



Food Security
Analysis Unit
fsauinfo@fsau.or.ke

MONTHLY

NUTRITION UPDATE



Food and Agriculture
Organisation of the
United Nations
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OVERVIEW

During June, nutrition surveillance activities in Somaliland and Puntland have been intensified with additional support provided in the form of feedback, follow-up and training. By the end of June results of surveys from urban areas of both Hargeisa and Bossaso should be available. In general, an increase in the proportion and numbers of malnourished children presenting at health facilities has been noted throughout Somalia. In most cases, these numbers are still lower than last years average. The notable exception to this is Gedo where numbers have been consistently high in some areas since surveillance activities commenced over three years ago.

With an increasing number of reliable reports now available from health facilities throughout Somalia, partners are invited to make requests for graphic reports of the trends in malnutrition in their project areas.

As in the last issue of 'Nutrition Update', we welcome a contribution from ACF and would like to encourage other partners to make contributions to the publication.

NUTRITION SURVEILLANCE

FSAU continues to support the collection and analysis of nutrition related information in health facilities throughout Somalia. By the end of May 2001, FSAU nutritionists had trained at least two staff at each of seventy-six facilities. The rate of inclusion of new facilities has now slowed down significantly as centres in more insecure and difficult to reach areas are targeted. For example, before health facility personnel in Lower Juba (including Kismayo) were finally included in the training, two previous efforts were aborted at the last moment because of insecurity.

In June, the first round of revisits to reporting facilities will be undertaken. Feedback to primary information providers, supervisors, health authorities and supporting organisations will be provided using graphic printouts of data from each location. It is hoped that better understanding of the trends will be gained along with explanations for seasonal influences on malnutrition at local level.

| <i>Update on status reporting and training</i> | | | | |
|--|-------------------|-----------------|----------------------------|--------------|
| | <i>Somaliland</i> | <i>Puntland</i> | <i>South & Central</i> | <i>Total</i> |
| <i>Health facilities identified</i> | 24 | 20 | 80 | 124 |
| <i>Facilities where FSAU training undertaken</i> | 12 | 19 | 45 | 76 |
| <i>Centres reporting - January-March 2001</i> | 6 | 17 | 59 | 82 |
| <i>Reports received for April 2001</i> | 6 | 16 | 30 | 52 |

The improvement in the quality of data has improved significantly since training has commenced. However, although the flow of data from health facilities to FSAU Nairobi database is improving, excessive time and resources are required to maintain even the minimal level of data flow to the database at FSAU. Ultimately, FSAU aims to have the complete set of reports from all reporting centres.

SURVEILLANCE UPDATE for PUNTLAND

B. Owadi, FSAU

Puntland has been repeatedly highlighted as one of the vulnerable areas in Somalia as a result of inflation and the livestock ban. Although this ban has now been partially lifted, the positive impact is likely to be minimal. The consequences of the ban are far-reaching and may continue to be experienced. Recent analysis of nutritional surveillance data indicates some upward trend in malnutrition rates in almost all the reporting facilities, suggesting that the combined effects of the ban and inflation witnessed in the recent past is taking its toll in people's welfare. Out of twelve SRCS facilities whose reports were analysed for the months of February to May 2001 in the region, eight indicated an increase (though a slight one) both in number and in percentage prevalence of malnutrition.

Although this health facility data is not a random representation of the population, it provides an indication of general trends and prompts analysis of the changing situation by both health facility staff and others receiving the reports. Among children presenting at health facilities malnutrition prevalence has risen from an average of around 10% in the



February-April period to around 13% in May 2001. Although these rates are still low when compared to previous years whose average had been >16%, the trend will be closely monitored. The fact that these facilities are fairly well distributed in Puntland, also means that the rising trend is not limited to urban centres alone but is a widespread phenomenon even in rural areas of Puntland.

Showing a more marked increase in prevalence of malnutrition are MCHs located in the rural pastoral areas like Badweyn, Kalabeyr, Eyl and Hasbahale. While Badweyn had a total malnutrition prevalence of less than 10% in February 2001, the rate rose to around 20% in the past two months. Prevalence in Eyl MCH also rose from a low of around 10% in February 2001 to a high of about 27% in April this year. With a relatively stable attendance of 60 children per month, Kababeyr had been recording an average of two malnourished children per month in the previous 3 months, but the figure had risen to 7 at the end of May. In Hasbahale, the attendance has been on the decline in the previous three months, an observation that could mean that the pastoralists may not be presenting their children at the facilities, as families may be moving in search of food and/or pasture.

BOSSASO SURVEY

B. Owadi, FSAU

The welfare of Internally Displaced Persons (IDPs) and urban poor in Puntland and Somaliland is thought to have been negatively affected by the local currency devaluation and the livestock ban. Consequently the demand for an accurate assessment of the welfare and nutritional status of the population in Bossaso has been high for some time. The IDP population in Bossaso is currently facing the annual hot and windy season, which is associated with low port activities, movement of the settled population out of Bossaso to cooler areas and a further decrease in employment opportunities. Along with an examination of issues affecting household economy, analysis of the nutritional status of the population will have to examine the likely impact of early childhood care practices as a previous nutrition survey in May 2000 had found sub-optimal breastfeeding and generally poor feeding practices including high prevalence of bottle-feeding in IDP camps. Sanitation issues are also a cause of concern.

In May 2001, UNICEF in collaboration with MOSA conducted a nutrition survey among the IDP camps of Bossaso in which a sample of 595 children under the age of five was measured. Although preliminary results indicate that malnutrition rates do not differ significantly from the survey undertaken in Bossaso IDP camps in May 2000, further analysis has to be undertaken.

SURVEILLANCE IN SOMALILAND

S. Matu, FSAU

Efforts of FSAU in collaboration with UNICEF and the Ministry of Health and Labour (MOHL) to establish a working nutrition surveillance system in Somaliland are beginning to yield fruits. The flow of data from health facilities is improving and the quality and reliability of this data has greatly improved following nutrition surveillance training. The available data indicates relatively lower rates of malnutrition for the current year when compared to previous years for the same health facilities.

A nutrition survey by UNICEF in collaboration with FSAU and MOHL is currently underway in the resettlement camps of Hargeisa town. The survey sample will include children aged 6 – 59 months and aims to determine their nutritional status. Health and food security issues will be examined in the analysis and interpretation of the results.

To improve the quality of the Health Information System in Somaliland, a training workshop for HIS officers and Primary Health Care Coordinators has been organised by WHO and is scheduled for 12th – 14th June 2001 in Hargeisa. Training will be undertaken by WHO and FSAU.

SUPPORT TO HEALTH FACILITIES IN SOMALILAND

S. Matu, FSAU

Attaining the highest possible health status and social well being of the individual family and the community is the overall goal of the Ministry of Health and Labour in Somaliland.¹ Establishing an effective Health Information System (HIS) is one tool that can help attain this goal. The HIS will help provide information on which planning, management and vital decision making in the Health Sector can be based. This includes an efficient and effective nutrition surveillance system i.e. nutrition data being accurately and regularly generated; timely monthly reports produced; formalized analysis done; appropriate contextual analysis and interpretation undertaken; and feedback given to all partners/stakeholders.

Problems of inaccurate data collection procedures; lack of data flow into the HIS; low staff morale related to inadequate remuneration and incentives; lack of resources; inadequate supervisory guidance; and lack of sufficient staff to implement all the activities of primary health care (including growth monitoring) at facilities have been cited as some of the challenges of an efficient nutrition surveillance system.

¹ The Health Policy Document: Version 1999.



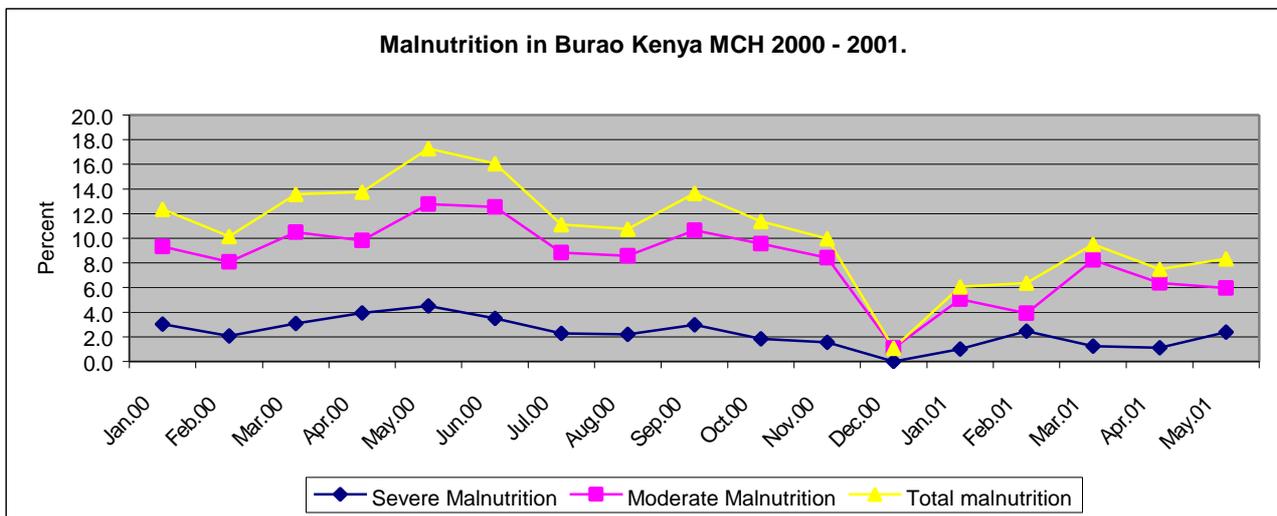
IFRC/SRCS is now supporting Sheikh MCH in Sahil region while IRC is supporting Burao Central and the Dr. Yusuf health facilities in Burao, Togdheer region. The organizations are offering diversified support including rehabilitation of health facilities, capacity building, staff remuneration, employment of additional staff, supervision of activities and supplementation of UNICEF medical kits. It is hoped that with this additional support some of the challenges highlighted above will be addressed thus contributing positively to the nutrition surveillance system.

MALNUTRITION IN BURAO, TOGDHEER REGION

S. Matu, FSAU

Food security analysts have identified Burao as one of the urban areas in Somaliland that is likely to feel the impact of the current inflation and livestock ban. In this issue, data from the main health facility in Burao town – Burao-Kenya - is reviewed and analysed.

The increased malnutrition observed in February to May 2000 was related to effects of the prolonged drought in the preceding months. Following heavy *gu* rains, water and pasture availability was good. The milk yield also increased and this may explain the decline in malnutrition trends in the successive months until September 2000 when there was a sharp increase. In July/August 2000, large-scale out-migration of livestock from Togdheer to Sheikh mountainous areas towards the north, eastwards towards Sool region and Southwards into Ethiopia was observed. Additionally, a very poor *gu* crop harvest was observed in the region. These factors coupled with increased incidences of diarrhoea and ARI among the children may account for the increase in malnutrition. The sharp decline in malnutrition in the month of December 2000 is related to a significantly low patient attendance at the health facility probably related to the period of Ramadhan.



Although the proportion of malnourished children in the year 2001 is lower than that of 2000, an increasing trend is observed over the first three months of 2001. About 6%, 6.2% and 9.5% of the total children screened in the months of January, February and March respectively were either severely or moderately malnourished. However, there is a decline in the month of April and an increase again in May. The health facility has a wide catchment area including a vast majority of the poor populations in Burao. Attendance for screening at the health facility during the first quarter of 2001 was high – an average of 450 children per month – making the observed increases in malnutrition rates quite significant.

These populations mainly rely on purchases to obtain their food. Their main source of income is linked to livestock marketing activities having their residence close to the livestock market. Burao town has the largest livestock market in Somalia, meaning that income from livestock in the form of livestock sales and employment is an important livelihood factor especially among the pastoral communities. In September 2000, a livestock ban was imposed in Somalia by the Gulf States. This certainly affected the population in various ways e.g. reduced income and employment opportunities, constraints to normal food access with reduction in quality and quantity (see FSAU Food Security Reports in April and May 2001). Considering there were certain mitigating factors in the early months of the livestock ban e.g. a good *gu* harvest in Ethiopia and continued supply of relatively sufficient quantities of milk from Sheikh mountainous areas, the nutritional status of the children was stabilizing.

SURVEILLANCE IN SOUTH AND CENTRAL SOMALIA

J. Kingori, FSAU

In Bay Region, the data from 'DMO' MCH in Baidoa town indicate an increase in attendance from an average of 50 to an average of 180 per month and subsequently an increase in proportion of malnutrition from around 17% to over 40% recorded between November 2000 and February 2001 (Majority of the malnourished children have moderate malnutrition). The high attendance was related to the joint feeding program between WFP and UNICEF, which targeted the households of malnourished children. Between February and April 2001, about 20% of the attendants were



malnourished. There was relatively low attendance at the other three MCH (Adaada, Isha and Howlwadaag) centres in Baidoa town.

There were increases in the cases of malnutrition in other MCH centres of Dinsor and Berdaale in Bay Region particularly between December 2000 and February 2001 from 20% of 180 children screened before December to 30% of a similar number in the period up to February. This was attributed to the dry Jilaal season, which led to reduction of pasture and water for animals thus triggering movement of livestock far away from some household members (mostly women and children). Though the cereals were available, lack of access to milk by women and children made them vulnerable to malnutrition. A similar trend was observed in Bakool Region, which is settled by majority agro-pastoral community like Bay.

Nutrition data from MCH centres in Gedo Region indicated high rates of moderate malnutrition. Over 40% of the attendants in the year 2000 were malnourished. There was a slight decrease in number of malnourished children who visited the Bulla Hawa MCH in January 2001. No reports were received for February and March (probably related to the episode of insecurity during which thousands of the residents were displaced). On resumption of reporting in April and May, attendance for screening has been substantially lower (around 220 children in May) but the proportion of these children who are reported to be malnourished is high – around 40%. Supplementary feeding supported by UNICEF and the Gedo Health Consortium continues at Bulla Hawa. The area has experienced dry weather conditions, which has led to movement of livestock out of the area due to lack of pasture and water. According to January 2001 data, there was a slight decline of cases of malnutrition in Bardhere MCH (South Gedo) just before the withdrawal of UNICEF sponsorship to the MCH.

In Lower and Middle Shabelle Regions the malnutrition among the children attended at the MCH have stabilized at a high level. The data from Balad and Afgooye MCH centres indicate that over 30% of the children screened at the MCH between January and April 2001 were malnourished. This was higher than the year 2000 level over the same period. However, in both periods the severe cases of malnutrition were quite minimal. Training on nutrition surveillance is yet to be conducted in Lower Shabelle health facilities.

In the IMC managed Belet Weyne MCH in Hiran Region, malnutrition rates among children screened between January and March 2001 were relatively high at over 40% of 100 per month. There was a sharp increase in malnourished cases between March and April 2001 to 60% of 150 children screened per month. This is probably related to lower agricultural production caused by high labour costs which consequently reduced food availability at the household level.

NUTRITION SCREENING IN EL WAK

J. Kingori, FSAU

In the last Nutrition Update, we described a nutrition survey and causal analysis that was undertaken in El Wak, Kenya showing a high global malnutrition rate of 28.1% W/H < -2 Z-scores and/or oedema. At the time, little information was available on El Wak, Gedo Region, Somalia and concern was raised that the situation could be equally poor on the Somalia side of the border. Following this analysis, FSAU met with Care and Soma-Action (a local NGO) and undertook a field visit to develop an understanding of the situation in the area.

El Wak District, Somalia has experienced low rainfall with a resulting negative impact on condition of camels and cattle, the main source of livelihood in the area. The shortage of pastures has resulted in the movement of livestock outside the district to Middle and Lower Juba Regions of Somalia and Takaba Division in Mandera District, Kenya in the company of male household members, thus leaving behind women and children. Some targeted households receive sorghum monthly from CARE through Soma-Action who identifies families of malnourished children and other socially disadvantaged groups. Maize is distributed through relief programmes in the neighbouring Mandera District of Kenya and some of this becomes available in the El Wak Somalia market. The district has a combined total of twenty-one operating shallow wells and water catchments. One borehole is located at Damasa village. All these water points have saline water. People travel for long distances to fetch water for both domestic and livestock use. Lack of access to high quality food, water and health services exposes the population to the risk of malnutrition. The area has limited access to health services, travelling to public health services in Kenya when necessary. In the district, there are ten private pharmacy shops of which eight are located in El Wak town.

Two major constraints to the collection of reliable information in the area were (i) continued restriction on travel to El Wak Somalia and (ii) lack of implementing partners in the health sector / absence of any public health facility. In order to obtain some information, an FSAU nutritionist conducted a two-day training session on the use of MUAC (Mid Upper Arm Circumference) measurement in screening of the population. The Soma-Action staff, stationed in eight different locations in the district will undertake monthly screening of the under-five year old population. They will report their observations on food security and health issues likely to have an impact on the overall welfare and nutritional status of the population throughout the district



NUTRITIONAL SITUATION IN AND AROUND LUUQ DISTRICT, GEDO REGION ACF

The food security situation in Luuq district appears to be particularly poor at the moment. This period is the traditional 'hunger gap' when the agro-pastoralist communities are waiting to harvest the 'Gu' rain crops, and so to some extent it is 'normal' that malnutrition rates go up at this time of the year. However, this year the rise appears to be particularly profound. This is probably due to a combination of a number of other factors that may be affecting the population to one extent or another:

Food reserves seem to be low. Although last years 'Gu' and 'Deyr' rains were not particularly poor, it is probable that the communities have yet to fully recover from the extremely bad rains of 1999 and consequently were unable to plant and harvest as much as they would have liked during the last 2 rains.

Price rises of common cereals due both to the devaluation of the Somali shilling and to the decreased supply of locally produced crops has undoubtedly affected all households.

The rise in the cost of fuel has hit the communities involved in irrigation farming along the banks of the river Juba.

Underlying causes of malnutrition in the area remain un-addressed and worsen each year. In particular the lack of basic primary health care, health education, vaccination and the extremely poor district wide water and sanitation situation continue to bring about health problems that affect nutritional status.

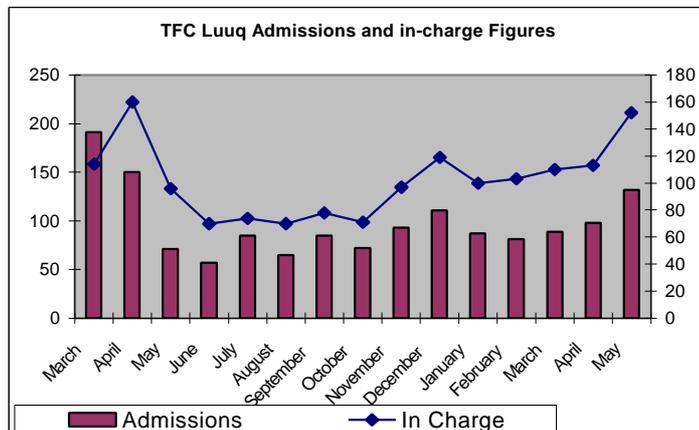
Although the recent fighting in Bula Hawa has not particularly affected Luuq district, there have been some signs of growing tensions between the sub-clans in and around the district that may be affecting access for some groups to one area or another.

The result of the above is a sharp rise in the number of admissions into the Action Contre la Faim (ACF) feeding centres in Luuq. The ACF Supplementary Feeding Centre (SFC) just outside of Luuq town for children between 6 months and 130 cm (around 11 years) has admitted record numbers. After admitting no more than 100 beneficiaries a month from the period of June 2000 to March 2001, 305 new cases with moderate malnutrition (between 70 – 80% of the weight for height norm) were entered into the programme in the month of April and a further 500 in May. Trends for June so far look similar, with now over 900 children in charge in the SFC.

The Therapeutic Feeding Centre (TFC) in the town treating severe malnutrition is showing a similar trend with numbers there rising as well in April and May (see graph). Once again, the trend looks as though it is continuing into June with over 170 beneficiaries now in charge.

In the village of El bon – some 45 kms south of Luuq, ACF is preparing to open a further SFC. Of the 900 children so far screened in the village and its surrounding area, over 300 have been found to have Moderate malnutrition based on weight for height, suggesting that the nutritional situation in this area is also poor.

| | Admissions | In Charge |
|--------------|-------------|-----------|
| March | 191 | 114 |
| April | 150 | 160 |
| May | 71 | 96 |
| June | 57 | 70 |
| July | 85 | 74 |
| August | 65 | 70 |
| September | 85 | 78 |
| October | 72 | 71 |
| November | 93 | 97 |
| December | 111 | 119 |
| January | 87 | 100 |
| February | 81 | 103 |
| March | 89 | 110 |
| April | 98 | 113 |
| May | 132 | 152 |
| TOTAL | 1467 | |



Admissions and in-charge figures for the ACF TFC between March 2000 and May 2001

At the moment, ACF with the support of their partners (CARE, UNICEF and UNWFP) is managing to support these larger numbers of beneficiaries. However, if the situation continues to deteriorate it may be necessary to at least consider more complete and more widespread general food distributions.

Given the poor rains in Luuq district at this time, unless the rains suddenly descend upon the area in the month of June, the situation may well worsen in the forthcoming months. Around 1,200 people have arrived in the IDP camps just outside of Luuq town, primarily coming from Bakol and Bay regions. Many cite a complete crop failure as the reason for their displacement – suggesting that the situation is not particularly local to just the Luuq and Northern Gedo area and is affecting larger swathes of Southern Somalia.

REFUGEES FROM BULLA HAWA, GEDO IN MANDERA, KENYA

B. Owadi & J. Kingori

Following the March 2001 interclan conflict in Bulla Hawa District of Gedo Region, Somalia, it was reported that an estimated 7-10,000 people moved to Mandera, Kenya. Prior to this population movement, the population of Central Division, Mandera District was approximately 50,000. The majority of the population that remained in Mandera were reported to be women and children with the men remaining in Somalia to maintain the family livelihoods.

More recent reports have estimated the current number of 'refugees' to be between five and seven thousand. With the support of UNHCR, three hundred families have been registered for resettlement in refugee camps in Kenya. WFP Kenya has continued food distribution to Kenyan drought affected families in the Mandera and it is likely that the refugees have benefited from this food.

Most of the 'refugees' are relying on friends and relatives for food and shelter. Rental for accommodation has generally increased. Since the cessation of the MSF Spain supplementary feeding programme, therapeutic feeding for severely malnourished children has continued in the Mandera Hospital paediatric ward. The number of admissions in the TFC (in the ward) has not varied significantly since the influx of people from Bulla Hawa.

FOLLOW-UP ON NUTRITION SURVEY IN JAMAME

B. Owadi, FSAU

In the May edition of Nutrition Update, we reported the results of a nutrition survey undertaken in Jamame District, Lower Juba in March/April 2001. The survey recommendations indicated that the distribution of relief food for a short period – up to the time of the harvest in August would help to prevent any further deterioration in the nutritional status of the population.

In late May 2001, FSAU nutritionists made a follow-up visit to the area to undertake training of personnel from health facilities in other areas of Lower Juba, including Kismayo. During this visit, some observations were made on the environment affecting the population included in the nutrition survey.

- ❑ Prices of cereals had almost doubled since April. Maize prices had risen from an average of SSh4500 a sous in April to an average of SSh 10,500 per sous in the second week of May. The increased price was associated with a general shortfall in the supply as a result of the poor harvest in February/March. Prices of other commodities had also increased as a result of general inflation in South and Central Somalia.
- ❑ Rainfall was good. Pasture had improved and milk supply was expected to become more plentiful. Farming activities had substantially increased.
- ❑ Mosquitoes were multiplying, giving rise to fears of malaria outbreaks.
- ❑ Muslim Aid UK had re-started food distribution through MCH centres targeted at mothers and children. Stocks were limited.
- ❑ WFP encountered some difficulties in their planned food distribution and so the activity was cancelled.

NUTRITION WORKING GROUP

This group meets in Nairobi on the first Monday of each month.

Special issues discussed during the June meeting:

- ❑ A group of individuals with expertise or a special interest in supplementation of pregnant and lactating women will work on the development of guidelines for project implementation.
- ❑ Some of the working group members would like further discussion on the subject of iron deficiency anaemia in Somalia. Anaemia is thought to be a generalised and serious problem. Programme strategies and commitment from organisations are required to address the problem.

HEALTH ISSUES UPDATE

Somaliland Quarterly Health Co-ordination Meeting; Hargeisa, 20-21 June 2001.

Puntland Quarterly Health Co-ordination Meeting, Garowe, 25-26 June 2001.

- ❑ *Cholera* continues in Benadir, Bay and Lower Shabelle. Outbreak in Bossasso in May. Generally under control.
- ❑ Only one isolated case of *meningitis* detected. Outbreak in neighbouring Ethiopia continues to spread (10 out of 11 regions effected). WHO has set surveillance activities in place; vaccines, drugs and guidelines are available.
- ❑ *Measles* outbreak has been reported in Gardo, Puntland.
- ❑ An increased number of *tetanus* cases presented in Berbera Hospital.
- ❑ *Kala'azar* outbreak is considered under control.

NUTRITION SURVEYS IN SOMALIA² – 1999-2001

South and Central Zones

| REGION | POPULATION COVERED | ORGANISATION | DATE OF SURVEY | SEVERE ACUTE MALNUTRITION ³ | GLOBAL (TOTAL) ACUTE MALNUTRITION ⁴ |
|-------------|-------------------------------|--------------|----------------|--|--|
| BAY | Baidoa - Town | UNICEF | August 1999 | 6.1% | 21.6% |
| BAY | Burhakaba - Town | UNICEF | August 1999 | 6% | 28% |
| BAKOL | Hoddur - Town | UNICEF | September 1999 | 7.2% | 22.7% |
| GEDO | Bardera - Town | UNICEF | December 1999 | 5.5% | 23% |
| BAKOL | Rabdure - Town | UNICEF | February 2000 | 6% | 30% |
| BAKOL | Wajid - District | UNICEF | March 2000 | 3% | 21% |
| HIRAN | Belet Weyn - District | UNICEF | April 2000 | 3% | 17% |
| GEDO | Luuq - Town | ACF | April 2000 | 1.9% | 14.9% |
| GEDO | Luuq - Displaced | ACF | April 2000 | 4.2% | 20% |
| GEDO | Beled Hawo - District | UNICEF | May 2000 | 3.5% | 21.5% |
| BAY | Burhakaba - District | UNICEF | June 2000 | 4.1% | 22.4% |
| BENADIR | Mogadishu - IDPs | ACF | June 2000 | 2% | 12.9% |
| MIDDLE JUBA | Bualle - District | World Vision | July 2000 | 4.7% | 14.7% |
| BAKOL | Huddur - District | IMC | July 2000 | 2.5% | 12.6% |
| BAY | Baidoa - District | UNICEF | July 2000 | 3.3% | 17% |
| BAKOL | Rabdure & ElBerde - Districts | IMC | August 2000 | 3.8% | 13.7% |
| GEDO | Burdhubo - District | UNICEF | September 2000 | 3% | 17% |
| BAY | Dinsor - District | IMC | December 2000 | 3.2% | 14.6% |
| BAY | Berdale - District | IMC | December 2000 | 1.7% | 12.4% |
| MIDDLE JUBA | Bualle - District | World Vision | January 2001 | 3% | 8.4% |
| LOWER JUBA | Jamame - District | UNICEF | April 2001 | 1.9% | 14.2% |

NUTRITION SURVEYS

- ❑ During May, UNICEF conducted a nutrition survey in the IDP camps in Bossasso, Puntland. The full report is expected later in June.
- ❑ In early June, UNICEF and FSAU have commenced a nutrition survey among the urban poor in Hargeisa, Somaliland.
- ❑ The nutrition survey planned by ACF for Luuq, Gedo region has been postponed.
- ❑ CISP and FSAU hope to undertake nutrition surveys in EIDer and Haradheere districts of Mudug and Galgadud in August 2001.
- ❑ The Nutrition Working Group has recommended that UNICEF should prioritise Bay and Bakool Regions in their nutrition survey plan for 2001.

² All surveys listed here have followed SACB Nutrition Survey Guidelines

³ Severe Acute Malnutrition: Weight/Height < -3 Z-scores and/or oedema

⁴ Global (Total) Acute Malnutrition: Weight/Height < -2 Z-scores and /or oedema



EMERGENCY AND HUMANITARIAN ACTION WEBSITE - WHO

EHA has revamped its website. The redesigned site focuses on providing information on what is happening in emergency situations (health situation reports, epidemiological surveillance, needs assessments, etc.) and what to do about it (technical guidance). Visit the site at <http://www.who.int/eha/disasters>

FANTA – FOOD AND NUTRITION TECHNICAL ASSISTANCE

The Food and Nutrition Technical Assistance Project supports integrated food security and nutrition programming to improve the health and well-being of women and children. The project is supported by USAID and managed by the Academy for Educational Development. The project website, www.fantaproject.org contains more information on FANTA technical activities, publications, workshops and links to key nutrition, food security and development organisations.

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
- **'Public Health in Complex Emergencies'**. See April 'Nutrition Update' for details. Two-week courses in July 2001 in Ghana and in November 2001 in Uganda. Contact Lorna Stevens at shortcourse@theirc.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 and May 2001. Contact us for copies of previous reports.
- **Monthly Food Security Report for Somalia**, FSAU, issued 11 June 2001.
- **'Preliminary Results of Rapid Crop Assessment.'** ALERT. FEWS NET. 11 June 2001.
- **Year 2000 Review.** FSAU, May 2001.
- **Nutrition Surveillance in Somalia. Project Description.** FSAU, January 2001.
- **The Livestock Ban:** Increasing vulnerability during the *Jilaal* season. FSAU. March 2001.
- **Livestock Embargo: an Update.** FEWS NET, April 2001.
- **Somalia in Deep Financial Crisis Again.** FEWS NET, April 2001.
- **Deyr 2000/01 Crop Harvest in Southern Somalia.** FOCUS. FSAU, March 2001.

For current and past reports on food security, nutrition and health, visit the UN Somalia website 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: fsaainfo@fsau.or.ke
Comments and information related to nutrition: Noreen.Prendiville@fsau.or.ke