

Overview

The preliminary findings of the nutrition assessment in Gedo Region (excluding Bardera Town) in March 2006 indicate a critical nutrition situation and 'alert' crude and under five mortality rates. Early and comprehensive interventions and strong coping strategies are likely to be preventing a greater deterioration although separate surveillance activities in targeted areas shows the levels of malnutrition have already deteriorated very dramatically. Detailed analysis of the findings is currently on-going. The findings of the Qansadheere nutrition assessment conducted in January 2006 also indicate a critical nutrition situation.

A detailed update on the current food security situation is available in FSAU's other monthly publication 'Food Security and Nutrition Brief', March 2006.

Detailed data from targeted sentinel sites are also available at FSAU.

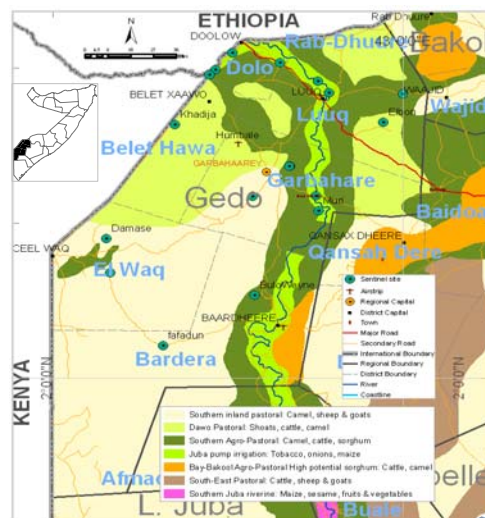
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Gedo Nutrition Assessment – Preliminary findings

The FSAU Integrated Food Security and Humanitarian Phase Classification, currently categorizes Gedo Region as faced with a humanitarian emergency with moderate risk of deteriorating to a humanitarian catastrophe. Access to the region for implementation of humanitarian interventions has consistently faced considerable constraints in recent years, due to insecurity.

FSAU in collaboration with Gedo Health Consortium, UNICEF, WFP, FEWSNET, SRCS and COSV undertook a nutrition assessment in Gedo region covering all areas *with the exception of Bardera town* from 19th to 29th March, 2006. Using a 30 by 30 cluster sampling methodology, a total of 922 children aged 6- 59 months /less than 110cms from 4367 randomly selected households were assessed. Mortality data was collected from 906 households.

The global acute malnutrition (weight for height <-2 Z score or oedema) was 23.8% (CI: 21.1 – 26.7) while the severe acute malnutrition (weight for height <-3 Z score or oedema), 3.7 (CI: 2.6 – 5.2), indicating a critical nutrition situation. The crude mortality rate is 1.04 (CI: 0.65 -1.44) per 10,000 persons per day and the under-five mortality rate is 2.46 (CI: 1.38 – 3.54) per 10,000 persons per day.



FSAU sentinel site data from *targeted villages* throughout the region show high and rising levels of malnutrition in specific areas. All food security and livelihood indicators in the region show evidence of a rapidly deteriorating situation (see FSAU Food Security and Nutrition Monthly Brief for March 06). Data from GHC supported TFC's indicate an increase in new admissions in the months of January 2006 to February 2006.

Much of the Gedo population is now very heavily reliant on both international and informal assistance, which clearly needs to increase substantially in the coming weeks. The movement of CMR and U5MR into the 'alert' phase is extremely worrying as is the proportion of severely malnourished children who are challenged to access the essential life-saving medical care.

This assessment shows that almost a quarter of the children throughout Gedo region are now malnourished. With many of the households visited having no food and relying on the good will of neighbours for their next meal, the outlook is bleak.

Detailed data analysis, discussions of assessment findings and possible recommendations with partners is underway and details on these will be shared in the April 2006 Nutrition Update and in the assessment report.

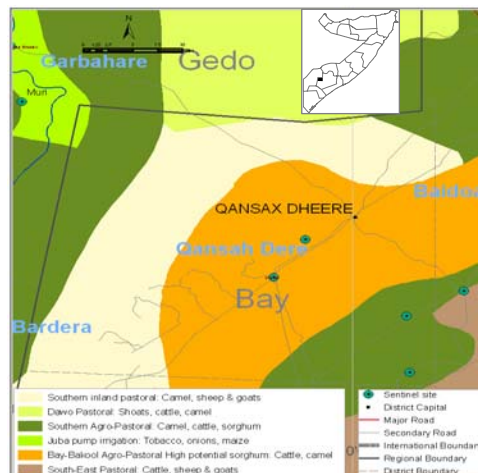
Bay Region - Qansandhere Nutrition Assessment

MSF- Switzerland undertook a nutrition assessment in Qansandhere District, Bay region in January 2006. A 30 by 30 cluster sampling methodology was used. Both quantitative and qualitative data were collected. A total of 895 children aged 6 – 59 months were assessed.

The global acute malnutrition (weight for height <-2 Z scores or oedema) rate was 19.4% (CI: 16.9 – 22.2), while the severe acute malnutrition (weight for height <-3 Z scores or oedema) was 1.8% (CI: 1.1 – 3.0). The malnutrition rates are unacceptably high and are consistent with the FSAU long term and current level estimates of malnutrition levels in the district which is 15% - 19.9%.

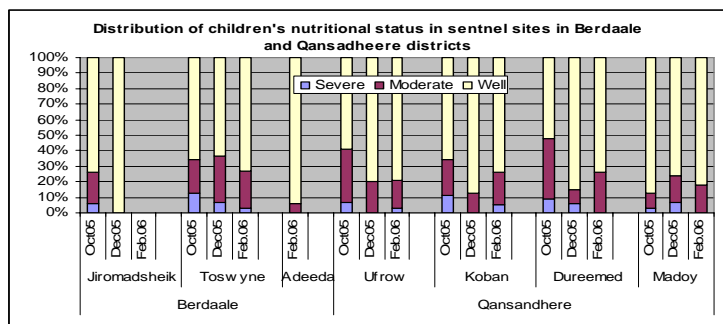
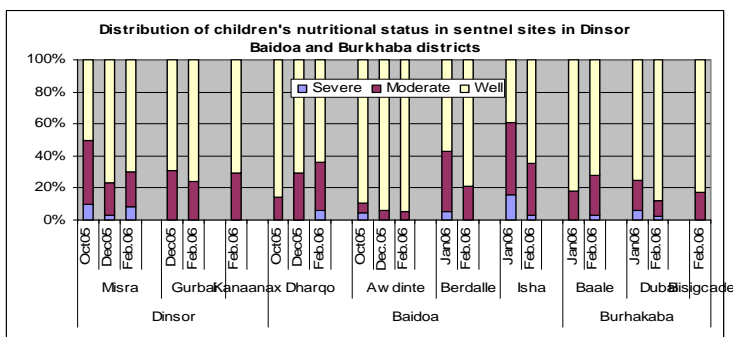
Measles immunisation coverage was low and was attributed to limited measles campaigns in the district with the last one having been implemented in November/December 2003 by IMC. The incidence of diarrhoea in 14 days prior to the assessment was low (4.1%), although qualitative data indicated an overall increase in other diseases like suspected malaria, measles and respiratory tract infections. Using a recall period of 80 days, the under-five and crude mortality rates were 1.3 deaths/10,000/day and 0.3 deaths/10,000/day respectively. Both rates are within the acceptable levels for sub Saharan Africa according to SPHERE guidelines. Measles/rash, fever/shivering and watery diarrhoea were the main illnesses associated with death.

Recommendations made include: conducting a measles vaccination campaign, setting up of a referral system for severely malnourished cases to MSF's TFC in Dinsor, operation of mobile clinics and distribution of family rations as food stocks are quite low and the general food security outlook is very poor.



Bay Region – Poor nutrition situation persists

Bay region has in the past hosted many people and livestock who have migrated from other regions, placing further pressure on the limited resources in the region. Qansandhere District hosts people and livestock from Gedo, Bakool and other parts of Bay region as the area is more productive and had slightly better food stocks. The general condition of the livestock is now poor leading to low milk production and consumption.



FSAU sentinel site surveillance data from sixteen sites in Bay region showed fluctuating trends with generally high proportions of malnourished children. In Kanaanax and Bisigcade where data collection commenced in February, the first round indicated a high proportion of malnourished children. Two cases of oedema were identified, one in Dharqo and Ufrow sites.

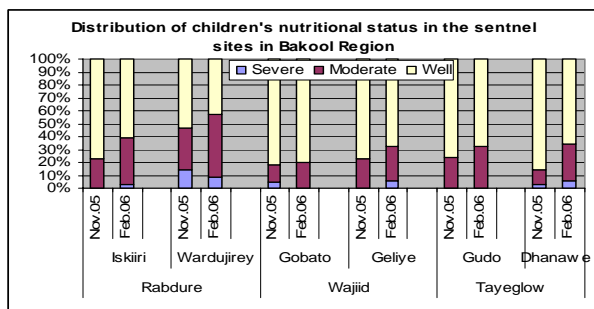
Food distribution by CARE to IDPs in Qansandhere District towards the end of January 2006 and WFP family ration distribution in Qansandhere town appeared to have positively influenced food consumption with increased dietary diversity being recorded in some areas. Decreasing diversity was also recorded in some areas. An increase in reported morbidity was recorded in almost all sites with diarrhoea and febrile illness being among the most common symptoms reported. Other diseases reported included measles, ARI, fever and common cold.

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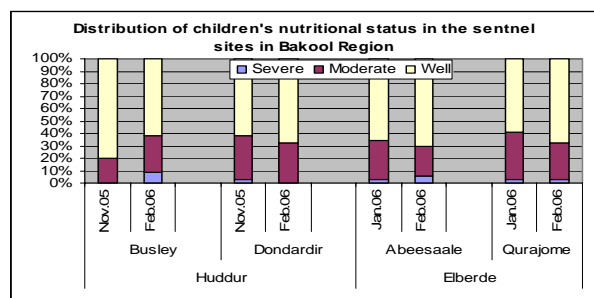
Limited access to water due to scarcity and high prices continues to be a major problem in the region. Overcrowding at the remaining water points is reported. UNICEF plans to distribute generators and oil to enhance water pumping in the region.

Bakool Region

The overall food security situation continues to worsen in the region. Following the recent nutrition assessments in Rabdure and Wajid, ACF opened a Therapeutic Feeding Centre in Wajid town on 18th March, 2006 and currently has 35 severely malnourished children admitted. The majority of the admissions come from Wajid town or the IDP camps. ACF now plans to undertake active screening and referral in surrounding villages.



Data from FSAU sentinel sites show a possible worsening nutrition situation and generally high levels of malnutrition although trends will become more evident in subsequent rounds. One case of oedema was identified in Geliye. High levels of malnutrition are attributed to low dietary diversity, in-migration of malnourished children from other regions and increased morbidity. An increase in incidences of diarrhoea and suspected malaria was noted in all sites. Cases of measles were reported in Tieglow District; however WVI is planning a measles campaign in the district. The therapeutic feeding centre in Huddur and supplementary feeding programme in Bordan, Isdorte and Rabdure indicate an increase in the monthly admissions of the malnourished children.

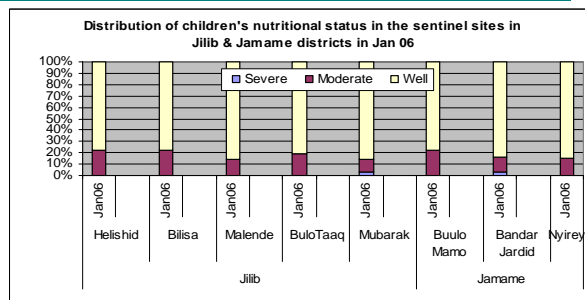


Milk availability in the region, particularly in Rabdure, Huddur and Wajid districts, is low and prices are high, thus reducing access for consumption. Improved dietary diversity and decreased morbidity was recorded in Elbarde District and Dondair in Huddur District.

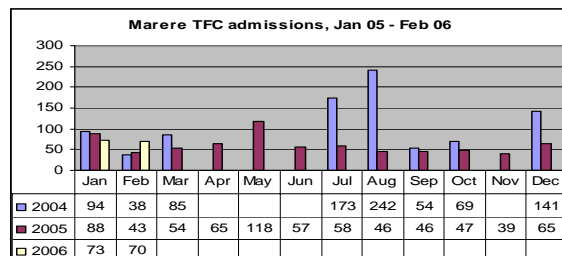
Humanitarian interventions undertaken in response to the deteriorating human and livestock conditions include: water trucking by ICRC (mainly in Rabdure, Elbarde, Huddur and west part of Wajid district) and ACF in different parts of Wajid district; general food distribution by ICRC (in selected villages in Huddur, Wajid and Rabdure and Qurajome village in Elbarde district). WFP has distributed family rations to families of malnourished children admitted in SFPs in Isdorte, Rabdure and Bodan. In early March 2005, World Vision commenced an SFP in Wajid town.

Juba Valley – Poor nutrition situation persists in riverine communities

In January 2006, the second round of sentinel sites surveillance was undertaken by FSAU in 22 sites of Middle and Lower Juba regions. This piece highlights findings in eight riverine sites, in Jilib and Jamame districts. (Findings for other 14 in February 2006 Nutrition Update).



Some factors likely to have influenced the malnutrition levels are the limited dietary diversity¹ for 20% of the assessed households in the preceding 24 hours and high morbidity with over 55% of the assessed children having suffered from an ailment in the preceding two weeks (recall period). Mitigating factors in the short term include the high consumption of mangoes that were in season; increased access to income through the sale of mangoes, vegetables and fodder to the in-migrant pastoral and agro-pastorals; improved access to milk and milk products following in-migration of livestock from the pastoral and agro-pastoral zones and improved access to cereal following general food distribution by the WFP in February/March in Jilib, Jamame and the surrounding districts of Bualle and Sakow.



Admissions of severely malnourished children to the MSF Holland managed TFC/SFP are high but consistent with past seasonal fluctuations. Humanitarian support to increase access to food, health services and recovery of livelihoods are recommended.

¹ Consuming three or fewer food groups, based on FAO food group classification

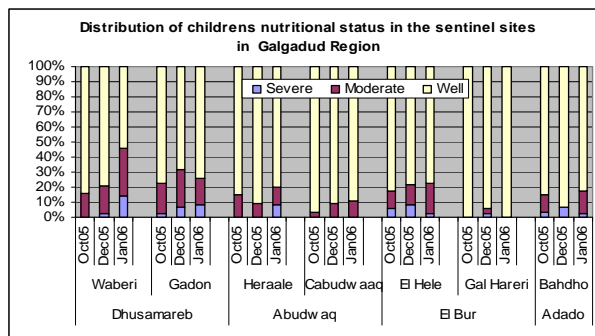
Galgadud Region

In January 2006, FSAU carried out the third round of sentinel sites surveillance in Galgadud in seven sites. Except for Galhareri, all sites indicate fluctuating trends and/or high levels of malnutrition.

Movement of vulnerable people to relatively stable areas accounts for some of the high levels of malnutrition observed in some sites for example Heraale, Cabudwaq and Bahdho that hosted a significant proportion of non residents.

In order of importance, cereals, sugar, milk, oil and pulses were the commonly consumed food groups. Overall, milk consumption improved in most sites. This was attributed to improved milk availability as a result of good pasture availability at the time. Levels of morbidity decreased in all sites except in Galhareri. The increase in Galhareri was associated with a reported measles outbreak.

Currently, water availability in especially in areas with non permanent water sources is on the decline while food prices are increasing. Polio vaccination by WHO, livestock related interventions by COOPI and provision of primary health care through MCH's by SRCS is ongoing in the region. UNICEF in collaboration with partners plans on undertaking measles immunisation campaign next week.

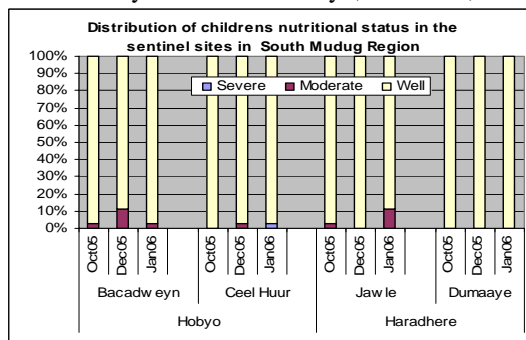


South Mudug Region – Nutrition situation within typical levels for the area

The third round of sentinel sites surveillance in South Mudug was undertaken in January 2006 in Bacdweyn, Ceel Hur, Jawle and Dumaaye. Again, no cases of malnutrition were detected in Dumaaye. Sugar, cereal, oil, milk and pulses were the commonly consumed food groups. Reports of common communicable diseases were high.

Most health facilities in the area indicated no notable trend in the proportion of malnourished children screened monthly. Eldere MCH recorded some increase. The increase was attributed to an increase in measles cases over the same period.

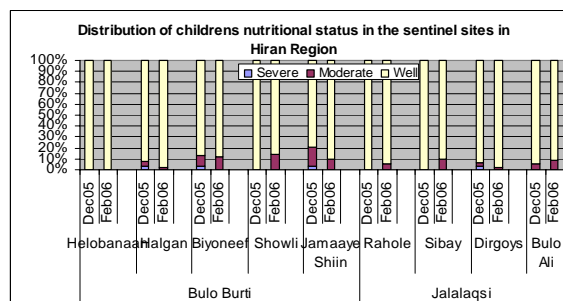
In March 2006, CARE distributed sorghum in Eldere and Haradhre Districts while support to health activities and livestock related interventions by CISP and VSF respectively are ongoing in the districts. The fourth round of sentinel sites surveillance will be undertaken in April 2006 in Bacadweyn, Ceel Hur and Jawle.



Hiran Region – Nutrition situation within typical levels for the area

FSAU undertook the second round of sentinel sites surveillance in Hiran region in February 2006 in nine sites located in the Hiran riverine and Hiran agropastoral livelihood zones. Among the children assessed in each site, malnutrition levels remained relatively low.

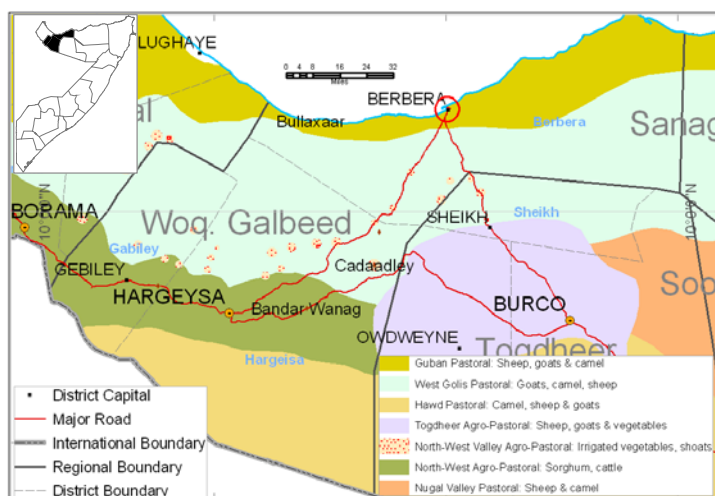
Dietary diversity is on the decline in most sites except in Jamaaye Shiin. In order of importance cereal, sugar, milk, pulses and oil are the commonly consumed food groups. Although cereals and other food stuffs are available in local markets, access is limited especially among the poor and middle wealth groups in Buloburti and Jalalaqsi districts and among the poor in Beletwein district. This is influenced by significant increases in e.g. cereal prices while incomes have significantly reduced.



Levels of childhood morbidity remained high but similar to those observed in December 2005 across the sites except in Biyoneef where there was a decline. Overall, levels of malnutrition are estimated to be consistent with long term levels.

Berbera. High malnutrition rates in poor urban settlements

Berbera district is one of the five districts in Sahil region with a population of about 60,750 (WHO, 2004). The main livelihoods in Berbera are Urban and Pastoral. Fishing activities are also undertaken along the beaches of the Gulf of Aden. Significant variations in weather patterns occur in these ecological zones leading to seasonal movements of population within the region in some periods to and from the coastal belt and cool mountainous areas in May and August respectively. Berbera town is the capital of the region and serves as the main entry port for imported food and non-food commodities to Somaliland and to Ethiopia. It also serves as the main export facility for livestock to the Gulf States. Berbera attracts a large number of displaced and immigrant populations both from the region and different parts of Somaliland largely in search of employment opportunities at the port. There is therefore a large vulnerable population of immigrant labourers in Berbera, most of who live in the squatter villages of the town with significant reliance on casual port activities as an income source.



A total population nutrition assessment was conducted between 4th and 10th March 2006 by FSAU in collaboration with the Ministry of Health and Labour (MOHL) to determine the nutrition status and associated influencing factors among children aged between 6 - 59 months or 65 - 110 cm tall using weight for height index and to provide recommendations for interventions based on the findings.

A total of 227 children (aged 6-59 months) were assessed from 132 households, of whom 43.2% were boys and 56.8% girls. The global acute malnutrition rate (WHZ<-2) was 16.3% while severe acute malnutrition (WHZ<-3) was 2.2%, higher than the typical levels estimated in the surrounding settled population but consistent with levels seen in other displaced and urban poor groups. No oedema case was detected. Malnutrition showed significant association with diarrhea (p=0.049). Malnutrition did not show any variation between sexes or age

Variable	n	%
Total Households Assessed	132	100
Mean household size	7.1	SD=3.5
Global acute malnutrition (WHZ<-2/ oedema)	37	16.3
Severe acute malnutrition (WHZ<-3/ oedema)	5	2.2
Proportion with diarrhea two weeks prior to survey	50	22.0
Proportion with ARI two weeks prior to survey	65	28.6
Proportion with suspected measles one month prior to survey (N=217)	1	0.5

groups. Households consumed an average 4.2 (SD=1.3) food groups, with about one third (30.3%) consuming three or fewer food groups, the level associated with increased risk of malnutrition in Somalia. Cereals, sugar and fats were the most frequently consumed by over 85% households.

Using Mid Upper Arm Circumference (MUAC) measurements, 0.9% of the 112 non pregnant women assessed were malnourished (MUAC<18.5 cm). About 20% of the 20 pregnant caregivers assessed were malnourished (MUAC <23 cm) while 10% were severely malnourished (MUAC <20.7 cm).

About 22% of the assessed children had diarrhea while 28.6% had ARI two weeks prior to the assessment. One suspected measles case was reported within one month prior to the assessment. Immunization coverage in the town was high following recent campaigns by UNICEF, WHO and the MOHL. About 89% and 95% of the assessed children had been immunized against measles and polio respectively while 91.2% had received vitamin A supplementation during six months prior to the assessment.

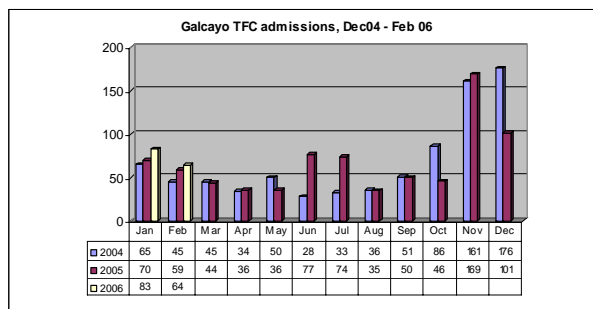
These results will provide useful information to contribute to a thorough analysis of the situation in Berbera. Short, medium and longer term interventions will be required to address the underlying issues.

North East: Nutrition situation remains typical in most areas

The nutrition status in most parts of the North East zone of Somalia is within the typical long-term range. However, there are a few pockets with higher malnutrition particularly areas hosting high proportions of Internally Displaced Persons (in Bossasso and Mergaga).

In eastern Sool Plateau, the Hawd and coastal deeh livelihoods zones, there is improved access to milk, attributed to increased camel milk availability and decreased prices. However, in Addun, decreased milk availability is reported and attributed to out migration of livestock to coastal deeh livelihood zone for pasture following some rains in January 2006. The coastal deeh livelihood groups have improved access to fish for consumption and/or sale during this fishing season, having benefited from some fishing gear distributed by humanitarian agencies. The MCHs in eastern Sool plateau (including Qardo, Dangorayo and Qarhis) report lower trends of acute malnutrition.

In the Karkaar, Gagaab and Golis livelihood zones (include districts of Allula, Qandala and Iskushuban), acute malnutrition is within the typical range estimates. A number of villages in these districts are faced with critical water shortage, with most of the barkedes either having dried up or containing little, and unsafe water for human consumption. This is negatively impacting on nutritional status.



The nutrition status of IDPs is still worrying. The admissions into the TFC in North Galcaayo are high (refer to the chart), with most of the severely malnourished children coming from IDP families in Bossasso and Mergarga camps. The low and irregular incomes and high levels of communicable diseases related to poor living conditions are among the factors contributing to malnutrition.



The photo shows a section of Bossasso IDP Camp.

Training and courses announcements

- As part of its short courses in improving quality of health care, the Regional Centre for Quality of Health Care will be offering courses in i) Improving the quality of care of malaria control services, 5th to 16th June 2006 ii) Improving the quality of care of tuberculosis control services, 10th to 21st July 2006. Both course target operational personnel with 31st March, 2006 being the deadline for submitting applications. For more details contact rnauma@rcqhc.org or mail@rcqhc.org or visit www.rcqhc.org.
- Public Health in Complex Emergencies Training Program to be held at Makerere University Institute of Public Health (MUIPH) in Kampala on November 6-18, 2006. For more details, contact pnalubega@iph.ac.ug.

Other related publications

- FSAU Food Security and Nutrition Monthly Brief, March 2006
- FSAU/FEWSNET Market Data Update, February 2006.
- FSAU/FEWSNET Climate Data Update, February 2006.
- FEWSNET/FSAU Somalia: Food Security Emergency, February, 2006.
- FEWSNET Special Report: Somalia – The impact of piracy on livelihoods and food security in Somalia. December 2005



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