



Food Security
Assessment Unit

NUTRITION UPDATE



Food and Agriculture
Organization of the
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OVERVIEW

In this issue of the 'Nutrition Update', the situation of the population of Gedo Region is once again highlighted with conditions for basic survival becoming more challenging each day. Although coordination of humanitarian operations within Gedo and in bordering areas of Kenya has been strengthened, insecurity continues to present significant obstacles to the delivery of the most basic supplies and services. By mid June, humanitarian interventions were being attempted but at a low pace due to insecurity. Some people have moved back to Belet Hawa despite insecurity, due to hardships experienced at the borders of Mandera, where abnormally high levels of child morbidity and mortality were reported among the displaced people. Resettlement of some refugees to *Dadaab* refugee camp in Kenya is expected to start before 20th June 2002.

In Bay Region, a nutrition survey undertaken in Berdaale District in May 2002 has indicated continuing high levels of malnutrition. Berdaale continues to be one of the most vulnerable areas in southern Somalia with food insecurity and inadequate health provision among the major challenges in the district.

Despite the continuing adverse effects of livestock ban, inflation and insecurity, a recent nutrition survey conducted in Galkaio town indicates one of the lowest malnutrition rates (below 10%) recorded in Somalia in the recent past. While the malnutrition rate is still higher than the 'acceptable' level, the rate suggests a level of resilience and strong coping in the population in comparison to those in other areas, particularly the south.

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GEDO REGION – UPDATE ON INTERVENTIONS

In Gedo Region, where approximately 200,000 people are heavily dependant on food aid, weeks continue to pass without the successful delivery of food aid and other emergency interventions. Efforts of the humanitarian community are concentrated on the issue of access to the region although continuing insecurity and the widespread laying of landmines on major roads continues to present daunting challenges. Those who escaped the insecurity and fled to neighbouring Kenya have also encountered major problems with further insecurity and threats to their very survival.

In recent weeks, fifteen to twenty thousand people are estimated to have crossed to Mandera in Kenya from Belet Hawa in Somalia. Of these, 3,700-5,000 are reported to have registered for resettlement in *Dadaab* refugee camp. A significant number have also integrated through kinship and clan structure with the population of Mandera town.

The registered refugees continue to stay at the border point between Mandera and Belet Hawa in Somalia although insecurity has been reported to be severe in this border camp. This has seriously hampered humanitarian assistance to the group including delivery of any food or other essential supplies. On 14th June, the Kenya government granted UNHCR permission to move the refugees to *Dadaab* camp and resettlement is expected to commence before 20th June.

On 28th May 2002, MSF-Spain opened a therapeutic feeding centre situated within the hospital in Mandera of Kenya and admitting children with weight for height <-3 Z-scores or oedema. Since opening, the centre has admitted 220 severely malnourished children, 40% of whom are refugee children from Somalia. MSF-Spain also plans to establish two wet feeding centres in Mandera that will target refugees in town.

With the support of WFP, OXFAM QUEBEC and MSF-Spain plans to initiate a targeted dry ration supplementary feeding programme in Mandera District targeting local residents partly in an effort to avoid the creation of tensions between the refugee population and the resident population who are also experiencing a period of food insecurity and heightened vulnerability. Last months Nutrition Update highlighted the results of recent nutrition surveys in Mandera District which demonstrated seriously high levels of acute malnutrition in the resident population.

While majority of refugees from Gedo moved to Mandera in Kenya, about 3,000-5,000 refugees (mainly from Luuq) have moved to Dollow in Ethiopia.

In Belet Hawa District, Somalia, the therapeutic feeding centre remains operational although with skeleton staffing and with sixty children currently admitted. The most severe cases were referred to MSF-S TFC in Mandera, Kenya. Supplementary food distribution has also been started in Belet Hawa town and Beled Amin IDP village although inadequate staffing and insecurity are still major hindrances to accessibility to the distribution centres.

CARE recommenced general ration distribution in Elwaq District, Gedo in the second week of June. The previous food distribution by CARE was done in March 2002 just before tension started. Some livestock are reported to have moved from the Jubas and Bakol to the southern parts of the district. CARE plans to continue with the distribution in the neighbouring districts of Belet Hawa, Dollow and Luuq. However, security in these northern districts remains extremely fluid.

WFP has pre-positioned food stocks for both general and supplementary food distribution in the districts of Garbaharey, Burdhubo and Bardera but insecurity (mines in Garbaharey and Burdhubo) still makes these districts inaccessible.

The situation remains critical throughout Gedo. With many groups continuing to work on issues of access and the provision of life-saving interventions, information is updated each day. We welcome specific queries on the situation and will be happy to respond or to refer readers to the appropriate sources of information.

NUTRITION SURVEYS – Status as at mid June 2002

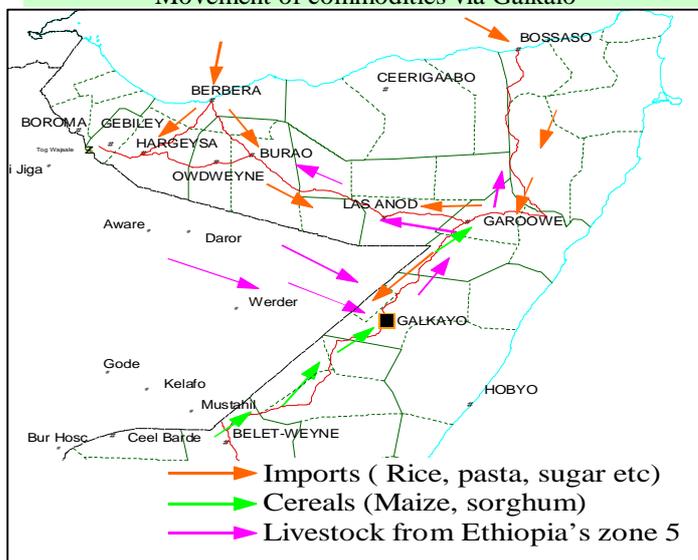
Year 2002		Area	Organizations	Status June 14, 2002
February	Puntland	Galkaio	UNICEF	Report circulated
6 th April	South	Burhakaba- Bay	World Vision	Analysis in Progress
6 th April	South	Waaqid-Bakool	World Vision	Analysis in Progress
10 th May	Somaliland	Sahil	FSAU/MOHL/UNICEF	Report available
13 th May	South	Berdaale- Bay	IMC/FSAU/UNICEF	Preliminary results now available
18 th May	Somaliland	Sanaag	UNICEF/MOHL/FSAU	Analysis in progress
30 th May	Somaliland	Haud of Hargeisa	FSAU/MOHL/UNICEF	Analysis in progress
19 th May	South	Beletweyne- Hiran	UNICEF/IMC/FSAU/SRCS	Data entry in progress
25 th May	Puntland	Bosasso IDP Camps	UNICEF/MOSA/FSAU	Postponed
June	Somaliland	Hargeisa Resettlement areas	UNICEF/MOHL/FSAU	Planned
June	Somaliland	Sool	UNICEF/MOHL/FSAU	Planned
July	Puntland	Alulla & Iskushuban	UNICEF/MOSA/FSAU	Planned
August	South	Rabdure- Bakool	UNICEF/IMC/FSAU	Planned
November	Puntland	Galdogob	UNICEF/MOSA/FSAU	Planned
June	Somaliland	All Regions (IDD)	UNICEF	Awaiting survey equipment
October-December	South	All Regions (Anaemia & VAD)	UNICEF	Planned

GALKAIO TOWN NUTRITION SURVEY

Galkaio town in Mudug region, Puntland, has an estimated population of 70,000 inhabitants and is divided into four main sections: Israac, Garsoor, and Hormar in the northern part (with a population estimate at 45,000) and Wadajir in the southern part. The town has good road links to the rest of Somalia, which boosts trade opportunities. Goods from the Bossaso port in the north, Berbera in the northwest, agricultural products from the south through Belet Weyne and livestock from zone 5 of Ethiopia pass through or are exchanged in the town (see map indicating trade links with Galkaio).

Since late 2001, two major shocks – the livestock ban and inflation – have negatively impacted on economic activities and people's sources of livelihood in Puntland. The poor urban populations of major towns (Bossaso, Garowe and Galkaio), IDPs, and poor pastoral residents are among the worst affected. In addition, the poor 2001 *Gu* and *Deyr* rains in the region coupled with

Movement of commodities via Galkaio



reduced remittances that followed the September 11th incident further increased pressure on the population's coping mechanisms.

Between 23rd March and 1st April 2002, UNICEF in collaboration with Ministry of Social Affairs (MOSA) conducted a nutrition survey covering northern sections of Galkaio town. The survey aimed at assessing the nutritional status of children aged 6-59 months using weight for height measurements and to determine potential risk factors associated with the same. Other information collected during the survey included incidences of common child illnesses, and immunisation status of children. A cross-sectional survey based on a two-stage random cluster sampling methodology was used with a total of 970 children surveyed. A summary of the results is presented in the table below.

Variable	Proportion	Number
Global acute malnutrition rate (weight for height Z-score <-2 or oedema)	8.2% (95% C.I. 6.6% - 10.2%)	80
Severe acute malnutrition (weight for height <-3 Z-score or oedema)	2.1% (95% C.I. -% - 3.2%)	20
Acute respiratory tract infection in past 2 weeks	13.5%	131
Diarrhoea in past 2 weeks	11.5%	112
Malaria in past 2 weeks	6.6%	64
Measles in past one month	5.0%	48
Measles immunisation coverage (9-11 months) N=93	35.5%	33
Measles immunisation coverage (12-23 months) N=2105	54.7%	112
Received three doses of OPV in the last one year	43.6%	413
Vitamin A supplementation past 6 months	54.5%	529

Results of this survey indicate a global acute malnutrition rate of about 8% and severe acute malnutrition of 2% using weight-for-height Z-Scores <-2 or oedema and W/H Z-score <-3 or oedema respectively. Although still not within 'acceptable' limits, these rates are low when compared to other surveys in the urban centres of Puntland (see UNICEF survey of Bossaso IDP that indicated a global acute malnutrition rate of about 15%).

Among the 12-23 months old children, results show that a relatively low proportion (55%) had received measles immunisation based on card verification or history whilst 65% of the infants eligible (9-11 months) for immunisation had not received measles shots. During 2001 polio NIDs¹, about 43% of the surveyed population received 3 doses of polio vaccine whilst a quarter of the children received none of the 3 doses. And during the first round of 2002 NIDs, 56% of same study children were immunised against polio. The survey results also indicate vitamin A supplementation coverage at 54.5% in the last 6 months prior to the survey.

As in most other areas of Somalia, breastfeeding practices are poor. Only one third of children less than 2 years of age were still being breastfed. Half of the same children had stopped breastfeeding by the time they were 6 months. Majority (93%) of the children had also been given complementary feeds during their first six months of life

Nearly all (98%) the surveyed population rely on purchases for food. The source of income for such purchases was mainly (71%) from small businesses or casual work. The food commodities purchased are mainly imported cereals such as maize, pasta and rice, and cereals from the south. The study population reports 87% dependence on borrowing and remittances as ways of coping during food insecurity at household level.

Almost all (99%) of the families reported seeking health assistance. It is also notable that families mainly (70%) rely on private health facilities with only 29% seeking assistance from public health services. Disease incidences were low and appeared a less significant factor in explaining malnutrition.

Though the results indicate a relatively low nutritional status, constant monitoring of the Galkaio population is recommended due to the insecurity and inflationary tendencies that continue to prevail which may negatively affect food security. The findings also indicate a need to explore partnership that links the routine EPI activities with private health care provision services. This is necessary as a high proportion of population rely on private health facilities. The apparent marked discrepancies between NIDs coverage statistics and those of the survey results also need to be further investigated and remedial actions to improve actual coverage put in place if necessary. There is also a need to intensify health and nutrition education activities at household level to address care concerns, targeting mothers, fathers and other caregivers. The main issues of concern for health and nutrition education are likely to focus on promotion of exclusive breastfeeding, appropriate young child feeding, diet diversification, and improvements in household hygiene and health care practices.

¹ National Immunisation Day

BERDAALE DISTRICT, BAY REGION. PRELIMINARY RESULTS OF NUTRITION SURVEY

Berdaale District is the only district in Bay Region identified as highly vulnerable following poor crop harvests in the *Gu* and *deyr* seasons of 2001 (See map indicating the vulnerable populations below). Unlike other parts of Bay Region, most parts of Berdaale District were reported to have had a crop failure in the last *deyr* season, mainly due to lack of rains (FSAU, food security report March 2002 and The Focus on the *Deyr* assessment released in April 2002). Other issues of concern in the past few seasons included water shortage, reduced job opportunities, outward livestock movement and population movement. The population of Berdaale were therefore targeted for intensified nutrition surveillance and a nutrition survey was planned.

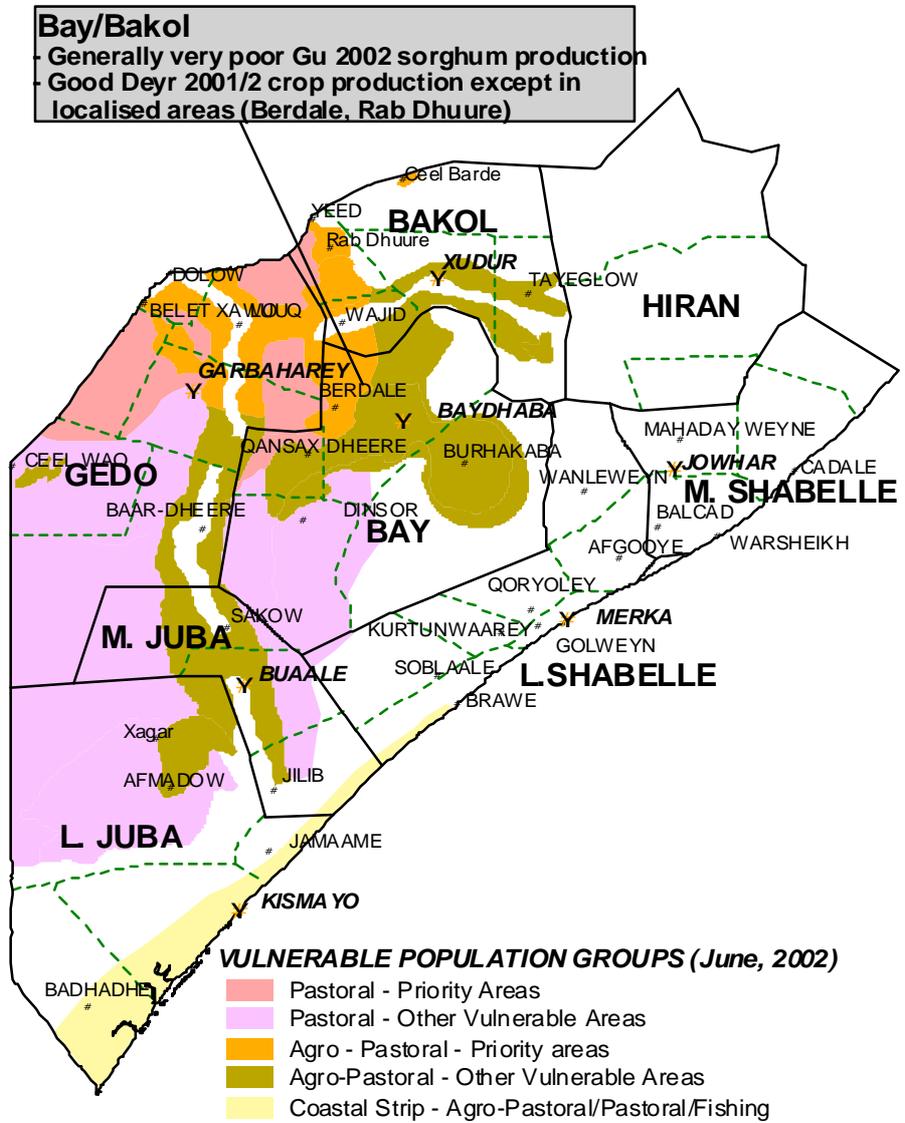
With 80% of the Berdaale population being in the agro-pastoral food economy (though some depending more on rain fed sorghum production more than others), rainfall conditions greatly define the population's wellbeing. Household livelihoods have been compromised and populations have attempted to cope through movement of household members and increased purchases. With the onset of the *Gu* rains (late March/early April), the population now has the potential to recover. Pastures have improved with resultant return of the livestock to the district; farm labour is available, milk availability has also improved and the cropping season has commenced. However, most households have very little or no stocks for use during this recovery period and are relying on purchasing from the market.

The Somali Red Crescent Society (SRCS) supported MCH reports relatively high proportions of malnutrition (about 36% of 335 children screened in March and 23% of 256 children screened in April 2002). IMC supports seventeen health posts located in some villages with relatively high populations.

The survey aimed to determine the levels of malnutrition in the district and to establish significant influencing factors. A two-stage random cluster sampling methodology was used to survey 911 children aged 6-59 months. Weight-for-height indicator was used in the nutrition status determination with additional information on common child illnesses, child immunization status as well as socio-economic indicators of the household being collected. Through focus group discussions, additional contextual information was also collected. The data collection took place between 9th and 14th May 2002. FSAU and the International Medical Corps (IMC) took the lead role in the survey.

Preliminary results for the survey indicate a high global acute malnutrition of 17% and a severe acute malnutrition of 3.5%, as detailed in the table on the next page. The results indicate a deterioration of the nutrition situation in comparison with the December 2000 Berdaale District nutrition survey results which showed a global acute malnutrition of 12.4% and a severe acute malnutrition of 3.7%.

In addition to the obvious food insecurity experienced by the population, a high incidence of communicable diseases was also observed during the survey. High prevalence of acute respiratory infection (67%), malaria (27%) and diarrhoea (21%) in the two weeks prior to the survey are likely causes and consequences of malnutrition in young children.



Berdaale District Nutrition Survey, May 2003 – Summary of results

Variables	Proportion	Number
Total acute malnutrition (W/H<-2z-score+oedema)	17.1 (95% C.I. 14.8-19.8)	156
Severe acute malnutrition (W/H<-3z-score+oedema)	3.5 (95% C.I. 2.5-5.0)	32
Children with acute respiratory infection in past two weeks	66.7	608
Children with diarrhoea in past two weeks	21	191
Malaria cases in the past two weeks	26.9	245
Measles cases in the past two weeks	1.2	11
Vitamin A supplementation in past 6 months	88.0	802
Measles immunisation	54.6	497
Frequency of feeding in a day		
Once	0.5	5
Twice	7.7	70
3-4 times	55.4	505
Five and above	36.3	331
Age of stopping breastfeeding (N=645)		
Less than 6 months	2.3	15
6-11 months	2.9	19
12-18 months	29.1	188
Above 18 months	65.6	423
Age introduced foods other than breastmilk		
Less than 3 months	83.8	763
Less than 6 months (inclusive of less than 3 months)	93.7	854

The Vitamin A supplementation was high and was attributed to the recently concluded WHO-sponsored polio immunization campaign. Most of the children were fed three or more times a day (91.7%). However, there has been limited food variety available in the district due to the dry period. Use of locally available vegetables, *kable*, is on the increase since the start of the *Gu* rains. (It is worth noting that by the end of May 2002, the crop situation was promising throughout Bay Region). As in other parts of the country, exclusive breastfeeding is uncommon with about 94% of the children being introduced to other foods before they were six months old.

The agricultural activities in the farms have led to delegation of childcare to the siblings. This has obvious negative implications for the child care particularly at a time when common diseases like malaria and ARI are on the increase.

Further analysis and recommendations is ongoing and is expected to provide more information on the possible causes of high malnutrition in the district. Organisations involved in both food security and health sectors in the district are expected to discuss the results in the coming weeks and to develop a set of realistic recommendations.

UPDATE ON SAHIL SURVEY RESULTS

preliminary results presented in last month's Nutrition Update

Analysis of Sahil nutrition survey is finally completed. The global malnutrition rates are confirmed moderately high (global acute malnutrition of about 12%). The results indicate a population usually in an environment of relatively stable food security but with recent experience of a number of 'shocks' i.e. the livestock ban and localized rainfall failures in the 2001 *Gu* and *Deyr* rains. The malnutrition rates recorded were attributed to sub-optimal child care practices, deteriorating food security situation, and unfavourable economic times attributed to the continuing livestock ban. Some of the recommendations from the survey include:

- Water prone hardship areas of Eastern Berbera and others should be considered for support with reliable water supplies especially for construction of wells and boreholes.
- Both the government of Somaliland, UN organisations and concerned INGOs are encouraged to keep livestock ban on the agenda for discussion and action.
- Most vulnerable groups identified in the survey are the residents of the coastal areas who have migrated inland in search of food and employment, returnees from refugee camps and the poorer households in urban areas. These households need to be targeted for both immediate and longer term strategies that will improve their access to food, clean water and health services.
- Introduce nutrition education promotion in both urban and rural areas to sensitise communities to proper feeding practices and use of locally available nutritious foods.
- To intensify health and nutrition education activities at the household level to address care concerns, targeting mothers, fathers and other caregivers. The main areas of focus should include promoting exclusive breastfeeding, appropriate young child feeding, diet diversification, and improvements in household hygiene and health care practices.
- Address the issue of water availability to the rural pastoralists who are forced to make frequent movements in search of water and pasture. The quality for human consumption and design of water systems for livestock should be considered appropriately
- Support longer-term intervention strategies in the region such as addressing livestock health, livestock market and prices.

FOOD SECURITY AND NUTRITION PROJECT IN GEDO, BAY AND BAKOOL
FAO

FAO has introduced the 'Nutrition and Food Security Project' that is about to be launched for Gedo, Bay and Bakool Regions of Somalia in the coming months. The project will emphasise the need to determine and analyse the specific causes of malnutrition in particular areas and will support partner organisations in the identification and design of interventions that will address these causes. FAO partner organisations will be supported with the necessary technical and material resources to implement food security and nutrition projects in the three regions.

To introduce partners to the project and an appropriate methodology for the analysis of food security and nutrition related issues, a two day workshop was organised in Nairobi on June 5th and 6th 2002. The workshop was very well attended and participants showed a high level of interest and commitment to addressing the unacceptably high levels of malnutrition in the three regions. In the coming months, FAO and partners will commence the process of analysis and project identification in Somalia.

AJFNS

African Journal of Food and Nutritional Sciences (AJFNS) was launched in August 2001 at the 17th International Congress of Nutrition creating forum for information dissemination and sharing in the field of food science and nutrition in Africa. The journal aims at facilitating appropriate partnerships and networks in the field of food science and nutrition, but more importantly, linking these issues to development for the enhancement of livelihoods of the people of Africa. The AJFNS fraternity acknowledges that strengthening communication networks in Africa is key to addressing the root cause of hunger and malnutrition. To solve nutritional problems in Africa, strategies are being explored, and the network seeks to increase understanding among nutrition professionals that reducing hunger and malnutrition in Africa is an important strategy for the continent and also seeks demonstrate how information technology in Africa can contribute significantly to economic development, child survival, environmental conservation and protection against HIV/AIDS infection.

The publication was made possible through the support provided by the Food and Nutrition Technical Assistance (FANTA) Project, by the Office of Health and Nutrition of Bureau for Global Programs at the United States Agency for International development (USAID). Two volumes have so far been published and released and the editorial team aims at making three print issues per year, in the months of March, July and November.

The website for the journal is: www.ajfns.net for further details and enquiries can be made through info@ajfns.net

WORKSHOPS
ITANA 2002-05-16

Information Technology in the Advancement of Nutrition in Africa. The way forward for Africa. Pan-African Conference, 21-25 July 2002. Nairobi. For more information visit www.itana2002.org

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>

The UN Somalia website has been revamped and although many sections need to be updated, some useful information and past reports are available. See http://unsomalia.org/FSAU/nutrition_updates.htm

RECENT REPORTS

- **Monthly Food Security Report for Somalia, FSAU.**



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