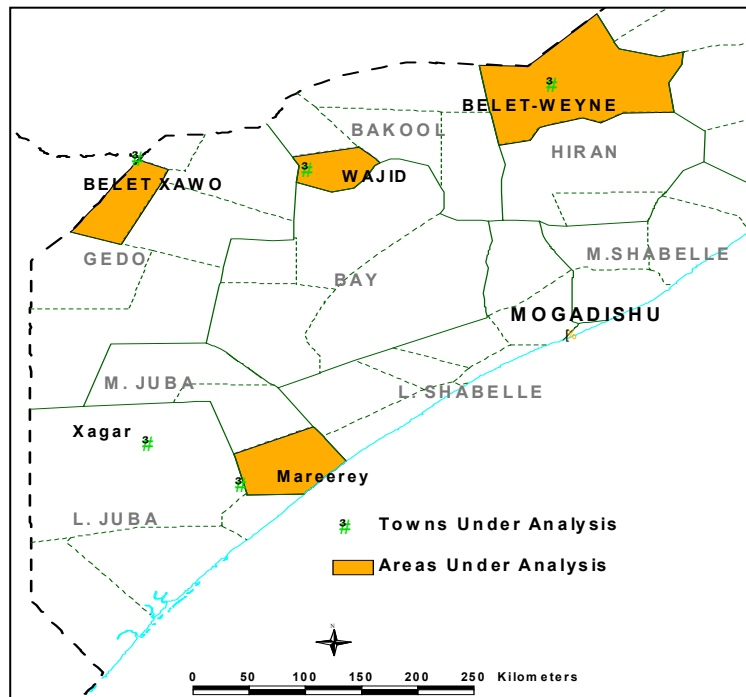


OVERVIEW



An interagency review of the situation affecting pastoralists in Somaliland and Puntland has been conducted by FSAU and FEWS-NET. The findings of this review will provide a comprehensive analysis of the areas of concern highlighted in recent editions of the FSAU's *Food Security Report* and *Nutrition Update*.

Meanwhile this update highlights a number of highly vulnerable populations in Southern Somalia. With many populations in the south having high levels of malnutrition in relatively normal periods, we see again the sudden and serious impact of changes in the basic factors that influence nutrition.

Seasonal food shortages, displacement, insecurity and erratic rains have impacted on the populations in the locations shown on the map on the left.

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GEDO – signs of increasing vulnerability

In Belet Hawa and surrounding districts in Northern Gedo, nutrition and food security indicators are pointing towards a situation of rapidly increasing vulnerability. As we have seen in the past, this population has little resilience when faced with even minor fluctuations in food security. Monitoring of the area has been intensified.

Located in Northern part of Gedo region, Belet Hawa District hosts an estimated population of 66,000 (October 2002 WHO NID figures). Around 55% of the population belong to the pastoral food economy group; 33% urban (including the IDPs estimated at 4,500); 10% agro-pastoral and 2% Dawa/Juba pump irrigated farmers.

Like the population in neighbouring Mandera District in Kenya, the area has extremely high levels of malnutrition even outside times of crisis, with the most recent survey in October 2002 showing a 'significant improvement' in rates at 21.5% W/H (CI: 18.9% - 24.5%) compared to 37.1% W/H (CI: 34% - 40.3%) in December 2001. Insecurity in the district has prevented further surveys since then.

Consultations between FSAU and partner agencies (CARE and GHC) in Gedo region indicate that the situation in the district has gradually deteriorated since around October 2003. This follows four consecutive years of droughts between 1998 and 2002 followed by a poor 2003 Gu harvest in the Northern Gedo, though this was slightly better than the previous seasons. The current Deyr 2003/2004 rains set in late and crop failure is consequently expected in north Gedo. The agro-pastoral and poor urban population Belet Hawa and Dolo have already experienced reduced food access due to increase cereal prices and are likely to be the most vulnerable in the coming months. Livestock body condition and production is currently normal making the pastoralists relatively less affected to date. With the below normal Gu crop performance, dependency on relief has persisted. Unfortunately, since January 2003, the monthly food distribution by CARE has not been consistent over the months mainly attributed to security related access problems and an inadequate food pipeline. From April 2003 to date, CARE has undertaken four rounds of food distribution in Belet Hawa amounting to 3009 MT of food. Similar observations of a decline in food security indicators have been reported in Mandera District of Kenya by Arid lands Resource Management Project (ALRMP).

The surveillance activities at the Belet Hawa MCH indicate high malnutrition among the children regularly screened. The proportion of malnourished children ranged from 20 to 54 of about 60 - 180 children screened on monthly basis. In Mandera,

The FSAU Nutrition Surveillance Project is funded by USAID/OFDA

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

Kenya an average of six cases of severe malnutrition were reported at the Mandera District Hospital each month in 2003 with an increase in the numbers seen between September 2003 and December 2003 to about 12 cases.

Recent rapid nutritional assessments in December 2003 and February 2004 indicate a poor nutrition situation in Belet Hawa with 25% and 32% (MUAC <12.5cms or oedema) respectively of the assessed children being malnourished in the two assessments. The assessments did not include children registered at the TFC; neither were children absent during the assessment time followed.

There has also been a gradual movement of poor families from other parts of the district into Belet Hawa town mainly due to loss of assets, insecurity, uncertain food security conditions, high expectations for better services and employment opportunities consequently increasing the numbers of poor households in Belet Hawa town. The district remains highly vulnerable with a heightened possibility of widespread human suffering should negative impacts on food security and nutritional status persist.

Health care provision (MCH, hospital and TFC) by GHC continues. CARE plans to deliver more supplies of food (mainly consisting of sorghum, green split peas and vegetable oil) into Northern Gedo. CARE targets poor adult women and women of child bearing age.

A nutrition survey is planned in the district over the coming months that will provide a clearer understanding of the current nutritional status.

MARERE / JUBA VALLEY – malnutrition in a food insecure riverine group

Since 2002 there has been seasonal high level of severe malnutrition manifesting as oedema in the Jilib District particularly Marere area. In late 2002/early 2003, ICRC who distributed food and non food items. MSF-Holland commenced a Therapeutic Feeding Programme in July 2003 and an OPD in September 2003. As part of programme activities, MSF-H conducted an assessment in Nov/Dec 2003 to develop a better understanding of the cause and nature of malnutrition found in Marere as well as estimating the mortality rates. The mission confirmed the riverine food economy group to have a chronic problem of malnutrition including severe oedema, with recurrent peaks before the harvesting season - hunger periods. Malnutrition was confirmed as a leading cause of death. Crude mortality rates of 3.5/10,000/day and 2.8/10,000/day were recorded in the May-July 2003 and May-Dec 2003 recall period respectively. The crude mortality rates indicate an emergency situation according to WHO guidelines. About 42% of children's deaths were attributed to malnutrition during both periods, with 25% of all the deaths having indications of oedema. In the TFC, reports for August 2003 to Dec 2003/Jan 2004 period indicate an increase in the number of the severely malnourished, with virtually all beneficiaries (99%) being the Somali Bantus (Jareer).

This extremely serious seasonal nutrition crisis has been documented in the recent FSAU led assessment missions. The July and October 2003 assessments revealed unacceptably high levels of malnutrition of 28% and 14% (both MUAC<12.5cm or oedema) respectively (Nutrition Update Oct. 2003). The acute malnutrition and resultant deaths of children were associated with the poor 2002 Gu crop production, severe hunger periods, poor coping and weak social network (Nutrition Update Aug. 2003). Though both rates were high (from the July and October assessments), the results indicated significant seasonality difference in the nutritional situation of the population. The absence of oedema case in the latter assessment was associated with the good GU 2003 harvest.

The seasonal malnutrition problem manifesting as oedema is associated with inadequate food intake in the months before the harvesting season. Food production is low due to the small land holding and part of it is normally sold to meet other household needs. The remaining stock is usually consumed before the next harvest. Vegetables are available for 1-2 months at the beginning of the rainy season. The Marere population mainly consumes a diet of maize with little or no addition of protein rich foods and oil. During the 'hunger gaps', the food intake is significantly reduced to unripe fruits and reduced quantities of maize. This diet is the same for all family members, including young children. Current indications are showing a shift from food crop production to cash crop production like sesame for export. The delayed and inadequate Deyr 2003 rains have led to low water levels in the desheks (fishing sites) which coupled with inadequate fishing nets has contributed to a decrease in fishing and further reduced availability of protein rich foods. Communicable diseases also undermine health and nutrition wellbeing of the Marere population. Malaria (during the rainy season), diarrhoea, ARI and malnutrition are common.

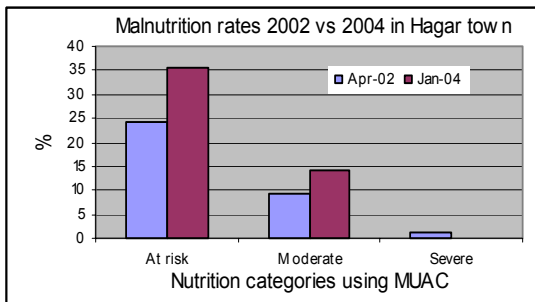
Somali Somalis (Somali Jilec) are involved in small scale businesses and pastoral activities while the Somali Bantu (Jareer) have a narrower economic base, mainly dependent on farming activities and casual labour (in farms or as house help). The income opportunities for the Somali Jareer are not sustainable particularly in periods of poor crop performance and as the land holding continues to diminish. When good harvest is received, there is tendency to sell some nutritionally rich foods (beans and sesame) since they fetch good prices. FSAU reports indicate increased demand for grains and sesame from Mogadishu and North Eastern Kenya. It is further estimated that about 40% of the Somali Jareer's harvest is used to pay back debts incurred before the harvest. The broader social support system is weak or non existent for the Somali Jareer. With field farming activities by mothers, childcare responsibilities are delegated to siblings, further increasing the risks of malnutrition.

Some of MSF-S assessment recommendations for the area include devising strategies that would enhance the seasonal household food security, treatment of severely malnourished children, promotion of health intervention initiatives and increased surveillance. In January FSAU and partners commenced a nutrition survey in Jilib District but unfortunately it was interrupted because of a security related incident.

HAGAR, JUBA VALLEY – impact of poor rains and insecurity seen in increasing malnutrition

Hagar is an agro-pastoral district in Lower Juba Region relying on rain fed maize production, cattle and shoats. Hagar is currently experiencing its second poor crop performance with the current Deyr 03/04 particularly poor because of late onset of rains. The clan fighting and insecurity in Bu'ale in late 2002 affected Hagar as many IDPs moved to the town fleeing from Bu'ale. The insecurity also restricted the flow of commercial commodities from Mogadishu and Kismayo to Hagar and therefore the prices of cereal and other imported food commodities in the market remained very high. Options of various income sources like self-employment were very low because of the persistent tension and the insecurity in the area. In addition Hagar has poor health care services, for instance the immunization coverage is low in the town and its environs due to lack of public health facilities in the past. However, A local NGO has opened an MCH in Hagar.

While monitoring of the deteriorating food security continues, FSAU undertook a rapid nutrition assessment in January 2004,

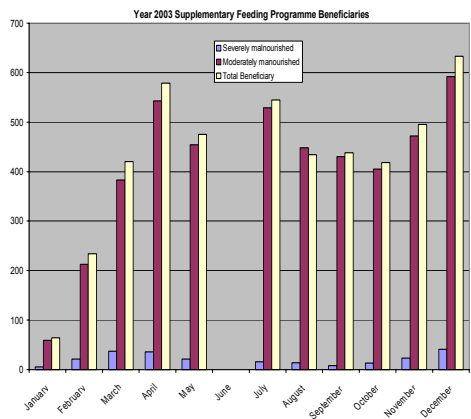


measuring the nutritional situation of all children aged 12-59 months in Hagar village using MUAC. As presented in the graph the nutrition situation is poor and has deteriorated in comparison with the April 2002 assessment results. About 14.3% of the children assessed were malnourished (MUAC<12.5cm). No oedema was recorded. The proportion of children at risk (MUAC 12.5 cm – 13.4 cm) was 35.7%. Depleted food stocks at household level and reduced access due to increased market prices, have been associated with the increased malnutrition. Milk is available but not accessible to the poor and the IDPs. A high incidence of malaria and measles was reported by the newly established MCH.

HIRAN

The poor Gu harvest, inadequate income generating opportunities and high communicable disease incidences among young children have increased the vulnerability of the poor wealth groups in the riverine and urban areas, particularly in Belet Weyne town in Hiran Region.

In Belet Weyne District, a rising trend in the admissions of children in the SFP/family ration programme has been recorded from October 2003 with a high of 633 in the programme in December 2003. During the December screening mothers/care-takers of new and second round beneficiaries were followed up to establish the origin of the malnourished children and possible causes of the increased number of malnourished children. Most of those followed up were from the *poor wealth group* in Belet Weyne town (Hawatako, Koshin) and families formerly from Radar and Sigalow IDPs. The remainder came from the villages neighbouring the town. Those followed up were all women and the majority reported to be the sole bread winners with *no reliable source of income*, and casual work and petty trade being their main source of income. The majority of the children were said to have been ill during the month prior to the follow up.



Currently there is a decline in the purchasing power particularly among the riverine and the urban poor caused by reduction of income earning opportunities. Cereal production, availability and access among the poor households remain below normal due to the successive crop failure and poor supply from the neighbouring markets. Prices for available cereals are 50% higher than normal, thus reducing access for the poor. High incidences of diarrhoea and malaria have been noted and childcare is compromised since mothers have to go out to search for casual work or to do petty trade. The food security situation improved among pastoralists and agro pastoralist due to increased milk production and milk sales that increased their purchasing power.

Follow up and training activities by the MCH staffs regarding non food interventions is recommended. Save the Children-UK has intensified water and sanitation activities and is currently chlorinating 25 wells in the town. Due to insecurity in the western side of Belet Weyne town SFP/ distribution did not take place in January 2003. The situation will be monitored closely.

NORTH EAST – SOOL REGION – second round of sentinel site surveillance

Results of the second round of Sool sentinel site surveillance system (FSAU) for January 2004 indicated global and severe acute malnutrition rates (W/H z scores) of around 21% (CI: 17-25.3%) and 5.7% (CI: 3.7-8.6%) respectively. A retrospective crude and under five mortality rate of 1.05/10,000/day and 1.92/10,000/day respectively, indicate a poor situation. The malnutrition rates are almost similar to those observed in the first round of data collection that recorded a global acute malnutrition of about 19% and severe malnutrition of about 4% (W/H z scores).

The food security situation remains grim in the drought affected areas of Sool region resulting in poor nutrition. The return of pastoralists who initially migrated out has increased pressure on the scarce water and pasture resources. In spite of the current humanitarian assistance aimed at increasing access to food and income, the drought stricken pastoralists, most of whom have not been registered in interventions (they had moved to other regions at the time of registration) are unable to meet their food basket. Residents also noted increased incidences of diarrhoeal and respiratory infections at 14.4% and 13.9% respectively in January 2004 up from incidences of about 10% in December 2003. All these have contributed to high rates of malnutrition.

WAJID

From January 20th-21st 2004, a joint multi-sectoral team comprising UNICEF, WFP, ACF, World Vision, FSAU and the community, conducted an assessment in three (out of the nine) internally displaced people's (IDP) camps in Wajid District: Bakaar Yar, Bakaar Weyn and Dhurrey. The objective was to review the situation of the IDPs and make appropriate recommendations on the way forward. These IDPs were displaced from villages in Baidoa district from October 2003 following inter-clan fighting and arrived in Wajid District with neither food stocks nor agricultural inputs.. The population estimate for the three IDP camps was 6400 people (1600 families of four) comprised mainly of women and children; a factor attributed to split families. However, a more accurate figure would need to be verified before any intervention is undertaken.

All children aged 6-59 months and measuring 65cm-109.9 cm were assessed for wasting and presence of oedema. Among the 543 children, Global (WFH/L <-2z scores plus oedema) and severe acute malnutrition (WFH/L < -3z scores plus oedema) rates were found to be 17% and 3% respectively, indicating a critical nutritional situation. Oedema was not observed. The retrospective under five mortality rate in the previous 30 days was found to be 3.0/10000/day, indicating an 'alert' situation (WHO classification). The relatively small proportion of under fives was attributed both to the split in families, with some members remaining in Baidoa and to the high mortality. Additionally, the total population figure could not be verified.

The food security situation was poor in terms of availability, access and coping strategies. Additionally, IDPs lacked cooking utensils and coped by sharing the few available ones, a practice that limited the frequency of meal preparation and consumption to once a day. IDPs were hopeful that the Peace and Reconciliation talks among warring clans in Baidoa would enable them to return to their villages.

No primary health care intervention was being undertaken in any of the camps. Subsequently, measles vaccination coverage of 16.4% and vitamin A supplementation in the previous six months of 1%, were very low compared to the minimum recommendations of 85% (Sphere). The prevalence rates for diarrhoea (37%), ARI (34%), fever (39%) in the two preceding weeks, and measles (1.7%) in the preceding one month were also significant. Lack of treatment of these diseases resulted in inadequate dietary intake with the outcome of wasting and deaths. About 24% of under five deaths were attributed by caregivers to watery and bloody diarrhoea, 22% to ARI, 20% to fever, 12% to measles and 22% to other diseases.

An average of 2.0-4.7 litres of water was available per person per day (minimum recommendation of 15 litres); attributed to long distances to and capacity of water points and lack of storage containers. Sanitation and hygiene practices were generally poor, leading to high prevalence of diarrhoea. Caregivers spent a significant portion of the day fetching water, food, income and firewood, leaving little quality time for breastfeeding and child care. Reduced feeding frequency of younger children was manifested in the high level of wasting in the 6-23 month age group.

Recommendations

- Interventions that increase IDP access to food and non-food items are highly recommended. Caution is advised to ensure that food aid does not act as a pull factor for IDPs from either outside or inside Wajid district.
- Provision of primary health care services with a referral system for severely malnourished children to MSF-B TFC in Huddur would greatly minimize wasting and deaths.
- There is need to increase the amount of safe water available per person per day.
- Agricultural inputs if peace is restored and IDPs relocate to Baidoa before the onset of 2004 Gu season.
- Support to the Peace and Reconciliation talks in (or outside) Wajid could facilitate the return of the IDPs to their areas of origin and minimize their vulnerability to wasting and mortality.

On January 25th, WFP, ACF and World Vision visited four (out of the nine) additional IDP camps in Wajid District: Caarshamow, Calemow, Garsaley and Burdhunxunle. The team concluded that additional humanitarian interventions were unwarranted at this time. The team recommended close monitoring of the humanitarian situation by resident agencies.

NUTRITION SURVEYS UPDATE

The comprehensive plan will be presented in the March Nutrition Update.

WEBSITES

This 'Nutrition Update', along with other relevant materials, is available on:

UN Somalia Website: <http://www.unsomalia.net>

ReliefWeb: <http://www.reliefweb.int>

SACB Website: <http://www.sacb.info>



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