

### NUTRITION ISSUES IN SOMALIA

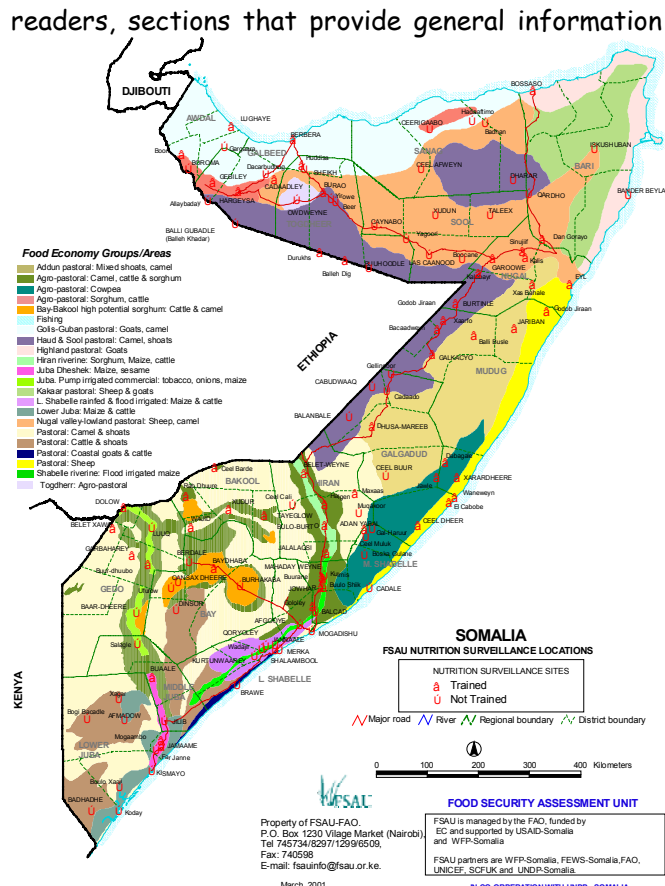
While the effects of the 'livestock ban' are undoubtedly having a negative effect on the economy of Somaliland and Puntland, there has been no evidence so far of deterioration in the nutritional status of the population. So far little qualitative information is available from the populations most likely to be affected i.e. the poor in urban areas, the displaced and the poor/very poor pastoralists. There is however, some reluctance among parties involved with these groups to undertake nutrition surveys although some are now considering the idea.

Because organisations often undertake nutrition surveys only when malnutrition is already evident, surveys in Somalia are strongly associated with subsequent food aid; indeed the interest in undertaking nutrition surveys has diminished considerably since the food security situation in south and central Somalia has improved over the past six months or so. As a result of this, we have inadequate information on what 'normal' levels of malnutrition are in the various populations and will continue to have difficulty in interpreting malnutrition rates produced in times of crisis. FSAU nutritionists and food security specialists are willing to provide technical support to any organisation or government authority wishing to undertake a nutrition survey, as in the recent survey in Jamame.

In response to comments and requests from readers, sections that provide general information on issues affecting nutrition in Somalia and similar countries have been expanded while maintaining reports on specific geographical areas. We welcome these comments.

### NUTRITION SURVEILLANCE

The USAID funded nutrition surveillance component of FSAU has to date provided training to health facility personnel in 69 sites throughout Somalia. In almost all cases, training has been undertaken in the actual health facilities and the primary emphasis during this training has been on the development of skills in the assessment of the nutritional status of children. Management of records and reporting have been covered in the training along with basic analysis of influences on nutrition. During the coming period, emphasis will be placed on reaching health facilities in the less easily accessed areas, on improving the flow of reports once they have actually been produced and undertaking follow-up visits to areas in which surveillance is already underway.



Sample map. A4 copy available on request from FSAU.

There are approximately 188 health facilities (hospitals and MCH centres) are found in Somalia out of which 128 produce information on nutrition or have the potential to participate in the nutrition surveillance system. Basic graphical presentations of nutrition information are available for many health facilities although the data has often been unreliable in the past. The 128 health facilities are distributed by region as follows; Lower Juba - 8; Middle Juba - 3; Gedo - 6; Bay - 10; Bakool - 5; Lower Shabelle - 16, Middle Shabelle - 9; Banadir - 8; Hiran - 12; Galgaduud - 7; Mudug - 11; Nugaal - 7; Bari - 2; W/Gabeed - 5; Awdal - 4; Togdheer - 5; Sahil - 3; Sool - 4; and Sanag - 3.

The sample map on page 1 indicates the positions of (i) all health facilities and (ii) health facilities where training in nutrition surveillance has already been undertaken with the food economy patterns of the populations they are likely to represent. The map will be updated each month. Larger copies of the map are available on request from FSAU.

### DISPLACED PERSONS IN MANDERA (KENYA)

In early April, approximately 7,000 persons fled from fighting in Bulla Hawa, Gedo, Somalia into Mandera, Kenya. An assessment of the situation by Trócaire and UNCU<sup>1</sup> reported that the displaced people were dispersed around the town, staying with relatives or renting accommodation. The authorities in Mandera discouraged the establishment of camps and no immediate needs were identified among those affected. No interventions were recommended by the group undertaking the assessment.

### UPDATE FROM PUNTLAND

BY Bernard Owadi,

FSAU

Despite the continued ban on livestock exports to the Gulf and the effects of the *jilaa*, the nutrition situation for the majority of people has remained relatively stable. Reports from many of the surveillance sites in Puntland show that among the children presenting at health facilities, malnutrition figures have remained low in the last three months compared to the malnutrition figures during the same period in previous years<sup>2</sup>. With the exception of some sporadic reports of measles, the region has not encountered any major disease outbreak. In general, the quality of reporting and accuracy of data appears to have improved in the health facilities that have received training from FSAU.

The Health Coordination meeting was held in Puntland on 28<sup>th</sup> and 29<sup>th</sup> March during which a brief progress report on nutrition surveillance activities for the region was presented. Emphasis on follow-up by FSAU and the strengthening of surveillance activities was made. The need for a nutrition survey within the urban poor was also noted and will be discussed by MOSA<sup>3</sup> officials and organisations implementing in the areas concerned.

### NUTRITION SURVEY IN LOWER JUBA

BY Bernard Owadi,

FSAU

Levels of malnutrition reported Jamame (Muslim Aid UK MCH) and Mugambo (SRCS MCH) are showing a declining trend. Although a proportion of the reduction in numbers of malnourished children presenting at the MCH in Jamame may be attributed to the decreased attendance following the cessation of supplementary food distribution by WFP, reports of reduced numbers in Mugambo are

<sup>1</sup> The United Nations Coordination Unit for Somalia.

<sup>2</sup> Graphic presentations of such data are now being developed at FSAU.

<sup>3</sup> The Ministry of Social Affairs in Puntland.

likely to be an indication of an improving nutrition situation. The staff in these MCHs are using more accurate data collection methods following training by FSAU nutritionists.

Waterborne diseases and malaria remain the primary reasons for visits to the health facilities. Discussions at facility level suggest that the quality of water is poorer among the agro-pastoralists than among the riverine farmers, with water used by the former often being polluted by the animals.

Currently, sesame and maize from flood recession farming areas are being harvested and cereal prices have stabilized although at relatively high levels. During February and March 2001, WFP has distributed 688 MT food aid in Jamame alone. In effect, the food security situation is currently better than was reported in the last 2-3 months. FAO has recently carried out a project that focussed on nutrition education accompanied by distribution of vegetable seeds to families in the Riverine food economy group. It is hoped that health and nutrition of the population will consequently be positively impacted by improvements in general hygiene standards, diversification of diets (with vegetables and other locally available foodstuffs) and better child-care practices.

UNICEF and FSAU have just completed a nutrition survey in Jamame District, Lower Juba. Analysis of the survey results will consider food security, care and health factors affecting nutrition in greater detail. The report is expected to be finalised before the end of April.

Up to now, training of health facility personnel has been possible only in facilities in Jamame and Mugambo. Insecurity in other areas of Middle and Lower Juba has prevented travel to health facilities there and resource constraints prevented staff from travelling to a central point for training. However, during the last week of April, new efforts will be made to provide the support required in order to ensure that surveillance activities are established in areas on which we currently have little or no information.



Nutrition Survey in Jamame, April 2001. Photo: FSAU

- We are awaiting a report on the nutrition survey undertaken by World Vision in Bualle, Middle Juba in January 2001.

## HEALTH ISSUES UPDATE

- During March, the numbers of *cholera* cases remained low but capacity to respond to the outbreak in Mogadishu has been seriously affected by the recent security incidents there.
- Recent reports of a *measles* outbreak in Puntland are probably isolated cases.
- The *meningitis* outbreak in neighbouring regions of Ethiopia will be closely monitored.
- There are unconfirmed reports of an outbreak of *shigellosis* ('shigellae') in Gedo region.

## NUTRITION WORKING GROUP

- ❑ Guidelines on the technical aspects of supplementary feeding are available but the group will continue to review available literature and reference books on operational guidelines for the management of supplementary feeding programmes and the evaluation of such interventions.
- ❑ Because of the differing practices and expectations of organisations involved in the provision of supplements to pregnant and lactating women, the group will develop specific guidelines in cooperation with partners in Somalia.
- ❑ The group would like to examine the reasons for differing age distribution categories used in the analysis of nutrition survey results.
- ❑ At the moment, supplementary feeding is one of the principle interventions used in nutrition programmes in South and Central Somalia. Most organisations in Somalia recognise the need to develop longer term strategies and UNICEF is likely to play a strong role in the development of these strategies with partners both within and outside the health sector.
- ❑ Registers for use in health facilities will soon be available through UNICEF.
- ❑ Action Against Hunger (UK) undertook a survey in ElWak, Kenya recently. The results are likely to be interesting and relevant to the adjacent districts in Somalia, on which little information is available and where no surveillance is in place due to absence of partners.

## SUPPLEMENTATION FOR PREGNANT AND LACTATING WOMEN

### Supplementary food

The following 'summary of implications for supplementation programmes' was presented following recent research on supplementation programmes for pregnant and lactating women.

*MUAC is currently the best tool for screening and identification of pregnant and lactating women eligible for supplementation programmes. Weight gain (or loss) is the best indicator to monitor the individual pregnant and lactating women enrolled in a supplementation programme. The impact of a supplementation programme can be measured by average weight gain during pregnancy or weight loss during lactation.*

*Research is needed to establish appropriate MUAC cut off points for identifying pregnant and lactating women eligible for supplementation programmes. There is also a need for more information on the impact and importance of improved composition of breast milk after supplementation as well as the importance of an improved nutritional status of the lactating mother. This will help ascertain the appropriate priority that should be given to supplementation programmes for pregnant and lactating women in emergencies.*

From 'Field Exchange', <http://www.tcd.ie/enn/Issue7/rs6.html>.

Source: Dr. Mija Tesse Ververs. - "Nutrition interventions for pregnant and lactating women in relief situations: the assessment of need and impact", November 1997. For more information contact: Saskia van der Kam, Nutritionist MSF-Holland. Email: [Saskia\\_vd\\_Kam@amsterdam.msf.org](mailto:Saskia_vd_Kam@amsterdam.msf.org).

The application of these recommendations in Somalia will be considered and so participation of interested individuals in the SACB Nutrition Working Group is encouraged.

### Vitamin A



During pregnancy, to improve the vitamin A status of both mother and fetus, the mother should consume a diet containing adequate amounts of vitamin A and/or receive frequent small doses of vitamin A *not exceeding 10,000 IU daily after the first trimester.*

Mothers in high-risk regions should receive a high dose of vitamin A - *one 200,000 IU capsule within eight (8) weeks of (i.e. after) delivery.* The earlier the dose, the sooner the mother's vitamin A status is raised, likewise the vitamin A concentration of her breast milk and the vitamin A status of her breastfed child. Early administration of vitamin A also reduces the risk that the mother receives a high dose of vitamin A if she is pregnant again.

\* Vitamin A is available from UNICEF as Retinyl palmitate 110mg (200,000 IU).

### Iron

Because of the importance of iron deficiency to health of both mother and child, the subject will be presented in greater detail in coming issues of the 'Nutrition Update'.

## ACC/SCN MEETING IN NAIROBI

FSAU

James King'ori,

Recently, Kenya played host to the 28<sup>th</sup> Administrative Committee on Coordination/ Sub-Committee on Nutrition. The ACC/SCN meeting was held at The Stanley Hotel in Nairobi between 2<sup>nd</sup> and 6<sup>th</sup> April 2001. Some of the major issues discussed included:

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|---|---|
| 1. Fifth report on the world nutrition situation Nutrition of school age children   | 5. Micronutrient malnutrition                   |
| 2. Nutrition and HIV/AIDS   | 6. Nutrition, ethics and human rights           |
| 3. Capacity strengthening for food and nutrition                                    | 7. Breastfeeding and complementary feeding      |
| 4. Nutrition in emergencies and the assessment of adult malnutrition in emergencies | 8. Prevention of foetal and infant malnutrition |
|   | 9. Household food security                      |

The above topics were dealt with by working groups. More details on reports and resolutions can be accessed through the ACC/SCN website: <http://acc.unsystem.org/scn/>.

*After much deliberation on optimal breastfeeding, it was recommended that exclusive breastfeeding be continued for six months (180 days). The main concern is that some infants may by this time have low iron status, but the research basis for this is extremely weak.*

The website summarizing this is <http://www.who.int/inf-pr-2001/en/note2001-07.html>.

ACC/SCN draft statement on Nutrition and HIV/AIDS highlighted the devastating impact the epidemic is having on development. It was recognized that the epidemic is increasingly driven by factors that also create malnutrition- in particular, poverty, conflict and inequality. HIV/AIDS leads to reduced agricultural production, reduced income, increased medical expenses, thus causing reduced capacity to respond to the crisis. The ACC/SCN called for adoption and support for the following actions:

1. Integrate food security and nutrition issues into the HIV/AIDS agenda.
2. Use existing nutrition networks, logistic capability, opportunities, and programs to strengthen the battle against HIV/AIDS.

3. Identify and implement optimal approaches to food-assisted activities as part of larger care and mitigation programs.
4. Take steps to reduce stigma
5. Address the multiple needs of women, caregivers and orphans
6. Fully implement nutrition care and counseling as part of the essential HIV/AIDS care package
7. Ensure support for optimal infant feeding for child survival among all women while implementing the UNAIDS/UNICEF/WHO policy statement on HIV and Infant Feeding.

## WORKSHOPS, MEETINGS AND TRAINING COURSES

- The Mailman School of Public Health of Columbia University in partnership with International Rescue Committee and World Education, Inc. offer a two-week training course entitled '*Public Health in Complex Emergencies*'. The courses are funded by USAID and will be held in July 2001 in Ghana and in November 2001 in Uganda. For more information contact Lorna Stevens at [shortcourse@theirc.org](mailto:shortcourse@theirc.org)
- *Nutrition in a Humanitarian Context. Distance Learning Course.* This six-month course by Action against Hunger offers comprehensive training on the causes, prevention, diagnosis and treatment of malnutrition. Designed for nurses, midwives, doctors, dieticians and nutritionists. *Applications by 30<sup>th</sup> April 2001.* For details contact [sw@acf.imagnet.fr](mailto:sw@acf.imagnet.fr)
- Nutrition in Emergencies: A three-day course in England run by International Health Exchange (IHE) and Nutrition Works, Merlin. 18-20 May 2001 and 5-7 November 2001. For more information contact IHE: Email: [info@ihe.org.uk](mailto:info@ihe.org.uk) and website: [www.ihe.org.uk](http://www.ihe.org.uk)

## RELEVANT PUBLICATIONS

- '*Field Exchange*' is a quarterly publication produced by *The Emergency Nutrition Network*. The network aims to improve emergency food and nutrition programme effectiveness by providing a forum for exchange of ideas and keeping field staff up to date with current research and evaluation findings. For further details contact [foreilly@tcd.ie](mailto:foreilly@tcd.ie) or visit the website at [www.tcd.ie/enn](http://www.tcd.ie/enn).
- '*The Management of Nutrition in Major Emergencies*'. Produced by WHO with contributions from UNHCR, IFRC and WFP and published in late 2000. The manual includes basic facts on nutrition and nutritional deficiencies in emergencies as well as assessment, surveillance and response issues. Available from WHO.
- '*Maternal Health Services*'. Guidelines for qualified Health Personnel. UNICEF Somalia 1999.

## RECENT REPORTS

- *Monthly Food Security Report for Somalia*, FSAU, issued 8 April 2001.
- *Nutrition Surveillance in Somalia. Project Description*. FSAU, January 2001.
- *The Livestock Barr*: Increasing vulnerability during the *Jilal* season. FLASH. FSAU. March 2001.
- *Livestock Embargo: an Update*. FEWS NET, April 2001.
- *Somalia in Deep Financial Crisis Again*. FEWS NET, April 2001.
- *Deyr 2000/01 Crop Harvest in Southern Somalia*. FOCUS. FSAU, March 2001.

For current and past reports on food security, nutrition and health, visit the UN Somalia website at: [www.unsomalia.org](http://www.unsomalia.org).

Physical address: Peponi Plaza, (Block C), Peponi Road, Westlands, Nairobi.

Postal address: PO Box 1230, Village Market, Nairobi

Telephone: +254-2-741299, 745734, 748297. Fax: 740598

General email: [fsauinfo@fsau.or.ke](mailto:fsauinfo@fsau.or.ke)

Comments and information related to nutrition: [Noreen.Prendiville@fsau.or.ke](mailto:Noreen.Prendiville@fsau.or.ke)

