

OVERVIEW

This month's publication presents the preliminary results of the Taleex and Huddun Nutrition survey, Sool Region. The acute malnutrition rate is again within the usual ranges for the area following a general improvement in the food security situation in the north along with humanitarian assistance.

In North East Somalia, nutrition information from sentinel site surveillance and other sources also indicate improvement in the situation. In central Somalia, the nutrition situation in Eldhere and Haradhere Districts remains stable while civil unrest continues to increase the nutritional vulnerability of populations in Bay and Northern Gedo Regions.

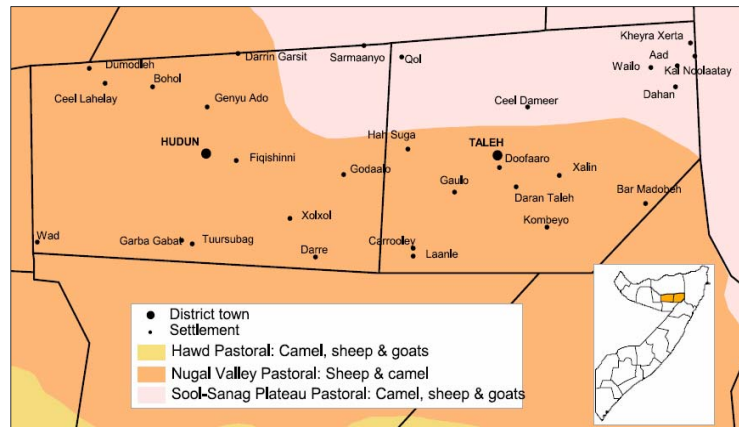
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Preliminary results of the Taleex and Huddun District Nutrition survey

Taleex and Huddun Districts are located within Sool Region. Both districts have an estimated population of 60,700 (WHO NID figures, verified by survey teams). The population is dominantly pastoral of Sool plateau and Nugal valley livelihood zones.

FSAU in collaboration with UNICEF, MOHL Somaliland and SRCS undertook a nutrition survey in both districts between 31st May and 10th June 2005. Using a 30 by 30 cluster sampling methodology, a total of 897 children aged 6 – 59 months from 480 households were surveyed. About 53% and 47% of the surveyed children were boys and girls respectively. Mortality data were collected from 900 randomly selected households.¹



Global acute malnutrition (weight for height <-2 Z scores or oedema) was 10.6% (CI: 8.7% - 12.8%) while severe acute malnutrition (weight for height <-3 Z scores or oedema) was 0.8% (0.3 – 1.7). No oedema case was observed. Although malnutrition rates depict a critical situation (according to WHO classification), the rates are within the range usually seen in similar populations in the area in the past, outside times of crisis. The factors usually aggravating malnutrition (severe food insecurity, dietary diversity, disease outbreaks etc) all appear to be improving. No disease outbreak was reported in the two weeks prior to the survey even though reported cases of ARI (37.9%), diarrhoea (19.1%) and malaria (12.8%) were high. The majority of the surveyed households draw their water from unprotected springs and wells (51.8%) or ponds (29.9%).

Detailed analysis of the survey findings is on-going and will be made available in the coming month.

Indicator	No	%
Global acute malnutrition – W/ H <-2 Z score or presence of oedema (N=897)	95	10.6 (CI: 8.7 - 12.8)
Severe acute malnutrition – W/ H <-3 Z score or presence of oedema	7	0.8 (CI: 0.3-1.7)
Oedema	0	0
Proportion of children with diarrhoea in two weeks prior to survey (N=905)	173	19.1
Proportion of children with ARI in two weeks prior to survey	342	37.9
Proportion of children with malaria in two weeks prior to survey	116	12.8
Proportion of children with measles in one month prior to survey (N=896)	13	1.5
Proportion of children supplemented with Vitamin A in the last six months prior to the survey	402	44.6
Proportion of children (9-59 months) immunised against measles (N=887)	576	64.3

¹ While maintaining the SACB approved methodology, the survey pilot tested the guidelines developed as part of the SMART (Standardised Methodology for Assessment in Relief and Transition) initiative.

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.

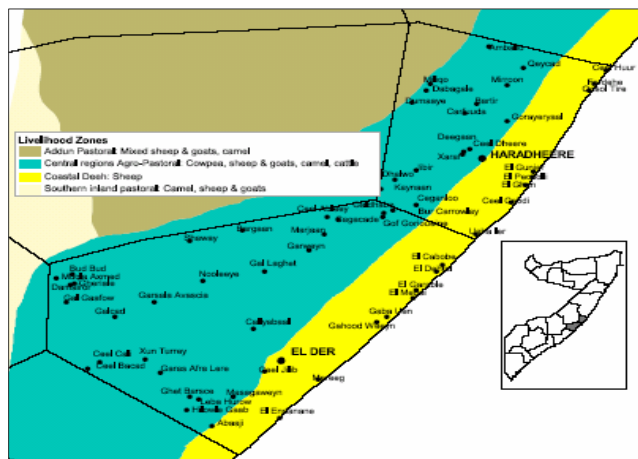
RAPID NUTRITION ASSESSMENT IN S. MUDUG AND GALGADUD: Civil insecurity threatens the relatively stable nutrition situation

Between 28th May and 6th June 2005 FSAU undertook a rapid nutrition assessment in Haradhere and Eldhere Districts of S. Mudug and Galgadud Regions respectively (see map below). All under-five children and adult women in the sampled areas were assessed. A total of 581 children aged below five years were randomly screened in 12 purposively selected villages (six villages from each of the two districts based on varied livelihood groups:- pastoralists, coastline villages, agro-pastoralists and town dwellers; accessibility and level of vulnerability). Both quantitative and qualitative data were collected.

The indicated on the table, assessment shows a relatively stable nutrition situation with acute malnutrition (WFH <-2 z-scores or oedema) of 6.1% in Eldhere and 6.0% in Haradhere District. Severe acute malnutrition (WFH <-3 z-scores) was 1.4% in Eldhere and 2.5% in Haradhere District with no oedema reported. Overall, morbidity levels were relatively low in the two districts compared to previous observations in Central Somalia, an observation also confirmed by health facility data. Both Crude and Under-five mortality rates were within acceptable levels (WHO standards) with exception of Haradhere that showed slightly heightened level of under-five mortality (U5MR 2.18 deaths/10,000/day). CISP is actively supporting health activities in the two districts with assistance from UNICEF and WHO. Chlorination of water has been undertaken in the four boreholes and several wells within the two Districts. CARE Somalia in collaboration with WFP distributed targeted food ration consisting maize and oil to vulnerable communities of Eldhere and Haradhere in April and May 2005.

Indicators	Eldhere	Haradhere
Under five children screened during the assessment	296	285
Acute malnutrition (WFH<-2 z-scores or oedema)	18 (6.1%)	17 (6.0%)
Severe acute malnutrition(WFH <-3 z-Scores or oedema)	4 (1.4%)	7 (2.5%)
Oedema	0	0
Proportion of children with MUAC < 12.5 cm	13 (4.4%)	29 (10.2%)
Proportion of children with MUAC < 11.0 cm	0	0
% of children with ARI in the previous month	27 (9.0%)	31 (10.9%)
% of children with Diarrhoea in the previous month	5 (1.7%)	15 (5.3%)
% of children with Malaria in the previous month	1 (0.3%)	5 (1.8%)
Proportion of adult women with MUAC ≤ 185 mm	0	0
Oedema among adult women	0	0
Proportion of adult women with MUAC ≤ 207 mm	7 (4.8%)	11 (7.3%)
Proportion of adult women with MUAC<230 mm	27 (18.6%)	21 (13.9%)
Under five mortality rate	0.282 deaths /10,000/day	2.18 deaths /10,000/day
Crude mortality rate		0.634 deaths /10,000/day

Over the past decade, Galgadud has experienced severe humanitarian crisis as a result of drought, civil insecurity, deteriorating



terms of trade and environmental degradation. However, the 2004 Deyr season was relatively good in some parts of the region including Haradhere and Eldhere Districts. This led to improvement in pasture and water situation and subsequent recovery of livestock; and cereal production by the Agro-pastoralists. At the time of assessment, the population had access to relatively good diets consisting of beans, sorghum, rice and milk. Vegetables are rarely eaten. In Haradhere, an influx of population from neighbouring Hobyo District has led to pressure on the available resources and prices of most commodities are rising. Most households report that they grow most of the food they require and have income activities ranging from sale of farm produce to fishing along the coastal belt, salt production in Haradhere and weaving.

The improvement in food security situation following the 2004 Deyr season, relatively low morbidity levels, accessible diet all appear to have contributed to stable nutrition situation in the two districts. However, the food security and nutrition stability remains precarious due to continued civil insecurity and presence of IDPs.

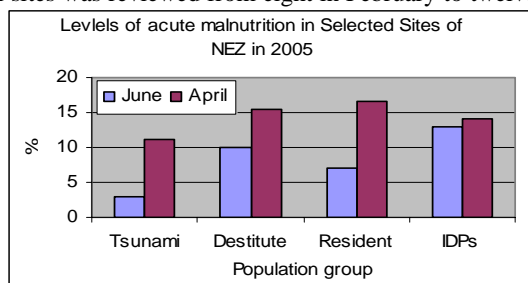
GEDO: Nutrition situation remains critical in northern areas

Humanitarian access to this chronically food insecure population is restricted by the recurrent insecurity in northern Gedo. Recent tensions (late June 2005) in the districts of Elwak and Belet Hawa have triggered fresh population movement towards Damase, Busar and Garsale areas. Belet Hawa and Luuq MCH centres continue to record high malnutrition levels of about 30% among the monthly average of 200 children screened in April and May 2005. Severely malnourished children continue to be referred to Belet Hawa TFC where about 40 admissions were made in the first quarter of 2005 (May 2005, Nutrition Update). A slight increase in the number of admissions at Belet Hawa TFC admissions was noted in late May and early June 2005 with about three cases being admitted daily. Most of the beneficiaries were from Belet Hawa town and the nearby villages of Irridda, Kamoro-Addoon, Warcaddeey, Suftu and Dolow Ethiopia (all within 20 km radius). The villages are mainly inhabited by poor agro pastoral households.

NORTH EAST ZONE: Declining levels of acute malnutrition in the region

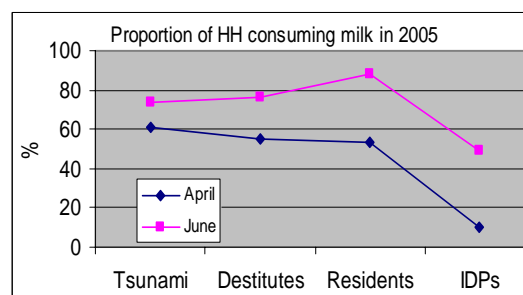
Since February 2005, FSAU in collaboration with the Ministry of Health (MOH) has conducted three rounds of sentinel sites surveillance in the North East Zone of Somalia. The number of sentinel sites was reviewed from eight in February to twelve in April (four in each of Mudug, Nugal and Bari regions) to improve precision of data and representativeness of divergent population groups: Tsunami affected, destitute, resident and IDPs. In each site, between 40 and 60 randomly selected children are screened in each round. Trend analysis of the surveillance data is therefore undertaken for April -June².

Since April 2005, acute malnutrition (WFH z scores) in the assessed areas has declined as indicated in the chart.



- In tsunami affected areas (Hafun; Garaad; Maraya) acute malnutrition declined from 11.1% (N=125) in April to 2.8% (N=141) in June 2005.
- In areas with destitute households (Budunbuto, Elbuh, Yaka), acute malnutrition declined from 15.5% (N=168) in April to 9.9% (N=149) in June. Nevertheless, acute malnutrition in Budunbuto area remains high (18.9% of the 37 children screened).
- In areas with high resident population (Sinujiff, Goldogob, Salah, Dhuudo and Jided), acute malnutrition declined from 16.7% (N=303) in April to 7.1% (N=261) in June.
- In Mergaga IDP camps, acute malnutrition remained almost constant, i.e. 14.1% (71) in April and 13.0% (46) in June.

Declining levels of acute malnutrition could be explained by improved access to food (mainly cereal, pulses and vegetable oil) and non-food items like shelter, water, cash and health services through humanitarian organisations including WFP, CARE, ADRA, SRCS, UNICEF, ICRC, Oxfam GB, Action Aid, UNIFEM, UNHCR and Islamic agencies as well as increased consumption of milk and milk products as a result of the general improvement in food security following the beginning of 2005 Gu rains (see chart). IDP population have the lowest consumption of milk and milk products. It is notable that the level of acute malnutrition among IDPs remained almost constant between April and June 2005. Food diversity is however low with minimal consumption of meat, fruits, vegetables, fish, eggs and roots.



The morbidity trend as assessed by incidences of common child illnesses two weeks prior to assessment has constantly remained high since April:- a level of about 37% of which ARI, malaria and diarrhoea in April and current levels of 32%

Coping strategies	Tsunami5		Destitutes		Residents		IDPs	
	June05 N=141	April05 N=125	June05 N=149	April05 N=168	June05 N=237	April05 N=184	June05 N=46	April 05 N=71
Borrow food/r rely on friend or relative	6	17	10	76	13.2	59	17	17
Deplete assets to access food	1	0	0	5	0	0	0	0
Gathering wild food	1	1	1	4	2	3	1.4	0
Limit meal portions	41	23	53	44	43	29	23	6
Purchase on credit	61	58	43	41	47	47	58	4
Ration money	0	0	1	0	1	2	1	0
Reduce no. of meals	47	24	32	81	48	46	24	30
Restrict consumption by adults, for the <5s	6	0	2	38	2	16	0	0
Sell livestock	0	1	0	13	8	7	1	0
Send HH members to eat elsewhere	0	0	1	27	1	4	0	0
Send HH for <i>sadaka</i>	1	0	1	0	0	3	0	0
Skip entire days without meals	2	7	2	60	2	8	7	32
Switch to low quality foods	30	27	22	83	40	48	27	9
Use assets to access food	0	0	0	5	1	0	0	0

(tsunami), 52% (destitute), 36% (resident) and 29% (IDPS). The levels could be contributing to the current levels of acute malnutrition. Mortality rates (crude and under five) in all the assessed areas have remained within the WHO acceptable range, with CMR of less than 1/10,000/day and U5MR of less than 2/10,000/day.

Coping strategies adopted by the population groups in April and June indicate that borrowing of food and skipping of entire meals has declined possibly due to increased access to humanitarian assistance and milk supply (see table above). A detailed analysis of the current food security situation, including the coping strategies adopted will be undertaken during the forthcoming FSAU led post Gu assessment.

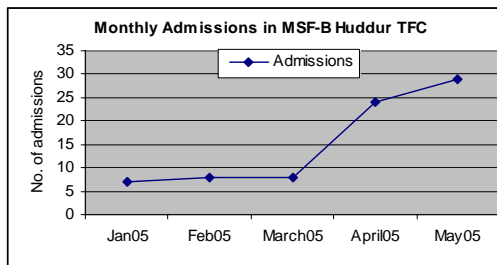
² February 2005 data is not included due to change of some of sites

BAKOOL: Poor nutrition situation persists as civil insecurity continues

The nutrition situation in Bakool Region and Rabdure District in particular, continue to be of concern with the persistence in civil insecurity that led to disruption of intervention activities³. The current displacement in Rabdure and Elberde Districts to Isdorwto and Burdhuhunle area has affected the agricultural activities in the current Gu season while livestock fail to benefit from the improved pastures in the area following the livestock movement towards Southern parts of Huddur and Wajiid Districts. Consequently, the milk availability and accessibility to the IDPs in Isdorwto and Burdhuhunle has declined and the nutrition situation of these vulnerable groups is poor.

About 45% of the children screened in Huddur, Elberde and Rabdure MCH centres in May 2005 were malnourished. About 520 children were screened in Huddur, 970 in Rabdure/Isdorwto and 340 in Elberde MCH centres in same month. About 16% of the 260 children screened in Tayeglow were malnourished.

The children screened at the MCH centres are usually sick but the data is indicative of persistence of the nutrition problem despite the ongoing SFP, TFP and health intervention programmes. The increased admission of severely malnourished children in the MSF-Belgium managed TFC in Huddur was recorded with most of admissions in the months of April and May being referrals from Isdorwto SFC and Rabdure MCH (see the graph). In April for instance, 18 out of 24 admissions in the Huddur TFC were from Isdorwto/ Burdhuhunle villages.



Case study: Internally displaced family in Burdhuhunle village

Habiba Mohamed Keyr, 40-50 years of age, lives with her husband, her mother and five children in Burdhuhunle, after displacement from Rabdure in early February 2005. The youngest child is seven months (still breastfeeding) while the oldest is 12 years. They live in *agal* Somali (a small grass and rafter made hut), though some members sleep outside due to limited space. The grass and rafters are borrowed from a Burdhuhunle resident. Habiba escaped from Rabdure town after clan tension. Neighbours assisted in the transportation of her young children and some utensils while the three adults walked over 50 km to Burdhuhunle. No food was salvaged during the rush out. Habiba's husband is a farmer, but due to insecurity, he could not attend to his farm. Habiba and the husband do not have an alternative job thus rely on social support to feed their family.

The family has neither food in stock nor animals to depend on. On arrival in Burdhuhunle, Habiba was given some sorghum as *zaka* (annual religious contribution by the well to do to the needy) by some well wishers. Habiba's family consumes porridge made from water and sorghum flour only (usually around mid day only) and occasionally take tea in the morning. Sometimes, Habiba goes for three days without food, only with occasional tea in the morning, in spite of her breastfeeding role. Habiba's two year old daughter was moderately malnourished and admitted in Isdorwto SFP in May 2005. However, the family ration was not available for the family due to increased numbers of beneficiaries in addition to logistical difficulties encountered by the relief organisation in delivering food to Isdorwt. The blended foods distributed during SFP are consumed by the entire family, who then turn to *zaka* after exhausting it. The family uses water from a nearby water catchment though it is not boiled before use. Habiba did not know that there was a health post in Burdhuhunle.

From Mohamed Haji Nuur- FSAU Nutrition Monitor, Bay/Bakool Region, Somalia

RECENT PUBLICATIONS

- FSAU Food Security and Nutrition June 2005 Monthly Brief
- FSAU/FEWSNET Market Data Update, June 2005
- FSAU/FEWSNET Climate Data Update, June 2005
- FEWSNET-Somalia: Somalia: Food Security Emergency, June 2005
- FEWSNET-Somalia/SWALIMS: Flood Bulletin, June 2005

WEBSITES

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

Relief Web. <http://www.reliefweb.int>

FSAU's website: www.fsasomalia.org will be available in June 2005



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³ WFP did not deliver family ration to Elberde between January and March 2005 due to insecurity.