

Overview

The nutrition situation in most parts of Southern Somalia remains critical¹. In this month's issue of the Nutrition Update, we present findings from sentinel sites in Bay, Bakool, Gedo and Galgadud which continue to indicate a persistently poor nutrition situation; and areas in the Middle Shabelle and Hiran with typical levels.

Detailed data on sentinel sites is available at the FSAU.

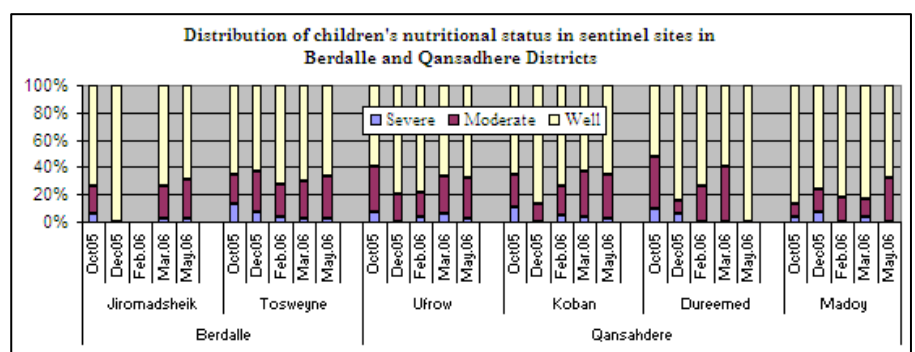
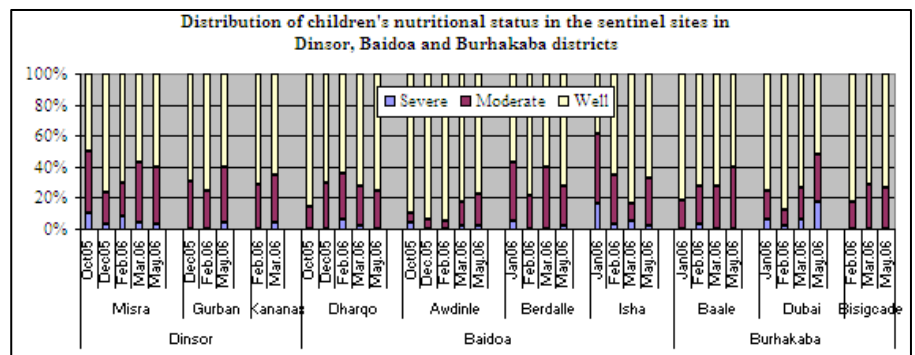
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Bay – Poor nutrition situation persists

In April/May 2006, FSAU conducted the fifth round of sentinel sites surveillance in fifteen sites in Bay region. Heavy rainfall at the time of data collection made the roads to Kanaanax site inaccessible. Data from these sites indicate a high proportion of malnourished children. The nutrition trend improved in one site (Dharqo) only (see charts²). Data from Berdale SFP show increased admissions in April and May 2006.

In most sites, over 40% of the households consumed a poorly diversified diet comprising three or fewer food groups (mainly cereal, sugar and oil). Nevertheless, the proportion of households consuming diversified diets was higher in Dharqo, Dureemed, Madoy and Gurban sites. Previous studies have indicated a relationship between malnutrition and poorly diversified diet.

Whereas in normal times household crop production and livestock products are the main sources of food, the majority of the households currently access food mainly through purchase and humanitarian assistance. This is attributed to nearly collapsed livelihoods following poor crop harvests and livestock deaths (as a result of prolonged drought in the preceding years). The quantity and quality of food accessed through purchase is minimal due to decreased access to income. In a normal year, income is mainly generated through the sale of agricultural labour (the poor) or crop (the middle wealth group). These opportunities have dwindled due to the prolonged drought.



Morbidity, mainly from diarrhoeal diseases and malaria increased in most sites. Cases of measles were identified in Berdale, Misra, Gurban and Awdinle sites. Additional data from Hawlwadag and Isha MCHs in Baidoa showed an increase in the cases of acute watery diarrhoea, upper respiratory infection and intestinal parasites while an increase of suspected malaria was recorded in Berdale MCH in the months of April and May. Diarrhoeal diseases were attributed to consumption of unsafe water

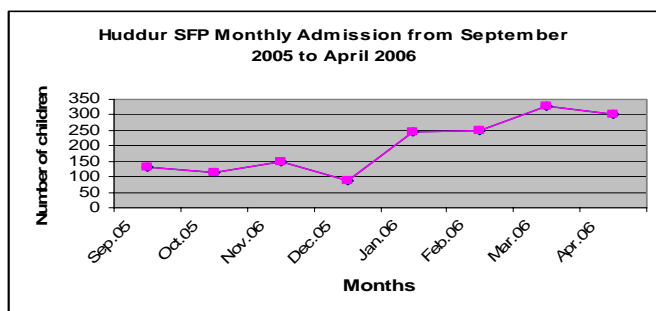
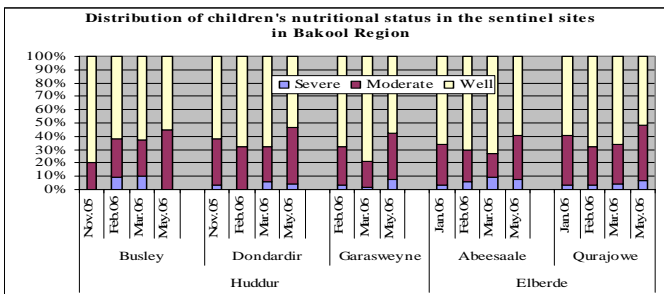
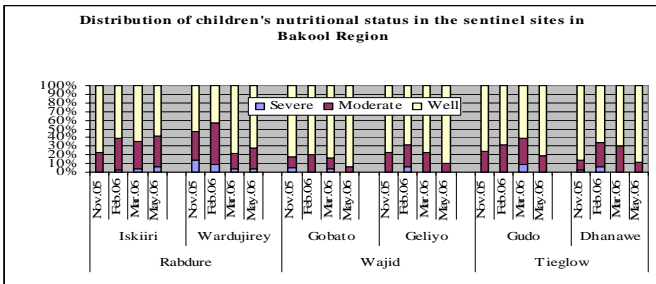
¹ Refer to Nutrition updates for February to May 2006

² Severe malnutrition: proportion of children with weight for height < -3 Z score or presence of bilateral oedema
 Moderate malnutrition: proportion of children with weight for height \geq -3 and < -2 Z score
 Well: proportion of children with weight for height Z score \geq -2 Z score

from contaminated sources. Presence of disease is an immediate cause of malnutrition. On-going interventions mitigating the precarious nutrition situation in Bay Region include humanitarian food assistance by the WFP, therapeutic feeding by MSF-S in Dinsor, supplementary feeding by UNICEF/SRCS and DMO. Short term and longer term efforts aimed at increasing access to food, income, water and health care, and the recovery of livelihoods are highly recommended.

Bakool – Poor nutrition situation persists

In April/May 2006, FSAU conducted the fourth round of sentinel sites surveillance in eleven sites in Bakool region. Analysis of findings indicates persistent or fluctuating levels of acute malnutrition in all sites (see charts). A decline in the trend of malnutrition was observed in three sites in Wajid and Tieglo (Gobato, Gellyo and Dhanawe). This decline is attributed to improved dietary diversity comprising four or more food groups (cereals, milk, pulses, oil and sugar), and reduced morbidity. Increased access to milk for consumption is linked to improved milk availability and reduction of milk prices following new livestock births in many parts of Bakool region.



Dietary diversity deteriorated in the other sites, a factor that may have contributed to the high levels of acute malnutrition. This is attributed to limited access to food, currently accessed through purchase and humanitarian assistance. This indicates a significant shift from the norm whereby household crop production is the major source of food for the poor and middle wealth group.

Further findings indicate an increase in the incidence of diarrhoea. Data from the feeding facilities shows that admission of malnourished children into the TFC and SFP in the region has remained persistently high in the last five months (see chart on Huddur SFP).

On-going interventions that have mitigated the worrying trend of acute malnutrition include humanitarian food assistance by the WFP and ICRC, supplementary feeding by UNICEF/WVI and therapeutic feeding by ACF and MSF-B.

Interventions addressing increased access to food (short and longer term) and recovery of livelihoods are recommended.

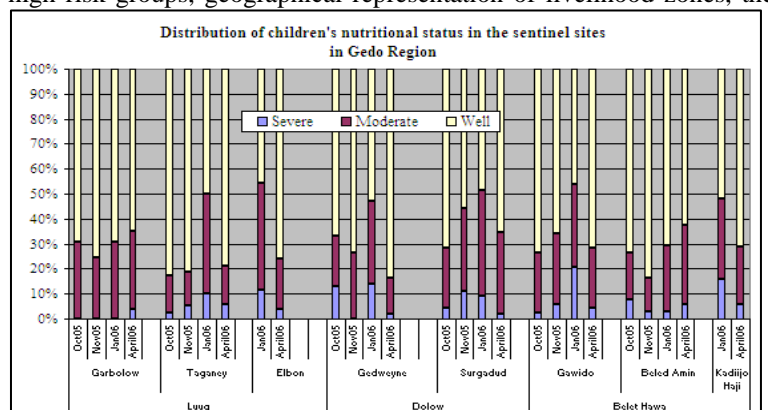
Gedo – Poor nutrition situation persists

In April, 2006, FSAU conducted the fourth round of sentinel sites surveillance in thirteen sites of Gedo region. Three additional sites were included due to the presence of high risk groups, geographical representation of livelihood zones, the population's vulnerability to crisis, and evidence of direct impact of the crisis.

Levels of acute malnutrition remain high. An increasing trend of malnutrition levels was observed in Garbolow, Belet amin, and Reysqod (see chart).

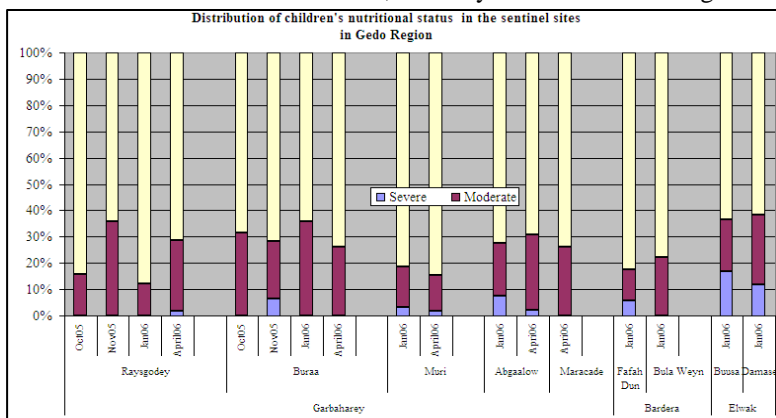
Common diseases reported in the sentinel sites and MCH's in the region include a high number of measles cases, ARI, diarrhoea and suspected malaria. These may have contributed to the poor nutrition situation.

A decline in dietary diversity was reported, with the majority of households consuming three or less food groups (mainly sorghum and sugar). Following the onset of the Gu 2006



rains in mid April, availability of water and pasture has increased in Gedo. Nevertheless, this may not translate into significant increase in milk availability following livestock deaths during the preceding drought.

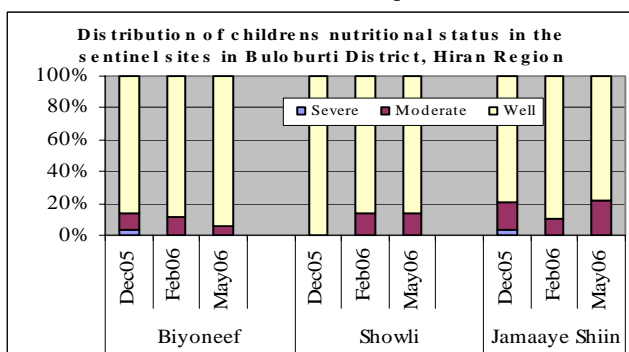
On-going humanitarian interventions in Gedo region which have mitigated the worrying nutrition situation include: primary health care services (EPI, mobile clinics) and TFC in Luuq, Garbaharey and Belet Hawa by GHC; humanitarian food assistance by WFP/NCA; livestock health services (vaccination and treatment) by VSF; maternal child health in Elwak by COSV; Epi /MCH/OPD by SRCS in Bardera town and a supplementary feeding program in Bardera town by African Muslim Aid.



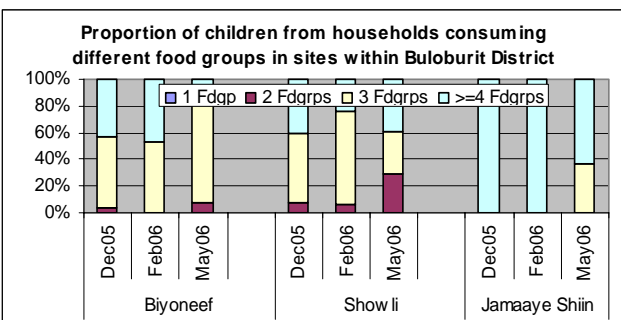
Interventions geared to addressing the causal factors of acute malnutrition in Gedo region (increased access to food, water and health services) are recommended. FSAU is conducting an additional round of sentinel sites surveillance (June 2006) to monitor the situation.

Hiran – Nutrition situation within typical levels for the area

FSAU conducted the third round of sentinel sites surveillance in the region in May 2006 covering only three sites in Buloburti District. Additional sites in Jalalaqsi District were not covered due to security constraints, while Helobanan and Halgan in Buloburti District were omitted, as past data did not indicate that special surveillance was required. Malnutrition levels in the three sites remained relatively low except in Jamaaye Shiin.



Hiran region continues to face general insecurity, high morbidity levels and a precarious food security situation as a result of inadequate Deyr 2005/06 and Gu 2006 which aggravate the malnutrition levels. Populations are already experiencing stress in food access. As shown on the chart, an increase and/or significant proportions of children came from households that had consumed three or fewer food groups.



The proportion of sick children in the preceding two weeks to assessment increased in all the sites. Watery diarrhoea had particularly increased in Jamaaye Shiin.

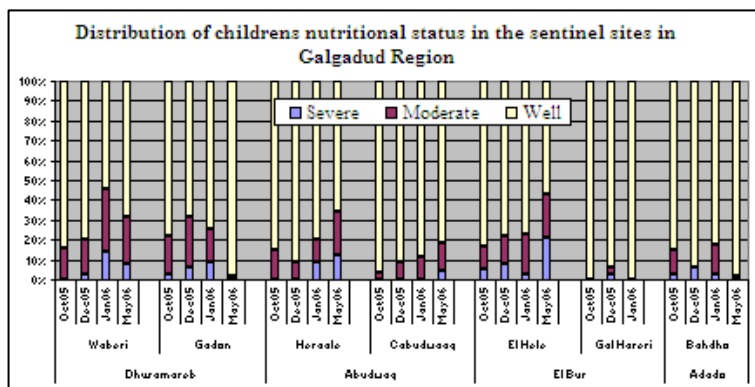
Coping strategies currently employed include a shift to less preferred foods, reduction in meal portion sizes, borrowing food and relying on food donations from the clan/community. These are not tenable, and predispose the community to acute malnutrition.

SRCS and IMC with support from UNICEF continue to provide healthcare services in the region, CARE plans to undertake food distribution in the region, SC-UK and DRC support food security related activities. Interventions geared towards peace building, improved access to food and health care services remain key to addressing acute malnutrition in the short and long term.

Galgadud – Poor nutrition situation persists

In May 2006, FSAU undertook the fourth round of sentinel sites surveillance in Galgadud covering six sites. Galhareri site was not covered as past data indicated insignificant malnutrition levels. Sites in Abudwaq and Elbur districts indicated an increasing trend in malnutrition levels while those in Dhusamareb and Adado districts showed a fluctuating trend and/or high levels of malnutrition.

Limited food access and dietary diversity are among factors contributing to high malnutrition levels in the sites. While the proportion of children from households consuming three or fewer food groups declined in sites within urban areas (Waberi and Abudwaq) it remained high in other sites. Despite the early onset of the Gu 2006 rains, food access in the region remains constrained. Income sources are limited, yet the population is currently highly dependent on purchases for food. Coping strategies reported, especially by poor households, included consumption of less preferred cereals, reduction in food portions, borrowing or obtaining food on credit from other households.

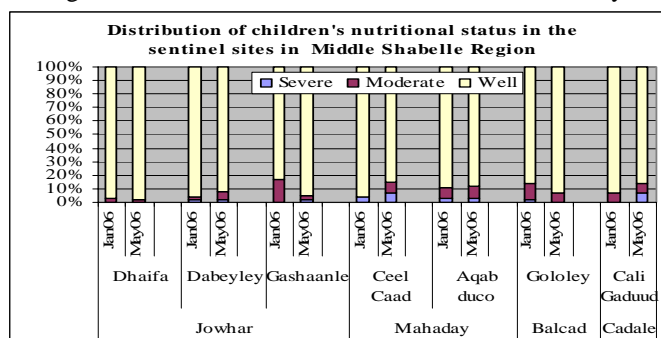


The proportion of children sick in the past two weeks prior to the assessment declined in all sites. Of concern though was the increase in measles cases in Haraale and Elhele. Ongoing interventions include provision of health services by SRCS/UNICEF, recently opened referral hospital by MSF in Guriel, food aid distribution by ICRC in April 2006 and on going veterinary services by COOPI.

Middle Shabelle – Nutrition situation within typical rates for the area

The second round of sentinel sites surveillance in Middle Shabelle was conducted by FSAU in May 2006 in seven sites. All sites continued to indicate low levels of malnutrition. Following the third round of data collection, trend analysis of malnutrition levels will be feasible.

Good dietary diversity and low morbidity levels contribute to the low malnutrition levels observed across the sites. Most sites (except Cali Gaduud) reported no more than 13% of the children sick two weeks prior to the data collection. Similarly, the proportion of children from households consuming three or fewer food groups was zero except in Gololey and Cali Gaduud where it was insignificant (<6%).



The Gu 2006 rains were early in most parts except in parts of Cadale district that continues to experience a dry spell. As presented above, the only site in the district, Cali Gaduud already indicates signs of stress.

On-going humanitarian interventions in the region include: provision of healthcare services by MSF-S, Intersos and SRCS. UNICEF and WHO also support health services.

Training and courses announcements

- As part of its short courses in improving quality of health care, the Regional Centre for Quality of Health Care will be offering courses in Improving the quality of care of tuberculosis control services, 10th to 21st July 2006. For more details contact rnauma@rcqhc.org or mail@rcqhc.org or visit www.rcqhc.org.
- Public Health in Complex Emergencies Training Program to be held at Makerere University Institute of Public Health (MUIPH) in Kampala on November 6-18, 2006. For more details, contact pnalubega@iph.ac.ug.

Other related publications and Releases

- FSAU Integrated Phase Classification Manual, May 2006
- FSAU Press Release: Humanitarian Emergency will Continue in Southern Somalia, June 2006
- FSAU/FEWSNET Market Data Update, June 2006.
- FSAU/FEWSNET Climate Data Update, June 2006



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