

OVERVIEW

Overall, areas with increased nutrition concern have encountered persistent insecurity, with resultant population displacement; recurrent natural disasters and hindrance to humanitarian assistance delivery. On the contrary, areas with good humanitarian access coupled by general improvement in food security indicators, stable health situation, relatively more diversified diets, and relative civil security had improvement in the nutrition situation, e.g. Nugaal valley, Sool plateau, and most parts of NE Somalia.

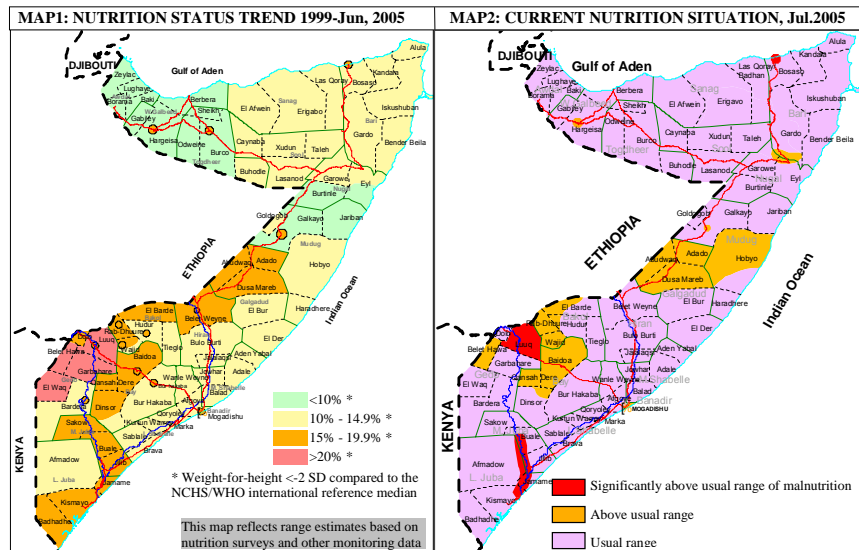
In this issue:

Nutrition overview for Somalia	1
Taleex and Huddun Survey	2
Mogadishu IDPs	3
Stable nutrition situation in NE	3
Training manual	4

This update provides highlights of current areas of nutrition concern compared with typical malnutrition levels observed in Somalia following the 2005 post Gu assessment. Results of nutrition assessment in North East Somalia are also presented.

OVERALL NUTRITION ANALYSIS IN SOMALIA

FSAU regularly updates interpretation of the nutrition status trends as well as current nutrition situation in Somalia using data from nutrition surveys, rapid assessments, health facility, selective feeding centre, sentinel sites surveillance, dietary studies and information from field observations. In the month of July 2005, FSAU carried out the annual post Gu food security and nutrition assessments, where integrated analysis was conducted. Information generated from this assessment has been triangulated with data from the previously mentioned sources to provide an overview of current situation vis-à-vis the revised baseline or usual trends of nutrition situation observed in Somalia. The results are presented on Map 1: Nutrition status trends¹ and Map 2: Current nutrition situation².



Recent changes in nutrition situation in Somalia compared to April 2005 analysis (April 2005, Nutrition Update)

Most of the areas with increased nutrition concern have encountered persistent insecurity, with resultant population displacement and hindrance to humanitarian assistance delivery. On the contrary, areas with good humanitarian access coupled by favourable influencing factors had improvement in the nutrition situation, e.g. Nugaal valley, Sool plateau, parts of Galgaduud Region and most parts of NE Somalia (June 2005, Nutrition Update).

The current nutrition situation map shows that malnutrition levels in Jubba Riverine, Bossaso IDPs, and northern Gedo (mainly Luuq District) are significantly above the usual range typically observed in these areas. The nutrition situation in Dusamareb

¹ The map represents the “usual” nutrition situation observed over time. It indicates the estimate of ranges within which malnutrition rates typically fall in Somalia. The map depicts that virtually the whole of Somalia has unacceptable levels of acute malnutrition of 5% or above, according to international standards and that some areas are consistently and substantially worse than others.

² The map presents the 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 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.

and Adaado Districts of Galgaduud Region; Tsunami affected areas of Dangorayo District in north-eastern Somalia (mainly destitute families in the surrounding towns); and IDP camps in Hargeisa, Hobyo and Abudwaq Districts remain areas of concern. Parts of Bakool Region (mainly Wajid, Rabdure, Elberde), parts of Bay Region and Northern Gedo are also hot spots with malnutrition levels above usual ranges for the areas.

Northern Gedo: Civil insecurity continues to impede humanitarian access to this chronically food insecure population. There is reduced milk availability due to reduction in pastures that has triggered camel movement towards Dinsor and the Juba Valley.

IDPs in major towns of Bossasso, Hargeisa and Kismayu: In the month of June, resettlement camps of IDPs in Bossasso were engulfed in huge fire leading to loss of shelter. In Kismayu, the poor status of the riverine communities in Jubbas greatly reduces the food sources of the IDP population. In general, limited income sources (at times attributed to social marginalisation), poor water and sanitation situation, and high disease incidences lead to heightened risks to malnutrition

Jubba valley Riverine: In addition to seasonal food insecurity in the Jubba riverine generally attributed to social marginalisation, inadequate food diversity and recurrent incidences of insecurity as well as impact of recent flooding, the Juba riverine population continue to be of concern.

Central Somalia: Access to adequate diets remains limited, though improving, in the conflict affected populations of **Dusamareb, Adaado and Hobyo** districts. However, both food security and nutrition indicators show an improving situation, though the positive gains continue to be jeopardized by the continuing civil insecurity. Humanitarian services delivery has not been successful in the whole of the Central Region due to insecurity. CARE –Somalia has distributed maize and oil in some parts of Galgaduud Region.

Bay and Bakool Regions: The recent security incidences which have caused displacement, into Bulduhunle village (Wajiid) and Dinsor and Qansaxdheere towns; and limited access by humanitarian agencies are likely to jeopardize the wellbeing of the population. Milk prices in Wajiid town, Huddur and Rabdure have more than doubled from 3,000Ssh to 8,000Ssh hence inaccessible to the poor households.

Sool plateau and parts of Haud of Togdheer: Currently, there are indications of improvement in nutrition situation (Taleex/Huddun nutrition survey, June 2005). However, such improvement is still precarious as it depends on temporary improvement in some short-term food security outcomes whose final impact are dependent on subsequent seasons as well as on the on-going interventions. For example, goat milk will soon dry up unless good onset of Deyr 2005 rains follows. The previous crises had also led to numerous pockets of destitute families in the areas whose recovery could even be much longer as most of them had lost virtually all their livelihood assets. The nutrition situation of these areas requires close monitoring.

IMPROVING NUTRITION SITUATION AS POPULATION BEGINS TO WITNESS POSITIVE FOOD SECURITY INDICATION IN TALEEX AND HUDDUN DISTRICTS

Recent survey in Taleex and Huddun Districts indicate improvement in nutrition situation to levels typically seen (global acute malnutrition of 10.5% using WFH <-2 z scores or oedema and severe acute malnutrition of 0.7% using WFH <-2 z scores or oedema) in the areas during the period, albeit still high levels according WHO standards (FSAU June 2005 Nutrition update). Malnutrition is significantly correlated to higher incidences of acute respiratory infections ($p=0.01$), poor caregiver's personal hygiene ($p=0.00$) and limited dietary diversity. Overall, nutrition and food security situation is gradually improving following increased goat milk availability and consumption occasioned by the above normal kidding as a result of pasture and water availability in the last two months, along with continued humanitarian interventions (see forthcoming FSAU Post Gu Analysis). Milk consumption was significantly associated with improved nutrition status of the surveyed children ($p<0.05$).

The under-five mortality rate is 3.16 deaths per 10,000 per day, which indicates an alert situation (based on WHO categorisation). This could suggest that the overall wellbeing has not substantially improved. Diarrhoeal and respiratory infections were the main causes of under-five mortality. Deaths among persons aged above five years were mainly attributed (over 50%) to malaria and anaemia were the main causes of death among persons above five years of age.

Currently, overwhelming majority (96.8%) of the households report consumption of cereal staples (rice and *canjeero*), 93.4% and 90.3% consume goat milk and sugars/fats respectively. There is however, minimal or no consumption of other foods as legumes, meat products, vegetables etc. Not surprisingly, majority (76.8%) of the children consumed three or less food groups within 24 hours prior to the survey. There are indications that minimal consumption of micro-nutrient rich foods could be a serious public health issue with about 5.5% of the households reporting a person experiencing night blindness, a sign of Vitamin A Deficiency.

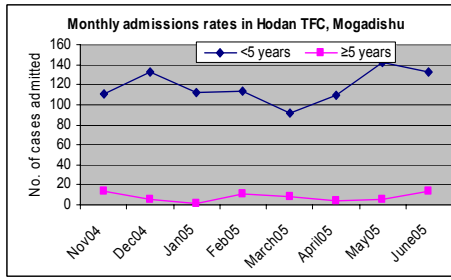
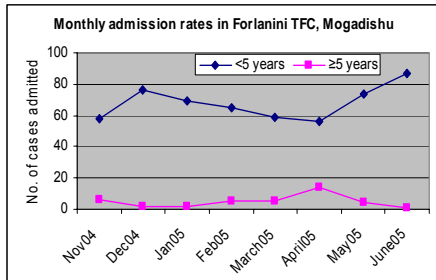
Social support networks within Somalia are a major source cushion against shocks. At the peak of the crisis in Sool plateau social support system considerably reduced the dramatic and extremely severe human wellbeing outcomes. In the recent survey about a half (48.8%) of the households had received some form of social support (e.g. support through *zakat* (offering) from the

better off to the under-privileged reported by 97.8% of these households, sharing of available food, assisting with money etc.). The surveyed communities also indicate loans (15.9% of the households), gifts (7.8%) and domestic remittances (6.1%) as their main ways of coping during the recurrent food crises.

The ongoing interventions from WFP, UNICEF and the local and international NGOs (NPA, SVO and UGBAAD) have played a key role in preventing deterioration in the nutrition situation in the plateau. As was noted in the survey, following the interventions several deaths were averted. However, for community that had experienced recurrent protracted crises, continued support towards full recovery would still be necessary. Furthermore, extent of recovery is highly dependent on the impending 2005 Deyr rains expected in the next two to three months.

BENADIR: POOR NUTRITION SITUATION PERSISTS IN MOGADISHU

Nutrition situation in Mogadishu has persistently been of concern manifesting critical nutrition situation³ among IDPs, high disease prevalence, poor sanitation among other aggravating factors (UNICEF, July 2004 Nutrition survey). Insecurity that characterizes Mogadishu hinders business operations and humanitarian activities with resultant negative impact on the overall population's wellbeing and their livelihoods. The UN agencies, international NGOs and local agencies make efforts to coordinate their operations amidst security difficulties.



Cases of malnutrition continue to be recorded in the ACF managed Hodan and Forlanini therapeutic feeding centre (therapeutic milk is provided by UNICEF). Hodan TFC is located in South Mogadishu while Forlanini TFC is in Northern Mogadishu. The severely malnourished (W/H<70% or oedema) in these TFCs are mainly from the internally displaced and

the urban poor populations. As shown in the graphs, majority of the TFC beneficiaries are under five year old children. There has been a decreasing trend in admission between December 2004 and March/April 2005 followed by an increase after April 2005. In Hodan TFC about 13 -24 children were admitted monthly with oedema while in Forlanini 4-21 cases of oedema were recorded monthly. (There was no case of oedema recorded in the Hodan and Forlanini TFC in the months of April and May). The Mogadishu health facilities data records high proportions of malnutrition among the children screened; for example, in Hamar Jab Jab MCH, about 30% of the 300-400 children screened monthly between January and May 2005 were malnourished (w/h<-2 z score or oedema). In Hamar weyne MCH, about 20% of the 200 children screened monthly between January and April were malnourished. ARI, diarrhoea and intestinal worms are some of the main diseases recorded in the MCH and in the TFCs within Mogadishu.

The internally displaced population and the urban poor are engaged in casual labour within Mogadishu and the Shabelle Regions (during the cropping seasons) as well as in petty business operations which are usually affected by the insecurity. The Mogadishu population depend on the market for their food and the diet is limited in diversity (consists of maize and sorghum). The sanitation is generally poor.

Humanitarian activities like the outpatient clinic by ACF, MSF-Spain and local NGOs within Mogadishu, SOS hospital, EPI activities (supported by UNICEF); water chlorination (ACF/MSF-S/UNICEF) and supplementary feeding programme/family ration (Muslim Aid/WFP) have been ongoing. Reduced cereal prices and the humanitarian efforts are associated with the decline in the TFC admissions between December 2004 and April 2005. However, considering that the Mogadishu population is market dependent, any destabilization in the market (due to insecurity, inflation and crop failure in crop producing areas) negatively affects the population wellbeing. The coping strategy usually employed by the poor and the IDPs (begging) is not sustainable hence the level of vulnerability is still high. The nutrition situation in Mogadishu requires close monitoring.

NORTH EAST: ALLULA/KANDALLA RAPID NUTRITION ASSESSMENT CONFIRMS STABLE NUTRITION SITUATION IN AREA.

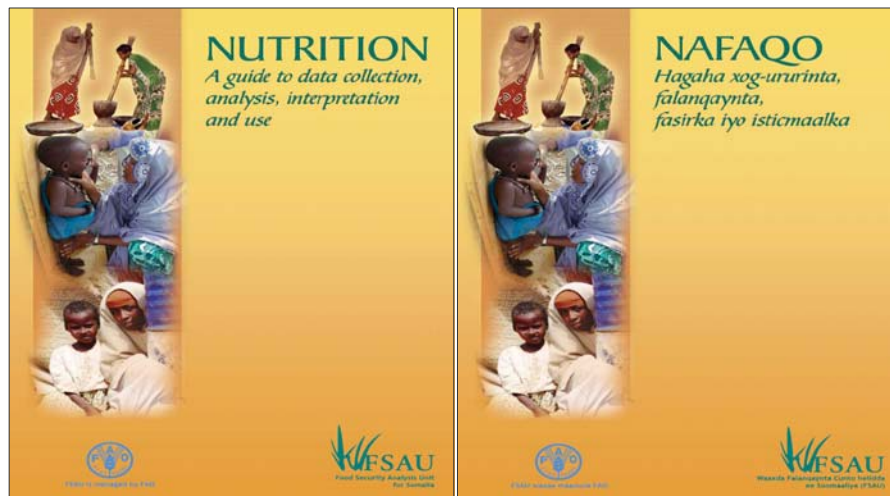
A recent rapid nutrition assessment in Allula and Kandalla Districts of Bari region conducted by FSAU in July 2005 indicates an acute malnutrition of 14.3% and 10.7% using WFH <-2 z scores for the two districts, respectively. Severe malnutrition was 1.3% and 0.7% using WFH<- 2 z scores with no oedema reported in any of the two districts. The assessment results confirm that nutrition situation in the two districts is within the rates usually expected in the area at this time. Previous malnutrition rates recorded in the two districts was 14.6% and 12.6% using WFH <-2 z scores or oedema in 2004 and 2002 respectively (UNICEF/FSAU Nutrition survey Sep 2004 and Sep 2002). Total morbidity among under-five children in the two weeks prior

³ Global acute malnutrition (w/h<-2 z score or oedema) of 15.8%.

to the assessment was 11.7% and 14.8% respectively in Allula and Kandalla Districts, rates that are relatively low compared to morbidity levels recorded in Bari Region, which is mainly greater 20%. The common child illnesses were respiratory infections, malaria and diarrhoeal diseases. Common foods consumed in the two districts consist of mainly cereals, oils, milk and sugars. There is minimal consumption of fruits and vegetables mainly in Allula. Most households (over 80% in both the districts) were able to consume at least three food groups in the 24 hours prior to the survey.

NUTRITION TRAINING MANUAL

FSAU has produced a revised edition of the 'NUTRITION, A guide to Data Collection, Analysis, Interpretation and Use'. Published in November 2003, the manual which target partners in Somalia involved in collection and use of nutrition related information was developed in response to partner needs for specific information on nutrition data collection and management. It was developed using a wide range of materials, methodologies and guidelines that have been developed and standardized over the past four years through a process of consultations and field testing. Targeting the middle-level managers in all sectors, most of the materials referred to in the manual were designed and used during six nutrition training sessions (3 trainings in 2003 and 3 in 2004) held in various locations in Somalia.



The revision of the manual was found necessary to expound on evolving issues such as dietary assessments, sentinel sites surveillance and micro-nutrient deficiencies. The *Somali version* of the manual is expected to respond specifically to the interests of Somali audiences who are the main users.

In addition to the evolving issues, the manual covers topics on the importance of good data, the use of nutrition related information, the overall concepts related to nutrition and the use of a conceptual framework in understanding the wide range of factors influencing nutritional status. The manual also outlines methods used in the measurement of nutritional status, a description of the quantitative and qualitative research methods and it stresses on the importance of addressing malnutrition using a multi-sectoral approach.

The publication is available on request from FSAU or on the new FSAU website (www.fsau.org). Circulation of the two versions (English and Somali) to partners has begun both in the field and to partner offices in Nairobi.

RECENT PUBLICATIONS

- FSAU/FEWSNET Market Data Update, July 2005
- FSAU/FEWSNET Climate Data Update, July 2005
- FEWSNET-Somalia: Somalia: Food Security Update Emergency, July 2005
- FEWSNET-Somalia/SWALIMS: Flood Bulletin, July 2005
- FSAU Post Gu analysis (Forthcoming in August 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 website will be highly appreciated.



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