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NUTRITION UPDATE



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OVERVIEW

Predictions of a poor rain-fed harvest in four regions in Southern Somalia have prompted an intensification of surveillance activities in those regions. In Gedo and in some parts of Bay and Bakool, levels of malnutrition have remained relatively high over the past two years, with nutrition surveys in times of relative food security and reports from supplementary feeding programmes indicating a highly vulnerable population. It is very likely that any deterioration in food security will have a significant effect on the nutritional status of population groups in these areas. Both the World Food Programme and CARE have already requested for increased pledges in food relief. Both the Food Security and Nutrition Surveillance components of FSAU will continue to monitor the situation very closely.

The results of the UNICEF MICS (2000) study present interesting data on nutrition status of Somali children. A more detailed analysis of the relationship between the data and that from neighbouring countries is required before further interpretation is undertaken.

MULTIPLE INDICATOR CLUSTER SURVEY

UNICEF

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply, are not exposed to repeated illness, and are well cared for, they reach their growth potential and are considered well nourished.

UNICEF Somalia has released the full technical report of the 'End Decade Multiple Indicator Cluster Survey', which presents data on the nutritional status of children as well as other indicators related to the overall health and well-being of women and children in 2000. The following figures represent *combined* data for Somaliland, Puntland and South & Central Somalia. A breakdown of these figures is then presented in the chart along with data from other countries in the region.

- **Underweight – 26%.** *Weight for age.* A reflection of both acute and chronic malnutrition. Children whose weight for age is more than two standard deviations below the median of the reference population are considered moderately or severely underweight.
- **Stunting - 23%.** *Height for age* is a measure of linear growth. Children whose height for age is more than two standard deviations below the median of the reference population are considered short for their age and are classified as moderately or severely stunted. Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or chronic illness.
- **Wasting: - 17%.** *Weight for height* is a measure of acute malnutrition. Children whose weight for height is more than two standard deviations below the median of the reference population are classified as moderately or severely wasted. Wasting is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food or disease prevalence.

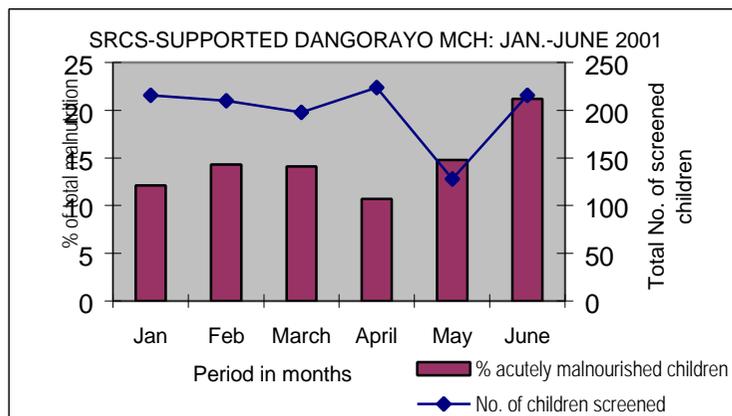
Prevalence of underweight, stunting and wasting (UNICEF MICS 2000) compared to other countries (State of the World's Children, 2001).

PUNTLAND

B. Owadi, FSAU

In recent months, nutrition surveillance has been more vigilant in Puntland in an effort to detect populations that have been particularly adversely affected by the livestock ban and inflation. A review and analysis of data from health facilities representing areas with increased vulnerability is therefore presented with malnutrition rates expressed as *proportions of children screened at the facilities whose wt/ht are <-2 Z-score*. Reports from SRCS¹ in Garowe indicate that Dangorayo District is currently experiencing increased vulnerability due to both market failures resulting from livestock ban and inflation as well as below normal *Gu* rainfall.

Data from Dangorayo MCH show a total malnutrition rate of 12% of the 216 screened in January 2001 followed by fluctuating levels between 11% and 15% in the subsequent four months before a significant increase to 21% of 216 children screened in June 2001. In this predominantly pastoralist population, it appears that this increase is related to



hardships emanating from the effects of livestock ban and inflation combined with the increased stress resulting from the poor pasture and water availability that followed poor *Gu* rains. While the attendance was stable at over 200 children per month from January to April 2001, it decreased significantly in May to a low of 128 children and SRCS reported movement of a sizeable proportion of the Dangorayo population to neighbouring villages of Usgure, Cel-Buh and Baq-Baq in search of pasture and water. Attendance in June increased again to over 200, with a high prevalence of malnutrition. According to SRCS, the increased number of malnourished children is now related to deterioration in the food security and health status of the population remaining in Dangorayo with high incidence of

ARI prompting increased numbers to attend the health facility. With purchasing power now eroded many people are unable to maintain the calorie intake through cereal purchase as is normally.

Other areas whose facility data reflect increased vulnerability are presented on the table below, which shows the total acute malnutrition prevalence and number of children screened at health facilities for months January to May 2001.

In Bossaso, most of the attendants at the MCH are children from the poorer households who cannot afford

| Facility | Jan. | Feb. | March | April | May |
|----------------------|--|-----------|------------|------------|------------|
| | <i>Percentage malnourished of total children screened at health facility</i> | | | | |
| Bossaso MCH | 2% of 184 | 4% of 203 | 7% of 349 | 11% of 236 | 14% of 208 |
| Galcayo N-MCH | 44% ² of 203 | 9% of 210 | 17% of 230 | 17% of 250 | No data |
| Badweyn | 15% of 203 | 9% of 170 | 17% of 130 | 16% of 210 | 24% of 170 |

the private health care services. The current hot season and strong monsoon winds has caused a further slump in the economic activities at Bossaso port. Other concerns have been sanitation, water and care aspects in addition to the effects of livestock ban and inflation.

The Ministry of Social Affairs' Galcayo North MCH is in the center of Galcayo town thus serving mainly poor town residents. Like Bossaso, Galcayo depends heavily on livestock. Economic activities including employment were adversely affected by the ban and have been further eroded by inflation. Discussions during the recent Health Coordination meeting suggested that Galcayo might be harbouring a substantial population of very poor and the town is expanding faster than the

NUTRITION SURVEYS – STATUS AND PLANS

| Area | Location | Organisation | Status / plans |
|---------------------------|-----------------------|--------------|-----------------------------------|
| South and Central Somalia | Haradheere and EIDere | CISP | August 2001 (Security permitting) |
| | Bay & Bakool | UNICEF | To be scheduled |
| Somaliland | Hargeisa town | UNICEF | Completed. Awaiting report |
| | Awdal | UNICEF | To be scheduled |
| | Toghdheer | UNICEF | August? To be confirmed. |
| Puntland | Bossaso town | UNICEF | Completed. Awaiting report |
| | Margaga IDP camp | UNICEF | In progress |
| | Gardo | AAH/FSAU | September 2001 |

NUTRITION SURVEILLANCE

During the past month, analysis of nutrition related information at local level was enhanced by the commencement of the first round of feedback to nutrition data providers with graphic presentations of data produced at each health facility. The exercise enabled verification of data and correction of errors where indicated, but more importantly commenced a process of discussion and analysis of factors influencing nutrition at the point where the information is generated. It is hoped that this support to information providers will be continued on a quarterly basis to between eighty and one hundred surveillance sites in South and Central Somalia, Somaliland and Puntland.

SURVEILLANCE IN SOUTH AND CENTRAL SOMALIA *J. Kingori, FSAU*

A summary of nutritional status results in El Wak District, Somalia

In recent years, no information on nutritional status has been available in El Wak district, Gedo Region. In view of the continued limitations in access to the district and lack of health facility data, FSAU trained members of a local NGO, SOMA Action, in nutritional status screening using Mid Upper Arm Circumference (MUAC)³ measurement. Results of the first round of screening in six villages in June 2001 are summarized here. Fifty children between 6-59 months were screened from each of the six villages (El Wak town was divided into two because of its relatively high population compared to the other villages). The villages are spread over the district.

Screening was done using Somalia nutritional survey guidelines and children were placed under four major nutritional status categories, namely; < 11.0 (severe acute malnutrition), ³11.0 MUAC <12.5 (moderate acute malnutrition), ³ 12.5 MUAC < 13.5 (at risk of acute malnutrition), ³13.5 (normal children). Once oedema case was identified, no further measurements were taken. The MUAC measurements were taken to the nearest 0.1cm.

About 6.5% (<11.0 cm and/or oedema) of the children were severely malnourished and therefore having a high risk of mortality. About 38% had moderate acute malnutrition while 28% were at risk of acute malnutrition. 27% of the children screened had

| Village | Oedema | <11.0 | ≥11.0 - <12.5 | ≥12.5 - <13.5 | ≥13.5 | Total |
|-------------------|--------|-------|---------------|---------------|-------|-------|
| El Wak Town(Sth.) | 1 | 3 | 16 | 16 | 14 | 50 |
| El Wak Town(Nth) | 0 | 3 | 22 | 16 | 9 | 50 |
| Samarole | 1 | 3 | 21 | 12 | 13 | 50 |
| Garsale | 3 | 1 | 15 | 15 | 16 | 50 |
| Busar | 0 | 2 | 19 | 13 | 16 | 50 |
| El Banda | 0 | 6 | 26 | 13 | 5 | 50 |
| Hoes Qurun | 0 | 0 | 14 | 14 | 22 | 50 |

Nutrition surveillance summary for Gedo, Bay, Bakool and Hiran Regions

Crop establishment assessments in Gedo, Bay, Bakool and Hiran Regions predict poor harvests in many areas and so nutrition surveillance activities in these regions will be intensified over the coming months. The following table presents some basic information on health facility activities and circumstances affecting the population s attending them. Requests for more detailed data are welcome.

| GEDO REGION | |
|---|--|
| Bulla Hawa Gedo Health Consortium | Despite the ongoing supplementary feeding programme (SFP) ⁴ and targeted food distribution by CARE, significant proportions of malnourished children were reported in the months of April (35.5%, 40 in figure) and May (42.4%, 110 in figure). The lower proportion of malnourished children observed in April than in May, could be explained by the civil strife in Bulla Hawa experienced in the same month. Presently, families may return to Bulla Hawa following peace negotiations. The area is also experiencing a prolonged dry season. |
| Luuq- AMREF | The attendance at the MCH ranged between 150 in January to 190 in May 2001. Between February and April there was a declining trend in the proportion of the malnourished children (56.8% to 45.7%). In May 2001, a sharp increase (64%) of the total malnourished children was reported. This could be explained by the arrival of IDPs from the South (Elbon and Wajid) into Luuq town. |
| Dolow: Gedo Health Consortium | The total malnutrition observed in the MCH is relatively constant but significantly high (over 26% of the screened children). However this compared to previous years, a decreasing trend is observed over the various months. Supplementary feeding took place until November 2000 and some relief food trickled across the border from Ethiopia. Following FSAU training the means of data collection improved and this may explain the reduction in malnutrition observed in the year 2001 versus 2000. |
| BAY REGION | |
| Howlwadaag SRCS; Isha SRCS and Adaada IMC | All these MCH's are located in Baidoa town. The monthly average attendance for each facility is 300 children. In all these facilities, increasing trends of malnutrition are observed between March 2001 and May 2001 with a relatively high proportion of malnourished children being reported (20.2% to 33.9% in May). Bay region has been recently highlighted as one of the regions likely to experience a poor harvest. This places the region in a very precarious position in terms of food security and high risk of malnutrition. |
| Baidoa DMO | This is the referral MCH for many malnourished cases in Baidoa District since the commencement of SFP/family ration program by UNICEF/ WFP. ⁵ Among the children screened at the MCH between November 2000 and May 2001, over 45% were malnourished. This proportion may increase in the forthcoming months considering predicted poor harvest in Bay Region. |
| Bardaale SRCS | Available data indicate a stable but high proportion of malnutrition between March and May 2001. FSAU carried out nutrition surveillance training in May 2001. There is need to closely monitor the situation in the area in view of the predicted poor harvest in Bay Region. |
| Qansax Dheere SRCS | An increasing trend of malnutrition is recorded between February (33.0%) and May 2001 (43.3%). Despite the increasing trend, supplementary feeding is still ongoing at the MCH. There is need for closer monitoring in view of the predicted poor harvest in Bay Region. |
| Bur Hakaba WVI | The MCH has a monthly attendance of over 100, but there was a sharp rise in attendance in April 2001 due to distribution of high-energy biscuits during nutrition education sessions at the MCH in late March and early April. Consequently, high a proportion (62.2%) of malnutrition was reported. There is need for closer monitoring in view of the predicted poor harvest in Bay Region. |
| BAKOOL REGION | |
| El Berde IMC | Among the children screened at the MCH between January and May 2001, over 30% were malnourished. The SFP/family ration is ongoing at the MCH since February and a high attendance was observed in the successive months. |
| Hudur | Since the commencement of SFP at the MCH in November 2000, about 600 children have been screened |

SOMALILAND

S. Matu, FSAU

- A Health Information System (HIS) workshop for HIS officers and Primary Health Care Coordinators in Somaliland took place on 12th – 14th June 2001 in Hargeisa. This workshop aimed at improving the quality of the HIS in Somaliland.
- The Somaliland health coordination meeting took place on 20th – 21st June 2001. Information on the current status of nutrition surveillance in Somaliland was shared with partners in the health sector. Close supervision at health facility level and support to the overall data flow system was cited as key to success of the nutrition surveillance system in Somaliland.

Surveillance in Somaliland.

Available data indicate a relatively satisfactory nutritional condition of children in most parts of Somaliland. Although increasing trends in proportions of malnourished children are observed in many of the health facilities during the first half of 2001, the situation is generally not considered worrying.

Increase in the number of malnourished children continues to be observed in Burao Kenya MCH in Burao. In June 2001, FSAU carried out Mid Upper Arm Circumference⁶ (MUAC) assessment at the MCH. Results of the assessment revealed significant proportions of malnourished children. Of the total children screened, 10% were moderately malnourished (MUAC; ≥ 11.0 - < 12.5 cm), while 12.5% were at risk of acute malnutrition (MUAC; ≥ 12.5 - < 13.5 cm). This data tallies with the nutrition data generated from the health facility for the same month. At the health facility level, the causes of malnutrition have been mainly related to diarrhoea and poor weaning practices. Based on this, there may be need for a more detailed study to determine the exact proportion of malnourished children and the causes of the same in Burao town.

NUTRITION SURVEY IN HARGEISA

S. Matu, FSAU

During June 2001, UNICEF, MOHL Somaliland and FSAU carried out a nutrition survey in resettlement camps in and around Hargeisa town, populated mostly by returnees from refugee camps in Ethiopia. The preliminary results indicate malnutrition rates that are suspected to be significantly higher than those of the settled population and observations by the survey team, that included nutritionists, suggest that the general welfare and nutritional status of the population in some of the settlements is very poor. Results of the nutrition survey are expected later this month.

Case Study

For most returnees, life back home is quite challenging. There is the need for a place to settle on, a means of livelihood to meet basic needs, shelter and water among others. On repatriation each person gets a food ration (wheat grains; cooking oil and pulses) to last for nine months; two blankets; one plastic sheet; two plastic jerry cans; a cooking pot and US\$45 to facilitate onward transit.⁷ However, for most returnees especially those settled within resettlement camps, obtaining a means of livelihood is not easy. This certainly has an impact on their basic needs e.g. dietary patterns and access to health services. A case in point is that of Deeqa Mohammed.

Deeqa, married and a mother of three Abdillahi (9 years), Hodo (6 years) and Neema (2 years), lives in Awe Aden resettlement camp in Hargeisa town. The family lives in a tin walled Somali hut with a plastic sheet for a roof. In the camp, the main water source is a water kiosk where the family has to pay SL.Sh 200 for 20 litres of water. On average the family uses 60 litres of water per day.

Neema is severely wasted and has been ill for the last two weeks. No medical help has been sought due to lack of money for the cost-sharing fee charged in most health facilities. However, Deeqa had managed to beg for some medicine in one of the pharmacies in town to give to the child. At the time of the visit, the child was still unwell.

SACB NUTRITION WORKING GROUP

Among other issues, the group raised the issue of the need to improve understanding of the role of nutrition surveys in Somalia. In many areas and among many partners, the association between nutrition surveys and relief food interventions is strong. The tendency to undertake nutrition surveys only in 'vulnerable' populations or at times of increased stress has diminished our ability to understand the chronic underlying factors affecting nutrition in Somalia.

WEBSITES

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

WHO Emergency and Humanitarian Action Website. <http://www.who.int/eha/disasters>

PFEDA. http://www.univ-lille1.fr/pfeda/Ethiop/Field_e.htm

UN Somalia. <http://www.unsomalia.org/unsomalia/>

ReliefWeb. <http://www.reliefweb.int/w/Rwb.nsf/vLCE/Somalia?OpenDocument&StartKey=Somalia&Expandview>

WORKSHOPS, MEETINGS AND TRAINING COURSES

- ❑ **Second Counselling Conference.** Safari Park Hotel, Nairobi, 4th-6th September 2001. Contact Kenya Association of Professional Counsellors. Email: Nairobi@kapc.or.ke.
- ❑ As part of its Short Course Series, the Regional Centre for Quality of Health Care (RCQHC) Institute of Public Health, Makerere University, Kampala, Uganda is offering the following courses: (i) **'Improving Quality of Care: Foundations in Economic Evaluation'**, 16-20 July, 2001 and (ii) **'Improving Quality of Care: Foundations in Facilitative Supervision'** 27-31 August, 2001. For details contact Sheila Magero (Course Administrator). Email: mail@rcqhc.org
- ❑ **Nutrition in Emergencies.** Three day course in England. Email: info@ihe.org.uk. Website: www.ihe.org.uk

RELEVANT PUBLICATIONS

- ❑ **'Nutrition Manual for Field Workers in Somalia'**, and **'Buugga Nafaqada Ee Loogu Talagalay Shaqaalaha Goobta Dalka Soomaaliya'**, Somali and English language nutrition manuals. Produced by and available from FAO Somalia.
- ❑ **'The Household Economy Approach'**, A Resource Manual for Practitioners. Save the Children. 2000.
- ❑ **'The Management of Nutrition in Major Emergencies'**. Produced by WHO with contributions from UNHCR, IFRC and WFP and published in late 2000. Available from WHO.
- ❑ **'Maternal Health Services'**. Guidelines for qualified Health Personnel. UNICEF Somalia 1999.
- ❑ **'Somalia Standard Treatment Guidelines and Rational Use of Drugs at the PHC level'**. Volume I and II. WHO. 1998
- ❑ **'Field Exchange'**, a quarterly publication produced by **The Emergency Nutrition Network**. Aims to improve emergency food and nutrition programme effectiveness by providing a forum for exchange of ideas and keeping field staff up to date with current research and evaluation findings. For further details contact foreilly@tcd.ie or visit the website at www.tcd.ie/enn.

RECENT REPORTS

- ❑ **'Nutrition Update'**, Issued in February, March, April, May & June 2001. Contact FSAU for copies.