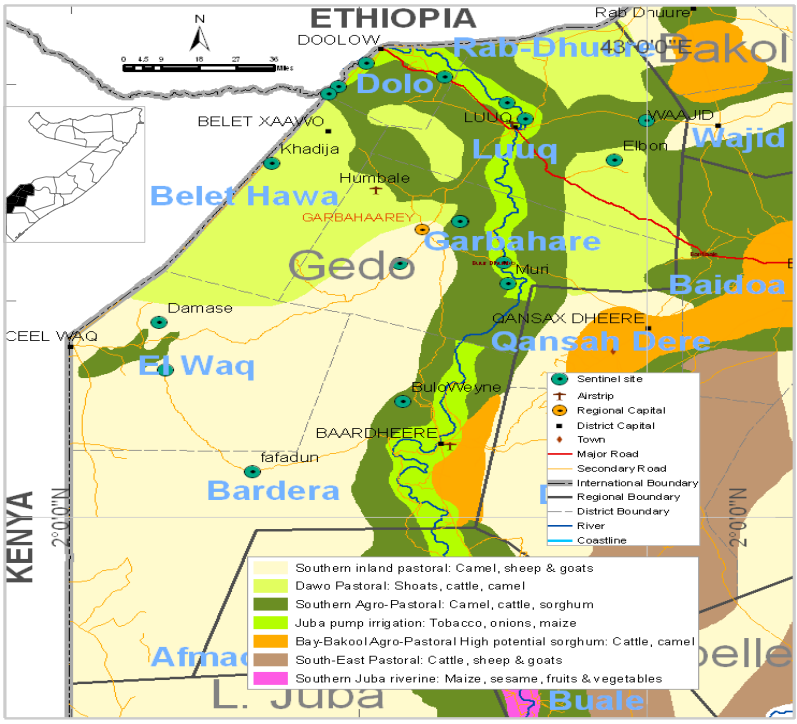
During April, the onset of rains in many areas offered some relief in terms of access to water and pasture but also presented additional challenges to humanitarian organisations delivering essential aid to populations experiencing food security crises. A number of areas in the north have not received rain and both humans and animals are experiencing increased distress.

Throughout the south, population movement continues and levels of malnutrition remain generally high and subject to fluctuations. There can be little doubt that early humanitarian and social assistance which responded to food security early warnings (issued in November 2005) have prevented a large scale humanitarian disaster in this area. Unfortunately, devastation of livelihoods has occurred for tens of thousands of households who will require substantial assistance to recover and will be unable to maintain household food security for some time. A preliminary projection of the impact of the current rains will be available in early June.

Civil insecurity continues to present enormous challenges to nutrition surveillance activities but nevertheless, four FSAU led interagency nutrition assessments in areas of concern are currently underway.

Gedo Nutrition Assessment

Between 22nd and 29th March 2006 an interagency nutrition and mortality assessment was conducted by FSAU, Gedo Health Consortium, UNICEF and WFP in Gedo region, excluding Bardera town. CARE, NCA, FEWS-NET and COSV also participated. Using a two-stage (30x30) cluster sampling methodology, 922 children, aged 6-59 months and measuring 65-109.9 cm in height/length, 317 non-pregnant and 115 pregnant women from 437 households were assessed. A total of 906 households were surveyed for mortality.



The global acute malnutrition (GAM) rate (weight for height <-2 Z score or oedema) was 23.8% (95%CI: 21.1 -26.7) and severe acute malnutrition (weight for height <-3 or oedema) was 3.7% (95%CI 2.6 – 5.2). Fourteen cases of oedema were recorded. The GAM rate indicates a critical malnutrition situation in the entire Gedo region. The under-five death rate was 2.46 (CI 1.38- 3.54) per 10,000 persons per day and the crude mortality rate was 1.04 (CI: 0.65- 1.44) per 10,000 persons per day. Both crude and under-five mortality rates indicate a situation of 'alert', based on WHO categorization. Variations within the region were noted with children from Districts in northern Gedo (Luuq, Dolo, Gabahare and Bula Hawa) being more likely to malnourished (RR=0.68, p=0.011) than those from southern Gedo (Bardera and Elwak). Children from rural clusters were also more likely to be malnourished than those from urban clusters (RR=1.38, p=0.001). About 40.9% of the pregnant women were malnourished (MUAC<23.0 cm) while 4.3% were severely malnourished (MUAC< 20.7cm). None of the non-pregnant women was malnourished (MUAC<18.5).

More than half (57.2%) of the children aged 6- 24 months were not breastfeeding at the time of the assessment. Only 28% of the children were exclusively breastfed for the recommended six months; 60.2% of the children were introduced to complementary feeding at the age of 0 – 3 months and 64.2% were given foods other than breast milk twice a day. The results

further showed that children aged 6-24 months who were not breastfeeding were more likely to be malnourished than those breastfeeding *(p=0.005)*. Over 80% of households are consuming food from three or fewer food groups, an indicator of inadequate diversity and household food insecurity. Food aid and purchases are significant sources of food.

Indicator	No	% (95% CI)
Total Households interviewed during the survey	437	100
Children under five years screened during the survey	922	100
Global acute malnutrition – W/H <-2 Z score and/or oedema	219	23.8 (21.1 – 26.7)
Severe acute malnutrition – W/H <-3 Z score and/or oedema	34	3.7 (2.6 – 5.2)
Global acute malnutrition – W/H <- 80% of median and/or oedema	134	14.5 (12.4 -17.0)
Severe acute malnutrition – W/H <- 70% of median and/or oedema	20	2.2 (1.4 – 17.0)
Oedema	14	
Proportion with diarrhoea in two weeks prior to survey	226	24.5 (21.8 – 27.4)
Proportion with ARI in two weeks prior to survey	194	21.0 (18.5 -23.8)
Proportion with suspected malaria in the prior two weeks	60	6.5 (5.0 – 8.3)
Proportion with suspected measles in 1 month prior to survey (N=880)	40	4.5 (3.3 – 6.2)
Children (9-59 months) immunized against measles (N=880)	536	60.9 (57.6 – 64.1)
Children who have ever received polio vaccine	879	95.3 (93.0 – 96.6)
Children who received vitamin A supplementation in last 6 months or before	708	76.8 (73.9 – 79.5)
Under five death rate (deaths/10,000 persons/day)	2.46 (1.38 – 3.54)	
Crude death rate (deaths/10,000person/day)	1.04 (0.65 – 1.44)	

The reported high coverage of various health interventions including vitamin A supplementation coverage, measles vaccination and polio immunization was attributed to recent immunization campaigns in the region. Approximately, 34.3% of the assessed children had some form of illness two weeks prior to the assessments, with diarrhoea and ARI being more prevalent. About 3.7% of households reported cases of suspected night blindness which is an indicator of Vitamin A deficiency.

Qualitative information showed that most water points in the region were dry and the volume and quality of water in River Juba had decreased. More than half of the surveyed households obtains water from the river and other unprotected water sources. About 50% of the households reported to have received formal support in form of water subsidy. The average time taken to fetch water was 30- 60 minutes. The analysis showed that children consuming water from unprotected sources were more likely to have diarrhoea than those taking water from protected sources.

The long term estimates of malnutrition from 1999 to 2005 have shown malnutrition rates of >20% in Garbaharey, Luuq, Belet Hawa and Dolo with rates estimated to be lower in Elwak and Bardera districts. The regional rate of 23.8% therefore indicates an overall increase in the level of malnutrition. Children aged 6-24 months who were not breastfeeding were more likely to be malnourished than those breastfeeding (p=0.005). Limited access to safe water was associated with high incidences of diarrhoea *(p<0.05)*. The somewhat higher level of malnutrition in older age groups suggests that household food insecurity has had a strong influence in the overall high level of malnutrition.

A range of recommendations was made including both those needing immediate attention and longer term strategies. Immediate needs include further efforts to improve household food security, with particular attention to diversity and quality of diet. Access to safe water is the other priority need, as is the need to develop the means to manage severe and moderate malnutrition in order to reduce mortality and morbidity. Support to the restoration of livelihoods will reduce dependence on short term aid.

The current crisis needs to be seen as an opportunity to address some of the factors which underlie the chronic poverty and malnutrition in Gedo. International and local organisations continue to liaise closely with local authorities to ensure the delivery of humanitarian aid in one of the most insecure regions in Somalia.

An interagency nutrition assessment in Bardera is on-going. The results will be available in the May Nutrition Update.

Training and courses announcements

- The Regional Centre for Quality of Health Care will be offering courses in i) Improving the quality of care of malaria control services, 5th to 16th June 2006 ii) Improving the quality of care of tuberculosis control services, 10th to 21st July 2006. For more details contact rnauma@rcqhc.org or mail@rcqhc.org or visit www.rcqhc.org.
- Public Health in Complex Emergencies Training Program to be held at Makerere University Institute of Public Health (MUIPH) in Kampala on November 6-18, 2006. For more details, contact pnalubega@iph.ac.ug.

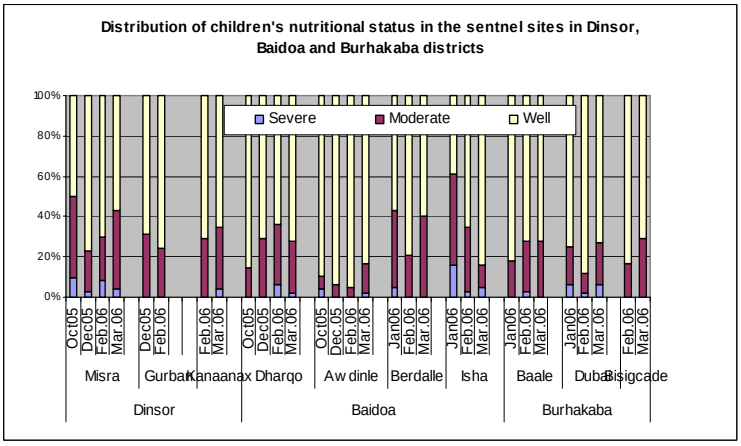
Bay Region

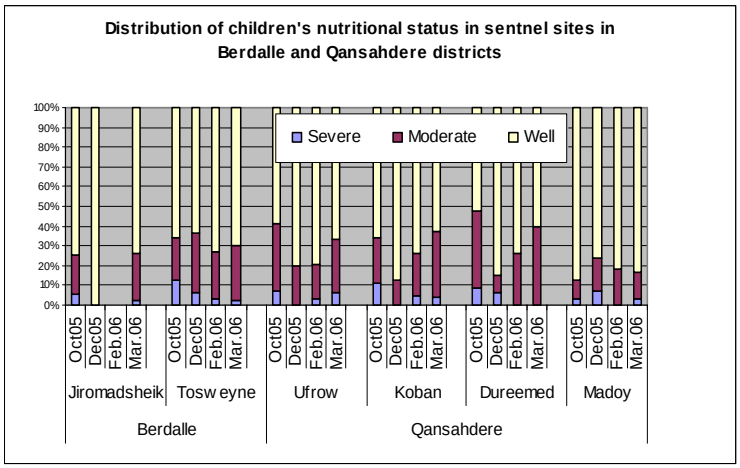
The on set of the Gu rains in many parts of Somalia is expected to reduce the pressure in Bay region caused by the immigration of livestock and people from other regions. The condition of the livestock is also expected to improve leading to increased production and consumption of milk. This will ultimately lead to improvement of food and nutrition security in the region.

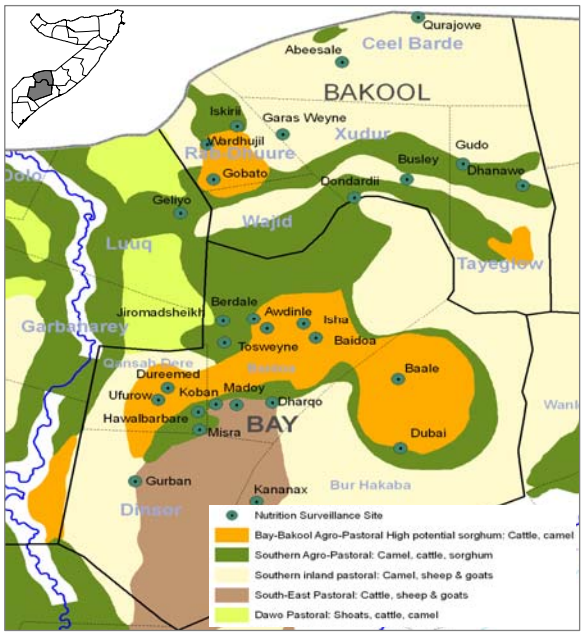
In March, FSAU completed the fourth round of sentinel site surveillance in fifteen of the sixteen sites in Bay Region. Insecurity hindered data collection in Gurban site. Data from these sites continues to show high and fluctuating levels of malnutrition.

The improvement in the nutrition situation in three sites is associated with increasing dietary diversity and decreased morbidity. The food groups reported to have been consumed by most households in the sentinel sites were cereals, meat and meat products, milk, oil and fat and sugars with most being accessed through purchase. Increasing levels of malnutrition were associated with increased morbidity. In most sites more than 20% of the assessed children had some illness two weeks prior to the assessment. Data from the MCH in the region also showed an increased morbidity in the last three months particularly watery diarrhoea.

Additional data from SFP data showed an increase in the monthly admission from January to March 2006 in Baidoa SFP and Qansahdere SFPs while a decrease is recorded in Berdalle SFP. An increase in the number of admission rate was also recorded in Dinsor TFC.







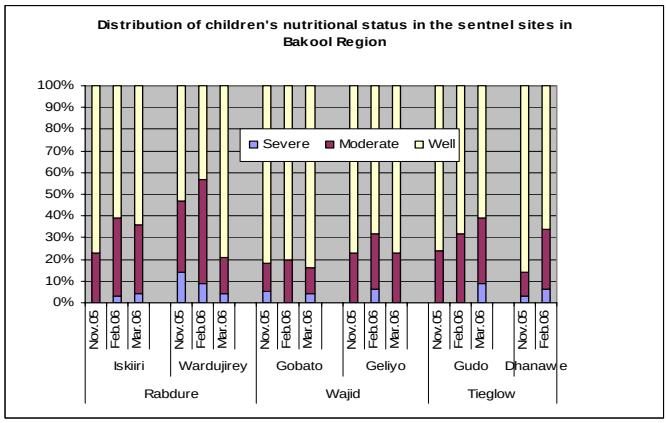
Sentinel sites in Bay and Bakool regions.

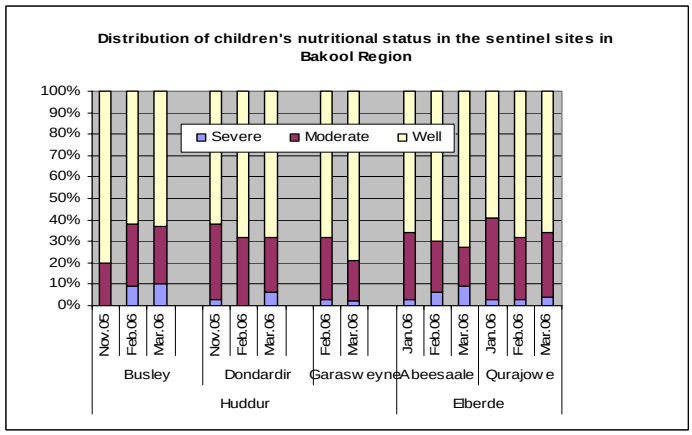
Humanitarian interventions in the region include water trucking by ICRC and COOPI and the maintenance and rehabilitation of water points by UNICEF and CONCERN, Food aid has been distributed by Muslim Aid in Qansahdere district and by WFP in Baidoa, Berdalle, Dinsor and in Burhakaba (Burhakaba in partnership with CARE.) A measles immunization campaign was conducted in March in Berdalle and Qansahdere district by SRCS supported by WHO and UNICEF.

Bakool Region

The third round of sentinel sites surveillance data collection was conducted by FSAU from the eleven sites in Bakool region in the month of March. Data from these sites show a high proportion of malnourished child in all sites. Overall, decreasing trend of malnutrition was recorded in most sites with exception of Gudo and Qurajowe sites where an increase was noted while in Dondardir sites the trend remained the same as in the month of February. An increase in the proportion of the children who were severely malnourished was noted in most sites apart from Garasweyne, Wardujirey, Geliyo.

The deterioration in nutrition of the screened children in the Qurajowe site may be due to the increased morbidity and decrease in consumption of diversified diets noted in the month of March. There are also reports that livestock from this sites have migrated to Ethiopia in search of pasture hence reducing the consumption of milk. Gudo site has relatively good pasture which has attracted livestock from other districts causing excessive pressure on the available natural resources. The improvement in the nutrition trend is attributed to an increase in the consumption of more diversified diets recorded in most sites with exception of Dondardir, Abeesaale and Qurajowe sites which recorded a decrease. The commonly consumed food groups in these sites were cereals, pulses, sugar, oil/fat and milk. The food groups were mainly obtained through purchase, food aid, gifts from friend and own production particularly for milk. A decrease in morbidity was reported in many sites with exception of Gobato, Geliyo and Qurajowe sites where an increase was noted. Diarrhoea, ARI and malaria were the common illness reported to have affected children two weeks prior to the assessment.





The unstable nutrition situation is also seen in the data from various feeding programmes in the region. SFP data from Huddur and Rabdure show an increasing trend in the monthly admission in the last three months while a decrease has been recorded in Elberde SFP. The decreased admission in Elberde is attributed to out migration of the population. The increased admission in Huddur and Rabdure SFP is due to the increased population hosted in these towns that are in search of job opportunities and those attracted by food aid distribution in many towns in the region. Numbers if internally displaced persons are reported to be increasing in Wajid and UN-OCHA is working with the local authority to identify the actual numbers. The TFC opened by ACF on 18th March in Wajid has so far admitted a total of 130 children. The screening of children at WVI managed SFP in Wajid is ongoing.

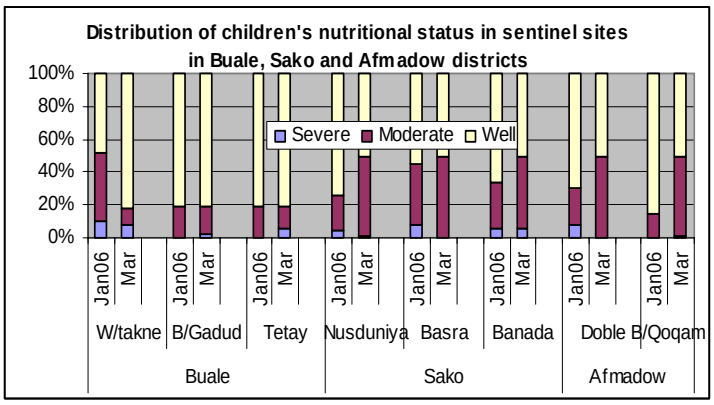
ICRC continued with food distribution in March in Elberde district but has temporarily stopped water trucking with the anticipated onset of Gu rains. UNICEF, ICRC, ACF and ADRA support the maintenance and rehabilitation of water points in the region. WVI in partnership with UNICEF plans to open new SFP sites in Alemo and Weley villages in Wajid district. WVI in partnership with UNICEF conducted measles campaigns in Tieglow where a total of 20,000 children were vaccinated. A sensitization workshop the detection and reporting of suspected disease outbreak was conducted in Wajid by WVI.

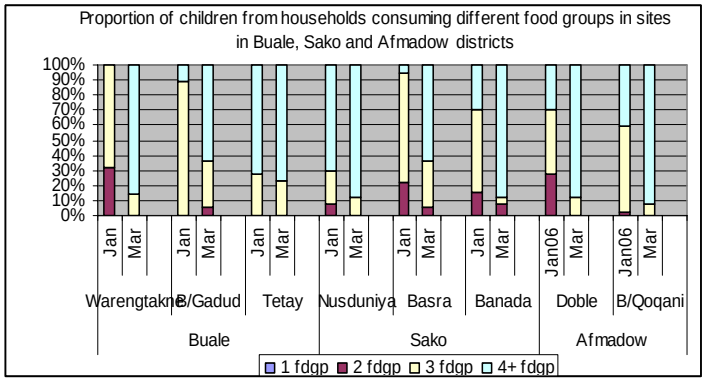
Juba Valley – Poor nutrition situation persists in pastoral and agropastoral communities

The second round of sentinel sites surveillance was conducted in March 19-26th mainly among pastoral and agropastoral communities of Buale, Sako and Afmadow districts, apart from Tetay site which is riverine. In each of the sites, a minimum of 50 children were assessed.

Data from these sites continues to show high proportions of malnourished children although analysis of trends is not yet possible. The relationship between diversity, morbidity and malnutrition will also be analysed in the coming months. Data from this round continue to show varying levels of diversity in the assessed households.

Positive factors in all the sites include a slight increase in access to camel milk for the better off wealth groups and the on-going humanitarian interventions. Although strong social networks have played a significant role in supporting livelihoods and maintaining household food security, actual support through social networks has been reported to have declined in some areas. The on-going humanitarian interventions include; supplementary feeding programs run by Africa Muslim Aid (AMA), in Sakow, Salagle, Banada and parts of Buale and Sakow districts; measles immunization and vitamin A supplementation campaign by WHO, UNICEF and partners; primary health care services and humanitarian food assistance by the WFP throughWorld Vision in Buale and WFP in Afmadow district.





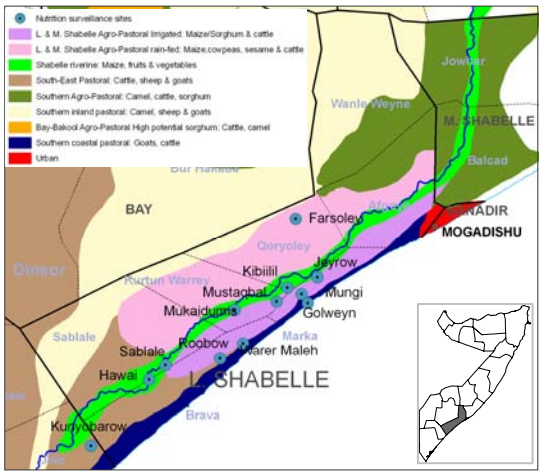
The population has adapted numerous coping strategies to access food and cash including sale of available livestock (cattle) at low prices; consumption and sale of bush products, consumption of wild foods such as 'garas', and joining relatives in towns.

Whereas the onset of Gu rains is expected to alleviate the water distress among these populations, it is anticipated that the current food insecurity will deteriorate because of floods which make main roads impassable hindering access to food. The onset of the rains may wash the human faecal waste and carcases of dead animals into the water points, hence increasing the risks of water born diseases.

Interventions addressing access to food and income are a priority in the immediate term as are longer term interventions to address livelihoods recovery. Disposal of carcases in the area will be important to minimise risks of possible outbreaks of water born diseases with the onset of rain.

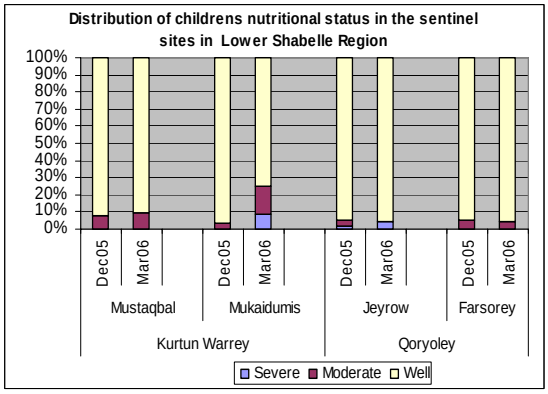
FSAU in collaboration with partners is currently undertaking three nutrition assessments in Buale/Sako, Afmadow and Jilib Riverine communities.

Lower Shabelle Region

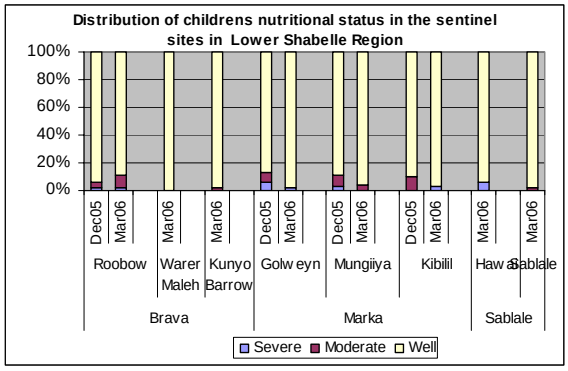


The second round of sentinel sites data collection in Lower Shabelle was undertaken by FSAU in collaboration with COSV in March 2006 covering total of 12[1] sites including the four newly established sites in Brava and Sablale Districts. The four sites were established in the areas that were experiencing more severe water, pasture and cereals stocks shortage following the prolonged drought.

Data from the sentinel sites indicate *generally* low levels of malnutrition compared to sites in Bay and Bakool although some sites show levels of malnutrition that indicate a need for closer follow up. Analysis of trends will be possible following a third round. Vulnerable populations had migrated from Kibilil to Merka and Mogadishu in search of labour opportunities. A measles outbreak occurred in Mukaidumis in February 2006. Nutrition data from the health facilities in the region indicate malnutrition levels that are within the long term levels for the area.



Dietary diversity had declined in Mustaqbal, Farsoley, Roobow and Golweyn sites and either increased or remained the same in the other sites. On the hand, the proportion of the children who were reported to have been sick two weeks prior to the screening had significantly reduced in all the sites. ARI was the commonest disease reported. Measles cases were reported in Mustaqbal, Farsoley and Golweyn sites.



The recent rains have provided the much needed relief, improving water access to most households. However, access to a diversified diet is likely to remain a challenge up to the next cropping season in June. Reduction of number of meals per day in quantity and quality, appealing for assistance from humanitarian organizations, seeking gifts of food, increased taking of cereals on loan, migration to urban centres and dependence on relatives are among the coping strategies being adopted.

Other related publications

- FSAU/FEWSNET Market Data Update, March 2006.
- FSAU/FEWSNET Climate Data Update, March 2006.
- FEWSNET Somalia: Food Security Emergency, March 2006.
- FEWSNET Somalia: Rain Watch , March 2006
- FSAU/FEWSNET Climate Data Update , April 2006

Physical address: Kalson Towers, Parklands, Nairobi.
Postal address: PO Box 1230, Village Market, Nairobi, Kenya
Telephone: +254-20-3741299, 3745734, 3748297. Fax: 3740598
General email: fsauinfo@fsau.or.ke
Comments and information related to nutrition: Noreen.Prendiville@fsau.or.ke
Website: http://www.fsausomali.org

[1] Eight of these sites namely Mustaqbal, Mukaidumis, Jeyrow, Farsoley, Roobow, Golweyn, Mungiiya and Kibiliil were covered in January 2006 while four (Warer Maleh, Kunyo barrow, Hawai and Sablale) were newly identified sites.