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## OVERVIEW

- Findings from two rapid nutrition assessments conducted by FSAU with partners in late February 2007 indicates a worrying nutrition situation for the recently displaced populations and the most poor and vulnerable families in Qansah Dere and Tieglo respectively. Very critical levels of acutely malnourished children being reported in Qansah Dere IDP groups with a less worrying situation in Tieglo.
- Concerning reports of cases of acute watery diarrhoea (AWD) in IDPs residing in Galkayo continue despite preventative measures such as chlorination of water, rehydration and treatment of the affected people by humanitarian agencies (Source: CDC Mudug Health Surveillance).

- A case study of the potential risks to human health by the current animal slaughter practices due to the absence of a slaughter house in Lasanod is provided.
- The FSAU Nutrition Surveillance Project conducts analysis of data collected directly and by partners through a range of sources including nutrition assessments, sentinel sites surveillance and health facility surveillance data. A list of the planned assessments and the locations of the sentinel sites are provided in this update.
- The UNICEF-led Nutrition Cluster Coordination has given impetus to the Nutrition Working Group Coordination (under the Somalia Support Secretariat) though the cluster's special focus on emergency response activities and decentralization of coordination activities to inside Somalia. In this update, an overview of the process undertaken and challenges faced in piloting the Nutrition Cluster in Somalia is provided.
- An overview of the ongoing NIPHORN (Nutrition Information Project for the Horn of Africa) study is presented in this update where Tulane University and UNICEF are collaborating with partners including FSAU to investigate the nutrition situation from the region and the potential underlying causes as well as the quality of the data collected through analysis of existing nutrition survey datasets.

## Nutrition Situation in IDPs and Most Poor and Vulnerable Population Groups

### Qansah Dere IDPs

The recent conflict affecting parts of Southern Somalia resulted in the influx of new IDPs into Qansah Dere district particularly in Hawalbarbare village in the last three months. Following reports of arrival of displaced people in Qansah Dere district in poor condition, FSAU and IMC conducted an exhaustive nutrition assessment targeting children aged 6-59 months and measuring 65-109.9 cm in the IDPs camps in Qansah Dere town and Hawalbarbare village from 13th to 16th February 2007 to determine the nutritional status of the affected population and identify the possible contributory factors. A total of 135 children, 40 from Hawalbarbare and 95 from Qansah Dere IDP camps were assessed. Most IDP families in Hawalbarbare village have been displaced by the recent conflict in Ufurrow and are mainly from Bakally village while those in Qansah Dere town IDP camps are predominantly the destitute families from within the town and its environs.

Results of the assessment based on weight for height measurements indicate a Total Acute Malnutrition rate (WHZ < -2 Z scores or oedema) of 20% in Hawalbarbare and 24.7% in Qansah Dere IDPs. These findings signify a very critical nutrition situation among the IDPs. Additional findings indicate that all the households assessed had consumed poorly diversified diets com-

prising of three or less food groups with more than half having consumed only one food group (cereals) within a 24-hour period prior to the assessment. Consumption of less diversified diet does not meet the nutrient requirements and is associated with poor nutritional status and is a likely cause of the very critical nutrition situation. A summary of findings is presented in Table 1.

Qualitative data further indicates poor access to food as households depend on food purchase yet their means of income is limited to irregular casual labour. Morbidity levels are high with almost half of the assessed children reported to have suffered from one or more communicable diseases two weeks prior to the assessment. The predominant illnesses reported were suspected malaria/fever, diarrhoea, ARI and skin infection. Access to health services particularly in Hawabarbare is limited as the nearest and the only health facility available is located at a distance of about 20km in Qansah Dere town. Morbidity is potentially, therefore, a further contributing factor to the critical rates of malnutrition being reported.

Qualitative information further indicates that hygiene, sanitation and shelter conditions are very poor especially in Hawarbarbare. There is not even a single latrine or sanitary facility, consequently human faecal waste is scattered freely in the site. This puts the affected families at high risk of disease outbreak. The houses are made of clothes and sticks exposing both young and old to infections due to adverse weather conditions. The assessment team recommends; provision of basic needs including food and housing material, health services, rehabilitation of acutely malnourished children, provision of sanitary facilities/construction of latrines and site cleaning campaign.

**TABLE 1: Findings of the Rapid Nutrition Assessments**

Indicator	Status	Hawalbarbare IDP	Qansah Dere Town IDP
Total Assessed (N)		40	95
WHZ<-2 or oedema	Global acute malnutrition	20%	24.7%
WHZ<-3 or oedema	Severe acute malnutrition	0	3.2%
MUAC 12.5-13.4	At risk of malnutrition	42.5%	40%
MUAC=11.0- 12.4	Moderate malnutrition	30%	23%
MUAC<11.0	Severe malnutrition	2.5%	3%
Oedema	Severe malnutrition	0	1%
Proportion consuming ≤ 3 food groups	Poor dietary diversity	100%	100%
Proportion of children with diarrhoea two weeks prior to assessment	Morbidity	7.5%	17.2%
Proportion of children with ARI two weeks prior to assessment	Morbidity	7.5%	8.2%
Proportion of children with suspected malaria/febrile illness/ high fever two weeks prior to assessment	Morbidity	35.0%	34.4
Proportion of children with suspected measles two weeks prior to assessment	Morbidity	2.5%	3.2%

### Tieglo Most Poor and Vulnerable

In the last week of February, FSAU conducted a rapid nutrition assessment of 200 children in two villages of very poor and vulnerable families in Tieglo district. 5% of the assessed children were found malnourished ( <sup>1</sup>MUAC<12.5 cm) in Shiimo (N=100) and 11% in Madaa (N=100). Detailed nutrition assessments are scheduled for March/April in Qansah Dere and May in Tieglo.

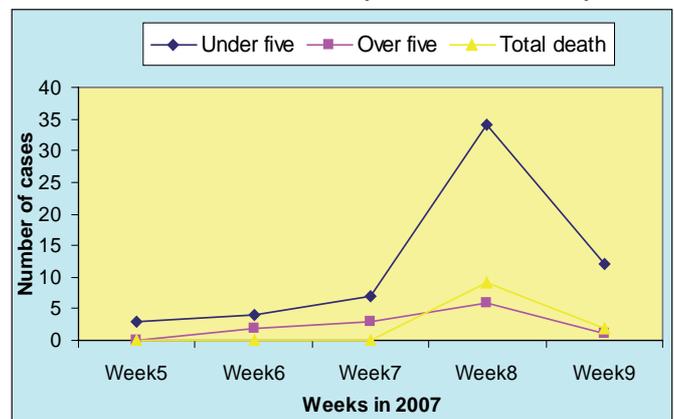
### Galkayo Town IDPs

Galkayo town, the capital of Mudug region, has an estimated population of 70,000 inhabitants believed to be increasing due to ongoing influx of returnees and displaced people. There are seven IDP settlements in <sup>2</sup>Galkayo town most of which are located near garbage stations of the town. Unfortunately garbage is not collected, leading to a poor living conditions and environmental sanitation and predisposing IDPs to diseases and poor personal hygiene, especially since clean water is not provided.

Most IDPs have limited job opportunities with the few that have accessing very low wages. In January 2007, it was estimated that the total number of IDPs increased to 5000 households with an influx of 1000 new households owing to insecurity in the South Central Zone according to FSAU/OCHA field Report, Dec 2006. The area of origin of the IDPs is mainly South Central Zone (57.4%), Zone five of Ethiopia (21%) and Puntland (20.3%).

FSAU, in collaboration with the MOH and SRCS conducted an exhaustive nutrition assessment of IDPs in Galkayo town in June 2006 and reported a GAM (WHZ < -2 z scores or oedema) of 17.7% and SAM (WHZ < -3 z scores or oedema) of 5% in 197 children. Qualitative data further indicated that IDPs had limited access to Galkayo town hospital and the three MCH facilities in the area, besides living in deplorable conditions.

**Chart 1: Incidents of Acute Watery Diarrhoea in Galkayo**



In the past four months, field reports have indicated high incidences of acute watery diarrhoea (AWD) in SCZ following the floods and poor sanitation. Unfortunately, this has spread to Galkayo Town and IDPs are the most affected. Acute watery diarrhoea reportedly started in the last week of January 2007 with gradual increase in February and has been attributed to poor sanitation and lack of clean water.

For the three samples collected from Galkayo hospital and sent to the AMREF laboratory in Nairobi by Merlin Puntland, two have tested positive for Cholera. On-going preventive measures on the ground include water chlorination, rehydration and treatment, sanitation and health education and provision of clean water jointly by MOH, SRCS, the Local authority, Merlin and Islamic Relief. Unfortunately, AWD cases are still high (See Chart 1 based on data from Mudug region CDC Surveillance office).

Close monitoring by health agencies and intensified response to the current situation remains crucial to minimize possible malnutrition and deaths. FSAU is scheduled to conduct a rapid nutrition assessment in Galkayo Town IDPs in April 2006 to assess the impact of the AWD on the nutritional situation.

<sup>1</sup> Mid Upper Arm Circumference  
<sup>2</sup> Bulbously, BuloElay, Buloajuran, Shimbiraley, Wershadda Gelleйда, Tawaka and Sinay

## Health Risks Posed by Absence of a Slaughter House in Lasanod – A Case Study

Lasanod Town situated in Lasanod district is the biggest urban council in Sool region. Lasanod attracts immigrants in search of jobs and from civil conflicts and drought and currently has estimated to be 100,000 (Steadfast Volunteer Organization). The number of poor individuals living in shanty neighborhoods where water and sanitation is very poor is also on the rise.

Malnutrition and environmental health are connected through disease and infection. Poor nutritional status increases the risk of infection, and infections can contribute to poor nutritional status. When infections are frequent, a parallel and progressive deterioration in nutritional status that becomes serious if the cycle is not interrupted. An assessment done by FSAU in 2005 found a GAM of 9.2% and very high morbidity (ARI 32.8%, diarrhoea 17.2%) and under five mortality (2.45/10,000/day) levels factors that have been closely associated with increasing malnutrition. (FSAU Nutrition Assessment November 2005).

The FSAU has noted with concern that that there is no slaughter house in Lasanod. Animals are slaughtered in an open field next to the town and internal organs and bones are left lying in the open where wild animals and dogs scavenge (see picture 1). This offers perfect breeding ground for flies and other disease causing organisms. Moreover flies spread through food markets, butchery and hotels. The bad odour also negatively impacts on the town's air quality and environmental health. With a high population growth that has seen demand for meat increasing rapidly, the lack of a slaughter house poses a major health risk for several reasons: i). Most of the poor households access water from shallow wells in valley gorges that have formed through erosion near the town (see picture 2); 2). When it rains, floods carry the animal waste to the water sources; 3) Animal remains attract vector agents like flies that may spread infectious diseases leading to diarrhoea; 4) the meat is usually not inspected and the health of an animal is determined by looking at the physical characteristics, this means in case of an animal infected with any zoonotic disease<sup>3</sup> there is a high likelihood that the disease would be transmitted through the contaminated meat or through contamination of water bodies used by the poor. A local NGO (Steadfast Voluntary Organization - SVO) is currently involved in the collection of the waste and disposal further away from the town but collection of the waste is not sufficient to ensure safety of water sources in case of a zoonotic outbreak.

A slaughter house that meets recommended hygiene standards or development of a controlled area for managing animal slaughter practices, including meat inspection and a would therefore reduce the risk of a exposure to disease by ensuring proper handling and disposal of waste generated from animal slaughter.

## Nutrition Assessment Plan for 2007

In Year 2006, a total of 22 Nutrition Assessments were conducted in Somalia using the standard two stage (30 x 30) cluster sampling technique recommended by the Nutrition Working Group/Cluster. The majority (19) of the assessments were multi-agency, involving UN, International and local agencies, and multi-sectoral with partners coming from nutrition, health and food security. The pur-



*Picture 1. The open ground which acts as the slaughterhouse for the town population.*



*Picture 2. A woman from the poor section of the town drawing water from a shallow well (valley)*

pose of the assessments was to determine the nutrition situation and underlying factors in areas prioritized by the Nutrition Working Group/Cluster and/or partners.

In Year 2007, FSAU in collaboration with UNICEF proposes to conduct nutrition assessments based on Livelihood zones, Seasonality and information needs.

- The hungry season is normally characterized by nutritional vulnerability and high morbidity among the poor and middle wealth groups. This is associated with reduced access to food, consumption of poorly diversified diet and higher prevalence of diseases in some cases. For the pastoral and agro pastoral communities, the hungry season normally falls between mid February and early April due to impacts of the dry Jilaal (January - March) season, while they have surplus food from mid April to mid July due to the expected positive impacts of the Gu (April-June) rainy season on livestock conditions. This is contrary to the Riverine livelihood communities who are faced with a hunger season during the Gu and Deyr rainy seasons due to the negative impacts of flooding and crocodile attacks with the surplus food season during the dry seasons of the Jilaal and Hagar when the crops are harvested.

Twenty four nutrition assessments are therefore scheduled in April-June and November-December to capture the effects of access and availability of food in the different rural livelihood zones. Slight adjustments will be made in consultation with partners, to the actual start period to enable the nutrition assessment teams to access areas prone to flooding and poor access.

<sup>3</sup> disease that can be transmitted from animals to human) – e.g. Rift Valley Fever

A summary of the nutrition assessments scheduled for Year 2007 are presented in the Table 2. In addition other agencies not listed may also conduct assessments which are not yet included on this table but will be updated and modified as necessary.

Finally in the event of reports of a concerning nutritional deterioration out of these specified timeframes or locations the FSAU Nutrition Project would reschedule according to needs and priorities.

**TABLE 2: Nutrition Assessment Plan for 2007**

	<b>Region</b>	<b>Area</b>	<b>Period</b>	<b>Lead Agency</b>
1	M&L Juba	Afmadow/Hagar Districts	November	FSAU/UNICEF
2		Jilib Riverine	May-June	FSAU/UNICEF
3		Bualle/Sakow	November	FSAU/UNICEF
4	Gedo	Gedo Region	April	FSAU/UNICEF
5	Hiran	Hiran Riverine	Mid March-April	FSAU/UNICEF
6		Hiran Agro/Pastorals	Mid March-April	FSAU/UNICEF
7	Shabelle	Shabelle Riverine	Mid March-April	FSAU/UNICEF
8		Shabelle Agro pastorals	Mid March-April	FSAU/UNICEF
9	Central	Hawd Pastoral	Mid March-April	FSAU/UNICEF
10		Addun Pastoral	November	FSAU/UNICEF
11	Bay Bakool	Wajid District	Mid March-April	ACF
12		Qansadhere	Mid March-April	FSAU/IMC
13		Dinsor	Mid March-April	FSAU/IMC
14		Tieglow & Huddur Pastorals	May	FSAU/UNICEF
15		Bay Bakool Agro pastorals	October	FSAU/UNICEF
16		Elberde & Rabdure Pastorals	November	FSAU/UNICEF
17	North West	East Golis Pastoral	May	FSAU/UNICEF
18		West Golis Pastoral	June	FSAU/UNICEF
19		Hargeisa/Berbera/Burao IDPs	September	FSAU/UNICEF
20		Sool Plateau	November	FSAU/UNICEF
21	North East	Hawd of Burtinle, Garowe & Eyl	May	FSAU/UNICEF
22		Karkar, Golis and Gagaab Livelihoods	May/June	FSAU/UNICEF
23		Addun Pastoral	November	FSAU/UNICEF
24		Coastal Deeh	April	FSAU/UNICEF

## Overview of Nutrition Sentinel Sites Surveillance in Somalia

Sentinel Sites Surveillance (SSS) refers to the undertaking of nutritional surveillance or monitoring in a limited number of sites or population for the purpose of detecting trends in the overall well being of the population. The sites may be specific population groups or villages which cover populations at risk.

While there are other more reliable methods of obtaining nutrition data in Somalia such as detailed nutrition assessments, a challenge is faced during periods of crisis, when closer monitoring and a clear understanding of trends in vital indicators are required in specific locations. Among the challenges faced in using the data from nutrition assessments and other sources include i) Frequency of data – with the exception of health facilities, all other methods generate periodic data making it difficult to undertake trend analysis (for example with regard to seasonality) or to compare findings, ii) Insecurity in certain areas, makes it difficult to undertake regular assessments hence limiting coverage access related to insecurity. Availability of health facilities data in such locations is also limited. Sentinel sites are particularly useful in addressing the aforementioned gaps.

In Somalia, sentinel sites are selected using a defined criteria which includes; high or particular vulnerability to actual or impending change in environment or crisis e.g. deteriorating food security, evidence of direct impact of crisis, other data sources indicating deterioration in nutritional status, presence of high risk groups or populations of special interest e.g. displaced, marginalised, geographical representation of each livelihood zone, representation of the various population groups in each area e.g. pastoralists, destitute or migrant split families, accessibility of site in view of security issues, availability of population at the time of sites selection and size of the site. In cases where an area is large/populous, there is need to select the sentinel site around the vulnerable population.

Since 2005, FSAU has conducted SSS in different parts<sup>4</sup> of Somalia and the system has proved useful in defining trends in nutrition situation, morbidity and dietary diversity levels in areas where implemented. When triangulated with other nutrition data, SSS has contributed in defining the nutrition estimates of a given area.

Over the years, the quality and usefulness of data has been under constant review. This has included improvement of sampling procedures and sample sizes per site, review of type of data collected

<sup>4</sup> This includes, Sool, Sanaag, Bari, Nugal, Mudug and all regions in South Central Somalia.

and type of analysis undertaken. Following a recent review, special emphasis has been given to representation of various livelihood zones in sites selection and analysis. A total of 132 sentinel sites will be surveyed on quarterly basis in the South Central Zone in Year 2007, up from 102 in Year 2006 (See Map 1).

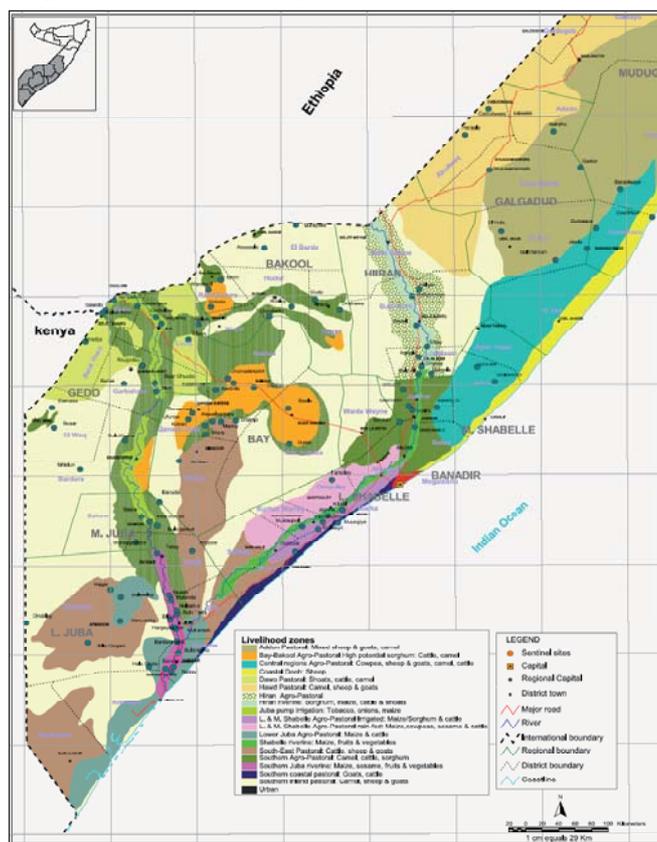
## Nutrition Cluster Piloting - UNICEF experience in Somalia

The cluster approach implementation under the guidance of the Inter-Agency Standing Committee (IASC) as part of the United Nations Reform Process aims at increasing predictability, accountability and improving partnership and has been under implementation since early 2006. Somalia is one of the pilot countries<sup>5</sup> where the cluster approach to humanitarian response coordination is under implementation, as part of the global humanitarian reform. The protracted humanitarian crisis renders large numbers of vulnerable populations dependent on humanitarian assistance. The increased nutritional vulnerability has been attributed to the extreme humanitarian condition associated with the multiple and sequential shocks (sometimes overlapping shocks e.g. conflict during drought period and conflict during flooding). These shocks further aggravate the impact of poor childcare, limited dietary diversity accessible, limited nutrition and other public health interventions on nutrition.

The UNICEF-led nutrition cluster coordination gave impetus to the Nutrition Working Group coordination (under the Somalia Support Secretariat)<sup>6</sup> through the cluster's special focus on emergency response activities and decentralisation of the coordination activities to inside Somalia. Closer follow up on the standardisation of guidelines/ protocols in programme implementation and reporting as well as in situation and needs analysis is on-going; and significant progress is made. Guidance on prioritisation for funds allocation and intervening agencies expansion plans has been provided. Coverage and gaps analysis of the intervention has been regularly done, e.g. the proportion of the children under nutritional rehabilitation or already rehabilitated has increased from about 6000 (March 2006) to about 20,000 (November 2006).

Through advocacy and exploration of national NGOs' potential, some of the nutritionally vulnerable populations in the insecure/inaccessible areas of Gedo, Lower Juba and Bay Regions, have been served through the established selective feeding programmes. Regular coordination meetings are continuing to be held in Nairobi as well as in some accessible regions in Somalia where programme complementarities and coverage analysis have been addressed. Inter cluster collaboration in the emergency nutrition programme implementation has been realised following advocacy in some areas e.g. bee keeping and seeds provision to households with malnourished children by IMC in Bakool as well as kitchen garden promotion; clean water provision to selective feeding programmes, improved sanitation and hygiene promotion through provision of soap and hygiene messages targeting families with malnourished cases; improved public health promotion through disease treatment and micronutrient supplementation during the nutrition screening and provision of family rations to families with malnourished children.

Map 1: Sentinel Sites Surveyed in Year 2006



Some of the challenges encountered in the nutrition cluster implementation and in the normal nutrition coordination structures relate to clarity and reality of the “provider of the last resort” role in a dilemma of limited resources and insecurity. The capacity of national NGOs as well as expansion potential for agencies implementing nutrition activities is limited. Insecurity has hindered expansion by agencies despite the intervention gaps presentation through the cluster. Further, due to the multiple shocks that cause drawbacks on programmes, there have been difficulties in programme impact evaluation.

In the meantime, priorities for the Nutrition Cluster for 2007 include strategies for advocacy for improved security to facilitate humanitarian service delivery are on-going. Efforts to support the established nutrition programmes through technical back-up, supplies provision and updated surveillance information continues. Further capacity improvement of national NGOs that access insecure areas as well as cluster resource mobilisation through the Consolidated Appeal Process (CAP 2007), Humanitarian Response fund among others, are under way. Finally emergency nutrition programmes targeting densely population areas with high nutrition vulnerability will also be advocated for.

*A detailed Somalia Nutrition Cluster Evaluation Report (2006) is available through [jkingori@unicef.org](mailto:jkingori@unicef.org) or through UNICEF Somalia (Health and Nutrition Section), FSAU or through OCHA Somalia.*

<sup>5</sup> Countries where the cluster approach is being piloted are Somalia, Uganda, Liberia and DRC

<sup>6</sup> Common coordination meetings are held for both the Nutrition Cluster as well as the Nutrition Working Group, guided by a common group terms of reference.

## Nutrition Information Project For The Horn Of Africa (NIPHORN): An overview by UNICEF regional office

The Nutrition Information Project for the Horn of Africa (NIPHORN) is a process led by Tulane University in collaboration with UNICEF which involves a review of existing nutrition survey datasets from the Horn of Africa region (Somalia, Kenya, Uganda, Djibouti, Eritrea, Ethiopia and South Sudan), with an effort to understand the quality of the data being collected, the role of the different indicators and their relationships to each other in addition to analysis of the trends in the region in malnutrition and the potential contributing factors. The aim of the recent NIPHORN working session held in Nairobi in early February was to present the findings of the NIPHORN project to date and their implications for developing comprehensive and effective nutrition information systems by building on structures that already exist. Country case studies from systems in various stages of development were used to provide participants with lessons learned and inspiration for developing similar structures in their countries. In addition, issues papers on specific technical issues in area based surveys were presented and discussed. The following is a summary of the initial action points concerning technical issues for area based surveys.

### • AREA BASED NUTRITION SURVEYS;

Whilst considerable work has gone into the standardization and harmonization of nutrition survey methods, more work is required:

- o Countries can use the process of developing or updating nutrition survey guidelines to ensure greater standardization of survey methodologies. Many issues to be taken into account during this process are generic but NIPHORN identified the following points where particular attention should be paid :
  - Methods for training enumerators and supervisors as well checking the quality of their training are clearly detailed,
  - Standard quality control checks are made and reported in the survey report.
  - Number of and reasons for flags and exclusion of records are reported.
  - Reporting of standardized age bands.
  - Reporting of sex ratio's
- o The NIPHORN study identified more than 700 area based surveys conducted in the Horn of Africa over the past six years. Whilst it was recognized that area based surveys are conducted for a variety of reasons the working session agreed that the timing and justification of when to conduct surveys could be better clarified at a national level. The session agreed that there is a need to ensure:
  - National survey guidelines include a section on seasonality (agro-climatic and morbidity) that establishes the principal that the timing of a survey or series of surveys should take into account seasonality and clearly report on the implications of seasonality on the results.
  - The NIPHORN project also highlighted the advantages of an annual agreement on desirable timing for surveys to be agreed through the National Nutrition Coordination mechanism.
  - During the NIPHORN/IPC meeting the Ethiopia case study of developing a transparent standardized quality control system for nutrition surveys (part of NUTRISURVEY software) was highlighted as a success. The meeting agreed that it would be a good model to adapt and adopt in other countries as part of the national nutrition survey guidelines.

- The session recognized that survey results are very context specific and therefore agreed that as far as possible surveys should be conducted using livelihood zone rather than administrative areas as the limits for sampling.

### • SAMPLING AND SEGMENTATION;

The NIPHORN study noted that many area based surveys are using the EPI spin-the bottle technique during the second stage of sample selection. This method does not provide a probability sample or allow for sample weighting. Therefore it was recommended that

- o Organizations implementing area based surveys should be working towards using segmentation methods at the second stage of sample selection.
- o It was agreed that the EPI method might be the only one possible in areas of conflict or in highly nomadic populations.
- o The working group agreed to pilot the segmentation method in a variety of different circumstances throughout the region during 2007. The piloting aims to establish the feasibility of segmentation in different circumstances.

### • MORTALITY ESTIMATION;

The working session recognized the limitations of estimating mortality using the area based survey methods and sample sizes, in particular for the estimation of under 5 mortality. The NIPHORN study also highlighted continuing weaknesses in the estimation methods used and reporting of mortality. Therefore, the following action points were agreed:

- o A national nutrition survey guideline and coordination group should enforce the use of a standard method for estimating mortality, to reduce confusion between different methods and to enhance comparability.
- o Confidence intervals for mortality estimates should be systematically reported and used in comparisons.
- o Sample sizes for mortality estimates should be systematically reported. 80% confidence intervals be used instead of 95% CI for mortality.

### • INDICATORS:

The working session acknowledged the move towards including the measurement of indicators for underlying causes of malnutrition. Yet the NIPHORN study highlighted the lack of standardization of methods to collect, analyze and report on this data. Therefore the working session agreed that:

- o It is important to be more critical about what indicators and questions are included in questionnaires.
- o The standardization of questionnaires and reporting methods will allow for easier comparability between surveys.
- o More investigation is needed into the utility of collecting additional indicators in area based surveys.

A final NIPHORN workshop will be held in Cape Town, 19th – 21st April to formalize the action points and recommend a way forward. Copies of country case studies, issues papers and other background materials are available on request from [phailey@unicef.org](mailto:phailey@unicef.org) or [esmith@unicef.org](mailto:esmith@unicef.org).

### Other related publications and Releases

- o FSAU Press Release: February 22, 2007
- o FSAU/FEWSNET Market Data Update, February 2007
- o FSAU/FEWSNET Climate Data Update, February 2007
- o FSAU Post Deyr 06/07 Analysis Technical Report, March 2007