



Food Security Assessment Unit
SOMALIA

NUTRITION UPDATE



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OVERVIEW

This report provides an interim update on the Sentinel Site Surveillance System in Sool Plateau which shows evidence of increasing malnutrition. The more detailed report will be presented in next month's Food Security Report. Surveillance of the drought affected areas is being expanded from Sool Plateau to include surrounding areas including the Haud of Togdheer.

An update on the situation along Somalia's border with Ethiopia is also presented. Significant movement of livestock and humans has been noted inside the Ethiopian border and humanitarian organisations are responding to the crisis.

The report also continues to highlight the plights of the tens of thousands of Internally Displaced Persons throughout Somalia and again provides amore detailed update on the situation in Mogadishu.

In this issue of 'Nutrition Update';

Sool Plateau & surveillance updates	1
Ethiopia	1
Benadir	2
IDPs and peri-urban poor	3
Nutrition surveys & other information	4

SOOL PLATEAU - nutritional status of population deteriorating

FSAU continues to closely monitor the situation in Sool plateau through sentinel based surveillance system (described below). Between 27th November and 5th December 2003, the first round of data collection from the sentinel sites was carried out. Using weight for height measurements for nutritional status assessment, a total of 391 children were randomly assessed in the sentinel sites. Preliminary results showed a global acute malnutrition rate of 18.9% (weight for height <-2 z-score/oedema) and a severe acute malnutrition rate of 3.8% (weight for height <-3 z score/oedema). Malnutrition rates among the adult women (15 -49 years) was 17.3% (MUAC <21 cm), an observation that confirms all the household members are affected by the current drought.

Although not directly comparable with previous reports, there is evidence to suggest a deterioration in the nutritional status of the population. This observation is confirmed by reports of collapsing social support system and worsening drought situation after the failure of Deyr rains. Malnutrition rates appeared significantly higher among children from pure pastoral households than those in major villages. Detailed analysis is on-going and results will be presented in FSAU January publications.

SENTINEL SITE SURVEILLANCE SYSTEM

FSAU has now began a sentinel-based nutrition and food security surveillance system at 10 sentinel sites in Sool plateau aimed at monitoring trends in key nutrition and food security indicators (both adult and child nutritional status, dietary diversity issues, livestock deaths and migrations, market price changes, social support systems, coping mechanisms, humanitarian assistance etc) at household and focus group level. Training of FSAU field personnel on the sentinel based surveillance was conducted between 18th and 22nd November that was followed by the first round (piloting phase of the tools) of data collection started immediately after Ramadhan. FSAU is currently working on a data base and analysis of data from this first round. Preliminary findings and experiences from the first round indicate a great potential for the system. Consequently on 16th December 2003, FSAU together with interested partners¹ undertook the first step in reflecting on system by critically reviewing the instruments and to discuss the implementation plan.

ETHIOPIA

Pastoralists migrate into Somali Region, Ethiopia, as nutrition situation deteriorates

Somali Region of Ethiopia which borders Somalia is accommodating increasing numbers of livestock and people from Somalia despite also being affected by drought. While Jijiga, parts of Gode and Liban Zones have experienced some recent improvement in water, pasture and crops conditions, the Meher rains failed in Shinile zone leading to severe water and pasture shortage. In other parts of Somali Region, the Deyr rains delayed or the amount, distribution and duration was insufficient to ensure a normal season. In parts of Gode and whole of Warder, Afder and Degahabour zones as well as border areas of Somalia and Somali Region, the Deyr rains have delayed and pasture and water availability are on the decline. The situation may worsen with the current in-migration of livestock and people from Somalia, thus creating an imminent pressure on resources. Warder zone in particular is hosting many livestock and people from Somaliland. There is already increasing internal livestock movement especially towards Western part of Warder.

¹ UNICEF, UNCU-OCHA, CARE and HORN RELIEF

The FSAU Nutrition Surveillance Project is funded by USAID/OFDA

SURVEILLANCE PROJECT PARTNERS INCLUDE MOHL SOMALILAND, MOSA PUNTLAND, FAO, UNICEF, WHO, SRCS/ICRC, SCRS/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.

Recent nutrition surveys and assessment have revealed a very serious nutrition situation in the drought affected regions of Oromiya (West and East Hararghe), Afar, SNNPR and Somali Regions. Some of the surveys have reported a global acute malnutrition (GAM) rates of more than 30% and equally alarming severe acute malnutrition (SAM) rates² as detailed in the table. Under-five mortality rates of 3.8/10,000/day and 2.9/10,000/day in Fafan and Sheikh IDP camps respectively were documented.

Survey period	Area	Agency	GAM	SAM
March 2003	Fiik Zone	SC-UK	31%	
April 2003	H/Sheikh IDP	UNICEF/MCDO/ENCU	32.8%	4.4%
May 2003	Fafan IDP	UNICEF/MCDO/ENCU	33.7%	5.1%

Massive loss of livestock in 2000 and 2001 led to displacement of population into IDP camps of Fafan and Harti sheikh.

A UNICEF funded interagency³ rapid assessment conducted between 27th Nov and 3rd Dec 2003 in Somali Region revealed an escalating water shortage in four (Warder, Korah, Degahabour and Fiik) out of the five assessed zones, with Gode being exceptionally better than the others. (Both air and land assessment was done due to access limitation). The assessment confirmed massive internal livestock movement in search of water in Korah and Warder and inflow of livestock from Somaliland into Warder and Degahabour. **It is estimated that about 50,000 people have crossed the border from Puntland and Somaliland seeking water for livestock (UN OCHA-Ethiopia, Dec 2003).** Out migration of livestock from Fiik continues with persistence in water shortage being experienced. Separation of children from the herds (as livestock move further away) as well as reduction in milk production is being experienced in some parts of the affected zones like Fiik. Lack of quality drinking water is imminent. This obviously affects the nutritional wellbeing of the children which is already poor, as nutrition surveys reveal. A rapid nutritional assessment using MUAC to all children found in El Ogaden and Da'lad villages of Kebridehar (Korah zone) and Warder and Geladin Villages of Warder zone indicate an equally poor nutrition situation. In Kebridehar, 33 out of the 91 children screened were malnourished (MUAC < 12.5 cm or oedema) while in Warder, 36 out of the 153 children screened were malnourished (MUAC < 12.5cm or oedema). It is worth noting that some of Geladin wareda (sub-district) residents are pastoralist recently arrived from Somaliland. Food insecurity, particularly lack of milk and declined purchasing power of the dominant pastoral households (owing to the livestock ban), insufficient food ration distribution and diseases are some of the factors associated with malnutrition in the assessed areas.

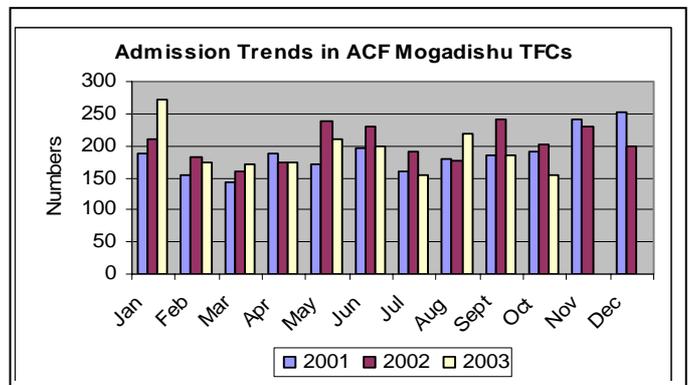
The inadequate Deyr rains in parts of Somalia and NE Kenya constrains the Somali Region pastoralists in following their normal migration patterns outside the region. Increased reliance on humanitarian assistance is more likely particularly among the poor as the situation deteriorates. Meanwhile, agencies continue with mitigation efforts to counter the increasing crisis. WFP in collaboration with Disaster Prevention and Preparedness Commission intend to review the ration distribution to ensure Somali Region beneficiaries receive pulses and vegetable oils in the food basket. UNICEF has pre-positioned therapeutic and supplementary supplies in Gode, Jijiga and Degahabour to continue supporting therapeutic and supplementary feeding programmes in Gode, Jijiga and to expand to Degahabour. With support from UNICEF, national guidelines on management of acute malnutrition for Ethiopia have been developed and are in use. EPI campaigns as well as disease specific programmes like malaria control are being implemented. Water point's rehabilitation is also being done through the water bureau. Due to the high livestock mobility and deterioration of food security indicators in Somali Region and Somalia, continued close monitoring and adequate humanitarian access is required.

In December, FSAU will lead an assessment in the Haud of Toghdeer area incorporating an analysis of cross border areas. This report will be available during the second week of January 2004.

BENADIR: Malnutrition persists in an insecure environment⁴

Insecurity continues to affect the overall well being of Mogadishu population, the most affected being displaced persons and the poor. Nutrition surveys carried out on similar populations in other parts of Somalia indicate a persistently poor nutritional status with global acute malnutrition rates as measured by weight for height indicator (<-2 Z score or oedema) ranges between 15.3% and 18.7%. Owing to the fluid security situation in Mogadishu, it has been difficult to undertake nutrition surveys in the area which would avail more detailed information on the actual nutritional status of this population. However, growth monitoring data from three health facilities (Hamar Weyne, Maddina and Hamar Jab Jab MCH's) and ACF (*Action contre la Faim*) supported TFCs in Mogadishu namely Hodan and Forlanini in Benadir region all continue to indicate a poor nutritional status.

Since January 2003, the three health facilities/MCH's have each persistently reported above 30% of the children screened on a monthly basis as being malnourished. In Hamar Weyne and Hamar Jab Jab MCH's, the monthly attendance has remained above 310 with the exception of February 2003 when the figures were slightly lower. In Madina MCH, the attendance is significantly higher and has ranged from 803 to 934 children. Unemployment and limited income opportunities, common child illnesses in the form of diarrhoea, ARI and measles are among the factors reported to cause malnutrition in these MCH's. However, it still remains unclear if all the malnourished children screened in these facilities do access the TFC's and locally run SFP programmes in Mogadishu.

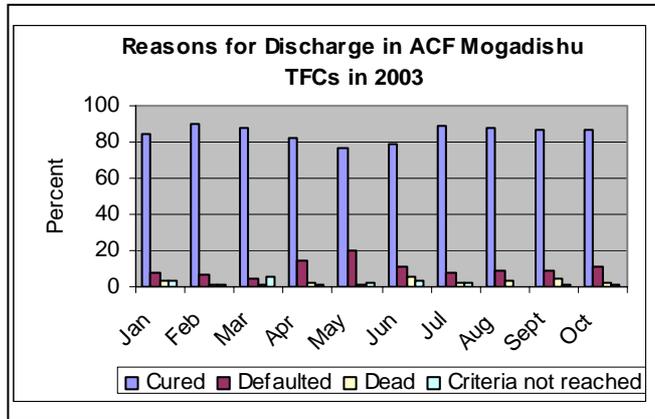


The TFCs continue to admit high numbers of severely malnourished cases. Between January 2003 and September 2003 a total of 1762 beneficiaries were admitted with an average

² GAM: W/H<-2 z score or oedema and SAM:W/H<-3 z score or oedema
³ Agencies involved included UNICEF, OCH-Ethiopia, WHO, MCDO, OWDA and government line bureaus
⁴ The contribution of ACF (*Action contre la Faim*) to this article is gratefully acknowledged.

of about three quarters of the total beneficiaries aged below five years. Over the months, the proportion of females has been slightly higher than males. Over 86.3% of the beneficiaries were residents of Mogadishu while only a minority (13.8%) were IDPs. Of the beneficiaries that were IDPs, 57.1% were from Bay region by origin. This is not very surprising in view of the unrest that has persisted in Bay region since July 2002. The fact that most of the TFC beneficiaries are Mogadishu residents indicates that apart from the IDPs population, there are certain residents who are equally vulnerable though it is also unclear if all the IDPs in Mogadishu have access to the TFCs.

As shown on the graph below, the proportion of children discharged from the TFC having recovered/cured is consistently above 80% with the exception of May 2003, a time when the default rate was highest. This is acceptable and in line with the Sphere guidelines which state that this proportion should be >75%.



These cases receive a three months follow up ration of 2100 g CSB, 119 g sugar and 252 mls oil on a weekly basis for the first month, fortnightly in the second month and only once in the last month. The families of these TFC beneficiaries also receive food rations. The death rate over the year has ranged between 0.65% and 4% which tallies with the Sphere guidelines which state that this should be <10%. Some of the beneficiaries are discharged from the TFC before they attain the discharge criteria. These are cases that have been in the TFC for more than two months and are discharged and referred to a health center. Between January 2003 and September 2003, this proportion has ranged from 1.1% to 5.9%. Children screened at the TFC as moderately malnourished are referred to SOS-Kinderdorf hospital and to four SFP programmes managed by local NGOs.

A key factor seen to be contributing to the poor nutritional status in Mogadishu is insecurity. For a population that is highly dependent on purchases for a food source, income availability is key. In the absence of peace and tranquillity, creation of income generating opportunities is minimal which leaves most of these populations depending on unsustainable sources of income like labour opportunities in the Shabelles. Availability of favourable market conditions is also important. Humanitarian interventions have also been greatly interfered with by the continuing insecurity.

URBAN, PERI URBAN AND DISPLACED HOUSEHOLDS

It is estimated that up to 300,000⁵ people in Somalia can be categorised as Internally Displaced Persons (IDPs) and are living in conditions that are significantly worse than those of the surrounding populations. This has occurred as a direct result of the civil insecurity in the country that has lasted for over a decade and most are settled in the peri-urban areas or in main towns like Hargeisa, Burao, Bossasso and Mogadishu. As shown on the table on the next page, nutrition surveys carried out on displaced populations in Somalia indicate a persistently poor nutritional status. The global acute malnutrition rates have remained above 15% and the severe acute malnutrition about 2%. Repeat nutrition surveys among IDPs in Hargeisa and Bossasso show no significant improvement in the nutritional status of children despite the efforts of a number of humanitarian interventions.

In most instances, the settlement areas are unplanned, unsanitary and overcrowded with minimal availability of basic amenities.

Nutrition survey	Global acute malnutrition (weight/height <-2 Z-score or oedema)	Severe acute malnutrition (weight/height <-3 Z-score or oedema)	% reporting purchases as the main food source	Lacked access to sanitation facilities
Hargeisa IDPs and returnees, June 2001	16.3% (CI: 12.9% - 19.7%)	6.4% (CI: 4.2% - 8.6%)	97.4%	43.2%
Bossaso IDPs, June/July 2002	18.7%	7.5%	97.1%	75.3%
Hargeisa IDPs and returnees, February 2003	15.3% (CI: 12% - 18.6%)	3.8% (CI: 2.2% - 5.6%)	94%	46.1%
Bossaso IDPs, July 2003	16.2%	3.2%	99%	75.4%
Burao IDPs, October 2003	15.3%	1.9%	85%	59.1%

Housing generally consists of simple structures made of nondurable materials like plastic sheeting, pieces of cloth, cardboard and cartons that fail to provide adequate **shelter**, a factor that predisposes families to a range of communicable diseases, including respiratory tract infections. **Sanitation** in IDP settlements is a problem. In Kismayo and Burao, human waste has been observed littered in the camps. Survey

findings show more than 43% of the population without access to sanitation facilities in the various areas surveyed.

The main sources of **income** for IDPs is casual employment (in the form of seasonal port related activities, construction sector, seasonal agricultural labour, house helps and waiters in restaurants) and petty trade with an average daily wage of around one dollar (with IDPs getting less than the usual rates). With little or no alternative, begging and borrowing are the main **coping** strategies used during times of shortage. **Remittances** contribute a significant proportion of many households income in Somalia. However with reference to nutrition surveys, it is estimated that the figure ranges between 0.3% to 14.3% among the IDPs compared to 1.6% to 18% in the general population. With purchases being the main source of food among all the IDPs surveyed (ranging between 85% and 99%), income availability is crucial in defining the food security status of these populations.

⁵ Somalia Human Development Report, 2001. The report notes that the figures should be treated with caution since there has been no recent comprehensive study on all IDPs in Somalia. There's limited information on Mogadishu which is thought to have the highest concentration of IDPs.

Among the factors found to be influencing the nutritional status of these population are limited **food accessibility** – both in quantity, quality and variety due to income deficits, poor child care/feeding practices, inadequate sanitary facilities and morbidity (mainly diarrhoea and ARI). An urban household economy assessment in Hargeisa undertaken by FEWSNET in February 2003 showed that expenditure on meat, milk and vegetables was minimal among poor households. As in other studies, it was clear that lower level of income was associated with a higher proportion of the diet consisting of cereals. The **variety of foods** in the diet (the essential diversity) increased as income increased. In all IDP areas surveyed, the quality and quantity of foods eaten is minimal for instance among Burao IDPs, children were mainly fed on Anjera (Somali pancake made from wheat flour and water with some vegetable oil added after cooking) and plain rice, a diet that lacks in essential nutrients like vitamins and proteins. Additionally, a high proportion (35%) of the children were fed only once or twice daily. On the contrary, better off households in towns have access to good quality and quantities of food.

One of the most significant problems for IDPs in Somalia is the lack of vital **social support**. Social support mechanisms act as one of the most important coping strategies throughout the country and community in general, providing assistance during times of crisis and assisting with loans to alleviate seasonal deficits. Lack of social support also diminishes capacity to provide adequate care to more vulnerable household members.

NUTRITION SURVEYS UPDATE 2003

Dates	Area	Organisations	Status 17 th Dec 2003	
August 2003	Somaliland	Haud of Togdheer	FSAU/MOHL/UNICEF	Report available
September 2003	South	Dinsor	IMC/UNICEF/FSAU	Report available
September 2003	South	Huddur	IMC/FSAU/UNICEF	Data analysis
September 2003	Puntland	Kandala, Iskushuban,	UNICEF/MOH/FSAU	Data analysis
October 2003	South	Tayeglow - Bakool	FSAU/SRCS/UNICEF	Report available
October 2003	Somaliland	Burao IDPs	FSAU/MOHL/UNICEF	Report available
2004	South	Haradheere	FSAU/CISP/UNICEF	Planned
2004	South	Gedo – Belet Hawa/Luuq	GHC/FSAU/UNICEF/CARE	Planned

TRAINING COURSES & ANNOUNCEMENTS

HelpAge International will be offering a training course on **Ageing in Africa** from 16th to 20th February, 2004. The course targeting mid-level or senior programme managers, social workers, senior government officers, health care professionals or persons with an interest on ageing issues will be held in Nairobi, Kenya. For more details, contact HelpAge International at Email: helpage@helpage.co.ke.

The Regional Centre for Quality of Health Care, Makerere University, will be offering a Post Graduate Diploma in **Quality of Health Care**, in home workplace between March and June 2004. The course will be focussing on six quality improvement processes namely quality assurance, management of logistics, facilitative supervision, development and communication of guidelines and standards, cost and quality, and innovative training. For more details contact the Course Coordinator at Email: mail@rcqhc.org or smagero@rcqhc.org

WEBSITES

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

UN Somalia Website. <http://www.unsomaliam.net/FSAU/index.htm>

ReliefWeb. <http://www.reliefweb.int/w/Rwb.nsf/c7ca0eaf6c79faae852567af003c69ca/22b3e441589dd3c1256de40058237a?OpenDocument>

RECENT REPORTS

- **Monthly Food Security Report for Somalia**, FSAU.
- **Ethiopia Network on food security**, 17th Nov. 2003 monthly report; Number 11/03
- **Food security flash**; DPPB/FSB, Somali Region Ethiopia, October 2003
- **Weekly Humanitarian highlights in Ethiopia**, UN-OHCA Ethiopia, 5th Dec. 2003
- **Ethiopia early warning system's special report**; DPPC- Ethiopia, Nov 2003
- **Hope for the future**, ECHO report, April 2003



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