

OVERVIEW

While the overall food security situation has been close to normal, this issue highlights a number of areas where populations continue to experience abnormally high levels of malnutrition due to a complex set of issues related to food access, dietary diversity, access to clean water, communicable diseases and suboptimal child care practices.

In Jilib, the effects of short-term food insecurity on a population with particularly weak coping mechanisms has been seen in a sudden rise in the incidence of severe malnutrition (oedema) in young children. A significant reduction in income among displaced persons in Bossasso has maintained their high level of vulnerability.

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FOOD SECURITY & NUTRITIONAL ASSESSMENT IN JILIB

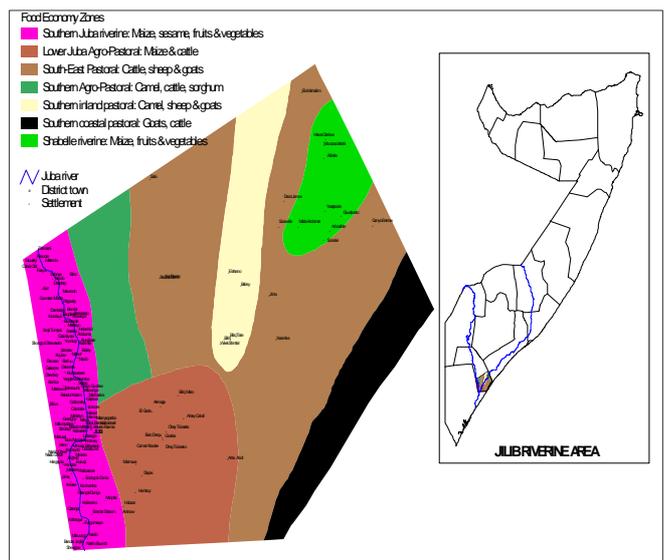
In September 2002, SRCS/ICRC and FSAU responded to reports of a significant increase in the prevalence of severe malnutrition manifested as oedema among the children in some villages on the banks of the Juba River in western Jilib. The poor nutritional status (about 15% using MUAC<12.5cm) was attributed to poor 2002 Gu crop production, poor coping and weak social support networks. In June 2003, MSF-Holland again reported significant numbers of severely malnourished children (with oedema) and deaths among children below five years old in the same villages identified in the 2002 assessment. The report indicated a severe deterioration in food security as well as an outbreak of measles.

In a follow up mission, FSAU conducted a food security and nutritional status assessment of the riverine villages between 22nd and 27th July 2003, using both qualitative and quantitative methods of information collection.

The assessment report showed that the 2002/03 Gu Harvest was below normal - only about 50% of the post war average with maize and cowpea yields particularly low at about 40% of post war average. Pumpkins and plantains, nutritious complementary foods in the diet of these riverine communities, were largely unavailable since the beginning of 2003. The poor crop yields are attributable to reduced cropped area, unaffordable weeding costs/efforts and flooding resulting from excessive Deyr rainfall. Fishing along the Juba River was also constrained due to limited fishing equipment and the drying up of *Dhesheks*. Common wild foods like *makadey* and *dhomaal* were also scarce. Income sources from crop sales have therefore reduced, employment opportunities have been scarce and gifts have reduced as the middle and better off wealth groups also had less than normal production. Consequently, the population intensified the collection of bush products and burning of charcoal. However, during the June – July period, mangoes became the main source of energy in the diet of the poorer households in this riverine community.

These predominantly Bantu communities have a weak economic base due to their dependence on farming, weak social support network, small landholding and over-dependence on other communities for employment opportunities. The assessment noted a tendency to limit involvement in current politics and major business activities, and to own few assets including animals due to fear of insecurity.

A MUAC assessment of children under five conducted during the recent mission showed a severe wasting level of about 8% (MUAC<11 cm or oedema) excluding about 40 severely malnourished cases from the same villages, who were already admitted at the MSF therapeutic feeding centre. Most of these cases had oedema, a form of severe malnutrition associated with high mortality unless treated. Total acute malnutrition was about 28% (MUAC <12.5 cm or oedema). Oedema cases including those admitted at the TFC were about 38 cases (7%) out of the 541 children assessed although children presenting

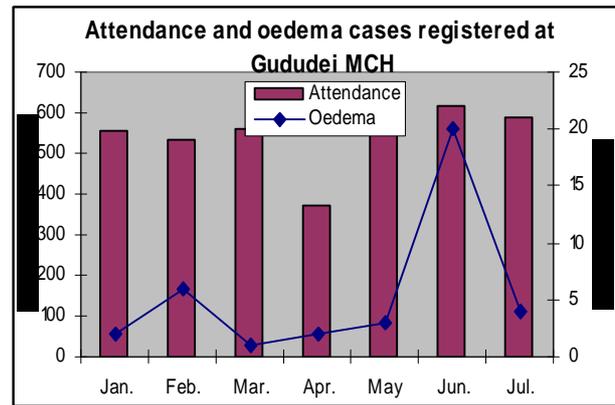


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SURVEILLANCE PROJECT PARTNERS INCLUDE MOHL SOMALILAND, MOSA PUNTLAND, FAO, UNICEF, WHO, SRCS/ICRC, SRCS/IFRC, WVI, GEDO HEALTH CONSORTIUM, IMC, MSF-S, COSV, AAH, MUSLIM AID-UK, INTERSOS, CISP, ZAMZAM FOUNDATION, COMMUNITIES OF WABERI, HAMARWEIN AND HAMAR JABJAB, IRC, ACF, COOPI, MSF-H, MSF-B.

with severe wasting (MUAC <11cm) represented a lower proportion of 6%. Numbers of oedema cases seen at the local Gududei MCH increased dramatically in June reflecting a poor food security situation *during and shortly before that period*.

Interviews in the affected communities indicated that this seasonal food crisis occurs at varying levels during June/July each year and is known as *Yibir Baroor period* - translated literally as **poor child crying** (due to hunger). During this period, children are fed on a diet of boiled mangoes and plain maize porridge once or twice a day. This year the hunger period coincided with an outbreak of measles. Fish, the main protein source for the community was at its lowest consumption levels. The community reported increased incidences of deaths of under-fives in recent months, mainly attributed to oedema in addition to diarrhoea, respiratory infections and measles. Consumption of protein foods was noted to be especially low within the community compared to agro-pastoralist households in the region.



In response to the crisis, MSF-Holland has established a Therapeutic Feeding Programme in Mareere village for the management of severe malnutrition. The attendance has stabilised with a current admission of 40 cases. All cases of malnutrition detected during the assessment were referred to the centre and transport provided to the most severe cases.

With the gradual increase in availability of maize and legumes in August, the acute food shortage in these villages is expected to be alleviated. The usefulness of further short-term interventions needs to be carefully evaluated. In the medium to longer term, the vulnerability of these riverine communities needs to be addressed and interventions focussing on a sustainable improvement in food security might include provision of fishing equipment and seeds for vegetables - both for use in household consumption and for income. The promotion of opportunities to diversify income through such activities as bee keeping and poultry production might also be considered. Access to clean water and strengthening of the existing health services will also have a positive impact on the lives of these communities. Unless the longer term issues are addressed effectively, humanitarian organisations might need to consider the need to have a short-term food programme in place to prevent malnutrition, morbidity and mortality during this particularly severe 'hunger season' in June/July 2004.

SOOL PLATEAU

Under-nutrition of vulnerable groups in Sool Plateau remains a concern as food security indicators remain bleak. Water is an acute problem in parts of the plateau with prices as high as US\$5 for a 200-litre barrel of water compared to US\$1 three months ago. Milk remains scarce. Health facilities serving the population of concern e.g. Las Anod and Huudun MCHs show increasing malnutrition levels from April 2003. In Las Anod for example, global acute malnutrition reported at the facility has increased from less than 10% (WFH <-2 z-scores or oedema) in April to about 15% in July 2003 of the average 250 children screened at the facility on monthly basis. The same clinics also report increased incidences of common childhood diseases like measles, diarrhoea and respiratory infections, attributed to poor availability and access and weakened immunity due to poor nutrition. The August 2003 FSAU Monthly report has highlighted that 3500 households are in immediate need of assistance.

In July 2003, WFP distributed a one-month food ration to about 1,200 households in twelve villages in parts of Sool plateau and Upper Dharoor Food economy zones amounting to approximately 124 MT. In August 2003, UNICEF started supplementary feeding linked to the provision of basic health care services to the villages covered by WFP. The UNICEF intervention included immunization services to under-five children, provision of vitamin A and distribution of iron tablets to pregnant and lactating mothers. However, interventions aimed at strengthening livelihoods still remain inadequate in the plateau. References to recommendations made by FSAU in the past can be found in numerous past publications on the subject.

BOSSASSO IDPS

UNICEF in collaboration with MOH and FSAU carried out a repeat nutrition survey among Internally Displaced Persons (IDPs) in Bossasso in July 2003. Preliminary results indicate a persistently high malnutrition rate of 16.2% (Weight for Height <-2 z-scores or oedema) for global acute malnutrition and 3.2% (Weight for Height <-3 z-scores or oedema) for severe acute malnutrition. A previous survey in June 2002 also showed a high global acute malnutrition rate of 18.7% (Weight for Height <-2 z-scores or oedema) and a severe malnutrition rate of 7.5% (Weight for Height <-3 z-scores or oedema). Factors found to have a profound negative influence on the nutritional status in 2002 were poor purchasing power of the residents, poor weaning practices, high incidence of childhood diseases (mainly diarrhoea, respiratory infections and measles) and unsanitary environment. It is notable that just some two weeks prior to this year's survey, there was an outbreak of cholera among the IDP population although the situation had been stabilised at the time of survey.

The poor urban groups and IDP's in Bossasso continue to be in a vulnerable state. These populations rely heavily on casual employment as a source of livelihood and therefore purchase most of their household food requirements. The closure of the Bossasso sea port in July 2003 due to the seasonal tides contributed to a reduction in job opportunities, consequently reducing the income available to these populations. Households (consisting averagely of 7 members) currently have access to a lower income of US\$1.1 – 2.3 per day than in 1998 when it was US\$ 2.5 – 3.1 per day. Over the recent months, cereal prices have been on the increase and are currently about Ssom 5,000 per kg of rice from the 'normal' Ssom 3,500-4,000.

Majority of the IDP population live under makeshift shelters and diseases like pneumonia and other respiratory infections are common. In July 2003 a fire broke out within the camps making at least 100 households homeless. Poor sanitation and limited access to other basic services also contribute to the vulnerability of the population.

Analysis of the current survey and report writing is currently underway in addition to discussions of results with Puntland Authorities and organisations based in the area.

BELET WEYNE DISTRICT NUTRITION SURVEY- PRELIMINARY RESULTS

With an estimated population of 105,920 Belet Weyne is the most populated district of Hiran region, located along the Shabelle River, 315 km northeast of Mogadishu. Belet Weyne town, the regional capital, is a vibrant commercial centre because of its strategic trade links with the rest of Somalia including Mogadishu and Ethiopia. The district is divided into four food economy groups namely pure pastoralists (25%), agro-pastoralists (50%), farmers (10%) and urban (15%) and it is estimated that around 50% of the total population actually reside in or in close proximity to Belet Weyne town.

Following a nutrition survey in 2002 in which the malnutrition rates were found to be unacceptably high (21% W/H < -2 z-scores or oedema), a number of short-term interventions were established including supplementary feeding, intensified health service provision, food for work activities etc. The SACB working groups had recommended a review of the situation six months following commencement of the interventions. Thus, between 16th July and 21st July 2003, UNICEF in collaboration with FSAU, IMC and SRCS conducted a repeat survey to determine the changes in the level of malnutrition through anthropometric measurements (using weight for height of children between 6-59 months or 65 -110 cm), to establish current factors influencing the nutrition situation and to provide recommendations related to on going and future interventions.

Preliminary results indicate a global acute malnutrition rate of 17.1% using W/H < -2 Z score or oedema compared to 21% in 2002. Severe acute malnutrition was 2.3% (W/H < -3 Z score or Oedema) compared to 2.7% last year. The table shows a summary of results for 2002 and 2003 surveys

Indicator	2002	2003
	%	%
Under five children screened during the survey.	100	100
Global acute malnutrition- W/H < -2 Z score or presence of oedema	21 (CI18.4-23.8)	17.1 CI14-20.9
Severe acute malnutrition – W/Ht , -3 Z score or presence of oedema	2.7 CI1.7-4	2.3 CI1.5-3.6
Global acute malnutrition – W/Ht < 80% of median or presence of oedema		12.6
Severe acute malnutrition – W/Ht < 70 % of Median or presence of oedema		1.8
Oedema		0.9
Proportion of children with diarrhoea in last two weeks prior to the survey.	16.4	25.4
Proportion of children with ARI in last two weeks prior to the survey.	18.7	37
Proportion of children with Malaria in last two weeks prior to the survey.	11.5	25.2
Proportion of children with Measles in last one month prior to the survey.	5.5	4.8
Proportion children supplemented with Vit. A in six months prior to survey.	81.7	74
Proportion of children immunised against Measles (n=863) & (859)	52.5	60

As shown on the table, the incidences of diarrhoea, malaria and ARI were higher compared to those of the previous year. The main food sources for the population are crop production (45%) and purchases (44%). Casual work and sale of crop produce were the two main sources of income at 43% and 30% respectively, while the population mainly depended on borrowing and increased sale of livestock as ways of coping in times of crisis. About forty percent of the population use protected wells as their main water source while the remainder use river, open hand dug wells and other unprotected sources. Nearly all, 98%, of the children surveyed were introduced to foods other than breast milk in the first three months of their lives. Qualitative information further showed majority of the mothers do not breast feed immediately after delivery and this issue was followed up during interviews with mothers and health workers.

The 2003 Gu rains were delayed and were poorer than the 2002 Gu rains. Consequently some pastoralists have moved towards the northern parts of the district and at the time of the survey, access to milk had decreased for the poorer households. Many of them had exhausted their stocks of cereals and possibilities for purchase were low as income opportunities had also dwindled. A food deficit of 10-25% is expected in the district with the agro-pastoralists being the most severely affected. Poor environmental sanitation and hygiene practices are also major challenges for the population of Belet Weyne.

Malnutrition rates reported in Belet Weyne still remain high. The results showed no statistical difference when compared to last year. This is attributed to food insecurity (in particular reduced access to a varied diet for the poorer households), high morbidity related to use of contaminated water and suboptimal sanitary conditions, especially in urban areas. As in other parts of Somalia, inadequate care practices particularly suboptimal breastfeeding and complementary feeding practices were likely to have contributed to the high rate of malnutrition.

Preliminary results were discussed with members of the interagency coordination committee and local administration in Belet Weyne and in addition to supporting longer term efforts to strengthen livelihoods in the district, recommendations were made as follows: (i) continuation of dry ration supplementation programme targeting vulnerable groups; (ii) intensification of basic health service provision including EPI acceleration and micro-nutrient supplementation; (iii) continued chlorination of wells; (iii) intensification of nutrition and health education; (iv) provision of insecticide treated nets (ITNs); and (v) the World Breastfeeding Week in Belet Weyne town to be used as a vehicle for developing medium term plans to address breastfeeding issues.

Further analysis of nutrition and contextual information is continuing.

BENADIR REGION

The nutrition status of the IDP and the poor urban vulnerable groups in Mogadishu remains poor with bad sanitation giving rise to a high incidence of communicable diseases including tuberculosis. Despite the relatively high availability of a wide range of imported and locally produced food items in the markets of Mogadishu, the poorer families have limited access to these foods due to low income. The last nutrition survey in Mogadishu was undertaken by ACF in JUNE 2000 (then indicating 12.9% global acute malnutrition and 2% severe acute malnutrition) and currently the two ACF therapeutic feeding centres admit around 200 severely malnourished children each month. These high numbers of critically ill children manifest the hardships experienced for much of the population in Mogadishu but insecurity prevents a more comprehensive analysis through a nutrition survey. Insecurity has also prevented any meaningful interventions that could have a longer term positive effect of the overall welfare of the population and so has a devastating effect on the lives and livelihoods of the poorer households within and around the city. WFP provides food rations through its institutional feeding centres in Benadir region while at the MCHs UNICEF undertakes demonstrations promoting the use of a balanced diet with locally available food.

NUTRITION SURVEYS IN 2003

Dates		Area	Organisations	Status 18 th Aug 2003
February 2003	Somaliland	Hargeisa Returnees	UNICEF/MOHL/FSAU	Report available
March/April 03	Puntland	Galcayo Town	UNICEF/MOH/FSAU/MSF-H	Report available
May 2003	South	Kismayo	UNICEF/FSAU	Report available
May 2003	Somaliland	Sool Plateau	FSAU/UNICEF/MOHL/NPA/SRCS	Report available
July 2003	Puntland	Bosasso	UNICEF/MOH/FSAU	Draft report write up
July 2003	South	Belet Weyne	UNICEF/FSAU/IMC/SRCS	Prelim. results available
August 2003	Somaliland	Haud of Togdheer	FSAU/MOHL/UNICEF	Underway
August 2003	South	Dinsor	IMC/UNICEF/FSAU	Planned
Aug/Sept 2003	Puntland	Kandala, Iskushuban, Gardo	UNICEF/MOH/FSAU	Planned
September 03	Bakool	Elberde/Huddur	IMC/FSAU/UNICEF	Planned
September 03	South	Haradheere	FSAU/CISP/UNICEF	Planned
Sept/Oct 2003	South	Tayeglow - Bakool	FSAU/SRCS/UNICEF	Planned
October 2003	Somaliland	Burao IDPs	FSAU/MOHL/UNICEF	Planned
Oct-Dec 2003	South	Micronutrients survey all zones	UNICEF	Planned
Nov/Dec 2003	Puntland	Jeriban & Galgodob	UNICEF/MOH/FSAU	Planned
2003	Somaliland	Awdal	FSAU/UNICEF/MOHL	Planned
2003	Somaliland	All regions (IDD)	UNICEF	Planned
2003	Somaliland	Sanaag	UNICEF/MOHL/FSAU	Planned

TRAINING COURSES & ANNOUNCEMENTS

As part of its Short Course Series, the African Medical and Research Foundation (AMREF), International Training Programme, Nairobi, Kenya will be offering a course in **Disaster Management** from 8th to 19th September, 2003. For more details, contact AMREF at Email: amreftraining@amrefhq.org or Website: <http://www.amref.org>.

The Centre for African Family Studies (CAFS) in collaboration with WHO Secretariat, Women's Health Project of the University of Witwatersrand and the Harvard School of Public Health will be offering a course on Promoting Gender in Reproductive Health and Rights, from 29th September – 17 October 2003 targeting planners, policy makers, senior and middle level managers. For more details contact CAFS at Email: courses@cafs.org.

WEBSITES

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

UN Somalia Website: http://www.unsomalia.net/FSAU/nutrition_updates.htm

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

SACB Website: <http://www.sacb.info/committees/health/Working%20Groups/Nutrition/Nutrition%20Update%20January%202003.pdf>

RECENT REPORTS

- ≡ **Monthly Food Security Report for Somalia**, FSAU.
- ≡ **Greater Horn of Africa Food Security Bulletin**. Issue No. 14. July 31, 2003. FEWS NET/LEWS/RCMRD/USGS
- ≡ **Kenya Food Security Update**. August 13, 2003. FEWS NET/MALD/WFP
- ≡ **Kenya Vulnerability Update**. June 19, 2003. FEWS NET and WFP and UNICEF
- ≡ **Ethiopia Network on Food Security**. Issue No. 8/03. August 14 2003. FEWS/NET/EU-LFSU
- ≡ **Regional Agricultural Trade Intelligence Network, Food Bulletin for East Africa**. Issue No. 2/2. August 12, 2003. FEWS NET



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