

OVERVIEW

In response to requests from readers, the pair of maps which allow an understanding of both longer term trends and current situation are once again presented. Updates on the situation in Gedo and Juba Valley show continuing cause for concern in these areas.

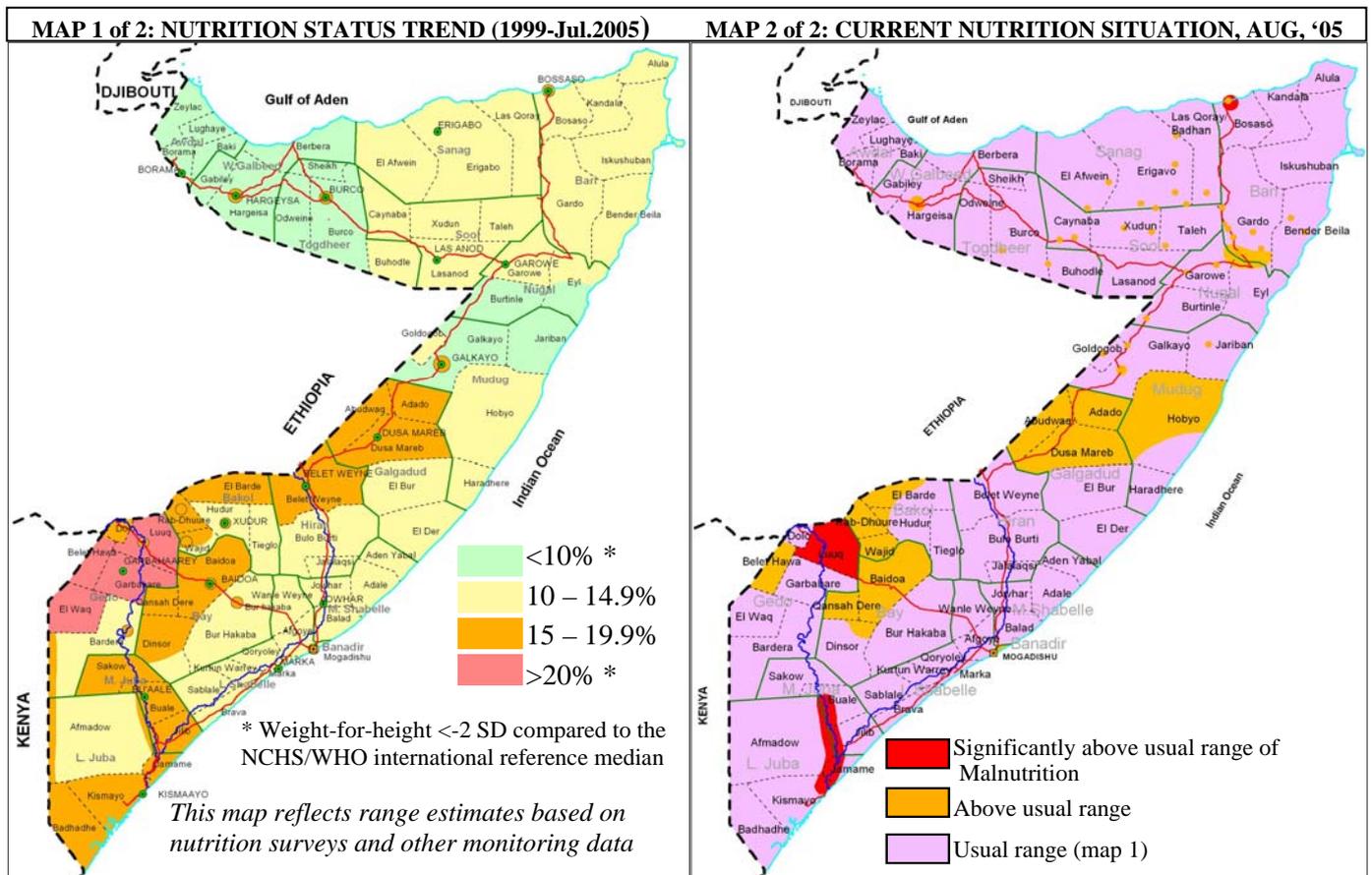
| | |
|-----------------------|---|
| In this issue: | |
| Dangorayo/Eyl survey | 2 |
| Juba Riverine | 2 |
| Northern Gedo | 3 |
| Beletweyne | 3 |
| Sanaag | 4 |

INTERPRETATION OF GENERAL AND CURRENT NUTRITION SITUATION IN SOMALIA

The issues presented in these maps represent (i) long term trends and (ii) current changes in those long term trends. Map 1 represents the 'usual' or typical rates observed in particular areas over the past five years. There is no suggestion that these rates are 'normal' or in any way acceptable. In most areas, the levels are consistently and significantly above acceptable levels. It is clear that levels of malnutrition in the north are consistently better than those in the south. This map is currently being further refined to ensure consistency with livelihood zones.

The Map 2 presents the current (updated) situation based on an interpretation of the latest available nutrition and related information. A shift of the nutrition situation from the 'usual' ranges is portrayed. The map shows that nutrition situation is significantly poorer in Juba Riverine, northern Gedo and IDPs in Bossaso as compared to the situation typically expected for the areas. It is notable that these areas have persistently shown high malnutrition even during times outside acute crisis. Other areas currently showing poor nutrition situation when compared to typical malnutrition rates observed in such areas include Galgadud, Bay and Bakool as well as pockets of destitute families in the north.

Analysis of the nutrition situation in both maps has utilised a range of sources of information on nutrition.



The Nutrition Surveillance Project is managed by FAO, funded by USAID/OFDA and receives support from the EC

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

NUTRITION SURVEY, DANGOROYO/EYL DISTRICT, NORTH EAST PRELIMINARY RESULTS

From August 8th to 15th 2005, FSAU and UNICEF, in collaboration with partner agencies (ADRA, SRCS, MOH) conducted two nutrition surveys in Dangoroyo/Eyl and Goldogoob Districts. Dangoroyo/Eyl districts were prioritized due to the high presence of destitute families – attributed to multiple shocks (including the tsunami, freezing temperatures, effects of drought) in the previous one year. The main objectives of the surveys were to determine the levels of acute malnutrition among the 6-59 month old age category; retrospective mortality for the previous three months, and the factors likely to have contributed to malnutrition. A two stage cluster sampling (30 by 30) was used to select the sample. Analysis of the findings for the Goldogoob survey is on-going.

Preliminary analysis of the findings for the Dangoroyo/Eyl survey data for the 909 children assessed during the survey indicates global acute malnutrition (WFH z scores less than -2 or presence of oedema) of 8.9% (CI: 7.2 – 11.0); severe acute malnutrition (WFH z scores less than -3 or presence of oedema) of 0.8% (CI: 0.5 – 1.9) including two cases of oedema (0.2%). These findings are within the ranges (5-9.9%) typically witnessed in the assessed area. Additional findings on disease prevalence in the two weeks preceding the survey indicate prevalence of diarrhoea at 10%; malaria, 11.3% and ARI, 13%. Triangulation of this data with findings from qualitative data indicates that these prevalence rates are usual for the area.

The measles vaccination coverage is about 60% which is lower than the Sphere recommendation of 95% and is attributed to limited access to primary health care services.

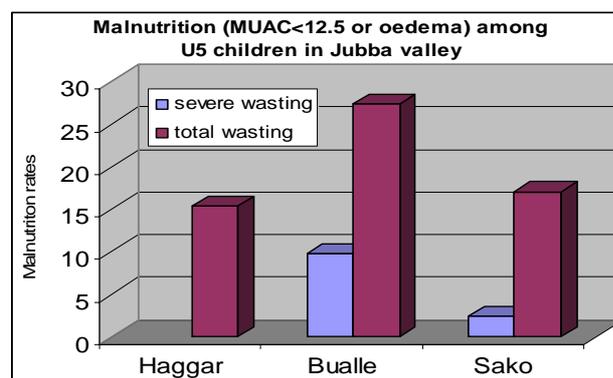
For the retrospective mortality survey (recall period of 92 days) a total of 906 households were assessed. The findings on crude mortality rate (N=1812) are 0.78/10,000/day (CI: 0.36 – 1.21) and under five mortality rate (N=906) of 1.33/10,000/day (CI: 0.55 – 2.11). The rates are within the acceptable ranges (using the WHO categorizations). These preliminary findings are summarized in the table on the right.

| | |
|---|--------------------------------------|
| Total children 6-59 months assessed | 909 |
| Global acute malnutrition | 8.9% (CI: 7.2-11.0%) |
| Severe acute malnutrition | 1.9% (CI: 0.5-1.9) |
| Presence of oedema | 0.2% (CI: 0.0 – 0.9%) |
| Diarrhoeal disease prevalence in previous 2 wks | 10% |
| ARI prevalence in previous 2 wks | 13% |
| Malaria Prevalence in previous 2 wks | 11.3% |
| Measles vaccination coverage | 59.6% |
| Crude mortality rate (N=1812) | 0.78/10,000/day (CI: 0.36 – 1.21) |
| Under 5 Mortality Rate (N=906) | 1.33/10,000/day (CI: 0.55 – 2.11) |

The relatively low levels of acute malnutrition and mortality rates are attributed to access to food and non food assistance (sourced mainly from humanitarian agencies and through community social support networks) and an improving food security situation (good 2004/5 Deyr and 2005 GU rains). An increasing access to milk and milk products was observed and reported during the survey. A detailed analysis of the survey data is currently on-going.

JUBA RIVERINE SHOWS PERSISTENTLY POOR NUTRITION SITUATION

In July 2005, FSAU conducted a rapid nutrition assessment using MUAC covering three villages (Sukele, Nusduniya and Qalawile) in the riverine and agro-pastoral areas of Bualle, Sako and Hagar Districts. The villages were selected based on their perceived susceptibility to food insecurity problems. A minimum of 50 children were chosen from each of the selected villages. The *riverine village of Sukele* showed the extremely high levels of malnutrition with rates of 27.4% (MUAC <12.5cm) with 8 of the 51 children screened severely malnourished (MUAC <11cm or oedema). The *agro-pastoral villages in Sako and Hagar* on the other hand show relatively lower malnutrition rates of about 15% (MUAC <12.5cm or oedema) of the screened children. (See the chart presented here).



In general, Juba riverine continues to experience unacceptable high levels of malnutrition especially riverine community due to complex set of issues related to food access, dietary diversity, flooding, access to clean water, poor access of health, and civil unrest. Health facility information indicates high incidences of watery diarrhoea, malaria, ARI and worms and irregular drug supplies. The riverine villages experienced acute flooding between May and June 2005 resulting in loss of property and increased incidences of childhood illnesses.

MSF-Holland is continuing with a therapeutic feeding programme. WFP is also supporting general food distribution among the riverine villages though AFREC, a local NGO in Juba.

HIGH MALNUTRITION IN NORTHERN GEDO

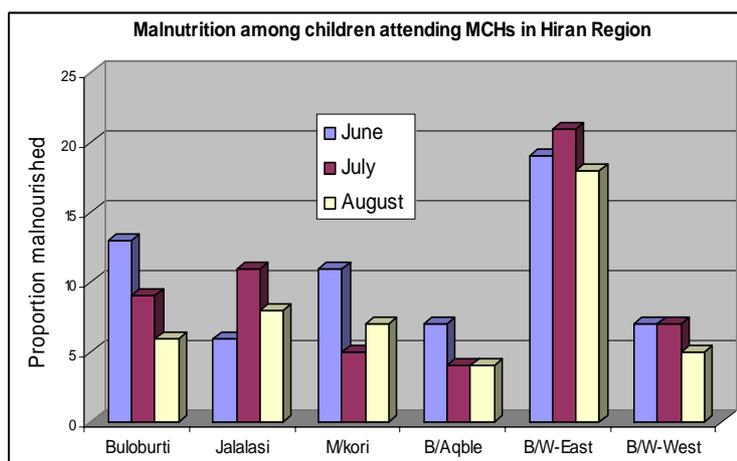
Elwak, Belet Hawa and Luuq MCH centres continue to record high malnutrition levels. In July 2005, 17% of the 148 children screened at Elwak MCH were malnourished compared to 2% of the children screened in Berdera MCH. In Belet Hawa and Luuq MCH, of the average 300 children screened on a monthly basis between February and August 2005, at least 30% were malnourished.

The prevalence of communicable diseases among children is high. Of the children screened at Elwak MCH in July, about 20% were diagnosed with suspected malaria, with watery diarrhoea and respiratory infections also diagnosed.

Severely malnourished children continue to be referred to Belet Hawa TFC. A slight increase in the number of admissions at Belet Hawa TFC admissions was noted in late May and early June 2005 with about three cases being admitted daily. Most of the beneficiaries were from Belet Hawa town and the nearby villages of Irridda, Kamoro-Addoon, Warcaddeey, Suftu and Dolow Ethiopia (all within 20 km radius). SRCS also started providing medical services (with drug supplies from UNICEF) as well as screening of under-fives among the *Busar, Damase and Garsale IDPs population* while ICRC distributed non-food items to the same population during in July 2005.

Humanitarian access to the chronically food insecure population of northern Gedo is restricted by the recurrent insecurity. Tensions in late June 2005 in the districts of Elwak and Belet Hawa triggered fresh population movement towards Damase, Busar and Garsale areas. In Luuq, scarce pasture has caused out-migration of camels towards Dinsor and the Juba Valley resulting in an increase in the price of fresh camel milk from an average of Ssom 5,000 to about Ssom 7,000 within the last one month. This has made milk inaccessible to the majority of the residents.

INADEQUATE ACCESS TO SAFE WATER IN BELETWEYNE



Data from health facilities consistently indicates high proportions of malnourished children among those screened each month in Beletweyne town. Malnutrition is associated with poor child care practices, reduced income options especially amongst the poor urban and riverine groups, as well as limited access to diversified diet. Morbidity levels are also high in Beletweyne due to consumption of unclean water. Poor faecal disposal and location of water points close to latrines has resulted in water contamination. Compared to other districts in Hiran Region, Beletweyne has consistently recorded higher levels of malnutrition.

Although food is available in the market, prices of cereals are currently about 10% (in dollar terms) above the prices reported in May 2005. The apparent increase

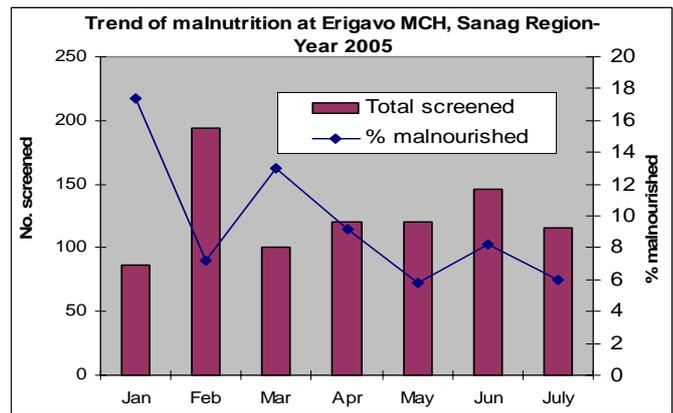
in prices limits commodity access by the poor urban and riverine families.

A supplementary feeding programme is on-going in Beletweyne. A reduction in admissions at the SFP, from 237 malnourished children in May to 160 children July 2005 was recorded. This was partly attributed to the out-migration of some urban and riverine families to inland areas due to May/June floods and insecurity particularly in the west bank of Beletweyne town.

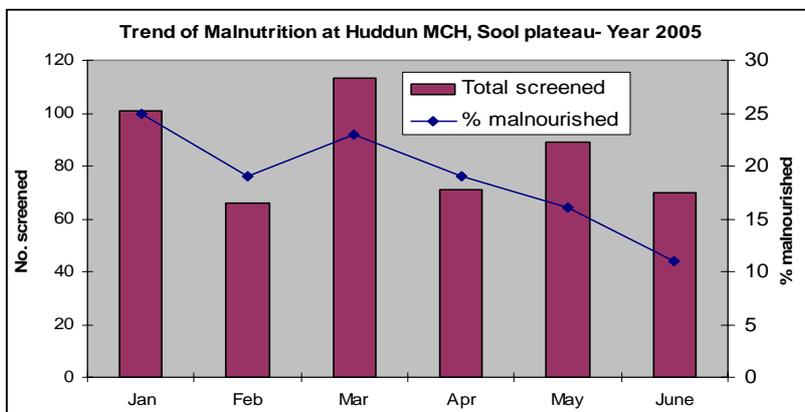
SC-UK is scheduled to conduct a detailed food security and nutrition study in Belet Weyne beginning early September 2005. The results are expected to assist in understanding the chronic nutrition situation in the district.

INDICATIONS OF IMPROVEMENT IN SANAAG NUTRITION SITUATION

In the previous three to four months, Erigavo and Badhan areas of Sanaag Region have reported relatively low proportions of malnutrition among children screened at the various MCHs in the areas. In the months of June and July 2005, the proportions of malnutrition remained at below 8% out of 146 and 116 children screened respectively in the two months at Erigavo MCH (see graph below). However, high incidences of ARI and intestinal worms remain key aggravating factors. Increased cases of ARI were reported among under-five year old children following the onset of the cold *Hagar* season in July. Sanaag Region is showing indications of general improvement in food security status following the relatively good 2004/5 Deyr as well as the 2005 GU seasons.



Similar trends of improvement in nutrition situation have been seen in Sool Region. For instance, at Huddun MCH within Nugal valley pastoral livelihood system, proportions of malnutrition among children attending this (the only) MCH in the district has been on a steady decline since March 2005 (see graph). A survey conducted within the area in June 2005 also indicated a relatively low malnutrition rate of 10.5%, a level within the typical ranges for the area at this time of the year. Successive good *GU* and *Deyr* rains have resulted in increased consumption of goat milk, ghee and meat.



However, there is still a general concern in the areas especially in villages where destitute families have moved to. Recurrent crises in the areas led to significant losses of people's livelihood assets making recovery difficult especially amongst the poor, whom some have turned to destitution. The destitute families would still require humanitarian support including those targeting to restore their livelihood systems. Meanwhile, FSAU still maintain a strengthened surveillance system in the regions to monitor the recovery phase of the population that largely depends on the outcome of future seasons.

RECENT PUBLICATIONS

- FSAU Food Security and Nutrition August 2005 Monthly Brief
- FSAU/FEWSNET Market Data Update, August 2005
- FSAU/FEWSNET Climate Data Update, August 2005
- FEWSNET-Somalia: Somalia: Food Security Update Emergency, August 2005
- FSAU Technical Series Report, No IV.5, Post GU Analysis (to be released on September1, 2005)

WEBSITES

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

Relief Web. <http://www.reliefweb.int>

FSAU's website: www.fsau.org was launched on 19th July 2005 and comments on the website will be highly appreciated.



Physical address: Kalson Towers, Parklands, Nairobi.
 Postal address: PO Box 1230, Village Market, Nairobi
 Telephone: +254-2-3741299, 3745734, 3748297. Fax: 3740598
 General email: fsauinfo@fsau.or.ke
 Comments and information related to nutrition: Noreen.Prendiville@fsau.or.ke

