

## OVERVIEW

The humanitarian community in Southern Somalia is responding to early warning information and is now planning to intervene to prevent a major humanitarian crisis. Warnings of impending extreme food insecurity have been made for a number of months and although vulnerable populations remain at higher risk, most members of society are beginning to feel the impact. Meaningful interventions need to be set in place immediately to avert mass starvation.

Surveillance sites	1
Bakool	1
Benadir IDPs	2
Galgadud	3
Sool	4
South Galcayo	5

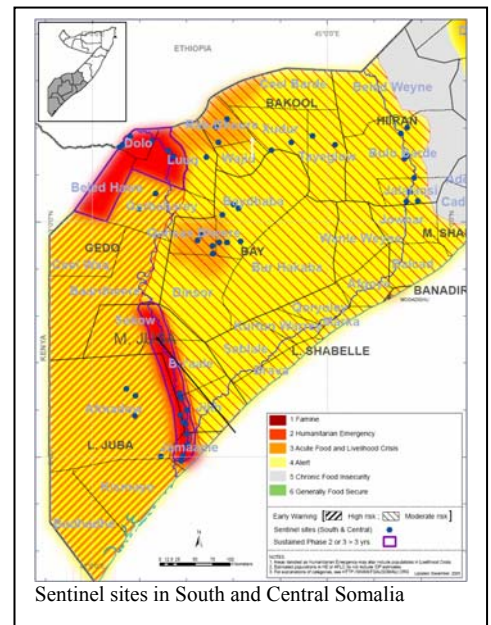
The nutritional status of the population continues to be monitored closely and more surveys will be undertaken in early 2006. It is hoped that additional *evidence of a crisis in the form of further increases in malnutrition rates*, which in many areas are already at critical levels (see back page), will not be required to ensure adequate donor resources are allocated for an appropriate response.

## Increased nutritional surveillance throughout Southern Somalia

In response to the deteriorating situation in Southern Somalia and continued concern about some parts of Central Somalia, a number of sites have been identified at which more intensive and regular surveillance will be undertaken by FSAU (see the maps in pages 1 and 3). A first round of information collection has been undertaken at all sites and over the coming months, the Nutrition Update will present information on the trends observed at these sites. Partner organisations have expressed interest in establishing additional sites in their project areas and FSAU will aim to respond to these requests.

In each site, anthropometric data are collected on a minimum of 35 children aged 6-59 months. MUAC measurements for children and adult female carers are also taken. Information is also collected on food consumption, morbidity and mortality. Qualitative data is collected through focus group discussions, key informants and observations.

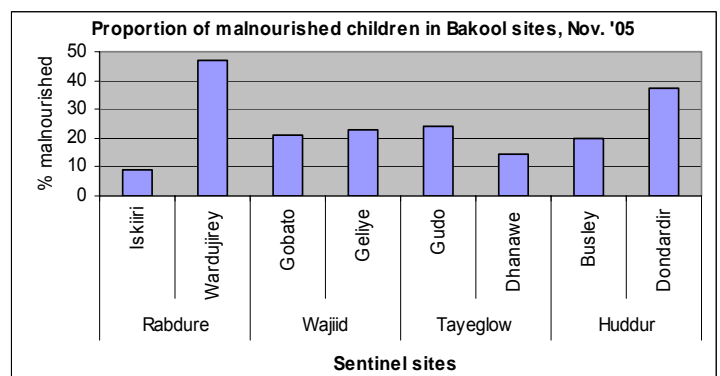
\* Classification map on right is currently being revised. Updated map will be available by end December on [www.fsasomali.org](http://www.fsasomali.org).



## BAKOOL – surveillance showing high levels of malnutrition

Food insecurity has been increasing in Bakool Region, particularly in Rabdure and Elberde Districts following poor Gu 2005 crop harvest and localised resource based conflicts that triggered population and livestock movement, interrupted humanitarian operations and disrupted livelihood activities. Water availability, pasture and livestock body condition continue to deteriorate.

In response to the need for more intensified surveillance in Bakool, eight sites have been identified (see map on page 1) where more detailed surveillance will be undertaken on a regular basis. The first round of surveillance indicates high malnutrition (ref, graph) and



The Nutrition Surveillance Project is managed by FAO, funded by USAID/OFDA and receives support from the EC

PARTNERS INCLUDE MOHL SOMALILAND, MOH PUNTLAND, FAO, UNICEF, WHO, SRCS/ICRC, SCRS/IFRC, WVI, GHC, IMC, MSF, COSV, AAH, MUSLIM AID-UK, INTERSOS, CISP, ZAMZAM FOUNDATION, COMMUNITIES OF WABERI, HAMARWEIN AND HAMAR JABJAB, ACF, COOPI, MSF-H, MSF-B, Save the Children, CARE, UNOCHA, ADRA

trends in the coming months will provide more useful information. One case of bilateral oedema was recorded in Gobato village.

Additional information indicates limited dietary diversity with most of the households consuming three or fewer food groups in a day. In Dondardir sentinel site, children consuming three or less food groups were more likely to be malnourished than children consuming four food groups. Sorghum and oil were the most frequently consumed foods. Low disease rates were recorded in the sites, namely some cases of acute respiratory infection and diarrhoea.

The malnutrition levels among children attending MCH centres continue to be high. In Oct 2005, about 43% of the 766 children screened in Huddur were malnourished, 40% of 1280 screened in Rabdure and 45% of 250 screened in Elberde. In Wajiid, there are reports of increased cases of malnutrition particularly in Gobato and other villages close to Rabdure District. Consistently high levels of malnutrition have been seen in nutrition surveys in Bakool Region in recent years<sup>1</sup>. A nutrition survey will be undertaken in Bakool early in 2006. In the meantime, the humanitarian response required for the deteriorating situation is now being planned.

**IDPs / Returnees in Wajiid**

In response to deteriorating civil and food insecurity in Northern Gedo between April and August 2005, some IDP families originally from Bay and Bakool Regions returned to their home areas. Economic factors (petty trade and labour opportunities) had attracted them to Belet Hawa District (Beled Amin, BP1 and Tula Amin IDP camps) over the past years. Having returned to Bay and Bakool, these households experience extreme hardship and deprivation with poor residential structures, environmental sanitation, and inadequate access to water among other resources.

WFP provided two rations of maize, oil and pulses between May and November 2005 to about 120 families in Wajiid while UNICEF provided some non food items. They are involved in casual labour activities mostly earning 5-6,000 Ssh (0.3\$) per household per day (adequate to buy 1 kg of sorghum, some sugar and oil for the day).

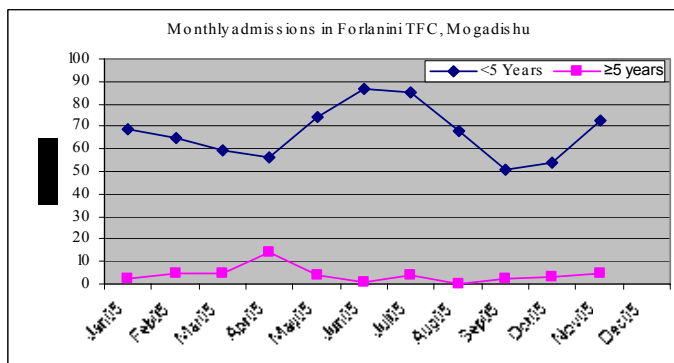
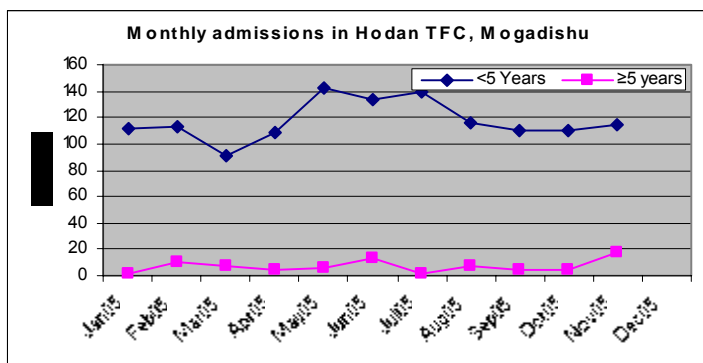
**BENADIR – Internally displaced people in Mogadishu**

Thousands of long-term internally displaced people continue to live in substandard conditions in and around Mogadishu. In recent months, an increase in number of new arrivals has been noted. More recently, a significant increase in attendance to therapeutic feeding centres has also been recorded by ACF who run two centres in the city.

In September 2005, UNICEF in collaboration with FSAU, OCHA, WFP, ACF and AL-DAWA conducted a nutrition survey in Mogadishu IDP camps. Using a 30 by 30 cluster sampling methodology, a total of 920 children aged 6 to 59 months were surveyed.

Survey results indicated a global acute malnutrition (WFH <-2 Z scores or oedema) of 16% (CI: 13.7% - 18.5%) and severe acute malnutrition (WFH <-3 Z score or oedema) of 4% (CI: 2.8% - 5.5%) - no change from rates observed last year. A reduction in vitamin A supplementation and measles immunization coverage was observed. Reports of cases of suspected malaria and measles had increased. A slight reduction in incidence of diarrhoea was noted.

Indicator	2004 Survey	2005 survey
	%	%
Children aged 6-59 Months assessed	N=900	N=920
Global acute malnutrition (WFH <-2 Z-score or oedema)	15.8	16
Severe acute malnutrition (WFH <-2 Z-score or oedema)	3.	4
Children with ARI in two weeks prior to the survey.	40	38
Children with diarrhoea in two weeks prior to the survey	36	26
Children with Malaria/fever in two weeks prior to the survey.	23	39
Children with Measles in last one month prior to the survey.	3	8
Vitamin A supplementation coverage in 6 months prior to the survey.	59	36
Measles immunization coverage	46	34
Children exclusively breastfeeding at 4 months	7	10
Main source of food: Purchases	71	91
Main source of income: Casual work	53	76
Coping strategy: Borrowing	55	49



Inconsistent access to income and poor housing<sup>2</sup> influence access to an adequate diet, care practices and capacity to maintain good health.

Health facilities serving these populations continue to report high levels of malnutrition. From August 2005 to November 2005 Hamarweyne MCH and Hamar Jabjab MCHs reported malnutrition levels of around 24% among the average 400 children screened monthly in each facility. During the same period, Madina MCH which also runs a supplementary feeding programme reported malnutrition levels of around 42% among the 700 children screened each month.

The two ACF managed Therapeutic feeding centres (TFCs) in Mogadishu continue to admit high numbers of severely malnourished cases, the majority of whom are children less than five years old (see chart on page 2). In Hodan TFC, nutritional oedema cases ranged from 34 to 41 between July 2005 and October 2005 while in Forlanini TFC the range was 11 to 16 between June 2005 and October 2005.

Continuing civil insecurity, limited economic development and limited humanitarian access are some of the key constraints in addressing the underlying causes of malnutrition in Mogadishu. ACF continues to support TFC activities, WFP supports SFP activities while UNICEF and WHO support health related activities.

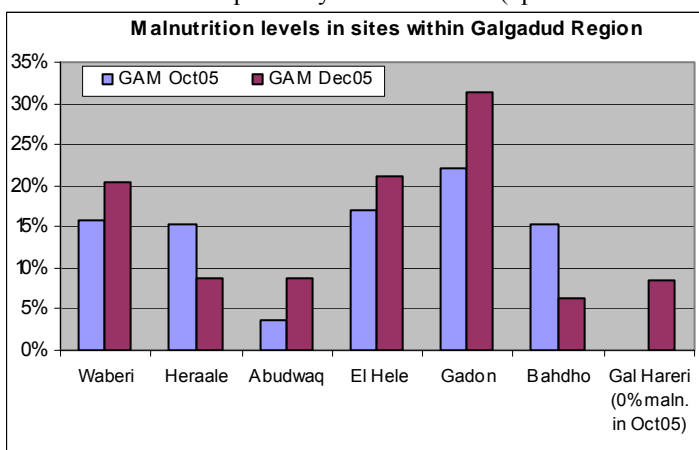
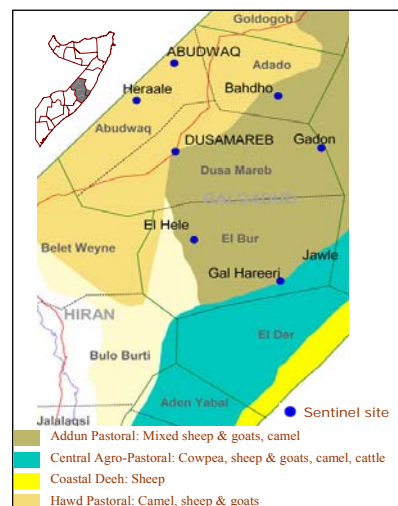
### GALGADUD – areas with higher proportions of non-residents showing increasing levels of malnutrition

In early December, FSAU carried out the second round of sentinel sites surveillance in Galgadud. A total of seven<sup>3</sup> sites located in Addun pastoral, Hawd pastoral and Central agro-pastoral livelihood zones were covered (see the map).

As shown on the figure below, malnutrition levels (weight for height <-2 Z score or oedema) among children in Heraale and Bahdho showed a decline while levels in Waberi, (Dhusamareb) Abudwaq, El Hele, Gadon and Gal Hareri sites showed an increase from those recorded during the first round in October 2005.

Waberi, El Hele and Gadon host a significant proportion of non residents either as IDPs or internal immigrants. With exception of Abudwaq, morbidity levels increased in all sites with a higher proportion of children being sick in past two weeks prior to the assessment compared to October 2005. ARI prevalence was high (>38%) in all sites, except in Gal Hareri (6%) and was attributed to a whooping cough outbreak in the region. Seven measles cases were reported in Bahdho.

Gadon and El Hele villages recorded the highest proportion of malnourished women<sup>4</sup> of 26.7% and 26.3% respectively. A total of 7 (up from 2 in October 2005) deaths in children less than 5 years, attributed to measles and diarrhoea, were reported with four of them occurring in El Hele. Cereals, sugar, oil and milk were the commonly consumed food groups. Compared to October 2005, milk consumption had declined while that of pulses increased.



Gadon and El Hele villages recorded the highest proportion of malnourished women<sup>4</sup> of 26.7% and 26.3% respectively. A total of 7 (up from 2 in October 2005) deaths in children less than 5 years, attributed to measles and diarrhoea, were reported with four of them occurring in El Hele. Cereals, sugar, oil and milk were the commonly consumed food groups. Compared to October 2005, milk consumption had declined while that of pulses increased.

Humanitarian interventions are ongoing in the region including treatment and de-worming of livestock by COOPI, follow up of the whooping cough cases by UNICEF, polio immunization by WHO, primary healthcare by SRCS and food aid distribution by CARE in December 2005 during which only Bahdho did not receive food while Heraale rejected the food. Close monitoring of the nutrition situation will continue.

<sup>1</sup> Surveys in Bakool: global acute malnutrition (WFH <-2 Z-score or oedema) 11.4% in Huddur (Oct03), 17.2% in Tayeglow (Oct03), 17% in Wajiid IDP (Jan 04) and 16% in Elberde (April 04).  
<sup>2</sup> Houses are in the form of makeshift structures made from sticks, cartons and plastic sheets/thatch or former dilapidated government buildings. The makeshift structures are prone to fires, for example, Awdinle camp in Wardhigley District burnt down in November 2005 rendering about 115 households homeless.  
<sup>3</sup> Waberi, Heraale, Abudwaq, Elhele, Gadon, Bahdho and Galhareri.  
<sup>4</sup> MUAC <23cm among pregnant women; <18.5cm among lactating mothers as well as those neither lactating nor pregnant.

## SOOL: Need for continued close surveillance among the vulnerable group

The successive droughts in Sool and Sanaag Regions in the previous three years, continuing political tension in the area and civil unrest in the south have caused an increase in poor vulnerable populations in Lasanood town. These people include those who have dropped out of their pastoral livelihoods, have fled from civil insecurity or have been destitute and have moved into the town in search of a living. The nutrition situation in these poor settlements has been of concern and information has been limited to that from the Lasanood MCH that serves the town.

A rapid assessment was therefore conducted in late November 2005 by FSAU in collaboration with the Ministry of Health and Labour (MOHL) and Steadfast Voluntary Organization (SVO) to assess the nutrition situation and associated influencing factors among children aged between 6 and 59 months or 65 - 110 cm tall using weight for height index in the town. An exhaustive population assessment using anthropometry, structured questionnaire, focus group discussions and observations was conducted in three poor villages in south and south east of the town namely: - Daami, Saamaley and Farxaskule.

### Summary of rapid assessment findings

Variable	n	%
<i>Household Characteristics</i>		
Mean household size	6.6	SD=2.8
Female- headed households	46	32.9
Child sex:		
Boys (Males)	124	52.1
Girls (Females)	114	47.9
<i>Malnutrition by WHZ Scores</i>		
Total acute malnutrition (WHZ<-2z/ oedema)	22	9.2
Severe acute malnutrition (WHZ<-3z/ oedema)	3	1.3
Oedema	2	0.8
<i>Malnutrition by MUAC</i>		
Severe (MUAC<11 cm)	2	1.0
Moderate (11 ≤MUAC<12.5 cm)	14	6.9
Total malnourished (MUAC<12.5)	16	7.9
At risk (12.5<MUAC<13.5 cm)	44	21.8
<i>Morbidity and Mortality</i>		
ARI	78	32.8
Diarrhea	41	17.2
Malaria (Suspected)	9	3.8
Measles (suspected)	5	2.3
U5 MR (persons/10,000/day)	2.45	
CDR (persons/10,000/ day)	0.28	

A total of 238 children from 140 households were assessed. A total acute malnutrition rate (WHZ<-2 and/or oedema) of 9.2% and severe acute malnutrition rate (W/H<-3 z score and/or oedema) of 1.3% were recorded. There were two cases of bilateral oedema. The malnutrition rates did not show any difference among different sexes and age groups.

Using MUAC, 7.9% of the assessed children were acutely malnourished (MUAC<12.5 cm) and 1.0% were severely malnourished (MUAC<11.0 cm). Among the adult caregivers, 0.8% of the 124 non pregnant women were at risk (MUAC≤18.5 cm) and none at severe risk (MUAC<16.0 cm) of malnutrition. Out of the 16 caregivers who were pregnant, nine (56.3%) were at risk (MUAC<23.0 cm), two (12.5%) of whom were at severe risk of malnutrition (MUAC<20.7cm). Morbidity rates are high as shown on the table.

Most of the children had received immunization against polio (73%), however coverage for measles immunization (67%) and vitamin A supplementation (53%) was relatively low within six months prior to the assessment.

Health services are limited among these villagers and restricted to Lasanood Central MCH and the recently established Daami MCH (established three months ago) otherwise residents rely on a few pharmacy shops in Lasanood town. Lasanood has abundant but unprotected water resources including boreholes, open wells and Lasanood River that is about 1 km away, which provide water for household use in these villages. Sanitation facilities are lacking and poor waste disposal especially of

children faeces was observed in the residential areas.

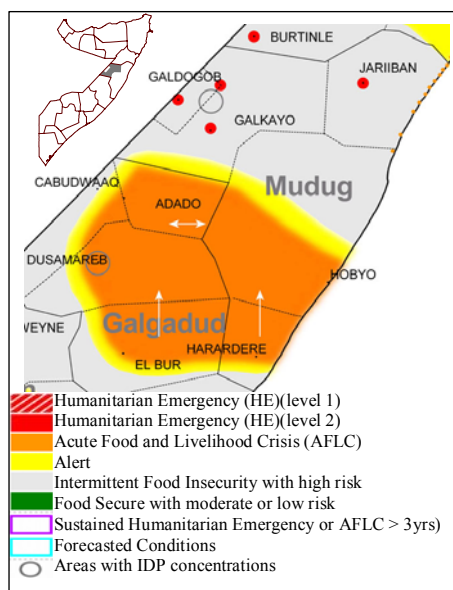
Food security has improved over the months, though with some limits on access at household level for the destitute and very poor families. The majority of the destitute and the poor do not own livestock and they purchase most of their foods with income derived from casual labour - mainly the expanding construction industry and from businesses, waged employment or remittances. Those who own some livestock (mainly shoats), which are kept by their kin in the countryside have good access to milk and livestock products, especially after receiving good deyr rains last October 2005. Cereals are also available from Ethiopia and access is determined by individual household purchasing power.

There is need for targeted support to the destitute families and pastoral dropouts in terms of restocking and asset recovery while closely monitoring the food security and nutrition situation in Lasanood.

## Recent publications

- FSAU Food Security and Nutrition November 2005 Monthly Brief
- FSAU/FEWSNET Market Data Update, November 2005
- FSAU/FEWSNET Climate Data Update, November 2005
- FSAU Technical Series Report, No IV.5, 2005 Post GU Analysis, September, 2005)
- “Conflict and Drought Induced Displacement – Qansah – Dhere and Dinsor Towns and Misra Village in Bay Region”, Joint Assessment Field Report, OCHA, UNICEF, WFP 22<sup>nd</sup> -27th, August 2005

## SOUTH GALCAYO: Nutrition situation improves with dietary diversification



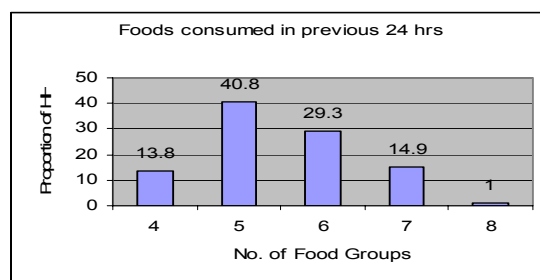
FSAU’s 2005 Post Gu Analysis (see the map) categorized the mainly Addun and Hawd pastoral population groups of south Galcayo as mainly facing ‘intermittent food insecurity situation with high risk’. A rapid nutrition assessment conducted by FSAU and partners in September 2005 in four villages, indicated worrying levels of acute malnutrition of 19.5% (WFH z scores).

In early December 2005, a follow up rapid nutrition assessment was conducted in the resident population of South Galcayo to review the nutrition status and related factors. A total of 174 children aged 6-59 months, from four randomly selected villages (Qadajir, Saddexhiglo, Ducal, Galberwego) were assessed and their nutrition status analyzed using the weight for height (WFH) z score index or presence of oedema. The nutrition status of 170 adult women (including 40 pregnant) was assessed using measurement of mid upper arm circumference (MUAC).

Analysis of findings indicate that 11.5% of the assessed children were malnourished (WFH <-2 z scores), with 1.7% being severe (WFH <-3 z scores). No case of bilateral oedema was identified. About 4% of the women were malnourished - all 7 were pregnant with MUAC < 23.0 cm. These findings indicate an improving nutrition situation. Crude mortality rate (n= 478) in Galberwego village was

0.77/10,000/day while no death was reported in the other three villages, in the thirty days preceding the assessment. This rate is within the WHO acceptable range. About 18% of the assessed children and 19% of the assessed women had been ill in the two weeks prior to the assessment. Access to health care services remains limited with only one public health facility in south Galcayo.

In the 24 hours preceding the assessment, all of the households consumed cereal and oil with 96% having milk and milk products and 75% legumes. About 21% consumed meat. Fish, eggs and fruits were not consumed. All the households had a diverse diet comprising of four or more food groups (refer to the chart). The majority of the households consumed food from five or six food groups, which contributed to an improved nutrition situation. Previous assessments undertaken by FSAU have shown a statistical association between acute malnutrition and less diverse diets comprising of three or fewer food groups.



Analysis of qualitative data links the improved nutrition status in the assessed population to:

- Increased access to water and diverse foods, (mainly milk and milk products; general food distribution by CARE in November 2005).
- A healthy environment currently without disease epidemics (a measles vaccination campaign was conducted in late November 15-24<sup>th</sup>, 2005 concurrently with vitamin A supplementation may have controlled morbidity levels).
- An improved security situation in October and November 2005 which facilitated access to diverse foods, and of livestock to water and pasture areas.

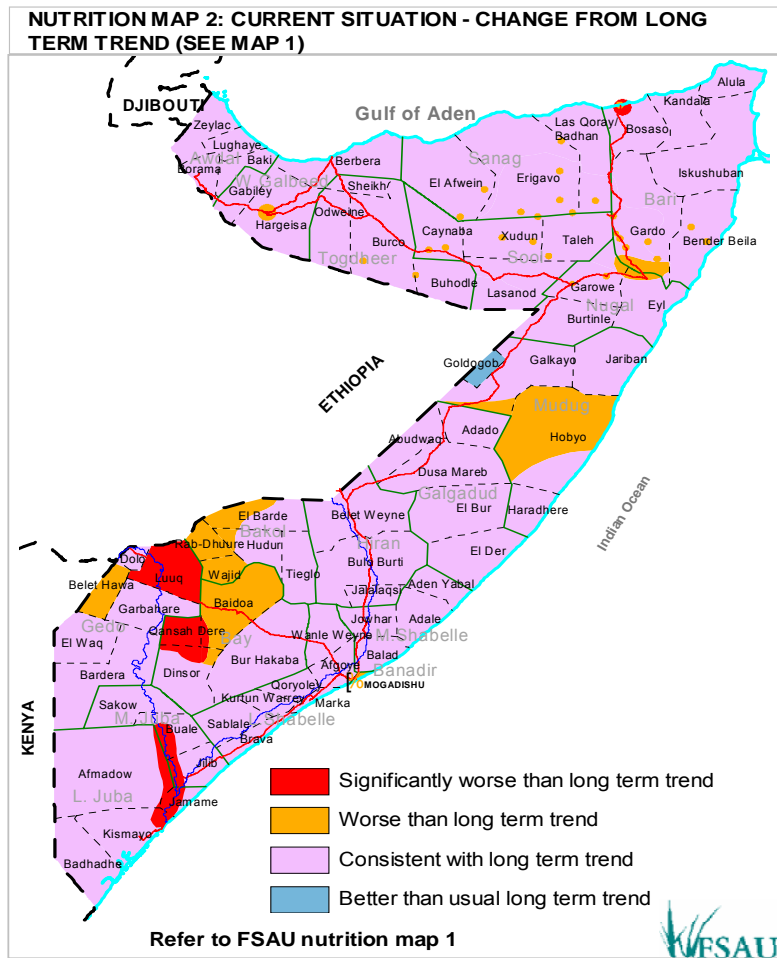
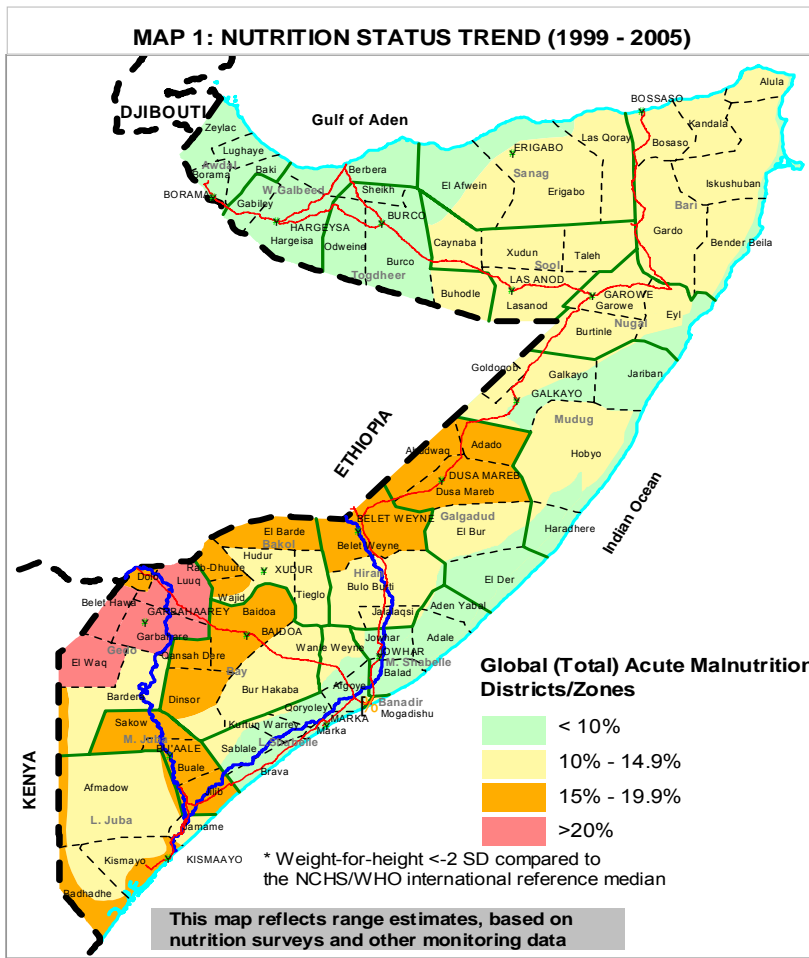
This ‘Nutrition Update’, along with other FSAU publications and relevant materials, is available on FSAU’s website: [www.fsau.org](http://www.fsau.org)



Physical address: Kalson Towers, Parklands, Nairobi.  
 Postal address: PO Box 1230, Village Market, Nairobi  
 Telephone: +254-20-3741299, 3745734, 3748297. Fax: 3740598  
 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)



# NUTRITION SITUATION UPDATE



The Nutrition Surveillance Project is managed by FAO, funded by USAID/OFDA and receives support from the EC

PARTNERS INCLUDE MOHL SOMALILAND, MOH PUNTLAND, FAO, UNICEF, WHO, SRCS/ICRC, SCRS/IFRC, WVI, GHC, IMC, MSF, COSV, AAH, MUSLIM AID-UK, INTERSOS, CISP, ZAMZAM FOUNDATION, COMMUNITIES OF WABERI, HAMARWEIN AND HAMAR JABJAB, ACF, COOPI, MSF-H, MSF-B, Save the Children, CARE, UNOCHA, ADRA