



Food Security
Assessment Unit

NUTRITION UPDATE



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OVERVIEW

Almost three months have passed since a nutrition survey was undertaken in Belet Hawa district in Gedo Region. A strong food-aid intervention has been in place in the districts of Gedo most seriously affected by food insecurity although the coverage appears to have been less satisfactory in Luuq, with reported numbers of malnourished in the district still suggesting a population whose food insecurity has not been adequately addressed. It is hoped that the new targeting system commenced by CARE in March will have a substantial positive impact on the situation.

In this issue of Nutrition Update, a special focus is given to areas bordering Somalia in Kenya and Ethiopia. The information on page two is presented, firstly, to highlight the need for closer collaboration in the sharing of information among countries sharing common borders and the second to remind readers of the existence of serious problems with malnutrition in countries who face fewer problems in terms of insecurity but similar problems in issues concerning infrastructure, basic health and education services, environment, livelihoods and culture.

The third area highlighted in this issue continues from last month and again focuses on the thousands of Somalis returning to Somaliland within the voluntary repatriation programme supported by UNHCR. Many of these returnees face problems similar to those experiences by resident 'urban poor' in other big towns but in addition to this face the challenge of reintegration, reestablishment of social support networks and developing new livelihoods in an environment already facing substantial economic challenges.

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GEDO REGION - UPDATE ON INTERVENTIONS

Reports from Belet Hawa District now indicate a significant improvement in food access at household level as a result of both general food aid and selective feeding interventions over the past three months. CARE has completed their third food aid delivery since December. Using the latest population figures from WHO, an average of 40kgs of food aid consisting of cereals, pulses and oil has been delivered to every individual in the population since December 2001. Improving household food security has been the primary and most crucial issue in addressing the serious malnutrition problems in the northern districts. Combined with a strengthening of health services, the welfare of the population in these districts is now considered by organisations in the district to be recovering from the poor state reported at the end of 2001. Therapeutic feeding continues in Belet Hawa Hospital and selective feeding at central as well as village level is available in Belet Hawa, Garbaharey and Dolo districts, supported by Gedo Health Consortium. Uptake of the selective feeding programmes is consistent with a situation that is under control although fragile and highly dependant on continued external support. It is hoped that a repeat nutrition survey will be undertaken within the coming months to confirm the observations of an improvement in the general welfare and nutritional status of the population. (See also report of the border area of Mandera, Kenya).

In Luuq district, the targeting of food aid has been revised this month with CARE now undertaking all distribution at village level and women with families being the new target group. The constant high numbers entering the ACF selective feeding programmes in recent months indicates a population whose basic food insecurity was not adequately addressed through the general ration distribution in progress at the time. The distribution of family rations through the selective feeding programmes has ceased since the beginning of March and both supplementary and therapeutic feeding will continue.

Following the CARE food-aid distribution in March 2002, FSAU, CARE and FEWS in consultation with partners in the area, will undertake an assessment of food access and use at household level in Luuq District. This will enable planners and humanitarian organisations to understand the continuing reports of high numbers of malnourished children and to facilitate more affective programme design. It is hoped that the ACF 'nutrition causal analysis', which was undertaken recently in Luuq, will produce information that will also contribute to the overall analysis of the situation.

The third study that will provide additional insight into the current situation in Luuq, is the nutrition survey in the 'IDP' settlements around Luuq. This survey to be implemented by ACF, will be undertaken during mid March.

Recent insecurity in Bardera has resulted in some population movement towards Garbaharey and onward to Belet Hawa. Reports indicate that some of the middle and better-off households have moved and it is expected that most of these will return to Bardera when the situation has settled.

NUTRITION SURVEYS IN AREAS OF KENYA BORDERING SOMALIA

Nutrition surveys during 2001 in Mandera, Wajir and Garissa Districts, Kenya

Date	Agency	District	Division	Sampling method	Sample size	Global Acute Malnutrition (Con. Int.)	Severe Acute Malnutrition (Con. Int.)
3/2001	MSF/S	Mandera	Central	30X45 cluster		20%	1.5%
3/2001	UNICEF/MoH	Mandera	Banisa	2 stage cluster	602	12% (10-15)	1% (0.3-1.5)
3/2001	UNICEF/MoH/OXFAM Quebec	Mandera	Takaba	2 stage cluster	596	26% (23-30)	5%(4-7)
3/2001	UNICEF/MoH/OXFAM Quebec	Mandera	Malkamari	2 stage cluster	593	21% (17-24)	4% (3-6)
3/2001	AAH	Mandera	Elwak	30X30 cluster	912	28% (24-33)	2% (1-4)
4/2001	SCF-UK	Wajir	District	2 stage cluster	3603	17%	2%
9/2001	SCF-UK	Wajir	Central	2 stage cluster	931	12% (10-14)	1.5% (1-3)
9/2001	SCF-UK	Wajir	North/West	2 stage cluster	1005	18% (15-20)	4% (3-6)
7/2001	OXFAM	Garissa	North	2 stage cluster	786	11%	1%
7/2001	OXFAM	Garissa	Central	2 stage cluster	797	10%	N/A
7/2001	OXFAM	Garissa	South	2 stage cluster	756	17%	6%

The information in this table is compiled from a table produced by UNICEF Kenya Country Office, updated on December 2001. The districts of Mandera, Wajir and Garissa face serious problems of food insecurity and are recipients of substantial amounts of food aid. Selective feeding programmes also exist in all three districts.

NUTRITION SURVEYS IN SOMALI REGION, ETHIOPIA

As reported in last month's Nutrition Update, the Emergency Nutrition Coordination Unit within the Early Warning Department of the Disaster Prevention and Preparedness Commission in Ethiopia has established a database for nutrition surveys undertaken throughout Ethiopia. This month, we present a table showing nutrition surveys undertaken in the Somali Region of Ethiopia over a recent one-year period. Because the actual survey reports have not been examined by FSAU, no analysis is attempted here. A review of survey results in other parts of Ethiopia does however suggest that the rates in Somali Region are among the highest in the country. It is hoped that closer collaboration with partners in border areas of both Ethiopia and Kenya will lead to a better understanding of the specific issues that contribute to malnutrition in the population.

Nutrition Surveys in Somali Region, Ethiopia

Date	Agency	Wereda	Camp	Sampling method	Sample size	Global Acute Mal. (C.I.)	Severe Acute Maln. (C.I.)
1/11/01	AI-Nejaj	Danot		30x30HH	900	19% (16-23)	3%(2-5)
1/11/01	UNICEF	Jijiga	Hartisheik	EXH	291	22%	1%
1/10/01	UNICEF	Jijiga	Fafan	SYRS	317	19% (15-24)	2%(1-4)
1/09/01	SCF-US/UNICEF	Afder		25X30CH	803	11% (8-14)	1%
1/09/01	MSF-BELGIUM	Denan	Denan	30x30CH	902	30%(25-36)	1%(1-4)
1/08/01	SCF-US/UNICEF	Gode		30X30CH	736	15%(12-18)	1%(0-2)
1/06/01	SC-UK	Fik		30X30CH		16%(13-19)	1%(1-2)
1/05/01	ACF/MCDO/UNICEF	Jijiga	Hartisheik	EXH	259	29%	7%
1/04/01	UNICEF/MCDO	Jijiga	Fafan	SYRS	429	21%(17-26)	3%
1/11/00	SCF/USA	Gode		30X30CH	894	17%(14-19)	2%(1-3)
1/11/00	SC-UK	Fik		30X30CH	915	17%(13-21)	2%(1-3)
1/11/00	SC-UK	Segeg		30X30CH	914	24%(21-28)	2%(1-3)

Sampling methods:

30x30 CH=30 clusters of 30 children;
EXH=Exhaustive;

30X30 HH=30 clusters of 30 households
SYRS=Systemic Random Sampling

For further information on the surveys in Ethiopia, please contact the ENCU information manager: amir.siraj@wfp.org.

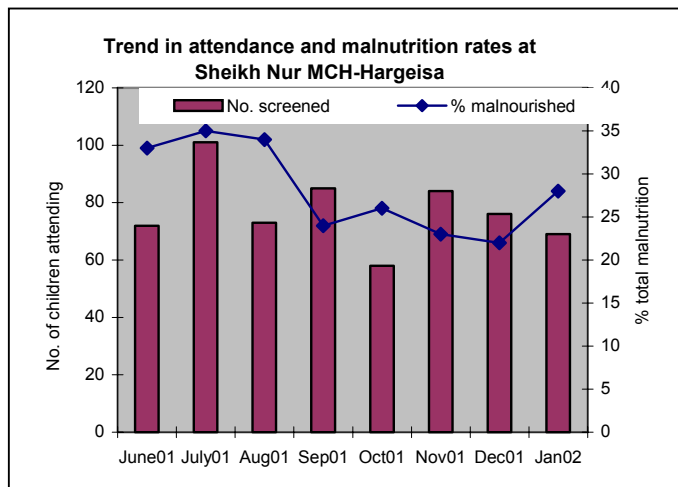
Global Acute Malnutrition: Defined as <-2 z-scores plus oedema
Severe Acute Malnutrition: Defined as <-3 Z scores plus oedema

RETURNEES IN SOMALILAND

B. Owadi, FSAU

The welfare of returnees remains a major concern both to local and international authorities and agencies working in Somaliland. From February 1997 to December 2001, UNHCR in collaboration with the ministry of Resettlement, Rehabilitation and Reconstruction (MRRR) had supported voluntary repatriation of around 176,000 individuals mainly from the neighbouring camps in Ethiopia but also from other countries such as Kenya, Djibouti, and Yemen back to the country. In the year 2001 alone, around 50,000 people returned to Somaliland through this process. It is estimated that 40-50% of these returnees have so far settled in Hargeisa town. The formal returnee settlements in Hargeisa include *Sheikh Nur*, *Mohammed Moge*, *Awaden*, *Sinai* and lately *Ayaha (Kandahar)* while non-formal settlements include *State House* and *Stadium* while others are scattered around the town. these returnee villages, especially in the non-formal ones. In December 2001, the Hargeisa Municipality relocated around 1,500 returnee families, mainly from *State House*, to a new settlement area some 9 km to the south west of Hargeisa town, where water supply depends on trucking from town, shelter remains a major issue, income opportunities are limited, no educational facility exists and people have to walk back to town to seek health care services.

A nutrition survey in June 2001 within the resettlement areas revealed a high malnutrition rate (15% WT/HT with <-2 z-score and/oedema as the cut-off). Qualitative results on the nutritional causal analysis suggest that poor and inadequate water and sanitation along with inadequate infant feeding practices within the villages are among the major underlying causes of malnutrition. Available information from returnee villages reveals a population whose welfare is already compromised.



As shown on the graph above, Sheikh Nur MCH, situated within a resettlement area, has been persistently reporting high malnutrition rates of over 20% (WT/HT <-2 z-scores or oedema) of the children screened in the previous months. Severe acute malnutrition rates have also been high (over 5% WT/HT z-score <-3 or oedema). The newly started Mohamed Moge MCH, situated within Mohamed Moge resettlement area recorded a rate of 13% in the first month of operation, January 2002. Exclusive breastfeeding is uncommon amongst the residents and early introduction of complementary foods is prevalent. An unhygienic environment within the settlements compounds these factors. Child morbidity especially diarrhoea is a major problem and is unlikely to improve given the continued pressure on the limited water available in Hargeisa.

UNHCR's voluntary repatriation and reintegration programme in Somaliland has been on-going since 1993 with the objective of finding durable solutions to the Somali refugee problem by assisting Somali refugees to return home to areas where security conditions are acceptable and stable, and assisting the receiving communities with their initial reintegration. Initial, individual assistance to returnees is provided in countries of asylum and consists of a nine-months food ration, basic household items and a grant of US\$ 50 for onward travel from drop-of point to final destination. UNHCR's reintegration programme is community-based and focuses on making essential communal services available in returnee areas to enhance the community's absorptive capacity. Between 1992-2001 UNHCR has implemented more than 500 quick impact projects in Somalia amounting to an investment of more than US\$ 15,8 million, however the magnitude of the problems to be addressed in Somaliland compared with UNHCR's resources and mandate calls for a larger and more comprehensive engagement by more development-oriented actors. UNHCR in collaboration with other UN agencies and NGOs is in the process of formulating an inter-agency action plan for returnee reintegration to complement UNHCR's activities with a larger development effort that can enhance social and economic opportunities for returnees."

Since 1993, UNHCR has provided support to over 200 quick impact projects in Hargeisa district, which is a major area of return. The QIPs have been selected in line with our policy of targeting returnee communities to enhance their returnee absorptive capacity.

UNHCR

Care of small children is often left to younger siblings as mothers attempt to bridge the income gap through engagement in petty trading such as teashops, selling *khat*, vegetables etc. Income from these activities is insufficient to provide for the basic needs for these households. Many of the unemployed male household members are reported to have increased *khat* chewing, resulting in a further drain on the households' already limited resources.

Both international and local organisations undertake activities aimed at improving the welfare of the returnees. Already the international agencies in Somaliland are strategising on a common approach to ensure smooth reintegration of returnees into Somaliland, a process coordinated by UNDP in close collaboration with UNHCR.

On the 21st February 2002, an inter-agency meeting was held in Hargeisa to discuss the reintegration of returnees. The meeting emphasised the need for a common planning process and UNHCR updated partners on the number of expected returnees and their expected settlement areas, and priority problems in the areas of expected settlement. In addition, agencies outlined their ongoing and expected activities in the various returnee

villages as well as expected areas of returnee settlement. UNHCR and the international agencies also outlined their planned activities aiming at addressing priority problems in the existing returnee villages. For example, the water problem in Ayaha resettlement village was mentioned as an issue requiring urgent attention. This process of prioritising and strategising on the action plans is to be completed by March 2002 in order to facilitate rapid implementation of activities.

Interventions undertaken by international agencies in the resettlement villages

Resettlement village	Sector	Organisation	Activity	
Mohamed Moge	Water & Sanitation	DRC	Sanitation awareness, materials for construction etc.	
	Income Generating	DRC	Capacity building on sewing and provision of materials	
		IRC	Revolving Fund, business training	
		UNHCR	Micro-finance project	
	Education	SCF/US/UNHCR	Construction of school, provision of basic learning materials, teacher training, youth development and sporting etc.	
		UNHCR	Constructed and supports a school, for upper primary	
	Health	UNICEF	Supports newly started MCH	
		IRC	TBAs training	
	Feeding	WFP	Feeding program for orphans	
Security	UNHCR	Construction of M. Moge police station		
Sheikh Nur	Education	SCF/US	Construction of school, provision of basic learning materials, training of teachers, youth development and sporting etc	
		IRC	Capacity building, vocational (skills) training	
	Water & Sanitation	SCF/US	Community awareness, latrine construction, Training of youths etc.	
		UNICEF	Supporting the MCH	
	Health	SC-USA	Started a primary health and nutrition education programme	
		IGAs	DRC	Community funding, Revolving funds, business training
			IRC/UNHCR	Business training and community funding
Sinai	Education	SCF/US	Construction of school, provision of basic learning materials, training of teachers, youth development and sporting etc	
		DRC	Vocational training for girls	
Awaden	Education	SCF/US	Construction of school, provision of basic learning materials, training of teachers, self funded handicrafts, youth development and sporting etc	
All returnee villages in and around Hargeisa	All sectors	Inter-agency (DRC, SCF, IRC, UNDP, CARE, FSAU, local authorities etc)	Plan for Baseline study on returnees. Assessment planned in March 2002	

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 is under reconstruction at the moment but will be accessible during April 2002.

RECENT REPORTS

- ❑ **Monthly Food Security Report for Somalia, FSAU.**
- ❑ **Gedo: A Complex Emergency. March 2002.**
- ❑ Deyr Crop Harvest Assessment Report. To be completed before end March 2002.



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