

## OVERVIEW

During October and November, all food security indicators in Sool Plateau continued to deteriorate and FSAU nutritionists followed up on reports of increasing malnutrition in areas hosting newly displaced households. The capacity of households to maintain the nutritional status of their younger members has been a subject of much discussion and the issue has prompted detailed analysis of the culture, traditions, social support mechanisms, coping mechanisms and resilience of this particular group.

### *In this issue of 'Nutrition Update';*

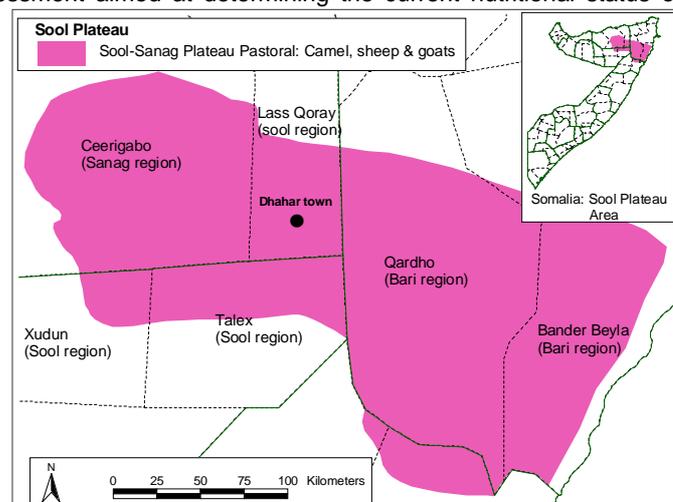
Sool Plateau	1
Burao IDPs nutrition survey	2
Tayeglow nutrition survey	4
Nutrition surveys and other info	6

What has become clear is that in some cultures and livelihood groups, food intake and investment in health care will deteriorate very early in a crisis while in others; all efforts are made to prioritise the maintenance of a basic diet. Strong social support has been a key feature of survival in the Sool Plateau in recent months. The recent commencement of population movement from pastoralist areas towards the urban centres along with the cessation of loans for water purchase now signal the first stages in the collapse of this vital support.

## SOOL PLATEAU

In late October 2003, health workers reported an increase in malnutrition and deaths in Dhahar District of Sool Plateau. During the second week of November, FSAU Nutrition Monitors made an immediate follow-up with a rapid assessment, in collaboration with MOHL and Horn Relief. The assessment aimed at determining the current nutritional status of under-five children in the district in addition to providing an update on the drought situation in the area. Using weight for height measurements, a total of 540 children were randomly assessed in some<sup>1</sup> villages in the district. Assessment results showed a global acute malnutrition rate of 13.7% (weight for height <-2 z-score or oedema) and a severe acute malnutrition rate of 3.5% (weight for height <-3 z score or oedema). These results are similar to those reported in the May/June 2003 nutrition survey which indicates a poor nutritional status.

Significantly, the level of malnutrition appeared higher among children who had recently arrived to the villages from surrounding rural areas and the number of malnourished children seeking assistance from the MCH centre had also increased.



In addition to early indications of further increases in malnutrition, two other issues of great significance were noted in this assessment. The first of these is the cessation in some areas of the practice of selling water 'on loan' to pastoralists. This credit system has maintained many herds and households in recent months, and its collapse means that poor pastoralists can no longer provide water to their animals. The second issue is the increase in population movement from pastoralists to the urban areas with near-destitute pastoralists arriving in urban areas in poor condition and reported to be stretching the resources of their relatives.

The food security situation in Dhahar District and the Sool plateau as a whole continues to deteriorate. The purchasing power of pastoralists has dramatically reduced following cumulative livestock losses; significant drop in livestock reproduction, reduced milk production and loss in livestock body condition hence cannot fetch favourable market prices. Water availability continues to pose a major challenge with most of the pastoralists relying on water trucking. The water prices have further increased by 250% compared to the pre-drought period, increasing stress on the expenditure of these

<sup>1</sup> Towns or villages assessed include Dhahar, Baraagaha Qol, Hingalool, Balibusle and Kala-dhacda.

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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.

families who have reduced expenditure on food items and animal health services. With the failed Deyr rains, the situation will deteriorate further with the next possibility of rains being in April 2004 (Gu rains).

Social support from relatively better off families and charcoal burning have been the key coping mechanisms applied by the pastoral population. However, trees in most areas are gradually getting depleted. In the meantime, most of the pastoral families have migrated to the coastal areas or major towns seeking assistance. With the prevailing food security conditions and the unsustainable coping mechanisms, the nutritional status of this population could only deteriorate in the absence of any interventions.

FSAU continues to closely monitor the situation in the Sool Plateau; and in the coming week plans to strengthen its capacity to monitor changes in trends of key indicators through the introduction of a nutrition and food security surveillance system in a number of sentinel sites.

**Recent nutrition assessments in Sool Plateau**

- o In May/June 2003 FSAU in collaboration with UNICEF, MOHL and SRCS carried out a nutrition survey in Sool Plateau which reported a global acute malnutrition rate (weight for height <-2 z-score or oedema) of 12.5% (CI: 10.5% - 14.9%) and a severe acute malnutrition rate (weight for height <-3 z score or oedema) of 1.8% (CI: 1.1% - 3.0%). A mortality rate of 1.9/10,000 children/day symbolizing an alert situation was also reported.
- o In July 2003 and August 2003, FSAU highlighted an increase in the numbers of malnourished children seen in Central Lasanood and Huddun MCHs (see July and August 2003 Nutrition Updates). Additionally, the incidences of respiratory infections, diarrhoea and other communicable diseases in these MCH's had also increased.
- o An interagency assessment undertaken in October 2003 in the Plateau focussing on ten villages highlighted as vulnerable revealed a global acute malnutrition rate of 6% (MUAC <12.5 cm or oedema). While the observed malnutrition rate did not indicate a significant deterioration in the populations' nutritional status, an increasing number of pockets with higher rates and a gradual increase in the numbers of children screened at supplementary feeding centres were noted. Factors aggravating the poor nutritional status in the plateau e.g. water shortage, and pasture reduction further prevailed.

Following the interagency assessment in Sool Plateau the need for an immediate, concerted and coordinated response to the humanitarian crisis in the area was highlighted. Immediate and long-term recommendations were agreed upon as presented below. (For more details see final report on the Interagency Assessment).

*Immediate actions to run for a 6 month period till the start of the next Gu season in April/May 2004, with possible extension if the situation does not stabilize and should be implemented in two phases.*

- o Phase one (November 2003 to January 2004) – intensification of targeted family rations by WFP alongside UNICEF's supplementary feeding programme to screened children, monitoring of the health and nutrition situation will form a key part of these activities; cash assistance to allow communities meet their non-food needs especially water, transport for livestock and/or people and to some extent pay up for accumulated credit; emergency water provision; emergency health services provision and veterinary services.
- o Phase two (February to April 2004) – cash or food for work projects with the latter being recommended if food for work is not possible or delayed and emergency borehole repair.

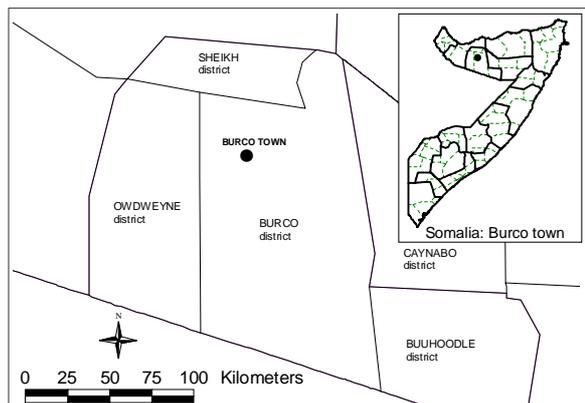
*Long-term interventions aimed at addressing the underlying environmental, income and range management problems in the area include:*

- o Establishment of initiatives that will provide alternative incomes for 'pastoralists in transition' e.g. fishing, micro-credit provision, frankincense production and poultry keeping.
- o Restocking pack camels.
- o Strategic development of community based water management alongside community based work to develop more sustainable range management practices.
- o Control of existing charcoal trade by working with producers to develop alternative incomes and sustainable charcoal production systems in future.
- o Expansion of the existing community based veterinary services.
- o Improvement of livestock marketing systems based on systems developed in similar pastoralist areas in Africa.
- o Rehabilitation of existing learning and training centres or establishment in areas with none with an aim of providing education and skills to youth, women, IDP and returnee populations.

**BURAO IDPS NUTRITION SURVEY**

Burao town in Burao District, Togdheer Region hosts four main settlement camps namely Kosaar, Siibakhti, 15 May and Ali Hussein. The majority of the population of over two thousand are returnees and displaced people from South Somalia and Ethiopia and although some have been in the area for around ten years, new arrivals from Ethiopia continue to take up residence within the informal settlements.

Availability of basic infrastructure and amenities in these camps is minimal. The housing structures comprise of mainly makeshift shelters which predispose the occupants to common communicable diseases including respiratory tract infections and tuberculosis. Health services and water availability within the camps is minimal with only one health



post and borehole (which reportedly yields salty water) in Kosaar camp. Hence, these populations have resorted to seeking these services from Burao town. In addition to having minimal assets, the means of livelihood are limited and unreliable. Limited information on the nutritional status of this population is available.

FSAU in collaboration with the Ministry of Health and Labour (MOHL) and the Somali Red Crescent Society (SRCS) carried out a nutrition and mortality survey in these settlement camps between 22<sup>nd</sup> and 27<sup>th</sup> October 2003 aimed at understanding the nutritional status of children aged 6 - 59 months or 65 - 110 cm tall. The survey also sought to

Indicator	No.	Proportion
Children under five years screened during the survey	359	<b>100</b>
Global acute malnutrition – W/H <-2 Z-score or oedema	55	<b>15.3</b>
Severe acute malnutrition - W/H <-3 z-score or oedema	7	<b>1.9</b>
Oedema	1	<b>0.3</b>
% of children with diarrhoea in 2 weeks prior to the survey	87	<b>24.2</b>
% of children with ARI in two weeks prior to the survey.	108	<b>30.1</b>
% of children with malaria in 2 weeks prior to the survey	27	<b>7.5</b>
% of children with measles last one month prior to the survey	22	<b>6.1</b>
% of children that received Vitamin A within last six months	205	<b>80.2</b>
% of children immunised against Measles	275	78
Under five mortality rate	2	0.6/10,000/day
<b>Crude mortality rate</b>	<b>7</b>	<b>0.37/10,000/day</b>

establish factors influencing the nutrition status and to provide recommendations for interventions based on the findings. An exhaustive survey methodology administering the standard nutrition survey and mortality questionnaires was applied.

The preliminary survey results indicate a poor nutrition status with global/total acute malnutrition rate of 15.3

% while the severe acute malnutrition rate was 1.9 %. As shown on the table, the incidence of ARI and diarrhoea two weeks prior to the survey was high. About 6% of the children had suffered from measles one month prior to the survey although a fairly high proportion of children eligible for measles immunisation at the time of the survey were immunised. Vitamin A supplementation in the six months prior to the survey was high. The main source of income was casual work (61%) while small businesses accounted for about 20%. Purchasing was the main source of food for 85% of the population, followed by own crop production in small plots within town (3.9%) and various other means including hunting (4.5%). The main source of water for domestic use was trucked water (62%), boreholes (21%) and berkads (10%). About 40% of the households own latrines while more than half of them use bush/open grounds.

An interesting observation is that in 41% of the households surveyed, females were the primary bread-winners. Casual employment for women appears to be more easily sources in households and restaurants whereas casual manual labour and portering for men is more scarce. This was observed to be having particularly negative effects on the time available for women to look after children, particularly in an environment of reduced social support.

Data analysis showed that diarrhoea had a significant association with children’s nutritional status in the settlements reflecting the earlier observations on poor sanitation and sub-standard environment. At the time of the survey, only about a third of the children aged between 6 - 24 months were breastfeeding. Of those below 2 years that had stopped breastfeeding, more than half (56%) had stopped breastfeeding below the age of one year. The feeding frequency for a good proportion of the children is inadequate with 35% being fed twice or once in a day. Qualitative data further indicates that children are mainly fed on Anjera (Somali pancake made from wheat flour and water with some vegetable oil added after cooking) and plain rice which are lacking in essential nutrients like proteins and vitamins.

Casual employment as porters, cleaners in restaurants, construction related activities and house-helps form a main source of income for this population. All these activities are not sustainable and pay a relatively low wage rate. Considering that purchases are the main food source, the limited and unsustainable income available to these populations places them in a vulnerable food security situation. Additionally, borrowing (60%) and begging (9.4%) were the main coping strategies while remittances were reported by only 7.5%.

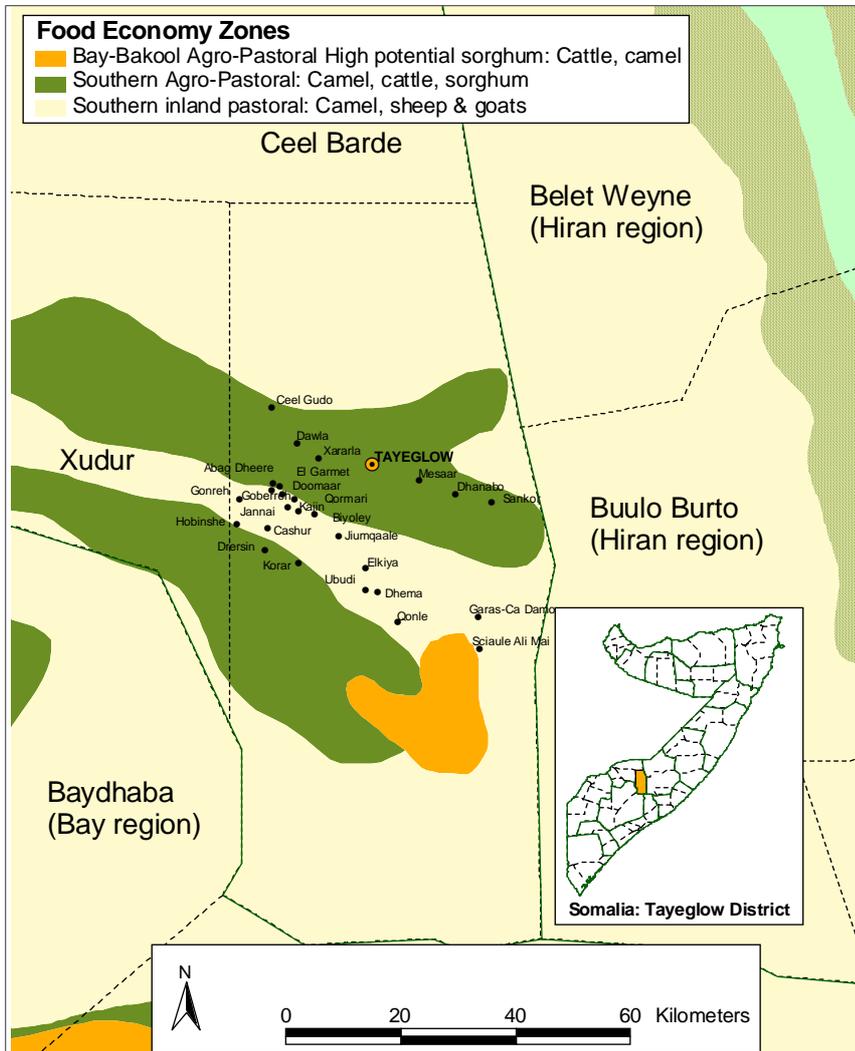
Recommendations put forth aimed at addressing the malnutrition problem in the resettlement camps include:

- Explore ways of supporting income generating activities with an aim of increasing purchasing power at household level.
- In the long term, promote health and nutrition education activities at household level focussing on child care issues e.g. breastfeeding practices, child feeding, diet diversification and improvement in hygiene practices.
- Support sanitation interventions in the camps e.g. construction of toilets.
- Intensify promotive and preventive health care interventions.
- Continued close monitoring the nutrition status in the areas in order to detect any further deterioration and consider the need for targeted supplementary feeding programme for all the malnourished children.

**Next month, recent nutrition surveys from displaced persons settlements around Somalia will be summarised and analysed in the Nutrition Update.**

**TAYEGLOW NUTRITION SURVEY**

Tayeglow District is located in Bakool region in South and Central Zone of Somalia with an estimated population of 38,900<sup>2</sup>. Most of the land is used by herders from the Southern Inland Pastoral food economy zone (FEZ), with small pockets of land under the Bay-Bakool Agro-pastoral food economy zones in the centre of the district. The population is mainly rural with livelihoods based on: crop production – mainly sorghum and cow peas (20%), pastoralism/livestock keeping – mainly camel and cattle (20%) and agro pastoral - mainly sorghum, cowpeas, camel and cattle (60%).



Baidoa District, the 'grain basket' of Bay and Bakool regions has experienced general insecurity since July 2002 which has hindered access of the Tayeglow community to sorghum grain in Baidoa markets. A truce was signed between the warring factions in September 2003; however incidences of insecurity are still evident and continue to limit access. Tayeglow District also experienced sorghum failure in the Gu 2003 season due to rains that ended earlier than expected, pests and diseases that attacked the crop. However, cowpeas performed fairly well. The communities are now mainly relying on past stocks from the Deyr 2002 harvest which are now almost depleted and on purchases.

Since January 2002, the proportion of malnourished children aged 6-59 months receiving maternal and child health services at Tayeglow and Biyoley has remained high ranging from 26% to 50% of the 200 to 300 children screened each month in each facility. An average of 2 - 3 children with bilateral oedema have also been attended at these MCHs on a monthly basis. Whereas MCH data is not representative, continued evidence of oedema related to malnutrition has

indicated a poor nutrition status. This prompted the need for a nutrition survey in the area for a better understanding of the nutrition situation.

Between October 20<sup>th</sup> and 27<sup>th</sup> 2003, a nutrition survey was conducted jointly by FSAU, UNICEF, CARE, SRCS and Tayeglow community. Using a two stage cluster sampling methodology, the survey aimed at determining the nutritional status of children aged 6 - 59 months or 65 - 110 cm in length/height. The survey also sought to determine the factors significantly influencing nutritional status, measles immunisation, polio immunisation and vitamin A supplementation coverage and retrospective mortality rate for the previous 90 days prior to the survey.

The survey results of 17.2% (CI: 14.9% – 19.9%) for global malnutrition rate (W/H < -2 z-score or oedema) and 3.1% (CI: 2.1% -4.4%) for severe acute malnutrition (W/H < -3 z score or oedema) indicate a critical situation. The findings of the retrospective under five mortality rate 1.34/10,000/day and crude mortality rate of 0.71/10,000/day however are consistent with the minimum standard outlined in the Sphere Project handbook.

There is no baseline survey conducted in the district, limiting the possibility to assess the seasonal trend. Nevertheless, the findings of this survey are consistent with those of other surveys conducted at similar time, within and outside the South and Central zone. Dinsor district nutrition survey conducted in September 2003 revealed a serious (though not critical) nutrition situation with global and severe acute malnutrition of 13.3% (CI: 11.2 – 15.8) and 1.8% (CI: 1.0 -2.9) respectively. Burao IDP settlements nutrition survey in the North East zone, conducted concurrently with the Tayeglow district nutrition survey revealed a comparable critical nutrition situation with global and severe malnutrition rates of 15.3% (CI: 11.8 – 19.6) and 1.9% (CI: 0.9 – 4.2) respectively, based on W/H z scores.

<sup>2</sup> Reference made to WHO population figures but revised with the survey teams.

Further survey results indicate crop production and purchase as the main sources of food for 78.5% and 20.1% of the population respectively. The main income sources were the sale of crops and casual work, which contributed 34.4% and 32.3% respectively. During food shortage, communities cope by selling more livestock (than normal) and purchasing food. About 20% of the population depend on boreholes or protected wells for their water, with the rest on other sources such as unprotected hand dug wells and ponds. Majority (60.5%) of the population dispose off faecal matter in the bush/open ground, with only 39.5% using pit latrines.

Indicator	No.	%
Children under five years screened during the survey	916	100
Global acute malnutrition – W/H < -2 Z score or oedema	158	17.2 CI: 14.9-19.9
Severe acute malnutrition – W/H < -2 Z score or oedema	28	3.1 CI: 2.1-4.4
% of children with diarrhoea in 2 weeks prior to the survey	188	20.5
% of children with ARI in 2 weeks prior to the survey	128	14
% of children with malaria in 2 weeks prior to the survey	123	13.4
% of children with measles in last 2 weeks prior to survey	10	1.1
% of children that received Vitamin within last six months	741	80.9
% of children immunised against Measles	406	47.2
Under 5 mortality rate	14	1.34/10,000/day
Crude mortality rate	30	0.71/10000/day

There were no significant statistical associations between nutrition status and sex, age group and disease (ARI, diarrhoea and malaria). However, underlying factors to the high malnutrition rates included child care, access to health services and household food insecurity. Whereas children need to feed at least three times a day due to the small capacity of their stomachs (Facts for life booklet), 22% of the children received meals once or twice a day. About a third of the children aged 6-23 months no longer breastfed. Children were also weaned at a relatively early age with about 98% of the children weaned below the age of three months. There is limited access to health care services, as the whole of Tayeglow population of 38, 900 being served by the two MCH centres at Tayeglow and Biyoley.

Gu 2003 rains arrived on time (in April) but were erratic and unevenly distributed. Additionally, Gu season was characterized by unusual intensive pest damage (mainly crickets, stalk borer and birds) which resulted in sorghum crop failure in Tayeglow District. Apart from cowpeas which performed fairly, communities in Tayeglow currently rely on the carry over stocks from the Deyr 2002 harvest (December 2002 to January 2003) which are now almost depleted, and on purchase. Most of the income is derived through the sale of more livestock than normal. Unfortunately, this coping mechanism is not sustainable as the money earned from livestock has begun to drop due to deterioration in body condition caused by insufficient fodder. The result is a gradual decrease in the purchasing power of the poor and middle households, this eventually contributing to malnutrition. The FSAU food security project has described the overall food security situation in Tayeglow as 'alert'.

Milk prices are currently extremely high (250% higher in US dollar terms) compared to normal due low production associated with depleting pasture conditions and poor rains. To cope, there are unusual internal human and livestock movements within the district in search for pasture. Lack of pasture and water has decreased access to milk consumption by most of the poor and middle wealth groups, subsequently contributing to high malnutrition rates.

Water scarcity is already being experienced in certain areas as water catchments have either dried up or continue to dry up. With the main source of water being open hand dug wells (54.8% of the population), diarrhoea incidences are high (20.5%), further contributing to critical levels of malnutrition.

Following the presentation of the preliminary survey results to CARE, SRCS and the local administration of Tayeglow District, and ensuing discussions, the following recommendations have been made to address the high malnutrition rates in Tayeglow District:

- Promote the following interventions which are geared towards food security for the vulnerable groups, both in the short and medium term:
  - Improve of the general food basket at household level (for example through Food for work projects)
  - Establish targeted feeding programs to address the high levels of overall malnutrition. These could target pregnant/lactating mothers and under five children in the district.
  - Treatment of the high proportion of severely malnourished children to reduce risk of deaths. International agencies are particularly encouraged to consider this intervention due to the limited capacity of SRCS.
- Closer monitoring of the nutrition and food security situations to avoid a crisis. Humanitarian agencies may need to engage in preparedness interventions to avert any food crisis that could arise in the immediate term or in the event that the Deyr crop fails due to lack of rains.
- Promote interventions geared towards peace building, both in Baidoa and in Somalia as a whole.
- Increasing the access to safe water for human consumption and a referral health system.

## NUTRITION SURVEYS UPDATE 2003

Dates		Area	Organisations	Status 19 <sup>th</sup> Nov
August 2003	Somaliland	Haud of Togdheer	FSAU/MOHL/UNICEF	Report available
September 2003	South	Dinsor	IMC/UNICEF/FSAU	Draft report available
September 2003	South	Huddur	IMC/FSAU/UNICEF	Data analysis
September 2003	Puntland	Kandala, Iskushuban, Gardo	UNICEF/MOH	Data analysis
October 2003	South	Tayeglow - Bakool	FSAU/SRCS/UNICEF	Draft report available
October 2003	Somaliland	Burao IDPs	FSAU/MOHL/UNICEF	Draft report available
Nov/Dec 2003	South	Haradheere	FSAU/CISP/UNICEF	Planned
2004	South	Gedo – Belet Hawa/Luuq	GHC/FSAU/UNICEF/CARE	Planned
2004	South	Wajiid	WVI/FSAU	Planned
2004	South	Rabdure	MSF- B/FSAU	Planned
2004	Somaliland	Awdal	FSAU/UNICEF/MOHL	Planned
2004	Somaliland	All regions (IDD)	UNICEF	Planned
2004	Somaliland	Sanaag	UNICEF/MOHL/FSAU	Planned
2004	South	Micronutrients survey all zones	UNICEF	Planned
2004	Puntland	Jeriban & Galgodob	UNICEF/MOH/FSAU	Planned

## TRAINING COURSES & ANNOUNCEMENTS

HelpAge International will be offering a training course on **Ageing in Africa** from 16<sup>th</sup> to 20<sup>th</sup> February, 2004. The course targeting mid-level or senior programme managers, social workers, senior government officers, health care professionals or persons with an interest on ageing issues will be held in Nairobi, Kenya. For more details, contact HelpAge International at Email: [helpage@helpage.co.ke](mailto:helpage@helpage.co.ke).

The Centre for African Family Studies (CAFS) in collaboration with WHO Secretariat, Women's Health Project of the University of Witwatersrand and the Harvard School of Public Health will be offering a course on **Managing HIV AIDS Prevention Interventions** in Nairobi, Kenya from 17<sup>th</sup> November to 12<sup>th</sup> December 2003. The course targets programme managers or advisors in the field of HIV AIDS. For more details contact CAFS at Email: [courses@cafs.org](mailto:courses@cafs.org).

The Regional Centre for Quality of Health Care, Makerere University, will be offering a Post Graduate Diploma in **Quality of Health Care**, in home workplace between March and June 2004. The course will be focussing on six quality improvement processes namely quality assurance, management of logistics, facilitative supervision, development and communication of guidelines and standards, cost and quality, and innovative training. For more details contact the Course Coordinator at Email: [mail@rcqhc.org](mailto:mail@rcqhc.org) or [smagero@rcqhc.org](mailto: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](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/committees/health/Working%20Groups/Nutrition/Nutrition%20Update%20January%202003.pdf>

## RECENT REPORTS

- Monthly Food Security Report for Somalia, FSAU.**
- Inter-Agency Assessment of Sool Plateau and Gebi Valley, Sool and sanaag Regions.** October 2003
- Focus, Annual Post Gu 2003 Food Security Outlook.** October 8, 2003. FSAU.
- Greater Horn of Africa Food Security Bulletin.** Issue No. 17. October 31, 2003. FEWS NET/LEWS/RCMRD/USGS
- Kenya Food Security Report.** November 12, 2003. FEWS NET/MALD/WFP
- Kenya Vulnerability Update.** November 19, 2003. FEWS NET/MOA/WFP and UNICEF
- Ethiopia Network on Food Security.** Issue No. 10/03. October 16 2003. FEWS/NET/EU-LFSU
- Regional Agricultural Trade Intelligence Network, Food Bulletin for East Africa.** Issue No. 5. November 19, 2003. FEWS NET



Physical address: Peponi Plaza, (Block C), Peponi Road, Westlands, Nairobi.

Postal address: PO Box 1230, Village Market, Nairobi

Telephone: +254-2-3741299, 3745734, 3748297. Fax: 3740598

General email: [fsauinfo@fsau.or.ke](mailto:fsauinfo@fsau.or.ke)

Comments and information related to nutrition: [Noreen.Prendiville@fsau.or.ke](mailto:Noreen.Prendiville@fsau.or.ke)