



# NUTRITION UPDATE



## OVERVIEW

The effects of the shortfall in food availability in Southern Somalia, as detailed in the separate FSAU publication 'Food Security Report' for July might not be expected to have a serious impact on a normally healthy population living in a secure political environment. However, in a population already experiencing very high levels of malnutrition, the impact is likely to be serious for many and numbers of malnourished presenting at some health facilities are already on the rise. Poorer households throughout Bay, Bakool and Gedo who have no food stocks and usually purchase their food are already experiencing problems with food access. Casual employment opportunities in the agricultural sector have decreased drastically, prices of some basic food commodities have increased and better off households with some food stocks are reluctant to share their stocks until the likely outcome of the Deyr harvest in December is known. Recent escalations in tensions have once again caused displacement of populations into communities that are unable to assist because of their own limited stocks and it appears that some IDPs and resident populations are already becoming quite desperate in their search for external assistance. (See Rabdure report). This desperation has also been evident from observations at supplementary feeding centres to which women and children walk extremely long distances in search of food rations, as well as the displacement of whole families towards urban centres where such feeding programmes are already well established. (See ACF report on Luuq, Gedo region).

Not always coincidentally for Somalia, critical periods of stress for its people occur at a time when potential for adequate humanitarian response is also lowest. Insecurity in Southern Somalia currently poses enormous challenges for organisations attempting to monitor the situation, identify populations in need of assistance and deliver that assistance effectively.

## ASSESSMENT PLANNED FOR THE HAUD IN SOMALILAND

*S. Matu, FSAU*

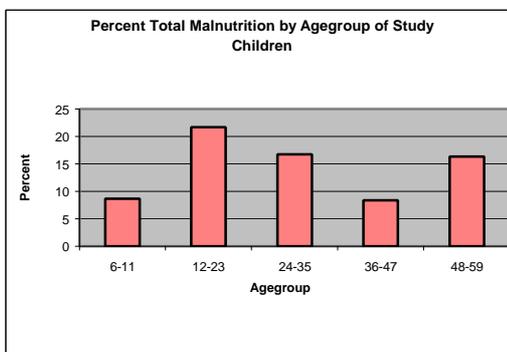
The poor gu rains received in the Haud area places the population in a vulnerable state. In addition to the effects of the livestock ban, water scarcity further challenges the food security situation of this population. Observations during visits by nutritionists to the area over the past year have indicated that nutritional status of children in the area appears to be poorer than that in other parts of Somaliland. In early September, FSAU plans to undertake a nutrition assessment in the area.

## NUTRITION SURVEY AMONG RETURNEES IN HARGEISA, SOMALILAND

*S. Matu, FSAU*

Since 1997, UNHCR has been supporting<sup>1</sup> voluntary repatriation of Somali refugees from six of the eight Northeast Ethiopia refugee camps. The majority of these returnees have settled in Hargeisa, due to the stability in the town, expectations of employment/labour opportunities and availability of social amenities. As a result, several resettlement camps have sprung up in and around Hargeisa town. However, the majority of these returnees currently lack a reliable means of livelihood and consequently their access to basic needs is limited. The health and nutritional status of many have already been compromised. To date, limited information has been available regarding the welfare of these populations.

In June 2001 MOHL, UNICEF and FSAU carried out a nutrition survey in seven resettlement camps, having a total estimated population of 30,500. The survey aimed at determining the nutritional status and factors influencing it in children aged 6 to 59 months. A total of 901 children were surveyed using a 30 by 30 two-stage cluster sampling methodology.



Preliminary survey results indicate a global acute malnutrition rate (weight for height Z-score <-2 or oedema) of 15%, 95% C.I. 13% - 18%. Severe acute malnutrition (weight for height <-3 Z-score or oedema) was 5%, 95% C.I. 4% - 7%. As shown in the table below, children aged 12-23 months reported the highest proportion (22%, C.I. 17% - 28%) of malnourished children compared to the other age categories. This was significantly different when compared to the 36 - 47 months age-group (8.4%, C.I. 5% - 13%). While the high rates of diarrhoea and acute respiratory tract infections may be contributing to high malnutrition in the 12 to 23 months age category, care and dietary intake certainly play a major role too. The incidences of diarrhoea and acute respiratory tract infections two weeks prior to the study were reported at 22% and 36%

<sup>1</sup> UNHCR facilitates the repatriation and also provides each person with a repatriation package consisting of a food ration (wheat grains; cooking oil and pulses) to last for nine months; two blankets; one plastic sheet; two plastic jerry cans; a cooking pot and US\$45 to facilitate onward transit.

respectively. Vitamin A supplementation six months prior to the study was 74% while the measles coverage in the study area was 54%.

Qualitative data indicated that most families survived on two meals a day, consisting of foods that were lacking in both quantity and quality. Milk (camel and powdered) and *anjero*<sup>2</sup> were the main weaning foods. Results also indicated that 92% of the study population has a single source of food, with 97.4% reporting purchase as one of the main food sources. Furthermore results indicate that 30%, 27%, and 31% of the population are involved in small-scale trade, market activities and casual employment respectively as a source of income. The current inflation, ongoing ban on livestock and construction activities in Somaliland has certainly impacted negatively on the purchasing power and means of livelihood of this population. As described in last months report, most families live without adequate shelter, clean water or sanitation.

Reduced access to food of good quality and adequate quantity is undoubtedly affecting all members of the households in these settlements, providing populations already living in poor sanitary conditions with little ability to resist communicable diseases. Women living in these conditions invariably experience a high incidence of pregnancy related death and illness,; malnourished men are generally less economically productive. Thus the cycle of ill-health and malnutrition continues.

This prevalence are undoubtedly high and not very different from those reported in nutrition surveys in the less stable areas of Southern Somalia. Without special care for the already malnourished children, mortality in this group is likely to be very high. The approximately three hundred (5%) children who were severely malnourished at the time of this survey are unlikely to recover without intensive feeding and most of them will never reach their full mental or physical potential. Many of these children are, in fact, likely to die.

In an environment of generally better food security, stability and infrastructure such as Somaliland, a malnutrition rate of 15% should be a cause of great concern to authorities and humanitarian organisations. It seems unlikely that this population of approximately thirty thousand people will recover and re-establish their lives and livelihoods without assistance. UNICEF and FSAU will release a detailed survey report soon following further analysis.

In an environment of generally better food security, stability and infrastructure such as Somaliland, a malnutrition rate of 15.1% is certainly worrying and it seems unlikely that this population of approximately thirty thousand people will recover and re-establish their lives and livelihoods without assistance. CARE has already expressed an interest in supporting the group. UNICEF and FSAU will release a detailed survey report soon following further analysis.

**SURVEILLANCE IN PUNTLAND**

*B. Owadi, FSAU*

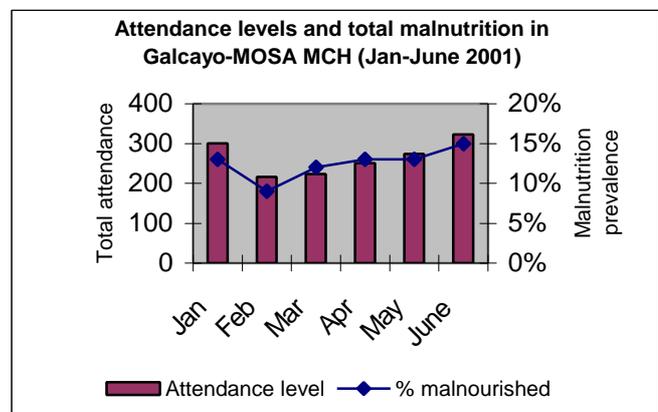
Improved surveillance coverage is expected in Puntland with the support of Action Africa Hilfe and MSF Holland to five health facilities in Mudug and Bari regions areas that have previously not reported nutrition data. Poor gu rains in the Haud region have resulted in water shortages in the area. Consequently, livestock have moved out of the area affecting milk availability. In the absence of feasible coping strategies, the food security situation of this pastoral population is greatly compromised. In the Haud area where malnutrition levels in health facilities are higher than normal, increased levels may be reported in future. Due to the recent unrest in Puntland, the flow of data from health facilities to the central database in Nairobi has been disrupted. It is hoped that this data flow will be re-established in the coming weeks.

**MALNUTRITION IN GALCAYO, PUNTLAND**

*B. Owadi, FSAU*

In July 2001, The MSF-Holland-managed Galcayo paediatric ward, which remains the main referral facility for North Mudug, reported an increased number of severely malnourished children. By the first week of August, there were 11 cases of severe malnutrition admitted in the ward. Consequently, MSF-H commenced therapeutic feeding as a bridge to an intensified intervention by other agencies.

It was reported that these severely malnourished children were mainly from Golgodob District of Mudug region. Although Golgodob had an outbreak of a rotavirus in the first week of July, which might have contributed to increased prevalence of malnutrition, the area is also faced with additional compounding factors that could have adversely affected nutritional status. The Galcayo reports further reveals that 90% of these malnourished children were under two years old, an age group that is ideally receiving breast-milk, suggesting some weakness in caring practices, specifically in regards to breastfeeding and other weaning practices. Parents of these children revealed that none of these children was still breastfeeding. Reasons for sub-optimal breastfeeding practices throughout Somalia are still inadequately understood.



<sup>2</sup> A wheat based pancake, common among the Somali community.

As indicated in other FSAU reports, Golgodob is one of the areas in Puntland most affected by the prevailing water shortage that followed inadequate Gu rains with resultant movements of animals towards the Addun areas of the region. The poor and/or inadequate water supply shared by both animals and humans is also likely to have contributed to the diarrhoea outbreak. Other factors leading to precarious food security situation in the area include the continued inflationary trends for commodities in the market. The fact that the South, which might have been expected to supply cereals to northern Somalia, is now expecting a food shortage may be a factor too. It is reported that exchange of animals for cereals in greatly imbalanced in favour of cereal sellers heightening further the precarious situation of this predominantly pastoral community.

Furthermore, data from the MOSA-managed Galcayo MCH as depicted in the graph above reveal an increasing attendance at the MCH, a situation that could be associated with movement of people into the town from other affected areas of the region. From an attendance level of 214 children in February, attendance had risen to 330 by the end of June 2001. Malnutrition prevalence had also been increasing within that period from a low 9% in February to 15% in June.

**UPDATE ON BAKOOL**

J. Kingori, FSAU

**Huddur District.** Water sources have dried up in many villages throughout the district leading to movement of animals closer to Huddur town. This has facilitated normal milk supply in Huddur town at the expense of the milk availability in the villages. The only MCH in the district located in Huddur town has reported increased attendance mainly from the surrounding villages, usually up to a radius of 30km. This reflects certain desperation on the part of the mothers to source food for her family and probably has many negative effects on the health of the mother and her ability to care for other members of the family. Of the malnourished children screened at the MCH, majority are from Doonful and Banjanaaye villages. High incidences of diarrhoea were reported. Water shortage and sharing of water sources with animals could be a suspect risk factor for the diarrhoea incidences.

**El Berde District.** The proximity to the Ethiopian border makes it easy for people to move across the border and relief food (blended food) distributed in Ethiopia to find its way to El Berde market at relatively low prices. The poor rains in the last Gu affected the area and the pastures are not good enough to support many livestock. Currently the attendance at the MCH is generally high with SFP/family ration distributed to the malnourished children being the attraction. The majority of the malnourished children are from the pastoralist communities and the IDPs who have stayed in the area for about one year. Some of them have been moving to other areas particularly towards Gode, Ethiopia (along Shabele river tributaries) where pastures are still available and relief food is being distributed.

**Wajid District:** Poor crop performance, pasture depletion and the drying up of some water points in the district, has triggered movement of mainly poor households to other areas outside the district. Some moved towards Luuq/Bulla Hawa, Gedo Region in search of alternative sources of income and food aid assistance following limited farm labour opportunities. Others, mostly women and children, moved towards the neighbouring district of Rabdure after rumours of food distribution but returned again after their expectations of food aid were not met. Food prices in Wajid town have started escalating and this may reduce food access for poorer households. World Vision will soon start their health programme operations in Wajid. Since January 2001, the community supported MCH has been operating at low profile.

**NUTRITION ASSESSMENT IN IDP SETTLEMENT IN RABDURE, BAKOOL REGION**

Bernard Owadi and James Kingori

For poor and very poor agro-pastoralist families in Bakool region, a 25-40% food energy deficit is expected over the one-year period from July 2001 to June 2002. However, some areas and populations within these areas are more vulnerable than others due to disproportionately low rains and/or influx of IDPs. Rabdure District in Bakool Region is one such area. Within a three-kilometre radius of Rabdure town, 300-400 families have settled within the past two months. The majority of

Source of IDPs	Nutritional status category					Total
	Oedema	<11.0cm	=11.0/<12.5cm	=12.5/<13.5cm	=13.5cm	
Returnees from Ethiopia	1 (0.5%)	19 (8.8%)	67 (31.2%)	63 (29.3%)	65 (30.2%)	215 (100%)
Wajid Rabdure villages	0	0	6 (20%)	7 (23.3%)	17 (56.7%)	30 (100%)
<b>Total</b>	1 (0.4)	19 (7.8)	73 (29.8%)	70 (28.6%)	82 (33.4%)	245 (100%)
<b>Vitamin A Deficiency (Bitot spots seen)</b>					3 cases	

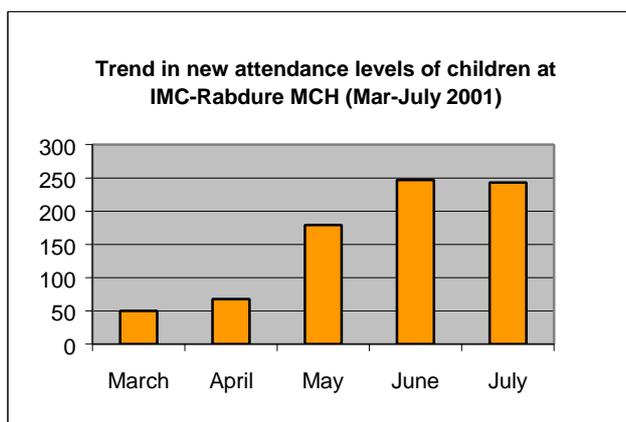
of these IDPs, at least 70%, are Somalis who had settled in Barey and Kumbul areas of Ethiopia due to insecurity in early 1990s but have returned to Somalia since April 2001 due to increased tension between them and the Ethiopian communities.<sup>3</sup> These people had their origins in Rabdure and so may not be absorbed in other villages outside that area. The remainder of the IDPs have come from within Bakool Region (Wajid district and the surrounding villages of Rabdure town) with their movement being triggered by rumours of food distribution. It was reported that this latter group initially came in large numbers but have been moving out towards Elberde in search of

pasture while some returned to their homes when they realised that there was no general food distribution. This trend may continue.

<sup>3</sup> Ethiopians have accused them of exploiting forests and increased poaching and feel that security has improved in Somalia sufficient to allow resettlement.

Between 1<sup>st</sup> and 2<sup>nd</sup> August 2001, FSAU nutritionists in collaboration with the local health committee and IMC Rabdure conducted a quick nutritional assessment using Mid Upper Arm Circumference (MUAC)<sup>4</sup> in order to determine the prevalence of risk to malnutrition and death among the under-fives in the IDP population. A child with oedema was considered seriously malnourished and not subjected to MUAC measurement.

As shown in the table above, total acute malnutrition was about 38%. Twenty-three of the children screened were in particularly poor condition, including three who were at risk of progressing to blindness as a result of vitamin A deficiency. In total, about 67% of the children screened during the assessment were either malnourished or at risk of malnutrition. The results of the screening are consistent with data from the Rabdure-IMC health facility, which has been indicating high malnutrition rates of over 60% of children screened along with increasing attendance numbers (actual visits) from 615 children in May 2001 to 793 children in July 2001. All malnourished and borderline children were referred to the IMC supplementary feeding centre in Rabdure. Although the assessment was not expressly stratified for comparison, the results show an indication of significant differences in malnutrition between the returnees from Ethiopia and those from surrounding villages, mainly Wajid and other villages of Rabdure itself, with the returnees appearing to be in worse condition. The difference could be explained by the fact that the people from the surrounding villages had more social network support and some had been benefiting from the WFP/UNICEF family ration to malnourished children. They also had some livestock unlike returnees who had lost their sources of livelihood or simply left them behind and had no remaining food stocks.



As shown on the graph on the left, the initial significant increase in *new attendance*<sup>5</sup> in May could be explained by a corresponding influx of IDPs mainly from the surrounding villages who were mainly motivated by expected food distribution. The number increased significantly again in the subsequent month of June with the arrival of IDPs from Ethiopia.

Health facility reports further indicated that the incidences of respiratory infections, diarrhoea and skin diseases were quite high among the IDPs. The IDPs currently live in clustered structures made from branches and leaves with no sanitation facilities. Night temperatures in the area are low and it is obvious that the people have little clothing and few blankets. Although they fetch water some 3km in the Rabdure town, the water is saline and therefore not ideal for consumption. It

was clear that the IDPs are invariably suffering from micronutrients deficiencies especially the vitamins and anaemia as noted by three cases of advanced Vitamin A Deficiencies during the assessment and anaemia in both adults and children.

The anticipated food scarcity resulting from failure of the Gu harvest has exacerbated the problem as otherwise the returnees would have been easily absorbed within the existing community social support. Although the IDPs are engaged in coping strategies like selling firewood, water and construction materials; digging toilets and seeking for community support (mobilised handouts) for their food supply, the general downturn of economic avenues occasioned by drought and inflation weighs heavily against any significant contribution to their food security. Food availability is also reported to be low in the market. Gifts from the community have also reduced, as the community does not have sufficient stocks to allow sharing to take place.

At the time of the visit, no support interventions for this group were in place. Most of the IDPs were seen crowding around the IMC health facility in search of assistance, in particular hoping to be admitted to the ongoing Supplementary Feeding Programme/family ration programme. The health facility in Rabdure is also strained with additional need for supplies. Immediate needs of this group include assistance with shelter, food, medical attention and chlorinated water.

## BAY REGION UPDATE

**Berdaale District.** Due to water reliability in Berdaale town, many households from the surrounding 62 villages have moved into town with their animals. The villages worst hit by crop failure in Berdaale include Bulla Hawa, Borama and Kurtale. Due to land and herd size holding difference, the poor households, with minimal assets, heavily rely on farm labour for their income during crop establishment period.

**Baidoa District:** DMO MCH, which is located in Baidoa town serves as a referral for SFP/Family ration distribution for malnourished children and their families. Baidoa District is vulnerable to food insecurity following crop failure and outward movement of livestock towards Lower Shabele and Southern part of Burhakaba. It was reported that movement of people from the rural areas in search of alternative sources of livelihood started in March 2001 with poor germination of the first planting. Food prices have generally increased and milk is available but expensive in Baidoa town. The MCH data indicates a high malnutrition (over 47%) among the attendants since January 2001. It was reported that there is high readmission in the feeding program as a result of reduced ability to provide food of adequate quality and quantity in the household.

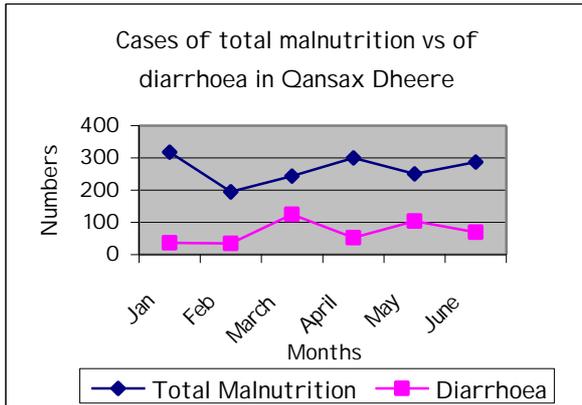
<sup>4</sup>MUAC<11.0cm (severe acute malnutrition), 11.0cm=MUAC<12.5cm (moderate acute malnutrition), 12.5cm=MUAC<13.5cm (at risk of malnutrition) and MUAC =13.5cm (normal nutritional status).

<sup>5</sup> New attendance as used here refers to children visiting the facility for their first time.

**Bur Hakaba District.** Though the area didn't receive adequate rains to support sorghum growth to maturation, limited pasture are found to the southern part of the district (Bur Eyle catchments) and have attracted some livestock. Some emigrants from Baidoa District and Bakool region have arrived into the area with their livestock. Uprooting of drying sorghum stalks for use as fodder was observed. Attendance at Burkhaba MCH has progressively increased from 132 in January (at the time of the Deyr harvest) to 645 in June. World Vision Somalia has been carrying out bimonthly demonstrations on preparation of locally available foods during which high-energy biscuits are distributed to children. This and the availability of multivitamin syrup (which is preferred by many) between April and June 2001, may explain the increased attendance reported in the MCH.

**Qansax Dheere**

Like other districts, Qansax Dheere received poor rains thus poor crop performance is expected. Consequently, farmers are uprooting the drying crop for fodder to animals. Most of the poor households have exhausted their food (sorghum) stocks, having sold some stocks to compensate for loss of income from farm labour and other casual employment opportunities. The population is also experiencing water shortage with the drying up of water catchments and wells. This has led to



movement of households more highly dependent on agricultural activities to major villages like Qansax Dheere where there is reliable water source and possibilities of income opportunities. Households more dependent on livestock have opted to move out of the district towards Lower/Middle Juba in search of water and pastures. The outward shifting of animals has led to milk shortage at the household level within the Qansax Dheere.

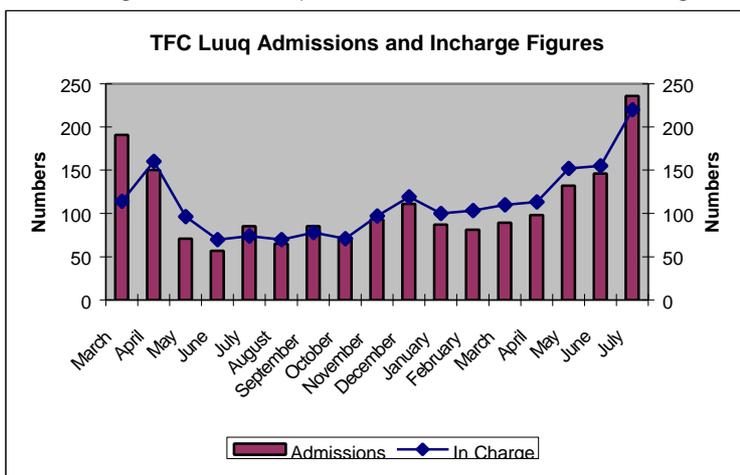
As shown in the graph and confirmed during field visits, numbers of cases of malnutrition at Qansax Dheere have remained consistently high over the past seven months and may be partially explained by the high incidence of communicable diseases such as diarrhoea, skin infection, intestinal worms and respiratory infection.<sup>6</sup> The increase in diarrhoea incidences in March and May might account for increased incidence of malnutrition in the following months of April and June

respectively. Additionally, the time spent in search of food and water has increased at expense of childcare. This negatively impacts on the health and nutritional status of the children.

**LUUQ DISTRICT, GEDO REGION**

**ACF**

In Luuq district, Gedo region, ACF has been affected by both the insecurity and by the 'hunger gap' that seems to be particularly important at this time of the year. Numbers in all of ACFs feeding structures have increased to the point of saturation. The ACF TFC in Luuq, designed to accommodate a maximum of 150 beneficiaries, has in fact surpassed this considerably; numbers continue to rise. A total of 236 admissions were recorded in the month of July 2001, with numbers continuing to increase. Around 70 admissions a week are being recorded at this time. As a result of this, and little prospect that the situation can improve in the short term, a second TFC will be opened by ACF in mid-August 2001. In addition ACF is reinforcing its technical expatriate team to assist in the training and supervision of these centres.



In the Luuq Supplementary Feeding Centre (SFC), 404 new admissions were recorded in the month of July alone. Admissions, limited to children between 6 months and 11 years old, could have been more considerable. But due to the elevated numbers, ACF was unable to screen all the potential cases during the month until the centre was re-organised to handle larger populations. This should be completed by the end of the month. Over 900 children are now in charge in this SFC.

perspective, ACF estimated that the total population of children aged between 6 – 59 months to be around 2000; consequently to have already 800 in the SFC suggests a particularly high Global Acute Malnutrition rate at this time. The potential for larger numbers in the next few months is evident, as seen on the road to El bon from Luuq. Fields of withered

<sup>6</sup> Beside the increased nutrient requirement for growth, illnesses increase the nutrients demand. However, in a situation where food availability is not adequate the children's immuno-competence is greatly suppressed hence succumb to malnutrition and into the synergetic interaction of malnutrition and infections.

crops line the roadside, and only an occasional piece of maize pushes through the soil. This alone will clearly not be enough for the needs of the population in the months to come.

ACF continues to work hard with its partners CARE, UNWFP, UNICEF in trying to ensure that the most vulnerable of these people receive suitable treatment for their malnutrition, and that once cured they do not relapse back and lose weight. Unfortunately, the number of these vulnerable people is continuing to grow...

## PLANNED NUTRITION ASSESSMENTS

August 14 <sup>th</sup> onwards.	CARE and FSAU involved in screening exercise in Bulla Hawa, Dolo and El Wak districts of Gedo region.
August 18 <sup>th</sup> – 31 <sup>st</sup> .	EIDhere, Galgadud region. CISP and FSAU
September	Nutrition assessment in the Haud area of Somaliland using MUAC. FSAU in partnership with NPA.

## WEBSITES

**This 'Nutrition Update', along with other relevant materials, is available on the following websites:**

WHO Emergency and Humanitarian Action Website. <http://www.who.int/eha/disasters>

PFEDA. [http://www.univ-lille1.fr/pfeda/Ethiop/Field\\_e.htm](http://www.univ-lille1.fr/pfeda/Ethiop/Field_e.htm)

UN Somalia. <http://www.unsomalia.org/unsomalia/>

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

## WORKSHOPS, MEETINGS AND TRAINING COURSES

- As part of its Short Course Series, the Regional Centre for Quality of Health Care (RCQHC) Institute of Public Health, Makerere University, Kampala, Uganda is offering the following courses: (i) **'Improving Quality of Care: Maternal and Neonatal Health Update'**, August 6-10, 2001, (ii) **'Improving Quality of Care: Foundations in Facilitative Supervision'** 27-31 August, 2001, and (iii) **'Performance Improvement for Reproductive and Child Health Care'**, September 17-21, 2001. For details contact Sheila Magero (Course Administrator). Email: [mail@rcqhc.org](mailto:mail@rcqhc.org)

## RELEVANT PUBLICATIONS

- **'Nutrition Manual for Field Workers in Somalia'**, Somali and English language versions. Produced by and available from FAO Somalia.
- **'The Household Economy Approach'**, SCF.
- **'The Management of Nutrition in Major Emergencies'**. Produced by WHO with contributions from UNHCR, IFRC and WFP and published in late 2000. Available from WHO.
- **'Maternal Health Services'**. Guidelines for qualified Health Personnel. UNICEF Somalia 1999.
- **'Somalia Standard Treatment Guidelines and Rational Use of Drugs at the PHC level'**. Volume I and II. WHO. 1998
- **'Field Exchange'**, a quarterly publication produced by **The Emergency Nutrition Network**. Aims to improve emergency food and nutrition programme effectiveness by providing a forum for exchange of ideas and keeping field staff up to date with current research and evaluation findings. For further details contact [foreilly@tcd.ie](mailto:foreilly@tcd.ie) or visit the website at [www.tcd.ie/enn](http://www.tcd.ie/enn).

## RECENT REPORTS

- **Monthly Food Security Report for Somalia**, FSAU. Issued July 2001.
- **Estimated Food Deficits, Food Gaps and Affected Populations for 2001-2002**. Scenario A. FSAU/FAO, July 2001.

For current and past reports on food security, nutrition and health, visit the UN Somalia website at: [www.unsomalia.org](http://www.unsomalia.org)



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