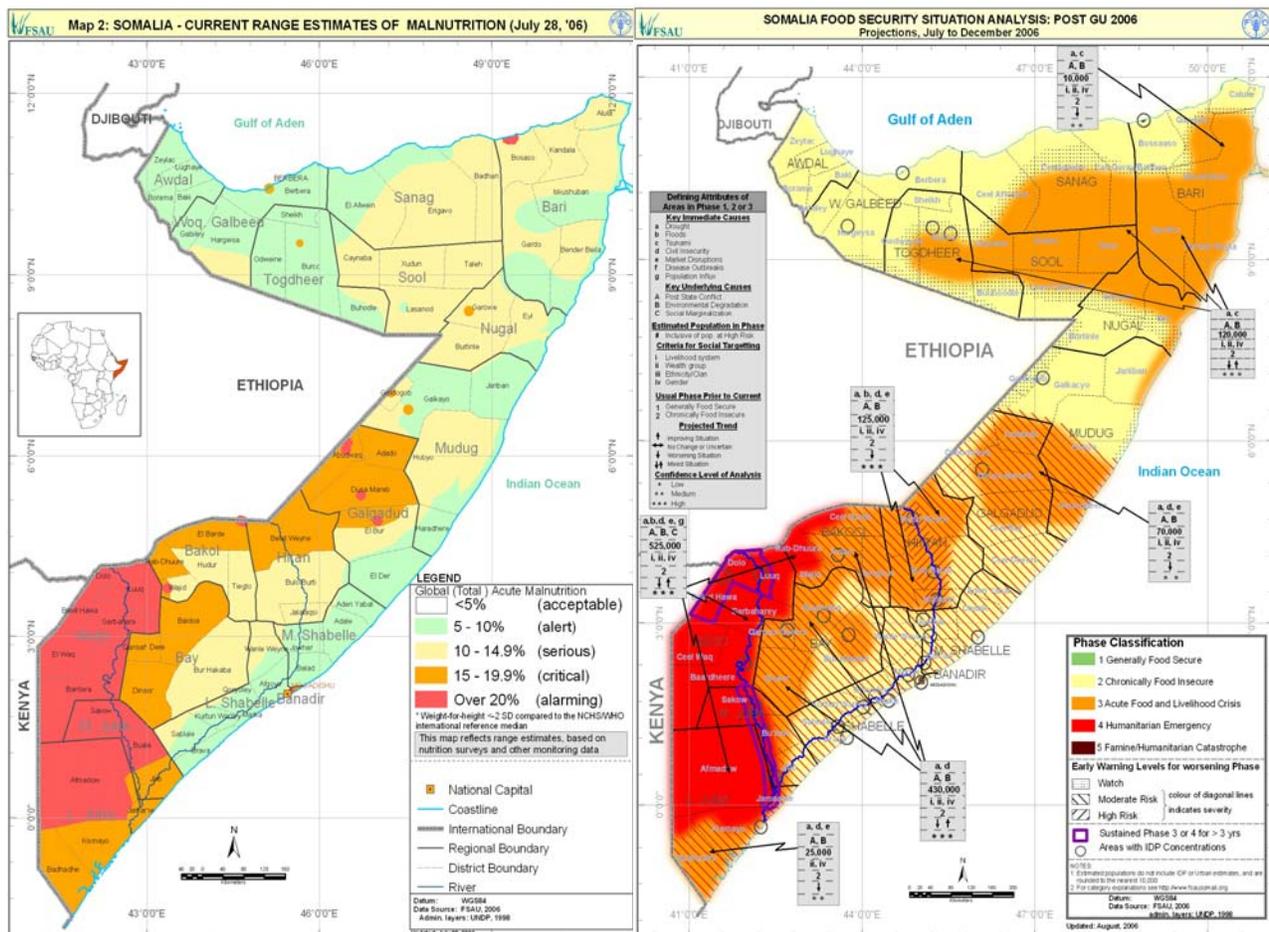


## OVERVIEW

A significant proportion of the population classified as being in Humanitarian Emergency or Acute Food and Livelihood Crisis (FSAU Post Gu 2006) also faces critical levels of acute malnutrition (WHZ < -2 or oedema) of 20% and above. The nutrition situation has deteriorated in the last six months and in some areas is worse than typical. This report provides an analysis of the nutrition situation in the last six months (FSAU Post Deyr 2005/6) compared to typical levels.

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Map 1 provides the current estimates of malnutrition, Map 2, an integrated analysis of the food security situation (FSAU Post Gu 2006) and projections through December 2006. Maps 3 and 4 provide the January 2006 (Post Deyr 2005/6) and long term (1999-2005) estimates of the nutrition situation.



## South

### Bay and Bakool

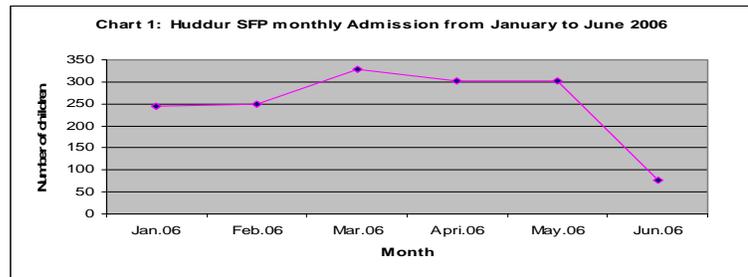
The FSAU Post Deyr analysis 2005/06 classified parts of Bay and Bakool regions as faced with a Humanitarian Emergency or an Acute Food and Livelihood Crisis. The FSAU Post Gu 2006 analysis provides similar findings (see map 2). The nutrition situation in these areas remains critical with global acute malnutrition (WHZ < -2 or oedema) of 15-19.9%. There are, however, slight improvements in Elberde, Baidoa, Qansahdere and parts of Dinsor district from global acute malnutrition levels (WHZ < -2 or oedema) of 20% and above (see maps 1, 3 and 4). Vulnerable population groups, such as IDPs in Wajid town, show levels of global acute malnutrition of 20% and above. This is associated with poor dietary intake and presence of disease.

Improved access to milk and cereal with the Gu rains 2006 has increased milk consumption and dietary diversity, and contributed to a better nutrition situation in some parts. The Gu 2006 rains and crop harvests were near normal in Bay and below normal in Bakool (FSAU Post Gu

2006 Analysis) and limited access to food and income in the latter. Increased incidence of watery diarrhoea and suspected malaria were reported in health facilities and sentinel sites since the onset of Gu 2006 rains while measles cases have been prevalent in Bay region particularly in Baidoa and Dinsor districts. Morbidity has a negative impact on the nutrition situation.

Humanitarian interventions including food distribution, expanded targeted feeding, health programmes and water trucking, have intensified during the past six months and contributed to mitigating the worrying nutrition situation as indicated in chart 1.

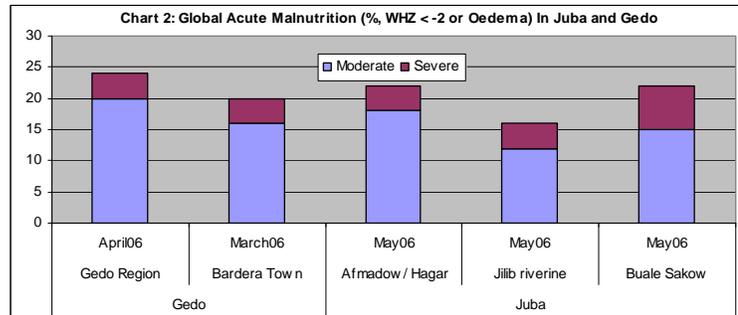
Nutritional rehabilitation and interventions that address short and longer term access to food and health services remain crucial to alleviate the critical nutrition situation.



### Juba and Gedo

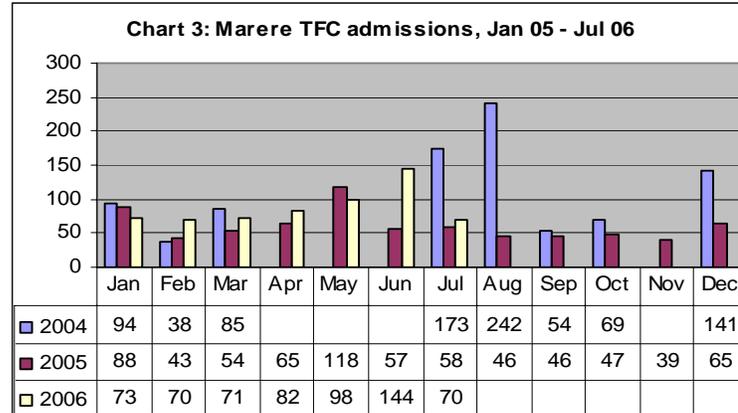
The FSAU Post Deyr 05/06 analysis classified most parts of Juba and Gedo regions as a Humanitarian Emergency and these regions continue to be classified the same following the FSAU Post Gu 2006 analysis (see Map 2). This is primarily associated with the three consecutive very poor rainy seasons (Gu' 05, Deyr'05/06 and Gu'06) which have affected water availability, crops and livestock conditions, which in turn have limited access to water, food and income.

Nutrition assessments conducted in Juba and Gedo in the past six months indicate an alarming situation with global acute malnutrition (WHZ < -2 z score or oedema) levels of 20% and above (see chart 2). These are above typical levels for the area (see Maps 1 and 4). High numbers of malnourished children continue to be admitted to the TFCs (see chart 2). Disease incidence (malaria, ARI, watery diarrhoea and intestinal worms) reported in health facilities in Juba and Gedo are increasing. The worrying nutrition situation is associated with limited dietary intake and presence of illnesses.



In Gedo, access to livestock products declined significantly in the past six months following poor livestock conditions, high cattle, sheep and goat mortality and livestock out-migration to the Jubas. This contributed to poor dietary intake, diversity and nutrition. The high incidence of diseases coupled with poor access to health care services has also aggravated the nutrition situation. (On-going humanitarian interventions include food aid and health interventions, however it is not known to what extent they have mitigated the nutrition situation in the Juba and Gedo).

Interventions on nutritional rehabilitation, short and longer term approaches to address access to food and health care services are recommended.

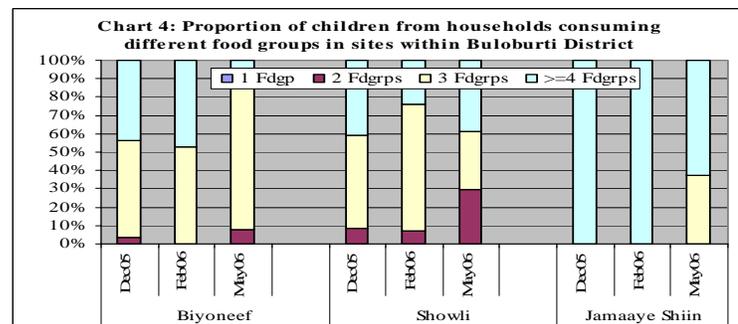


## Central

### Hiran

The FSAU Post Deyr 2005/6 classified Hiran region to be at high risk of Acute Food and Livelihood Crisis. This situation has deteriorated into an Acute Food and Livelihood Crisis with high risk of Humanitarian Emergency before December 2006 (FSAU Post Gu 2006). Malnutrition levels in the region have remained within the typical levels of 10 -14.9% in Buloburti and Jalalaqsi, and 15-19.9% in Beletweyne (see Maps 1, 2, 3 and 4).

Poor dietary diversity with the majority consuming three or less food groups (highlighted as fdgp), limited access to safe water for consumption and high morbidity levels are the main factors contributing to the current levels of acute malnutrition. Inadequate Deyr 2005/06 and Gu 2006 rains and general insecurity have contributed



to limited access to milk and cereal and subsequently to poor dietary diversity. High morbidity levels, diarrhoea in particular, may be associated with the prevailing poor sanitation conditions and limited access to safe water for consumption. Inadequate child care practices (such as children being fed less than the recommended minimum of five times a day) are among underlying factors contributing to the worrying nutrition situation in Hiran. Interventions geared to address short and longer term access to food and health care services remain crucial.

**Galgadud and South Mudug**

Most parts of Galgadud and South Mudug continue to be classified in a state of Acute Food and Livelihood Crisis (FSAU Post Gu 2006 analysis). Apart from the alarming nutrition situation in selected sites in Abudwaq and Elbur districts, global acute malnutrition (WHZ < -2 or oedema) remains within typical levels of 15-19.9% in northern Galgadud and 10 -14.9% in south Mudug areas.

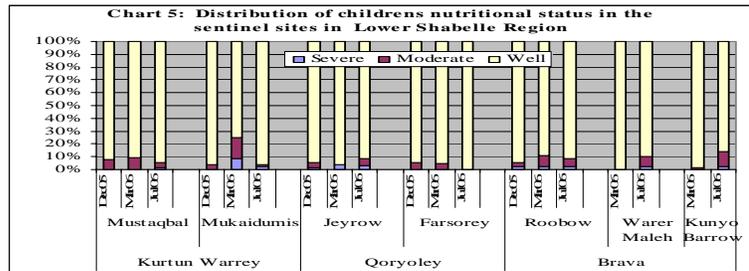
Limited food access and poor dietary diversity are among factors contributing to the worrying nutrition situation in Galgadud, while the high incidence of communicable diseases, including measles outbreaks is a key contributing factor in South Mudug. This situation is associated with the cumulative negative impact on livelihood assets by the previous drought, continued civil insecurity and poor access to health care services. The social support system is a mitigating factor. On the other hand, IDPs in Abuduwaq and Elbur lack this support, which has contributed to their increased vulnerability to deterioration in nutrition status.

A nutrition assessment is scheduled in Galgadud (Dusamareb and Adado) in October 2006 for further analysis of the situation.

**Benadir, Lower and Middle Shabelle Regions**

The food security and livelihoods situation in Benadir, Lower and Middle Shabelle Regions has deteriorated (FSAU Post Gu 2006 and Post Deyr 2005/6). However, apart from IDPs in Mogadishu, the estimates of global acute malnutrition (WHZ < -2 or oedema) remain at less than 10% (see chart 5). These levels are typical and lower in other regions in Southern Somalia (see Maps 1,2, 3 and 4). IDPs continue to face a critical nutrition situation with global acute malnutrition (WHZ < -2 z score or oedema) levels of 15-19.9%.

Dietary diversity and low morbidity levels are contributing factors to the current nutrition situation. In order of importance cereals, milk, fruits, sugar, pulses and oil are the most commonly consumed food groups. Notably, a significant proportion of households consume micronutrient rich foods namely milk, fruits, pulses and vegetables. On-going humanitarian interventions include health care support, however it is not known to what extent these have mitigated the nutrition situation.



Acute malnutrition among IDPs is associated with poor dietary intake, presence of disease and consumption of unsafe water. Opportunities for IDPs to access food and income opportunities are also limited. Since October 2005, the two ACF managed TFC's continue to admit high numbers of severely malnourished children (mainly from the IDP camps). Similarly, large numbers of beneficiaries continue to be admitted in the SFP's and high proportions of malnourished children are being screened in Hamar Weyne and Hamar Jab Jab MCH's. Though the situation has improved, civil insecurity continues to dominate Benadir region, greatly hampering humanitarian access. With the prevailing uncertainty on the security situation in Mogadishu and South Somalia, the malnourished cases could rise further.

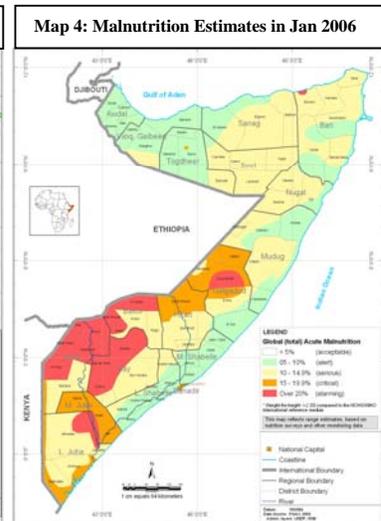
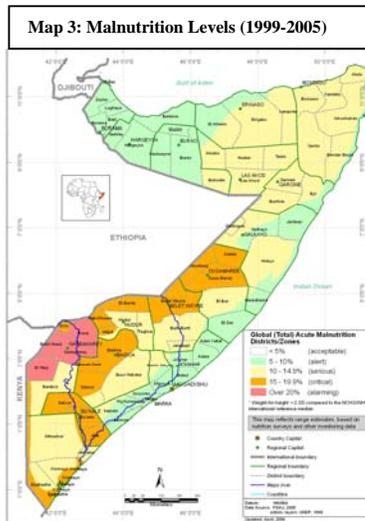
A nutrition assessment is scheduled for the Middle Shabelle region in October 2006 for further analysis of the situation.

**North East**

Parts of Sool, Sanag and Bari regions continue to be in an Acute Food and Livelihood Crisis (FSAU Post Gu 2006 analysis). The level of global acute malnutrition (WHZ of 10-14.9%) in the area is typical except for IDPs in Garowe, Galcayo and Bossasso and the coastal communities of Eyl with critical levels of acute malnutrition (WHZ < -2 z scores) of 15-19.9% (see Maps 1, 2, 3, 4).

IDPs have a weak social support network which is a crucial coping mechanism in this area in times of shocks. IDPs, therefore, have limited access to food to enable a diversified diet, and poor living conditions (overcrowding, limited access to proper amenities such as toilets and health facilities) that predispose them to high disease incidence and acute malnutrition (see July 2006 Nutrition Update).

The nutrition situation at the coast of Eyl has deteriorated due to limited access of the local



community to income and fish following the seasonal sea closure (June-August). Most of the population has subsequently moved inland with their livestock, and the remaining coastal community has minimal access to milk and livestock products. (See July 2006 Nutrition Update).

On going humanitarian interventions which may have mitigated the nutrition situation include, therapeutic and supplementary feeding in Galcayo, health care services in Bossasso IDPs and targeted food distributions.

A nutrition assessment in Sool Plateau is on-going.

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## North West

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The FSAU Post Gu 2006 analysis indicates that parts of Togdheer, Sool and Sanaag continue to face an Acute Food and Livelihood Crisis. Apart from vulnerable groups, the nutrition situation remains within typical levels with global acute malnutrition (WHZ < -2 or oedema) of 5-9.9% for Awdal, Galbeed and parts of Togdheer, and 10-14.9% for Sool and Sanag (see map 1). Returnees/IDPs in major towns like Burao and Berbera, pastoral dropouts in Sool, Sanag and Togdheer and population groups in the Hawd of Hargeisa continue to experience levels of acute malnutrition that are above typical.

Acute malnutrition is attributed to inadequate dietary intake and presence of diseases. With the exception of returnees/IDPs and poor pastoral households who have difficulties meeting basic needs, there is gradual recovery of the pastoral livelihood in parts of Togdheer, Sool and Sanag regions following the cumulative benefits of the Gu rains in 2005, generally normal Deyr rains in 2005 and Gu rains in 2006. Thus there is increased access to milk, livestock products and cereal which has led to improved dietary diversity and consumption of milk and contributed to the improved nutrition situation. The eastern parts of Togdheer have limited access to milk since most of their livestock moved out to zone five of Ethiopia and the western part of Togdheer region in search of pasture and water, due to poor Gu rains. Continued political tension in Sool and Sanag region remains a constraint to accessing humanitarian services for the destitute and poor vulnerable families.

A major reason for limited access to food and income among Returnees/IDPs is the lack of or strained social support mechanisms for these vulnerable groups, which is an important coping strategy in times of crisis. Targeted food and humanitarian interventions augmented the household food security for the most vulnerable groups thus preventing higher numbers of malnourished people. Interventions geared to address recovery of livelihood system and food access for the vulnerable groups are recommended.

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## Training and courses announcements

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- Somalia: Mid level managers training on 'Food Processing, Preservation and Storage' in South and Central scheduled for November. Venue and dates to be confirmed.
- Public Health in Complex Emergencies Training Program to be held at Makerere University Institute of Public Health (MUIPH) in Kampala on November 6-18, 2006. For more details, contact Dr. Christopher Orach on cgorach@iph.ac.ug.

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## Other related publications and Releases

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- FSAU Special Brief: Post Gu '06 Analysis, August 25, 2006
- FSAU Press Release: Despite Some Improvement, Conditions of Humanitarian Emergency Persist in Southern Somalia, August 15, 2006
- FSAU: Processing, Preservation and Storage of Foods, July 2006
- FSAU: Seasonal Food Availability and Household Food Access in Somalia, July 2006
- FSAU: Composition of Foods Consumed in Somalia, July 2006
- FSAU/FEWSNET Market Data Update, August 2006.
- FSAU/FEWSNET Climate Data Update, August 2006

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## Acronyms and technical terms used in this report

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- Acronyms
  - IDPs Internally Displaced Persons
  - WHZ Weight for Height Z scores
  - TFP/C Therapeutic Feeding Program/Center
  - SFP Supplementary Feeding Program
  - Fdgp Food Group
- Moderate acute malnutrition: Proportion of children with WHZ  $\geq$ -3 and <-2 z scores
- Severe acute malnutrition: Proportion of children with WHZ < -3 z scores or oedema



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