

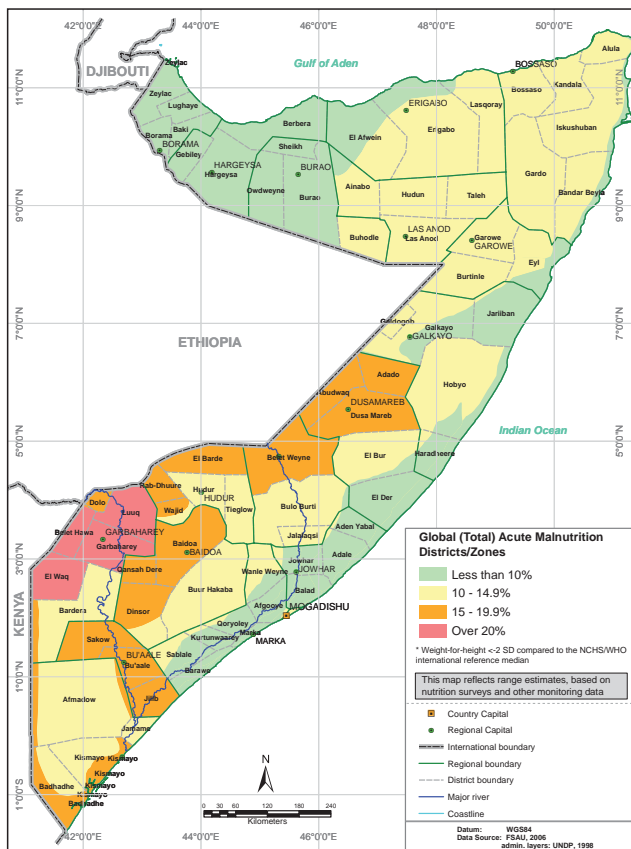
Overview

Findings from nutrition assessments conducted in the Hawd of Togdheer (June 2006), Dinsor District and selected villages of Allula, Kandala, Iskushban (July 2006) indicate levels of malnutrition that are typical (1999-2005) for the areas. However, the situation in Bedey village of Eyl district and IDPs in Galkayo District has worsened. This report provides further highlights from these assessments.

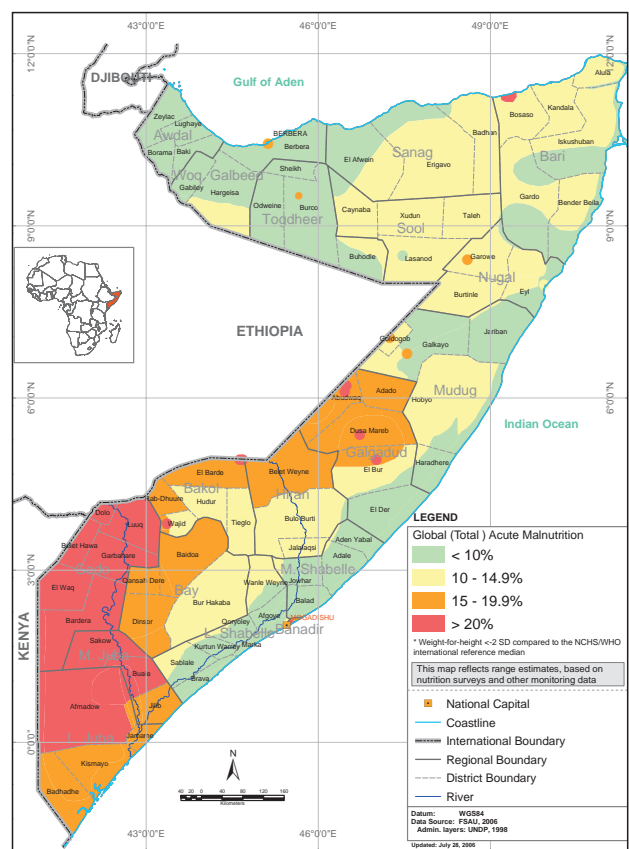
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The maps below show long term and current estimates of acute malnutrition in Somalia based on findings from FSAU's nutritional surveillance system including assessments conducted by FSAU and partner agencies.

Map 1: Somalia - Malnutrition Long Term Levels (1999 - 2005)



Map 2: Somalia - Current Range Estimates of Malnutrition (July 28 2006)



Hawd of Togdheer Nutrition Assessment

The Hawd of Togdheer region in the North West has an estimated population size of about 105,945 (WHO and UNICEF 2004 NIDs) and falls within the Hawd livelihood zone. The Hawd pastoral livelihood system is based on camel and goat rearing.

The FSAU Post-Deyr 2005/6 analysis and projections to June 2006 classified the central parts of the Hawd of Togdheer region to be faced with an acute food and livelihood crisis. From June 9th - 17th, 2006, a joint nutrition assessment using a standard assessment methodology (refer to technical terms and acronyms on page 4) was conducted by FSAU, UNICEF, MOHL, SRCS, Havoyoco and Candle Light to review the nutrition status, underlying factors and mortality.

SUMMARY OF FINDINGS OF HAWD OF TOGHDEER ASSESSMENT (JUNE 9 - 17, 2006)			
Indicator	No	%	(95% CI)
Number of households assessed	508	100	
Under fives (6-59 months old) screened during the assessment	916	100	
Global acute malnutrition (WHZ<-2 or oedema)	91	9.9	8.1 - 12.1
Severe acute malnutrition (WHZ<-3 or oedema)	6	0.7	0.3 - 1.5
In prior 2 weeks, children reported with: a communicable illness	286	31.2	28.3 - 34.4
D iarrhoea	133	14.5	12.3 - 17.0
ARI	146	15.9	13.7 - 18.5
febrile illness	47	5.1	3.8 - 6.8
Children (9-59 months) immunised against measles (N=854)	619	72.5	69.3 - 75.4
Children supplemented with Vitamin A in last 6 months (N=916)	356	38.9	35.7 - 42.9
Households who reported consuming 3 or less food groups	31	6.1	4.2 - 5.9
Children introduced to other foods at the age of 6 months	278	78.1	73.4 - 82.2
Main source of drinking water: unprotected wells/berkads	466	91.7	88.9 - 93.9
open wells/ponds	42	8.3	6.1 - 11.1
Under Five Mortality Rate (U5MR) as deaths/10,000/day	0.76		0.21 - 1.32
Crude Mortality Rate (CMR) as deaths/10,000/day	0.42		0.26 - 0.58

Findings indicate global acute malnutrition (WHZ < -2 z scores or oedema) of 9.9% and severe acute malnutrition (WHZ < -3 z scores or oedema) of 0.7%. These results are consistent with long term estimates of global acute malnutrition (5-10%) for the North West region. The under-five mortality rates of 0.76 and crude mortality rate of 0.42/10,000/day are within acceptable levels (Sphere and WHO). A summary of findings including possible contributing factors is provided in the table.

The poor nutrition situation is mainly attributed to poor child feeding

practices and morbidity. Child feeding practices are generally sub-optimal and predispose children to malnutrition. For children aged 6-24 months, about 78% had been introduced to non-breast foods before the recommended age of six months and mainly fed on cereal- based diets, predisposing them to malnutrition. And only about 8% of the assessed children were fed the recommended minimum of 5 times a day.

Further analysis suggest an association between acute malnutrition and morbidity (p=0.002). Diarrhoea in particular had significant association with malnutrition (p=0.02), with children suffering from diarrhoea almost twice as likely to be malnourished compared to those who did not (RR=1.70; CI: 1.13 – 2.57). The incidence of diarrhoeal diseases (about 15%) is associated with consumption of water from unsafe sources prone to contamination. About 92% of the assessed households drew water from unprotected water catchments or berkads, while 8% drew from open wells. Mitigating factors include increased access to and consumption of milk following the Gu rains. Over 90% of the assessed households reported milk consumption in the 24 hours preceding the assessment. Additionally, dietary diversity was high, with 94% of the households consuming from 4 or more food groups. Measles vaccination campaigns undertaken by UNICEF and partners to January 2006 probably helped prevent possible outbreaks and check deterioration in nutrition status and mortality.

Sustained long-term approaches to food access, health care services and safe water for consumption, along with nutrition education to enhance appropriate infant and child feeding practices are recommended.

Dinsor District Nutrition Assessment

The FSAU Post Deyr 2005/6 analysis and projections to June 2006 classified parts of Dinsor district to be faced with a humanitarian emergency or acute food security and livelihood crisis. MSF-CH undertook a nutritional assessment on June 29th to July 1st 2006 using the standard methodology, to determine the prevalence of malnutrition and related factors in Dinsor District, as well as the crude and under-five mortality rates.

Findings indicate global acute malnutrition of 19.8% (WHZ < -2 z scores or oedema) and severe acute malnutrition (WHZ < -3 z scores or oedema) of 3.2% which highlight a critical nutrition situation (WHO). Unfortunately the situation is consistent with long term estimates for the area in northern parts but has worsened in southern Dinsor. The crude mortality rate of 0.72/10,000/day and the under-5 mortality rate of 1.15/10,000/day are within WHO norms. Qualitative data indicates that higher mortality rates could be expected in the near future if the severe cases of malnutrition are not rehabilitated. A summary of findings is indicated in the table below.

Qualitative data attributes the critical nutritional situation to high disease incidences and poor dietary intake. High disease incidence is linked to inadequate health care services and consumption of water from unsafe sources such as water catchments.

Increased outreach activities for health and nutrition and improved access to clean water are recommended to improve the situation.

SUMMARY OF FINDINGS OF DINSOR DISTRICT ASSESSMENT (JUNE 29 - JULY 1, 2006)			
Indicator	No	%	(95% CI)
Number of households assessed	518	100	
Under fives (6-59 months old) screened during the assessment	907	100	
Global acute malnutrition (WHZ<-2 or oedema)	86	19.8	14.7 - 25.6
Severe acute malnutrition (WHZ<-3 or oedema)	71	3.2	1.7 - 5.3
Children reported with diarrhoea in 2 wks prior to the assessment	92	10.1	
Under Five Mortality Rate (U5MR) as deaths/10,000/day	1.15		0.25 - 1.18
Crude Mortality Rate (CMR) as deaths/10,000/day	0.72		0.26 - 2.03

Allula, Kandala, Iskushuban Nutrition Assessment

Allula, Kandala and Iskushuban districts in Bari region have a total population of over 80,000 persons (WHO 2004). The main livelihood system in these districts is pastoralism, frankincense collection and fishing. These districts are very remote, with poor infrastructure limiting utilization of the resources and business opportunities. From July 4th to 14th, 2006, FSAU conducted exhaustive assessments in five villages of Allula, Kandala and Iskushuban to assess the nutrition situation. These villages were selected due to the vulnerability of the communities. The number of assessed children ranged from 29 in Xarrago to 105 in Bargal.

Analysis of findings in the five villages (Mudiye, Ceelgaal, Xarrago, Beelwacatay and Bargal) indicate acceptable levels (WHO) of acute malnutrition ranging from 2.3% - 4.8% and high incidences of communicable diseases (ARI, diarrhoea and malaria) ranged from 16% (in Bargal) to 33% (in Xarrago village). Whooping cough was reported in Harago, Beeli-wacatay, Ceel-gaal and Mudiye villages. Apart from whooping cough, no other disease outbreak was reported in recent months. There are no public health services in Allula and Kandala and only one MCH center in Iskushuban where health services can be accessed. There was limited access to milk and fish due to the sea closure in summer. The next fishing season is expected to commence in September 2006. Since October 2005, there has been an acute water shortage in Mudiye exacerbated by failed Gu rains in the area. The major source of water in the other villages is unprotected berkads. Qualitative data indicates social support networks and sale of frankincense as the main source of income.

The acceptable levels of acute malnutrition in the assessed villages is associated with access to food and income through social support networks and sale of frankincense. Additionally, there have been no epidemics that would have led to deterioration in the nutrition situation. The reported cases of whooping cough do not seem to have affected the nutrition situation. Unfortunately, there is potential for epidemics since majority of the children are not vaccinated. Limited access to health care and consumption of water from unsafe sources may also underly the high morbidity levels and contributed to current levels of acute malnutrition.

Interventions to improve access to safe water, health care and EPI services are recommended. A detailed nutrition assessment in Allula, Kandala and Ishkushban districts is scheduled for September 2006.

Bede of Eyl District Nutrition Assessment

Bede, a section of Eyl town falls within the Coastal Deeh Livelihood Zone and primarily depends on fishing and pastoralism. This group is currently considered vulnerable due to the closure of the fishing season and majority have migrated with their livestock to the inland. The remaining people have limited access to income from fish sales, milk and livestock products.

FSAU in collaboration with the Ministry of Health undertook an exhaustive nutrition assessment from June 27th- July 2nd, 2006 in Bedey Village at the coast of Eyl District among the vulnerable groups affected by the acute food and livelihood crisis (FSAU post-Deyr analysis 2005/6). The assessment aimed at determining the nutrition situation and underlying factors.

A total of 161 children from 91 households were assessed. Assessment results indicate total acute malnutrition (WHZ < -2 z scores or oedema) of 13.8 % and severe acute malnutrition (WHZ < -3 z scores or oedema) of 4.4%. A total of 163 mothers were assessed and about 5.5% found at risk of malnutrition (refer to technical terms on page 4). A summary of findings is indicated in the table below.

SUMMARY OF FINDINGS OF BEDEY ASSESSMENT (JUNE 27 - JULY 2, 2006)		
Indicator	No	%
Number of households assessed	91	100
Under fives (6-59 months old) screened during the assessment	161	100
Global acute malnutrition (WHZ<-2 or oedema)	22	13.8
Severe acute malnutrition (WHZ<-3 or oedema)	7	4.4
In prior 2 weeks, children reported with:		
a communicable illness	15	9.3
diarrhoea	10	6.2
ARI	8	5.0
febrile illness	13	8.1
Households seeking medical assistance during illness		59.3

Qualitative data indicates fish sales as the main source of income for the community in Bedey village. With the closure of the fishing season, there is limited access to income and food, thus pastoralists have migrated from Bedey coastal deeh to inland areas of the Hawd and Sool Plateau. Consequently the coastal community has limited access to milk and milk products and is prone to malnutrition. No humanitarian interventions are currently ongoing in the area. The serious nutrition situation is attributed to limited access to health care services, food and income. The situation is mitigated by limited social support network system.

Interventions that address access to health care services, long term approaches to food security and income as well as continued monitoring of the nutrition and food security situation are recommended.

Nutrition Assessments of IDPs in Galkayo town and Mergaga settlements

IDPs in Galkayo town and Mergaga settlements have mainly originated from the South and Central Somalia (57.4%), Zone 5 of Ethiopia (21%) and Puntland (20.3%). The IDPs are considered vulnerable due to their limited access to income and food.

FSAU, in collaboration with MOH and SRCS conducted an exhaustive nutrition assessment of IDPs in Galkayo town and Mergaga settlements from June 28th - July 3rd 2006. The objective was to determine nutrition situation, the underlying factors and retrospective crude mortality.

Analysis of findings indicates total acute malnutrition (WHZ < -2 z scores or oedema) of 17.7% and severe acute malnutrition (WHZ < -3 z scores or oedema) of 5% in (197) Galkayo town IDPs. The crude mortality rate is 0.82/10,000/day which was within acceptable levels (WHO). The proportion of households consuming a poorly diversified diet of three or less food groups was 51.8%. Measles vaccination and vitamin A supplementation coverage was 23% and 37% respectively.

In Mergaga settlements, the total acute malnutrition was 16% and severe acute malnutrition 3.5%. No death was reported in the preceding 30 days to the assessment. The proportion of households consuming a poorly diversified diet was 41.1%. Measles vaccination and vitamin A supplementation coverage were 37% and 43.7% respectively. None of the children assessed in Mergaga and Galkayo town was fed the recommended minimum of five times a day. Qualitative data indicates poor sanitation (personal and environmental with garbage not collected or disposed of in garbage pits) and shelter in both IDP settlements; and use of tapped water for drinking and domestic use in Galkayo town only.

The nutrition situation among IDPs in Galkayo town and Mergaga settlements is critical (WHO) with malnutrition rates above typical levels (10-14.9%) of the area. This is attributed to high morbidity (mainly diarrhoeal diseases, malaria and ARI) levels and limited access to health services. (IDPs are a marginalized community with limited access to Galkayo town hospital and the three MCH facilities in the area). The MSF managed TFC in Galkayo town was closed in June 2006 following a dispute with the local authorities, subsequently, rehabilitation of the severely malnourished cases has temporarily stopped, a possible contributing factor to the critical nutrition situation. The nearest health facility to Mergaga settlement is Badweyne MCH center located about 4 km away, limiting access. Measles vaccination and vitamin A supplementation coverage are currently very low posing a risk of an epidemic and further increase in acute malnutrition. Additional contributing factors include limited consumption of a diverse diet. Limited dietary diversity is associated with IDPs poor access to food and income. IDP households mainly consume cereal, oil and sugar. Mitigating factors include social support and humanitarian food assistance from international agencies (last distributed in March 2006). Additionally, the use of tap water for drinking and domestic needs may have minimized contamination and controlled increase in diarrhoeal diseases.

The assessment team recommends increased access to health services and short- and long-term interventions to address food security.

Training and courses announcements

- o Somalia: Mid-level managers training on 'Food Processing, Preservation and Storage' in Garowe (August 12th-14th); Hargeisa (August 16th-18th, 2006), Buale and Wajid (November 2006 - FSAU to confirm dates).
- o Public Health in Complex Emergencies Training Program to be held at Makerere University Institute of Public Health (MUIPH) in Kampala on November 6th-18th, 2006. For more details, contact Dr. Christopher Orach on cgorach@iph.ac.ug.

Other related publications and Releases

- o FSAU's Post Gu 2006: Analysis Special Executive Brief (forthcoming in mid August 2006)
- o FSAU/FEWSNET Market Data Update, July 2006.
- o FSAU/FEWSNET Climate Data Update, July 2006

Acronyms and technical terms

o Acronyms

ARI	Acute respiratory tract infections	MUAC	Mid Upper Arm Circumference
CI	Confidence intervals	NIDs	National Immunization Days
EPI	Expanded Program on Immunization	WHO	World Health Organization
IDPs	Internally Displaced Persons	WHZ	Weight for Height Z scores

- o Standard assessment methodology: A two stage cluster sampling of 30 clusters of 30 children aged 6-59 months and/or measuring 65-109.9 cm of length/height. For retrospective (90 days) mortality, 30 clusters of 30 households. Additional (qualitative) data was collected through focus group discussions, key informants and observation.
- o Exhaustive assessment: All children aged 6-59 months and/or measuring 65-109.9 cm of length/height are assessed.
- o Global (total) acute malnutrition: Proportion of children with WHZ < -2 z scores or oedema
- o Severe acute malnutrition: Proportion of children with WHZ < -3 z scores or oedema
- o Women at risk of malnutrition:
 - Sum total of the non pregnant (MUAC < 18.5 cm) and pregnant (MUAC < 23.0 cm) women aged 15-49.



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