

OVERVIEW OF NUTRITION IN SOMALIA

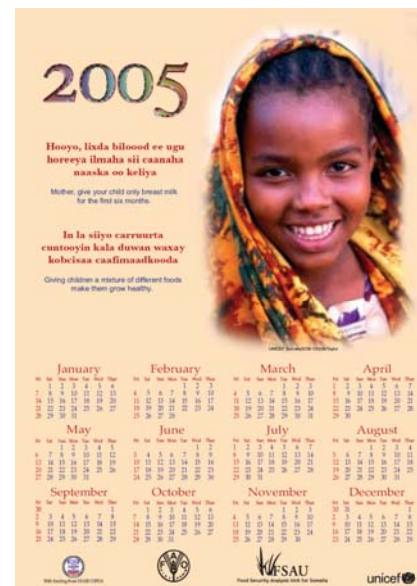
In this issue, we present an overview of some significant issues related to nutrition in Somalia during 2004. In recent years, much information has been collected and knowledge gained on the subject of nutrition. Very often, the information is lost in situation specific analyses and inadequate emphasis is placed on the longer term development of a deeper understanding of the situation in Somalia.

Despite the availability of better information on nutrition and food consumption, the overall welfare of Somali people remains at levels that are very significantly beyond those considered acceptable in any population in the world.

The poor nutritional status of the population of Somalia today well reflects the devastating effects on the wellbeing of the population of almost fourteen years without a central government, inadequate attention to infrastructural development and widespread civil insecurity. During 2004, malnutrition and mortality levels in Somalia have been consistently and significantly above acceptable levels. Measurement and analysis of nutritional status and mortality provide us with indicators of human wellbeing and a study of nutrition and related issues allows us to understand the continued poor status of the population.

The study of nutrition in Somalia includes collection and analysis of anthropometric information during surveys and assessments, through health facilities, sentinel site surveillance and selective feeding programmes. It involves the collection of non-anthropometric data on a range of related subjects such as diet, coping strategies, population movement, food security, health, water and sanitation and caring practices.

Through a team of seventeen FSAU staff and a network of partners, nutrition information is collected and analysed using the FIVIMS framework, within the context of food security, health, environment and care.



FSAU Nutrition Calendar 2005 – now available

WHY ARE MALNUTRITION RATES IN SOMALIA SO HIGH?

The principle reasons for the continued high levels of malnutrition and mortality are:

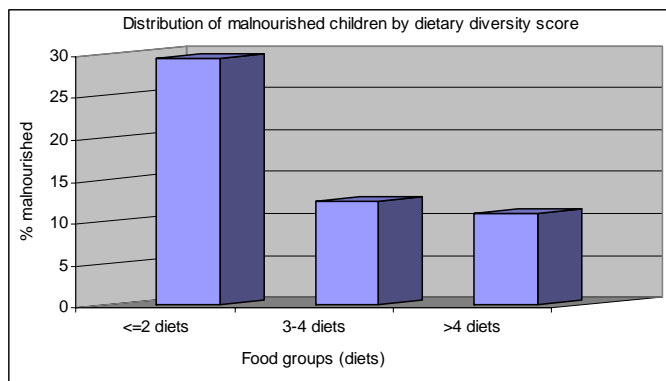
- Inadequate access for most of the population to a consistent diet of adequate quality, quantity and variety. Much of the population survives on a diet of limited variety, inadequate in quantity in relation to the high level of activity with many experiencing serious seasonal shortages twice or more often in a year. Food storage and preservation methods result in contamination and loss of nutrients.
- Inadequate access to health services for promotion of good health and management of illnesses
- An environment which is not conducive to good child-care practices and good care of women during the child-bearing years.

Underlying these are the generally inadequate infrastructure required for economic development and the low levels of access to essential social services including health and education. Throughout the country, the association between malnutrition and civil insecurity is very strong. More secure areas generally have lower levels of malnutrition. Areas that have experienced active conflict or increased levels of insecurity have shown the highest levels of malnutrition.

DIETARY ISSUES

The relationship between food security and nutrition is clear. But to understand the direct path between the two issues, a study of food consumption patterns is very useful. Understanding diet and food consumption allows us to move beyond issues of simple calorie availability to an examination of consistent access for all household members to a rich and varied diet throughout the year. It is hoped that further studies in this area will provide guidance to those involved in developing policies and planning interventions related to food security in Somalia.

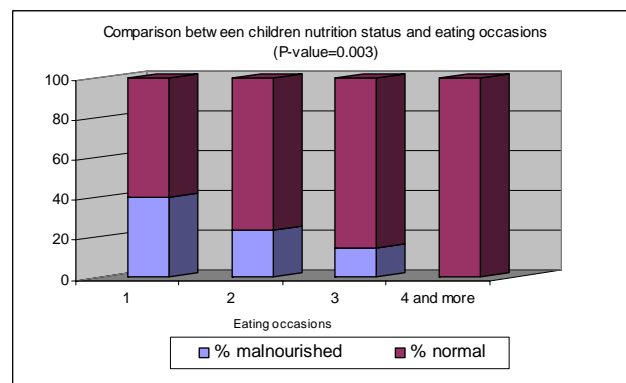
In Somalia, two studies undertaken by FSAU demonstrate that much of the population consumes a diet of very limited variety and often poor quality, which cannot provide the necessary nutrients for good health and development. Practices in storage, processing and preparation of foods are often inferior, resulting in further loss of nutrients. Tens of thousands of households experience serious seasonal deficits in food access during the so called ‘hunger periods’ before the twice yearly harvests. Aflatoxin contamination and infestations also dramatically affect the quality of food.



A food consumption study conducted in 2002 showed that consumption patterns adopted by riverine, agro-pastoral, pastoral and urban livelihoods groups provide minimum or less than the minimum nutritional requirements to households, *outside episodes of crisis* with significant variation in nutrient availability by livelihood groups. The riverine populations *with access to land* and urban populations generally consume a better range of foods than agro-pastoral and pastoral groups. During stress, children are prioritized in the household food allocation. In all livelihood

groups under-consumption by pregnant women is common.

Dietary diversity study conducted in early 2004 in an agro-pastoral and pastoral livelihood group showed; (i) a positive and significant association between dietary diversity and household per capita daily caloric availability, which is a good measure of household food access; (ii) a positive and statistically significant association between number of meal occasions and household per capita caloric availability, (iii) ***a strong and statistically significant association between nutritional status of under-fives within the households and dietary diversity (number of food groups consumed by a household)***; (iv) the number of meal occasions and dietary diversity are important predictors of nutritional status of children under the age of five in sampled households for the two study groups.



By enhancing the understanding on food availability, food accessibility and dietary habits, the knowledge on nutrient bio-availability and its nutritional manifestation among the Somali population will be improved.

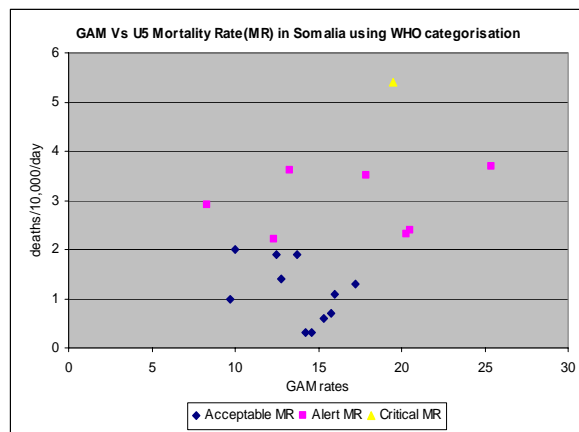
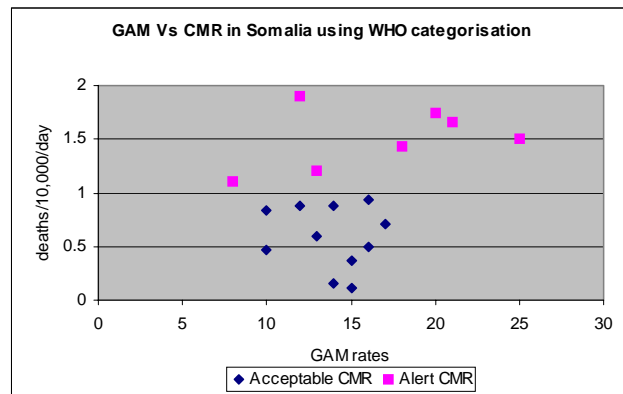
During 2005, the development of tools for the more regular monitoring of food consumption will continue. Partners will be welcome to use these tools to monitor food security interventions, building on the assumption that improved food consumption will have a direct and positive impact on the nutritional status and well being of the population.

OVERVIEW OF MALNUTRITION AND MORTALITY LEVELS

Estimation of mortality levels in Somalia has been undertaken in combination with nutrition surveys over the past twenty months. Mortality is assessed as Crude Mortality Rate (CMR) which relates to deaths of persons of all ages and Under Five Mortality Rate (U5MR) which relates to deaths of children under the age of five years (similar to the age group included in nutrition surveys).

The two graphs here show mortality levels and malnutrition levels from eighteen nutrition surveys conducted in Somalia in the past 20 months – all grossly exceeding acceptable levels.

None of the surveyed population had an acceptable nutritional status based on the WHO categorization (Global Acute Malnutrition¹



rates <5%). Two surveys showed a poor nutrition situation (5-10% GAM) while the rest indicated *serious* and *critical* malnutrition rates.

About half of the population had Crude Mortality Rates and Under Five Mortality Rates in the *alert* category (CMR: 1-1.9 deaths/ 10000/day and U5MR 2-3.9 deaths /10,000/day). During a recent survey, the Jilib riverine population had critical U5MR of 5.4/10,000/day² and CMR of 3.7/10,000/day.

Insecurity continues to hinder the development and humanitarian activities which are necessary to significantly reduce these levels.

FSAU NUTRITION INFORMATION PROJECT – FOCUS IN 2005

The FSAU Nutrition Project, now five years in operation will have the following areas of focus during 2005.

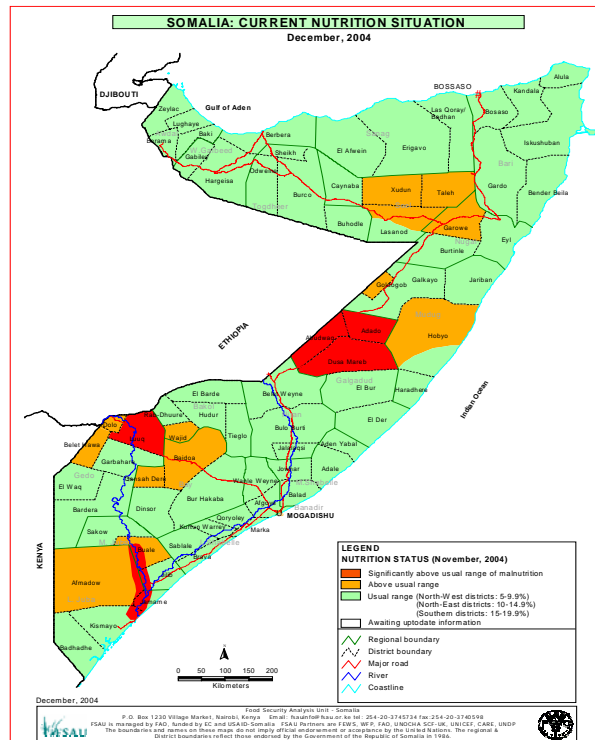
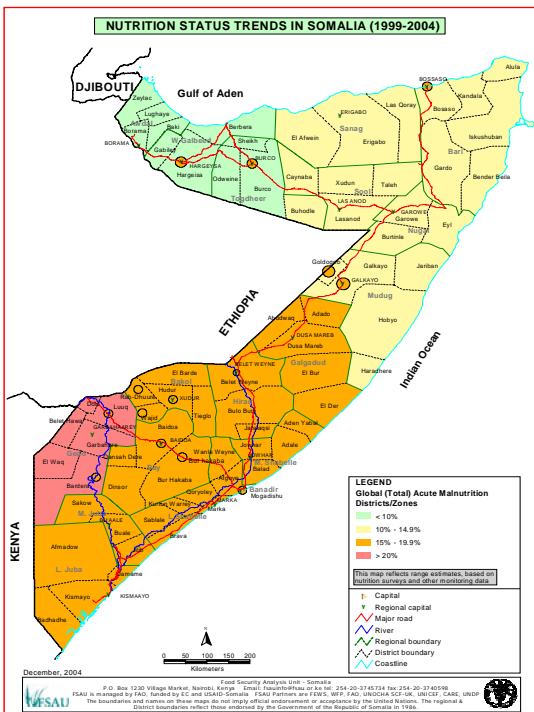
- Availability of information on nutrition is currently good but *use of the information* tends to be weak. The project would like to place greater emphasis on ensuring that the available information is well understood by the broad range of actors that can influence nutrition in Somalia.
- A greater understanding of the seasonality of *dietary consumption* issues will be useful in guiding decision making both during and outside periods of crisis. This will be undertaken at livelihood level in Somalia.
- The project currently archives all information available on nutrition in Somalia (including raw data on over 20,000 children) and has access to a wide network for the collection of data. Many questions on malnutrition, survival, mortality, indicators and interpretation of data remain inadequately understood in the nutrition community and the project has the potential to address some of these. Clearer definition of these *research questions* has been undertaken in 2004 and partnerships are being developed to enhance the research.
- *Micronutrients* will become an area of major focus in 2005. Health facility and other field staff will be supported to improve detection and understanding of micronutrient deficiency disorders. Development of learning and other promotional materials is nearing completion.

¹ Global Acute Malnutrition based on W/H<-2 z score or oedema

² Critical/emergency under five mortality rate cut off : U5MR≥4 deaths/10,000/day

OVERVIEW OF MALNUTRITION AND POPULATIONS IN CRISIS DURING 2004

Interpretation of the nutritional status of the population of Somalia presents many difficulties. On the one hand, it is important to understand the varying levels of malnutrition outside times of crisis and on the other hand, we need to understand the impact on a population of any significant change in the circumstances under which they live. Nutritional status varies significantly within the Somali population, with those in the north of the country enjoying significantly better wellbeing than those in the south. This is reflected in The map on the left below provides some broad estimates of the typical levels of malnutrition using information from surveys and other sources since 1999.



During 2004, the country experienced serious drought in parts of the north, below normal crop production in parts of the south and many serious periods of significant civil insecurity. Humanitarian access to many areas was reduced considerably with consequent effects on the quality of humanitarian interventions.

Areas that continue to experience serious food insecurity and higher than typical malnutrition rates include Sool Plateau, parts of Sool, Nugaal and Bari, Galgadud and South Mudug, parts of Middle and Lower Juba, Gedo, Bay and Bakool.

Throughout the country, tens of thousands of Internally Displaced Persons continue to experience lower levels of food security, poor access to health services and to live in generally less sanitary conditions in urban and peri-urban areas. The malnutrition levels of displaced populations has been consistently worse than that of surrounding settled populations.



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