

OVERVIEW

The very poor performance of the Deyr rains so far in Sool Plateau and parts of the Nugaal Valley potentially represents the seventh consecutive rainy season failure. In Taalex and Huddun Districts the population faces hunger and destitution. Substantial population movement is underway and significant numbers of people are congregating in areas where social and humanitarian assistance is expected. Deaths from measles and diarrhoea outbreaks in some of these 'camps' have been reported in the past two weeks. Emergency humanitarian assistance is needed immediately.

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The results of a nutrition survey in Galgadud confirm earlier reports of food insecurity, with an extremely high Global Acute Malnutrition rate of 20.5% (Z scores). In Juba valley, a number of humanitarian interventions are aiming to address high levels of malnutrition although the levels remain very worrying.

The situation of IDPs remains a great concern throughout the country. IDPs in Mogadishu appear to be better off than those in Bossasso, where organisations are considering the implementation of interventions following the recent survey. Restoration civil and improvement in economic security in Mogadishu will contribute substantially to the wellbeing of IDPs and the general population in Mogadishu.

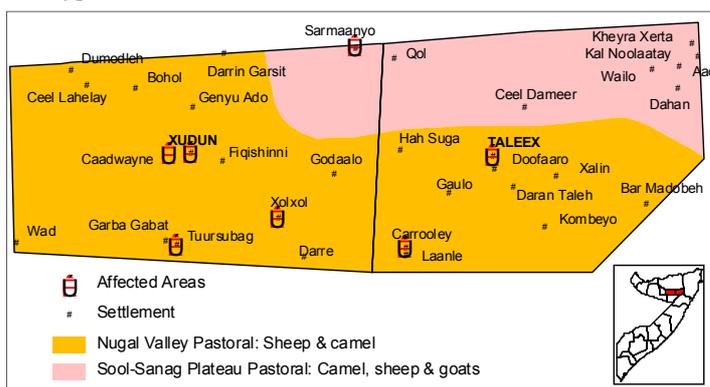
CRITICAL SITUATION IN TAALEX AND HUDDUN DISTRICTS

- The long awaited 2004 Deyr rains that were expected to provide relief to the population in Taalex and Huddun set in late and so far have not benefited all parts of Sool region. **Huddun District and the western parts of Taalex District have received no rains.**
- **Population movement** has increased towards small towns and major villages in anticipation of relief assistance. Some of the areas hosting high numbers of destitute families include Huddun town (approximately 450 households), Taalex town, Hol Hol, Sarmaanyo, Carooley, Caadwayne, Ganbadhe, Tukaaraq, Godqaboobe, Lasourdan and Faliidyaale. Households on the move include destitute families and the families of herders who have taken animals in search of food and water.
- There are indications of a worsening situation with reports of **outbreaks of measles** and diarrhoea and deaths among young children. Malnutrition levels are already above the typical for the area.
- Access to clean and adequate water is limited by low availability and high prices.
- Food prices are reported to be increasing.

Humanitarian interventions: WFP distributed food in the area in August 2004 and UNICEF provided supplementary food to malnourished children in September 2004. In the coming months, supplementary and family ration distribution will be implemented by UNICEF and WFP. NPA has supported water and health related interventions.

The strong social support network, local business communities and humanitarian interventions by international and local NGOs have prevented a *major* humanitarian crisis in the area but destitution has increased significantly and effects on the environment have been devastating.

Humanitarian access has been substantially reduced due to insecurity in the area.

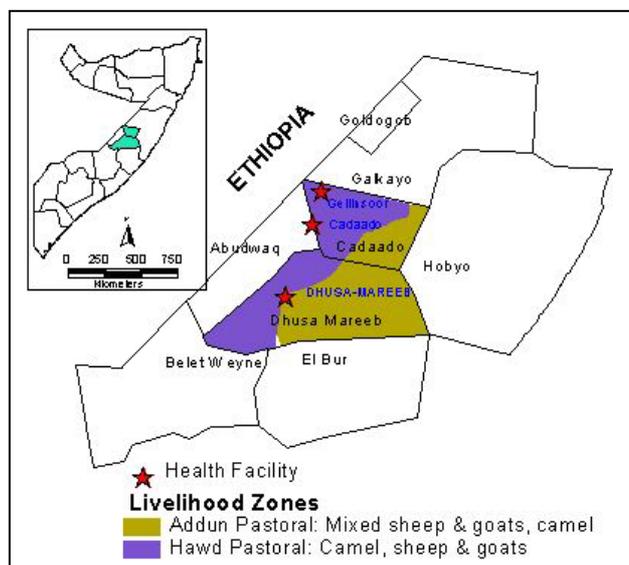


The Nutrition Surveillance Project is funded by USAID/OFDA and receives support from the EC

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

NUTRITION SURVEY IN DHUSAMAREEB AND ADAADO DISTRICTS, GALGADUD REGION. Preliminary Results

Dhusamareeb and Adaado districts of Galgadud region have a population estimated at 79,245 people (WHO, 2004). Both districts are located along the main tarmac road that connects the southern and northern parts of the country. The surveyed areas as well as other parts of Galgadud region are currently experiencing one of the worst humanitarian crises in over a decade as a result of drought, civil insecurity, deteriorating terms of trade and environmental degradation. The severe drought, now in its third year, has resulted in severe water and pasture shortage and subsequently poor livestock body condition and reduced productivity. Frequent inter-clan conflicts have worsened human suffering, interrupting livelihoods and occasionally causing internal displacements of people. A rapid nutrition assessment carried out in July 2004 in eleven villages in the two most food insecure districts indicated high levels of acute malnutrition and above expected levels of mortality. A follow-up nutrition survey was recommended.



The nutrition survey was undertaken between 15th and 22nd September 2004 by FSAU in collaboration with UNICEF and Somali Red Crescent Society (SRCS). The objective of the survey was to determine the levels malnutrition of children aged between 6 - 59 months or 65 - 110 cm in height/length using weight for height index as well as adult malnutrition using Mid Upper Arm Circumference (MUAC). Data related to the common childhood diseases, child feeding practices, access to basic health services, safe water, sanitation, care practices and food security were collected through the household survey, focus group discussions, interviews with key informants and observation. Retrospective mortality data for the last 90 days was collected concurrently among the study households using a two-stage random cluster sampling methodology. *Due to insecurity in some areas of Adaado district, some of the selected clusters were replaced and thus the survey findings are representative of areas that could be accessed.*

A total of 928 children aged 6-59 months or measuring 65-110 cm from 424 households were examined. Survey findings indicate a global acute malnutrition (W/ H <-2 Z score or oedema) of 20.5% (CI 18.0-23.3) and severe acute malnutrition (W/ H <-3 Z score or oedema) of 2.5% (CI 1.6-3.7). The retrospective under five and crude mortality rate measured in 900 households was 2.39 deaths/10000/day while the crude mortality rate was 1.66 deaths per 10000 per day. The level of adult malnutrition was also high among pregnant women¹ Those at severe risk (MUAC < 20.7 cm) were at 7.9% while those at moderate risk ≥ 20.7 and < 23 cm were at 22.9%. Further survey findings are shown in the table.

Overall, breast feeding and complementary feeding was found to be sub-optimal. A high proportion, around 81% of the children aged between 6 and 24 months were introduced to foods other than breast milk before the fifth month of life. All children came from households who reported to have employed at least one or more of the consumption coping strategies in the 30 days prior to the survey. The most commonly used were (i) switching to low quality food (e.g. reduction in consumption of milk) 73%, (ii) limiting of portion size 60%, (iii) borrowing from relatives 33% and (iv) purchase on credit 32%.

Indicator	N	%
Children under five years screened during the survey	928	
Global acute malnutrition (WFH<-2 z score or oedema)	191	20.5
Severe acute malnutrition (WFH<-3 z score or oedema)	23	2.5
Oedema	0	0
Children with diarrhoea in two weeks prior to survey	364	39
Children with ARI in two weeks prior to survey	359	39
Children with malaria in two weeks prior to survey	90	10
Children with measles in one month prior to survey	116	13
Vitamin A supplementation coverage	304	33
Measles vaccination coverage (9-59 months) n=	222	35
Under five mortality rate (per 10,000 per day)	32	2.39
Crude mortality rate (per 10,000 per day)	57	1.66

Although in the past, pastoralism has been the main source of livelihood in the area, survey findings indicate that only about 40% reported to be pastoralists, with 42% involved with petty trade or self employment and about 18% depended on sources such as begging and reliance on relatives. A general downward shift in all wealth groups was noted with increasing destitution and indebtedness at the lower end. Many of those who migrated with livestock, entered into debt or exchanged livestock for the purpose with only 27% paying cash.

¹ Sphere recommended cut-off points for pregnant women and UNACC/SCN for the non-pregnant women were used.

Currently, access to water remains a serious problem in the surveyed area. Over 50% of the children came from households who were obtaining drinking water from boreholes, with about 27% accessing from unprotected wells and springs. The majority (over 70%) were travelling over 5 kilometres to fetch water. High prices charged by trucks limited the amount used in all households with the majority using 1.9 -2.5 litres per person per day which is below the recommended amount.²

The findings indicate critical levels of Global acute malnutrition, a situation that is expected to deteriorate further if urgent action is not taken. As a result of the drought, the pastoralists have lost large numbers of their livestock and the remaining livestock are extremely weak and in poor body condition. Access to milk is becoming increasingly difficult due to the reduced number of livestock and low purchasing power. Water remains a critical limiting factor for both livestock and humans thus predisposing the community to water related disease. Even with a normal Deyr 2004 season, recovery will take time since the pastoralists have lost most of their livestock including pack animals.

Survey findings were discussed with UNICEF and SRCS following the survey and later in Nairobi at a special meeting of the Humanitarian Response Group. The following recommendations were made:

- Increase coverage of water trucking
- Targeted SFP/family ration through the MCHs
- Improve health care such as EPI and curative services
- CARE and WFP are currently exploring ways of supporting food interventions.

JILIB RIVERINE LIVELIHOOD COMMUNITIES

The nutrition situation remains critical in Jilib riverine livelihood zone with analysis of various indicators including admission to selective feeding programmes and rapid assessments indicating that levels of acute malnutrition are still significantly above the usual range of 15%-19.9% (*WFH z scores*), for the area.

A rapid assessment of 134 children aged 12-59 using measurement of Mid Upper Arm Circumference (*MUAC*) months was conducted in August 2004 by Gududei MCH centre in three randomly selected villages within the MCH catchment area. Findings indicate 18.5% malnourished with MUAC less than 12.5 cm or oedema, and 3.6 % severely malnourished with MUAC less than 11.0cm or oedema.

The high numbers of admissions of severely malnourished children into the therapeutic feeding centre (TFC) in Marere, managed by MSF-Holland, indicate continuing critical levels of acute malnutrition in Jilib Riverine livelihood zone. Reports from the supplementary feeding programs (SFP) indicate an increasing number of admissions of children discharged from the TFC, as well as moderately malnourished children, pregnant and lactating women from the community.

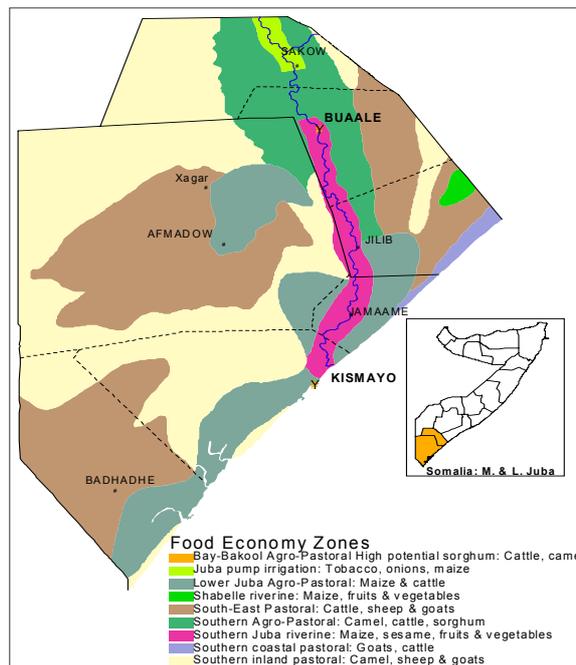
The critical levels of acute malnutrition are attributed to inadequate dietary intake resulting from poor household food security and disease, resulting from lack of access to safe drinking water and low levels of access to health care services. The situation is exacerbated by poor hygiene practices and environmental sanitation, a poor social care environment for women and children and political instability.

Interventions

Therapeutic feeding centre. MSF-Holland has managed a TFC in Marere village since June 2003. In August 2004, 243 children were admitted, 45 in September 2004, and 35 new cases by mid October 2004. Severely malnourished children are identified through mobile teams.

Supplementary feeding program. MSF-Holland has established a mobile team which with additional support from WFP, distributes both supplementary and family rations to households with malnourished children. By mid October 2004, 275 children were benefiting. In August 2004, UNICEF in collaboration with SRCS in Gadudei MCH and Jilib MCH began to distribute supplementary food rations to malnourished children in the MCH centre's catchment areas. Almost five hundred malnourished children and 189 lactating and/or pregnant women with MUAC less than 21.0 cm receive support.

Food security. FAO in collaboration with ICRC have distributed seeds to farmers in Marere and Jilib. ICRC supports a food for work programme to facilitate land preparation. ICRC has provided 15 irrigation engines to four villages and plans to distribute emergency supplies of food and non-food items (pumps, shelter material, household utensils and seeds).



² Sphere recommends total basic water need of 7.5- 15 litres per day

AFREC, in collaboration with World Concern (WC) has provided 10 irrigation pumps in the west bank of Jilib and Jamame; and also distributed 9,000 fishing kits in collaboration with MCC/WC. AFREC plans to distribute 20 MT of different seeds in collaboration with World Concern.

Health. MSF-Holland runs an out-patient clinic based in Marere village, which also admits patients with complicated malaria, respiratory tract infections and anaemia. UNICEF in collaboration with SRCS runs two MCH centres, in Gadudei and Jilib – though EPI services are not yet offered. Unfortunately, these facilities are overstretched.

Water and Sanitation. AFREC in collaboration with World Concern has renovated hand-dug wells to increase access to water. More than 30 shallow wells have been rehabilitated during the past three months. UNICEF plans to undertake a sanitation program in collaboration with AFREC.

Skills training and Community Awareness. AFREC in collaboration with World Concern supports two training centres aimed at imparting skills to two women groups in Marere. The centres also provide community awareness on the risks of HIV/AIDS and Female Genital Mutilation.

The need for continuing coordination in the area remains high in order to ensure that gaps in essential interventions are identified and addressed.

BOSSASO IDPS SURVEY – Follow up on interventions

A meeting to discuss possible interventions to address the issues identified through the IDP survey is scheduled for October, in Garowe, Puntland. In the meantime the Ministry of Health in collaboration with UNICEF continues to provide health care services to Bossaso residents, including the IDPs.

UNICEF in collaboration with WFP are providing supplementary feeding to the malnourished children. Discussions are underway to include a family ration to these households.

MOGADISHU IDPs NUTRITION SURVEY – Preliminary results

After the collapse of the central government of Somalia in 1991, widespread inter-clan fighting erupted followed by a severe drought in the southern zone. This led to a substantial movement of Internally Displaced Persons (IDPs) to Mogadishu seeking humanitarian assistance. From mid 1995 increasing insecurity caused a decline in humanitarian support and an extremely low level of humanitarian access. Currently, there are about 210 IDP camps of varying sizes in Mogadishu, with an estimated population size of 300,000. The camps and their access to humanitarian assistance are controlled by 'Gatekeepers' from powerful clans. The situation has improved slightly following the establishment of a local clan-based security system that aims to bring armed gangs to justice. UNICEF, in collaboration with WFP, Al-Dawa, Sifa and ACF conducted a nutrition survey in Mogadishu IDP camps in July 2004 with the objectives (i) to review the nutrition and mortality situation; (ii) identify the potential risk factors and (iii) to examine how these factors can be addressed.

A total of 900 children aged 6-59 months and measuring 65-110 cm, were identified through 30 by 30 cluster sampling and assessed using weight for height Z score as the indicator of acute malnutrition. Results indicate Global Acute Malnutrition (GAM) of 15.8% (CI: 12.-19.6%) and Severe Acute Malnutrition (SAM) of 3.2% (CI: 2.2-4.7%), which depict a critical nutrition situation (WHO classification). A nutrition survey conducted in June 2000 by ACF reported GAM of 12.9% (CI 10.0% - 16.5%) and SAM 2% (CI 1.0% - 3.9%). Findings on retrospective mortality indicate crude mortality of 0.5 per 10,000 per day and under five mortality of 0.7 per 10,000 under fives per day. These rates are within the acceptable category (WHO, Sphere 2004 classification). Further details are summarised in the table.

Coping strategy included borrowing (for about 55% of the assessed households) and about 22% reported begging. The sources of water were varied with about 27% accessing water from protected wells, 24% from boreholes and about 49% from other sources. Whereas 78% of the assessed households utilize pit latrines for faecal disposal, about 20% use the bush or open ground. Only 8% of the assessed households access the public health facility for health services.

Qualitative information indicates that IDPs are the poorest people in Mogadishu, lack appropriate skills and subsequently undertake low paying casual jobs. They live in overcrowded, unsanitary conditions. Health facilities located around the camps report high cases of watery diarrhoea, measles and Tuberculosis. Insecurity is a major hindrance to IDP access to income opportunities.

Indicator	No.	%
Children aged 6-59 Months assessed	900	100
Number of households	504	100
Global acute malnutrition (WFH <-2 Z-score or oedema)	142	15.8
Severe acute malnutrition (WFH <-2 Z-score or oedema)	29	3.2
Severe acute malnutrition, no oedema	18	2.0
Oedema	11	1.2
Children with ARI in two weeks prior to the survey.	356	39.6
Children with diarrhoea in two weeks prior to the survey	322	35.8
Children with Malaria in two weeks prior to the survey.	203	22.6
Children with Measles in last one month prior to the survey.	30	3.3
Vitamin A supplementation in 6 months prior to survey.	534	59.3
Measles immunization coverage (ⁿ =816)	371	46
Children exclusively breastfeeding at 4 months	66	7
Children breastfed 18 months and more (ⁿ =732)	215	29
Children fed 3 times a day and above	318	35
Under 5 mortality per 10,000 per day	10	0.7
Crude mortality per 10,000 per day	19	0.5
Main source of food: Purchases	360	71.4
Main source of income: Casual work	269	53

The food security situation among IDPs has remained precarious. Whereas both imported and locally produced foods are available in the market, IDPs have limited access due to lack of income as described above. This has resulted in inadequate dietary intake and subsequently, acute malnutrition. Nevertheless, the humanitarian assistance of food aid distributed regularly by WFP and a number of Islamic organizations has mitigated the situation and controlled further increase in acute malnutrition and mortality.

The health situation is poor and characterized with high incidence of communicable diseases. Statistical analysis of the data has shown that diarrhoea and ARI are significantly associated with acute malnutrition ($p=0.0001$) and about 58% of the reported deaths were associated with diarrhoea, 32% with ARI and 5% malaria. The measles vaccination coverage of 46% and vitamin A supplementation coverage of 59% is much lower than the minimum recommended of 90% (Sphere 2004). About 3% of the children eligible for the measles vaccine had measles in the one month preceding the survey. The presence of tuberculosis reported during qualitative data collection reflects the consequences of the poor living conditions and low immunity. The low utilisation of the NGO health facilities during illness (about 8%), may need further investigation.

Access to safer water for consumption is low with about 49% of children coming from households that obtain water from unprotected wells, springs and the river and about 20% of the assessed households dispose of faecal matter in the bush or open ground, all predisposing IDPs to diseases such as diarrhoea and intestinal infections.

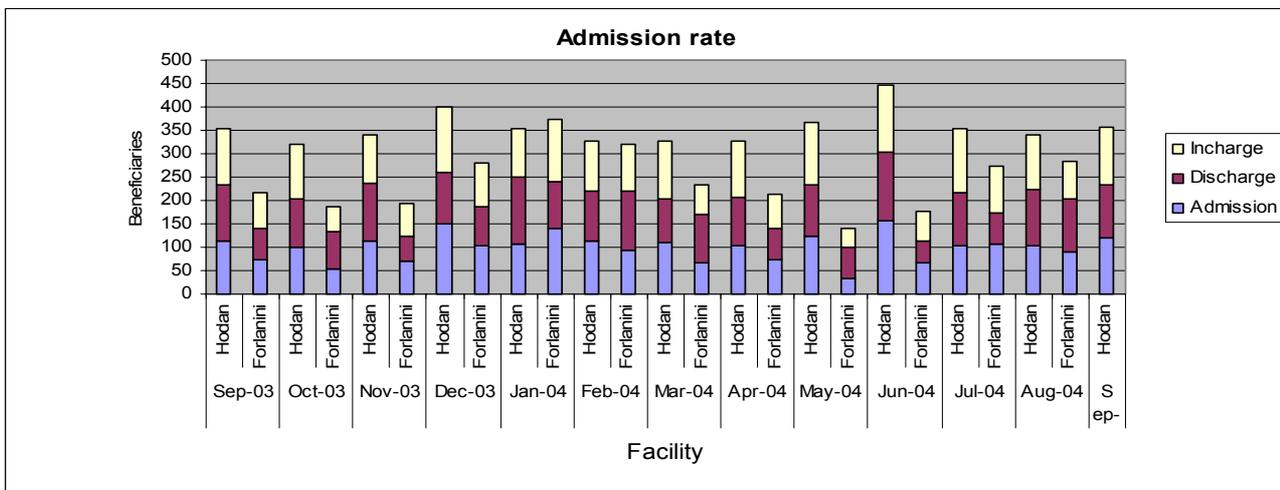
Child feeding practices are generally poor with about 65% of the assessed under fives receiving less than three meals a day. Additionally, only about 7% of mothers in the IDP camps exclusively breastfeed for the first six months. Qualitative information has associated these poor child feeding practices with lack of knowledge and the inability of women to devote adequate time to care practices because of their preoccupation with livelihood activities.

Based on analysis of the nutrition situation, the survey team made the following recommendations to address the situation:

- A secure environment is of critical importance for any humanitarian response. Interventions geared towards peace building and conflict resolution between warring factions would greatly facilitate access to income and possibly contribute to improved nutrition situation among IDPs.
- Improve the health situation through intensified health and nutrition education, EPI services, vitamin A supplementation, household sanitation and personal hygiene;
- Interventions geared to improve access to food by the IDPs
- Medium- and long term- projects that address food insecurity, poor living conditions, lack of skills to diversify income opportunities, poor access to water and sanitation in Mogadishu IDP camps.

Humanitarian Interventions in Mogadishu

UNICEF supports fifteen MCH centres in Mogadishu with essential medical drugs and equipment, supplies for immunization, micronutrient supplements and clean delivery kits. UNICEF has also established monthly food demonstration sessions. WFP has implemented ‘social support’, promoted training through the Food for Training intervention and assisted in the construction of health facilities. DAWA, MERCY and MUSLIM AID UK run health and nutrition programs in collaboration with WHO, UNICEF and WFP.



ACF manages two therapeutic feeding centres in Mogadishu. The graph shows the trend of total admissions, discharges and in-charge (those already in the centre) since September 2003.

NUTRITION RELATED GUIDELINES

Nutrition survey guidelines

The updated draft is currently being reviewed in Nairobi and Somalia. Comments and input will be considered before final approval of the draft.

Supplementary feeding guidelines

Final draft is being reviewed and will be completed in November.

HEALTH INFORMATION SYSTEM

Following the recent piloting by a number of organisations, a number of amendments were recommended and have been undertaken. The revised version and accompanying manuals are now being circulated by FSAU.

NUTRITION SURVEYS - 2004

Dates	Area	Organisations	Status: 18 th October 2004	
January 2004	Bakool	Wajiid IDPs	UNICEF/ACF/FSAU/WFP/WVI	Report circulated
Feb/March 04	Bari/Nugal	Burtinle/Garowe/ Dangoroyo	ACF/UNICEF	Report circulated
March 2004	Bakool	Elberde	UNICEF/FSAU/IMC	Report circulated
April 2004	Mudug	Galcacyo	UNICEF/MOH/FSAU	Report circulated
April 2004	Mudug	Golgodob	UNICEF/MOH/FSAU	Report circulated
May 2004	Middle Juba	Jilib Riverine	FSAU/UNICEF/SRCS/UN-OCHA/AFREC	Report circulated
May/June 2004	Sool/Sanaag	Sool Plateau	FSAU/UNICEF/MOHL/SRCS/WFP/WHO	Report circulated
July 2004	Benadir	Mogadishu IDPs	UNICEF/WFP/SIFA/ALDAWA	Report circulated
July 2004	Bari	Bossaso IDPs	UNICEF/MOH/FSAU	Report writing in progress
Sept 2004	Galgadud	Dusamareb & Adaado	FSAU/SRCS	Draft report circulated
Oct 2004	Bari	Alula/Kandala/Ishkushban	UNICEF/FSAU/MOH	Analysis ongoing
Oct 2004	Bari	Qardho	UNICEF/MOH/FSAU	Analysis ongoing
Oct 2004	Gedo	Luuq	FSAU/GHC/UNICEF/CARE	Data collection completed
Nov 2004	Sool	Huddun/Taalex	FSAU/MOHL/UNICEF	Planning in progress
Oct 2004	Bay	Baidoa	UNICEF/FSAU	Proposed
2004	Hiran	Belet Weyne	IMC/FSAU/UNICEF	Proposed
2004	Bay	Dinsor	IMC/FSAU/UNICEF	Proposed
2004	Galbeed	Togdheer	UNICEF/FSAU/MOHL	Proposed
2004	Galbeed	Hargeisa IDPs	UNICEF/FSAU/MOHL	Proposed

TRAINING COURSES AND ANNOUNCEMENTS

Regional Centre for Quality Control of Health Care, Makerere University is offering (i) a Post Graduate Diploma in Quality of Health Care, Uganda, October 4th 2004 to March 2005, (ii) a short course on: Improving quality of care: Foundations in facilitative supervision”, March 14-18, 2005, (iii) Malaria Update Short Course between 30th May and 10th June 2005.. Email: mail@rcqhc.org or mauma@rcqhc.org

RELEVANT RECENT PUBLICATIONS

- Monthly Food Security and Nutrition Brief for Somalia, October 2004, FSAU.
- Technical Series Report, No IV.2, Post Gu Analysis. FSAU, 2004
- Horticultural Study in Lower and Middle Shabelle Regions of Somalia, September 2004, FEWS NET
- Food Trade Bulletin for East Africa, 6th October 2004, FEWS NET
- Executive Overview of Food Security Threats in Sub-Sahara Africa, 6th October 2004, FEWS NET

WEBSITES

This ‘Nutrition Update’, along with other relevant materials, is available on:

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



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