



Food Security
Assessment Unit

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NUTRITION UPDATE

FOR

SOMALIA



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OVERVIEW OF NUTRITION ISSUES IN SOMALIA

A number of nutrition surveys have been undertaken in recent months in South and Central Somalia. Most of the surveys were undertaken in areas of relatively good food security and had some basic health services. The results have indicated higher than expected levels of malnutrition that demand further understanding and longer-term response. Already it is evident that frequent illness and certain child-care practices contribute substantially to this level of malnutrition.

Because of the effects of the 'livestock ban' in Somaliland and Puntland, the nutritional status of certain populations has already been compromised. *Without positive changes in the circumstances of these vulnerable populations, malnutrition will almost certainly manifest itself in the near future.* Surveillance systems are being established in Somaliland and monitoring has been intensified in Puntland.

NUTRITION SURVEILLANCE

Nutrition surveillance is now underway using information from a number of sources. The quality of basic information from health facilities has improved significantly although the ultimate aim of good interpretation and analysis at health facility level will require further effort and regular follow-up. This information will be used for monitoring trends in both numbers of children screened and the proportion of malnourished in that group. By the end of March, FSAU will have undertaken training at 70 health facilities throughout the country¹. Follow-up visits to some health facilities have also commenced. The training has already influenced numbers of malnourished reported and at present graphs with this information are therefore not being published as the information is open to misinterpretation. The information is however available on request from FSAU. Coverage of health facilities is now wider than originally planned and FSAU is attempting to respond to the demand for support.

SURVEILLANCE OF VULNERABLE GROUPS COMMENCES IN SOMALILAND

Preliminary report from FSAU nutritionists in Hargeisa

The ban on livestock exports, imposed in September 2000 has inevitably affected the population of Somaliland. (Full details are available on the recently released FSAU *FLASH*). A more efficient and reliable nutrition surveillance system is currently being established with support from FSAU and in coordination with partners in the health and food security sectors.

A number of populations have been identified for heightened surveillance and monitoring over the coming months. These include the poor pastoralists in the *Haud lowlands* of Toghdheer and Galbeed, an area affected by low rainfall and environmental degradation in addition to the stress of the livestock export ban. It is reported that food intake of this population has reduced in quantity, quality and frequency thus indicating that the nutritional status is already comprised.

Another population requiring close monitoring are *the poor in urban centres* mainly of *Burao*, the largest livestock market in Somalia where most of the population had developed considerable dependence on livestock trade. Most of the urban poor in this town had either direct or indirect links to income from livestock trade. Many of the poor have no alternative sources of income, no access to remittances and are already highly vulnerable. A separate group, the *internally displaced people in Burao* who were already living in destitution are also facing further hardship. The IDP population is not adequately integrated in the social network and normally obtain employment as house workers, shoe-shiners, porters and many other

¹ The original objective of 46 sites has been increased in response to the demand for training and the wish of many organisations to be involved in the surveillance system.

² 'The Livestock Ban: Increasing vulnerability during the Jilaal season. Issue 7. March 2001.

livestock trade dependant activities. The two affected camps are the *Haryan in Burao* and *Ajuraan in Yirowe* (some 18 km East of Burao town).

Another group that is affected by the ban are the *sheep herders in Sanag* who normally benefit considerably from sheep sales. These sheep normally produce little milk and none at all during the *jilaal*. Although their situation is not yet serious, it will certainly deteriorate with a continued livestock ban and prolonged *jilaal*. Also badly affected in Sanag region is the district of *Eil-Afwein*, due to reduced rainfall during the previous *deyr*. Sources familiar with the area report that the nutritional status of the vulnerable groups is already likely to have been compromised. Other areas requiring close monitoring are *Ainabo district in Sool Region* and *Odweyne district in Togdheer region* mainly due to poor rainfall in the last *deyr* season. Common coping mechanisms such as charcoal burning are becoming exhausted, leaving them in a precarious situation.

It is already evident that many households in Somaliland are facing a real threat to their food security and are facing economic hardships that affect the health and welfare of all its members. Reduction in numbers of meals, reduction in milk consumption and substitution with cereals (from Ethiopia) has been noted for the pockets mentioned. Access to other essential items such as clean water and health services is also inevitably affected. It is therefore extremely likely that malnutrition will manifest itself in the very near future.

Training of health facility personnel by FSAU in Somaliland commenced in early March. The aim of this training is to improve the quality of nutrition information and to strengthen analysis at health facility level.

SURVEILLANCE STRENGTHENED IN PUNTLAND

From FSAU nutritionist.

Although, a livestock ban was imposed in September 2000, the food security situation in Puntland (as in Somaliland) was not immediately compromised due good *gu* rain prior to the ban and *deyr* rains just after the ban imposition. These good seasons ensured good pasture for the animals followed by above normal calving and milk production. In addition, there was a good lobster business for coastal populations and an increasing volume of remittances resulting from assurances of stability from the Puntland Government. No major outbreak of diseases was reported over this period and much of the malnutrition witnessed was associated with poor feeding practices and illnesses such as diarrhoea and malaria.

Currently, the groups most affected by the livestock ban are the urban poor (including the displaced) in *Bossaso and Galcayo*, the two towns most heavily dependent on livestock trading in Puntland. The IDP population is not adequately integrated in the social network as many have their origins in Southern Somalia and many of them and the urban poor are already living in a situation close to destitution. Other IDPs previously identified as living in destitution are those of *Margaga camp in Mudug Region*, 12km from Badweyn. Other groups becoming increasingly vulnerable are the pastoralists (the very poor without camels) in the *Nugal valley lowlands*, poor pastoralists in *Addun* and poor sheep herders in *Nugal region*. Reduction of overall quantity of food consumed by IDP populations has been reported, although this may not necessarily be immediately reflected in their nutritional status.

The reports from health facilities so far indicate fairly low levels of malnutrition with some showing a declining trend in the rates and no significant change in attendance rates. Little substantive information is available on the IDP population. Micronutrient deficiencies, particularly Iodine Deficiency Disorders and Vitamin A Deficiency have been reported in some health facilities and further investigation of these reports is necessary for a better understanding of the causes and extent of the problems.

Surveillance through functioning health facilities has already commenced although more detailed examinations of the conditions in displaced camps and the households of the urban poor are indicated.

LESSONS FOR ALL EMERGING FROM REVIEW OF NUTRITION PROJECTS IN GEDO

As reported in the last 'Nutrition Update', in January 2001 an interagency team carried out a review of the nutrition situation and related interventions in Bulla Hawa and Dolo districts of Gedo Region. A number of interesting issues have emerged from this review and it is now recognised that similar issues and challenges are relevant to many other projects in South and Central Somalia. Among the issues that are now being closely examined is the need to produce operational guidelines for use in supplementary feeding programmes. Specific training needs have been identified and the value of interagency cooperation in such a review and in the subsequent development of action points has been acknowledged. It is hoped that similar project reviews can be undertaken in other areas in the future.

NUTRITION SURVEY PLANNED IN LOWER JUBA

Report from FSAU nutritionists.

In December 2000 an interagency assessment carried out in Lower Juba reported an increase in the number of malnourished children in the area. Recommendations included the need for targeted food assistance to the riverine food economy group and further nutritional monitoring and survey. In January 2001 two FSAU nutritionists visited Lower Juba to provide training to the SRCS and Muslim Aid UK MCH/OPD staff. The two health facilities are currently carrying out growth monitoring on a routine basis.

During the January visit, it was noted that flooding had receded, farms planted and most crops were expected to be ready for harvest in March 2001 (principally sesame, a cash crop). Recent evaluations of previous harvests however concluded that combined cereal production in both gu and deyr harvests were well below normal for Lower Juba in general.

The World Food Programme (WFP) has commenced food for work projects in partnership with Agrosphere and supplementary feeding in partnership with Muslim Aid UK. At the time of the recent visit, Muslim Aid UK was carrying out screening to identify beneficiaries of the supplementary feeding programme i.e. malnourished children, pregnant and lactating mothers. Each beneficiary would receive 12kg of Maize; 1.5kg Beans; 0.6kg Oil and 3kg CSB (for children only) on a monthly basis. As of 23/01/01, 477 children had been screened in the month of January and 160 (33.5%) were either moderately or severely malnourished using weight for height as the nutrition indicator. The majority of the malnourished children were from Jamame town and the remainder from the surrounding villages.

During the screening exercise a large number of children were screened and a large proportion of them were malnourished. This is in line with the findings of the Lower Juba Assessment December 2000. Additionally, given that FSAU had trained the staff on accurate methods of data collection and was present as some of this data was collected, this data is seen to give an indication of the poor nutritional status of this population. The proportion of malnourished children screened is high by any standards and indicates the possible need for further targeted interventions.

UNICEF plans to undertake a nutrition survey in the area in late March. This activity will be coordinated with FSAU and WFP in order to produce clear interpretation of the results and one set of recommendations and action points.

NUTRITION SURVEYS IN BAY REGION

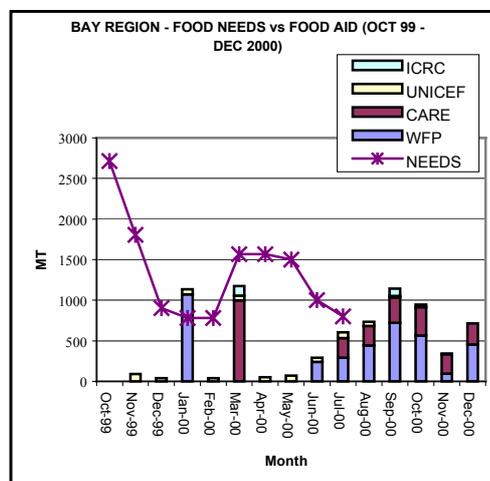
In November and December 2000, IMC carried out nutrition surveys in two districts in Bay region using two stage cluster methodology and measuring 900 children between 65cm and 100cm in each district.

The results of the survey showed total (global) acute malnutrition rates in Dinsor district at 14.6% (wt/ht z-score <-2 or oedema) with a 95% confidence interval of 10.8% to 19.3%. Severe acute malnutrition (wt/ht z-score -3 or oedema) in the same group was 3.2%. Children in the 6-29month age group were

found to have a significantly higher rate of malnutrition (wt/ht z-scores < -2 or oedema) at 19.1% (95% C.I. 13.6-26.1%) with children in the 30-59 month age group having a rate of 7.5% with a 95% C.I. of 5-11.1%. In Berdale district the overall rates were somewhat lower with a total (global) acute malnutrition rate of 12.4% (wt/ht z-score <-2 or oedema) with a 95% confidence interval of 10% to 15.2% and severe acute malnutrition (wt/ht z-score, -3 or oedema) at 1.7%. Differences between the age groups were also significant with total malnutrition rate (wt/ht z-scores < -2 or oedema) of 17.6% (95% C.I. 12.1-24.7%) in the 6 to 29 month age group and 8.6% (95% C.I. 6.1-12.1%) in the 30 to 59 month age group.

Incidences of 'cough' and diarrhoea were high among young children in both districts while knowledge of disease prevention and uptake of health services (including vaccination) was extremely low. Only 10.2% and 8.1% of infants were breastfed on the first day after birth.

A review of some significant events in the region was used in this interpretation of the survey results.



			< -2 Z-scores	< -3 Z-scores
December 2000	Berdale district survey	IMC	12.4%	1.7%
December 2000	Dinsor district survey	IMC	14.6%	3.2%
July/August 2000	Good harvest			
July 2000	Health services available but uptake is low.			
July 2000	Baidoa district survey	UNICEF	17%	3.3%
June 2000	Burhakaba district survey	UNICEF	22%	4%
May/June 2000	Increased availability of milk, green vegetables 'kable', cowpeas and pumpkins. Food prices high.			
May 2000	The <i>gu</i> rains were inadequate in some areas – lower quantity and more localised than in normal years. Scarcity of clean water in some districts.			
March 2000	FAO, WVI and Intersos distributed seeds and tools			
April 2000	Rains started in much of the region in April but delayed in Burhakaba district resulting in continued poor condition of livestock and water shortage.			
January 2000	Very good <i>deyr</i> harvest in Baidoa. Another poor harvest in Burhakaba.			
August 1999	Baidoa town survey	UNICEF	21.6%	6.1%
August 1999	Burhakaba town survey	UNICEF	28%	6%
July/August 1999	Extreme food insecurity - very poor crop harvests (second lowest sorghum harvest in 6 years) and livestock health as a result of a prolonged drought. Tensions and insecurity further hampered access to food through the market. At around the same time, UNICEF ceased its support to health services in the district. The projected monthly food-aid needs were generally unmet.			
June 1999	Resumption of full scale programme by UNICEF			
June 1999	Take-over by RRA - improvement of security.			
1998	Baidoa survey	UNICEF	21.6%	
1998	Burhakaba survey	UNICEF	20%	
July/Aug.1998	Lowest crop harvest in 6 years.			
June 1997	Baidoa town survey	ACF	21.9%	4.2%.
August 1996	Baidoa rural area survey	WHO/IMC	13.1%	2.1%
August 1996	Berdale	WHO/IMC	4.6%	0.3%
August 1996	Dinsor	WHO/IMC	11.8%	2.3%
August 1996	Qansaxdhere	WHO/IMC	14.0%	1.6%
September 1995	Reduction of UNICEF support to health services due to insecurity. Low scale activities continued by IMC, SRCS and CBOs.			
May 1995	Baidoa town survey	UNICEF	14.9%	4.8%
May 1995	Baidoa rural area survey	AICF	19.6%	4.1%
1994 & 1995	Good harvests			

Note: <-3 Z-scores = severe acute malnutrition. <-2 Z-scores = global (total) acute malnutrition.

Previous nutrition surveys in Bay region were undertaken in urban areas of Burhakaba and Baidoa districts in 1999 at a time of food insecurity, lack of health services and general insecurity. Surveys in the same

districts were undertaken in June and July 2000 and showed some improvement although much of this was attributed to a difference in the sample population (urban only versus urban/rural). The recent surveys have been undertaken after approximately eight months of generally improving food security and the results reflect a slow improvement in nutritional status.

A review of nutrition surveys in recent years indicates that in addition to episodes of food insecurity, some populations in Bay region are exposed to many other negative factors that adversely affect the health and nutritional status of the children. Quality and diversity of diet in the area has previously been mentioned as an issue requiring further understanding with dependence on sorghum and little opportunity for good exchange for more nutritious food being suggested as a problem for many households. Surveys have also reflected high morbidity among young children, extremely low uptake of health services and some poor childcare practices - undoubtedly contributing to the malnutrition rates. Only 25% of infants in Dinsor and 35.8% of infants in Berdale were exclusively breastfed for six months. Responses to questions on infant feeding practices suggested that around 90% of infants had some fluid or food other than the mother's from the time of delivery. The proportionately higher malnutrition rates in younger age groups at a time of relative food security also suggest links with issues of health and child-care rather than with food insecurity.

In the short-term, continuing to provide malnourished children with fortified blended food will probably reduce the number of children who suffer long-term damage as a result of repeated periods malnutrition. It will also probably reduce the proportion of moderately malnourished children who become severely malnourished and therefore reduce mortality. However, programme managers cannot have any expectations of supplementary feeding programmes having a significant impact on malnutrition rates in a population that is experiencing so many other underlying problems.

In both of the districts surveyed here, both curative and preventive health services were available and yet uptake of both was extremely low. Understanding the reasons for this and developing culturally sensitive means to improve early childhood care are essential first steps in addressing malnutrition in these areas.

HEALTH, FOOD SECURITY AND CARE ISSUES IN SURVEYS

The nutrition status of a child is dependent on three primary factors: health, food security and care. Nutrition surveys aim to estimate the prevalence of malnutrition in a population but without additional information do not provide us with an understanding of the causes for malnutrition. In the design and analysis of nutrition surveys, all three of these factors have to be examined.

NUTRITION WORKING GROUP

The Nutrition Working Group within the Health Sector of the Somalia Aid Coordination Body continues to meet on the first Monday of each month to discuss nutrition related issues. Participation is open to all SACB members and although issues related to both food security and health are discussed, participants are almost entirely from organisations in the health sector. In the past, the group has produced guidelines and recommendations on such areas as nutrition survey methodology and standard reporting forms for growth monitoring in health facilities.

The group also examines and analyses all nutrition surveys undertaken in Somalia. Issues under discussion at present include consideration of the potential effectiveness of providing supplementary food to pregnant and lactating women and indeed the objectives of this intervention in the first place (likely benefits to mother/child/both). The development of technical and operational guidelines for Supplementary Feeding Programmes is also underway. The group discusses issues relevant to all areas of Somalia but it is hoped that in the future meetings at regional level will focus on specific issues related to those regions.

WORKSHOPS, MEETINGS AND TRAINING COURSES

Nutrition in a Humanitarian Context. Distance Learning Course. This six-month course by Action against Hunger offers comprehensive training on the causes, prevention, diagnosis and treatment of malnutrition. Designed for nurses, midwives, doctors, dieticians and nutritionists. Applications by 30th April 2001. For details contact sw@acf.imagnet.fr

Nutrition of Older People in Emergencies. Two day training in Nairobi, offered by Help Age International. For details contact helpage@net2000ke.com. Tel: 446991, 444289, 449407.

The 28th session of the ***United Nations ACC/Sub-Committee on Nutrition*** (The UN's system for nutrition) will take place in Nairobi from 2-6 April 2001. Agenda for this meeting and concurrent conferences are available from accscn@who.int

RELEVANT PUBLICATIONS

'Field Exchange' is a quarterly publication produced by ***The Emergency Nutrition Network***. The 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.

'The Management of Nutrition in Major Emergencies'. Produced by WHO with contributions from UNHCR, IFRC and WFP and published in late 2000. The manual includes basic facts on nutrition and nutritional deficiencies in emergencies as well as assessment, surveillance and response issues. Available from WHO.

RECENT REPORTS

Monthly Food Security Report for Somalia, FSAU, March 2001.

Nutrition Surveillance in Somalia, Project Description. FSAU, January 2001.

Review of nutrition situation in Bulla Hawa and Dolo, FSAU, January 2001.

The Livestock Barr: Increasing vulnerability during the jilaal season. FLASH. FSAU. March 2001.

IMC coverage survey. MCH, Nutrition and EPI. IMC Somalia. Nov.-Dec. 2000.

Lower Juba Rapid Food Security and Nutrition Assessment. FSAU. December 2000.

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

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