



Food Security
Assessment Unit

NUTRITION UPDATE



Food and Agriculture
Organization of the
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OVERVIEW

The Nutrition Survey results from Belet Hawa have confirmed our worst fears. Malnutrition rates in the district are appalling high with a total of 37%¹ of children less than five years malnourished, including 8% severely malnourished (W/H using Z-score). Unfortunately, no-one who has followed the situation will find the results 'shocking' in a population already known to have the poorest health services, the most fragile water and food security 'systems' and an ever volatile civil insecurity. This, as a starting point, with the added burden of a prolonged drought and an interruption in the pipeline of the main food-aid organisation spelled disaster in recent months. The extent of human suffering is now evident.

This month we have also seen reports and preliminary results from a number of nutrition surveys in various parts of Somalia. All the surveys have shown malnutrition rates among children under the age of five years of between 14% and 19% using W/H less than -2 Z scores. According to international guidelines, unless a dramatic improvement in food security is imminent, these results demand an emergency type intervention in order to prevent further mortality and morbidity. So, do the situations in Hargeisa, Burao, Rabdure and Qansaxdheere constitute emergencies? Certainly for the malnourished children in each place they do. But this does not mean that we should respond with solutions that merely aim to make the picture look better by concentrating on food aid interventions in isolation.

Each year, we wait until the human suffering indicator – malnutrition, confirms food insecurity information. When we are convinced that a problem exists, we reluctantly recommend food-aid along with the wise words, 'food-aid is not the answer'. But where are the interventions that aim at reducing the ever-increasing vulnerability of the people of Somalia? Unfortunately there are very few.

In this issue of 'Nutrition Update'

- Nutrition survey in Belet Hawa – preliminary results,
- Nutrition survey in Rabdure – summary and analysis,
- Nutrition survey Burao – preliminary results,
- Anaemia prevalence survey in Somaliland

NUTRITION ASSESSMENTS AND SURVEYS

	Area	Organisations	Status
Somaliland	Toghdheer- Burao	UNICEF, MOHL, SRCS	Preliminary results now available.
Somaliland	Awdal	UNICEF, MOHL, SRCS	Undergoing analysis
Somaliland	Sool - Haud	NPA & FSAU	Repeat assessment undertaken.
Somaliland	All regions	UNICEF, MOHL	Preliminary results of anaemia survey available.
Puntland	Mudug - Galgodob	UNICEF	Undergoing analysis.
Puntland	Mudug - Galcayo	UNICEF, MSF-H, FSAU.	Postponed.
Puntland/Central	Mudug - Haradheere	CISP	Early 2002
South	Bakool - Rabdure	UNICEF	Report now available. Summary in this issue.
South	Bay - Qansaxdheere	UNICEF	Preliminary results available. Awaiting report.
South	Gedo - Luuq	ACF	Postponed
South	Gedo – Bulla Hawa	FSAU, UNICEF, Gedo Health Consortium, CARE	Preliminary results in this issue.

GEDO REGION – UPDATE ON INTERVENTIONS

- WFP and NCA have committed to supporting a two-month food aid intervention in Garbaharey and Burdhubo and the first food-aid distribution has been undertaken successfully in both locations.
- Gedo Health Consortium² has received funding from the Dutch Government to implement supplementary feeding in Belet Hawa and Garbaharey with the possibility of extending 'satellite' services to Burdhubo and Dolo. Initial screening in Belet Hawa town has shown that out of 650 screened (at the health facility), 30% were malnourished (W/H less than

¹ Unless otherwise stated, all malnutrition rates in this document refer to Z-scores. Global malnutrition: - W/H < -2 Z-scores; incl. oedema. Severe malnutrition: W/H < -3 Z-scores; incl. oedema.

² Trocaire, AMREF and CORDAID.

-2 Z scores). In Garbaharey, 70% were malnourished out of the 270 screened at the health facility. The supplementary feeding programme will involve the distribution of 'pre-mix' ration (blended food mixed with oil), which is expected to contribute to increased weight gain, and decreased marketability of the food.

- GHC will also examine the possibility of supporting health services in the El Bon area.
- UNICEF has committed to supporting Tear Fund with the provision of blended food for their proposed supplementary feeding programme in Luuq District.
- The planned nutrition survey in Luuq District has been postponed again due to insecurity.
- ACF continue to report increases in numbers of 'new admissions' and 'total attending' both therapeutic and supplementary feeding programmes in Luuq and El Bon. The admission of children from surrounding districts has also been reported. It is hoped that movement of people to benefit from aid projects will now decrease with the strengthening of both food-aid distribution and supplementary feeding interventions in other districts in Gedo. ACF will monitor this issue to ensure that organisations operating in other areas can monitor food-aid related displacement and support interventions in the locations of origin.

NUTRITION SURVEY IN BELET HAWA, GEDO REGION

Preliminary results

B. Owadi & J. King'ori, FSAU

Situated in the north west of Gedo Region, Belet Hawa District is one of the most populated in the region with an estimated population size of 60,000. It is located along the border of Kenya to the West, Ethiopia to the North-west, Dolow to the North East, Elwak to the South-West, Luuq to the East and Garbaharey to the South-East. About 70% of the population depends on livestock for their livelihood and around 15% are agro-pastoralists. The district has faced recurrent droughts for the past three years leading to a steady depletion of assets and an ever-increasing vulnerability.

Along with four other districts in northern Gedo, Belet Hawa is now considered the most critically affected area in Somalia. The recent rainfall performance has been completely hopeless and at the time of the survey, most animals had either left the district or had died. The death of donkeys, which are used as pack animals, has caused further distress to households attempting to relocate or to those who use the animals for firewood collection as a source of income. Animals who have left the district for better pastures have also experienced diseases (this report confirmed in Bay and Lower Juba) and so the expected income from these animals has not materialised.

Persistently high malnutrition and high attendance levels at the district MCH have been recorded particularly in the period between July 2000 and February 2001. Over that period a supplementary feeding programme was implemented through the MCH. This activity ceased in April 2001. The district has experienced repeated incidences of insecurity and these along with the presence of land mines in the district have severely hindered humanitarian operations. With the failure of Gu rains, livestock moved out of Gedo Region, and Belet Hawa District in particular, and this further worsened food insecurity. In view of the threatened population livelihood, water shortage and limited alternatives for survival, a better understanding of the situation was sought.

A district nutrition survey was conducted between 11th and 15th December 2001 aimed at determining the nutritional status of children aged 6-59 months and the factors influencing the same. The survey was led by FSAU and the team included UNICEF, CARE and Gedo Health Consortium. A total of 948 children were surveyed using a 30 by 30 two-stage cluster sampling methodology. Preliminary results are presented here.

Nutrition status	Proportion	
Global Acute Malnutrition	37.2%³	95% C.I. 34.1-40.5
Weight for height <2 z-score or oedema		
Severe Acute Malnutrition	7.9%	95% C.I. 6.2- 9.8
Weight for height <3 z-score and/or oedema		
Oedema	2%	

The team saw emaciated children in most villages and many children who were unable to stand and had difficulty in breathing. The condition of the population in Belet Hawa town appeared much better than that of people in the villages. Animal carcasses were observed by the team and one village, Lanameer, had physically moved to create a distance between the people and the stench of rotting animals. Many households were observed to have few or no remaining possessions. Most households have no access to clean water.

Morbidity, health care and feeding in children	Proportion
Acute respiratory infection in past two weeks	67%
Children with diarrhoea in past two weeks	62%
Malaria in the past two weeks	46%
Vitamin A supplementation in past 6 months	81%
Measles immunization in past 6 months	43%
Frequency of feeding in a day	
➤ Once	9%
➤ Twice	59%
➤ 3-4 times	26%
➤ Five and above	5%

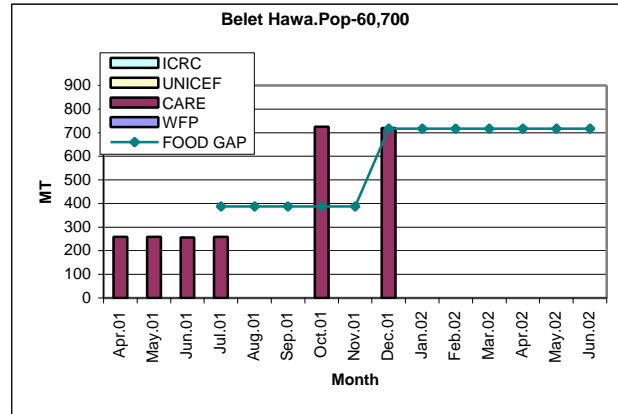
As indicated in the table, incidence of respiratory infection and diarrhoea in young children is extremely high indicating both a cause of further malnutrition, a deterioration in children already malnourished and an increased vulnerability to disease in an already compromised population. The high proportion of vitamin A coverage is most likely linked to the recent Polio immunisation campaign in the district.⁴

³ Global malnutrition rate is the total rate, so the proportions shown for severe malnutrition and oedema are included in this number.

⁴ To be confirmed

Interventions

- ❑ Sorghum was distributed by CARE in Belet Hawa district each month up to July 2001 and again in October 2001 (720 MT). Families with malnourished children or with members who are elderly or disabled were targeted along with displaced households.⁵
- ❑ In December, 720 MT were distributed to an estimated 14,000 beneficiaries with each receiving 50 kg of sorghum and 2 kg of oil. (See chart).
- ❑ No protein foods have been distributed but lentils will be distributed in late December.
- ❑ Supplementary feeding is yet to begin. It is hoped that Gedo Health Consortium will commence this activity in late December using fortified blended food mixed with oil as a pre-mix.
- ❑ Health services are extremely weak but will be strengthened as part of the Gedo Health Consortium intervention.
- ❑ No therapeutic feeding is available for the severely malnourished children.



Date	Population / areas surveyed	Agency	Global Malnutrition	Severe malnutrition
12/99	Bardera town	UNICEF	23%	5.5%*
04/00	Luuq town	ACF	14.9%	1.9%*
04/00	Luuq displaced	ACF	20%	4.2%*
5/00	Belet Hawa district	UNICEF	21.5%	3.5%*
9/00	Burdhubo district	UNICEF	17%	3%*

* Including oedema
Previous nutrition surveys in Gedo region - 1999 – 2000

Previous nutrition surveys in Gedo region indicate consistently high levels of malnutrition, frequently exacerbated by additional crises. Severe malnutrition is of course closely associated with high mortality.

Recommended interventions

The organisations present in Gedo region that were involved in the nutrition survey will discuss the findings and develop recommendations. In the absence of any sustainable interventions aimed at addressing the ever increasing vulnerability of the population in Gedo, the humanitarian community has little choice now but to intervene with standard food-aid and other emergency interventions if lives are to be saved.

NUTRITION SURVEY IN RABDURE, BAKOOL REGION

The survey, conducted by UNICEF in collaboration with IMC, WFP and local authorities was undertaken in late September/early October in response to the emerging concern about increasing food insecurity in the district. Using the two-stage random cluster sampling methodology, a total of 900 children from 6-59 months or measuring 65-110 cm were examined. Nutritional status assessments were based on weight for height measurements. Information relating to diarrhoea, acute respiratory infection, malaria incidence two weeks prior to the survey and measles incidence one month prior to the survey, Vitamin A supplementation and measles vaccination status of the children was also collected. Qualitative information was collected prior to the fieldwork through some key informants and a group of mothers on issues relating to household food security and childcare practices in order to gain understanding on factors affecting nutrition in the district.

Survey results indicate a global acute malnutrition rate (weight for height Z-score <-2 or oedema) of **19.3%**, 95% C.I. 16% - 23.2%. Severe acute malnutrition (weight for height <-3 Z-score or oedema) was **2.6%**, 95% C.I. 1.7% - 3.9%.⁶

Information collected on immunisation status during the survey indicated that 66% of the children had been vaccinated against measles, out of which 36% were vaccinated within the past 6 months and 30% prior to that. During the past six months, 66% of the children were provided with Vitamin A supplements. During the two-week period prior to the survey, 27% of children had diarrhoea, 16% had acute respiratory infection and 19% had malaria. Another 3% had measles in one month prior to the survey. Twenty five percent of the children were from households headed by females, 5% from the displaced, and 5% from returnee populations. Of the children surveyed, 61% used water from open hand-dug wells and 23% from water ponds. A total of 52% were introduced food other than milk before four months.

Total estimated population Rabdure district	13,000
<i>Break-down by food economy group:</i>	
Southern agro-pastoral	60%
Pastoral: camels & shoats	30%
High potential sorghum	10%

⁵ This method of targeting will be revised by CARE in the near future to minimise the possibility of overlap.
⁶ As percentage of median: GAM was 12.5% (95% CI: 10%-15.9%) and SAM was 1.4% (95% CI: 0.8%-2.5%).

Food Security overview

Households in Rabdure obtain their livelihoods either by combining farming and livestock rearing (agro-pastoralists) or purely by raising animals (pastoralists). The agro-pastoralists are vulnerable to crop failure and when this occurs they rely on their livestock or on the few labour opportunities that might arise on the more 'commercial' farms along the Juba River. During these periods, their livelihoods become somewhat similar to the pastoralists, whose food security depends on pasture availability, the livestock market and (for the poor, at least) on labour opportunities and pay in the Juba River area and Huddur town, both a substantial distance from Rabdure. In Rabdure, the past two harvests have failed and the pasture has been extremely poor leading to overall deterioration in household food security.

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Rainfall, which started in the second dekad of October, continued to be patchy and in general, has been less than average. Nevertheless it has improved pasture considerably and livestock in Bakool are reported to be in good condition, with milk and ghee production returning to normal. Cattle, are now showing signs of improving. The biggest problem reported is the prevalence of livestock diseases, particularly in the camel grazing areas. The high-potential sorghum producing area around the village of Madayto south of Rabdure town had insufficient rain for growth after germination. Terms of trade for both pastoralists (livestock to grain) and the poor (labour rate to grain) remain favourable. Reports in Gedo indicate that some pastoral groups from Yeed in the north of Rabdure have moved to Luuq to for labour opportunities and to access relief facilities.

Interventions

Currently, UNICEF, IMC and community based organisations provide basic primary health care services in Rabdure district through one static and two mobile teams. In September 2001, UNICEF and IMC began the 'expanded and extended' supplementary feeding programme in collaboration with WFP to provide supplementary food, family ration, immunisation and medical care to all children in the district.

Date	Location	Organisation	Methodology	Global Acute Malnutrition	Severe Acute Malnutrition
July 2001	IDP settlement outside Rabdure town	FSAU & IMC	MUAC screening Total	38% (<12.5cm; incl. Oedema)	8.2% (<11.0 cm; incl. Oedema)-
August 2000	Rabdure & Elberde	UNICEF & IMC		13.7% (Z score ⁷)	3.8% (Z score ⁸)
February 2000	Rabdure town	UNICEF	Total survey	30% (Z score)	6% (Z score)
June 1994	Rabdure	UNICEF		21.3% (% of median)	

The results of this survey confirm what food security and nutrition analysts expected. The population of Rabdure has been exposed over the years to repeated blows, civil insecurity, inadequate health services, inadequate access to clean water in addition to frequent episodes of inadequate food access and availability. The crude indicator used to measure the overall welfare of the population (measurement of nutritional status) confirms that a population already in poor condition, with very few support services in place and with practically no opportunity to recover between disasters inevitably deteriorates further and further.

Obvious problems that have been identified previously have not been addressed (with the exception of the return to the area of IMC to provide primary health care services). Water, childcare practices, malaria and other devastating diseases and inadequate diet for the population remain the issues requiring serious attention.

As we read with interest the report on a nutrition survey, how many of us feel a little bored because we see nothing new? The same issues remain important, food availability, food access and food utilisation. We cannot be surprised that households without access to clean water will benefit little from additional food, that mothers who cannot access maternity services prefer to have 'small' (underweight) babies, that family members cannot always know how to keep children healthy and that households already living close to destitution will be the first to feel the impact in any downturn in food security.

While these issues remain unaddressed, one can merely continue to recommend crude and basic life saving measures such as are in place at present, supplementary food and food-aid during crises.

The full report on the Rabdure District survey undertaken in September/October 2001 is now available.

FAMILY RATION AND SFP INTERVENTION IN BAKOOL REGION Planning meeting

During the December 2001 meeting of the Nutrition Working Group, organisations involved in the supplementary feeding project in Bakool region agreed to meet to discuss a number of issues related to the planning and implementation of the project. This meeting was held on 14 December 2001 at FSAU offices in Nairobi. The main conclusions were as follows:

⁷ Global acute malnutrition: - W/H < -2 Z-scores; incl. oedema.
⁸ Severe acute malnutrition: W/H <-3 Z-scores; incl. oedema.

- With the exception of the **agricultural area between Rabdure and Wajid**, and a few other areas, food security will return to what is considered to be within normal limits for the area. Bakool depends heavily on Bay for supply of cereals and so far, the situation there looks good. Harvest is expected throughout January. Rain in Bakool has improved the condition of livestock; milk availability has increased and price has reduced. Animals from Gedo also contributing to increased availability of milk. It is expected that this intervention will be useful in El Berde and Hoddur until January when the situation needs to be reviewed. Continuation of the intervention is recommended for a number of months in Rabdure.
- The precise mechanism and process of the current intervention needs to be documented to outline the sequence of events and selection criteria for such activities as MUAC screening, W/H screening, immunisation, routine deworming, referral for therapeutic feeding supplementary food distribution and family ration distribution. The project requires graphic recording of number of beneficiaries, numbers admitted at each screening and numbers discharged.
- The use of height rather than age criteria will ease the workload on screening days, would probably reduce the overall number in the programme and allow for better medical care and other attention to the more vulnerable children.
- MSF-Belgium currently has the resources to provide therapeutic feeding in the paediatric ward in Hoddur Hospital, but the admission levels remain very low. MSF will address the following with partners: (i) Referral to the TFC, (ii) Management of referrals on discharge back to the supplementary feeding programme and (iii) Food for the carer during hospital admission and on discharge from the TFC.

During the December exercise, implementing partners will aim to improve accuracy of the assessment of nutritional status and to strengthen medical care through (i) increasing the number of days spent on the exercises, (ii) providing additional training for assessment of nutritional status and (iii) including supportive supervision structured to include periodic sampling. Referral for therapeutic feeding will be improved as severely malnourished children will not be provided with family ration but instead will be referred immediately to TFC, if necessary, MSF Belgium will provide transport for severely malnourished children to the TFC in Huddur. The January exercise will be planned as a joint agency exercise.

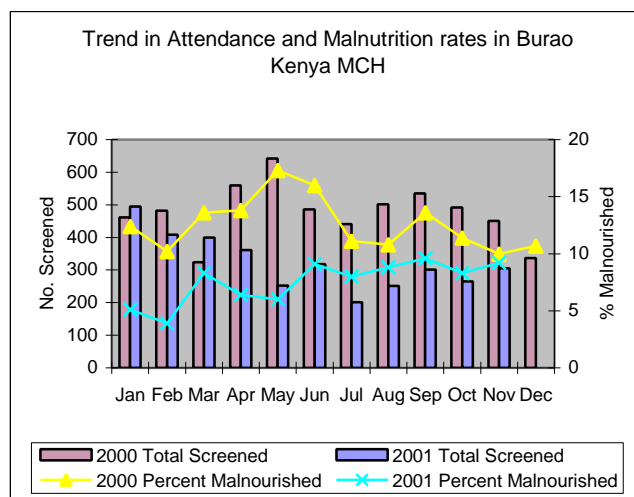
SOMALILAND S. Matu, FSAU

Anaemia prevalence survey was undertaken by UNICEF among children in all parts of Somaliland. Preliminary results show 60% prevalence among children using the standard cut-off point of 11g/l. Severe anaemia is approximately 8%. The high prevalence needs to be examined and causal relationships with factors such as maternal health, nutrition and child care practices and malaria understood. Report will be available very soon.

NUTRITION SURVEY IN BURAO, TOGHDHEER – PRELIMINARY RESULTS S. Matu, FSAU

Burao town in Togdheer region has the largest livestock market in Somalia. The population in this town engages in various socio economic activities with livestock trade playing a key role. The town also hosts a significant number of IDPs with a majority coming from South and Central Somalia. Most of these persons lack a stable means of livelihood and also lack strong social network ties hence limited access to remittances, which are a key source of income for most families in Somalia.

Burao Kenya MCH supported by SRCS/IFRC is one of the three functional MCHs located in Burao town. The other two, Dr. Yusuf and Central Burao have recently begun collecting nutrition data. Over the past two years, Burao Kenya MCH has recorded an attendance ranging from 201 to 642 children per month. As shown on the graph, the proportion of malnourished children over the year 2001 has varied from 3.9% to 9.6%. An increasing trend in the proportion of malnourished children screened for the current year is observed from July with a decline in October, which may be attributed to the decrease in attendance. These proportions are also high compared to those reported in most other MCHs in Somaliland.



In October 2001, UNICEF carried out a nutrition survey in Burao town among children aged 6-59 months aimed at understanding the nutritional status of this population. A two-stage cluster sampling methodology was employed to survey the children. Of the surveyed children 45.2% and 54.8% were girls and boys respectively.

Preliminary survey results indicate a global acute malnutrition rate (weight for height Z-score <-2 or oedema) of 13.2%. Severe acute malnutrition (weight for height <-3 Z-score or oedema) was 2.6%. The incidences of diarrhoea and acute respiratory tract infections two weeks prior to the study were reported at 13% and 45% respectively. Vitamin A supplementation six months prior to the study was 64% while the measles coverage in the study area was 61%.

Considering that the current survey targeted the entire Burao population the reported malnutrition prevalence is significant. The food security situation of the study area has been relatively stable with the exception of the urban poor population. Survey results indicate that majority (92.1%) of the population obtain food through purchasing while small businesses and

casual employment were the key sources of income reported by 36.3% and 21.8% of the study population respectively. It follows that when factors like the ongoing livestock ban and inflation hit the economy, they have far reaching effects on the food security status of this urban poor population.

Further analysis of the survey results by UNICEF, will provide a clear understanding on the causes of malnutrition among children in Burao.

HEALTH ISSUES

- In Hargeisa, health personnel in both the public and private sector continue to remain on the alert for further cases of meningitis. Training on case detection and management has been provided by WHO. Plans are in place for mass immunisation if this is indicated.
- An increase in dysentery cases and related deaths have been reported throughout the country in the past month.
- ACF continues to report cases of measles in their therapeutic feeding centre in Mogadishu.
- No reports of cholera.

NUTRITION WORKING GROUP HIGHLIGHTS

This month, much of the discussion revolved around the impact of the changing food security situation including the variations in rainfall throughout the country, the unpredictable impact of the closure of the Al Barakat international money transfer company and the existing emergency interventions.

Participants at the meeting also discussed:

- Review of the results of recently released nutrition survey results.
- Analysis of interventions in Gedo.
- The 'Expanded and extended' supplementary feeding programme in Bay and Bakool – recommendations to document the process, coordinate and improve the quality of some related activities and introduce an effective mechanism for monitoring and evaluating the intervention.
- The importance of rapid processing and circulation of the results of nutrition survey.

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

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

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

RELEVANT PUBLICATIONS

- 'Nutrition Manual for Field Workers in Somalia', Somali and English language versions. 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 Fiona@ennonline.net or visit the website at www.ennonline.net

RECENT REPORTS

- Monthly Food Security Report for Somalia, FSAU.
- Pastoralists Under Pressure. Focus. FSAU. October 2001.
- Food Security Update – December 10, 2001. FEWS-NET.
- UPDATE. Early Warning and Food Security. Focus on Korahi and Warder zones of Somali National Regional State, Ethiopia. Action Centre La Faim (ACF). aicf@telecom.net.et



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