



Food Security
Assessment Unit

NUTRITION UPDATE



Food and Agriculture
Organization of the
United Nations

January 2002

OVERVIEW

The month was marked by an increased level of interest in the form of field visits, new activities and a series of meetings held in Nairobi in response to the critical situation in Gedo, as demonstrated by the results of the recent nutrition survey in Belet Hawa. Donor and organisation interest in supporting short-term and emergency interventions has been extremely positive but the same level of commitment to longer term interventions aimed at strengthening livelihoods in Gedo, Bay and Bakool is less evident. This being the case, we should accept that food aid interventions will be required for Gedo for the foreseeable future.

It is significant to note that experience in these areas of Somalia and the neighbouring Kenya in recent years has shown that even when the emergency is considered over, malnutrition rates in Gedo remain at totally unacceptable levels of 15-20% with the associated high levels of mortality and morbidity. The population of Gedo continues to exist in the most precarious state, relying on extremely fragile livelihoods, little functional infrastructure and with few or no health and education services in one of the most insecure areas in Somalia. The humanitarian community needs to be sensitive to the human suffering, the unnecessary mortality and the lost potential that can never, ever be considered 'normal for Gedo'.

The increasing concern about populations in *Bari Region* in Puntland has also been highlighted, with the situation all the more worrying because of the reduced level of access to the area for staff of international organisations. The necessity to undertake a nutrition survey has been acknowledged, in order to provide a more accurate indicator as to the current status of the affected populations.

Also in this issue of 'Nutrition Update';

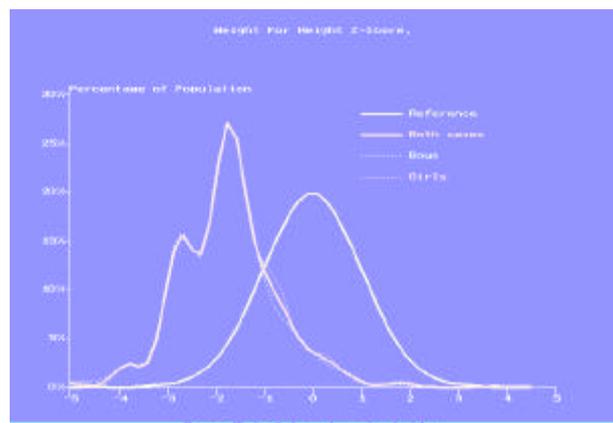
- *Analysis and update on interventions in Gedo Region.*
- *Nutrition survey in Awdal Region*
- *Nutrition Surveys in Somalia 2000-2001-summary table*

Results of a nutrition survey undertaken in the Zeila and Lughaya areas of Awdal Region (Somaliland) in November 2001 by UNICEF, MOHL and Somali Red Crescent Society showed a surprisingly high level of global malnutrition at 27% (see p4). Recommendations for interventions in this sparsely populated area are likely to prioritise those in the water sector.

GEDO REGION – UPDATE ON INTERVENTIONS

With further analysis of the nutrition survey in Belet Hawa¹ now completed, most organisations have conceded to the harsh truth that the figures do in fact represent the reality. A series of meetings and field visits have facilitated analysis of the adequacy and appropriateness of the current and planned interventions throughout Gedo Region, recognising that the districts to the north of the region remain critically food insecure, while the situation in the south has improved somewhat. With security remaining an overriding constraint, initial efforts to implement the appropriate emergency response, particularly in relation to selective feeding and health interventions focussed on increasing the capacity and resources of organisations already present in the region. This approach is now being reviewed.

In contrast to many emergency situations, strengthening of the general food distribution was not prompted by the nutrition survey. In fact, the general food distribution had increased in quantity and variety (lentils and oil added) to the food basket from the December distribution. The nutrition survey was undertaken immediately after the first of these distributions and so the impact of this food was not reflected in the survey results. Post distribution monitoring and closer examination of issues related to intra-household food availability and use are now priority activities to ensure that this food is reaching those in greatest need.



This graph demonstrates the distribution of weights in the population surveyed in Belet Hawa in December 2001.

¹ ***Global acute malnutrition rate (weight for height Z-score <-2 or oedema) of 37%, and severe acute malnutrition (weight for height <-3 Z-score or oedema) of 8%. Full report now available from FSAU.***

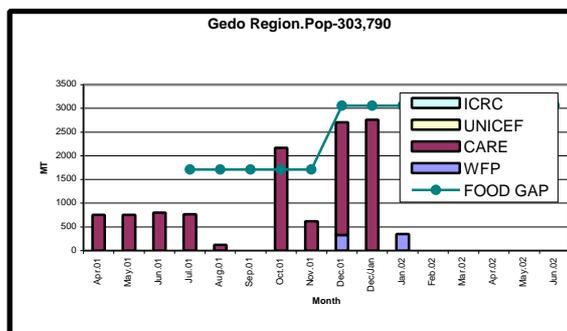
Update on interventions in Gedo Region

* Organisations are invited to contribute information that will allow this table to be completed and updated with the necessary level of detail.

District	Sector	Organisation	Activity
Belet Hawa	Health	GHC ² & UNICEF	PHC, Hosp., MCH (Town). TB. Lab. Outreach EPI.
	Selective feeding	GHC	Supplementary feeding commenced mid December
			Therapeutic feeding – High Energy Milk available – more intensive intervention planned.
	Water	UNICEF / ICRC ?	
	Food security	Trocaire Concern	Assessments planned
COOPI/VSF		Animal health	
Dolo	Health	GHC & UNICEF	PHC, Hosp., MCH (Town). TB. Lab. Outreach EPI.
	Selective feeding		Due to commence mid February
	Food security	Trocaire	Assessment planned
		COOPI/VSF	Animal health – pending funding
	Water	ICRC?	
Burdhubo	Health	GHC & UNICEF	MCH (Town). Health posts. Outreach EPI.
	Selective feeding	GHC	Due to commence late January
	Food security	NCA	Small scale micro-enterprise
		COOPI/VSF	Animal health – pending funding
	Water	ICRC?	
Garbaharey	Health	GHC & UNICEF	PHC, Hosp., MCH (Town). TB. Lab. Outreach EPI.
	Selective feeding	GHC	Screening completed. Feeding to commence mid January.
	Food security	NCA	Small scale micro enterprise
		COOPI/VSF	Animal health – pending funding
	Water	ICRC?	
Luuq	Health	GHC & UNICEF	PHC, Hosp., MCH (Town). TB. Lab. Outreach EPI. VCT for HIV.
	Selective feeding	ACF	Therapeutic feeding in Luuq town
		ACF	Supplementary feeding in Luuq town and Elbon
		Tear Fund	Planned supplementary feeding in Luuq District
	Food security	Tear Fund	Activities planned?
		COOPI/VSF	Animal health – pending funding
Water	ACF & GHC	Water chlorination in Luuq town	
Elwak	Health	SRCS & UNICEF	MCH in town
	Selective feeding	SRCS	Supplementary feeding in progress
	Health & selective feeding	MSF Switzerland	Considering intervention
	Food security	COOPI/VSF	Animal health – pending funding
	Water	ICRC?	
Bardera	Health	SCRS	MCH in town
	Health	Intersos?	Considering intervention
	Food security	Intersos?	
	Water	ICRC?	

Food aid distribution in Gedo Region

CARE currently distributes relief food in Luuq, Belet Hawa, Dolo and Elwak districts. Up to January malnourished children, elderly, disabled and displaced have been targeted with family rations. Targeting mechanism will be revised in January. Food basket now consists of sorghum, lentils and oil. The districts of Garbaharey and Burdhubo were adopted by WFP in December and distribution of cereals, pulses and oil family commenced. Family sized rations were distributed by targeting women. Actual quantities are shown on the chart on the right.



² Gedo Health Consortium consists of Trocaire, AMREF and Cordaid.

NUTRITION SURVEY IN QANSAX DHEERE, BAY REGION

In October 2001, UNICEF in collaboration with FSAU, IMC and the local authorities carried out a nutrition survey in Qansax Dheere District, Bay region. The survey targeting children aged 6 – 59 months, surveyed a total of 907 children of whom 53.5% and 46.5% were boys and girls respectively and indicated a global malnutrition rate of 18% weight for height Z-score <-2 or oedema. A summary of key survey findings is presented in the table below.

Variable	Proportion
Global acute malnutrition rate (weight for height Z-score <-2 or oedema)	18.4% (95% C.I. 15.2% - 22.4%)
Severe acute malnutrition (weight for height <-3 Z-score or oedema)	3.0% (95% C.I. 2.0% - 4.4%)
Acute respiratory tract infection in past 2 weeks	26%
Diarrhoea in past 2 weeks	26%
Malaria in past 2 weeks	29.5%
Measles in past one month	5.6%
Measles immunization coverage	28%
Vitamin A supplementation past 6 months	59.6%

Diarrhoea and malaria were found to be significantly associated with the nutritional status of children. Measles immunization coverage was quite low and was also thought to have a significant negative impact on nutritional status. Results further indicate that malnutrition was observed to be a greater problem among children from the farming families than in either agro-pastoral or urban families.

Household crop production is the main source of food for around 91% of families in Qansax Dheere. Failure of the 2001 Gu rains negatively affected food access for most families especially the farming households. Poor sanitary practices and limited access to safe water also contributed to the problem.

Recommendations following the survey include CARE to continue food for work activities to complement food shortages in the district, introduction of SFP and WFP family food rations for malnourished children, promotion of health and nutrition education at household level and increasing access to improved drinking water among others.

UPDATE ON BAY REGION

J. King'ori, FSAU

Comprehensive nutritional intervention of SFP/family ration commenced in November 2001 supported by UNICEF and WFP in partnership with IMC and Somali Red Crescent Society. Malnourished children in the districts of Qansax dheere, Berdaale, Baidoa and Dinsor have been targeted. In Qansax dheere, 44% of the 500 children screened in November were malnourished, 45% of 700 in Berdaale, 56% of 250 in Dinsor and 50% of 500 in Baidoa. Continued vulnerability in some pockets of Berdaale, Qansax dheere and Dinsor is reported following relatively low rains in comparison with other parts of Bay Region. The crop in the district of Baidoa seems promising and the district is still attracting many people as a result.

UPDATE ON BAKOOL

The Supplementary Feeding / family ration intervention targeting the malnourished children continues in Rabdure, Huddur and Elberde districts with support from WFP, UNICEF, IMC and MSF-Belgium. In December, a total of 1849 children were registered in the programme as follows; Huddur - 745, Rabdure - 854 and Elberde – 250. MSF–Belgium supports the programme through provision of transport to the severely malnourished children, to Huddur Hospital for therapeutic feeding, and participation in the screening. No report on therapeutic feeding is yet available. The newly opened World Vision sponsored MCH in Wajid recorded high malnutrition rates among children attending the health facility (46.1% of 91 in November and 45.9% of 137 December. World Vision will monitor the situation to review the need for special interventions. A combined baseline and nutrition survey is planned to take place in the coming months.

MOGADISHU AND BENADIR REGION

Mohammed Moalim

Surveillance activities are ongoing in Mogadishu and Benadir Region. Most health facility data continues to indicate high proportions of malnourished children screened over the months. Likewise an increase in the numbers of children admitted in ACF Mogadishu TFC centres is observed. This has been mainly associated with health deterioration. In addition to high incidences of diarrhoea and acute respiratory tract infections, measles cases have been reported in the area.

SOMALILAND – Anaemia survey

With the full report now available, further analysis of the anaemia survey was undertaken by UNICEF and during the Nutrition Working Group meeting in early January. As previously reported, the survey which included children between the ages of 6 and 59 months showed an anaemia prevalence rate of 60%, including severe anaemia in 8% of the children. Of further importance, was the significant difference in the prevalence among the age categories ranging from a prevalence of 73% in the 6-23 month age group to 41% in the 37 to 59 month age group. Poor health during pregnancy, delivery and lactation are among the serious negative influences on neonatal and early childhood anaemia, with particular practices related to early childhood care, feeding practices and diseases such as malaria also contributing to the problem.

As with other nutritional problems, a multisectoral approach is the one most likely to be effective. Awareness of the severity of the problem as well as its serious consequences need to be raised among all members of the community.

NUTRITION SURVEY IN AWDAL REGION, SOMALILAND

S. Matu, FSAU

The coastal districts (Zeila and Lughaya) in Awdal Region consist of a dominantly pastoral population with limited fishing and business activities. Normally the zone receives rain once per year in the months of October to December i.e. the *Hais* rains and so these rains are crucial for pasture and water availability in this zone. Unfortunately the *Hais* rains of the year 2000 failed resulting in a serious drought in the area. Significant livestock deaths especially among the shoats were reported. Consequently, the herd size greatly reduced and so were milk and other animal products availability. The closure of the Somali-Djibouti border in April 2001 to October 2001 amidst the ongoing livestock ban further challenged income availability and hence foodstuffs accessibility among these people. Under such circumstances, the food security situation of this population was greatly compromised and so was the nutritional status.

In November 2001 UNICEF in collaboration with MOHL and SRCS carried out a nutrition survey in Lughaya and Zeila Districts aimed at assessing the nutritional status of children aged 6-59 months. Using two-stage cluster sampling methodology 904 children were surveyed.

The survey results indicate a global acute malnutrition rate (weight for height Z-score <-2 or oedema) of 27%, and severe acute malnutrition (weight for height <-3 Z-score or oedema) of 3%. The incidences of diarrhoea and acute respiratory tract infections two weeks prior to the study were reported at 19% and 36% respectively. Vitamin A supplementation within six months prior to the study was 84% while the measles vaccination coverage in the study area was 26%. Sale of animals or animal products was reported to be a major source of income for 43% of the households while small businesses were also a key source of income for at least 15%. Only a minority 7%, reported remittances or gifts as a main income source. About 71% of the households relied on purchases as the main food source while about 13% households relied on animal products from own herd. The results indicated that only 11% of the study population had access to sanitation facilities. Previous surveys of the area are not available.

The majority (71%) of the surveyed population rely on purchases as a main source of food. Survey results further indicate that sale of animals or their products was the key source of income for most households. Prior to the survey, availability of livestock related income was greatly compromised by the ongoing livestock ban, prevailing drought and closure of the Djibouti border. This may in part account for the malnutrition rates reported as food access was reduced. Other health related factors like diarrhoea; ARI and measles vaccination coverage may also contribute. The concentration of EPI activities in major urban settlements is associated with low measles immunization coverage in the district. Further discussion of recommendations endorsed the need to address water availability and to strengthen health services in this sparsely populated area.

ASSESSMENT IN THE HAUD OF TOGDHEER, SOMALILAND

S. Matu, FSAU

During 2001, Buhoodle District in the Haud of Togdheer region was highlighted as food insecure (see FSAU Monthly Food Security Reports, July & August 2001). Following the failure of the 2001 Gu rains, drought was experienced in this area. Severe water and pasture shortage was experienced with high numbers of livestock deaths reported. This was amidst the ongoing livestock export ban, which has had a negative effect on this dominantly pastoral population. Availability of health services is limited with only one MCH centre located in Buhoodle town and some isolated health posts serving the district. Up to now, nutrition data has not been collected in the MCH centre while available morbidity data indicates that respiratory infections, diarrhoea, anaemia, malaria and tuberculosis are among the common diseases in the area.

In late September 2001, heavy Deyr rains fell in Buhoodle District after which animal condition improved and availability of animal produce increased. Access to cereals remains an issue of concern with the continued restrictions on livestock export on which so many people in this region depend.

The Haud area was initially a high potential grazing land in Somaliland. Over the years, the area has been greatly degraded following increase in the number of families settled in the area, poor water management, deforestation for charcoal burning/building materials, recurrent droughts and development of several roads in an unplanned manner resulting in significant gully erosion during the rainy season. The main rainy season in the area remains the Gu season while the Deyr season also contributes significantly to pasture availability in the area prior to the Jilaal season. No permanent water source exists in the Haud area. Water is obtained mainly from Berkads¹ that are highly dependent on the amount of rainfall received in a season. Not all persons are able to construct the water reservoirs and so have to buy water from Berkad owners

Between 12th and 15th December 2001, FSAU in collaboration with NPA carried out a rapid nutritional assessment using MUAC³ to assess the nutritional status of children in Buhoodle District. A total of 485 children aged 6 – 59 months were screened from six villages in the district. Owing to time constraints and accessibility issues, these villages were purposively selected for the assessment⁴. The children screened in each village were randomly selected.

³ Mid Upper Arm Circumference

⁴ Based on population, accessibility, security, six villages thought to be representative were selected.

	Nutritional Status Categories				Total
	<11.0 Cm (Severe)	≥11.0 <12.5 Cm (Moderate)	≥12.5 <13.5 Cm (At risk)	≥13.5 Cm (Normal)	
Total	11 (2%)	71 (15%)	112 (23%)	291 (60%)	485

As shown in the table, total acute malnutrition⁵ was 17% with no cases of oedema observed. Of the total children screened, 40% were either malnourished or at risk of malnutrition.

In October 2001, WFP distributed 117MT of food in the district to 6810 beneficiaries. The total acute malnutrition observed (17%)

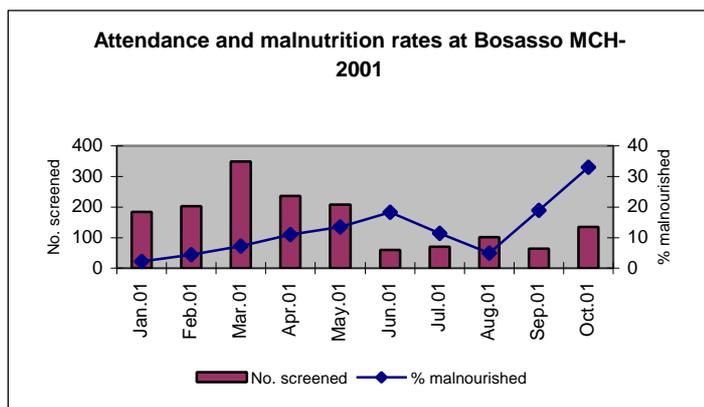
remains relatively high considering that the assessment was carried out at a time when certain mitigating factors e.g. rainfall and food distribution had been experienced in the district. On the other hand, these two factors have certainly had a positive impact on the nutritional status of the children, which is probably lower now than it was three months ago, at the time the assessment was originally planned.⁶

In recent weeks, in-migration of livestock from different areas like Burao, North Nugaal and Sanag region was reported in almost all the surveyed villages. This certainly puts pressure on the available pasture and water. Considering that the Jilaal (dry) season is soon setting in, it is not clear if these resources will be adequate through this season before the onset of the next Gu rains. Although the district is in a recovery phase as far as food security is concerned, access to health services is crucial for the population to address malnutrition. Close monitoring of this population will continue.

PUNTLAND – FOCUS ON BARI REGION

S. Matu & B. Owadi, FSAU

The general nutritional status of the Bari population has undoubtedly been compromised in the recent past due to the deterioration in food security caused by water scarcity and the general downturn in the economy. Although recent reports have not been received from many health facilities (due to reduced access), data from Bosasso MCH, which represents both urban and coastal food economy zones, indicates an increase in the proportion of malnourished children between January and June 2001 with a decline in July and August. A subsequent increase is also reported in September and October 2001.



This high proportion of malnourished children screened has been attributed to the economic crunch that prevailed after the imposition of livestock ban resulting in increased prices of foodstuffs, decreased labour opportunities, and general lowering of purchasing power. In addition, a survey in the area highlighted sub optimal childcare aspects including poor feeding practices as factors contributing to malnutrition in the area. These coupled with high incidences of diarrhoea, malaria and acute respiratory tract infections negatively affected people's nutritional status.

Populations in other pastoral food economy groups in the region have experienced failure of both *gu* and *deyr* rains and lack properly functioning water points there and ultimately have inadequate pasture and water for the animals. This has resulted in the poor health state of livestock thereby lowering milk production for domestic use as well as negatively affecting the market prices for the animals. Imposition of the livestock ban in September 2000 has also led to few market outlets for the animals while the poor infrastructure in the neighbouring districts has hampered movement of commodities in the region too. General observations made by AAH in parts of Iskushuban and Gardo indicate poor nutrition status of children and although nutrition data is scarce in these areas, there is overwhelming reason to believe that the nutritional status is compromised. Nutrition data from the neighbouring Dangorayo MCH in Nugal region in the same *Iyah* food economy group recorded a steady rise in the numbers of malnourished children presenting at the health facility between August and October 2001.

MENINGITIS VACCINATION IN HARGEISA

Mass vaccination against Meningitis is scheduled to start in Hargeisa on 24 January, lasting for 7 days and targeting all persons aged 2 - 40 years in the town.

RETURNING REFUGEES IN SOMALILAND – NEW PUBLICATION

- 'Welcome Home to Nothing: Refugees Repatriate to Forgotten Somaliland' U.S. Committee for Refugees. Immigration and Refugee Services of America. 2001.

⁵ Total acute malnutrition – MUAC measurement <12.5 cm.
⁶ This activity, like many others, was postponed due to lack of access to the area.

NUTRITION SURVEYS IN SOMALIA⁷ – 2000-2001

REGION	POPULATION COVERED	ORGANISATION	DATE OF SURVEY	SEVERE ACUTE MALNUTRITION ⁸	GLOBAL (TOTAL) ACUTE MALNUTRITION ⁹
BAKOL	Rabdure - Town	UNICEF	February 2000	6%	30%
BAKOL	Wajid - District	UNICEF	March 2000	3%	21%
HIRAN	Belet Weyn - District	UNICEF	April 2000	3%	17%
GEDO	Luuq - Town	ACF	April 2000	1.9%	14.9%
GEDO	Luuq - Displaced	ACF	April 2000	4.2%	20%
GEDO	Beled Hawo - District	UNICEF	May 2000	3.5%	21.5%
BAY	Burhakaba - District	UNICEF	June 2000	4.1%	22.4%
BENADIR	Mogadishu - IDPs	ACF	June 2000	2%	12.9%
MIDDLE JUBA	Bualle - District	World Vision	July 2000	4.7%	14.7%
BAKOL	Huddur - District	IMC	July 2000	2.5%	12.6%
BAY	Baidoa - District	UNICEF	July 2000	3.3%	17%
BAKOL	Rabdure & EIBerde - Districts	IMC	August 2000	3.8%	13.7%
GEDO	Burdhubo - District	UNICEF	September 2000	3%	17%
BAY	Dinsor - District	IMC	December 2000	3.2%	14.6%
BAY	Berdale - District	IMC	December 2000	1.7%	12.4%
MIDDLE JUBA	Bualle - District	World Vision	January 2001	3%	8.4%
LOWER JUBA	Jamame - District	UNICEF	April 2001	1.9%	14.2%
HARGEISA	Hargeisa – Resettlement Camps	UNICEF/FSAU	June 2001	6.3%	16.3%
GALGADUD	Elder - District	FSAU/CISP	August 2001	1.9%	9.0%
TOGDHEER	Burao Town	UNICEF	October 2001	3.1%	13.6%
AWDAL	Lughaya and Zeila - Districts	UNICEF	November 2001	3.2%	26.8%
BAKOOL	Rabdure - District	UNICEF	Sept/October 2001	2.6%	19.3%
BAY	Qansadhere - District	UNICEF	October 2001	3.0%	18.4%
GEDO	Belet Hawa District	FSAU/UNICEF/ CARE/Gedo Health Consortium	December 2001	8.3%	37.1%

WEBSITES

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

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

RECENT REPORTS

- Monthly Food Security Report for Somalia, FSAU.



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⁷ All surveys listed here have followed SACB Nutrition Survey Guidelines

⁸ Severe Acute Malnutrition: Weight/Height < -3 Z-scores and/or oedema

⁹ Global (Total) Acute Malnutrition: Weight/Height < -2 Z-scores and /or oedema