



Food Security
Assessment Unit

NUTRITION UPDATE



Food and Agriculture
Organization of the
United Nations

July 2002

OVERVIEW

Northern Gedo districts as well as Garbaharey and Burdhubo remain critically food insecure with insecurity continuing to be a significant impediment to the delivery of the most basic supplies and services. Access by humanitarian organisations to northern Gedo is still limited, although significant improvement was noted in June, with CARE Somalia successfully distributing food in Elwak, Belet Hawa and few parts of Dolow. Significantly, food distribution in Luuq and most parts of Dolow has not been possible for the third consecutive month. Garbaharey and Burdhubo also remain inaccessible to humanitarian operations. Resettlement of about 2,300 refugees from Mandera to Dadaab refugee camp has taken place in Kenya since mid June 2002.

With major food security, security and health care provision challenges, southern Somalia continues to manifest high levels of malnutrition as revealed in the Belet Weyne District nutrition survey. The results are even more worrying for a district whose food security prospects are forecasted to decline further in the coming months.

In Somaliland, relatively low levels of malnutrition have been recorded in predominantly pastoral populations still experiencing the adverse effects of the livestock ban, a further indication that the high rates reported elsewhere in Somalia can never be considered 'normal'.

In this issue of 'Nutrition Update';

<i>Gedo region, update</i>	Page 1 & 2
<i>Belet Weyne nutrition survey, Hiran</i>	Page 2&3
<i>Haud of Hargeisa nutrition survey, S/land</i>	Page 3 & 4
<i>Sanaag nutrition survey, S/land</i>	Page 4
<i>Update on interventions Berdaale District</i>	Page 5
<i>Update on Bay-Bakol situation</i>	Page 5
<i>Kenya Coalition for Action in Nutrition</i>	Page 6
<i>Update on status of nutrition surveys</i>	Page 6

UPDATE ON GEDO REGION

Gedo Region remains of major concern due to continuing insecurity which has significantly worsened the food security and general living conditions for the people of Gedo. Three years of consecutive drought had seriously impacted on the predominantly pastoralist population and crop failure in neighbouring regions had a negative effect on the terms of trade in Gedo. Low wages in the urban areas and weakening social support systems have also been a feature of the region recently. With humanitarian organisations facing daily challenges in the provision of the most basic services, the population was highly dependant on food aid and external assistance when the recent deterioration in security occurred. For almost three months, all humanitarian operations as well as imported foodstuffs from Mogadishu and parts of Bay have been interrupted due to armed conflict and the presence of landmines along the main roads.

Access by humanitarian organisations to northern Gedo is still limited, although significant improvement was noted in June, with CARE Somalia being successful in distributing sorghum, lentils and oil to 7,630 families in Elwak, 14,528 families in Belet Hawa and 2,861 in Dolow (Access to Dolow is undertaken indirectly through Belet Hawa villages). *Significantly, food distribution in Luuq has not been possible for the third consecutive month.* Health services in Belet Hawa District (hospital, TFC, MCH and the SFP) are operating at a basic level¹ and only a few villages are served by outreach teams. The number of beneficiaries in the Belet Hawa TFC has declined from about 60 in early June to 27 by 2nd July with many of the severely malnourished defaulting or currently attending the TFC in nearby Mandera town in Kenya.

In the neighbouring district of Mandera in Kenya, humanitarian assistance is now available to the estimated 3,000-4,000 Somali refugees in 'BP1 camp'. It is also estimated that 7,000 refugees from Gedo live in Mandera with relatives or in rented accommodation. As at 4th July, 2,320 people had been relocated to Dadaab Refugee camp in Kenya and registration was still in progress. Many of these refugees are resorting to begging and are reported to be experiencing significant hardships including inadequate shelter. A high prevalence of communicable diseases such as respiratory infections and diarrhoea has been reported. Gedo Health Consortium is assisting the refugee population in Mandera with primary health care services and Trocaire is supporting water and sanitation related activities. In June UNHCR provided drugs (800kg) to Ministry of Health, Mandera Kenya, to assist in dealing with the increased demands of the refugees. In Mandera, approximately 40% of the 153 severely malnourished at the MSF therapeutic feeding centre at the beginning of July were from Somalia.

On 3rd July, UNHCR/GHC conducted a quick assessment in the 'BP1 refugee camp' with the intention of establishing the risk of malnutrition. Out of the total 602 children screened, three (0.5%) had MUAC measurements less than 11.0cm while 39 (6.5%) had MUAC measurements between 11.0 cm and 12.4cm. It is worth noting that some of the children from the 'BP1 camp' had already been admitted into the TFC and therefore were not included in the UNHCR/GHC assessment.

¹ Supported by Gedo Health Consortium (GHC) and UNICEF.

MSF-Spain has now established three wet supplementary feeding centres (SFC) targeting moderately malnourished children irrespective of nationality. Within the first ten days of BP1 wet SFC, the beneficiaries had increased from 38 to 138 and were mainly refugees from the nearby temporary refugee camp (all the severely malnourished children identified in the normal SFP operations were referred to the TFC). These supplementary feeding centres also serve as follow-up points for the children exiting the TFC. OXFAM with support from UNHCR also plans to start dry ration supplementary feeding programme in Manderla targeting a similar group. Beneficiaries in the wet supplementary feeding are expected to drop with the commencement of the dry SFP operations.

For the population of Gedo, the immediate priority remains the resumption of adequate humanitarian aid, primarily but not only food aid and health services. Adequate security in the region is the prerequisite for this.

BELET WEYNE DISTRICT, HIRAN REGION. PRELIMINARY RESULTS OF NUTRITION SURVEY

With an estimated population of 120,000 people (WHO 2001 population figures), Belet Weyne is the most highly populated district in Hiran region. It is located along the Shabelle River, 315km northeast of Mogadishu, with Bakool region to the west, Mudug to the north, Middle Shabelle to the south and Ethiopia to the northeast. About 50% of the population are agro-pastoralists, 30% are pastoral (mainly keep camels and shoats), 10% are riverine (sorghum, maize and cattle) while the rest are dependant on urban activities.

With exception of the 2000 seasons, Belet Weyne District has had below normal rainfall since 1999. Pasture development, water availability and livestock condition deteriorated. Water levels in the wells and river remains low and is shared with livestock leading to contamination. Between 2001 and 2002, a large number of livestock had also migrated to southern districts of Hiran and Shabelle in search of water and pasture. Milk production and consumption was reduced. The recurrent inter-ethnic feuds have also negatively affected food security. The Gu rainfall, which was relatively good in April 2002, is now considered to be patchy and in general, less than average. The high-potential sorghum producing area around Belet Weyne town had insufficient rain for growth after germination. Consequently the prospects of crop production in Belet Weyne are below normal. However, the terms of trade for both pastoralists (livestock to grain) and the poor (labour rate to grain) remain favourable.

Between 9th May and 19th May 2002, UNICEF, IMC and SRCS conducted a nutrition survey in Belet Weyne District. The survey aimed to determine the nutritional status of children aged 6-59 months or measuring 65-110 cm and to identify significant influencing factors. A total of 905 children were surveyed using a two-stage random cluster sampling methodology. Weight-for-Height indicator was used to determine the nutritional status. Other information collected during the survey included the prevalence of common child illnesses, as well as the immunisation status of children. The preliminary results of the survey are presented in the table below.

The preliminary results indicate a high global acute malnutrition rate of 21% and a severe acute malnutrition rate of 2.7%. The results indicate a rise in malnutrition rates since the last survey in April 2000 when a rate of 17% GAM using Z-scores was recorded.

Other information collected on immunisation status during the survey indicate that of the children aged 12-23 months, only 22% had been vaccinated against measles. The results further indicate that about 82% of the children were provided with Vitamin A supplements. The immunisation results in themselves require further investigation. It is further reported that within the two-week period prior to the survey, about 16% of children had diarrhoea, 19% had acute respiratory infection and 12% had malaria. Another 5% reported having had measles during the month prior to the survey. The analysis of potential risk factors indicate significant statistical association between diarrhoea, ARI and malaria and malnutrition (children suffering from these illnesses two weeks prior to the survey were more likely to be malnourished). Over half (54%) of the 6-23 months old children were not breastfeeding at the time of the survey. About one quarter of these children stopped breastfeeding by the time they were six months old with a large majority (96%) given complementary feeds in their first three months of life. Results also note that at least three-quarters of respondents draw water from unprotected sources (open wells and stream), a further negative influence on health and nutritional status.

The survey results show that households in Belet Weyne district obtain their livelihoods by combining purchases and own crop production - about two-thirds of the households rely on purchase for their food source while one quarter depends on crop production. Income is mainly derived from casual work (39%), small businesses (23%) and sale of crops (19%). Coping strategies during times of stress revolve around borrowing (39%), purchases (24%) and livestock (16%).

Nutrition status	Proportion
Global Acute Malnutrition (GAM)	21% ²
Weight for height <-2 z-score or oedema	95% C.I. 18.4-23.8
Severe Acute Malnutrition	2.7%
Weight for height <-3 z-score and/or oedema	95% C.I. 1.7- 4.0
Oedema	0.2%
Measles immunization (12-23 months old)	22%
Vitamin A supplementation	81.7%
Children with diarrhoea in the past two weeks	16.4%
Children with acute respiratory infections in the past two weeks	18.7%
Children with malaria in the past two weeks	11.5%

² Global malnutrition rate is the total rate, so the proportions shown for severe malnutrition and oedema are included in this number.

Currently, IMC, SRCS and community based organisations, with support from UNICEF, provide basic primary health care services in Belet Weyne District through MCHs, health posts and EPI outreach services. SFP activities existed until around April 2001. CARE also continues with its Food for Work activities in the district.

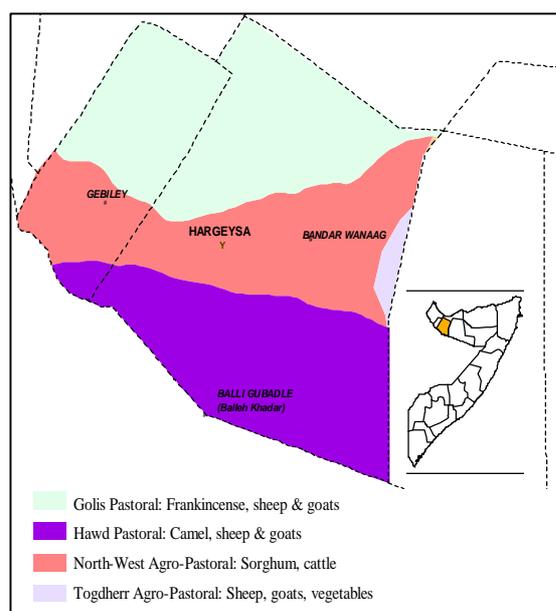
Analysis of the results of the Belet Weyne nutrition survey suggests that the high malnutrition rates are related to inadequate access to clean water, inadequate childcare practices in addition to frequent episodes of diseases and inadequate food access and availability. The sporadic inter-ethnic tensions in Belet Weyne have also offered additional challenges to humanitarian operations in the district. Further analysis is to be undertaken before reaching conclusions and recommendations. However, the results certainly indicate the need for a multi-sectoral approach to addressing malnutrition in Belet Weyne.

HAUD OF HARGEISA, SOMALILAND. RESULTS OF NUTRITION SURVEY

The Haud of Hargeisa is a rangeland area comprising of Balley-Gubadley and Salahley Districts (see map), the eastern side of which is currently experiencing water and pasture shortage. During normal times, proximity to Hargeisa town favours the pastoralists and agro-pastoralists in terms of sales from their produce. Between 50 and 60 % of their income normally come from milk sales, particularly in the Gu season. Other basic income sources of the people in this area are livestock sales, sale of *khat* and bush product collection. To cover their deficits in hard times, both poor households and middle income families increase charcoal burning activities by up to two folds.

In the 2002 Jilaal and part of Gu seasons, the food security indicators like pasture, water, livestock production (meat and milk), terms of trade and job opportunities were considered to be below normal. The Gu rains delayed resulting in a negative impact on crop and pasture growth. There are now poor prospects for the cereal production in the current Gu season. Accordingly, the main livelihood source for the community remains livestock, which has however, been compromised by the continued livestock ban. Compared to most parts of Hargeisa region, the area receives very little flow of foreign exchange thus diminishing the avenues for coping with difficulties. The poor pastoral households are likely to be affected most.

Berkads, the main water source in the area are currently drying and water prices have started rising. Cereal prices have also increased recently due to the absence of deliveries from the closed down refugee camps in Ethiopia as well as inadequate crop production in the 2001 Gu and Deyr seasons. Currently 50kg of wheat grain costs 60,000 SL.Sh. up from 30,000 SL.Sh May 2001. Population movement to nearby major centres like Hargeisa, Gebilay and Berbera has also been noted. The Haud of Hargeisa has two MCH/OPD situated in Balley-Gubadley and Salahley with additional health posts in Gumburaha, Gummar and Bulo Abbare.



A two stage random cluster sampling methodology was used to select 904 children for a nutrition survey conducted between 22nd and 31st May 2002 in the two districts of the Hargeisa Haud. The survey was jointly carried out by FSAU, MOHL and UNICEF and aimed to establish the level of malnutrition as well to establish some of the factors affecting nutrition in the region. The preliminary results of the survey indicate a global malnutrition rate of 8.6% and a severe acute malnutrition rate of 1.4%, as summarised in the table. The incidence of common childhood diseases was relatively low with only about 3% of the surveyed children having had malaria infection in the two weeks prior to survey. Measles and acute respiratory infections were reported to be about 15% and 10% of the children had diarrhoea two weeks prior to the survey. A relatively high proportion (62%) of children received Vitamin A supplementation six months prior to the survey. However, the measles immunisation coverage was low at around 22%. Slightly more than half of the children in Haud (52.1%) have received three doses of polio immunisation vaccine. Access to good sanitary facilities was poor with less than one-fifth of the households reporting the use of toilets.

Although the area has invariably faced the negative effects of livestock ban as well occasional localised rainfall failures, the

Nutritional indicators and some related characteristics of the study population		
	Proportion	No.
Total malnutrition (W/H<-2 z score + oedema)	8.6% (C.I. 6.9-10.7)	78
Severe malnutrition (W/H<-3 z score + oedema)	1.4% (C.I.0.8-2.5)	13
Children with acute respiratory infection in past two weeks	15.1%	136
Children with diarrhoea in past two weeks	9.5%	86
Malaria in the past two weeks	3.4%	31
Measles cases in the past two weeks	14.9%	134
Vitamin A supplementation in past 6 months	62.2%	562
Measles immunisation	21.5%	194
OPV coverage in April 2002	85.1%	769
Received at least three doses of OPV in last one year	52.1%	470

population has managed to effectively cope. This has partly been due to presence of adequate pasture in most parts of the region or otherwise in nearby Zone 5 Region in Ethiopia. Food security of the residents has therefore been quite stable. Consequently the relatively low levels of malnutrition recorded in the survey are consistent with expectations. However, as negative effects of rainfall failure and cumulative effects of poor cropping and water inadequacy take their toll deterioration of food security situation may occur. Coupled with the continued livestock ban, Haud of Hargeisa will still be an area requiring close monitoring. The poor pastoralists with minimal numbers of livestock will soon find it extremely difficult to cope giving way to a threatened welfare status.

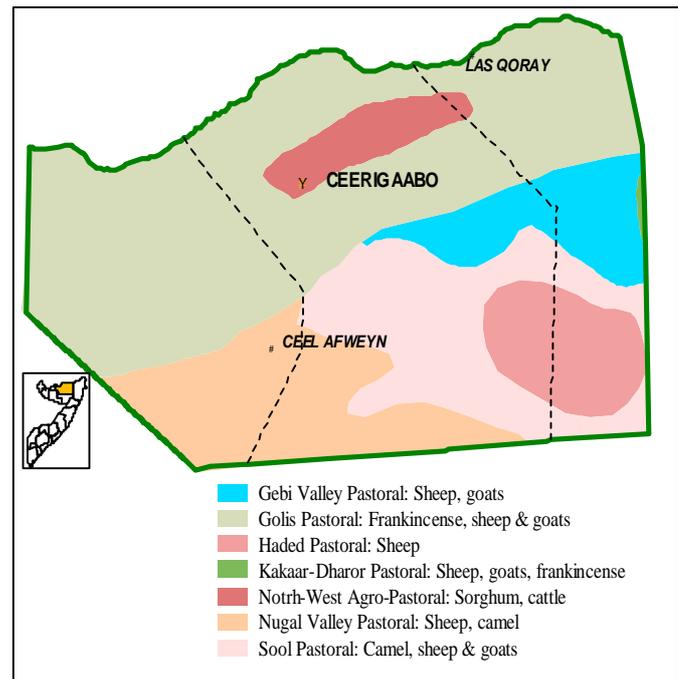
Further analysis is being carried out by the partners after which conclusions and recommendations will be made.

SANAAG NUTRITION SURVEY

Sanaag region has undergone successive poor rainy seasons with both the 2001 Gu and Deyr rains considered poor. This culminated into acute water and pasture shortage with resultant deaths of animals of all species in early 2002. Severely affected geographical zones have been Sool plateau, Hadeed, Banadde and Gebi Valley. Some key pastoral livelihood indicators e.g. pasture, livestock production and reproduction rate reduced to abnormally low levels and the herd size of pastoral households reduced significantly, many to unsustainable levels. The Gu 2002 rains were not significantly better and remained scattered and intermittent throughout the region. Consequently, there has been early drying up of pasture and water points. Sporadic insecurity incidences in Sanaag region have also curtailed humanitarian operations.

Coping strategies of this population are now stretched owing to cumulative effects of the 'livestock ban', rainfall failures, decline in social support and the ever increasing environmental degradation. Consequently, the food security situation of the Sanaag population has been very fragile and close monitoring continues.

Between 8th and 18th May 2002, UNICEF in collaboration with Ministry of Health and Labour (MOHL) and FSAU conducted a nutrition survey in Sanaag region of Somaliland aimed at determining levels of malnutrition among children aged 6 to 59 months as well as establishing factors with potential influence on nutritional status of children. A total of 900 children were surveyed using a two-stage cluster sampling methodology.



Preliminary results indicate a total acute malnutrition (wt/ht using z-score <-2 excluding oedema) of 10.4%. Severe acute malnutrition (wt/ht z-score <-3 excluding oedema) was 1.7% while oedema was 3.3%. If confirmed, the high proportion of severe malnutrition presenting as oedema reported during the survey requires further understanding and needs to be addressed with great urgency.

The incidence of respiratory infection and diarrhoea in young children is high indicating both a cause of further malnutrition, deterioration in nutritional status of children already malnourished and an increased vulnerability to disease. The findings also show that over 40% of the households seek help from avenues other than through the health service system. Instead the households cite Qoran or use herbs when sick.

Immunisation coverage in the region was below what has been reported in surveys in other parts of Somaliland with measles coverage at less than 20% and vitamin A supplementation among the surveyed children at less than 50%.

Other qualitative information and additional analysis pointed towards problems of access to clean water, utilisation of health services and child-care practices. Open wells and Berkads were the main (44% and 22% respectively) sources of water for both animal and human consumption. About two-thirds of the households do not have toilets. Over two-thirds of the households indicate sourcing their food through purchases with less than 20% of the households reporting obtaining their foods from animal sources.

As noted here, healthcare coverage; water quality and availability; disease prevention; adequate food accessibility and even breastfeeding practices in the region are below per in the region. It is also notable that Sanaag has experienced repeated episodes of rain failures.

Further analysis and formulation of recommendations is expected to be completed soon.

BERDAALE NUTRITION SURVEY FOLLOW UP

Following the completion of analysis for Berdaale nutrition survey, a number of action points were highlighted to address the high malnutrition rates (17% and 3.5% for global and severe respectively). Already, WFP and UNICEF have responded with the resumption of supplementary feeding through the MCH and supply of family ration to households with malnourished children. IMC is negotiating for a multi-partner regional TFC which will also benefit severely malnourished cases in Berdaale. Some of the recommendations proposed and probable agencies to take action include:

- ? Intensify the ongoing food for work: *WFP*
- ? Supplementary feeding programmes/family ration through the MCH. Operations resumed by *WFP and UNICEF plus the implementing partner (SRCS)*.
- ? Primary healthcare services to all the main villages of the district need to be considered: *IMC and SRCS*.
- ? Emphasis on health and nutrition education component at the MCH level: *SRCS and IMC*.
- ? The international community made aware that, though Berdaale is in a high potential agricultural area, it has been unfortunate climatically and has vulnerable population that needs attention: *FSAU/ SACB*.
- ? There is need for intensified nutrition and disease surveillance in the district: *FSAU/IMC/SRCS/UNICEF/WHO*.
- ? Food processing and preservation technology need to be employed and made available to the community to improve storage of food during good harvest season. *FAO*
- ? Intensified food security monitoring: *FSAU*

UPDATE ON BAY AND BAKOOL SITUATION

Preliminary predictions suggest poor Gu crop prospects in most parts of **Bakool Region**. Wilting of the crops in some areas (parts of Huddur and Tayeglow Districts namely El Garas, Gudo, Abaqbedey and Dudumaley) has already been observed with some families already utilising the wilted crops for animal fodder. However, crop production prospects in Madyato and Dhaah area (part of Waajid District neighbouring Rabdure District) and parts of Huddur still look good.

Currently, livestock production is low in the region as a result of continued poor pastures and inadequate water availability. Consequently, movement of livestock within the region in search of water and pasture has been witnessed in the recent past. Milk and cereals prices show an upward trend. For example, a litre of milk is currently selling at Ssh 4,000 compared to Ssh 3,000Ssh/litre in April 2002. Between May and June 2002, a 50kg bag of sorghum increased from Ssh 80,000 to Ssh 100,000 and 50kg of maize increased from Ssh 95,000 to Ssh 105,000. The increases in cereal prices can also be explained by the reported increasing sales to the Zone 5 of Ethiopia through El Berde.

Nutrition interventions involving supply of blended supplementary food and systematic treatment of malnourished children combined with family ration to families with malnourished children implemented in the region by IMC, WFP and UNICEF continue to provide assistance to the residents of Bakool. Data from health facilities in the region (see graph) indicate high numbers of malnourished children between October and December 2001. Rabdure District recorded the highest numbers of beneficiaries (over 800), an observation partly attributed to admission of some children from the neighbouring Waajid District.

However, the onset of the 2001 Deyr rains offered some relief to the population as is reflected by some reduction in the number of cases from January 2002 to date. In March 2002, IMC closed two outreach/distribution points as the number of beneficiaries from these areas had substantially reduced. Severely malnourished and suspected kala-azar patients are still referred to the MSF Therapeutic feeding facility at Hoddur Hospital.

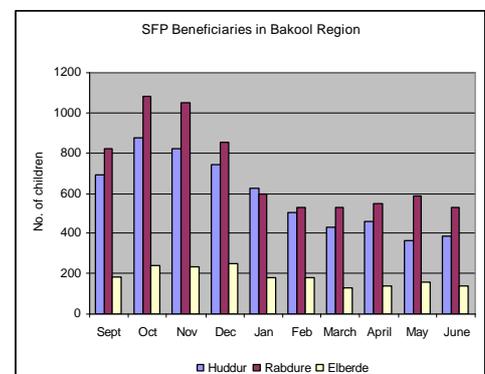
However, the need for close monitoring of the food security situation (especially for poor wealth groups) in light of the poor prospects of the Gu crop remains paramount.

The nearby **Bay Region** is, however, relatively stable in terms of food security following the good 2001 Deyr harvest. Both pasture and crop conditions are currently good. Milk is readily available. Areas that initially faced food insecurity within the region like Berdaale are in the recovery process.

Nutrition interventions are also continuing in the districts of Baidoa, Berdaale, Qansax Dheere and Dinsor targeting malnourished children. Like Bakool, numbers of beneficiaries registered at the supplementary feeding centres in the region slightly reduced between November 2001 and March 2002.

Of interest in the subsequent months is the outcome of analysis and documentation of the nutrition intervention in Bay/Bakool Regions. UNICEF is currently taking the lead in this analysis and documentation.

Short-term interventions in Bay and Bakool undoubtedly reduce mortality but are unlikely to reduce the consistently high levels of malnutrition seen throughout these regions in recent years. Longer term Intersectoral approaches are desperately needed to address the basic underlying issues that cause this malnutrition.



KENYA COALITION FOR ACTION IN NUTRITION (KCAN)

Born in the year 2000, the Kenya Coalition for Action in Nutrition (KCAN) with financial and technical support from LINKAGES (a worldwide project funded by USAID), is a non-political, multidisciplinary coalition of individuals, organisations and agencies dedicated to promoting good nutrition for all Kenyans through advocacy, networking and resource mobilisation. The main aims of KCAN are: to advocate for the creation of environment where nutrition is a key development issue; to mobilise the government, NGOs, the private sector, donors, and other stakeholders to increase resources allocated to sustainable nutrition programmes; and to facilitate networking, provision of technical expertise and assistance to those undertaking policy, research and programming in nutrition.

Barely three years since its inception, KCAN has positioned itself as a formidable force in spearheading key nutrition issues in the country with strategic partnerships and membership status with government, inter-governmental as well as UN organisations. KCAN had also undertaken to participate in various key fora where key policy statements are discussed at both regional and country level. Issues already followed by KCAN include contribution at the on-going debate on importance of good nutrition for HIV/AIDS management, breastfeeding and HIV/AIDS, sourcing for resources for some nutrition related projects in the country etc.

For further information about the Coalition, please contact e-mail: Nutrition@cafs.org.

NUTRITION SURVEYS

Dates		Area	Organisations	Status July 1, 2002
February	Puntland	Galgayo	UNICEF	Report circulated.
6 th April	South	Burkhaba-Bay	World Vision	Analysis in progress
6 th April	South	Waajid-Bakool	World Vision	Analysis in progress
10 th May	Somaliland	Sahil	FSAU/MOHL/UNICEF	Report available.
13 th May	South	Berdaale-Bay	IMC/FSAU/UNICEF	Report available
18 th May	Somaliland	Sanaag	UNICEF/MOHL/FSAU	Report available
22 nd -31 st May	Somaliland	Haud of Hargeisa	FSAU/MOHL/UNICEF	Draft report available
19 th May	South	Belet Weyne-Hiran	UNICEF/IMC/FSAU/SRCS	Draft results presented
22 nd June- 2 nd July	Puntland	Bosasso IDP Camps	UNICEF/MOSA/FSAU	Analysis on-going
August-October	Somaliland	Hargeisa Resettlement areas	UNICEF/MOHL/FSAU	Planned
To be re-scheduled	Somaliland	Sool	UNICEF/MOHL/FSAU	Planned
July	Puntland	Alulla and Iskushuban	UNICEF/MOSA/FSAU	Planned
August	South	Rabdure-Bakool	UNICEF/IMC/FSAU	Planned
November	Puntland	Galdogob	UNICEF/MOSA/FSAU	Planned
June-August	Somaliland	All regions (IDD)	UNICEF	Planned
October - December	South	All regions (Anaemia & VAD)	UNICEF	Planned

WEBSITES

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

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

The two monthly publications of FSAU 'Nutrition Update' and 'Food Security Report' are available on the UN Somalia website. www.unsomalia.org.

RECENT REPORTS

- ⚡ **Monthly Food Security Report for Somalia, FSAU.**
- ⚡ **Gedo Region. FLASH. FSAU**



Physical address: Peponi Plaza, (Block C), Peponi Road, Westlands, Nairobi.
 Postal address: PO Box 1230, Village Market, Nairobi
 Telephone: +254-2-3741299, 3745734, 3748297. Fax: 3740598
 General email: fsauinfo@fsau.or.ke
 Comments and information related to nutrition: Noreen.Prendiville@fsau.or.ke