



OVERVIEW

This month, we highlight the ongoing food security problem in Gedo region. With livelihoods almost constantly in a precarious situation and with malnutrition levels already unacceptably high, the current drought and failure of the previous seasons harvest are two additional stresses with which the population is unable to cope. No one believes that food-aid will solve 'the problem' but until more meaningful interventions are designed and implemented, food-aid is likely to make the difference between life and death for many.

FSAU has prepared summaries of available nutrition and related data for all districts in Gedo, Bay and Bakool. These technical documents are particularly suitable for organisations implementing in these areas and hard copies are being circulated. Due to the size of the documents, email copies will not be routinely distributed but we will welcome individual requests for the information.

GEDO

During September and early October, reports on the nutritional status of the population in Gedo region confirm that the food security situation for a substantial proportion of the population has deteriorated significantly and is now critical. Reports from all sources within Gedo and in border areas in Kenya now confirm that both moderate and severe malnutrition rates in children screened are high. Although the data has come from a variety of sources and uses different means of measurement, the message is clear and consistent. **Food access for many is inadequate in both quantity and variety and an immediate increase in the level of food-aid interventions is indicated.**

During early October, CARE carried out pre-distribution screening of children under five years in Bulla Hawa and El Wak districts of Gedo. The screening teams had recently received additional training from FSAU and CARE. ACF, CARE and FSAU agreed the method of data collection and analysis. In El Wak, of the 1208 children screened in five villages, 83% had MUAC¹ of less than 12.5cm and 14% less than 11cm. In other words, 1003 children would have been eligible for follow-up in a supplementary feeding programme and 168 children were identified as severely malnourished and in need of therapeutic feeding. In Bulla Hawa, of 1635 children screened, 58% had MUAC of less than 12.5cm and 7% less than 11cm. The results demanded that CARE triple the number of beneficiaries in their food distribution programme.

In Luuq district, ACF is operating one therapeutic feeding centre and two supplementary feeding programmes (SFP). Children in the SFP also receive a family ration from CARE. By early October, each SFP was supporting 2000 children and their families. It was reported that an increasing proportion of children are being discharged from the programmes without having reached their target weight, usually an indication of inadequate food access in the population.

Reports from health facilities in Gedo indicate a high proportion of malnourished children among those screened, with the exception of Bardera where the problem appears to be less serious. The numbers of children attending health facilities has declined substantially since the cessation of supplementary feeding earlier this year.

On the Kenya-Somalia border, Action Against Hunger has reported a continued high attendance in their supplementary feeding programme in El Wak Kenya. Children from Somalia are acknowledged to be among the beneficiaries.

Because the nutritional status of the population in Gedo was already the poorest in the country, the impact of yet another crisis in the region is not surprising. Even in times of relative food security, malnutrition rates are unlikely to be below 15% and more likely to be around 20%. Health services are almost non-existent in most districts. Milk, the main source of protein in the diet of many pastoralists and of course an important food for children has been scarce for some months. Earlier this year, CARE identified the lack of variety in the diet and the lack of a protein source as a significant issue and decided to include lentils in the food basket. This activity is due to commence late October/early November. Interventions to increase the protein and energy content of the diet in Gedo are an immediate priority. When adequate food distribution is established, organisations present in the region need support to implement supplementary feeding programmes and to re-establish basic health services.

¹ MUAC<11.0cm (severe acute malnutrition), 11.0cm≤MUAC<12.5cm (moderate acute malnutrition), 12.5cm≤MUAC<13.5cm (at risk of malnutrition) and MUAC ≥13.5cm (normal nutritional status).

GEDO - SPECIAL MEETING ON 9 OCTOBER

On 9 October, the Nutrition Working Group chaired a special meeting to discuss the worrying situation in Gedo. Thirty people representing 23 organisations or departments attended the meeting. The group was provided with updates on both food security and nutrition situations by FSAU, CARE, ACF Luuq, AAH El Wak (Kenya), MSF Spain (Mandera, Kenya) and Gedo Health Consortium after which it was generally acknowledged that the situation was extremely critical and required urgent and intensified interventions to prevent further deterioration in the health of the population. After a review of current interventions in food aid and selective feeding programmes, a number of recommendations were made; then the needs and gaps were identified.

A number of action points were agreed on during the meeting:

- 1 A clear statement about the current problem in Gedo and other areas affected by food insecurity to be issued.
- 2 CARE and WFP to discuss the mechanisms of an improved food aid distribution in Gedo, with technical support.
- 3 The impact of the closure of the Kenya-Somali border to be better understood and addressed through the appropriate authorities.
- 4 The capacity of organisations in the region to implement supplementary feeding programmes to be increased. This implies additional funding, improved technical skills and materials. The resource needs of the organisations concerned need to be described and donors approached.
- 5 Information on the arrival of IDPs to Luuq from other regions to be shared with organisations operating in those regions.
- 6 Surveys and information on the nutrition situation in areas bordering Gedo region will be shared.
- 7 As this meeting addressed only short-term interventions through food-aid, other interventions for improving food security in Gedo need to be identified.

BAKOL

Nutrition reports from the health facilities show consistently high numbers of malnourished children. Around 30% of the over 600 children screened in Elberde, Huddur and Rabdure were malnourished according to July and August reports. This is against the background of compromised food security for majority of the Bakol residents. The massive crop failure in the region compounded by the continuing drought has implications on water supply to both human and animal consumption. Water is inadequate for use and the limited available water is over-used resulting in deterioration in quality. For pastoralist households, movements of camels and cattle have resulted in separation of children and women from one of their primary food sources. A cross-border movement of cereals from Ethiopia is also reported to have reduced. Use of wild foods is on the rise with many reporting eating dik-dik and wild fruits. Detailed district reports are available from FSAU.

The expanded and extended supplementary feeding programme supported by UNICEF and IMC in co-operation with WFP has now commenced in Rabdure and Huddur and will be reviewed in October. This initiative includes family rations, diagnosis and treatment, immunisation and outreach activities to reduce distance travelled by project beneficiaries. WFP is providing family rations of maize, lentils and oil. In Huddur District the static clinic is in Huddur town while the outreach are in the Abaqbeday and Abal villages. The Rabdure MCH is the static while the outreach clinics are located in Bodan and Isehowrt villages. Facility based supplementary feeding continues in El Berde. ADRA has also intensified their water programme in both Elberde and Huddur districts. The programmes are likely to relieve the poor beneficiaries immensely although the need for integrated and multi-sectoral approaches is still great.

BAY

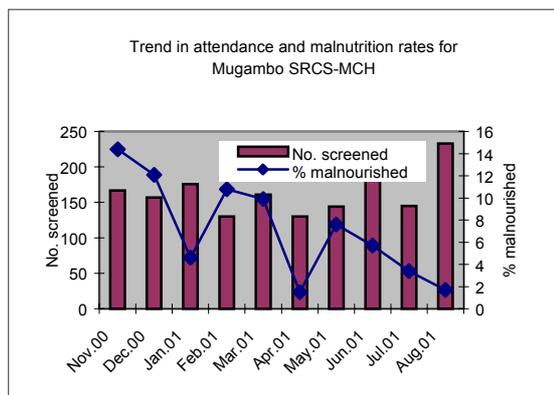
Most of the MCH centres data for July and August indicate over 30% malnutrition of the screened children with high attendances of children at the clinics (ranging from 300-2000 children per month in most facilities). In Qansaxdheere MCH with an attendance of over 2000 children per month the rising trend in malnutrition (>35%) has been associated with a high incidence of diarrhoea (mainly attributed to current poor water situation), current food shortages and reduced income. In addition, livestock have moved outside the district towards Lower/Middle Juba, following low pastures during *Gu*, thus reducing milk as well as other animal source protein availability at the household level. Households heavily depending on farm activities have also moved to major villages with reliable water points and also in search of income opportunities. Qansaxdheere being the major town within the district has experienced an increase in population.

WFP and UNICEF plan to extend SFP/family ration intervention package similar to the one in Bakol in both and Berdaale Districts through the district MCHs.

MIDDLE AND LOWER JUBA

The general outlook of the nutrition situation in Juba remains better than most parts of Southern Somalia. This has been explained by the relatively/near normal *Gu* production in 2001 unlike other parts of the Somalia. In addition, the Jubas practice both crop production and pastoralism leading to food intake from both plant and animal sources. Malnutrition rates recorded have been generally lower than other parts and most of malnutrition has been explained by the endemic prevalence of malaria, diarrhoea and intestinal diseases as well as sub-optimal child feeding practices as recorded in the previous nutrition surveys in the region (UNICEF/FSAU Jamame survey in May 2001) and monthly morbidity reports from the MCHs.

For the SRCS managed Mugambo MCH in the region, the attendance levels have averaged 200 children per month. However, in the last one month, there has been an increase in attendance to about 240 children in August 2001 from a relatively low figure of around 150 in July 2001 along with a decrease in the rate of malnutrition recorded to less than 2% from the previous figure of around 10% in May 2001. From the field reports, the high attendance was caused by tension in the region with families seeking shelter in the towns and thereby seeking health facility services. However, the food security situation remained relatively stable for the majority. The area has not reported any major disease outbreak and water supply is still good. The FAO nutrition education programme in the area previously had also contributed to consumption of varied diet and more hygienic practices. UNICEF has recently intensified their efforts to improve the water situation and undertake regular visits to the facilities with resultant improvement in data quality. The chart shows malnutrition rates were high at around 14% between November 2000 and February 2001, a situation that was mainly attributed to stresses resulting from inter-clan conflicts in the area. The malnutrition rates have declined to rates below 10% as from March 2001. So far the malnutrition figures have been attributed more to morbidity incidences and childcare



issues (food utilisation) than to food availability or access.

MIDDLE AND LOWER SHABELLE

The Shabelle population has a diverse source of livelihood with majority depending on either crop or animals sources. In general most health facilities in Shabelle show relatively low levels of malnutrition when compared to most regions in Southern Somalia. For example, MCHs in Jowhar District (Kulmis Jowhar, Bulo Sheikh and Gololey) report less than 10% malnutrition in the screened children. Reports from Merka based MCH centres (Wadajir and Horseed) also indicate proportions of less than 10%. These areas have received normal rainfall and their food security status is relatively good. Malnutrition recorded in these areas has therefore, been explained more by morbidity and childcare rather than food security.

On the other hand, reports from Afgooye MCH in Lower Shabelle indicate high attendance and high proportions of malnutrition (over 30%) among the under-five children screened between Jan and July 2001. Similar high proportions are reported from the Qoryooley and Shalamboot MCH thus indicating a poor nutrition situation in the same period. Balad MCH shows a high proportion of malnourished children (over 40%). Sporadic insecurity has been a major concern in these areas leading to significant disruption in peoples' lives and livelihoods. The high numbers attending Afgooye facility includes a significant proportion of IDPs fleeing frequent conflicts in the surrounding area. The SRCS and MSF-Spain facility data also report high incidences of malaria, diarrhoea and parasitic infections.

PUNTLAND, MUDUG AND GALGADUD

Most facilities in Puntland report a general rising trend in malnutrition rates, although these rates are still lower than the previous seasons' levels and rates recorded in southern Somalia.

The primary problem in **Golgodob** district is that of inadequate water and pasture for the pastoralists. Of the 15 villages in Golgodob, 11 are served with bekerds that have dried up. This has resulted in movement of some pastoralists towards the Addun areas of Mudug in search of pasture and water. The poor pastoralists and some family members have not moved however, and remained behind with shoats whose milk production reduced immediately at the onset of drought. The reduction in availability of milk has obvious negative effects on the nutritional status of those depending on it. The effects of the drought along with the biting inflation in the North place this population in a precarious position. Reports of severely malnourished children from this area admitted in Galcayo were noted in the previous update and their nutrition situation may worsen if *deyr* rains do not come in time. Compounding the problem has been recurrent rain failures in the district for the last two years with a resultant near depletion of resources and weakening of the coping mechanisms.

Another group of increased concern are the **IDPs in Bosasso** who had shown high malnutrition levels (UNICEF survey in May 2001 reported global acute malnutrition of 15% (<-2Z-score or oedema) and severe acute malnutrition of 3% (-3 Z-score or oedema). The general overcrowding in IDP camps with increased vulnerability to infectious diseases, poor social network support, inflated prices of commodities, recent tension in Bossaso town, poor feeding practices as revealed in earlier surveys by UNICEF, inaccessibility to adequate pure water mainly due to cost-sharing at water points etc. contribute to this situation. UNICEF Bossaso has planned an SFP targeting these IDPs. The long-term solution obviously requires an integrated and a multifaceted approach involving both the local authorities and other actors in the town.

Concerns have also been raised for **Dangorayo**, situated some 110km from Garowe in the *Iyah* pastoral food economy group (keeping mainly shoats and camel). This group mainly depend on livestock and livestock products with supplementation of cereals and incomes from lobster businesses. The only SRCS managed MCH in the district has been showing global malnutrition rates high than 20% from June 2001 and the rate is rising in the previous three months (see the September 2001 nutrition update).

Galcayo town has also been a cause of concern, hosting poor urban settlers and migrant labourers whose livelihoods have been negatively impacted on by the consequences of livestock ban and the general downturn in the region. Health facilities in Galcayo town are recording an increasing prevalence of severe and moderate malnutrition both from within the town and from areas such as Golgodob and Balibusle. The **Margaga camp**, neighbouring Galcayo reported a high global malnutrition

rate of 15% (w/H <-2 Z-score or oedema) according to the UNICEF nutrition survey in the camp in July 2001, a prevalence that was related to diarrhoeal incidences in addition to food insecurity in the camps. Malnutrition rates in Badweyn MCH (a facility serving the Margaga IDPs) have been high at around 20% in August unlike the previous months that reported less than 12%.

SOMALILAND

The final Hargeisa nutrition survey report has now been released by UNICEF. Global acute malnutrition rate (weight for height Z-score <-2 or oedema) of 16.1% and severe acute malnutrition rate (weight for height <-3 Z-score or oedema) of 5.2% indicates that the population studied is in poor condition. Although immediate and longer term needs of this population need to be addressed, the problem will require a multi-sectoral approach and cannot be resolved with food aid distribution alone. Housing, sanitation, access to health services are among the issues that need to be examined together with the relevant Ministries in the Somaliland Government.

Reports from the Haud show increased vulnerability with pastoral communities experiencing decreased milk production leading to limited milk intake by the majority. Nutrition data from reporting health facilities in Somaliland, apart from the above exceptions, indicate relatively low proportions of malnourished children screened in the current year compared to previous years.

NUTRITION WORKING GROUP HIGHLIGHTS

- The briefing on food security in Somalia provided an update on the estimated food gap expected in Somalia between July 2001 and June 2002, assuming the worst-case scenario of a poor deyr season. In the south, Gedo remains the main area of concern and in the North, the areas around Galgodob, Buhodley and the coastal areas of Awdal.
- Greater Horn of Africa climate forecast: for the period September to December, in Northern Somalia, there is a 25% probability of below normal rainfall and in Southern Somalia that probability is 45%.
- Following a review of the information available on Gedo, the 'special meeting' of Oct. 9 was planned.

A group with technical expertise in specific areas will meet to finalise discussions on some guidelines and strategies related to nutrition in Somalia. This process will commence on 23rd October and the draft documents produced will be circulated to partners for comments. Areas to be addressed include the following:

1. Guidelines for supplementary feeding
2. Revision of guidelines for nutrition surveys
3. Protocol for management of anaemia in Somalia
4. Protocol for the management of severely malnourished children at health facility level

HEALTH ISSUES

Malaria	High incidence of severe malaria reported by IMC in Dinsor district.
Measles	Significant increase in the incidence of measles reported at the ACF therapeutic feeding centre in Mogadishu and in villages of Eldere and Haradheere districts.
Cholera	Suspected cholera in Galcayo.
Meningitis	Annual review and preparedness planning for coming year scheduled to take place in October.
Rabies	No cases reported. Outbreak in Ethiopia now under control.
	Suspected cases in Haradheere. Vaccine available from WHO in Mogadishu and Nairobi.

Malaria control activities

- WHO has announced plans to scale up malaria control activities in Somalia. The planned activities will include:
- Intermittent presumptive treatment for pregnant women.
- Emergency preparedness.
- Promotion of the use of impregnated bed-nets in South and Central Somalia. Fifty thousand nets to be supplied.
- Vector control.

The dates of the Health Coordination Meetings in Somaliland and Puntland are to be confirmed.

NUTRITION SURVEYS

Location	Organisations	Dates
Qansahdheere, BAY	UNICEF	October
Rabdure, BAKOOL	UNICEF	October
Somaliland, Awdal & Toghdeer	UNICEF	October
Puntland, Galgodob & Galcayo	UNICEF	October



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