



Food Security Assessment Unit

NUTRITION UPDATE



Food and Agriculture
Organization of the
United Nations
MAY 2003

OVERVIEW

In Gedo, efforts by numerous organisations to support more sustainable interventions have failed due to insecurity and lack of access. Therefore, this period of *relatively* good food security cannot be fully exploited to ensure a good recovery of livelihoods in the region. Unfortunately, the implications of this are that the population of Gedo will face the next food security crisis with less resilience than the last, and the consequences will inevitably be worse than those we have seen last year.

On the other hand, some valuable lessons can be learned from the projects that continue to be implemented in highly food insecure areas of Gedo. Efforts to support projects in education, food security and credit are producing interesting results in strengthening household purchasing power and ultimately improving diet and overall welfare.

Continued monitoring of the situation in Belet Weyne shows a gradually increasing level of coverage by the ongoing selective feeding programme. There is little evidence of increasing levels of malnutrition apart from fluctuations caused by the seasonal effects of communicable diseases. While the food security situation is now considered relatively normal in terms of household access to adequate calories, it seems evident that many of the poorer households are without access to the constituents of a basic healthy diet.

The recent baseline study in Hargeisa (FEWS and partners) confirms the findings of previous studies undertaken by FSAU in Somalia that show poorer households consuming diets with little diversity and many failing to meet minimal protein, iron, vitamin C and vitamin A requirements. These studies also show significant differences in diversity between the seasons of the year. Food security interventions that examine means to increase dietary diversity throughout the year need more careful consideration by all sectors. Increasing diversity will include making more foods more widely available, more easily accessible to all households and ensuring that households understand how to preserve the important nutrients during storage and preparation for consumption.

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GEDO

Although food security in the region is generally considered good, recovery from three years of drought in the region is slow. The Jilaal season was generally good compared to other dry seasons with the cost of water lower than normal, pasture and cereals available and the terms of trade favourable. Livestock are within the region because both pasture and water are available, and the livestock situation is considered the best in the last four years. Food availability has improved considerably but many of the poorer households continue to experience challenges in access to food of adequate quantity and variety.

General welfare and nutritional status of the population remains a concern to organisations operating in the area with access for the delivery of essential humanitarian assistance still hampered by episodes of insecurity. Records from the health facilities show that most of the malnourished children are from the poorer agro-pastoralist villages and with a high proportion of unsupported mothers. In addition to insecurity and access to food; other factors that contribute to the persistent malnutrition in the region include malaria, diarrhoea and ARI. During the month of April sporadic cases of measles were noted.

Although the access for international humanitarian organisations has been adversely affected by insecurity, some projects are in place which aim to support the longer term improvement of livelihoods in the region. These include the VSF Suisse supported pastoral assistance program that targets the pastoral and agro pastoral communities in Dolow, Elwak and Garbaharey districts. In areas bordering Kenya the Emergency Pastoralist Assistance Group supports interventions in livestock improvement, development of water resource and a health facility.

Trocaire supports the riverine community to acquire irrigation pumps and have so far provided the communities with 24 pumps on cost sharing basis. Trocaire also promotes energy saving stoves and a credit programme targeting women. In Belet Hawa, one hundred and fifty women have benefited out of which sixty are among the displaced people. The beneficiaries are engaged in small businesses that include vegetable selling, livestock trade and food kiosks. Some positive change has been noticed whereby the majority of the beneficiaries stated that they now consume three meals per day compared to one meal when they started. Gedo Health Consortium provides health and nutrition education to communities through the MCHs and outreach activities targeting mainly mothers, community health workers and traditional birth attendants.

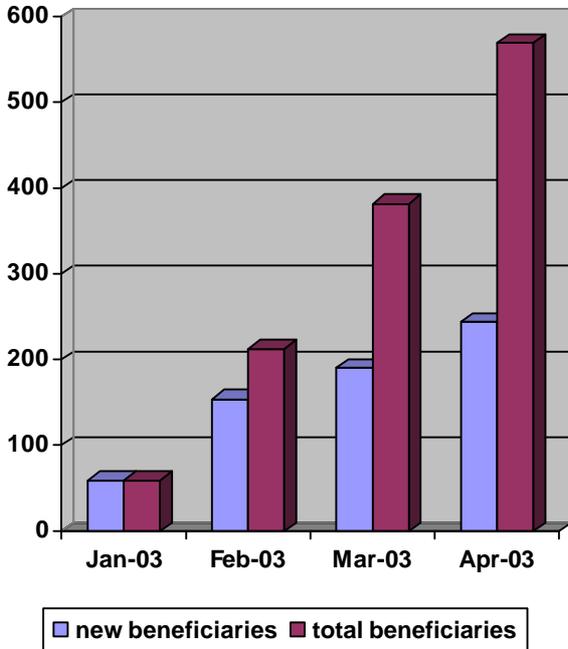
The FSAU Nutrition Surveillance Project is funded by USAID/OFDA

SURVEILLANCE PROJECT PARTNERS INCLUDE MOHL SOMALILAND, MOSA PUNTLAND, FAO, UNICEF, WHO, SRCs/ICRC, SRCs/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.

HIRAN – UPDATE ON BELET WEYNE

Household food security in Hiran Region is currently considered relatively close to normal although this continues to imply that poorer households are unlikely to be accessing diets of adequate quality or variety to maintain good nutritional status.

During April, the admission of significant numbers of new beneficiaries in the Supplementary Feeding Programme continued although analysis of the situation indicated that this is related to improving coverage of the intervention rather than to any serious deterioration in the situation.



Since the commencement of the Supplementary Feeding Programme (combined with family rations), IMC and partners (WFP, UNICEF, SC-UK and FSAU) have developed a better understanding of the high level of attendance for food and health services. In a recent review, it was shown that:

- ? Over 80% of those attending the programme are Belet Weyne town residents and mainly from the poorer parts of the town with the others from the surrounding areas.
- ? The causes of malnutrition (*as per carer's response*) were mostly illness related (mainly diarrhoea, malaria, bronchitis, TB) with 10% describing difficulty in accessing sufficient food due to poverty. This food access problem was especially prominent among female headed households.
- ? The SFP package which includes a family ration provided by WFP has contributed to the high level of coverage for the intervention.
- ? Water prices have increased by about 40% thus reducing the water accessibility at the household level.
- ? The incidence of acute watery diarrhoea among children under five years was particularly high in April with the morbidity surveillance report from WHO and IMC for Hiran region showing 331 cases in January, 131 in March and 524 in April. ARI among children increased from 4.8% to 7.2% although there was a decrease in malaria cases from 8.1 to 7.6%. Following the diarrhoea outbreak SRCS, IMC, SC-UK and WHO intensified

social mobilisation and campaigns focusing on chlorination within the town, health education, improved sanitation and personal hygiene. Supplies of ORS to the health facilities and health posts in the region were increased.

SRCS runs ten MCHs in the region while IMC runs one health facility and 36 health posts. SC-UK aims to address other underlying causes of malnutrition through interventions in the water sector, and an interagency cholera task force in the town uses a common approach in providing education and training. ADRA implements a food security project among the riverine food economy group that focuses on canal rehabilitation, training of farmers on improved agronomic practices and sensitising the target communities on health and nutrition in particular nutrition disorders and their prevention.

At this point, it seems likely that malnutrition rates in Belet Weyne are *within the range of the usual unacceptably high rates* seen throughout Southern Somalia. While it seems unlikely that this malnutrition is related to insufficient quantity of cereals at household level, *it is highly likely that inadequate diet in terms of quality and variety is contributing to the problem*. Addressing the underlying causes of malnutrition is a challenge to organisations in this environment of particularly difficult security conditions. Food aid based interventions in this situation are not designed to address the longer term problems but it is likely that they will continue to be used until the longer term approaches become more effective.

KISMAYO DISTRICT NUTRITION SURVEY COMPLETED

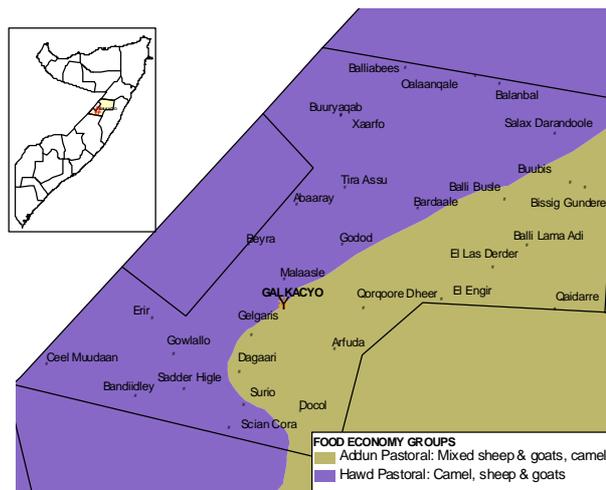
During May UNICEF, FSAU and partners conducted a nutrition survey in Kismayo District in Lower Juba Region. Although the area is not currently considered food insecure, years of conflict leading to displacement, disruption of economic activities and inadequate availability of basic services have had an impact on the overall welfare and nutritional status of the population. The preliminary survey results are now being discussed with partners and communities and a summary of the report will be available in next month's Nutrition Update.

HARGEISA

The Hargeisa nutrition survey, (preliminary results published in the March Nutrition Update) included the collection of mortality data using a revised methodology for the first time in Somalia. With the reported high rates causing concern, validation of the mortality data has been undertaken. Revised rates will be made available in next month's Nutrition Update, along with an interpretation of the figures.

GALCAYO – PREMIMINARY RESULTS OF NUTRITION SURVEY

Mudug region comprises the districts of Galcayo, Gologdob, Haradheere, Hobyo and Jariban. Galcayo District is the most populous with an estimated population of 95,055 (WHO 2002). The capital of Mudug region is the thriving trade town of Galcayo whose population has been gradually increasing with the influx of returnees and displaced people. The town is divided into four main sections, Israac, Garsoor, Hormar in the northern part (with the majority of the population) and Wadajir in the southern part. Goods from Bossasso and Berbera ports in the north, agricultural products from the south and livestock from Zone 5 of Ethiopia exchange hands in Galcayo.



In March 2002, a nutrition survey undertaken in Northern Galcayo town by UNICEF and the Ministry of Social Affairs showed Global acute malnutrition rates of 8.2% (95% CI 6.6% - 10.2%. W/H<-2 z-scores or oedema) and severe acute malnutrition at 2.1% (95% CI 1.0% - 3.2% W/H<-3 z-scores or oedema). This survey followed a period when IDPs, poor urban populations and poor pastoralists had been adversely affected by the continuing livestock ban, inflation, reduced remittances and by poor Gu and Deyr rains.

In April 2003, UNICEF in collaboration with MOSA and FSAU carried out a repeat nutrition survey in Northern Galcayo town aimed at assessing the nutritional status of children aged 6-59 months. Additionally the survey aimed at determining the potential risk factors associated with malnutrition, household characteristics and the coverage of measles immunisation, vitamin A supplementation and polio immunisation. Using a two-stage cluster sampling methodology, 923 children were surveyed in 523 households.

Preliminary survey results indicate a global acute malnutrition rate of 8.3% (95% CI 6.7% - 10.4%. W/H<-2 z-scores or oedema and severe acute malnutrition of 2.3% (95% CI 1.4% - 3.5%. W/H<-3 z-scores or oedema). The prevalence of oedema was 0.2%. The survey results indicate no significant difference in the rates between this and last year.

Variable	No.	%
Children under five years screened during the survey	923	100
Global acute malnutrition – W/H <-2 Z-score or oedema	77	8.3
Severe acute malnutrition - W/H <-3 z-score or oedema	21	2.3
W/H <-2 z-score	75	8.1
W/H <-3 Z-score	19	2.0
Oedema	2	0.2
% of children with diarrhoea in two weeks prior to the survey	70	7.6
% of children with ARI in two weeks prior to the survey.	86	9.3
% of children with malaria in two weeks prior to the survey	52	5.6
% of children that received Vitamin A within last six months	696	75.4
% of children immunised against Measles	581	69.3
% of children with measles last one month	13	1.4

Children in households headed by females were more likely to be malnourished – a feature that has not been evident in other surveys and this will require follow-up. The presence of acute respiratory infections was also associated with acute malnutrition.

Almost all (99.4%) the household reported purchases as the main source of food while casual employment was the key source of income for 42.6% of the households. The majority (84.5%) of the households reported borrowing as the main coping strategy. The

2002 Deyr rains in most parts of Mudug region were normal resulting in improved animal condition and milk availability. Additionally, a range of food items were available in the market although access to these remains a challenge for the poor. The daily labour wage rate in Galcayo at the time of the survey was 35,000 Sshs equivalent to 1.7 US Dollars but availability of casual labour opportunities was considered good.

Although three quarters of the children in the 6 to 23 month age group were fed four or more times a day, more than two thirds of these children were not breastfeeding. Half of the children stopped breastfeeding by the time they were six months old with the majority of these children being given complementary food during the first six months of life.

Although the town is served by a regional hospital and an MCH/OPD, the uptake of health services from these facilities is minimal with the majority (78.3%) seeking medical assistance from private clinics/pharmacies.

The malnutrition rates reported in this survey are relatively low in comparison to rates in other parts of Somalia. However, considering that food security was relatively 'normal' during and for a period preceding the survey and the economy of Galcayo is positive; the lack of improvement since the survey undertaken last year is disappointing. Lessons can be drawn from the situation in Galcayo which will allow us to develop an understanding of both positive and negative influences on nutrition. Adequate household income and good food availability certainly enable households to access food of adequate quantity and have a positive influence on nutritional status of the entire household. Having a continued negative influence on nutritional status are issues related to poor child feeding practices and inadequate access to good quality health services.

NUTRITION SURVEYS – PLANS FOR 2003

Dates		Area	Organisations	Status 26 th May 2003
January 2003	Somaliland	Hargeisa Returnees	UNICEF/MOHL/FSAU	Prelim. results available
March/April 2003	Puntland	Galcayo Town	UNICEF/MOH/FSAU/MSF-H	Prelim. results available
May 2003	South	Kismayo	UNICEF/FSAU	Prelim. results available
May 2003	Somaliland	Sool Plateau	FSAU/UNICEF/MOHL/NPA/SRCS	Underway
June 2003	South	Tayeglow - Bakool	FSAU/SRCS/UNICEF	Planned
June 2003	Somaliland	Sanaag	UNICEF/MOHL/FSAU	Planned
June 2003	Bakool	Elberde/Huddur	IMC/FSAU/UNICEF	Planned
June 2003	Puntland	Bosasso	UNICEF/MOH/FSAU	Planned
July??? 2003	South	Belet Weyne	UNICEF/FSAU/IMC/SRCS	Planned
July – Aug 2003	South	Haradheere	FSAU/CISP/UNICEF	Planned
May – July 2003	South	Micronutrients survey all zones	UNICEF	Planned
August 2003	Somaliland	Haud of Togdheer	FSAU/MOHL/UNICEF	Planned
August 2003	Somaliland	Burao IDPs	FSAU/MOHL/UNICEF	Planned
August 2003	Puntland	Kandala, Iskushuban, Gardo	UNICEF/MOH/FSAU	Planned
Sept/Oct 2003	South	Dinsor	IMC/UNICEF/FSAU	Planned
Nov/Dec 2003	Puntland	Jeriban & Galgodob	UNICEF/MOH/FSAU	Planned
2003	Somaliland	Awdal	FSAU/UNICEF/MOHL	Planned
2003	Somaliland	All regions (IDD)	UNICEF	Planned

FSAU TRAINING – ‘DATA COLLECTION, INTERPRETATION, ANALYSIS AND USE’

Dates 17th to 19th June 2003 in Bossasso. For more information please contact sicily@fsau.or.ke

TRAINING COURSES & ANNOUNCEMENTS

The Regional Centre for Quality of Health Care, Makerere University, will be offering a Post Graduate Diploma in **Quality of Health Care**, in Uganda from 11 - 22 August 2003 targeting senior and middle level managers. The course aims at teaching health care providers a comprehensive approach for identifying gaps in the quality of health care provision among other issues. For more details contact the Course Coordinator at Email: mail@rcqhc.org or smagero@rcqhc.org.

WEBSITES

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

UN Somalia Website . http://www.unsomalia.net/FSAU/nutrition_updates.htm

ReliefWeb. <http://www.reliefweb.int/w/Rwb.nsf/vLCE/Somalia?OpenDocument&StartKey=Somalia&Expandview>

Nutritionnet:

RECENT REPORTS

- ☞ **Monthly Food Security Report for Somalia, FSAU.**
- ☞ **Greater Horn of Africa Food Security Bulletin.** Issue No. 11. April 30, 2003. FEWS NET/LEWS/RCMRD/USGS
- ☞ **Kenya Food Security Update.** May 8, 2003. FEWS NET and WFP.
- ☞ **Kenya Vulnerability Update.** May 15, 2003. FEWS NET and WFP.
- ☞ **Ethiopia Network on Food Security.** Issue No. 4/03. April 22, 2003. FEWS/NET/EU -LFSU.
- ☞ **A Vulnerability Update, Middle Juba.** April 9, 2003. FEWS/NET.



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