

OVERVIEW

This issue highlights the significant improvement in nutritional status recorded in the Lower Nugal Valley along with some stabilisation of malnutrition levels in surveillance sites in the Sool Plateau.

In areas of NE Somalia hit by multiple shocks, extreme coping strategies and the ongoing humanitarian interventions have prevented a deterioration in the nutritional status.

In Northern Gedo, the poor nutrition situation persists and admissions of severely malnourished children for therapeutic feeding remain high. Plans for the establishment of a sentinel site surveillance in the area are underway.

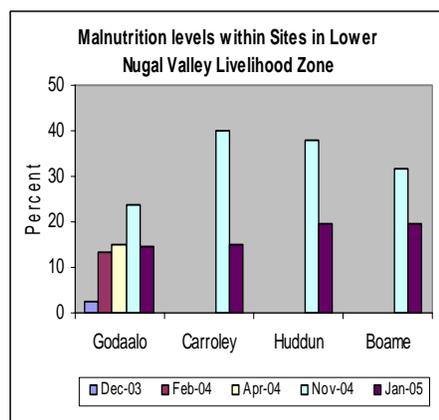
Preliminary results of a survey in Somali Region Ethiopia indicate a critical nutrition situation as *Jilaal* season starts.

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SOOL PLATEAU AND LOWER NUGAAL SENTINEL SURVEILLANCE RESULT

Significant decline in levels of malnutrition in Lower Nugal Valley

A significant decline in malnutrition was observed¹ within Lower Nugal Valley, compared to the past round of sentinel sites surveillance in November 2004 (global acute malnutrition 33.9% (CI: 28.2 – 40.1)). Diarrhoea was significantly associated with cases of malnutrition. Of the 268 under-five children assessed in Lower Nugal valley, 17.2% (CI: 12.8% - 22.2%) were malnourished (weight for height <-2 Z score or oedema) and 3.7% (CI: 1.8% - 6.7%) were severely malnourished (weight for height <-3 Z score or oedema).

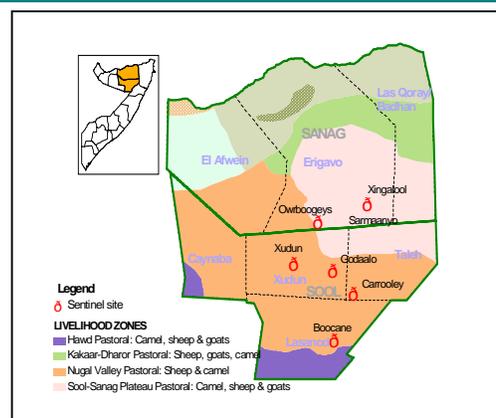


Using mid upper arm circumference (MUAC) 159 adult women were assessed.

About 7.5% were malnourished² indicating a slight decline from the malnutrition levels reported in November 2004. About 80% of the malnourished women were pregnant.

With the exception of ARI, the prevalence of communicable diseases was generally lower than those observed in November 2004. Deaths in the under-five group in the previous 30 days were reported as Godaalo - 2, Carroley - 2 and Huddun - 6. Measles, diarrhoea, malnutrition and ARI reportedly contributed to the deaths.

Cereals (100%), fats/oils (97%) and dairy products (58%) were the main food groups consumed. Meat, vegetables and pulses that are rich in proteins and micronutrients were consumed by less than 15% of the children. The majority of the foods were obtained through gifts from friends and relatives, food aid, bartering or borrowing.



¹ FSAU in collaboration with MOHL Somaliland carried out the fifth round of sentinel sites surveillance between 29th January and 4th February 2005 covering highly vulnerable areas of Sool plateau and Lower Nugal valley livelihood zones. As shown on the map, six sites that continued to indicate significantly high levels of malnutrition or deterioration in the nutrition situation in past rounds of sentinel sites surveillance were purposively selected and assessed (see January 2005 Nutrition Update). Both qualitative and quantitative data were collected from randomly selected households in each site. A minimum of 50 under-five children were targeted and assessed in each site.

² MUAC <23 cm among pregnant women; <18.5 cm among lactating mothers as well as those neither pregnant nor lactating

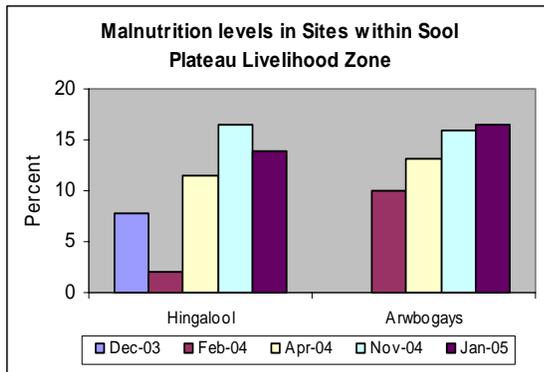
The Nutrition Surveillance Project is funded by USAID/OFDA
and receives support from the EC

SURVEILLANCE PROJECT PARTNERS INCLUDE MOHL SOMALILAND, MOSA PUNTLAND, FAO, UNICEF, WHO, SRC/ICRC, SRC/IFRC, WVI, GEDO HEALTH CONSORTIUM, IMC, MSF-S, COSV, AAH, MUSLIM AID-UK, INTERSOS, CISP, ZAMZAM FOUNDATION, COMMUNITIES OF WABERI, HAMARWEIN AND HAMAR JABJAB, IRC, ACF, COOPI, MSF-H, MSF-B.

The malnutrition levels have declined mainly due to reduced levels of morbidity especially measles, gradual improvement in food security situation with improved milk access, improved water situation, return of some destitute families to their place of origin, continued social support networks and humanitarian assistance.

Stabilizing malnutrition levels in Sool Plateau

Malnutrition levels in sentinel sites within Sool Plateau have generally stabilised to about 15% according to the most recent round of surveillance screening (see previous page). Among the 119 under-five children assessed, 15.1% (CI: 9.2% - 22.8%) were malnourished (weight for height <-2 Z score or oedema) while 3.4% (CI: 0.9% - 8.4%) were severely malnourished (weight for height <-3 Z score or oedema). A decline in malnutrition levels was observed in Hingalool and a minimal increase in Arwbogays as shown on the chart below.



Among the 69 adult women assessed, 8.7% were malnourished³. None of the pregnant women were malnourished.

The prevalence of common diseases were diarrhoea, 13%, measles 1.7%, ARI 36% and malaria 1%, which were all lower than those observed in November 2004 except for ARI. Diarrhoea was significantly associated with malnutrition. One under-five death was reported in Hingalool.

The main food groups consumed include cereals, fats/oils and dairy products in order of priority. Meat, vegetables and pulses were seldom consumed. Gifts, food aid, bartering or borrowing were the main food sources in Sool Plateau.

The malnutrition rate continues to be relatively high and are associated with communicable diseases and household food insecurity. However, it is expected that the rates will decline in view of the gradually improving food security situation.

Following a good 2004/2005 *Deyr* season, both Sool Plateau and Lower Nugal Valley are now experiencing a slow recovery after a prolonged drought period. Water and pasture are available though livestock holdings are low following significant losses in the recent past. Milk availability has improved following calving and kidding of camels and goats respectively. However, the optimal benefits are yet to be realized.

Humanitarian interventions are ongoing in both areas, for instance ICRC has distributed rice, oil and beans within Sool Region⁴ covering mainly Taleh District in January 2005, NPA through a local NGO (SVO) has continued to undertake cash for work activities while UNHCR has recently provided blankets, plastic sheets and water containers covering mainly Boame District. The underlying causes of malnutrition namely morbidity especially diarrhoea, food insecurity and civil insecurity persist. Sentinel sites surveillance will continue in all the six sites covered in an effort to closely monitor situation.

LOWER JUBA UPDATE

The December 2004 Tsunami destroyed fishing boats, nets and other fishing implements in the fishing communities of Madhaway, Kudha, Raaskiamboni and Buurgaabo. As part of the humanitarian response, World Concern and AFREC (a local NGO) distributed over 1200 MT of relief items between February and March 2005. The relief included drugs, utensils, fishing implements and food (rice, oil, beans and UNIMIX). The IDPs in Kismayo also benefited from these relief supplies.

Despite periodic civil insecurity and food insecurity in the past three years in the Lower Juba Valley area, the impact on pastoral and agro pastoral households has not been significant due to access to diverse livelihood sources and strong social support networks. In addition, *Deyr* 04/05 was exceptionally good in most of the pastoral and agro-pastoral livelihoods of the region, with exception of *Badhadhe District*. Consumption of milk and milk products appears to be good. The malnutrition rates recorded in the MCH of Bulo Haji continue to be low. (Less than 10% among 200 children screened monthly).

Badhadhe District shows an increasing trend in malnutrition attributed to food insecurity⁵, migration of livestock to the neighbouring districts and consequent reduction in the consumption of animal products by young children. Fierce fighting between two rival militias within Badhadhe District in September 2004 prompted displacement of farmers thus disrupting agricultural activities. High prevalence of communicable diseases are also recorded at Badhadhe MCH.

³ MUAC <23 cm among pregnant women; <18.5 cm among lactating mothers as well as those neither pregnant nor lactating

⁴ Areas covered are Carrooley, Holhol, Halin and Taleh town.

⁵ *Deyr* rains in Badhadhe District were inadequate compared to the other district's agro-pastoral and pastoral livelihoods and crops harvested were much below normal

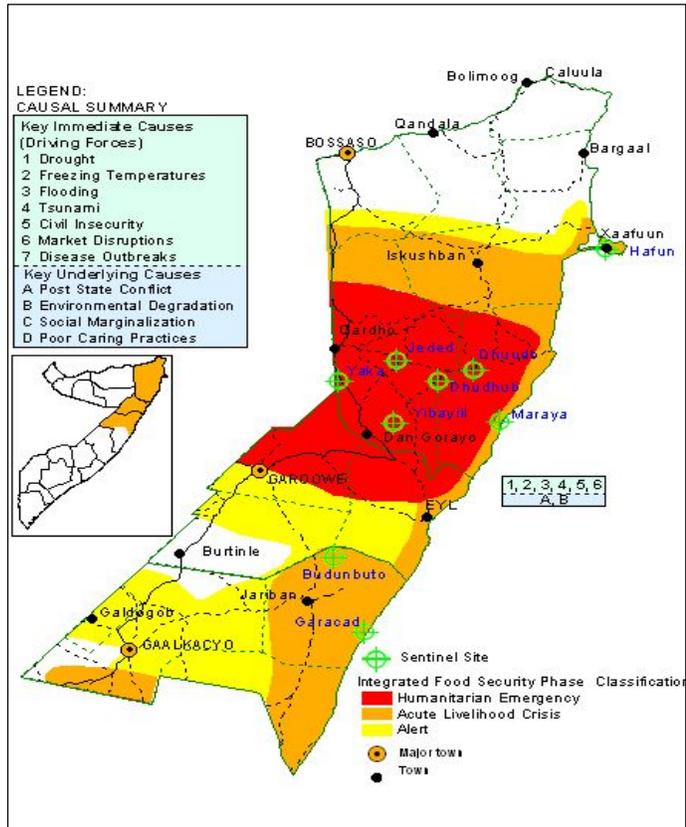
NORTH EAST – acute malnutrition rates generally within expected range in areas experiencing multiple shocks

On February 5th-15th, 2005, FSAU in collaboration with the Ministry of Health established sentinel sites surveillance in the North East Zone to closely monitor the nutritional wellbeing of population groups faced with humanitarian emergency and/or livelihood crises. The eight sites monitored have encountered multiple shocks (refer to map).

The eight sites selected comprised of areas seriously hit by the tsunami (Ga'arad/Kulib, Hafun and Maraya), areas with the resident population seriously affected by multiple shocks (Buduubuto and Yibaayil/Cuun, Yaka, Jedead, Dhudo, Dhudhub) and areas with high concentration of destitute families (Buduubuto and Yaka) - See the map. Qualitative and quantitative data was collected from randomly selected households at each site. A minimum of 50 children aged 6-59 months were assessed in each site.

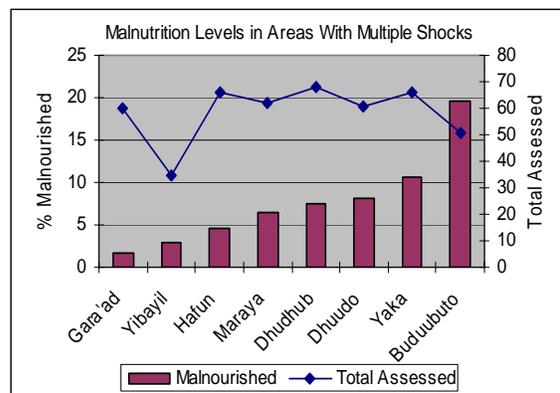
Analysis of data from 398 children aged 6-59 months assessed sites indicates varied levels of acute malnutrition based on weight for height Z scores (proportion < -2) or presence of bilateral oedema:

- In Gara'ad/Kulib (1.7%), Yibayil/Cuun (2.9%) and Hafun (4.5%), acute malnutrition is below 5%.
- In Maraya (6.5%), Dhudhub/Jedead (7.4%) and Dhuudo (8.2%), acute malnutrition is within the range of 5 – 9.9%;
- In Yaka (10.6%) acute malnutrition is within the range of 10-14.9%.
- In Budunbuto (19.6%), acute malnutrition is within the range of 15-19.9%. This information is summarized in the chart below.



Apart from Buduubuto, the levels of acute malnutrition in the sentinel sites are better or within the usual range of 10-14.9% (WFH z scores < -2 or oedema)⁶. The relatively low level of acute malnutrition in these sites is attributed to available humanitarian food assistance. At the time of the assessment, most of the assessed households had received their monthly food entitlement.

In Buduubuto, the level of acute malnutrition is above the usual range. Although the population also receives humanitarian food assistance, mainly targeted to destitute households remaining stocks from the December 2004 distribution were low at the time of the assessment. This limited access to food and inadequate dietary intake have contributed to the observed malnutrition.



Further results indicate no under five death in any of the assessed sites; and no over five death reported in the assessed sites of Hafun, Maraya and Dhudho in thirty days prior to the assessment. Apart from Ga'arad/Kulib where CMR indicates a situation of alert, the mortality rates are within the acceptable range (according to Sphere and WHO categorization) in all sites.

The incidence of disease⁷ among the assessed under-fives in the two weeks preceding the site surveillance ranges from 31% in Hafun to 44% in Dhuudo. Statistical analysis indicates significant association between disease and acute malnutrition (p=0.01) only in Hafun and Buduubuto sites. This indicates that in these two sites, children who had suffered from an illness in the two weeks preceding the assessment were more likely to be malnourished compared to those who hadn't. There is no

⁶ Reference: FSAU technical series No. 3 on Deyr analysis, Nutrition Trends map

⁷ Diarrhoea, anaemia, arthritis, malaria, ARI, otitis, skin diseases, measles, intestinal parasites, conjunctivitis, whooping cough and/or TB

health facility in Buduubuto, implying limited access of the sick to health care services in this area. In Hafun however, there is a health facility.

Acute malnutrition among women of child bearing age was assessed using measurement of mid-upper arm circumference (MUAC). Analysis of results for pregnant women is based on the recommended Sphere cut off point of 23 cm and for the non-pregnant a cut off point of 18 cm. Of the 143 women assessed, the level of acute malnutrition was below 10% in all sites apart from Ga'arad/Kulib, Maraya and Yibayil/Cuun where the level of acute malnutrition was between 10.0-14.9%.

The proportion of destitute households in the assessed sites is about 38% (n=182) with the rest being resident. Nevertheless, the association between the type of household (destitute vs. resident) and acute malnutrition in children is not statistically significant, implying that both the destitute and local residents are affected similarly.

Cereal and sugar are the main foods consumed. The main source of cereal is humanitarian assistance while the majority (about 53%) of the households access sugar through purchase. There is limited consumption of other foods legumes 39% (n=187) which is mainly accessed through humanitarian assistance, meat, 11% (n=50) and milk, 23% (n=111). Consumption of fruits 1% (n=3) and vegetables, 8% (n=38) is negligible. The general diet consumed is therefore not nutrient dense, predisposing households to acute malnutrition.

Most households apply extreme coping strategies. The table below provides a summary of coping strategies in the sites, (though it is notable that there is some variation within sites). About 53% of residents have switched from high to low quality

less expensive foods; 44% borrow or rely on help from relatives and/or friends, and about 38% purchase food on credit. About 58% of the assessed households have reduced the number of meals consumed in a day while about 33% of the assessed households send members to eat elsewhere. Older members from about 32% of the households spend entire days without consuming meals. Minor coping strategies adopted include gathering of wild foods/hunting, depleting of assets to access food and using assets as security for food.

Coping Strategy	Proportion	
	N	%
Total households assessed	476	100
Proportion of destitute households	182	38
Switch from high to low quality less expensive foods	251	53
Borrow food or rely on help	208	44
Purchase food on credit	179	38
Gather wild food or hunt	4	1
Sell livestock at give away price to buy staples	157	33
Send household members to eat elsewhere/ <i>Sadaka</i>	82	17
Limit portion size at mealtimes	254	53
Restrict consumption by adults in order for small children to eat	110	23
Reduce no. of meals eaten in the day	276	58
Spend entire days without eating	150	32
Deplete assets to get food (e.g. sell livestock, land, jewellery etc)	20	4
Use assets (jewellery, <i>berkards</i>) as security to get food	10	2

Humanitarian assistance coupled with extreme coping strategies adopted by the affected communities, have minimized loss of human life and deterioration in nutritional status. This is confirmed by the relatively low levels of acute malnutrition and mortality in most of the villages. Unfortunately, the coping strategies indicate a very serious food security situation and high destitution among the affected population groups.

Humanitarian assistance remains crucial in protecting the lives of the affected population groups. This will need to continue until the affected are able to meet basic needs. The health situation has contributed to the nutrition situation of the assessed population groups, highlighting the continued need for health related interventions for the overall wellbeing of these groups. Close monitoring of the nutrition and food security situation through this sentinel sites surveillance system remains essential.

NORTHERN GEDO

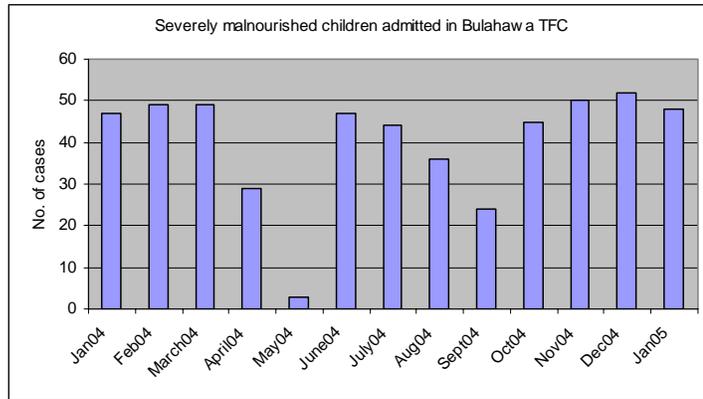
(i) poor nutrition situation persists in Northern Gedo (ii) increased surveillance is planned

Northern Gedo continues to experience food insecurity and civil insecurity which have persistently affected the population wellbeing. According to FSAU food security categorization, the main livelihood groups of Bulahawa, Dolow and Luuq are experiencing chronic food insecurity (FSAU Technical Series 3, Feb 2005) with about 29% of the population classified as being in a state of either emergency or livelihood crisis and in need of continuing humanitarian assistance. High malnutrition continue to be recorded in Northern Gedo with 30% of the average 100 children screened in Bulahawa MCH acutely malnourished and 40% of the average 200 children screened in Luuq MCH malnourished in the months of January and February 2005. A critical nutrition situation was recorded in Luuq District in October 2004⁸. Despite the need, insecurity hinders relief operations and disrupts trade operations. Many roadblocks exist on the main trade routes and heavy tax extortion by the militias continues.

Data from Bulahawa TFC record high numbers of severely malnourished children of about 50 per month between November 2004 and January 2005 (see the graph on next page). Most of the Bulahawa TFC beneficiaries come from Bulahawa town, as

⁸ GAM rate of 25.4%, SAM rate of 5% and U5 mortality rate of 3.7/10,000/day was recorded in Luuq District in October 2005.

well as Malkariyey, Arracasse, Belet Amin IDP village and nearby villages of Dolow District. A few cases come from villages across the Kenyan and Ethiopian borders. (There was no active case finding in May 2004, due to the heavy inter-clan fighting that prevailed, hence low admissions.) There was a notable decline in admission in August/September associated with increased availability of milk and cereals, after the *Gu* season. Over 90% of the TFC discharges recorded satisfactory weight gain with the exception of May 2004 when there was 100% TFC default rate due to diversity in clan affiliation among the TFC beneficiaries and consequent fear of attack. Otherwise during the other months, the TFC performance indicators were within the acceptable ranges based on Sphere Guidelines⁹.

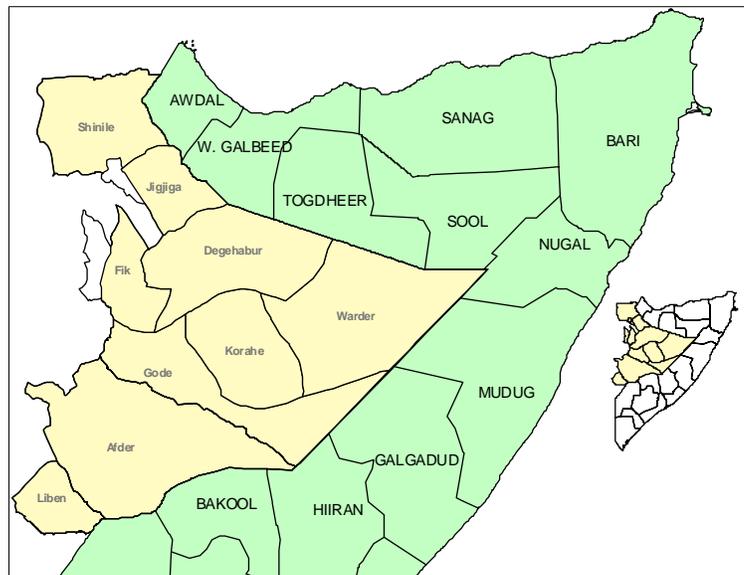


Food insecurity, diseases, limited diet variety, poor sanitation, poor water quality and limited humanitarian access are some of the factors associated with the critical nutrition situation (over 20% global acute malnutrition rates) in Northern Gedo and the consistently high admission rate into the TFC.

FSAU plans to establish a sentinel sites surveillance system in Northern Gedo in the coming months, to monitor trends in the nutrition situation in the area. Population groups representing most affected areas, less affected areas and the transition zones will be selected for regular monitoring using anthropometric and other indicators. FSAU and partners also aim to undertake a nutrition assessment in Luuq or Bulahawa Districts in the course of the year 2005.

SOMALI REGION, ETHIOPIA: High malnutrition rates recorded as *Jilaal* season sets in.

According to Save the Children- UK, the overall food security situation in Somali Region is below normal to normal following the 2004 *Karan* and 2004/5 *deyr* harvests and livestock production analysis. The livestock sale and prices had improved in the months of December 2004 and January 2005 (during Muslim festive season), thus improving income for the pastoral households. However, there was poor crop performance in the ecological zones receiving *deyr* rains (since inadequate 2004/5 *deyr* rains were received in some areas). This resulted in some districts in Fiik, Degahbour, Koraha, Gode, Liban and Shinile zones experiencing stress which is linked to the increasing scale and intensity of food, pasture and water related problems (SC-UK, February 2005). With the onset of 2005 *Jilaal* season, population and livestock movement within the region commenced in search of pasture and water. These are normal movements though they started earlier than usual.



In Degahbour zone, and Gashamo and Aware Districts in particular, the situation is fast deteriorating with noticeable water scarcity and declining pasture availability taking place. This has triggered livestock migration towards Fiik and Koraha zones while others move towards the border areas with Somalia (Hawd of Togdeer border). With the decline in food security situation in Degahbour and increased incidences of diarrhoeal diseases (especially in Degahbour, Warder, Gode and Afder), the Somali Regional State's Disaster Prevention, Preparedness and Food Security Bureau (DPP & FSB) expressed concern and recommended a nutrition assessment in Gashamo.

In January 2005, Save the Children - UK conducted a nutrition survey in Gashamo Woreda (district) in Degahbour Zone. Using two stage (45 by 20) cluster sampling methodology, 974 children were surveyed. Retrospective mortality data was collected from 900 randomly selected households. Preliminary results indicate that the global acute malnutrition (W/H<-2 z score or oedema) rate was 19.9% (CI: 16.2 – 23.6) while the severe acute malnutrition (W/H<-3 z score or oedema) rate was

⁹ Acceptable TFC indicators: Cure rate>75%, Death rate<10%, Defaulter rate<15% and length of stay<4 weeks.

3.3% (CI: 1.7 – 4.8). Crude mortality rate of 1.16/10,000/day and an under-five mortality rate of 4.87/10,000/day were recorded. The global acute malnutrition rate and under-five mortality rate indicate an emergency situation while the crude mortality rate indicates an alert situation. The prevalence of diarrhoea was high (30.5%).

Food insecurity and limited access to health services are some of the factors linked to the critical nutrition situation. The cumulative drought effects in the recent past years (which led to loss of livestock) coupled with the existing pasture reduction and water shortage has led to deterioration in livestock body condition and production. Milk scarcity is also being experienced. Some of the *berkads* in Gashamo District were dry by the onset of the *Jilaal* season (following the inadequate *dery* rains received); hence consumption of poor quality water was imminent. With the high prevalence of diarrhoea being recorded and the existing inadequacy of health service access, diseases seem to predispose the population to increased risk for malnutrition. The nutrition situation is therefore likely to worsen in view of the limited humanitarian assistance currently accessible among other prevailing aggravating factors. SC-UK recommended general food distribution to the affected population, selective feeding, water trucking and increased support to the health systems to provide preventative and curative services.

Across the border in Somalia, FSAU proposes a nutrition survey in the Hawd of Togdheer in the course of the year 2005.

NUTRITION ASSESSMENT PLANS - 2005

Dates	Region	Area	Organisations	Status 31 st March 05
Early May 2005	Bay	Berdaale District	FSAU//UNICEF/SRCS	Proposed
Mid May 2005	Sool	Taleh/ Huddun Districts	FSAU/UNICEF/MOHL	Proposed
Late May 2005	Bari	Gardo/Dangoroyo	FSAU/ UNICEF/MOH	Proposed
July 2005	Bari	Bossaso IDPs	FSAU/UNICEF/MOH	Proposed
July 2005	Galbeed	Hargeisa Resettlement camp	FSAU/ UNICEF/MOHL	Proposed
July 2005	M. Juba	Jilib Riverine	FSAU/SRCS/UNICEF/MSF-H	Proposed
August 2005	Bakool	Rabdure District	FSAU / UNICEF/ IMC/ MSF- B	Proposed
Sept 2005	Nugaal	Eyl District	FSAU/MOH/UNICEF	Proposed
Sept 2005	Togdheer	Hawd of Togdheer	FSAU/MOHL/SCRS	Proposed
Nov 2005	Gedo	Belet Hawa or Luuq	FSAU/UNICEF/CARE/ GHC	Proposed

TRAINING COURSES

AMREF International Training Centre, Nairobi, is offering a series of short courses on health and related fields in 2005 and a one year Diploma course in Community Health. Details on www.amref.org/shortcourses.htm or www.amref.org or Email: amreftraining@amrefhq.org

RECENT PUBLICATIONS

- FSAU Technical Series, Report No. IV.3, February 28, 2005: 2005 Post Deyr Analysis
- Nutrition Assessment: Guidelines for Somalia by the Nutrition Working Group of the SACB, January 2005 Revision
- FSAU Food Security and nutrition Monthly Brief. March 2005. Somali and English Versions available.

This 'Nutrition Update', along with other relevant materials, is available on:
Relief Web. <http://www.reliefweb.int>



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