

## OVERVIEW

The recent release of an **FSAU Focus** on the food security situation following the major harvest, identified some populations throughout the country that are in a particularly vulnerable situation at present. Nutrition surveillance on these populations will be intensified in the coming months.

Meanwhile, two separate crises have been reviewed in the Juba Valley. Around Bu'ale, insecurity continues to have a serious impact on food security and nutritional status of the population whereas around Jilib, the population is once again recovering from what is probably one of the most dramatic seasonal shortages occurring in the country each year.

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## JUBA VALLEY ASSESSMENTS

### Bu'ale rapid Assessment Sep-October 2003

The civil strife that spilled over to most parts of B'uale District in September 2002 resulted in severe loss and destruction of property and food stocks, looting and burning of villages. The Riverine Food Economy Group was the most affected by insecurity incidences. In May 2003, FSAU conducted a rapid nutritional assessment in Tateey village in the District, the most severely affected and only location among the affected villages where good numbers of residents had returned. The results of the assessment confirmed a poor nutritional status with extremely high malnutrition rate of around 28% (MUAC < 12.5cm). The assessment noted that market supply of local cereals and imported foods had been hampered leading to soaring up of prices by about 50% as compared to May 2002 and had worsened due to the below normal crop harvest in the 2002/2003 Deyr. The fighting ceased in June 2003 and ICRC/SRCS consequently intervened by distributing plastic sheeting, mosquito nets and other household utensils to people most affected by the fighting while SRCS continued with health service provision in the District.

However, since August 2003, there have been reports of renewed fighting and concerns over the nutritional well-being especially of the Riverine population. As a follow-up of the situation, FSAU in collaboration with SRCS conducted a rapid nutritional assessment using MUAC in the riverine villages of Bu'ale District between 29<sup>th</sup> September and 5<sup>th</sup> October 2003.

The assessment was conducted in twelve randomly selected villages of 35-40 riverine villages in the district and all under-five year old children present at the time of the assessment in the selected villages were measured. Of the 582 children measured, about 20% were malnourished

Assessment of mid upper arm circumference in B'uale District						
Villages	Oede ma	<11.0cm	11-2.4cm	12.5-13.4cm	= 13.5cm	Total
Dal lahelay	0	4	2	18	24	48
Gubato	0	0	6	18	36	60
Tatey	0	0	8	8	42	58
Jirmo	0	0	12	22	33	69
JabiHoose	0	3	5	14	25	47
Naxariis	0	0	5	10	30	45
Goljanno	0	0	12	8	26	46
Sukeela	0	1	8	7	21	37
Buurfuule	0	0	20	8	21	49
Kafinge	0	1	10	12	20	43
Caanoole	0	2	6	8	26	42
Qardhaale	0	4	8	8	18	38
Total	0	15 (2.5%)	102 (17.5%)	141 (23%)	333 (57%)	582 (100%)

(MUAC < 12.5cm or oedema) with about 3% of the measured children being severely malnourished (MUAC < 11cm). The high malnutrition rate has been attributed to limited access to food and income as a result of insecurity, below average 2003 Gu crop harvest, limited labour opportunities etc. The poor riverine population are finding it increasingly hard to access consumption of adequate food. Both quantity and quality is below normal while mothers wean their children on porridge from maize with hardly other additives.

### Jilib Rapid Assessment October 2003

Since September 2002, riverine villages of Jilib District have been continually reported as areas of increased nutritional vulnerability. In September 2002, SRCS/ICRC reported a significant number of cases of severe malnutrition (manifested as Oedema) among the children in the riverine villages. The high malnutrition rate was subsequently confirmed by FSAU led

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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.

inter-agency mission in October 2002. Interventions involving intensified health service provision, distribution of maize, cowpea and sesame seeds accompanied with 'food for seed protection' to 2500 families, provision of fishing kits and extensive training programme aimed at ensuring good fishing methods, conservation of fish and marketing were therefore put in place.

In June and July 2003 MSF-H and FSAU once again reported deaths and significant numbers of severely malnourished (Oedema) among under five children in some riverine villages of western Jilib (FSAU July and August 2003 Nutrition Update). The high rates were attributed to heightened food insecurity during the "hunger gap" (the community mainly depended on mangoes as the main source of energy in the diet and total lack of proteinous foods in the diets of the population at the time) and outbreak of measles. MSF-H subsequently established a TFC for the severely malnourished children with initially high registration of up to 60 children in June 2003 although the TFC beneficiaries is currently low at about 5 children.

Since July 2003, food security situation has significantly improved following the relatively good 2003 Gu crop harvest. Thus consumption of varied diet has increased with availability of cereals (maize), and legumes (cowpea and beans). Improved food security has also been reinforced by increased access to income by the community coming from favourable market prices of the farm produce (currently a bag of maize costs SSh 70,000 instead of the normal SSh 20,000).

In October 2003, FSAU in collaboration with SRCS conducted a follow-up MUAC assessment among under-five children in

MUAC Categories of Jilib Riverine Community						
Villages	Oedem a	< 11.0 cm	=11.0/< 12.5cm	=12.5/< 13.5 cm	= 13.5 cm	Total
B.Sheikh	0	2	8	6	28	44
Awramale	0	0	6	8	20	34
Marerey	0	0	9	15	41	65
Makayuni	0	0	4	18	18	40
Kalanje	0	1	4	8	19	32
J.joogso	0	0	1	8	26	35
Gumeyni	0	1	9	13	26	49
Bardheere	0	2	15	28	27	64
Shiidle	0	0	1	12	19	31
Alessandria	0	0	1	12	20	33
Bulo-shidad	0	1	0	8	19	28
Total	0	6 (1.3%)	58 (12.7%)	126 (27.6%)	263 (57.8%)	455 (100%)

the same villages visited in July 2003. A total of 455 children were assessed. The assessment shows substantial reduction in malnutrition rate with a global acute malnutrition using MUAC<12.5cm of about 14% (refer to table below) from about 28% In July 2003. The reduction in severe acute malnutrition rate as measured by MUAC <11 cm or oedema was even more dramatic –no oedema case was noted and severe malnutrition rate was about 1% from a high prevalence of 8% in July 2003. The findings reflect improved food security situation since the normal 2003 Gu harvest followed by off-season crops that continued to offer source of

employment for the poor in Hagay season. The Dhesheks that normally provide sources of fish had also been replenished. In addition, basic health provision was improved by MSF-H and SRCS. In addition, the measles outbreak had been controlled and the incidences of common childhood diseases like diarrhea and respiratory infections low. While most childcare practices like frequency of feeding, diversity of diets and workload of mothers have improved, hygiene practices, and duration of exclusive breastfeeding has not changed.

***The Jilib situation presents a serious seasonal problem. Thus, it is probably the opportune moment for medium to long-term interventions in the area. In the medium to longer term, the vulnerability of these riverine communities could be addressed through interventions focusing on a sustainable improvement in food security that might possibly include provision of fishing equipment and seeds for vegetables - both for use in household consumption and for income. The promotion of opportunities to diversify income through such activities as bee keeping and poultry production might also be considered. Access to clean water and strengthening of the existing health services will also have a positive impact on the lives of these communities.***

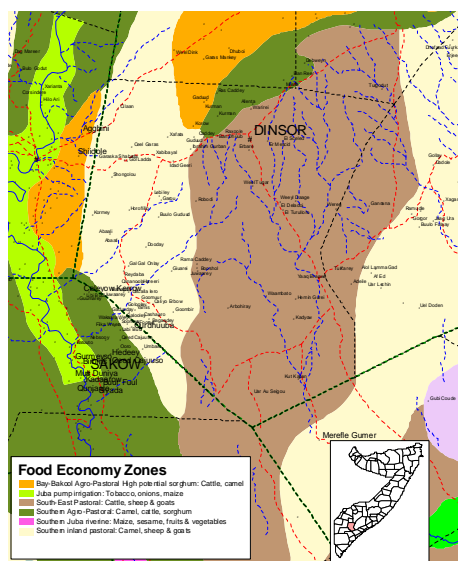
### **HUDDUR NUTRITION SURVEY – Preliminary results**

Huddur District in Bakool region comprises of a predominantly agropastoral population with sorghum and maize as the main crops grown. The farming is mainly rainfed. A minority (25%) of the population are pastoralists keeping mainly camels and shoats. Following a good 2002 Deyr crop harvest, the district has experienced relatively good food security conditions. However, the 2003 Gu harvest analysis indicate a significant reduction in cereal production in Bakool region of 72% compared to the 2002 Gu harvest and 89% compared to the post war average.

A nutrition survey undertaken in the district in July 2000 by IMC revealed a global acute malnutrition of 12.6% (CI 9.5 – 15.7) and severe acute malnutrition of 2.5% (CI 1.5 – 3.5). A follow up nutrition survey undertaken in September 2003 by UNICEF, IMC and FSAU reported similar malnutrition rates, a global acute malnutrition (Weight for Height <-2 z-scores or oedema) of 11.2% (CI 8.3 – 14.1) while the severe acute malnutrition (Weight for Height <-3 z-scores or oedema) was 1.1% (CI 0.2 – 2.0). The overall incidence of diarrhoea, ARI and malaria among the study children was about 16%, 41% and 14% respectively with high episodes observed among the children aged 12 – 23 months. Although the malnutrition rates reported in the current survey are within the range expected in South and Central Somalia even at times of "reasonable food security", the rates are still high and disappointing that no improvement in the children's nutritional status has been observed since the initial nutrition survey was undertaken three years ago despite interventions that have been implemented in the district. Detailed analysis of the survey data is currently underway and it is hoped to reveal a clear understanding on the causes of malnutrition in the district.

## DINSOR NUTRITION SURVEY

Dinsor District is located in Bay Region in the Southern part of Somalia, has an estimated 70,000 population and covers vast, fertile farmlands and grazing areas with high production potential areas.



Like many other parts of Somalia, the civil war and political instability in the past decade greatly contributed to the destruction of infrastructure in the district. Boreholes, government structures and personal properties were destroyed. The political instability and widespread population displacement contributed to increased levels of malnutrition and disease. Past nutrition surveys recorded GAM rates of 11.8% in August 1996 and 14.6% in December 2000. The district also encountered food security challenges in 2001 which led to the commencement of an integrated supplementary feeding programme (SFP), intensive health activities and family ration distribution through the Dinsor MCH in November 2001. During 2002 and 2003, food security in the district improved and so a nutrition survey was implemented to evaluate the overall impact of these factors on the nutritional status of the population.

Between 15th and 24th September 2003, a nutrition survey was conducted jointly by FSAU, IMC, UNICEF and the Dinsor community, using a two stage cluster sampling methodology, to determine the nutritional status of children aged 6-59 months or 65-110 cm in height/length. The survey also aimed to determine factors significantly influencing nutritional status as well as coverage of supplementary feeding programmes, measles, polio vaccine and Vitamin A supplementation.

Preliminary survey results indicate a poor nutrition status with global acute malnutrition rates of 13.3% (W/H<-2 z-score or oedema) and severe acute malnutrition of 1.8% (W/H<-3 z-score or oedema). The prevalence was not significantly lower than that in the previous survey in December 2000.

Mothers or caretakers of 37% of the children were not aware of the existence of a supplementary feeding programme in Dinsor while only 4% of the surveyed children had ever been admitted into the SFP. About 22% of the children not breastfeeding stopped before they were one year old. Regarding feeding, 14% of the children were fed once or twice in a day.

Further results indicate that crop production (87%) and purchases (12%) were the main food sources while the sale of crop produce (71%) and casual labour (14%) were the main income sources for the Dinsor population. During food shortage, food purchasing (52%) and sale of more livestock (22%) are the common coping strategies employed by the population.

Indicator	No	%
Children under five years screened during the survey	907	100
Global acute malnutrition – W/H <-2 Z-score or oedema	121	13.3 (CI: 11.2%–15.8%)
Severe acute malnutrition - W/H <-3 z-score or oedema	16	1.8 (CI: 1.0%-2.9%)
Oedema	2	0.2
Children with diarrhoea in two weeks prior to the survey	230	25
Children with ARI in two weeks prior to the survey.	429	47
Children with malaria in 2 weeks prior to the survey	100	11
Children with measles last one month prior to the survey	19	2
Children that received Vitamin A within last six months	631	70
Children immunised against Measles	298	35
Children ever received polio vaccine	691	77
Children ever admitted in the SFP	39	4
Children whose mothers were unaware of SFP existence	331	37

About 56% and 33% of the households depend on water catchments and unprotected wells for water respectively. All the children surveyed (100%) had been introduced to foods other than breast milk in their first three months of life. There is statistically significant association between malnutrition and frequency of feeding, age of stopping breastfeeding and diarrhoea. Children fed less than three times a day were more malnourished than those fed more than three times a day while early stoppage of breastfeeding (less than one year) had significant negative impact on nutritional status. During dry season, consumption is usually limited to cereal based foods with little diversity. Milk availability and accessibility reduces as the prices increase (6-8,000 Ssh/litre compared to normal prices of 2-4,000 Ssh/litre) thus reduced consumption of quality foods particularly among the poor.

It was notable that, Dinsor District received good harvests in Gu 2002 and 2002/3 Deyr and much of the food stocks currently available was from the 2002 harvests. The food security indicators are rapidly deteriorating particularly with the failure of the Gu 2003 season in most parts of the district. Pastures and water for livestock has declined, thus triggering livestock movement away from households. Prices of imported goods remain relatively high (e.g. rice and sugar 20% above normal) due to persistent levy extortion at the checkpoints along the roads. A combination of factors like coping strategies employed (apparently some seem not to be reliable), childcare and diseases undermines the nutrition status of children in Dinsor District.

The current cereal stock utilization and the performance of the forthcoming Deyr season are key considerations in the prediction of the food security situation for the district in the near future. Other recommendations proposed by the community and partners include continuation of the ongoing SFP through the MCH, improvement and expansion of health services by supporting health posts and mobile EPI activities, water catchments and boreholes rehabilitation and coordination of recently initiated activities by INGOs particularly those focusing on livestock and health.

## HUDDUR WORKSHOP - Nutrition Data Collection, Analysis, Interpretation and Use

Between 23rd and 25th September 2003, FSAU nutrition surveillance project conducted a sensitisation workshop for middle level managers on nutrition related data collection, analysis, interpretation and use. The workshop is the third of its kind with previous events being held in Hargeisa and Garowe in March and June 2003.

The workshop targeted partners actively involved in Nutrition, Health and Food Security issues. A total of twenty-eight participants representing thirteen international and local organisations participated in the workshop. The main discussions topics at the workshop included basic understanding of nutrition, food security and health concepts and how they relate to nutritional assessments utilising the FIVIMS framework of analysis.

A participatory training methodology approach was used drawing on experiences of the participants as well as FSAU's nutrition surveillance work in Somalia. The participants had an opportunity to have practical sessions to understand possible causes of poor nutrition status for the various food economy groups in Somalia. Using the FIVIMS framework, case studies taken from nutrition surveys and assessments were used for data analysis, interpretation and use.

Evaluations using assessments before and after the workshop demonstrated a significant increase in knowledge and understanding of nutrition and related issues among participants.

Recommendations from the workshop included increased collaboration of partners on the ground in information sharing during agency meetings, partners to ensure accurate data especially from the health facilities by intensifying supervision and training of their staff and FSAU to conduct a follow-up evaluation of the participants after some months. The participants who had never participated in nutrition assessments and surveys expressed a great interest in getting involved in these activities.

## 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 Reproductive Health programmes** 20<sup>th</sup> October – 14<sup>th</sup> November 2003 targeting managers of reproductive health programmes. 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 Uganda from October 2003 to February 2004 and 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

## 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

- ✂ **Focus, Annual Post Gu 2003 Food Security Outlook.** October 8, 2003. FSAU.
- ✂ **Greater Horn of Africa Food Security Bulletin.** Issue No. 16. September 30, 2003. FEWS NET/LEWS/RCMRD/USGS
- ✂ **Kenya Food Security Report.** October 7, 2003. FEWS NET/MALD/WFP
- ✂ **Kenya Vulnerability Update.** September 18, 2003. FEWS NET and WFP and UNICEF
- ✂ **Ethiopia Network on Food Security.** Issue No. 9/03. September 11 2003. FEWS/NET/EU-LFSU
- ✂ **Regional Agricultural Trade Intelligence Network, Food Bulletin for East Africa.** Issue No. 4. September 11, 2003. FEWS NET
- ✂ **Somalia Food Security warning.** October 9, 2003. FEWS NET.



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