FSAU
Food Security Analysis Unit - Somalia

NUTRITION UPDATE

September - October 2008

Overview

Nutrition Situation:
In October 2008 FSAU, in collaboration with partners, commenced the second cycle of seasonal nutrition surveys for the *Deyr* '08/09 season. The first of these surveys were conducted in Somaliland in October, followed by Shabelle regions, Central regions and Bossasso IDPS surveys in early November.

Findings from the two nutrition assessments using the standard survey methodology[1], conducted in Somaliland in October, indicate a varied picture; with ***Very Critical*** rates of acute malnutrition[2], reported in the Guban and West Golis Pastoral Livelihood zones of Galbeed and Awdal regions, and ***Alert*** rates reported in the Sool Plateau of Sool and Sanaag regions.

- **Guban and West Golis Livelihood Zone:** Preliminary results indicate a ***Very Critical*** nutrition situation, with a global acute malnutrition rate (GAM) (WHZ<-2 or oedema) of **20.7%** (15.3-26.2) and a severe acute malnutrition (WHZ<-3 or oedema) rate of **2.4%** (1.4-3.5) with one oedema case, 0.19% (0.0-0.6). This indicates deterioration from the ***Critical*** phase identified through the Post *Gu* '08 integrated analysis using data from rapid Mid Upper Arm Circumference (MUAC) assessments, health facility data and key informants. The retrospective crude and under five mortality rates[3] for a 90 day recall period were estimated at **1.05** (0.65 – 1.68) and **1.06** (0.52-2.14), respectively, the elevated CMR levels are of concern given they are above the alert threshold of 1/10,000/day, however the under 5 yrs mortality rate was below the alert threshold of 2/10,000/day. The key driving forces to this ***Very Critical*** situation are likely to be a combination of shocks affecting household food security and health: such as high food prices, out-migration of livestock during the *Gu* '08 due to lack of water and pasture and livestock disease; coupled with high rates of morbidity (37% of children reported to be ill in the two weeks preceding the survey, with 29% reportedly having suffered from diarrhoea and 17% from acute respiratory tract infections).

- **Sool Plateau Livelihood Zone:** Preliminary results indicate an ***Alert*** nutrition situation, with a global acute malnutrition (WHZ<-2 or oedema) rate of **9.9%** (6.9-13.0) and a severe acute malnutrition (WHZ<-3 or oedema) rate of **0.5%** (0-1.1) with one case, 0.2% (0.0-0.5), of oedema reported. This is an improvement from the Post *Gu*'08 ***Critical*** nutrition situation, likely associated with increased access to milk, following recent good *Deyr* rains in September and October, that have increased access to water, pasture and contributed to the return of livestock that had migrated as well as humanitarian assistance (including cash for work and water trucking). The retrospective crude and the under five mortality rates for 90 days recall period were **0.64** (0.35-1.18) and **1.64** (0.88-3.04) respectively, both below the alert thresholds. Morbidity levels were high, with 23% of the assessed children reportedly having suffered from a communicable illness in the preceding two weeks to the survey, 16% from diarrhoea and 8% from acute respiratory tract infection.

1 Two stage cluster sampling based on probability proportional to size
2 * Main prevalence estimates reported using NCHS population references <-2 WHZ and or oedema. WHO Anthro results provided in the tables.
3 Deaths per 10,000 persons per day

Urban Households Food Consumption
As a component of the quarterly monitoring of the food security of urban populations, in October an urban nutrition assessment was conducted in six regions (Gedo, Lower Shabelle, Bay, Bakool, Middle Juba and the Northeast and Northwest regions), and covered 36 urban centres[4], with an average of 10 randomly selected households assessed in each centre. The assessment incorporated a review of household food consumption[5] from a 24 hour recall period, and the coping strategies adopted in October 2008 compared to a similar period in the year 2007, for the purpose of trend analysis. Although the sample size is not statistically representative, the findings give a general indication of the situation.

MUAC measurement in West Golis, FSAU Oct '08

Household Dietary Diversity: Analysis of findings[6] from the urban centres in Gedo and Shabelle regions, indicates a *Serious* nutrition situation, with up to 20% of the assessed households reportedly consuming a poorly diversified diet of less than four food groups in the preceding 24 hours. In Middle Juba (Buale), 25% reportedly had a poorly diversified diet; however for centres in Bay and Bakool, the northeast (Rako and Garowe), and northwest (Sanaag and Sool) regions, the proportion of the assessed households consuming a poorly diversified diet (40%-60%) was *Very Critical*. Consumption of a diverse diet is crucial for the supply of nutrients required for normal functioning of the body. The most commonly consumed foods were cereal, sugar and oil. Milk consumption was high in the assessed centres of Middle Juba (95%) and Lower Shabelle (91%), but poor in the other regions, (50% in Bay and Bakool, 59% in Awdal/ Galbeed, 67% in Toghdeer, 23% in Sanaag, 10% in Sool, 45% in Gedo and 40% in the Northeast). Purchase was the main source of food for the assessed households, coupled with food aid in Juba (27.5%) and Gedo (22%), gifts (30%) in Garowe in the Northeast, own production (30%) in Lower Shabelle and bartering in Bay and Bakool (25%).

Coping Strategies: Analysis of aggregate data on coping strategies adopted in the month of October in 2007 and 2008 indicates an increase in the proportion of households applying distress coping strategies, *i.e. skipping entire days without eating, restricting consumption by adults in order for small children to eat, borrowing food or relying on help from friends or relatives*. In October 2007, 32% of the assessed households reported to have applied at least one of these distress coping strategies, while in October 2008, the proportion increased to 59%, indicating increased stress at the household level. The most affected of the assessed regions in 2008 are; Lower Shabelle, Gedo, Toghdeer, Sool, Sanaag and the northeast regions (See Figures 1 and 2). This is likely attributed to a deteriorating food security situation following a series of shocks (hyper-inflation and related increase in food prices, drought and civil insecurity.

For the full analysis of the October urban rapid assessment including analysis of expenditure and income, please refer to the November Food Security and Nutrition Special Brief.

4 Gedo (Dolo, Bardera, Luuq and Elcade), Lower Shabelle (Marka, Afgoye, Qoryoley), Bay Bakool (Baidoa, (Wajid, Elberde, Huddur); Middle Juba (Buale); Sool (Lasanod, Hudun, Saarmanyo); Sanaag (Erigavo, Dhabar and Garadag) in the Northwest; Northeast: Bari (Bossasso, Kalabeyr), Nugal (Rako, Hasbahale), Mudug (Jariban) – all of which have been grouped due to few urban centers assessed by region
5 Based on the UNFAO Food groups classification system
6 Based on the Somalia Nutrition Situation Estimation Framework, February 2008 Version

The Nutrition Surveillance Project is managed by FAO, funded by USAID/OFDA, SIDA and receives support from the EC and UNICEF

Cross Border Refugee Rapid Assessment Findings:
A joint FSAU/FEWSNET team conducted a rapid assessment of the new arrivals in Dadaab refugee camps between October 6th and 8th, 2008 to assess their current nutritional status, determine their reason for travel to Kenya, the conditions they have fled from, and the conditions they faced en route. The exercise entailed reviewing of data on admissions into feeding centres and conducting key informant interviews. Preliminary findings indicate a concerning nutrition situation among the new arrivals with the majority (over 80%) of the new admissions into the therapeutic/stabilization centres having recently migrated from Mogadishu and south central regions of Somalia. The main reasons for their out-migration are civil insecurity and poor access to basic resources such as food, health care and shelter. Further, many refugees felt there was no hope in Somalia and future opportunities for education were greater in Kenya.

The FSAU Food Security and Nutrition Brief, November 2008 provides additional analysis on these findings.

Figure 1: Proportion of Assessed Households with Distress Coping Strategies, 2008

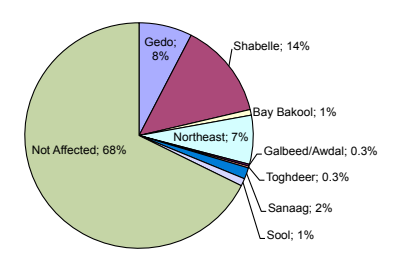
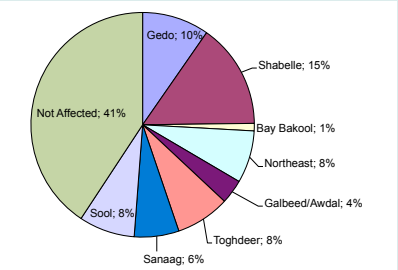


Figure 2: Proportion of Assessed Households with Distress Coping Strategies, 2007



Shabelle river is a source of drinking water in Merka town. Courtesy of WHO Oct. '08

Acute Watery Diarrhoea, (AWD) update – *Highlights from the Somalia Health Cluster Bulletin 16, October 2008*

Since the onset of a cholera outbreak from August 13th until October 31st 2008, a total of 532 patients, including 8 related deaths have been admitted to cholera treatment centres (CTC) in Merka/Lower Shabelle. 62% of the admitted cases were children under the age of 5 years. 77% of the 22 samples collected in the CTC in Merka Hospital by AMREF tested positive for *V. Cholerae* serogroup 01. The outbreak is ongoing but with a decreasing trend of admissions to the CTC in Merka hospital in the past weeks, from an average of 8 to 4 cases per day. The reduced Case Fatality Rate[7] (CFR) of 1.5% is attributed to effective control measures including early referral to the CTC and adequate case management.

The AWD outbreak[8] in Gololey (Jowhar district, Middle Shabelle) has been confirmed as cholera. A cholera taskforce has been established, and medical supplies and household chlorination supplies provided. Active case finding to detect any suspected case is ongoing.

In the northeast, a total of 300 cases of AWD, including 8 deaths, were reported from 4 IDP camps and 7 villages[9] of Bossasso/Bari region from September 6th through October 31st, 2008. Children under the age of 5 years account for 51% of all admissions. The overall CFR dropped from an initial 3.7% to 2.7%. A recent assessment by WHO highlights shortcomings in case management and delayed referral to CTC, due to poor public awareness. The AWD taskforce has emphasized the urgent need for strengthening health education on hygiene and sanitation. The AWD outbreak in Burao/Toghdeer is under control, and case loads are decreasing in both Burao and Berbera/Galbeed. In the Juba regions, a total of 226 cases of AWD, including 3 deaths (CFR: 1.22%), were reported between October 4th to 31st, 2008, from Jilib, Jamaame and Afmadow districts of Lower and Middle Juba. 82% were children under five years old. *See Somali Health Cluster Bulletin No. 16 for more details.*

7 Prompt and appropriate medical management of cases can significantly decrease mortality (CFR). When applied properly, CFR should be below 1% (Ref: www.emro.who.int/somalia
8 See WHO Update, October 31st, 2008
9 Bossasso IDP camps (Shabele, Bulla Bush, Ajuran, and Tuur Jaley) and 7 villages (Ajuke, Waberi, Hafad Arab, Rafiyo Raho, S'Waag, Marsaya, and Ridwaan)

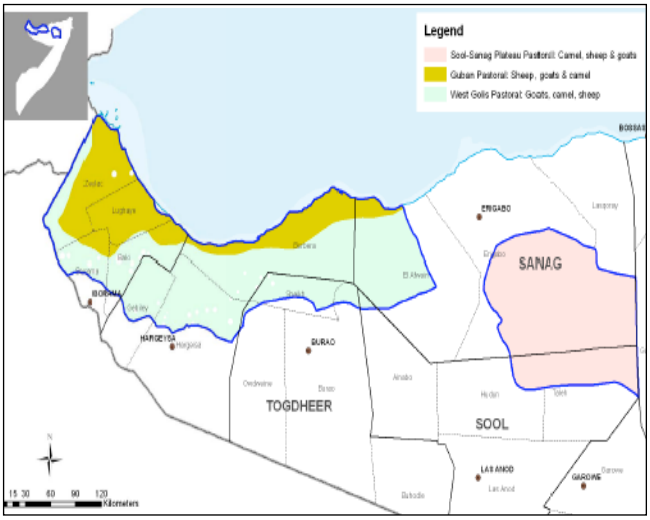
SPECIAL FOCUS ON SOMALILAND

Background Information

Somaliland is a former British protectorate and borders Ethiopia to the south and west, Djibouti to the northwest, the Gulf of Aden to the north and Puntland to the east. Somaliland comprises of three predominant livelihoods: urban, agro-pastoral and pastoral systems. The urban livelihood groups reside in the major urban towns of Hargeisa (the capital), Burao, Berbera (the sea port), Lasanod and Erigavo. The agro-pastoral livelihood zones are found in Toghdeer and Woq Galbeed Regions; while pastoralism is predominant in the Hawd, Nugal Valley, Sool Plateau and Golis/ Guban pastoral livelihood zones.

Following the collapse of the Somalia central government, Somaliland declared its independence on May 18th 1991. The relative peace in Somaliland since then has led to continued settlement of many Somali returnees from the diaspora or refugee camps in Ethiopia, into Hargeisa and the major towns of Burao and Berbera, to take advantage of investment, income and employment opportunities. The growth of these urban centers has had a ripple effect on the rural pastoral and agro-pastoral livelihoods as they offer a ready market for their products, thereby contributing to the economic, food security and nutrition situation in Somaliland. The overall food security situation in Somaliland has largely been

Map 1: Assessed Livelihood Zones (Somaliland)



affected by climatic conditions, especially rainfall performance, which affects pasture and water availability, livestock body condition, conception, kidding/calving and milk production. In recent times, the major setbacks for rural livelihoods have been natural calamities, mainly drought (such as the 2001-2004 drought) and freezing rains in the Togdheer region, which has affected the largely pastoral community resulting in massive loss of livestock. Nonetheless the effects on human life have been

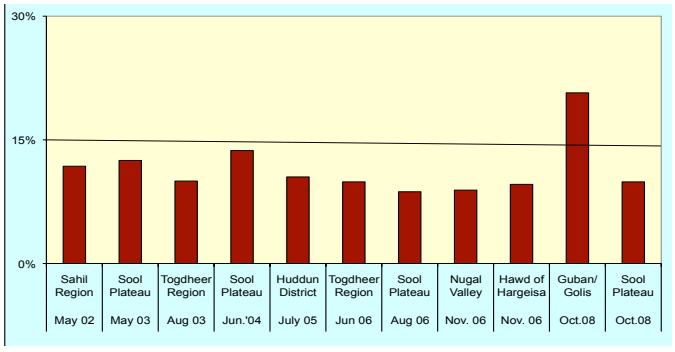
mitigated by a strong social support structure within Somaliland, from the diaspora community, and from humanitarian assistance.

According to the FSAU historical seasonal assessments reports, the number of people in **Humanitarian Emergency (HE)** or **Acute Food and Livelihood Crisis (AFLC)** in Somaliland reached a peak total of 57,700 in **HE** and 159,100 in **AFLC** in Sanaag, Sool and Las Qoray regions in the Post *Gu* '04. However, during the post *Gu* '06 analysis the number of people in **AFLC** had reduced to about 100,000 mainly from the Nugal Valley, Sool and Hawd pastoral livelihoods, while the consecutive Post *Deyr* '06/07 and Post *Gu*'07 analysis indicated that all pastoral and agro-pastoral areas in the northern regions had improved from the more severe phases (HE, AFLC) to a relatively better **Borderline Food Insecure (BFI)** Phase. However, the continued positive improvement was reversed in the most recent post *Gu* '08 analysis, which indicated that an estimated 125,000 pastoralists in the Hawd, Sool Plateau, Kakaar-Dharor, and Nugal Valley livelihood zones were faced with **AFLC** conditions. The deterioration in the food security situation was attributed to below normal rainfall, diminished access to water and pasture which negatively impacted livestock boby condition, as well as the soaring food and non food prices.

Based on findings of global acute malnutrition (GAM) rates from nine assessments conducted from 2002 to 2007 (Figure 3) and the integrated nutrition situation analysis by FSAU and partners during this period, the nutrition situation in the rural livelihoods of Somaliland has consistently remained below the emergency threshold of 15% (See Figure 3), and at the *Alert* phase, which is the best case scenario observed in Somalia in recent times. As with the food security situation, the post *Gu*'08 analysis indicated deterioration in the nutrition situation to S*erious* or *Critical* phases with the exception of the northwest agro-pastoralists, who retain the previous *alert* phase. The situation in the IDP populations, however, has been different (see FSAU Nutrition Update for September 2007) as acute malnutrition rates have consistently exceeded emergency thresholds, mainly due to their high vulnerability to malnutrition.

Two nutrition surveys were conducted jointly by FSAU, UNICEF, MOHL and partners in October 2008 in Guban/West Golis and Sool Plateau pastoral livelihood zones. The purpose was to review the situation and advocate recommendations on the way forward for response agencies. The preliminary findings highlighted in Figure 3 are discussed in this report.

Figure 3: Trends in Levels of Acute Malnutrition 2002-2008 in North West Zone Livelihoods (WHZ<-2 or oedema)



Guban and West Golis Livelihood Zones: Nutrition Situation Deteriorates to *Very Critical* Phase

The Guban and West Golis Pastoral Livelihood Zones mainly cover the coastal plains and highlands of Somaliland cutting across Awdal, Galbeed, Togdheer/Sahil and parts of Sanaag regions (See Map 1). These regions are inhabited by a population of about 1.41 million[1], of which 23% (317, 000 persons) are found in the Guban and West Golis pastoral livelihood zones and have diversified livestock holdings, mountainous water supply and strong links with the Middle East and the diaspora, from where they receive remittances. According to the FSAU baseline (2004), Guban and West Golis livelihoods zones are predominantly pastoral, and rear livestock of which about 70% constitutes sheep, 25% goats, 4% camel and 1% cattle.

1 UNDP 2005 Populations Estimates

Table 1. Summary of the Guban/West Golis Assessment findings

Indicator	n	%	95% CI
Child Malnutrition			
Total number of households assessed for children	331	100	
Total number of children assessed	535	100	
Global Acute Malnutrition (WHZ<-2 or oedema)	111	**20.7**	15.3 – 26.2
Severe Acute Malnutrition (WHZ<-3 or oedema)	13	**2.4**	1.4 – 3.5
Oedema	1	**0.2**	0.0 – 0.6
Global Acute Malnutrition (WHO Anthro 2006)	119	**22.3**	17.2 – 28.4
Severe Acute Malnutrition (WHO Anthro 2006)	35	**6.6**	4.4 – 9.7
Global Acute Malnutrition (WHM<80% or oedema)	71	**13.3**	8.7 – 17.9
Severe Acute Malnutrition (WHM<70% or oedema)	3	**0.6**	0.0 – 1.2
Child Morbidity			
Children reported ill in 2 weeks prior to assessment	200	37.4	25.7 – 49.0
Children reported with diarrhoea in 2 weeks prior to assessment	153	28.6	19.2 – 38.0
Children reported with ARI within two weeks prior to assessment	92	17.2	9.7 – 24.7
Children reported with febrile illness in 2 weeks prior to assessment	12	2.2	0.6 – 3.9
Children reported with suspected measles within one month prior to assessment	28	5.2	0.0 – 10.5
Child Immunization Status			
Children immunised against measles	230	43.0	32.3 – 53.6
Children who have ever received polio vaccine	375	70.1	58.4 – 81.8
Children reported to have received vitamin A supplementation in last 6 months	251	46.9	36.0 – 57.8
Child Feeding & Household Dietary Diversity			
Children (6-24) months reported to be breastfeeding (N=212)	104	49.1	39.7 – 58.3
Children (6-24 months) reported to have been introduced to other foods before 6 months	94	89.0	81.9 – 97.2
Households who reported to have consumed ≤3 food groups (N=331)	78	23.6	14.2 – 33.0
Households who reportedly consumed ≥4 food groups (N=331)	253	76.4	67.0 – 85.8
Women Health & Nutrition			
Total women acutely malnourished (N=324)	10	3.1	0.9 – 5.3
Pregnant women acutely malnourished (MUAC<23.0 cm); N=41	7	17.1	-
Non pregnant women acutely malnourished (MUAC≤18.5 cm); N=283	3	1.1	0.0 – 2.3
Women who received tetanus immunization (N=324)	106	32.7	23.7 – 41.8
Mortality			
Under five Mortality Rate (U5MR) as deaths/10,000/ day	**1.06**		0.52 – 2.14
Crude Mortality Rate (CMR) as deaths/10,000/ day	**1.05**		0.65 – 1.68

Between 13th and 19th October 2008, FSAU in collaboration with UNICEF and MOHL, conducted a nutrition assessment to determine the nutritional status and establish the influencing factors in Guban/West Golis livelihood zones of Somaliland. Using a two-stage Probability Proportionate to Size (PPS) sampling methodology, a total of 331 and 611 households (mean household size = 5.8 ± 2.5) were assessed for anthropometry and mortality, respectively. About 30% of the assessed households were female-headed and 3.3% of the assessed households hosted returnees and IDPs, mainly from southern Somalia. A total of 535 (less 5 flags) children, 53.6% boys and 46.4% girls (sex ratio = 1.16) aged 6-59 months were surveyed. Preliminary results reported a global acute malnutrition (WHZ<-2 or oedema) rate of **20.7%** (15.3-26.2) and a severe acute malnutrition (WHZ<-3 or oedema) rate of **2.4%** (1.4-3.5), one of (0.2%) whom had oedema. The GAM and SAM rates increased to 22.3% (17.2 – 28.4) and 6.6% (4.4 – 9.7) respectively when analysed using WHO Anthro, 2006 Reference Standards (Table 1).

These results indicate a ***Very Critical*** nutrition situation according to WHO classification. The retrospective crude mortality rate for 90 days recall was **1.05** (0.65 – 1.68) deaths/10,000 persons, and the under five mortality rate, **1.06** (0.52-2.14) both of which indicate an *alert* situation though below the WHO emergency threshold of *2 and 4 deaths/10,000 persons* respectively.

The proportion of assessed children who had suffered from one or more communicable childhood diseases in the two weeks prior to the assessment was 37.4%. As shown in Table 1, the proportion of children that had reportedly suffered from diarrhoea, ARI and febrile illness two weeks prior to the study was 28.6%, 17.2% and 2.2% respectively, while 5.2% of the assessed children were reportedly suspected to have suffered from measles. Sick children, especially those suffering from diarrhoea are often more likely to be acutely malnourished than their healthy counterparts ($p<0.05$). As shown in Table 1, immunization status by recall against measles (43%), vitamin A (46.9%) and polio (70.1%) were very low and fall far below the Sphere (2004) standards of 95%. Integrated analysis of findings from a rapid assessment conducted in July 2008 indicated a *Critical* nutrition situation at the time (See August 2008 Nutrition Update). A diarrhoea outbreak was also reported in some parts of Awdal region (Boroma and Harir areas) during that period. The outbreak was however, controlled.

The food security situation in Guban and West Golis Livelihood Zones has been precarious over the last one year. The areas depend on the *Hays* rainfall which come once annually in January, immediately after the *Deyr* season. In January 2008, the *Hays* rains failed totally, causing a prolonged *Jilaal* (dry spell) which resulted in abnormal out-migration of livestock southwards towards the Hawd plains. As a result, meat and milk consumption declined. Household dietary diversity based on the 24 hour recall period was found to be *Critical*[2] with almost one quarter (23.6%) of the assessed households consuming a poorly diversified diet (<4 food groups a day). Together, with unfavourable terms of trade and increased food prices, deterioration in the nutrition situation was eminent. FAO undertook livestock vaccination against PPR, and treatment of pneumonia, gastro intestinal and ecto-parasites on August 5th-18th, 2008; however, no humanitarian interventions focusing on nutrition have been implemented in these areas to date.

2 According to FSAU Nutrition categorization Table

Although this is the first comprehensive nutrition assessment conducted in these livelihoods, the ***Very Critical*** nutrition levels provide an opportunity for the administration, local and international organizations to activate an emergency preparedness and response system. This is essential to address the nutritional needs of this highly vulnerable population. Further these results also highlight the need for improved emergency preparedness that can act on early warning for livelihood crisis on time to mitigate the effects. The need to improve water quality and sanitation, control communicable diseases and resuscitate the livestock industry among other interventions can help reduce the poor food security and nutrition situation.

Sool - Sanaag Plateau Livelihood Zone: Nutrition Situation Improves from *Critical* to *Alert* Phase

Weight measurement using a Uniscale, FSAU, Sool Plateau, Oct'08

Sool Plateau Livelihood Zone is a pasture-rich plain with bush and vegetation cover. It extends from Dararweyne in Erigavo to Bixin in Banderbeyla, spanning across Sanaag, Sool and Bari regions and covering an area of about 46,644km^2. Pastoralism is the main livelihood system with special focus on goat and sheep rearing; goats comprise between 60-70% of the total livestock reared. Income is mainly accessed through the sale of livestock and livestock products, casual labour and trade and spent on food and non food items while food (typically, meat, milk and cereals) is accessed through purchase and own production. The Sool-Sanaag Plateau section of the livelihood zone in Somaliland (See Map 1) has an estimated population size of 55, 230 people out of the 82, 376 in the whole livelihood zone (Ref: FSAU Baseline Profiles, September 2005).

The Post *Gu* '08 integrated nutrition analysis classified the livelihood zone to be in a *Critical* phase which was a deterioration from the *Alert* phase in the Post *Deyr* '07/08. The drought conditions during the *Gu* '08 resulted in the out-migration of livestock to Puntland for pasture and water and thereby contributed to poor access of the remaining population to food and income. Other aggravating factors to the *Critical* situation at the time included, high prices of food and non food items, poor access to safe water and sanitation, high morbidity rates, low immunization status and limited health facility services[3]. Diarrhoeal outbreaks were also reported in Hingalool at the time. Between the 20th and 28th October 2008, FSAU, UNICEF, MOHL and partners conducted a nutrition assessment in Sool Plateau (Sool and Sanaag region) to establish the nutritional situation of the population and ascertain the influencing factors. Using a two-stage Probability Proportionate to Size (PPS) sampling methodology, a total of 372 households (mean household size = 6.2 ± 0.4) were assessed for anthropometry, and a total of 618 assessed for mortality. Twenty seven percent of the assessed households were female-headed, with the majority of the households being resident, and less than 1% were IDPs in the area, originating mainly from southern Somalia. A total of 593 (less 2 flags) children, 48.7% boys and 51.3% girls aged 6-59 months were assessed.

3 References: FSAU Nutrition Update for August 2008 and FSAU Technical Series Report No V. 15, March 2008 Post *Gu* Analysis

Preliminary findings indicate a global acute malnutrition (WHZ<-2 or oedema) rate of **9.9%** (6.9-13.0) and a severe acute malnutrition (WHZ<-3 or oedema) rate of **0.5%** (0-1.1) with one (0.2%) case of oedema. This indicates an ***Alert*** situation based on the WHO classification. Using the WHO Anthro reference standards, the GAM rate (9.9% CI: 7.2-13.7) remained the same, while the SAM rate increased to 0.8% (0.4-2.0). The retrospective Crude and Under five mortality rates based on 90 days recall period were **0.64** (0.35-1.18) and **1.64** (0.88-3.04) respectively, both of which are below the ***Alert***[4] thresholds**.** A summary of the results is provided in Table 2.

4 FSAU Categorization table for estimating Nutrition Situation

Table 2. Summary of the Sool Plateau Assessment findings

Indicator	n	%	95% CI
Child Malnutrition			
Total number of households assessed for children	372	100	
Total number of children assessed	593	100	
Global Acute Malnutrition (WHZ<-2 or oedema)	59	**9.9**	6.9-13.0
Severe Acute Malnutrition (WHZ<-3 or oedema)	3	**0.5**	0-1.1
Oedema	1	**0.2**	0-0.5
Global Acute Malnutrition (WHO Anthro 2006)	59	**9.9**	7.2-13.7
Severe Acute Malnutrition (WHO Anthro 2006)	5	**0.8**	0.4-2.0
Global Acute Malnutrition (WHM<80% or oedema)	26	**4.4**	2.4-6.4
Severe Acute Malnutrition (WHM<70% or oedema)	0	**0**	0
Child Morbidity			
Children reported ill in 2 weeks prior to assessment	138	23.3	17.3-29.3
Children reported with diarrhoea in 2 weeks prior to assessment	93	15.7	10.7-20.7
Children reported with ARI within two weeks prior to assessment	47	7.9	3.6-12.3
Children reported with febrile illness in 2 weeks prior to assessment	10	1.7	0.1-3.3
Children reported with suspected measles within one month prior to assessment	1	0.2	0-0.5
Child Immunization Status			
Children immunised against measles	217	36.6	23.5-49.7
Children who have ever received polio vaccine	449	75.7	68.0-83.4
Children reported to have received vitamin A supplementation in last 6 months	283	47.7	35.0-60.5
Child Feeding & Household Dietary Diversity			
Children (6-24) months reported to be breastfeeding (N=220)	86	39.1	32.6-45.6
Children (6-24 months) reported to have been introduced to other foods before 6 months			
Households who reported to have consumed ≤3 food groups (N=372)	88	23.7	15.0-32.3
Households who reportedly consumed ≥4 food groups (N=372)	284	76.3	67.7-85.0
Women Health & Nutrition			
Total women acutely malnourished (N=363)	68	18.7	12.5-30.0
Pregnant women acutely malnourished (MUAC<23.0 cm); N=43	8	18.6	8.5-28.7
Non pregnant women acutely malnourished (MUAC≤18.5 cm); N=320	9	2.8	0.5-5.2
Women who received tetanus immunization (N=363)	68	18.7	13.0-24.5
Mortality			
Under Five Mortality Rate (U5MR) as deaths/10,000/ day		**1.64**	0.35-1.18
Crude Mortality Rate (CMR) as deaths/10,000/ day		**0.64**	0.88-3.04

The proportion of assessed children reported to have suffered from one or more communicable childhood diseases in the two weeks prior to the assessment was 23.3%. This included 15.7% who had reportedly suffered from diarrhoea, 7.9% from ARI and 1.7% from febrile illness. Only one (0.2%) suspected case of measles was reported. The immunization status was far below the recommended Sphere standard of 95%, with the proportion of children who received measles, polio vaccination and vitamin A supplementation being 36.3%, 75.7% and 47.7% respectively. Morbidity and acute malnutrition have shown a significant statistical relationship in past surveys conducted in the country with children reportedly to have been ill, especially with diarrhoea, being more likely to be acutely malnourished compared to their healthy counterparts.

The contributing factors to the improved nutrition situation from the *Critical* phase in August 2008 to ***Alert*** phase in October 2008 include: control of diarrhoeal outbreaks in the Hingalool area; increased access to food, water and income following good rains in September and October[5] which has led to the return of livestock that had migrated to Puntland (Bari region) during the *Gu*' 08. Increased humanitarian activities in the region are also likely to have surported the recovery. Milk consumption and income from sales have, therefore, improved and contributed to increased household food access and nutrition. Findings from the October 2008 nutrition assessment indicate a considerable proportion of households reportedly consuming milk (65.9%), and meat, (30.6%). Dietary diversity nevertheless remains critical, with 23.7% of the households reportedly consuming a poorly diversified diet (<4 food groups a day), child care practices remain sub-optimal including low persistence of breastfeeding (39.1%) and access to health care services (such as measles vaccination at 36.6%) and aggravate the unacceptable nutrition situation.

Even though an improvement in the nutritional situation in the area has been observed, the vulnerability of the region, and its fragility to natural shocks e.g. drought, necessitate continued close monitoring of the situation, control of communicable diseases, ensuring access to safe water, sanitation, health services and health and nutrition education.

NIPHORN Training

The Nutrition Information Project for the Horn of Africa (NIPHORN) is a process led by Tulane University in collaboration with UNICEF ESARO, and involves a review of existing nutrition survey datasets from the Horn of Africa region (Somalia, Kenya, Uganda, Djibouti, Eritrea, Ethiopia and South Sudan). NIPHORN has consolidated and analyzed existing nutrition information from the last 10-15 years and has identified the need to agree on standard methodologies for sampling, training, data collection, analysis and reporting, with the ultimate goal of improving the nutrition data quality in nutrition information systems. However, harmonization of these issues will only have an impact if Governments, UN and NGO staff are part of the process and well trained in the implementation of the agreed standards. It is upon this background that the FSAU in collaboration with UNICEF is implementing a pilot project in Somaliland, with the overall aim of building the capacity of the government to provide timely and accurate nutrition information for policy development and early warning to pre-empt and mitigate nutrition emergencies.

Somaliland

As part of the NIPHORN implementation strategies, an in-depth training for the key Ministry of Health and Labour (MoHL) staff involved with nutrition information systems was held in Hargeisa from 8th to 12th October 2008 with FSAU providing technical facilitation, and funds provided by UNICEF. A total of 33 participants, including 2 overall coordinators, one supervisor and four enumerators from each of the six administrative regions (Awdal, W. Galbeed, Togdheer, Sahil, Sanaag and Sool) of Somaliland took part in the training.

5 Food Security and Nutrition Brief November 2008

The training covered different methods of nutrition surveillance including nutrition assessments, rapid assessments, sentinel sites surveillance and health facility data collection. Other aspects emphasized in the training included survey planning, sampling techniques, anthropometric measurements and age determination. Different methodologies were used during the training comprising of: power point presentations, demonstrations, group discussions, questions and answers sessions and practical field activities. Practical activities involved visiting Sahardid and Sheikh Nur MCHs in Hargeisa town, where participants reviewed the nutrition and health related data collected in the preceding six months and described the trends evidenced from the data. Participants also provided adhoc training to the health staff on how to conduct anthropometric measurements. The other practical session involved visiting Hargeisa IDPs in Daami and Sheik Nur section of Hargeisa town, where they were involved with the second stage sampling of a total of sixty children whose anthropometric, household, morbidity and mortality data were taken and recorded in the standard household questionnaire. Using the data collected during the field work, participants were involved practically, in data entry, analysis, quality checks and interpretation of the results. Thereafter the participants were involved in nutrition assessments of the Guban/West Golis and Sool Plateau pastoral livelihoods (result shared in this update) with the overall data quality score for each of the assessments using ENA software being 8%, and indicating that the data collected by the participants was of acceptable quality. As an additional action point, the participants are scheduled to participate in a subsequent nutrition survey.

There are plans to extend this initiative to Puntland in the coming months and depending on security, also in South Central.

Knowledge Attitude and Practices (KAP) Dissemination Workshops Summary

In an effort to link nutrition information to action, the FSAU Nutrition Project is currently working to build the capacity of partners to enhance the understanding of the contributions of poor child care practices to malnutrition and subsequently provide recommendations. Following on from the national KAP study conducted from September to December 2007, FSAU has conducted seven 2-day training workshops in Hargeisa, Lasanod, Erigavo and Burao in the northwest, Bossaso, Garowe and Galkayo in northeast and Merka in Lower Shabelle from June to September 2008 on the findings. Each workshop targeted an average of 30 participants from different backgrounds that include health workers, school teachers, representatives from local and international NGOs, staff from UN agencies and the local media. The aim of the workshops was to disseminate the outcome of the KAP study conducted in Somalia last year and discuss the relevant action points and map the way forward on the implementation of recommendations outlined in the KAP report.

The KAP report emphasizes that, for accurate execution of the recommendations outlined, a multi-sectoral approach is necessary, FSAU therefore saw it prudent to ensure that the report was disseminated at regional level with the various relevant stakeholders. The workshops in Somaliland (4) and Puntland (3) were officially opened by the Ministry of Health officials; who encouraged active participation that would contribute to strategies aimed at improving knowledge, attitudes and practices on infant and child care at household and community level. In each of the workshops, the KAP study findings were presented on the first day, which included findings on the following topics: breastfeeding (early initiation of breast feeding after birth, importance of colostrum, breastfeeding and child spacing etc), complementary feeding (problems associated with early and poor quality complementary feeding), morbidity, poor health seeking behaviours and overall issues contributing to poor child care practices. Each participant was provided with a hard copy of the final report.

The overall observations were that inappropriate or lack of knowledge on breastfeeding, complementary feeding, use of safe water and proper health and sanitation practices and more importantly health seeking behaviour, remained a great challenge. The explicit discussions and conclusions are contained in individual workshop reports for every region; however in general all the participants concluded that the KAP study, dissemination of the results and the discussions of the findings at regional level provided crucial information for relevant, timely and appropriate planning of response and interventions. A summary of the recommendations made by the participants during the workshops include: creating awareness of appropriate child feeding and care practices through appropriate, respected and influential stakeholders e.g. the media and use of religious leaders, local partners etc, creation of policies and legislation on appropriate care, feeding and health seeking behaviours, with relevant health ministries to take the lead on sensitization and campaigns on the importance of appropriate health and nutrition behaviours and practices for good growth and development.

Other FSAU Publications: *FSAU Food Security and Nutrition Quarterly Brief, November 2008*
FSAU/FEWSNET Market Data Update, November 2008
FSAU/FEWSNET Climate Data Update, November 2008
FSAU Nutrition Update, July - August 2008
FSAU Technical Series Report, Post Gu '08 Analysis

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