

OVERVIEW

This issue presents a brief overview on key areas of interest in addition to results of three nutrition surveys. The related food security information is available in the more detailed FSAU Food Security Reports for July and August 2004.

FSAU continues to face the interesting challenge of identifying changes in nutritional status that fluctuate outside the usual abnormally high malnutrition rates found throughout the country. Because the magnitude of the fluctuation is important, it has not been possible to have single clear cut-off points to define a crisis throughout the country and therefore levels of malnutrition that are common place in one part of the country are considered quite critical in another. Internationally acceptable cut-off points and emergency indicators are also not very useful as all areas of the country have malnutrition rates that are consistently at levels that are significantly above the normal. This in itself is a subject worthy of great debate in terms of allocation of resources – the acute crisis versus the chronic crisis.

The continued poor level of humanitarian access to the areas of greatest concern i.e. Gedo, Juba, Mogadishu, Galgaduud and Sool Plateau affects both the possibility of implementing good quality surveys and following up with the desirable interventions.

In this issue of 'Nutrition Update';

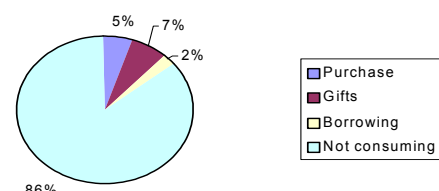
Puntland	1
Galcayo Nutrition Survey	3
Goldogob Nutrition Survey	4
Southern Somalia	5
Central Somalia	6
Somaliland	7
Sool Plateau Nutrition Survey	8
Somali Region, Ethiopia	9
Nutrition Survey Update & Other Info	10

PUNTLAND

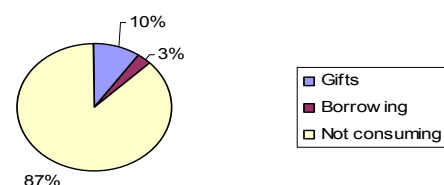
During the recent Gu seasonal assessment, a review of nutrition data for Puntland generally indicated levels of acute malnutrition within the expected range in most districts with a few notable exceptions. In some areas identified as being of particular concern, additional data was collected concurrently with the food security assessments. Analysis of the overall nutrition findings at district level involved triangulation with qualitative and quantitative information (on food security, access to water, dietary study, and health care) and health facility trends.

Findings from the dietary assessment indicate that cereal, fats and sugar are the most frequently consumed food groups. On the other hand, fruits, vegetables, meat and other dairy products are least frequently consumed. About 87% of the assessed children in the selected villages of Garowe / Dangoroyo, and 86% in Qardho do not consume livestock products (milk and meat). Consumption of beans however, is notable among three quarters of the children in Garowe / Dangoroyo and 62% in Qardho. The charts depict consumption of dairy and meat products, among the assessed children under five years in Garowe / Dangoroyo and Qardho. The prevalence of communicable diseases in these areas appeared to be low. The following table summarizes the findings on acute malnutrition and mortality.

Consumption of Meat Products in Selected Villages in Qardho



Consumption of Dairy Products in Selected Villages in Garowe/Dangoroyo



PUNTLAND

Findings on acute Malnutrition and Mortality

Region	Bari	Bari	Bari	Nugal	Nugal	Mudug	Mudug	Mudug
District	Qardho	Ishkushban	Bander Beyla	Garowe/ Dangoroyo	Goldo- gob	Jariban	Eyl	Galcacyo
Villages Assessed	Shixda, Gerihel, Yaka, Jebed, Ambar	Xubasis, Rako, Dharou, Xirriro	Dhudhab, Bixin, Maysig, Dhuudo	Cuun, Yibayil	The whole district	Sallah, Balibusle, Jariban	Godob	The whole district
Source of Information	RA ¹ N=333	RA N=257	RA N=169	RA N=73	NS ² , 4/04 N=906	RA N=302	RA N=118	NS. 4/04 N=906
Under 5 (12-59 mo) % MUAC < 12.5 cm + oedema	20%	8%	8%	24%	-	8%	6%	-
Global acute WFH < -2z scores + oedema	-	-	-	-	14.2%	-	-	9.7%
Crude mortality Rate/10,000/day	0.78	0.64	-	-	0.16	1.3	0.92	0.5
% of malnourished women (15-49 yrs) ³	6 N=212	3.6 N=169	4.2 N=118	3.7 N=120	-	3.0 N=246	0.92 N=119	-

Garowe / Dangoroyo, Qardho

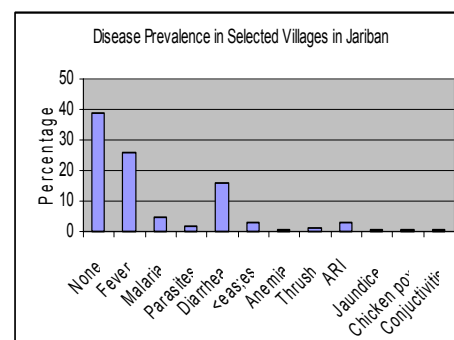
The level of acute malnutrition appears above the usual range. This is attributed to food insecurity which has led to poor quality dietary intake; water shortage and poor purchasing power. The low prevalence of diseases is a mitigating factor. Coping strategies include: reliance on social support, severe indebtedness, migration to urban areas or those with pasture. As a result of migration, over 80% of the assessed household heads in Garowe / Dangoroyo and Qardho are women. A nutrition survey is planned for October 2004.

Galdogob district

The level of acute malnutrition for Galdogob district in April 2004, is above the usual range. This is mainly attributed to food insecurity and a poor health situation, with statistical association found between malnutrition and malaria and measles. The two public health facilities in the district were/are non-functional. Coping strategies include borrowing, reliance on gifts, livestock sales, family splitting and begging. A detailed report is available for more information.

Jariban district

The level of acute malnutrition is within the usual range. The crude mortality rate however indicated an alert situation. This is attributed to limited access to safe water and health care services, reduced income opportunities arising from collapsing pastoral livelihood, and seasonal sea closure which prevents fishing and sale of lobsters. Coping strategies include migration of pastoralists into urban households. This has resulted in high dependency and minimized access to food and other resources.



Galcayo district

The levels of acute malnutrition and mortality during a recent survey are within the usual range⁴. See survey report on page 3.

Ishkushban and Bander Beyla

The level of acute malnutrition is within the usual range. UNICEF is planning a nutrition survey in September 2004.

Eyl District

The level of total acute malnutrition is within the usual range.

¹ Rapid assessment using measurement of Mid Upper Arm Circumference.

² Nutrition survey using standard methodology. Full reports available from FSAU.

³ Pregnant women <23cm. Non pregnant <18.5cm.

⁴ The malnutrition rate of almost 10% (W/H <-2 Z scores + oedema) while within the usual range for the area remains of course significantly higher than acceptable ranges in other countries.

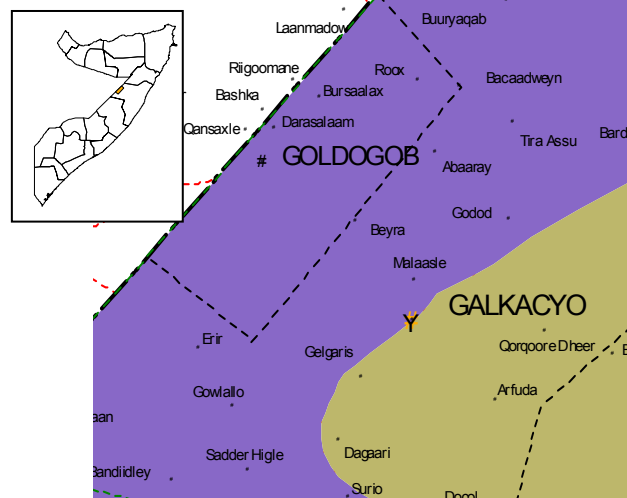
GOLDOGOB NUTRITION SURVEY

Goldogob district received normal but delayed Deyr (Oct-Dec) 2003 rains in November, which led to improved pasture and water conditions. This stirred up a high in-migration of pastoralists and livestock from the drought affected areas of northeast and central Galcacyo and Jariban. This in-migration has resulted in overgrazing and depletion of pastures, high prices of water and cereals and predisposed the affected communities to acute malnutrition.

To follow up the seemingly deteriorating situation in April 2004 UNICEF in collaboration with FSAU and MOH conducted a survey to review the nutrition and mortality situation, identify potential risk factors and examine how these factors can be addressed. A total of 906 children aged 6-59 months and measuring 65-110cm from Galdogob district were surveyed using 30 by 30 random cluster sampling methodology.

Food Economy Zones

- Hawd Pastoral: Camel, sheep, goats
- Addun Pastoral: Mixed Sheep & goats, ca



INDICATORS	No.	%
Children aged 6-59 months assessed	906	100
Number of households	492	100
GAM ⁵ (WFH <-2 Z-score or oedema) (n=906)	129	14.2
GAM: Ages 6-23 months (n= 350)	33	3.64
Ages 24-59 months (n=563)	96	10.0
SAM ⁶ (WFH <-3 Z-score or oedema)	28	3.1
SAM: Ages 6-23 months (n= 10)	10	1.0
Ages 24-59 months (n=18)	18	1.98
SAM, no oedema	25	2.8
Oedema	3	0.3
Children with diarrhoea in 2 weeks prior to the survey	92	10
Children with ARI in 2 weeks prior to the survey	136	15
Children with measles in 1 month prior to the survey	37	4
Children with Malaria in 2 weeks prior to the survey	133	16
Measles vaccination coverage(n=836, aged 9-59 months)	285	34
Vitamin A supplementation coverage	234	26
Under-five mortality rate (per 10,000/day)	0.3/10,000/day	
Crude mortality rate (per 10,000/day)	0.16/10,000/day	

The results indicate global acute malnutrition (WFH <-2 Z score) of 14.2% (C.I 12.1-16.7%) and severe acute malnutrition (WFH <-3 Z score) of 3.1% (C.I 2.1-4.5%). The general child feeding practices are poor with about 88% of the children aged below 6 months not exclusively breastfeeding. Analysis of potential risk factors indicates significant statistical association between acute malnutrition and age group of 6-23 months (RR=1.84; p=0.003). The meal frequency for the majority of the assessed children (about 96%) is 3 times and above, in a day. Findings on retrospective crude and under five mortality are 0.16 and 0.3 per 10,000 per day respectively.

Access to health care services is poor since the two public health facilities in the district are non-functional. Subsequently, the coverage for measles vaccination and vitamin A supplementation are low. The prevalence of ARI, malaria and measles is high and contributed to acute malnutrition. Statistical association was established between malnutrition and malaria (RR=1.54, p=0.042) and between malnutrition and measles (RR=0.68 p=0,048).

While the deterioration in nutritional status is attributed primarily to food insecurity, limited access to water and health care, poor child feeding practices clearly lay the foundation for malnutrition.

Based on the analysis of the nutrition situation, the survey team made the following recommendations.

- Revitalise health programme activities
- Intensify health and nutrition education
- Increase access to water
- Examine means of improving food access,
- Closely monitor food security, nutrition and dietary intake.

⁵ Global acute malnutrition

⁶ Severe acute malnutrition

SOUTHERN SOMALIA

Regular nutrition data collection and analysis was complemented by a number of additional rapid nutrition assessments during the recent Gu situation analysis in July 04. While most areas appeared to be within the usual range for the south (i.e. extremely high by world standards) some areas were identified to be of particular concern.

Findings from the dietary assessment indicate significant diversity in the assessed areas, with majority of the population consuming three food groups and above. The chart highlights consumption of food groups in the previous twenty-four hours. Dietary diversity in northern Gedo and Dolow was attributed to food assistance provided less than a week prior to the assessment.

The health situation indicates low prevalence of common communicable diseases (less than 10% of Diarrhoea, ARI, and Malaria) in all the assessed areas.

Analysis of the overall nutrition findings at district level involved triangulation with qualitative information (on food security, access to water, dietary assessment, and health care) and trends of the nutrition situation at the health facilities. Interpretation of the findings was based on whether the nutrition situation was better than usual¹¹, usual, above the usual or significantly above the usual.

Belet Hawa / Dolow

Malnutrition in Northern Gedo appears to be above the usual range. This is attributed to food insecurity and collapsed livelihoods amidst chronic civil insecurity. Coping strategies include sale of bush products, migration to urban areas, family splitting and increased dependency on food aid. Insecurity has prevented the implementation of nutrition surveys in the area but one is tentatively planned for October 2004.

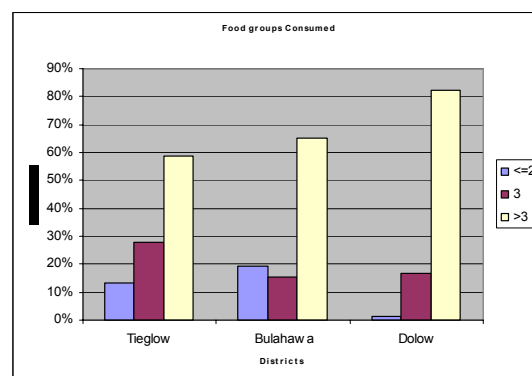
Juba Riverine Livelihood Zone

Malnutrition according to the recent survey is significantly above usual rates. This is attributed to acute food insecurity, poor access to safe water and health care, high prevalence of diseases and poor sanitation. The situation is exacerbated by political instability and a poor social support network. The affected communities are coping through reduced meal frequency and diversity, migration to urban areas for employment and intensified wild food collection. A detailed report is available.

Tayeglow

Malnutrition levels appear to be above the usual range. This is attributed to food insecurity, limited access to health care and safe water although alleviated somewhat by food-for-work interventions. Coping strategies include migration to urban areas, collection and sale of bush products and intensified casual labour.

Region	Gedo	Gedo	Bakool	Middle Juba
District	Belet Hawa	Dolow	Tayeglow	Jilib
Villages Assessed	Section 1 Section2	Section I Section 2	Listed in footnote ⁷	Jilib Riverine Livelihood Zone
Sources of Information	RA ⁸ N=491	RA N=460	RA N=525	NS ⁹ N=913
Under 5 (12-59 mo) MUAC < 12.5 cm oedema	38%	34%	7%	
Under 5 (6-12 mo) WFH < -2z scores oedema	-	-	-	19.5%
Crude mortality/10,000/day	3.4	2.5	1.9	2.2
Under five mortality/10,000/day	-	2.5	1.84	5.4
Proportion of malnourished women (15-49 years) ¹⁰	17%	21%	2%	-



⁷ Dhanawe, Elgaras, Hiirey, Mubarak, Tubaney Dheema Jimale Biyoley Madaa Waranyaay, Ooraar, Sinay, Halgan 1, Halgan 2, Elhawey

⁸ Rapid assessment using measurement of Mid Upper Arm Circumference

⁹ Nutrition survey using standard methodology. Full survey reports available from FSAU

¹⁰ Measurement of malnutrition in adults has commenced recently. Methodology and interpretation are still under development.

¹¹ The word 'normal' is avoided as this would imply an acceptable level of malnutrition. Usual levels of malnutrition in Southern Somalia have been consistently above 'normal' or 'acceptable' ranges in recent years.

CENTRAL SOMALIA

As highlighted in the FSAU Food Security Report (July 04), parts of the central region are experiencing severe food insecurity. During July 2004, a number of rapid nutrition assessments were undertaken to complement existing routinely collected information. In Galgaduud region the assessments were carried out in the *pastoralists villages thought to be most affected by acute food insecurity* within the border of CIID¹² Food Economy Zone of Adaado / Dhusamareeb districts. In Hiran Region an assessment was carried out in the agro pastoral villages of Buloburti district.

Region	Galgaduud	Galgaduud	Hiran
District	Adaado	Dhusamareeb	Buloburti
Villages assessed	Adaado, Galinsoor, Godinlabe, Dayeeno	Dhusamareeb, Mareer Gur, Gadoon, Hanan, Bur, Bohol	Halgan, Aboorey, Hagar Beeryabaal, Dheenwey, Buqaqable, Biyo neef Showli, Masaajidl, Gulaalimeey, Malmal
Source of Information	Rapid Assessment n=266	Rapid Assessment n=339	Rapid Assessment n=537
Children MUAC < 12.5 cm or oedema	28%	32%	16%
Malnourished women 15-49 years	N=129 8%	N= 137 24%	N=257 9%
Crude Mortality Rate/10,000/day	3.0		1.7
Under five Mortality rate/10,000/day	4.7		3.7

Findings from the dietary assessment indicate that the majority of the population assessed consumed a diet that mainly comprised of cereal, fats and sugar, and did not include proteins, vegetables and fruits thus limiting access to essential nutrients.

Adaado and Dhusamareeb

Acute malnutrition levels are above the usual range. Retrospective under five and crude mortality rates for Adaado district indicate an emergency situation. The prevalence of communicable diseases among children two weeks prior to the assessment was high (ARI around 14%, worms 22% and diarrhoea 11-

24%). Adult malnutrition levels were also high¹³. The assessment results are representative of the villages of food insecurity concern and not the entire districts. **Plans are underway to carry out a nutrition survey in September 2004 to establish the extent and magnitude of malnutrition in areas of concern in Galgaduud.**

Buloburti District

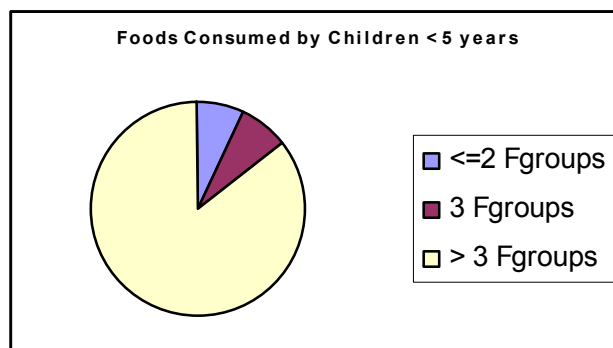
Acute malnutrition is above the usual range. In the assessed areas of Buloburti, the malnutrition levels, under five mortality rate and crude mortality rates indicate a situation that requires very close monitoring. Food insecurity within some Food Economy Zones and limited access to safe water have been identified as a source of concern. Eighty five per cent of the children were consuming a diet that consisted of cereals/staples, fats and sugar with very little access to sources of proteins and micronutrients. The prevalence of communicable diseases among children was low (diarrhoea 4.4%, worms 1.9% and malaria 1.7%) at the time of the recent assessment.

Belet Weyne District

The malnutrition levels appear to be within the usual range. Ongoing health, water and sanitation related interventions aim to address both the immediate and underlying causes.

Jalalaqsi District

Although current data indicate that the situation remains within the usual range for the area, the agro pastoral areas of the district are of concern and will be monitored closely in the coming months.



¹² Sublivelihood zone within the Hawd Food Economy Zone, characterized by red soil type and shrubs

¹³ Sphere recommended cut-off points for pregnant women and UNACC/SCN for the non-pregnant women were used.

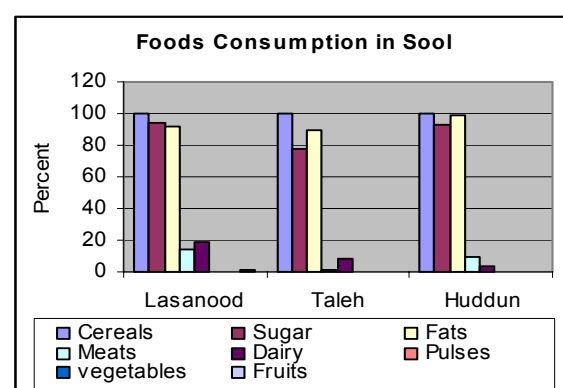
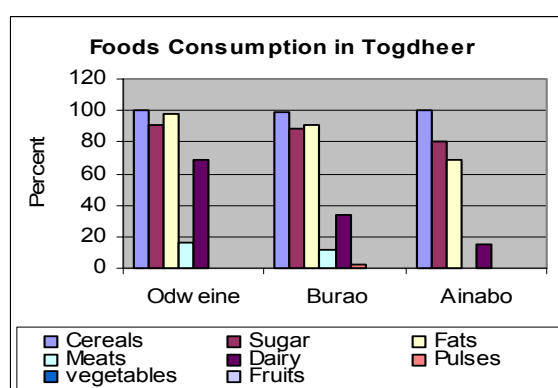
SOMALILAND

In July 2004, FSAU in collaboration with partners¹⁴ carried out food security and nutrition assessments as part of the annual Gu Analysis. Prior to the assessments, districts of concern in each region were identified for the assessments through a consultative process in addition to past information available at FSAU. At field level, vulnerable villages to be assessed in each district were purposively selected in consultation with partners and local authorities. In each village, nutritional status of children aged 12 – 59 months and adult women (15 – 49 years) were assessed using Mid Upper Arm Circumference (MUAC). Crude and under-five retrospective mortality rates over the past 30 days, morbidity levels and dietary diversity amongst under fives and persons above five years were also determined.

Region	Sool Sanaag	Sool	Sool	Sool	Toghdeer	Toghdeer	Toghdeer
District/ Area covered	Sool Plateau of Sool & Sanaag	Taleex	Las anood	Huddun	Burao	Owdweyne	Ainabo
Villages Assessed	Randomly selected villages in the whole area	Godqa- boobe Caroolay Taleex	Tukaraaq Goodaale Dalyare	Huddun	Beelday, Ceeg, Gacanlibax, Haajisalax, Harade, Inaafma-dobe, Shan- shacade, Warcinran	Dabogoryale, Khatumo, Mulaxo	Wadamoqor
Source of Information	NS 6/04 N=901	RA n=179	RA n=120	RA n=60	RA N=281	RA N=127	RA N=41
Under 5 (12-59 mo) MUAC < 12.5 cm + oedema	-	21%	18%	28%	7%	10%	29%
Global acute WFH < - 2z scores + oedema	13.7%	-	-	-	-	-	-
Crude mortality Rate/10,000/day	0.86	0.55	2.2	-	1.53	-	0.4
Under five/10,000/day	2.89	0.15	4	-	1.53	-	1.1
% of malnourished women (15-49 yrs) ¹⁵	-	23.1 n=104	15.4 n=65	19.3 n=31	12.3 n=178	14.5 n=96	8.3 n=24

Malnutrition among adult women ranged from 8.3% to 23.1% with Taleex reporting the highest. In all areas, malnutrition was more common amongst pregnant and lactating women. Findings also indicate that the prevalence of diseases in the previous two weeks is low in all the assessed areas.

Dietary diversity data indicate that in all areas the main food groups consumed were cereals, sugar and fats. Foods rich in proteins and micronutrients like meat and milk were rarely consumed especially in Sool region. The charts highlight the proportions of the assessed population consuming various food groups in Togdheer and Sool. Following triangulation of various data, the situation in each district was analysed to determine if the nutrition situation was better than usual, within the usual range, above the usual or significantly above the usual.



Sool Region

In Sool region, 21.2% (MUAC <12.5 cm or oedema) children were malnourished with 2.8% (MUAC <11 cm or oedema) being severely malnourished. Crude and under-five mortality rates were within the normal ranges.

¹⁴ MOHL, VETAID, SC-UK

¹⁵ Adult women malnutrition levels ranged between 8.3% and 23.1% with Taleex reporting the highest. In all areas, the malnutrition was more common among pregnant and/or lactating women.

Taleex and Lasanood Districts

Acute malnutrition is above the usual range. This is attributed to food insecurity and limited access to safe water. The low prevalence of common illnesses is a mitigating factor. Social support continues to be the most significant means through which affected households are coping with the stress. Food aid has also been delivered in the area.

Huddun District

Acute malnutrition is above the usual range. This is attributed to food insecurity and limited access to water. The low prevalence of common illnesses is a mitigating factor. Coping strategies include dependence on social support, gifts and borrowing.

While no rapid assessments were conducted in **Sanaag region**, June 2004 nutrition survey data covering the Sool Plateau area of Sool and Sanaag indicates malnutrition levels of 13.7% (WFH <-2 Z scores or oedema). Crude mortality rate was within the normal range but under-five mortality rate was in the alert levels.

Toghdeer

Overall, the rapid assessment results indicate that 9.4% children in Toghdeer were at risk / malnourished (MUAC <12.5 cm or oedema) while 2% were severely malnourished (MUAC <11 cm or oedema). The proportions of malnourished children appeared higher in the assessed villages in Ainabo District than in Burao and Owdweyne. Both crude and under-five mortality rates were within the normal ranges.

SOOL PLATEAU OF SOOL AND SANAAG REGIONS

NUTRITION SUREVY – Further analysis

**Preliminary results with detailed tables and maps presented in June/July 2004 Nutrition Update*

The survey results indicated persistently high levels of malnutrition with no difference in the nutritional status of the population since the previous survey in May 2003. The global acute malnutrition rate (weight for height <-2 Z score or oedema) was 13.7% (CI: 11.5% – 16.1%) compared to 12.5% (CI: 10.5% - 14.9%) recorded in May 2003 survey. Severe acute malnutrition was 3.1% (CI: 2.1% - 4.5%) compared to 1.8% (CI: 1.1% - 3%) in 2003. The malnutrition levels indicate a serious situation according to WHO classification of malnutrition levels of public health significance and remain above the malnutrition rates to be expected in such a population outside times of crisis. The level of adult malnutrition¹⁶ was 11.2 % (MUAC < 21cm). The under-five mortality rate increased to an alert level of 2.89 deaths/10000/day from 1.9 deaths/10000/day in May 2003 suggesting that the overall well being of the population is worse than it was in 2003.

Both the incidence of malaria and dietary diversity showed a statistically significant association with malnutrition. Foods consumed, in order of frequency were: cereals, sugar, fats/oil and pulses also reflecting the impact of the ongoing food aid distribution for some households. Minimal consumption of other food groups like vegetables and fruits, dairy products, meats and eggs has limited access to essential nutrients. Vitamin A deficiency was estimated to affect approximately 6% of the children and adults assessed in the survey.

The survey findings indicate that approximately 50 per cent of pastoralists are shifting to self employment and petty trade (charcoal trade, tea shops and sale of firewood) as their primary means of livelihood. Qualitative data indicated that households are currently employing at least one or more of known coping mechanisms with at least 55% or more resorting to purchasing food on credit, borrowing or relying on relatives or reducing the number of meals eaten in a day. The fact that a high proportion was purchasing food on credit or borrowing has increased the debt burden of the people and repayment may be difficult since they have already lost virtually all their assets. Social support networks have played a key role in maintaining the Sool plateau population but as more people continue losing assets, it is becoming increasingly difficult for kin to adequately support each other. The ongoing interventions have gone a long way in preventing deterioration of the situation in the Plateau, maintaining the malnutrition levels at similar levels. About half of the surveyed population had benefited from one or more of the formal interventions while about 24% had received some form of informal support three months prior to the survey.

Overall, food insecurity has had far reaching effects on the livelihood means of the dominantly pastoral population. Access to food in sufficient quantities or good quality was greatly compromised following significant losses of livestock or animals moving to distant locations. Care aspects have also been negatively affected as women have to spend long hours in search of casual employment or credit facilities. Malaria, dietary diversity, poor care practices and food insecurity contribute to the levels of malnutrition in the plateau. Both short and longer term interventions are essential to address the crisis.

¹⁶ Measurement of adult malnutrition during nutrition surveys has commenced recently. Evaluation of the process and the actual information will be undertaken

Following the presentation of preliminary survey results and discussions with partner agencies the following recommendations have been made.

- Continuation of targeted food distribution in the highly vulnerable areas of the plateau until December 2004 assuming good 2004 Deyr rains.
- Continuation of supplementary feeding programme for pregnant/lactating mothers and children under five years in the plateau also until December 2004 and treatment of the severely malnourished children assuming proper 2004 Deyr rains.
- Intensify the food security and nutrition surveillance
- Continue with promotive and preventive health care interventions focusing on immunisation, Vitamin A supplementation, hygiene, and control of water related diseases.
- Improve access to public health services.
- Promote nutrition education through the MCH/outposts focusing on breastfeeding, complementary feeding and frequency of feeding of infants and young children as well as feeding of sick children.
- Rehabilitate run-down boreholes, berkads and dams with an aim of ensuring water availability for both human and livestock in the long run.
- Promote alternative income generating activities through a credit programme to reduce over-reliance on livestock sources of livelihood.

In the meantime, interventions in the Sool Plateau are still ongoing with the fourth round having been implemented in May 2004. Details to be shared in the next issue of the Nutrition Update.

SOMALI REGION OF ETHIOPIA – INCREASING CONCERN ABOUT NUTRITION SITUATION



Insufficient Gu 2004 rains were received in most parts of Somali Region of Ethiopia with crop failure being imminent in those areas. Only Jijiga Zone received relatively good rains and expect good crop prospects (Save the Children-UK) while virtually all the other zones have pockets of concern. For rain fed crops' failure is expected and pressure on pasture and water shortage is already being experienced. Arrival of some pastoralists from Somalia may exacerbate the situation and may increase pressure on limited resources. The Disaster Preparedness and Prevention Commission estimates about 1.3 million people are in need of emergency food assistance in Somali Region (UN-OCHA, Ethiopia July 2004).

The nutrition situation in the region has been of concern with high malnutrition rates recorded in late 2003 (Nutrition Update, March 2003)¹⁷. Increased cases of malnutrition have also been recorded in health facilities in Fik zone, Gode zone and Ferfer, Dolo Ado and Kebridehar Woredas. In a June 2004 nutrition survey, global and severe acute malnutrition rates in Fik Zone were 12.5% and SAM of 0.8% respectively. A global acute malnutrition rate of 7.8% was recorded in Shinile Woreda nutrition survey in March 2004. Within the region, migration of households with their livestock in search of pastures has started. More movement has also been triggered by recent conflicts in Liben zone.

Some people from Northern Gedo Region, Somalia have also temporarily settled in Dolo Ado, Liben zone. Diarrhoea, malaria, respiratory infection and malnutrition continue to be the common diseases recorded in the limited health facilities in the region. The water quality is on the decline with the increasing shortage in most parts of the region.

In the meantime, mitigation efforts continue in Somali Region with support from UNICEF Ethiopia. Supplementary feeding program, mobile health services, food aid distribution, and water trucking and water points maintenance in Warder, Gode, Koraha, Fik and Degahbour zones is ongoing to avert the situation from deteriorating. During stress, pastoralists from Somalia migrate into Somali Region and deterioration of the situation in both sides of the border indicates potential for severe impact on the population wellbeing.

¹⁷ In December 2003 and January 2004, nutrition surveys in Aware, Fafan, Harti Sheikh and Gode GAM rates of over 20% were recorded.

NUTRITION SURVEYS

Dates		Area	Organisations	Status: 28 August 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	Final report available
May/June 2004	Sool/Sanaag	Sool Plateau	FSAU/UNICEF/MOHL/SRCS/WFP/WHO	Awaiting partner comments on final draft
June 2004	Bakool	Wajiid District	WVI	Analysis ongoing
June 2004	Middle Juba	Bualle	WVI	Analysis ongoing
July 2004	Bari	Bossaso IDPs	UNICEF/MOH/FSAU	Analysis ongoing
Sept 2004	Galgadud	Dusamareb District	FSAU/SRCS	Planning in progress
Sept 2004	Bari	Alula/Kandala/Ishkushban	UNICEF/FSAU/MOH	Planning in progress
Oct 2004	Bari	Qardho	FSAU/MOH/UNICEF	Planning in progress
Oct 2004	Sool	Huddun/Taalex	FSAU/MOHL	
Oct 2004	Bay	Baidoa	UNICEF/FSAU	Proposed
2004	Gedo	Belet Hawa	FSAU/GHC/UNICEF/CARE	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

- Sphere Project , Training of Trainers, August 31 – September 8, 2004. Contact website: www.sphereproject.org
- Regional Centre for Quality Control of Health Care, Makerere University is offering a Post Graduate Diploma in Quality of Health Care, Uganda, October 4th 2004 to March 2005. Email: mail@rcqhc.org or mnauma@rcqhc.org
- Disaster Management, 30 Aug- 10 Sept 2004. Email: amreftraining@amrefhq.org . Website: <http://www.amref.org>
- Health Systems and Services management, 20 Sept- 15 Oct 2004. Email: amreftraining@amrefhq.org
- Training of Trainers in HIV/AIDS Community- Based Care and Support 4-22 October 2004, Nairobi. Email: courses@cafs.org Website: <http://www.cafs.org>

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>

RECENT REPORTS

- Monthly Food Security Report for Somalia, August 2004, FSAU
- Somalia: Food security Emergency, August 6, 2004. FEWS NET
- Kenya Food Security Report, August 9, 2004, FEWS NET/GOK/WFP/ALRMP
- Kenya Vulnerability Update, August 12, 2004, FEWS NET/GOK/WFP/ALRMP
- Executive Overview of Food security Threats in Sub- Saharan Africa, August 12, 2004 FEWS NET

THE NUTRITION 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, HAMRWEIN AND HAMAR JABJAB. ACF. COOPI. MSF-H. MSF-B