

OVERVIEW

During May, escalation of fighting in Gedo, general insecurity throughout the country and restrictions in cross border travel have once again seriously curtailed all humanitarian activities in the country.

The nutrition survey in Jilib District is currently underway and planning for a survey in the Sool Plateau is at an advanced stage.

The third round of surveillance in Sool Plateau suggests a deterioration in adult nutritional status.

A number of interventions provide support to vulnerable populations in Sool Plateau, Hawd of Togdheer and Juba Valley, while the poorer and internally displaced populations in and around Mogadishu continue their struggle for survival.

A rapid nutrition assessment in Belet Weyne indicates that while accessing a good diet can pose challenges for the poor; good availability of food and functioning social support systems are contributing to maintenance of good nutritional status.

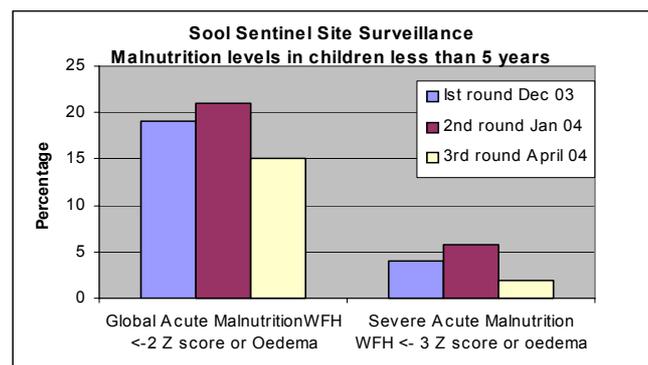
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SOOL PLATEAU - third round of sentinel site surveillance

FSAU has continued to monitor a number of nutrition and food security indicators through a Sentinel Site Surveillance system. During April the Gu rains have been scanty and inadequate in most areas of the plateau of Sool and Sanaag Regions, triggering migration of large numbers of livestock into the areas that received rains. Deaths of livestock continue, along with rising destitution in Sool plateau and neighbouring Nugal valley FEZ, especially Taalex and Huddun Districts. (FSAU Food Security report May 2004).

Between 20th and 27th April 2004, FSAU conducted the 3rd round of sentinel site data collection in the plateau of Sool and Sanaag. Preliminary results indicate global and severe acute malnutrition rates (weight for height z-scores) of around 15% (CI:12-18.5%) and 1.9% (CI:1-3.4%) respectively of the 482 children screened during the activity. *A one month retrospective crude and under five mortality rate of 0.96/10,000/day and 2.3/10,000/day respectively was also reported. Nutritional screening of women of reproductive age using measurement of Mid Upper Arm Circumference showed a steady deterioration during the three rounds – from 17% (MUAC less than 21cm) in December; to 23% in January; to 33% of the 362 women assessed in April. The relationships between the decreasing child malnutrition and apparent significant increase in adult malnutrition require further study and understanding.*



UNICEF, FSAU and partners plan to undertake a nutrition survey in Sool plateau starting between 25th May and 8th June 2004.

JUBA VALLEY - nutrition survey in progress

The previously interrupted nutrition survey in Jilib District is once again underway. Preliminary results will be available in next month's Nutrition Update.

GEDO - fighting further curtails humanitarian interventions and causes displacement

The renewed clashes in May 2004 between rival militia in Belet Hawa have had a further significant negative impact on the chronically vulnerable Belet Hawa community. The hospital was looted and its operations are now minimal. The only TFC in the region, supported by Gedo Health Consortium in Belet Hawa, closed following the recent fighting when most of the beneficiaries returned to their homes. It is estimated that around 3000-3500 IDPs fled to Luuq and other areas of North Gedo.

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

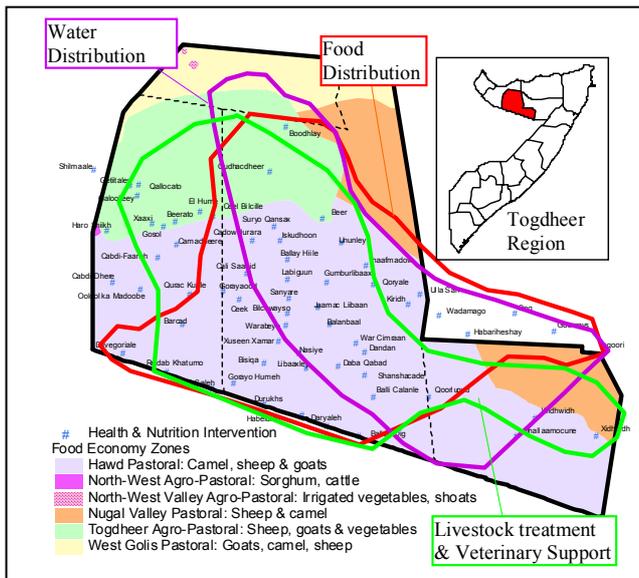
SURVEILLANCE PROJECT PARTNERS INCLUDE MOHL SOMALILAND, MOSA PUNTLAND, FAO, UNICEF, WHO, SRCS/ICRC, SCRS/IFRC, WVI, GEDO HEALTH CONSORTIUM, IMC, MSF-S, COSV, AAH, MUSLIM AID-UK, INTERSOS, CISP, ZAMZAM FOUNDATION, COMMUNITIES OF WABERI, HAMARWEIN AND HAMAR JABJAB, IRC, ACF, COOPI, MSF-H, MSF-B.

SOMALILAND - second round of interventions in the Hawd of Togdheer Region

Following the onset of 2004 Gu rains in April 2004 in the drought affected areas of the Hawd of Togdheer, much of the population and livestock that had earlier migrated to Zone Five, Ethiopia have returned to the area.

Malnutrition levels still remain high in the Hawd of Togdheer as shown in the results of a nutrition screening undertaken among children below five years during the second round of interventions completed in early April. A total of 5300 children were screened in 161 villages - an increase from the 3219 children screened in 149 villages during the first round of the interventions. Overall, 17% of the children screened were malnourished (WFH <80% of median or oedema). About 3% of the children were severely malnourished (WFH <70% of median or oedema). The levels of malnutrition observed are similar to those observed during the first round of the interventions.

The intervention package consisted of treatment of illnesses on an out patient basis, immunisation, supplementary food and family ration for malnourished children, vitamin A supplementation, general food distribution, water distribution, treatment of livestock diseases and supply of veterinary drugs. The interventions were implemented in various villages as shown on the map. Participating agencies included SC-US, UNICEF, WHO, MOHL, Havayoco and Candlelight.



FSAU and partners continue to closely monitor the situation in the Hawd of Togdheer. The third round of the interventions has been completed and the details will be shared in June.

BENADIR - rapid assessment of IDPs in Mogadishu

The displaced population, estimated at 230,000 persons and the poor urban residents of Mogadishu remain chronically vulnerable. Insecurity in the area has limited the possibility to undertake a nutrition survey among these populations. A past rapid nutritional assessment among children under the age of five in the IDP camps in August 2002 showed unacceptably high malnutrition rates of **39%** (MUAC <12.5 cm or oedema). Most of the health facilities in the region continue to record high proportions of malnourished children screened in recent months and the ACF managed therapeutic feeding centres (TFCs) continue to admit almost ninety severely malnourished children each month.

To assess the current nutrition situation of Mogadishu IDPs, FSAU conducted a rapid nutrition assessment using measurement of Mid Upper Arm Circumference (MUAC) among young children in six IDP camps between 19th and 21st April 2004. The assessment also sought to identify the principle factors influencing the nutritional status of the IDP communities. A total of 515 children between 12 and 59 months were randomly selected for measurements and qualitative data collected from their respective households.

As detailed on the table, assessment results showed that **15%** of the children were malnourished (MUAC <12.5cm) and 1.4% were severely malnourished. The result showed an improvement in nutritional status compared to the last assessment in 2002

Name of the Camp	Oedema	<11.0 cm	≥11.0/<12.5 cm	≥12.5/<13.5 am	≥ 13.5cm	Total
Coca-cola	0	1 (0.9%)	19 (17.2%)	40 (36.3%)	50 (45.5%)	110 (100%)
Dhakajo	0	1 (1.8%)	13 (23.6%)	15 (27.3%)	26 (47.3%)	55 (100%)
Stadium Mogadishu	3 (5.7%)	2 (3.8%)	7 (13.2%)	17 (32%)	24 (55.3%)	53 (100%)
Fardowsa	0	0	7 (7%)	32 (32%)	61 (61%)	100 (100%)
Shabelle	0	1 (1%)	16 (17%)	24 (24%)	59 (59%)	100 (100%)
Arjisagoor	0	0	8 (8%)	30 (30%)	62 (62%)	100 (100%)
TOTAL	3 (0.5%)	5 (0.9%)	70 (13.6%)	158 (30.7%)	282 (54.7%)	515 (100%)

MUAC assessments in Mogadishu IDP camps

which was undertaken following the closure of Barakat money exchange agency and burning of Mogadishu main Bakara market.

Imported and locally produced foods are available in the market but vulnerable population like the IDPs can not readily access the foods due to low incomes and limited income opportunities.

IDPs reside in shanties and abandoned buildings that are crowded and unsanitary,

childcare practices are suboptimal within the camps, most of the health facilities in the area have been reporting high cases of watery diarrhoea, measles and TB while insecurity continues to have a direct negative effect on the income available to many households in the IDPs camps.

However, over the past six months, the World Food Programme (WFP) has implemented a food assistance programme in the displaced people's camps consisting of the regular distribution of both a mixed basket of family rations and blended food. A number of Islamic organisations have also provided food and material assistance. These interventions appears to have contributed significantly to the improvement in the nutritional status of these highly vulnerable groups.

HIRAN - rapid nutrition assessment in Belet Weyne indicates good nutritional status

As part of FSAU’s nutrition surveillance activities, a rapid assessment was undertaken in Belet Weyne town between 28th and 30th April 2004, in collaboration with IMC and SRCS. The assessment was prompted by reports of increasing numbers of malnourished children presenting at the ongoing supplementary feeding programmes. The objective was to determine the nutrition status for children aged 12-59 months using Mid Upper Arm Circumference (MUAC) and to establish possible factors influencing it.

Belet Weyne town is divided into four sub-sections namely: Hawl Wadag, Hawa Tako, Koshin and Bundo Weyne. There are some long term displaced households living in Hawl Wadag and Bundo Weyne. These households have similar livelihoods to the rest of the urban poor population, but there is a small number of very poor households (estimated at around 150-200) who live in this area and who struggle for survival¹. According to WHO/NIDS figures the population of the town is estimated at 56,000 and includes five main clans.

The better off and middle income urban households have a variety of income options including businesses, maintenance of livestock in rural areas, economic opportunities including skilled employment, milk sales, some agricultural production and remittances from abroad. For the poor and very poor, unskilled labour provides the most common source of income with a decline in opportunities occurring between July and September related to reduced port activities during the *hagaa* season. During this period the agricultural activities alone can not meet the high demand for casual labour. Social systems are strong in Belet Weyne with close inter-community ties, with poor households assisted in times of need.

The assessment used both quantitative and qualitative data. Data were collected for children aged 12-59 months and included the child’s mid upper arm circumference (MUAC) measurements, presence of oedema, number of feeds in the last 24 hours and illness in the one month. Qualitative data on care practices and food security related factors was collected through focus group discussions, key informant interviews, direct observation and secondary data review.

The assessment was conducted in the four main sections of Belet Weyne. The sections were further divided into 16 subsections. A total of at least 57 children per sub section were randomly identified and assessed thus making about 228 children per section. Nine hundred and nineteen children aged 12-59 months from the four sections of Belet Weyne were assessed. The table below indicates the nutrition status of the assessed children.

Section	Oedema	<11 cm	<12.5 cm	>-12.5- < 13.5cm	> 13.5 cm	Total
Hawal Wadaag	0	0	9	50	169	228
Koshin	2	1	11	16	201	231
Hawa Tako	1	0	3	25	199	228
Buudu Weyne	1	1	16	35	179	232
Total	4 (0.6%)	2 (0.2%)	39 (4.2%)	126 (13.7%)	748 (81.3%)	919

Out of the total children assessed 30 (3.4%) children were beneficiaries of the SFP. Total/global acute malnutrition (MUAC<12.5 cm or oedema) was **5%** while severe acute malnutrition (MUAC<11cm or oedema) was **0.7%**. Oedema alone accounted for 4 cases (0.6%) while 14% of the children were at a risk of malnutrition. An assessment conducted using similar methodology (MUAC) in September 2002 showed significantly higher rates of malnutrition with global acute malnutrition (<12.5 cm) at **25%**, severe acute malnutrition (<11cm) at **5%** and children at risk at 30%

Rapid assessment in Belet Weyne town

Overall, the prevalence of diseases among children one month prior to the assessment was low. The incidence of diarrhoea was 10.7%, malaria 3.4%, worms 2%, ARI 1.3% while 0.1% of the children were reported to have suffered from measles. The assessment further revealed that on average children were reported to have been fed 5 times within a 24 hour period. The number of feeds reported included snacks, main meals and breastfeeding.

The low levels of malnutrition observed can be attributed to several factors. The food situation in the town is normal for the middle and the better off. The poor on the other hand are experiencing food access problem as result of price increase by about 25-30% and with limited income earning opportunities. Nevertheless, the low levels of malnutrition suggest that children are not being significantly affected yet by the reduced food access although adults in some poorer households are reported to be reducing meals. Households are coping through social support, loans, and change from more expensive to cheaper cereals.

The Supplementary Feeding Programme in Belet Weyne continues to report high numbers of beneficiaries. Further understanding of the source of the beneficiaries and the admission/discharge criteria will assist in explaining this.

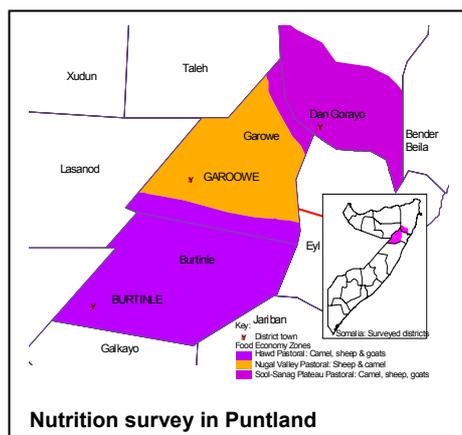
PUNTLAND - Nugal Region nutrition survey

A survey was carried out by ACF between 21st of February and 2nd of March 2004 in Garowe, south of Dangorayo and Burtinle Districts of Nugal Region. Nugal is a region of Puntland extending over 27000 km2 with an estimated population of 120,755 people according to Ministry of Health estimation. The area borders Sool region in the North West, Bari region in the north, the sea on the East and Mudug region in the south and the Ethiopia in the West. The food economy groups comprise of pastoralists who form about 70% of the population keeping mainly camels, goats, sheep and cattle, the urban about 20% and the fishermen who form 10% of the population.

The survey was carried out during the dry Jilaal season. By this time most of the livestock had migrated in search of water and pasture to the border of Ethiopia and the coastal area of Eyl. While seasonal migration is a common phenomenon for the

¹ Belet Weyne Urban Livelihood Assessment, SC-UK. July 2003

pastoralists, these migrations have tended to become permanent due to successive three years of drought which have resulted in the depletion of pasture and water sources. The richer households were mainly the ones who moved while the poor households moved to closer villages or urban centres in Burtinle and Garowe. Some of the households split; the men moved with the livestock while women and children stayed behind.



The effect of the drought has been massive livestock deaths (20% to 80% depending on the species and the area), loss of normal income sources mainly through milk and sales of animals, high increase in prices of water, increased indebtedness and for the worst affected populations, the inability to access food.

ACF carried out the nutrition survey to evaluate the prevalence of acute malnutrition in children aged 6- 59 months old or 65-110 cm height/length and to estimate the measles vaccination coverage among children aged 9-59 months old. A total of 949 children were assessed using a two stage cluster methodology.

The survey results indicated a global acute malnutrition for children 6-59 months (WFH <-2 Z score or Oedema) of 15.9% (CI 12.7-19.6) and severe acute malnutrition (WFH <- 3 Z score or oedema) of 3 % (CI 1.7- 5.1). Oedema accounted for 12 cases (1.3%). Further analysis showed that global acute malnutrition for children 6-29 months was higher at 18.8% (CI 13.7 25.1) and severe acute malnutrition at 5.2% (CI 2.6-9.5). The difference in prevalence rates

between children 5-29 months and 30-59 months was found to be statistically significant and children younger than 30 months old were 1.3 times at a higher risk of being malnourished than the age group 30 -59 months old. The results further revealed low immunization status. The children 9-59 vaccinated according to card or recall by mother was slightly more than half 52.3% although out of this only 3.2% could be confirmed by card.

While no surveys are available for direct comparison, previous studies in Puntland have indicated malnutrition rates generally under 13% with a tendency in many surveys to rates under 10%. The results of this survey therefore indicate a situation that is high by normal standards in Puntland. Malnutrition in younger age-groups is usually associated with child feeding practices, general child care and morbidity which in turn are strongly influenced by access to appropriate weaning foods, socio-economic status of carers, access to health services, water and environmental sanitation etc. The low purchasing power and loss of animals for many households was thought to have contributed to a generally low consumption of milk and the reduction in feeding occasions for young children.

Nutrition Working Group activities in Hargeisa and Nairobi

The quarterly Health and Nutrition Coordination meeting in Somaliland was held on 27th & 28th April in Hargeisa. Ongoing interventions in Sool, Sanaag and Togdheer were discussed. The development of a micronutrients policy for Somaliland will be discussed during forthcoming meetings of the Somaliland Nutrition Working Group.

The SACB Nutrition Working Group in Nairobi expressed concern over the possibility of flooding in riverine areas. An increase in cholera cases was reported in Mogadishu cholera treatment centres and measles cases have been observed in Sheik Nur settlement camp in Hargeisa and the Awdal region of Somaliland. Members called for active surveillance of the reported diseases. The group is currently reviewing the draft protocol for supplementary feeding and UNICEF plans to undertake training for partners on the implementation of the new protocol in July 2004.

Training courses and announcements

AMREF International Training Programme is offering courses on (i) Research for Health and Development (June 2004) and (ii) Training of Facilitators (August 2004). Email: amreftraining@amrefhq.org. Website: <http://www.amref.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>

SACB Website: <http://www.sacb.info/commitees/health/Working%20Groups/Nutrition/Nutrition%20Update%20January%202003.pdf>

Recent reports

- Monthly Food Security Report for Somalia, FSAU.
- Flood Watch Somalia. April 29, 2004. FAO-SWALIM/FEWS NET
- Kenya Vulnerability Update May 14, 2004 FEWS NET/MOA/WFP



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