

## OVERVIEW

The limited services available for malnourished children in Somalia have forced families with severely malnourished children to travel long distances to Galkayo in search of therapeutic care. Meanwhile, FSAU has commenced intensified nutrition related sentinel site based surveillance activities in areas of heightened concern in the North East. This system has already proved valuable in the Sool Plateau.

The update also provides a report on Bay and Bakool Regions which demonstrates that good harvests in high potential agricultural areas cannot be effective in reducing malnutrition in the absence of security and basic social services.

### *In this issue of 'Nutrition Update';*

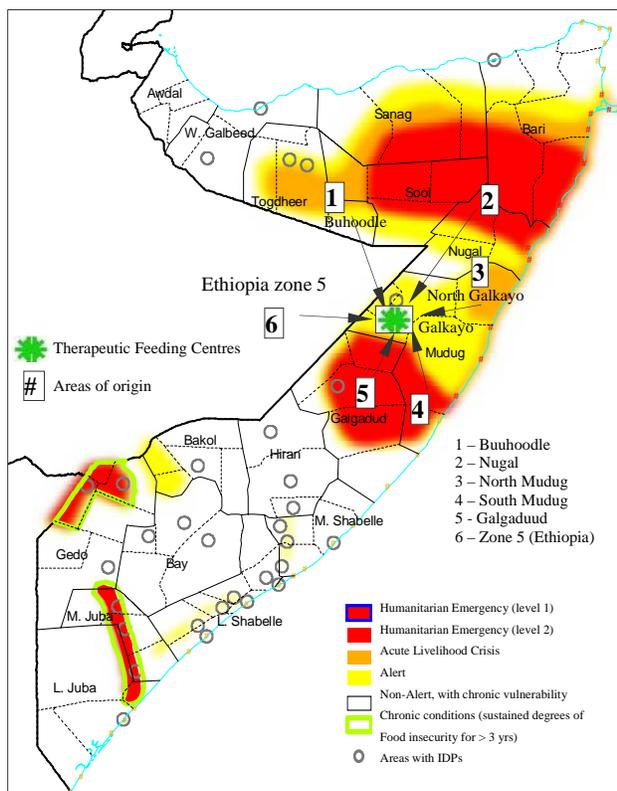
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## FAMILIES WITH SEVERELY MALNOURISHED CHILDREN MIGRATING FOR ASSISTANCE. Report from Galkayo

MSF Holland reported an increasing trend in the number of severely malnourished children admitted to the Therapeutic Feeding Centre in Galkayo between September 2004 (51 cases) and December (176 cases)<sup>1</sup>, see chart on next page. In January 2005 admissions decreased to 70 children. A total of 37 deaths were recorded at the TFC in December 2004 and 21 in January 2004. These were attributed to diarrhoeal diseases among those already severely malnourished.

Meanwhile, the levels of acute malnutrition in Galkayo district have remained within the usual range of less than 10% (WFH < -2 Z scores or oedema) over the past year as highlighted through the post gu and post deyr nutrition and food security situation analysis.

Follow up of the cases of severe malnutrition admitted at the MSF- Holland centre shows that most of the severely malnourished children come from areas that have been classified as facing livelihood crises and/or humanitarian emergency (level 2) based on the post deyr food security situation analysis (refer to the vulnerability map). The risk factors associated with malnutrition are mainly inadequate dietary intake and presence of disease. These are attributed to limited household food security, a poor public health environment and poor social care environment for women and children. The areas of origin, some of which are situated about 300 km away, are described below:



**1. Toghdeer – Buuhoodle.** Prolonged drought in the area has impacted negatively on the pastoral livelihood and limited the access of the community to food. This has been compounded with interruptions of trade activities between

<sup>1</sup> The admission criteria of children into the TFP is weight for height (WFH) <70% of the median or presence of bilateral oedema.

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

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

Ethiopia and Somalia, and incidences of insecurity in Taleex and Huddun (in Sool). The affected households are moving as households from Taleex and Hudun towards Galkayo since October 2004.

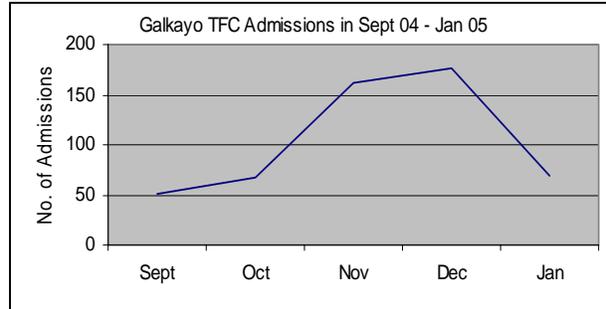
**2. Nugal.** Collapsed pastoral livelihood as a result of prolonged drought remains the basic cause of food insecurity in Nugaal. All the family members in the areas of concern are affected.

**3. South Mudug.** Vulnerability of all family members of the internally displaced populations and civil insecurity in the area are basic causes of acute malnutrition.

**4. North Mudug.** Most of the cases being assisted at the TFC are from internally displaced families

**5. Galgaduud.** Civil insecurity, inter-clan fighting and the prolonged drought remain basic causes of acute malnutrition in Galgaduud and has resulted in displacement of entire family members in the affected areas, Rapid nutrition assessments conducted in Harale and Balanbale villages of Galgaduud Region in December 2004 indicate high levels of acute malnutrition (MUAC < 12.5cm or oedema) of 19.5% and 24% respectively. Global acute malnutrition (W/H < - 2 Z score or Oedema) of 20.5% recorded in the nutrition survey in September 2004, indicated a critical nutrition situation according to the WHO categorization. FSAU livelihood classification shows that Galgaduud is within humanitarian emergency level 2.

**6. Zone 5 of Ethiopia.** Limited access by the pastoral communities to health services contributes to poor health of mothers and children, leading to severe acute malnutrition among children, with most of the children admitted with diarrhoea and ARI. The two MCH centres in Goldogob (Goldogob and Bursalah) initially run by MSF Holland provided services to populations from Zone 5 before their closure in August 2003.



To increase access and to improve management of the therapeutic feeding program (TFP), MSF Holland established an additional TFC in the south of Galkayo town in late January 2005. The TFP is complemented with supplementary feeding (SFP) and outpatient health care which are also provided by MSF Holland. The SFP admits children whose weight for height is between 70-70.9% of the median, and with support from WFP provides a take home ration comprising of rice, maize and oil.

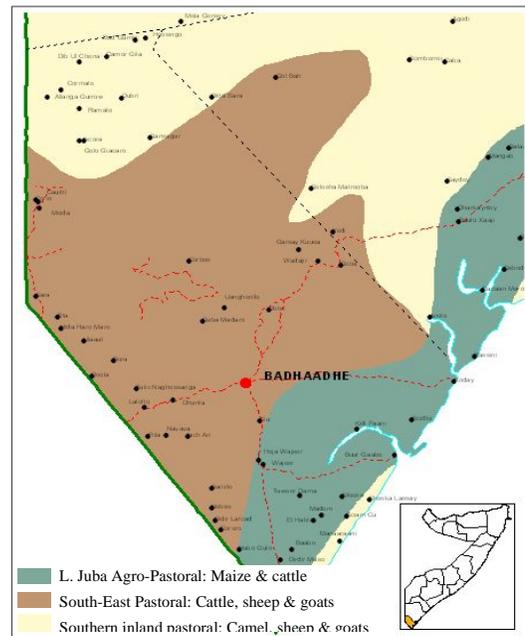
Based on the situation analysis of the underlying and basic causes of acute malnutrition in the areas of origin of TFP beneficiaries, an integrated approach remains crucial to address the situation. This includes:

- Increased household food security
- Supporting projects geared towards peace building and conflict resolution.
- Increased access to primary health care services

## NUTRITION SITUATION POOR IN PARTS OF BADHADHE DISTRICT, JUBA VALLEY

Unlike the other four districts in Lower Juba, Badhadhe district, received below normal Deyr 2004/5 rainfall as well as below normal crop harvest. FSAU conducted a rapid assessment using MUAC in addition to qualitative information in January 2005. In Badhadhe town the results indicated total acute malnutrition rate of about 23% (MUAC <12.5 cm) and over quarter of the children screened at risk of malnutrition (MUAC 12.5-13.4 cm). Kudha, a coastal area within the district, showed a total malnutrition rate of about 9% (MUAC, 12.5%).

The high rates of the malnutrition in Badhadhe were associated with food insecurity which was attributed to poor 2004/5 Deyr rains in the area, civil insecurity and diseases. Civil insecurity, encountered between September and October 2004, disrupted crop production activities (thus hindering farm labour opportunities to the poor households) and it caused some displacement. This predisposes the population to higher risks of malnutrition. Qualitative information indicates an increased prevalence of common diseases in Badhadhe such as diarrhoea, malaria, ARI, skin infections and intestinal parasites. Bilharziasis cases have also been reported. The Badhadhe MCH attendance slightly declined since September 2004 mainly due to exhaustion of some of the drugs and vaccines provided to the



facility. In December 2004, the disease incidences were notably higher than in some of the previous months. Out of the 296 under five children seen at the MCH, 2.7% had malaria infection, 30% had acute respiratory infection and 13%

Location	Oedema	<11.0cm	11.0-12.4cm	12.5-13.4cm	>13.5cm	Total
Badhadhe	0 (0%)	2 (3.3%)	12 (20%)	16 (26.7%)	30 (50%)	60 (100%)
Kudha	0 (0%)	1 (2.3%)	3 (6.8%)	4 (9.1%)	36 (81.8%)	44 (100%)

had diarrhoea. About 10% showed clinical signs of anaemia, a factor associated with the limited intake of

micro-nutrients. Water and sanitation situation is also poor as water catchments are the sole water source (most of them are now drying up and dirty). The poor water quality contributes to water borne diseases such as diarrhoea. The situation was relatively better in Kudha due to diversified food consumption including fish by some coastal communities.

Most of the agro-pastoral and pastoral areas of the Juba Valley zone received adequate Deyr 2004/5 rains that led to good crop production, pasture recovery and improved water condition. The availability of milk and milk products such as ghee has since been a good income source for the rural communities. Milk availability and accessibility improved with young children receiving milk at least three times a day. Trends of the health facility data from the pastoral and agro-pastoral areas indicate relatively low rates of malnutrition. Jamame, Kismayo SRCS and Kudha MCHs recorded malnutrition rates of less than 5% among the average 200 children screened per month.

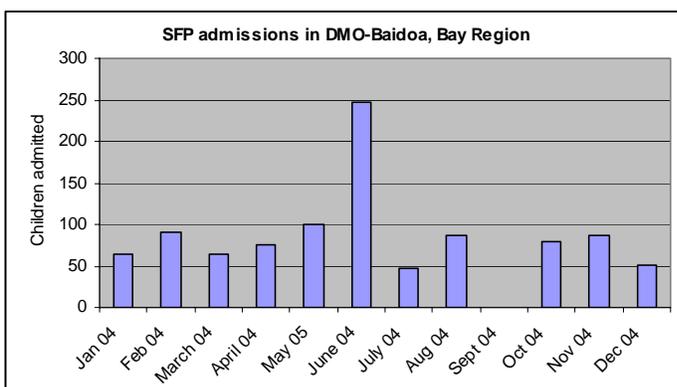
## ‘HIGH POTENTIAL’ AREAS OF SOMALIA CONTINUE TO SHOW HIGH LEVELS OF ACUTE MALNUTRITION

Bay and Bakool Regions of Southern Somalia encounter relatively high levels of malnutrition despite their high cereal production potential. Limited dietary diversity, regular interruptions of humanitarian interventions, poor sanitation, poor water quality and high disease incidences continue to suppress the nutrition wellbeing of the Bay and Bakool populations. The extraction of butter (for sale) compromises the quality of milk consumed by some of the agro-pastoral households.

The nutrition situation in the two regions is generally very poor. However, the nutrition situation in Baidoa, Qansax Dheere and part of Dinsor Districts (Bay Region) and in Wajiid and Rabdure districts (Bakool Region) are considered to be worse than usual mainly due to the escalating insecurity that has led to destruction of food stocks, population displacements and interruption of livelihoods. Insecurity has limited movement of some agro-pastoral households seeking pastures especially in Rabdure and Wajiid.

Pastures in Bay Region were good during the gu 2004 season. The deyr 2004/5 harvest was relatively good compared to the recent past deyr seasons, in both Bay and Bakool Regions. Despite the good harvests, there are some pockets of concern. The heavy 2004 deyr rains destroyed most of the food stocks from the Gu 2004 harvest kept in the underground stores in Bay Region. Destruction of some food stocks also occurred during the sporadic inter-clan fighting since August 2004. Before the deyr harvests, the cereal prices were relatively high but the price of the locally produced red sorghum declined by 23% in Baidoa and by 9% in Huddur between October and December 2004.

The nutrition situation in most parts of Bay and Bakool Regions are within the range regularly recorded in most parts of Southern Somalia (global acute malnutrition rates of 15- 19.9%) – ‘critical’ according to WHO categorisation. The health facility data also indicate a poor nutrition situation with about 40% of the estimated 400 children screened



monthly in DMO-Baidoa being malnourished. About 80 monthly admissions, of children with moderate malnutrition, are made in the DMO-Baidoa SFP (see the graph). Notable on the graph is sharp increase in June 2004 admission (250) which is associated with arrival of some displaced population during inter-clan tension, at the time, which also coincided with the ‘hunger period’<sup>2</sup>. During the past six months, about 30% of the total screened each month (average 550) in Qansax Dheere were malnourished. About 200 children are admitted in Isdowrt supplementary feeding centre monthly, with many coming from Wajiid District.

<sup>2</sup> SFP activities did not take place in Sept 2004 due to lack of supplies

Improvement in security situation is crucial in Bay and Bakool Regions to facilitate implementation of the planned and ongoing interventions. These include health programmes by World Vision, IMC SRCS, DMO-Baidoa, MSF-Holland and MSF-Spain; SFP supported by UNICEF, food distribution by WFP and CARE (FFW) among others.

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## SENTINEL SITE SURVEILLANCE IN THE NORTH EAST

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An integrated analysis of the post deyr food security situation conducted in January 2005 included issues related to nutrition, climate, civil insecurity, markets, agriculture and livestock. Using the FSAU's livelihood phase classification, part of the North East Zone of Somalia (Sool region of Qardho, Dangoroyo, Garowe and Bandar Beyla, besides Bossasso IDP population), was categorised as facing a humanitarian emergency level 2; Goldogob population a livelihood crisis; and the coastal strip population as facing a livelihood crisis with spatial population groups in the humanitarian emergency level 2 category.

Following a series of 'shocks', with the latest being the impact of tsunami disaster on the NE Somalia coastal strip, FSAU nutrition surveillance project initiated a sentinel site based surveillance<sup>3</sup> in February 2005 to closely monitor the nutritional wellbeing of the population encountering humanitarian and/or livelihood crisis. Seven geographically representative sites have been selected purposively, using the following criteria:

- Population groups facing a humanitarian emergency phase 2 as result of multiple 'shocks' (i.e. prolonged effects of the drought, flooding in October 2004, sub normal temperatures in September – October 2004, and the Tsunami in December 2004). Selected sites are: Buduubuto and Yibaayil in Dangoroyo, Yaka in Qardho, Dhudo in Bender Beyla, and Hafun in Ishkushban.
- Areas with high concentration of destitute families due to collapsed livelihoods. Selected sites are: Buduubuto and Yibaayil in Dangoroyo
- Population groups in areas facing a livelihood crisis. Selected sites are: Garaat and Maraya in Jariban district.

In these areas, close monitoring of the nutrition and food security situation, the public health environment and mortality situation on monthly basis, has begun effective February 2005. Findings for the February sentinel site surveillance will be provided in the March 2005 Nutrition Update. Additional sentinel surveillance sites are currently being identified.

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## NUTRITION SURVEY PLAN FOR 2005

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Regional level discussions between partners are ongoing to enable identification of potential survey areas for the year 2005. Vulnerability mapping from FSAU is being used in the identification of areas encountering food insecurity or faced with other shock likely to jeopardize the population wellbeing. In-depth investigations through surveys or assessment, in the vulnerable areas, are to be conducted in the course of the year.

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## WEBSITES

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This 'Nutrition Update', along with other relevant materials, is available on:  
 UN Somalia Website. [http://www.unsomalia.net/FSAU/nutrition\\_updates.htm](http://www.unsomalia.net/FSAU/nutrition_updates.htm)  
 ReliefWeb. <http://www.reliefweb.int/w/Rwb.nsf/vLCE/Somalia?OpenDocument&StartKey=Somalia&Expandview>



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<sup>3</sup> A similar system has been used to intensify surveillance in areas of concern such as the Sool Plateau.