



NUTRITION SURVEY REPORT
WAJID DISTRICT
BAKOOL REGION

UNICEF SOUTH/CENTRAL ZONE OF
SOMALIA

BAIDOA OFFICE

14/02/2000 - 23/02/2000

1. INTRODUCTION

Wajid is one of the five districts in Bakool region. Around 80% of the population of Wajid District and its satellite villages are pastoralists, while 15% rely on rain fed farms and 5% on small scale business. Wajid is located 90km Northwest of Baidoa town and 90km from the Somali border with Ethiopia.

Before the war Wajid District contained around 60-80,000 people. During the past five years, much of Wajid town, Burduhule and satellite villages in Wajid district were destroyed and many houses were burnt in the inter-clan fighting during the SNA occupation of Bay and Bakool. Two years of drought in Bakool region worsened an already precarious nutrition situation in Wajid District. Today the population residing in the District is around 30,000 of whom around 6,700 live in Wajid town.

During 1999 UNICEF supported health services in Wajid district through Wajid Health Authority, a Community Based Organisation that runs the MCH in Wajid town, including provision of static and outreach immunisation services. UNICEF initiated supplementary feeding of UNIMIX and BP5 through the MCH centre at the beginning of August 1999 to 1,000 malnourished children under the age of five in Wajid town. WFP have concentrated efforts towards general food distribution in the district, carrying out three distributions in the past six months, including some 260mt in January 2000.

In February 2000 UNICEF continues to work full time in Bakool region, supporting the PHC and nutrition programme through Community Based Organisations (CBOs) in Hoddur, Wajid, Tieglow and Rabdure districts. Monitoring of the programme remains extremely difficult and capacity building of local counterparts will continue to be essential as long as no international agencies are interested in returning to the area.

2. SURVEY JUSTIFICATION

This nutrition survey was conducted in Wajid District to better understand the nutritional situation in rural villages including the displaced population, returnees and residents, following reports of nutritional problems by Wajid District Health Authority in their monthly report.

Further surveys will be necessary in other districts of Bakool region and the rural areas.

3. SURVEY OBJECTIVES

- To determine the level of malnutrition and Oedema in Wajid District by screening the Weight for Height measurement of children between 6– 59 months or 65-110cm.
- To measure the determinant factors causing/contributing to existence of malnutrition by recording the occurrence of diarrhoea and ARI diseases in the two weeks prior to the survey.
- To measure measles vaccination and Vitamin A supplementation coverage in Wajid District and monitor performance in the past 6 months.
- To measure the extent of household movements during the changes in Wajid District, which has impacted on aid service deliveries.

- ☞ To record and document the number of female-headed households to know the extent of families with no support and care to children from fathers.

4. METHODOLOGY

Cluster sampling methodology was used to select 30 clusters randomly from two sectors in Wajid town and rural villages in Wajid districts. A total of 8 clusters were from Wajid town and 22 clusters were from rural villages in Wajid district.

A total of 909 children aged between 6 – 59 months or between the heights of 65 – 110cm were screened during the survey.

4.1 STUDY POPULATION AND SURVEY DESIGN

Wajid is one of the districts most badly effected by war and drought in Bakool region, resulting in a pre-war population of up to 80,000 people being reduced to approximately 30,000 people by February 2000. An accurate census could not be undertaken prior to the survey due to the time limit and lack of resources. Most of the population currently residing in Wajid are internally displaced people from Wajid District and other parts of Bakool region suffering drought, as well as returnees who were displaced during the inter-clan fighting and SNA occupation in Bay and Bakool.

4.2 DATA COLLECTION

The nutrition survey was conducted between 14 and 23 February 2000. A total of 909 children were interviewed and screened for weight for height. Their caretakers were interviewed as to whether children had received Vitamin A or Measles vaccination in the past 6 months, or had suffered from diarrhoea or ARI diseases in the two weeks prior to the survey.

5. ACTIVITIES

The survey was carried out by ten enumerators and five supervisors assisted by survey guides. The UNICEF SCZ Monitoring and Evaluation Officer conducted two days training for enumerators, co-ordinated the fieldwork and made the data analysis of the nutrition survey results. Interviewers were selected based on their experience with previous nutrition surveys and recent multi-indicator cluster surveys in Bakool region.

6. SURVEY RESULTS

The table below shows the sectors and rural villages in Wajid District, the estimated populations and total clusters identified in the sectors based on the population estimate.

| Sector | Estimated Population | Total clusters |
|------------|----------------------|----------------|
| Wajid town | 6,700 | 8 |
| Ceelboon | 3,400 | 4 |
| Weeley | 850 | 1 |
| Wargamur | 838 | 1 |
| Garasmamow | 842 | 1 |
| Burdhuhule | 3,050 | 4 |
| Wardhigley | 845 | 1 |

| Sector | Estimated Population | Total clusters |
|-----------|----------------------|----------------|
| Buurcadey | 835 | 1 |
| Garsaaley | 850 | 1 |
| Kurto | 1,700 | 2 |
| Durey | 850 | 1 |
| Walak | 838 | 1 |
| Lafale | 850 | 1 |
| Badfuso | 852 | 1 |
| Banbigil | 850 | 1 |
| Dulmurux | 850 | 1 |
| Total | 25,000 | 30 |

Random selection : 540 Sampling Interval = 833 (The total population/total clusters)

The table below indicates some of the different characteristics of those interviewed, as well as the number and percentage of children tested who had suffered diarrhoea or ARI in the previous two weeks.

| Characteristics | Number | % |
|--|--------|-----|
| Female headed households | 93 | 16 |
| Male headed households | 492 | 84 |
| Resident households | 280 | 48 |
| Returnees | 211 | 36 |
| Displaced | 94 | 16 |
| Total households | 585 | 100 |
| Assessed children with ARI in past two weeks | 152 | 17 |
| Assessed children with diarrhoea in past two weeks | 233 | 26 |
| Vitamin A supplementation in past 6 months | 612 | 67 |
| Measles immunisation coverage | 234 | 26 |
| Measles immunisation in past 6 months | 192 | 21 |

The table below indicates that 18% of children measured were aged between 6 – 23 months while 82% were aged between 24 – 59 months.

| Age group | Number | % |
|---------------|--------|-----|
| 6 – 23 months | 167 | 18 |
| 24– 59 months | 742 | 82 |
| Total | 909 | 100 |

The table below indicates that 2.5% of the children assessed were severely malnourished, 18% were moderately malnourished and 0.5% were with Oedema. Seventy nine percent were not malnourished. The global malnutrition is therefore 21%, including 0.5% with Oedema.

| Characteristics | ≥ -2 Z-Score | -3 Z-Score & < -2 Z-Score | < -3 Z-Score | Oedema | Total |
|-----------------|-------------------|-----------------------------|----------------|----------|------------|
| 6-23 months | 127 | 36 | 4 | 0 | 167 |
| 24-59 months | 590 | 128 | 19 | 5 | 742 |
| Total | 717 (79%) | 164 (18%) | 23 (2.5%) | 5 (0.5%) | 909 (100%) |

The table below indicates that 58% of the malnourished children were female and 42% male. There is some evidence that more care is provided to boys than to girls.

| Characteristics | Male | Female | Total | % |
|-----------------------------|------|--------|-------|-----|
| ≥ -2 Z-Score | 352 | 365 | 717 | 79 |
| -3 Z-Score & < -2 Z-Score | 69 | 95 | 164 | 18 |
| < -3 Z-Score | 7 | 16 | 23 | 2.5 |
| Oedema | 5 | 0 | 5 | 0.5 |
| Total | 433 | 476 | 909 | 100 |

7. CONCLUSION

The result of this nutrition survey undertaken in Wajid District depicts that 21% out of 909 assessed children were moderately or severely malnourished with Oedema. The result of this survey is 9% and 1.7% less than the level of malnutrition found in Rabdure and Huddur towns by UNICEF in February 2000 and September 1999 respectively. This may in part be due to improved access to general food following regular WFP food distributions, some harvest in the last season in the east of Wajid District, increased access to health services, as well as relative proximity to the main town in the area, Baidoa.

The result of measles immunisation indicated that 21% of assessed children were vaccinated against measles in the past 6 months, 5% were vaccinated against measles before 6 months and 74% were not vaccinated against measles. The results of the immunisation indicate very low EPI coverage in Wajid districts. Prevalence of measles and whooping cough cases were seen in all rural villages in Wajid district except Wajid town.

The result of vitamin A supplementation indicates that 67% of the children were provided with Vitamin A during the past six months. This was largely the result of the first and second round of the NID campaign conducted in Wajid district at the end of October and November 1999.

Diarrhoea¹ and ARI continue to be contributory factors to the existence of malnutrition in Wajid District, with 26% of children suffering from diarrhoea and 16% ARI in the two weeks prior to the survey. However, the incidence of ARI and diarrhoeal disease is less than in other areas surveyed to date. Diarrhoeal disease is usually lower in Wajid town due to the large number of shallow wells in the area, providing relatively good access to water.

The survey results also indicate that 16% of the 585 households visited were female headed, 16% were displaced from other parts of Wajid district and 36% were original residents who had returned to Wajid District since early 1998.

¹ See ANNEX 1

Food and livestock market price surveys undertaken in Wajid town by UNICEF indicated that food² market prices of Maize, Wheat-flour, Beans and Oil have decreased by 31, 21, 2, and 15 percent respectively following the recent general food distribution undertaken by WFP. At the same time, the livestock³ market prices of Camels and Goats have increased by 20 and 3 percent respectively.

In February 2000 the number of severely malnourished and kwashiorkor cases reported by the Wajid District Health Authority did not show significant change compared to the previous month of January 2000. A total of 1,000 registered malnourished children are provided with supplementary food on a monthly basis.

8. RECOMMENDATIONS

To reduce the infant and maternal morbidity and mortality caused by malnutrition and diseases, it is recommended that UNICEF and other humanitarian agencies focus on the following:

- 4 Continuation of general food distribution in Wajid District and expansion to other districts in Bakool region at least until the next harvest.
- 4 Continuation of the current supplementary food distribution through Wajid Health Authority and expansion of targeted nutritional supplements (UNIMIX) to malnourished children through organised teams in villages that cannot be covered from the MCH centre.
- 4 Continuation of immunisation services in the MCH centre and mobile teams managed by Wajid District Health Authority, and expansion of services through a measles campaign in the district.
- 4 Support capacity building to re-establish Health Posts with CHWs and TBAs in the rural villages in Wajid district.
- 4 Maintain the current level of Vitamin A coverage and in particular concentrate on providing Vitamin A to measles-affected and dehydrated children and those suffering from nutritional anaemia.
- 4 Improve the health services delivered in the MCH centre through timely provision of supplies and routine EPI service deliveries.
- 4 Increase iron supplementation programme to improve disease resistance.
- 4 Improve system of testing pre-pregnancy nutritional status; provide supplementation during pregnancy and lactation to lead to higher birth-weight and better-nourished children through production of breast milk.
- 4 Initiate water projects in Wajid District and surrounding villages to further reduce diarrhoeal disease through improved household and public water sources. Initiate effective chlorination in Wajid District and increase community awareness on control, prevention and home management of diarrhoeal diseases, focusing on rural villages.

² See ANNEX 1

³ See ANNEX 2

