

OVERVIEW

This month's highlight presents the overall nutrition analysis for Somalia. Civil insecurity continues to have a significant negative impact on the wellbeing of the Somali population.

IDPs in Bossasso have been assisted by a number of organisations and a further detailed analysis of the continuing nutrition crisis has commenced.

Insecurity has caused population displacement in Bay Region, Northern Gedo and Mandera District, Kenya, predisposing already vulnerable populations to further suffering. Seasonal population vulnerability of the Jilib Riverine population persists as intervention efforts continue.

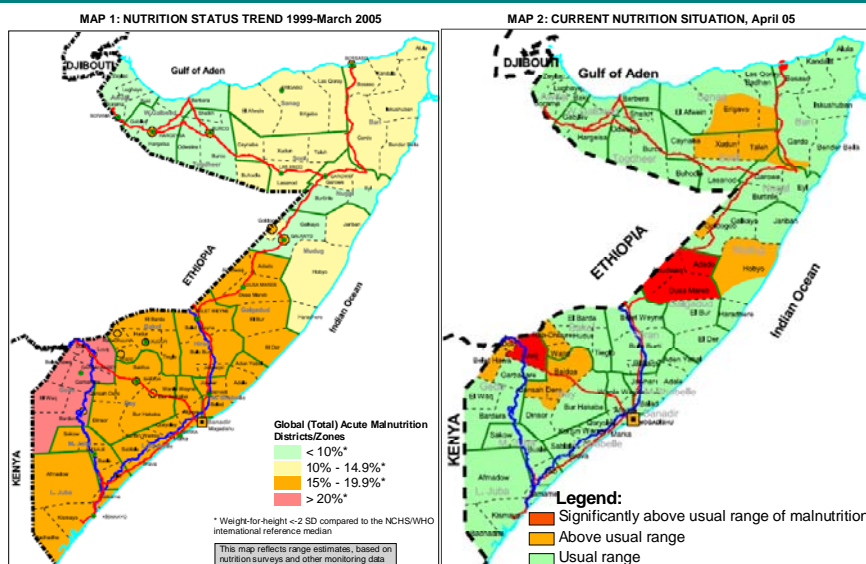
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OVERALL NUTRITION ANALYSIS IN SOMALIA

An interpretation of the overall nutrition situation in Somalia is undertaken through an analysis of anthropometry, mortality, food security, dietary intake, childcare, morbidity, public health issues, civil insecurity and other major influences on the nutritional status and wellbeing of the population in Somalia. Sources of data include nutrition surveys, rapid assessment, health facility data, selective feeding centre information, sentinel site surveillance, dietary studies and field observations. Information on food security and health is essential in the analysis. FSAU regularly updates the

interpretation of the current situation and compares this to the longer term trends in the various parts of the country.



Map 1 "Nutrition Status Trends" represents the "usual" nutrition situation observed over time. It indicates the estimate of ranges within which malnutrition rates typically fall in Somalia. The map depicts that virtually the whole of Somalia has unacceptable levels of acute malnutrition of 5% or above, according to international standards and that some areas are consistently and substantially worse than others.

Map 2 "Current Nutrition Situation" presents the updated situation based on an interpretation of the latest available nutrition and related information. A shift of the nutrition situation from the "usual" ranges is portrayed. The April 2005 map shows that malnutrition levels in Jilib Riverine, Bossasso IDPs, Luuq District, Dusamareb and Adaado Districts are significantly above the usual range recorded. The nutrition situation in Lower Nugaal, Sool Plateau, Hobyo District, Wajid and Rabdure Districts in Bakool, parts of Bay Region and Northern Gedo are above the usual ranges. Most of the areas that encountered multiple shocks in NE Somalia appear to have malnutrition levels within the usual ranges (March 2005, Nutrition Update).

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

Recent changes in nutrition situation in Somalia compared to February 2005 analysis

Most of the areas with increased nutrition concern have encountered persistent insecurity, with resultant population displacement and hindrance to humanitarian assistance delivery. Humanitarian assistance, where delivered, (along side other factors) has contributed to the improvement of the situation, e.g. Nugaal plateau (March 2005, Nutrition Update).

In **Taleex and Hudun Districts**, the nutrition crisis has lessened since February 2005 due to the positive impact of the good deyr rains (improvement in milk availability) and the increased attention from the humanitarian agencies. Free cash distribution (to about 830 households) and cash for work activities by NPA in partnership with SCO (local NGO), WFP's food distribution (Sool and Nugaal area), ICRC's food distribution to Taleex pastoral population and UNICEF's comprehensive health and nutrition package has positively impacted the population. UNHCR has provided non food items to destitute families in the villages between Lasanood and Garowe.

Sool Plateau's household food security (especially milk availability) is yet to improve significantly while prevalence of communicable diseases (ARI and diarrhoea) persists. Intervention activities have declined slightly with the increased focus in Lower Nugaal by agencies. This has led to slow recovery of the population.

Consumption of cereal based diets by the conflict affected populations of **Dusamareb, Adaado and Hobyo** districts continues despite the return of livestock into the area. Population displacement due to insecurity remains a concern. Humanitarian agencies' efforts to deliver intervention have not been successful due to insecurity.

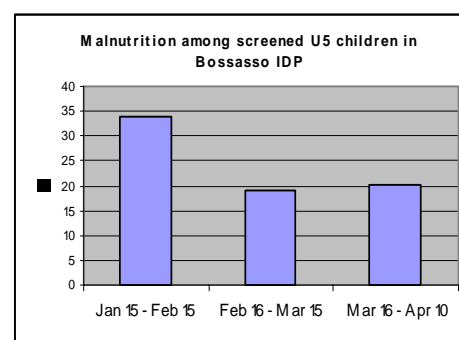
Bay and Bakool Regions: The recent security incidences which have caused displacement, into Bulduhunle village (Wajiid) and Dinsor and Qansaxdheere towns, and limited access by humanitarian agencies are likely to jeopardize the population wellbeing of the population.

BOSSASSO IDP UPDATE – persistent high levels of acute malnutrition

During 2002 and 2003, UNICEF in collaboration with MOH and FSAU conducted annual nutrition surveys in the thirteen Bossasso IDP camps. Findings on acute malnutrition (based on weight for height z scores and/or presence of bilateral oedema) in the 6-59 months age category were consistently above 15%. From November 2002 to January 2003, supplementary feeding to malnourished children was undertaken jointly by UNICEF/WFP/MOH.

In July 2004, a total population assessment of Bossasso IDPs, covering 1621 households and 1411 children aged 6-59 months, was conducted. Findings revealed total acute malnutrition (W/H<-2 Z score or oedema) of 20.3% which indicated a critical nutrition situation, and retrospective (3 months) under five mortality of 2.32/10,000/day, which indicated a situation of alert (based on WHO categorization). Further, aggravating factors such as the arrival of immigrants from the South and Central zones of Somalia and Ethiopia due to economic and security reasons, poor sanitation, high disease prevalence and low immunization coverage prevailed (September 2004, Nutrition Update). Based on the analysis of these findings, the assessment team recommended improvement in household food basket, intensified health and nutrition services and education, improvement on hygiene and sanitation and close monitoring of the nutrition situation.

Since the beginning of January 2005, UNICEF/WFP in partnership with MOH supports 'Aid', (a local agency) to identify and distribute supplementary food and general ration to malnourished children (w/h less than 80% of the median), pregnant women with negligible monthly weight gain or with anemia, and lactating women from impoverished households with less than 55 kg bodyweight from Bossasso IDP camps. About 900 children aged 6-59 months are screened monthly since January 2005. Persistent critical levels of acute malnutrition among children screened during the interventions process are recorded. Additionally, about 420 of the estimated 800 pregnant and/or lactating women screened monthly, from the same IDP camps, are either anaemic or with inadequate weight gain¹. 'Aid' also conducts health and nutrition education sessions, immunization campaigns and organizes garbage collection in the IDP camps. Chlorination of water sources for the IDPs, mainly *berkads*, is done to minimize contamination and risk of cholera/diarrhoea outbreak. WHO, MOH, UNICEF and WFP have supported surveillance on acute watery diarrhoea in Bossasso, and the IDP camps aiming for early detection of and prevention of cholera.



The on-going humanitarian interventions in Bossasso IDP camps geared to addressing the critical nutrition situation of the affected population groups may need to intensify until the situation improves. Nevertheless, the effectiveness of

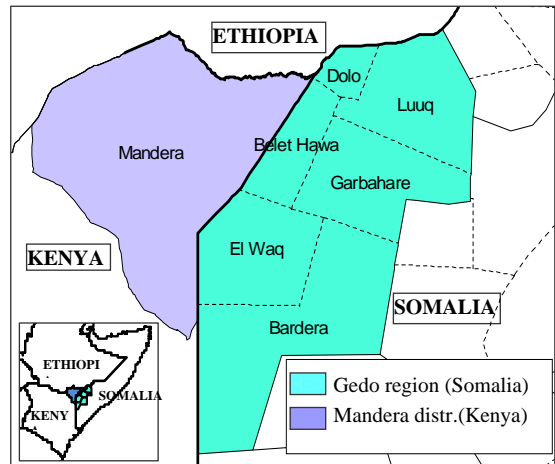
¹ The malnourished population groups are entitled to a monthly 12.5 kg of blended foods (BP5 or super mix). In addition, the malnourished persons' households receive a monthly ration of 63.6 kg comprising of maize (50kg), pulses (10kg) and vegetable oil (3.6kg).

these humanitarian interventions is hampered by the complexity of the IDP situation amidst the urban environment. A detailed analysis of the household food security situation and the underlying causes of acute malnutrition for Bossasso IDPs is highly recommended by the participating agencies to guide an integrated response.

NORTHERN GEDO AND MANDERA DISTRICT, KENYA

Insecurity persists as nutrition wellbeing is compromised

Civil insecurity continues to affect the food insecure Northern Gedo population² thus increasing their risk of malnutrition. Significantly high levels of malnutrition have been recorded in Northern Gedo and high admissions in the GHC managed Belet Hawa therapeutic feeding centre reported (March 2005 Nutrition Update). A recent nutrition situation review by FSAU indicated that 17.2% of the screened children in Dolow and Belet Hawa villages had a mid upper arm circumference measurement of less than 12.5 cm or oedema while 23% had MUAC measurement of between 12.5 cm and 13.4 cm. The situation in Belet Hawa and Belet Amin areas appeared to be significantly worse than that in Dolow. Conflict triggered population displacement has occurred over the past three months in Elwak and Belet Hawa Districts causing family member separation. IDP camps have been established in Damase, Garsale, Fafahdun and Busar villages while others are hosted by relatives in Bardera. This is likely to further compromise the nutrition wellbeing of the population.



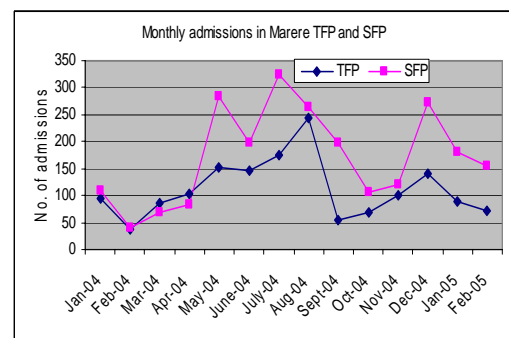
CARE Somalia has distributed relief food despite access difficulties. In March 2005 about 2014 MT of sorghum, pulses and oil was distributed to 36,019 families in Belet Hawa, Elwak, Dolow and Luuq Districts. GHC in collaboration with UNICEF offers health services and implement nutrition programmes. ICRC has provided dressing kits while some local NGOs have supported the peace negotiation initiatives.

Critical nutrition situation recorded in Mander, Kenya.

According to Action Against Hunger (March 2005), the nutrition situation across the Kenyan border is also critical. Preliminary results of a nutrition survey conducted in Mander Central and Khalalio Divisions of Mander District, Kenya show a global acute malnutrition (W/H<-2 z score or oedema) rate of 26.6% (CI: 22.6-31.0) and a severe acute malnutrition (W/H<-3 z score or oedema) rate of 3.5% (CI: 2.0 – 5.7). Prevention of further displacement and loss of life is dependent on the negotiation of a truce between the warring clans.

JUBA VALLEY: Interventions to the chronically food insecure population

The Jilib riverine area has encountered successive years of food insecurity which has predisposed the population to critical levels of malnutrition (global acute malnutrition of 19.5%, May 2004) (June/July 2004, Nutrition Update). Seasonal episodes of malnutrition have been recorded in past assessment (April 2004, Nutrition Update) with high malnutrition rates being recorded during ‘hunger periods’. The graph shows high admissions in the MSF-Holland managed TFP and SFP in May/July and in November/ December periods³. The harvesting periods are usually after July for *Gu* after December for *Deyr* harvests.



Outreach and static supplementary feeding programmes (also supported by UNICEF and SRCS) and follow up of TFP discharges have been frequently hindered by insecurity. Aiming to mitigate the effects of the expected hunger period of May to July 2005, WFP through AFREC distributed 820MT of maize, pulses and vegetable oil, in March 2005. AFREC and World Concern continue with the water programme benefiting the riverine community as well as seed distribution and education. Security improvement is still necessary for effective programme implementation.

²About 29% of the Gedo population was in need of humanitarian assistance (FSAU Technical Series 3, Feb 2005).

³Low admissions were recorded in June 2004, after insecurity that led to evacuation of some of the programme staffs

BAY REGION UPDATE – insecurity causing further displacement

High levels of malnutrition continue to be recorded among children screened in the MCH centres in Bay Region. In March 2005, 23% out of 300 children screened in Berdaale MCH and 29% of the 724 children screened in Qansaxdheere MCH were malnourished. *This data is taken from the screening of children brought to the clinic due to illness and while it cannot of course be extrapolated to make inferences about the wider community, it nevertheless is indicative of a significant problem.* Disruption to the livelihoods of the internally displaced populations, destruction of food stocks and interruption of humanitarian activities, access to limited food diversity and high disease prevalence are the main factors associated with malnutrition in Bay Region in the past two months. Use of poor quality water in Dinsor, Qansaxdheere and Berdaale Districts has been linked to the increased diarrhoea cases in these areas.

During March 2005, populations were displaced from Ufurow zone (Hawarbarbare, Idaadoble, Bullaciir, Bannow, Idaale and Kooban villages) to Dinsor town, Qansaxdheere satellite villages like Beled Amin and Bullafuur villages. The security incidences may affect farm activities of these agro-pastoral populations in this *Gu* season.

As a response to the recent population displacement, MSF-Swiss gave Vitamin A supplementation, BP5, measles vaccination and de-wormed children from IDPs in Dinsor town. ICRC is providing non-food items like utensils to the IDPs. Other regular humanitarian activities implemented by UNICEF, WFP, WHO, SRCS, GTZ, PACE, COOPI, UNDP, World Vision and DMO continue though with regular interruptions and delays.

PROPOSED SURVEY PLAN FOR 2005

Dates	Region	Area	Organisations	Status 25 th April 2005
Late May 2005	Bari	Dangoroyo/Eyl Districts	FSAU/ UNICEF/MOH	Planning in progress
May 2005	Sool	Taleh/ Huddun Districts	FSAU/UNICEF/MOHL	Proposed
May 2005	Bay	Berdaale District	FSAU/UNICEF/SRCS	Proposed
July 2005	Bari	Goldogob District	UNICEF/FSAU/MOH	Proposed
July 2005	Galbeed	Hargeisa Resettlement camp	FSAU/ UNICEF/MOHL	Proposed
July 2005	M. Juba	Jilib Riverine	FSAU/SRCS/UNICEF/MSF-H	Proposed
August 2005	Bakool	Rabdure District	FSAU / UNICEF/ IMC/ MSF- B	Proposed
Sept 2005	Bari	Ishkushban/Alula/Kandala	FSAU/MOH/UNICEF	Proposed
Sept 2005	Nugal	Gardo/Bander Beyla Districts	UNICEF/FSAU/MOH	Proposed
Sept 2005	Togdheer	Hawd of Togdheer	FSAU/MOHL/SCRS	Proposed
Nov 2005	Gedo	Belet Hawa or Luuq	FSAU/UNICEF/CARE/ GHC	Proposed
2005	Benadir	Mogadishu	ACF	Proposed

TRAINING COURSES

AMREF International Training Centre, Nairobi, is offering a series of short courses on health and related fields in 2005 and a one year Diploma course in Community Health. Details on www.amref.org/shortcourses.htm

RECENT PUBLICATIONS

- o FSAU Food Security and Nutrition April 2005 Monthly Brief
- o FSAU 2005 Post Deyr Analysis, Technical Series Report No. IV.3, March 2005
- o FSAU/FEWSNET Market Data Update, April 2005
- o FSAU/FEWSNET Climate Data Update, April 2005
- o FEWSNET Food Security Update, April 15 2005
- o FEWSNET-Somalia: Rain-watch, April 2005
- o FEWSNET-Somalia/SWALIMS: Flood Bulletin, April 2005

WEBSITES

This 'Nutrition Update', along with other relevant materials, is available on: Relief Web. <http://www.reliefweb.int>
FSAU's website: www.fsasomalia.org will be available in May 2005 at www



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