FSAU
Food Security Assessment Unit
fsauinfo@fsau.or.ke

NUTRITION UPDATE

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INTRODUCTION

This Nutrition Update is presented following a break in publication of over five months. The interruption can be partially accounted for by the transition period during which FSAU moved from WFP to FAO, by many personnel changes and by the activities related to the commencement of the new USAID funded nutrition surveillance project within the unit in October 2000. The more significant reason for the absence of a publication has been the interruption of data flow from health facilities due to the introduction of a new Health Information System in Somalia.

The surveys in this document are presented to demonstrate the different issues that arise during analysis of surveys. These issues include survey methodology, timing of surveys, food security issues in their broadest sense, health issues (environment and services), child-care issues and the overriding issue of political insecurity that influences all of the above.

OVERVIEW OF NUTRITION SITUATION ON SOMALIA

There is little doubt that the overall welfare and nutrition status of the population in general has improved significantly over the past six months or so. Improved food security conditions have enabled the majority of families to recover from the prolonged period of hardship that affected many regions over a period of around three years. More favourable security has enabled health related interventions to resume in areas (e.g. Hoddur) that have been without such services for a long period. A review of nutrition surveys and nutrition related information has however indicated a number of issues that remain of concern and demand response.

- In the past eighteen months, all nutrition surveys undertaken in vulnerable areas have shown rates of global malnutrition over 12%. The reasons for this are currently insufficiently understood. Likely contributory factors to higher than expected malnutrition rates are the long term lack of health and education services, substandard water supply and sanitation in urban areas, and poor quality of the dietary intake even when quantity is adequate. The lack of expected improvement in nutrition status in populations where projects are implemented is also likely to be linked with poor standards of the programmes themselves.
- Information is usually available only for areas that are politically secure. Very often, deterioration in quality and reliability of information on nutrition related issues is linked with political insecurity and as in the recent case of Lower Juba, at a time when an area is also threatened with food insecurity.
- The identification of nutrition problems and high mortality levels, as in Mogadishu (ACF, 2000), does not always lead to the appropriate response.
- Despite the fact that food availability has generally improved, the effects of the long period of distress for many households has had a long-lasting impact. Recovery for some households is extremely slow and many households have been rendered destitute.
- Incidence of illness in surveyed populations remains high despite the presence of health services.
- Inadequate health care and education for women along with other effects of insecurity such as displacement, injury and death have no doubt taken their toll in the long term. The immeasurable effects of lack of education and general mental trauma cannot be underestimated when considering the ability of those caring for young children to do so to a high standard.
- Throughout these regions, displacement of populations has been widespread and has affected large numbers of people. It can be assumed that displacement affects all aspects of the general welfare

of individuals including access to adequate shelter, water, food and health care. This effect is of course particularly devastating for vulnerable groups such as the very young and the very old and women during childbearing years. Households that have been displaced within Somalia are also cut off from their traditional sources of livelihood and from the traditional support systems that they could have relied on in times of crisis. These sections of populations need to be identified when general statements are made about status and needs of a particular group.

GEDO REGION

Throughout 1999 and 2000, the stresses on the welfare of the population of Gedo have continued. Improvements in food security have been less significant than in other regions and the longer-term effects of repeated droughts have taken a toll on the overall health and welfare of the population. During 2000, nutrition surveys were undertaken in three districts (see table below) and the levels of malnutrition remain high.

In September 2000, UNICEF carried out a nutrition survey in ***Burdhubo*** district. The results showed a global malnutrition rate of 17%[1] of which 3% were severely malnourished, including 1% with oedema. Thirty one per cent of the children had experienced diarrhoea and 20% diarrhoea in the two weeks prior to the survey. Vitamin A supplements had been received by 34% of the children in the survey and a total of 38% had had measles vaccination. Although the survey was not designed to disaggregate data per population group, it appeared that malnutrition was more prevalent in the children living in Burdhubo town. Children in the riverine areas appeared to be better nourished. According to the survey, returnees and displaced persons constituted a high proportion of both the urban and riverine population in the survey.

Burdhubo had suffered the effects of continued tensions in the months prior to the survey. This tension had adversely affected food availability and consequently increased the prices. Difficulties in the delivery of humanitarian assistance had further aggravated the food security problems. Food aid was distributed but targeting was problematic with internal distribution among clans further complicating the problem. At the time that this survey was carried out, food availability had just begun to improve following the harvest between the end of July and the beginning of August. Cereal prices had returned to normal and livestock was still in poor condition.

The population in Burdhubo were beginning to experience an improvement in their access to food around the time the survey was undertaken although the effects of this in terms of an improvement in their overall health and nutrition status was not yet evident. It is therefore likely that the nutritional status of the population has improved in the months following the survey. In the long term, it is however likely that tensions and conflict and their effects on the market in terms of food availability and food prices will have a greater influence on the overall health and welfare of the population than factors affecting crop production and livestock.

Recent nutrition surveys in Gedo region - 1999 – 2000

Date	Population / areas surveyed	Agency	Global malnutrition	Severe malnutrition
12/99	Bardera town	UNICEF	23%	5.5%*
04/00	Luuq town	ACF	14.9%	1.9%*
04/00	Luuq displaced	ACF	20%	4.2%*
5/00	Belet Hawa	UNICEF	21.5%	3.5%*
9/00	Burdhubo	UNICEF	17%	3%*

- Including oedema

[1] *All malnutrition rates in this document refer to Z-scores. Global malnutrition: - < -2 Z-scores; incl. oedema. Severe malnutrition: <-3 Z-scores; incl. oedema.*

Review of nutrition situation and nutrition related interventions in Bulla Hawa January 2001

In January 2001, an interagency team, led by FSAU carried out a review in Bulla Hawa, Dolo and Mandera districts. The team aimed to develop a deeper understanding of the issues continuing to affect the welfare and nutrition status of the population, to examine the potential effectiveness of current interventions and to make recommendations for future actions.

Preliminary reports from that review have suggested that a proportion of the population in the area is still under considerable stress as a result of slow recovery from previous periods of stress, destitution and internal displacement. Moderate malnutrition appears to be common. Although many children are attending feeding programmes on both sides of the Kenya-Somalia border, the supplementary rations of blended food are being shared with other family members and thus are not resulting in long term improved nutrition status of the children. General food distribution has been carried out successfully in both districts over the past six months but lacks variety – rations have consisted of sorghum alone and exchange possibilities for a more varied and nutritious diet are limited due to the current low market price of cereals.

The team made a number of recommendations that included issues related to data collection, information sharing and adaptation of current interventions. Ongoing support and supervision for health personnel and the introduction of more varied food relief items to a targeted population are likely to be emphasised in the coming months. The full report will be available from FSAU at the end of January 2001.

BAKOOL REGION

During the months of July and August 2000, IMC carried out health and nutrition surveys to establish baseline information for new programme goals. Two surveys were undertaken, one covering ***ElBerde and Rabdure*** districts and the other covering ***Hoddur*** district only. Two-stage cluster design was used in both surveys. The levels of key indicators were as follows:

Indicator	Hoddur District	Elberde & Rabdure Districts
	17-26.7.00	*17-22.8.00*
Measles vaccination (with card)	7.3%	44.7%
BCG (with scar)	18.5%	62.7%
Vitamin A received (with card)	8%	57.5%
Women receiving iron supplements during pregnancy	5.7%	19.5%
Mothers receiving Vitamin A after last delivery	3.7%	13.5%
Child with diarrhoea in 2 weeks prior to survey	22.7%	25.6%
Respiratory infection in 2 weeks prior to survey	67.2%	55.6%
Exclusive breastfeeding for first 6 months	31%	64.0%
Global malnutrition	12.6%	13.7%
Severe malnutrition	2.5%	3.8%

Food security in Bakool region in 2000

The availability and accessibility of food in Bakool was at a critical level in March 2000 following seven consecutive crop failures in the region. Serious water shortages were experienced throughout the region but food-aid distributions reduced internal non-seasonal population movement.

From May 2000 the food security situation began to improve slightly as a result of rains that were initially late but were intense when they arrived. The rains improved the availability of water, pasture and wild foods and generally helped with crop establishment. The main roads to Mogadishu were closed and so prices of imported commodities were high. Relief food was received in many of the worst affected areas. The main season's harvest started in mid-August. Along with a return to normal in livestock conditions,

food security in the region was considered good and better-off farmers provided 10% of their harvest to the poor population for 'Zakah'.

Nutrition surveys in Bakool region in the recent past

Date	Population surveyed or area	Agency	Global malnutrition	Severe malnutrition
9/99	Hoddur town	UNICEF	22.7%	7.2%
11/99	Significant water shortages throughout region			
2/00	Rabdure town	UNICEF	30%	6%
3/00	Wajid district	UNICEF	21%	3%
7/00	Hoddur district	IMC	12.6%	2.5%
8/00	ElBerde & Rabdure districts	IMC	13.7%	3.8%

Comparison with previous surveys: As summarised in the table above, three surveys were undertaken in late 1999/early 2000. Two of these used sampling methodology similar to the one used by IMC and the third (in Rabdure) surveyed all 498 children in the study population. The three earlier studies were undertaken in urban areas although with the exception of Hoddur, livelihoods of the urban and rural populations are unlikely to have been significantly different. The extensive population movement in the region also makes it difficult to make any strong assumption about characteristics of the population in relation to their place of residence at the times of the surveys. The three surveys in early 2000 provided extremely worrying malnutrition rates of 22.7%, 30% and 21%. From May onwards, good rains and efficient food-aid deliveries led to a general improvement in food security in the region, and are undoubtedly the main factors responsible for the significant improvement in nutrition status seen in the IMC surveys.

Analysis of latest surveys: In Hoddur, the low immunisation levels reflected the generally low access to health services. Only 18% of the children had had BCG (confirmed with scar) and 14.6% had received measles vaccination (mother's report). Immunisation levels were higher in ElBerde and Rabdure with BCG confirmed by scar in 62.7% of the children surveyed and mothers of 59.2% of the children reporting that measles vaccination had been received. In both surveys, rates of diarrhoea were significantly higher in the 13 to 24 month age group with no significant differences between the populations.

The latest IMC surveys in Bakool Region prompt a review of the major factors that have probably impacted on the general health and welfare of the population in those districts over the past year or so. While there is a significant difference in accessibility to health services in the two populations, the incidence of diarrhoea and respiratory tract infections is very high in both. Undoubtedly, this high incidence of disease is one of the most significant issues to be addressed in ensuring that malnutrition in this population is reduced.

BAY REGION

Over the past one year UNICEF has carried out four nutrition surveys in Bay region, two each in Baidoa and Burhakaba. The surveys were undertaken in order to evaluate the nutritional status of the population in the light of a precarious food security environment and fluctuations in the level of humanitarian assistance provided.

Date	Population or Area Surveyed	Global malnutrition	Severe malnutrition
August 1999	Baidoa town	21.6%	6.1%
July 2000	Baidoa district	17%	3.3%
August 1999	Burhakaba town	28%	6%
June 2000	Burhakaba district	22%	4%

The initial (1999) surveys in both districts were undertaken in towns at a time of extreme food insecurity. Following those surveys, the food security situation in Burhakaba continued to deteriorate for some time due to yet another failed harvest in January 2000. Both areas were also affected by tensions and insecurity, which further hampered access to food through the market. At around the same time, UNICEF ceased its support to health services in the district. The projected monthly food-aid needs were met on only one month over an eleven month period – on the remaining ten months no food aid was delivered. The second surveys were carried out in June and July 2000, at a time when better rains were already having a positive effect in the form of increased milk availability and when there was optimism about the upcoming harvest.

In a previous analysis of two nutrition surveys undertaken in 1995 in Baidoa[2], it was noted that malnutrition rates were surprisingly high considering the fact that the harvest of the two previous seasons had been good. *It was suggested that the rate of malnutrition remained high due to the lack of variety and quality in the diet along with high morbidity levels among children (especially diarrhoea and malaria).*

Overall, it might be suggested that the much of the difference in malnutrition levels in between the surveys in 1999 and 2000 can be explained by the difference in sample group between the two surveys. Eventhough food security had improved slightly in ***Burhakaba*** just before the 2000 nutrition survey, it is probable that very little real improvement occurred in the population over the period of time between the surveys. On the other hand, it is very likely that in the period *after* the survey, the health and welfare of the population has improved significantly due to the improved food security situation as a result of a better harvest, along with the fact that support to primary health care services has also resumed with support from World Vision. Services closely linked to improving nutrition status such as management of diarrhoea, ARI, immunisation and Vitamin A supplementation have now commenced. The period of security continues and so access to markets has been maintained.

In ***Baidoa***, the period between the two surveys was somewhat different. The January 2000 harvest was good, food availability generally more constant in terms of price and supply and the UNICEF support to health services and supplementary feeding remained strong. Food aid deliveries were better than those in Burhakaba but still well below the projected food aid requirements. While the most recent malnutrition rate of 17% is the lowest in five years, and comes at a time when food security and health services are reasonably good, the reasons behind a continued high level of malnutrition demand further and more serious study.

JUBA VALLEY REGION

Nutrition survey in Bualle

The nutrition survey undertaken by World Vision in July 2000 reflected a population with moderately high levels of malnutrition among children. The global malnutrition rate was 14.7% and severe malnutrition including oedema was 4.7%. World Vision is currently carrying out another nutrition survey in Bualle and a full analysis will be done when the results of this are available.

From 'Food security assessment in Lower Juba[3]/December 2000

Observations of malnutrition and signals of increasing malnutrition rates, as well as several other indicators of food insecurity, signalled the need for assistance and further verification of nutrition information. As suspected, the groups of concern were the riverine farmers. Successive poor harvests had depleted cereal stocks held by this group. Income opportunities, especially charcoal production and

[2] Cambrezy C. Nutrition Surveys in Somalia 1980–1996. WFP/FSAU. February 1997.

3 Lower Juba Rapid Food Security and Nutrition Assessment, FSAU, 2-6 December 2000.

sales (with associated environmental concerns), and to a lesser extent agricultural labour, cash crop sales (sesame), fruit sales and consumption, and fish sales and consumption have supplemented (or substituted for) depleting cereal stocks during the first 6 – 8 months of 2000.

During the interagency assessment, the need to strengthen quality, reliability and coverage of nutrition data. FSAU nutritionists are currently undertaking training in the area although visits to most of the health facilities are not possible due to insecurity.

NUTRITION SURVEYS AND FOOD SECURITY ASSESSMENTS

The FSAU employs experienced nutritionists and food security experts who are available to support organisations with the planning, implementation and analysis of nutrition surveys and food security assessments. Please contact the unit for discussions on how we can support your organisation.

RECENT REPORTS AND PUBLICATIONS

Monthly Food Security Report for Somalia, FSAU/FEWS, December 2000/January 2001.
Nutrition Surveillance in Somalia, Project Description. FSAU, January 2001.

This document does not aim to provide full summaries of surveys or other documents but rather aims to highlight issues that have emerged from the surveys. Full versions of the surveys are available from the relevant organisations and from FSAU.

For detailed food security information, see the FSAU/FEWS **'Monthly Food Security Report'** and visit the Food Security webpage at **www.unsomalia.org**.

Physical address: Peponi Plaza, (Block C), Peponi Road, Westlands, Nairobi.
Postal address: PO Box 1230, Village Market, Nairobi
Telephone: +254-2-741299, 745734, 748297. Fax: 740598
General email: **fsauinfo@fsau.or.ke**
Comments and information related to nutrition: **Noreen.Prendiville@fsau.or.**