



Food Security
Assessment Unit

NUTRITION UPDATE



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OVERVIEW

- This month, we present some preliminary information on the just completed nutrition survey in Belet Hawa which shows a significant improvement from the appallingly high rates of just ten months ago. The extent to which this improvement is related to the significant ongoing humanitarian interventions is currently being analysed.
- In response to concerns about populations in riverine villages of Middle Juba, an assessment was undertaken which confirmed the existence of a serious problem and then reports on the short and longer term interventions now in place.
- In Hiran, assessments were undertaken in districts affected by the recent crop failures and the results will be useful in determining the vulnerability of these populations.
- Preliminary results of the recent nutrition surveys in Rabdure District and Bari Region are presented – final reports are expected in November.
- A summary of the FSAU Nutrition Project *Food utilisation study* is presented. This presents some interesting information on food and eating habits that affect nutrition in Somalia and requests for the full report will be welcomed.

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GEDO – preliminary results of survey

Gedo, the most chronically food insecure region in Somalia continues to experience levels of civil unrest that present almost insurmountable challenges to humanitarian organisations attempting to operate in the region. In recent weeks, one international organisation has suspended existing operations in Luuq and another has cancelled plans to implement a project in the north of the district. Episodes of looting of humanitarian resources, shootings and threats have once again become rampant in an area only recently declared accessible following the clearing of landmines.

Using an extremely brief opportunity to access the north of the region, FSAU and partners carried out a nutrition survey in mid October, concentrating on Belet Hawa District. With the last survey having been undertaken in Belet Hawa ten months ago showing a Global Acute Malnutrition rate of 37%, substantial humanitarian interventions were established. Although presenting enormous challenges to Gedo Health Consortium and CARE, a reasonable level of general ration and selective feeding has been implemented. Along with the return of some animals to the region, it was felt that food security and therefore nutritional status had improved although the effect of insecurity and population movement was more difficult to measure. A repeat nutrition survey was therefore recommended and widely requested by partners.

Between 14th and 26th October 2002, FSAU in collaboration with Gedo Health Consortium (GHC), CARE and local authorities conducted a nutrition survey aimed at determining the level of malnutrition in Belet Hawa District, establishing possible factors associated with malnutrition, and quantifying the changes in nutritional status since the previous survey. Using a two-stage cluster sampling methodology, a total of 907 children aged 6-59 months were examined.

The preliminary results reveal a persistently poor nutritional status in the district although they represent a substantial and significant improvement since the previous survey. The prevalence of global/total malnutrition defined as W/H<-2 z-scores or oedema was 21.5% (95% CI: 18.8-24.3) and the prevalence of severe malnutrition defined as W/H<-3 z-scores or oedema was 2.2% (95% CI: 1.4-3.4). About 88% of the children had received Vitamin A supplementation in the past six months while 69% had been immunised against measles in the same period. Almost 11% of the children came from internally displaced and returnee households with insecurity and food shortage being their main reasons for movement.

Detailed analysis of the survey findings is now in progress with particular concentration on the following issues: mortality in children under five, population movement in the period between the surveys, the likely contribution of food-aid to this improvement, the likely outlook for the population Belet Hawa and the extent to which this population represents other populations in northern Gedo Region.

A detailed summary of the survey along with discussion and analysis will be presented in the next 'Nutrition Update' which will be circulated within two weeks.

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.

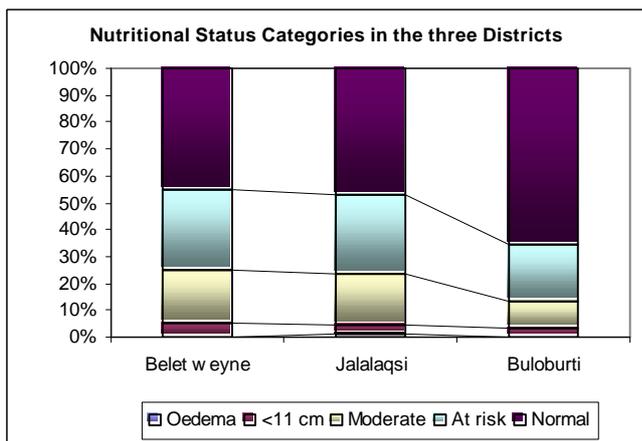
HIRAN – MUAC assessments in Jalalaqsi and Buloburti Districts

In Hiran Region, poor rainfall during the 2001 Deyr and 2002 Gu seasons resulted in significant crop failure, pasture depletion and water shortages. This caused abnormal and mass migration of the agro pastoralist groups towards Ethiopia and the southern regions of the Shabelle valley (FSAU, August & September 2002). The riverine and agropastoral food economy groups have been of greater concern than the pastoralists who own some browsing animals that slightly benefited from the limited rainfall.

A nutrition survey in Belet Weyne District in May 2002 showed an unacceptably high Global Acute Malnutrition (Total wasting) rate of 21% W/H <-2 z-score and/or oedema and a Severe Acute Malnutrition rate of 2.7% W/H <-3 z-score and/or oedema. A MUAC survey in early September 2002, confirmed the high level of malnutrition.

In the absence of an opportunity to undertake nutrition surveys in the remainder of the region due to insecurity, a series of rapid assessments using measurement of Mid Upper Arm Circumference (MUAC) were used to estimate the nutrition status of the populations in relation to the situation in Belet Weyne.

Thus, between 21st and 26th October, 2002, FSAU and SRCS carried out rapid nutritional assessments using MUAC in Buloburti and Jalalaqsi Districts among children aged 6-59 months. A total of 570 children were assessed in Jalalaqsi¹ District and 400 children in Buloburti² District. Random selection methods were used throughout.



As indicated in the chart, the total acute malnutrition and severe acute malnutrition (MUAC) was 23.3% and 4.2% respectively in Jalalaqsi District while the proportion of children at risk of malnutrition was 29.3%. In Buloburti District, the total acute malnutrition and severe acute malnutrition (MUAC) was 13.6% and 3.0% respectively, while 21.2% of the children were at risk of malnutrition³. Common diseases in each of the districts MCH indicates that diarrhoea, respiratory tract infections,

malaria, skin infections and whooping cough were the common diseases among the under fives. Qualitative data indicates that the meal frequency for most families has reduced to between once and twice a day and consist of mainly sorghum/maize/rice and small quantities of meat/milk.

The results indicate that the situation in Jalalaqsi is likely to be quite similar to that in Belet Weyne whereas the situation in Buloburti is likely to be somewhat better. Further analysis of the implications of this information will be undertaken.

MIDDLE JUBA

ICRC implements innovative response in highly food insecure villages

Although Middle Juba Region generally received good rains during the 2002 Gu season, some pockets in western Jilib District received little or no rains. In September 2002, SRCS/ICRC reported poor nutritional status (including oedema) among children in some villages along the Juba River. As a follow up to this report, FSAU and SRCS/ICRC carried out a rapid nutritional assessment in the highlighted villages between 10th and 12th October 2002. Using Mid Upper Arm Circumference (MUAC), all children aged 6-59 months in the smaller villages visited were assessed. In the larger villages of Barakamajiid and Faragurow children were selected on three separate trans-sectional walks.

The results indicate a total acute malnutrition (<12.5cm/oedema) rate of 14.8% and severe acute malnutrition (<11cm/oedema) rate of 2.8%. About one third of the assessed children were either malnourished or at risk of malnutrition. The two oedema cases were found in Ubah section of Harawe village.

Villages	Oede ma	<11cm	? 11- <12.5	? 12.5- <13.5	? 13.5 cm	Total
Yaqle area	0	0	8	8	28	44
Harawe area	2	2	1	6	44	55
Bulofarxaan	0	1	8	14	16	39
Bulomarar	0	2	7	11	23	43
Barakamajiid	0	2	8	11	48	69
Helashiid	0	0	5	7	24	36
Faragurow	0	1	7	12	59	79
Total	2 (0.6%)	8 (2%)	44 (12%)	69 (19%)	242 (66%)	365 (100%)

The villages in question experienced extremely poor crop production during the Gu 2002 season, depriving the poor of their main source of food and income (from crop sales and as farm labour). This group has little capacity to cope with such stress and their social support also tends to be poor. Thus, during the assessment the very poor appeared to be heavily dependent on *ambaga* (a Kale like wild vegetable that grows along the river), mangoes and papaya as the main food

¹ Iji, Bagdad, H/wadag, Wadajir, Horseed, Dirgoys.
² Hanti Wadag, Octobar, Indho, Ceel, Halgan.
³ Total acute malnutrition-MUAC <12.5cm/oedema, Moderate malnutrition: MUAC ? 11-<12.5, Severe acute malnutrition-MUAC <11cm/oedema, At risk: MUAC? 12.5-<13.5

sources. In the past, fish from the Juba River constituted a substantial part of the diet but at the time of the assessment, lack of nets prevented many poor riverine households from benefiting from this valuable source of nutrients. The health facility in Jilib was considered too distant for many and traditional healers are most commonly used during illness.

During this assessment, the previously reported cases of oedema were located for more detailed investigation. Not surprisingly, two of the children had already died. All three cases were from poor households that rarely accessed milk or other protein rich foods. Children had been fed on a daily diet of one serving of sorghum porridge and *ambaga* along with fruit. The three children came from large households of around fifteen people. The one surviving child was reported to be 'undergoing treatment and intensive care by family members'. Communities in the area did not recognise the relationship between oedema and malnutrition. Chronic poverty, weakness in the capacity to cope with 'shocks' and poor access to health services play an important role in the current vulnerability of this group, the team recognised the potential of the households in these villages to strengthen food security substantial with some external support.

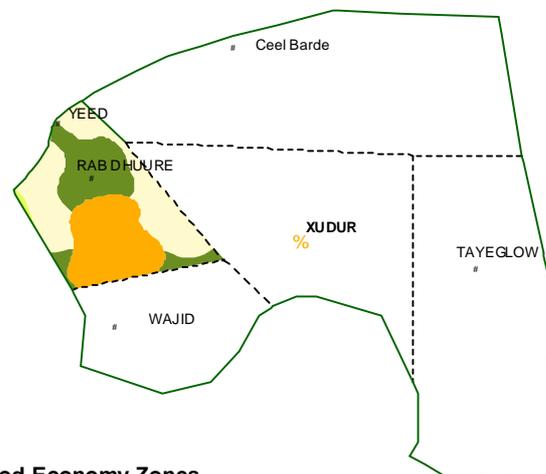
Since this assessment, ICRC has proceeded with a previously planned intervention which aims to address both the immediate and longer term food insecurity of these vulnerable groups. During October, SRCS/ICRC distributed 'food for seed protection' to 2500 families consisting of 30kgs maize, 10kgs beans and 5kgs oil. At the same time, maize, cow pea and sesame seeds were distributed. As part of a longer term food security initiative, 4,000 families received fishing kits consisting of twine (for local manufacture of nets), hooks and monofilament (for lines). Each kit was accompanied by 10 kgs salt to enable fish conservation for later consumption at household level and for sale. ICRC will follow this distribution with an extensive training programme aimed at ensuring good fishing methods, conservation of fish and marketing. The intervention has been welcomed as being timely and highly appropriate.

RABDURE NUTRITION SURVEY – Preliminary Results

Rabdure District in Bakool Region hosts an estimated population of 13,000. Agro-pastoralism is the dominant livelihood in the district (60%) followed by pure pastoralism (30%) and high potential sorghum producing (10%). The urban dwellers predominantly engaged in trading are an insignificant proportion of the total population.

Since 2000, the district has experienced the cumulative effect of drought, poor harvest, poor pastures and population movement causing a deterioration in food security in 2001. The Deyr 2001/2002 crop failure adversely affected the agro-pastoral high potential farmers. Milk availability has been low since February 2002 and has become more expensive (8000Ssh/ litre from 2-3000Ssh/litre). The Gu 2002 rains were sporadic and short thus improving the water situation and pasture in few pockets and for a short period only.

The food security challenges and other factors (poor child care practices, diseases) impacted negatively on the nutritional status of the population as confirmed by the October 2001 UNICEF/IMC nutrition survey (Global Acute Malnutrition, 19.3% Severe Acute Malnutrition 2.6%.⁴). This led to emergency interventions, which included targeted family rations, supplementary feeding and health care.



Food Economy Zones
 Bay-Bakol Agro-Pastoral: High potential sorghum, cattle, camel
 Dawo Pastoral: Sheep & goats, cattle, camel
 Southern Agro-Pastoral: Camel, cattle, sorghum
 Southern Inland Pastoral: Camel, sheep & goats

Between 29th August and 3rd September 2002, UNICEF, IMC, FSAU and the Rabdure authorities jointly carried out another nutrition survey. The principle objectives were to determine the nutrition status of children aged 6-59 months or measuring 65-110 cm; establish possible factors that may be contributing to malnutrition and to establish the changes in nutrition situation since the inception of the intervention programme. Using a two-stage random cluster sampling methodology, 906 children were surveyed. The weight and height indicator was used in nutrition status determination as other information on household characteristics, child illnesses, and immunisation status were also collected.

Preliminary results indicate a total acute malnutrition of 14.8% and a severe acute malnutrition rate of 1.9%; indicating a significant improvement on levels

Variables	Proportion	No.
Total acute malnutrition (W/H<-2z-score+oedema)	14.8 CI-11.9-18.4	134
Severe acute malnutrition (W/H<-3z-score+oedema)	1.9 CI-1.1-3.1	17
Acute respiratory infection in past two weeks	15	137
Children with diarrhoea in past two weeks	16	143
Malaria cases in the past two weeks	11	101
Measles cases in the past one month	1	11
Vitamin A supplementation in past 6 months	83	753
Measles immunisation	80	728
Age of stopping breastfeeding (N=683)		
Less than 6 months	4	25
6-11 months	21	143
12-18 months	28	192
Above 18 months	47	323
Age introduced foods other than breastmilk		
Less than 6 months (inclusive of less than 3 months)	97	884

reported eleven months previously.

⁴ Global or Total Acute Malnutrition - W/H<-2 Z scores plus oedema. Severe Acute Malnutrition W/H<-3 Z scores plus oedema.

Most of the children (53%) currently not breastfeeding stopped being breastfed when less than 18 months of age while about 25% stopped breastfeeding when less than one year. *The survey indicated that most of the children (97.5%) were introduced to foods other than breast milk when less than 6 months.*

The improvement in malnutrition rates was attributed partly to the slight and temporary improvement in food security during May and June and partly to the impact of the ongoing humanitarian interventions in the district. These interventions have improved access to food for vulnerable households and have also increased the population's access to essential health services. Since the previous survey, Vitamin A supplementation has risen from 66% to 83% and measles immunisation coverage from 66% to 80%.

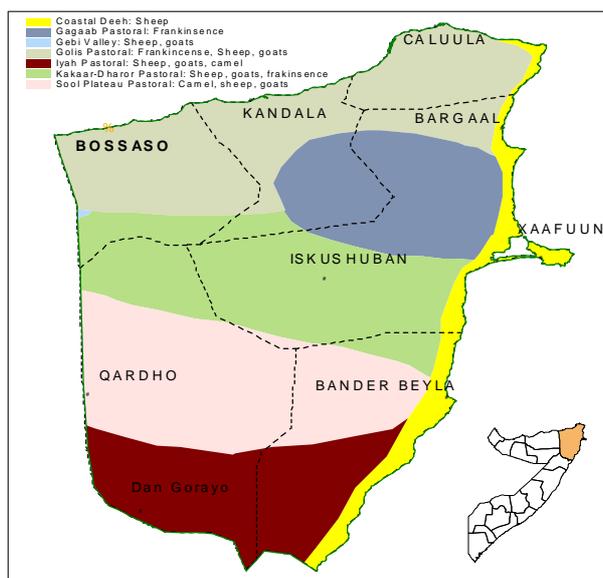
With food security again on the decline, it is likely that organisations will need to fully evaluate the need to continue the current interventions. Innovative approaches to address the chronic vulnerability of the populations of Rabdure need to be developed. The final report will be available during November 2002.

PUNTLAND – NUTRITION SURVEY IN BARI REGION – Preliminary Results

Nutrition survey in Kandala, Allula, Bargal and Iskushuban

Iskushuban, Kandala, Allula and Bargal Districts are the most sparsely populated among the seven districts of Bari Region with the majority of the region's estimated population of 302,000 (WHO 2001) within Bossasso District. The dominantly pastoral region has faced a number of food security related challenges especially the Kakaar-Dharoor pastoral area and the Sool plateau (see map). In addition to the continued livestock export restrictions; the area has experienced consecutive rain failure until recently (early October 2002) when localised Deyr rains were received. In April 2002, animal deaths and loss of animal condition were reported in the area (FSAU, April 2002). However, the area benefited from run off water following rains in parts of Iskushuban and Bossasso. Limited food security information is available on the Golis Pastoral food economy group.

Prior to the survey described here, little information was available on the nutritional status of the population in the Kakaar-Dharoor pastoral and Golis pastoral food economy areas. Availability of health services in these areas is limited; with Aktion Afrika Hilfe (AAH) running primary health care activities in Iskushuban District, among other areas in Bari region, while MOSA manages health facilities in Bargal, Kandala and Allula Districts with support from UNICEF.



From 26th August to 7th September 2002, UNICEF in collaboration with MOSA and FSAU carried out a nutrition survey in Kandala, Allula, Bargal and Iskushuban Districts of Bari region aimed at determining the children's nutritional status, identifying the factors associated with the children's nutritional status, demographic characteristics of study population, measles immunisation, Oral polio vaccine (OPV) and vitamin A supplementation coverage.

Using a two-stage random cluster sampling methodology, 30 of the 32 available clusters in these districts were selected for the survey. A total of 951 children aged 6 – 59 months or measuring 65-110 cm were surveyed. Results indicate a global acute malnutrition rate of 12.6% and a severe acute malnutrition rate of 2.1%.⁵

A summary of nutritional status and other factors	
Global acute malnutrition (W/H<-2 z score + oedema)	12.6% CI: 10.6%-14.9%
Severe acute malnutrition (W/H<-3 z score + oedema)	2.1% CI: 1.3%-3.3%
Acute respiratory infection cases in past two weeks	48.9%
Diarrhoea cases in past two weeks	26.5%
Malaria cases in past two weeks	32.2%
Measles cases in past one month	7.2%
Vitamin A supplementation in past 6 months	77%
Measles immunization	66.7%
OPV coverage in April 2002	82.1%
Received at least three doses of OPV in last one year	39.6%

Despite the high incidence of acute respiratory infection, only diarrhoea and malaria were found to have a significant positive association with the children's nutritional status. Malnutrition appeared to be more prevalent in Kandala and Allula. The majority (59.2%) of the households reported Berkads as the main source for drinking water.

In the absence of previous surveys with which the results of this survey can be compared, some assumptions have to be made on the analysis of this survey. In an environment that has presented

significant challenges to food security situation, low access to health services and lack of a reliable drinking water source for majority of the population, it might be concluded that the population is coping reasonably well. However, further work remains in developing the understanding of the livelihoods of the population and in monitoring the incidence of disease in the area. Full report will be available in November 2003.

⁵ **Global or Total Acute Malnutrition** - W/H<-2 Z scores plus oedema. **Severe Acute Malnutrition** W/H<-3 Z scores plus oedema.

SANAAG UPDATE

Pastoral livelihoods remain depressed and malnutrition rates high but stabilising in Sanaag Region

Since 2001, Sanaag Region has had three successive seasons of below normal rains resulting in acute water and pasture shortage with massive deaths of animals in early 2002. Both livestock production and reproduction rates reduced to an abnormally low level with severe reduction in the herd size of most pastoral households. Concurrently, the negative impact of inflation that accompanied the 'livestock ban' has continued. The minimal milk from the livestock concentrated around drying up water points has also attracted heavy taxation at the many checkpoints on the roads leading to the main markets further reducing incomes of the pastoral households. Other factors also impacting negatively on food security in the region include increased pressure on the available resources as a result of insecurity related population movement into the area and adverse monsoon weather conditions along the coastal belt that limits fishing activities. Low levels of crop production also impacted on agro-pastoral households.

Six months ago, in May 2002, a nutrition survey showed high malnutrition rates (14% global acute malnutrition W/H <-2 z-score and/or oedema and 5% severe acute malnutrition - W/H <-3 z-score and/or oedema). The survey findings indicated inadequate food access and availability, suboptimal childcare practices, limited access to water for both human and animal use and frequent episodes of common child illnesses as the main causes of malnutrition in the region.

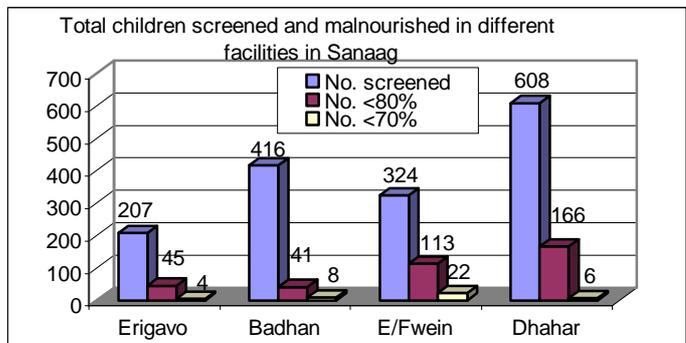
Currently, the region relies on market purchases of staples (rice, pasta and maize) whose prices are at least 50% higher than baseline prices. With purchasing power of both pastoral and agro-pastoral communities significantly weakened, access to the commodities is therefore reduced for many. Separation of families is therefore common as the pastoralists move further from their vulnerable households in search of pasture and water.

Although the 2002 Deyr rains have just started in the region, water remains expensive (up to five times the normal rates) and pasture is yet to recover. Milk availability has not yet improved and the population is not optimistic about a significant recovery as Deyr rains are normally low in the region. The Erigavo MCH has shown slight fluctuations in the proportions of malnourished children detected during screening at the MCH with a high of 8% of the 190 children screened in July.

UNICEF responds to poor malnutrition rates in Sanaag

In response to high malnutrition reported in Sanaag in May 2002, UNICEF in collaboration with the Ministry of Health and Labour (MOHL) commenced a nutrition and health intervention in selected districts of Sanaag aimed at reducing malnutrition rates among under-fives in the vulnerable areas, improving immunisation coverage, reducing the risk of mortality from common child illnesses through improved health care services, and raising nutrition and health awareness among caretakers/mothers on appropriate child feeding practices. The intervention include provision of high energy biscuits to malnourished children, immunisation of all under-fives in the districts, medical treatment to children, provision of vitamin A and iron supplements, and health/nutrition education to all caretakers/mothers of children who present for screening.

Started on 28th September 2002, the intervention programme targets four districts; namely Dhahar, Badhan, Erigavo and Eil Afwein. The intervention is MCH based and also utilises mobile teams. Children under-five with W/H less 80% of the reference median receive supplementary food (high energy biscuits). The programme in these four districts currently covers a total of 32 locations.



In the first round of operation which ended on 4th October 2002, a total of 1,525 children were immunised, 415 provided with high energy biscuits, 714 patients (adults and under-fives) treated and 1,555 children provided with vitamin A supplements while 574 women were supplemented with iron folic acid. The total number of children screened during the exercise and those determined as malnourished are presented on the graphical illustration.

The intervention and screening exercise for case findings will continue on monthly basis for a minimum of three months depending on the impact of the current Deyr rains. UNICEF recommends family ration to assist other household members not benefiting from the high-energy supplement. There is also a compelling need for strong inter-agency and local administration collaboration for the success of the intervention activities.

BAKOOL

Tayeglow Assessment

Tayeglow District recently experienced poor crop harvests in some areas (El Garas, Afgooye, Hupti, Wasilow) in the Deyr 2001/2002 and Gu 2002 seasons. Currently, some of the livestock are still outside the district having left in search of pastures towards Baidoa District in the Jilaal 2002 season. This has negatively affected the milk availability in many households. The villages of El Garas and Biyooley experienced water shortage until July/August 2002 when UNICEF repaired two boreholes, one in each of the village. Despite the borehole rehabilitation, most of the households depending on *muscids*¹ cover long distance in search of water.

In the absence of an implementing organisation, the district had no public health services in the first half of 2001. Immunisation services have been irregular and limited to polio (carried out during WHO NIDs) and measles, thus most children below two years of age have not been vaccinated. CARE supports food for work activities in the districts.

In view of the above, a rapid assessment using MUAC (mid upper arm circumference) was conducted in Biyooley village, of Tayeglow, by FSAU on 22nd September to understand the nutrition status of children. The MUAC measurements were taken on all children aged 6-59 months found in the village at the time of the visit. Measurements were taken to the nearest 0.1cm and results on the screening of the 114 children are summarised in the table below.

MUAC results from Biyooley Village, Tayeglow District, Bakool Region

Age groups in months	Oedema	<11.0cm (severe)	>=11.0/<12.5cm (Moderate)	>=12.5/<13.5cm (At risk)	>=13.5cm (Normal)	Total
6-11	0	1(12.5%)	2 (25%)	2 (25%)	3 (37.5%)	8 (100%)
12-23	0	2 (14.3%)	3 (21.4%)	7 (50%)	2 (14.3%)	14 (100%)
24-35	0	3 (10.7%)	6 (21.4%)	9 (32.1%)	10 (35.8%)	28 (100%)
36-47	0	1(3.6%)	2 (7.1%)	8 (28.6%)	17 (60.7%)	28 (100%)
48-59	0	0	2 (5.6%)	8 (22.2%)	26 (72.2%)	36 (100%)
Total	0	7 (6.1%)	15 (13.2%)	34 (29.8%)	58 (50.9%)	114 (100%)

About 19% of the children screened in Biyooley were either moderately or severely malnourished and 6.1% were severely malnourished using

MUAC of <12.5cm and <11.0cm for total and severe malnutrition respectively. (The severely malnourished children identified were referred to MSF -Belgium Huddur for therapeutic feeding). About 30% of the children screened were at risk of malnutrition and the majority of the children aged less than three years were either malnourished or at risk of malnutrition. (The severely malnourished children identified were referred to MSF -B Huddur for therapeutic feeding). Childcare during the day in some of the households visited was delegated to sibling thus increasing risk of malnutrition to the young children. In the months of May, June and July, about 40 of the average 250 children attended at Biyooley MCH in each month had diarrhoea. Other common diseases reported in the facility like acute respiratory infections and worm infestation continues to affect the health and nutritional status of the children.

The total proportion of the malnourished children and those at risk of malnutrition is high (49.1%) and in the absence of immunisation services and improvement of food security situation, the nutrition status of the children may worsen. Lack of health centres or outreach activities in most villages greatly limits health service access.

Waaqid The high potential Madyato areas of Waaqid experienced Deyr 2001/2002 crop failure (FSAU March 2002). The Gu 2002 rains were not adequate in some areas (Gubato, Baaggal) with resultant poor crop performance and reduced farm labour for the poor. Pastures declined in most parts of the district except in Kurto areas (South-east of Waaqid), leading to reduced milk production and a resultant milk price increase (8000Ssh in August up from 4000Ssh normal price). Water is available though poor in quality, especially in Waaqid town. There is no water chlorination activity in the district.

With reference to interventions, primary health care services by World Vision are available to the population. In addition, the World Vision sponsored supplementary feeding programme (SFP) is in progress with a total beneficiary of 217 malnourished children (W/H <-2 z-score) by 23rd September. The malnourished children are given 4kgs of blended food (unimix) and high-energy biscuits weekly while caregivers receive health and nutrition education. Most of the children accessing the supplementary feeding programme at the MCH come from Waaqid town and immediate surrounding villages and are mainly from poor households. Many of the mothers are involved in bush product collection, leaving infants in the care of siblings. Because of the relative distances involved, residents of some Waaqid villages e.g. Gubato and Madyato, are not accessing the MCH based SFP, rather attending the Isdowrt outreach sites in the neighbouring Rabdure District.

Elberde Elberde District experienced water and pasture reduction during the Jilaal 2002 season following low deyr rains. The patchy Gu 2002 rains led to slight recovery of pasture in Qarin zone and Quranjome and Salkodobby areas with resultant improvement in milk availability. This enabled small scale milk delivery to Elberde town from Quranjome and Salkodobby to take place. In Elberde town, significant cross border trade of cereals is taking place mainly from Bay Region. However, the cereals and milk are not easily accessible to the poor.

The supplementary feeding programme continues with a slight decline in beneficiaries (140 in June and 126 in Aug.2002) being recorded. The decline in beneficiaries is partly associated with SFP/family ration programme impact and slight improvement of food security situation (milk and water availability) in May/June 2002. At the MCH, daily attendance varies with a noticeable increase as the supplementary feeding day approaches. Consequently, there is possibility of less contact time of the child/ mother with the health worker due to workload.

Huddur Of the average 500 children primarily presenting with medical problems each month in Huddur MCH, over 45% are considered malnourished (W/H <-2 z-score) in the past four months and most are admitted to the SFP (where 80% of the median is used as admission criteria) for feeding and specialised treatment. Despite that, the number of beneficiaries in SFP has been dropping (370 in September from the figures of over 400 before May); partly attributed to slight improvement in some food security indicators during the Gu 2002 season as well as the ongoing SFP interventions in the area. Most of the malnourished children currently identified come from villages and very few from Huddur town; an observation associated with the relatively poorer state of the rural population in terms of food security and access to essential services. Most of them have had little or no harvest in the past few seasons as well as limited option for earning income while urban dwellers are involved in small business activities to earn income. Access to public health services and to water is also better among urban dwellers. Generally, the water situation and pasture conditions slightly improved when the district received the low and short lived Gu 2002 rains. Nevertheless, the Gu rains ceased in late June and some food security indicators (pasture) are on decline currently. This may pose a fresh threat to the recovering population.

FOOD UTILISATION STUDY

A. Montani and A. Omwega

The Nutrition Surveillance Project within the Food Security Analysis Unit aims to develop an understanding of issues that relate to food utilisation and nutrition that affect both urban and rural population in Somalia. The household economy framework for analysis used in the unit provides valuable information on the availability of and access to food. Less information is currently available on utilisation of food at the household level.

The study was proposed by the Nutrition Surveillance Project at FSAU in order that specific dietary issues at household level could be better understood. The objective of the study was to address gaps in the knowledge of food utilisation by identifying issues of concern and considering the implication of such issues in terms of their contribution to malnutrition.

The study was based on available secondary information and primary data collected in Somalia. Qualitative and quantitative data provided the basis for the findings of the study. Focus group discussions, interviews and observations provided the means to collect information for case studies in four food economy zones in Somalia, each one representing one of the four basic livelihood systems: Agro-pastoral, Pastoral, Riverine and Urban.

Fieldwork for the case studies was completed in two sites in Somalia and within the following specific food economy zones as identified by FSAU:

- ? Hiran Riverine in the Belet -Weyne district of Hiran
- ? Agro-pastoral: Southern Agro -pastoral in the Belet-Weyne district of Hiran
- ? Hawd Pastoral in northern Wagooyi Galbeed region within a 60km radius of Hargeysa town
- ? Hargeisa Urban in Hargeisa town

Information concerning utilisation of food and consumption patterns at the household level was focused on the following areas:

- ? Types of foods consumed within the food economy group
- ? Seasonality of food access and use
- ? Estimations of fluctuations in nutrient availability by season and wealth group
- ? Indications of difference in access, use of food and nutrient availability by wealth group
- ? Indications of prioritisation and difference intake for household members
- ? Timing and meal frequency
- ? Food preparation and meal composition
- ? Processing, preservation and storage
- ? Response to food shortage
- ? Indications of change over time
- ? Perceptions of malnutrition – perceived cause and responses

Main findings

Nutrient sufficiency at household level

- ? In the four food economy groups, the case studies reveal consumption patterns that, outside times of particular food stress, provide *the minimum or less than the minimum nutritional requirements* to a household. This is clear both for energy requirements and requirements of proteins, fats, iron and vitamins A and C.
- ? Some households in all food economy groups have difficulties meeting basic household energy requirements.
- ? Less than the minimum nutrient requirements are most evident for poor households across the four food economy groups and for consumption patterns during the dry seasons.
- ? Composition of diets varies between food economy zones with nutrient availability also showing some variation.
- ? Micronutrient availability is, in some cases, as low as 10% of requirements. Poor agro -pastoral households show the lowest vitamin availability. Poor riverine and both poor and middle wealth groups in the agro -pastoral zone show 60% or less coverage of iron requirements.
- ? Not all consumption possibilities are exploited in some food economy zones. Bioavailability of nutrients is avoidably reduced in some cases due to preparation techniques. However the clearest deficiencies require attention to levels of production and purchasing power.

Intra-household distribution

- ? Within households, prioritisation of children was reported particularly in reference to food stress.
- ? No difference was found between the allocation of food between male and female children.
- ? Under consumption by pregnant women was found to be widespread.

These elements show some consistency across the food economy zones.

The format of the case studies allows direct comparison between the different groups and comparative notes are provided following the case studies themselves. Variations in educational and productive inputs designed to increase availability of nutrients to households and individuals in Somalia need to be based both on the variations in the needs of the groups in question but also in the varying possibilities for interventions suited to these groups.

Please contact FSAU for a copy of the full report.

FAO WORKSHOP IN HODDUR

Workshop outlines region specific activities to reduce malnutrition and food insecurity

FAO held a workshop entitled 'Nutrition and Food Security – a multi sectoral approach to reducing malnutrition and food insecurity' in Huddur between 17th and 18th September. It brought together representatives from 23 organizations (local and international) operating in Bakool Region. From the workshop, region specific activities that would be pursued by organizations as mitigation effort of reducing malnutrition and food insecurity were arrived at. These include:

- ? Training on health and nutrition education for health workers and mothers/caretakers
- ? Improve health services access by increasing number of health posts, training of health personnel, provision of cold chains and vaccines to areas without the services
- ? Seed quality improvement through improved storage techniques (containers and treatment)
- ? Credit schemes for input and labour (from better of to poor, directly by agencies)
- ? Food processing using milling machines and oil pressers
- ? Job creation through promotion of income generating activities and basic management training
- ? Home gardening promotion accompanied by education: quality seed provision; tools; insect control; organic manure
- ? Establishment of small scale gardens near water points (targeting pastoral community) and offering technical assistance
- ? Promotion of good agricultural practices (modern farming technology) of manure use, crop rotation, input use, tools, extension services; credit
- ? Improve water access through creation of new and rehabilitation of existing water points
- ? Establish and revamp veterinary services through identifying local veterinary officers, conducting refresher training, providing basic veterinary kits and supporting outreach activities
- ? Environmental protection through community sensitization, training and supporting afforestation (through food for work)

TRAINING COURSES ANNOUNCEMENTS

As part of its Short Course Series, the Regional Centre for Quality of Health Care (RCQHC), Institute of Public Health, Makerere University, Uganda will be offering a course on **Quality of Health Care** in Jinja, Uganda between 11th and 22nd November 2002. The course targets both senior and middle level health personnel working in governments, inter-governmental agencies, INGOs, UN and private sector participants who will be able to translate the practical skills acquired during the training to improve the quality of health service provision in their programmes. Application form is available electronically. For more details, contact Ms. Sheila Magero, Programme Coordinator at Email: mail@rcqhc.org

The Feinstein International Famine Center at Tufts University, is offering a two weeks intensive course in Dubai, United Arab Emirates, from December 8 – 21, 2002, entitled **Saving Lives and Livelihoods: Managing Fundamental Interventions in Complex Emergencies**. The course focuses on Nutrition, Public Health and Community-based Animal Health Interventions in complex emergencies. For more details contact: Estrella Alves at Email: estrella.alves@tufts.edu or <http://www.famine.tufts.edu>

WEBSITES

This 'Nutrition Update', along with other relevant materials, is available on

ReliefWeb. <http://www.reliefweb.int/w/Rwb.nsf/vLCE/Somalia?OpenDocument&StartKey=Somalia&Expandview>
 UN Somalia Website. http://www.unsomalia.org/FSAU/nutrition_updates

RECENT REPORTS

- ≡ **Food Utilisation Study**. September, 2002. Nutrition Surveillance Project. FSAU/FAO
- ≡ **Monthly Food Security Report for Somalia**, FSAU.
- ≡ **Greater Horn of Africa Food Security Bulletin**. Issue No. 5. September 25, 2002. FEWS NET/LEWS/RCMRD/USGS
- ≡ **Emerging Food Insecurity in the Togdheer Region**. September, 2002. FEWS NET.
- ≡ **Golis Agropastoral: Shoats and Potatoes, A Situation Report**. September 1 – 5, 2002. FEWS NET.
- ≡ **Kenya Vulnerability Update**. October 16, 2002. FEWS NET and WFP.
- ≡ **Kenya Food Security Update**. October 8, 2002. FEWS NET and WFP.



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