



Food Security Assessment
Unit for Somalia

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NUTRITION UPDATE

FOR

SOMALIA



Food and Agriculture
Organisation
May 2001

OVERVIEW

This month, the 'Nutrition Update' focuses on an analysis of some interesting nutrition surveys in Somalia, Kenya and Ethiopia. On a positive note, the situation in Somalia appears to be somewhat better than in neighbouring countries. However, total acute malnutrition rates of 15% can never be considered 'acceptable' or 'normal', therefore we need to use this period of relative food security to focus on longer-term interventions aimed at addressing some of the underlying causes of malnutrition.

Three factors continued to threaten the food security of the population in Somalia throughout the past month. These were (i) inflation caused by the inflow of fake currency into the financial system, (ii) the continued ban on live animal exports to key markets in the gulf region and (iii) the prolonged dry season in some areas. All food economy and wealth groups have undoubtedly felt the impact of these three influences although as always, the poorer groups will be the first affected due to lower asset levels and lack of income diversification. In the north and some urban centres in south and central, evidence of increase in the consumption of low cost foods has been noted in many areas. However, this shift from high cost imported items such as pasta and rice to local cereals does not necessarily indicate a deterioration in nutritional content of the diet.

NUTRITION SURVEILLANCE

Individual follow-up to obtain nutrition surveillance reports directly from partners has produced a better flow of data on a monthly basis. This month's review of the data currently available from surveillance sites has revealed no significant abnormalities, apart from those described in this document. A map indicating active surveillance sites is available from FSAU and enquiries related to specific areas are welcome.

NUTRITION SURVEY IN JAMAME

B. Owadi, FSAU

In March/April 2001, UNICEF conducted a nutrition survey in Jamame District, Lower Juba in collaboration with FSAU. Using a two-stage cluster sampling method, a total of 910 children between ages 6-59 months or 65-110cm were measured giving a sex ratio of 1.2, boys to girls. The survey was conducted in response to concern in the district over the very poor maize production of 2000/2001, yielding about 70% below the post war average and successive crop failures for parts of the population as highlighted by an inter-agency assessment in December 2000. Health facilities had also reported an increase in the number of malnourished children in the area. In addition to collection of quantitative survey data, an in-depth study of some malnourished children was also undertaken in an effort to gain further insight into the factors affecting nutrition.

Assessment of food security in the population involved examination of events since 1997 that have adversely affected a population whose cereal production usually exceeds the consumption needs. (See table below).

Period	Event
Late 1997/early 1998	El-nino floods –extensive flooding, disease and associated damage; but later benefit of large area available for recession cultivation and good livestock conditions
1999	Poor to average Gu and Deyr rains- localized crop production and recession production generate near normal maize harvests, and near normal livestock conditions
2000/2001	Poor Gu and Deyr rains –generate very poor Gu and Deyr harvests
November 2000	Breaking of river banks and flooding provoked by poor rains and poor harvest expectation Inter-agency assessment – food security and nutrition
December 2000 - January 2001	Planting of sesame, beans and maize in flood-recession land. WFP food distribution (100 MT in Jilib and Jamame)
February 2001	WFP food distribution (320 MT in Jilib and Jamame)
March 2001	Harvests of sesame, beans and maize WFP food distribution (238MT in Jamame)
April 2001	Nutrition survey, Gu rains and planting of maize
May 2001	Gu rains, Weeding activities
June 2001	Expected harvest of beans and premature maize.
August 2001	Main maize harvest expected

At the time of the nutrition survey, flood recession harvesting of sesame, beans and maize was already underway and relief food distributions had taken place thus somewhat improving the food security of the majority of the population. Preliminary results indicate a total acute malnutrition (wt/ht using z-score <-2 or oedema) of 14.3% - 95% C.I. 11.1%-17.5%. Severe acute malnutrition (wt/ht z-score <-3 or oedema) was 2%, 95% C.I. 0.8%-3.2%. The results also indicate high prevalence of diarrhoea (32%) and acute respiratory tract infection (34%) in the two weeks prior to the survey. For the six month period prior to the survey, measles immunization coverage was 70%, and 63% of children had received Vitamin A supplementation. Coverage was lower for Jamame urban area. Qualitative information and more detailed studies in a number of households pointed towards problems in issues of access to clean water, utilisation of health services and child-care practices. River water and contaminated wells were the main sources of water in the District.

Reports also indicate that the flood recession harvesting in March 2001 was low compared to previous seasons with a resulting food shortage for 1-2 months prior to the expected Gu harvest in August. The food shortage has coincided with the period of increased energy requirements for planting and weeding.

Although no previous surveys of the area were available for comparison, these malnutrition rates were considered high for an agriculturally productive area. The fluctuations in food security have no doubt taken their toll at household level in all food economy groups. The problems of food availability and access faced by poor households combined with the high incidence of diarrhoea, acute respiratory infection and malaria can provide some explanation for the higher than expected malnutrition rates. As in other parts of Somalia, breastfeeding practices (e.g. other fluids given to the majority of children from day one) and early child-hood care practices undoubtedly contribute substantially to malnutrition too.

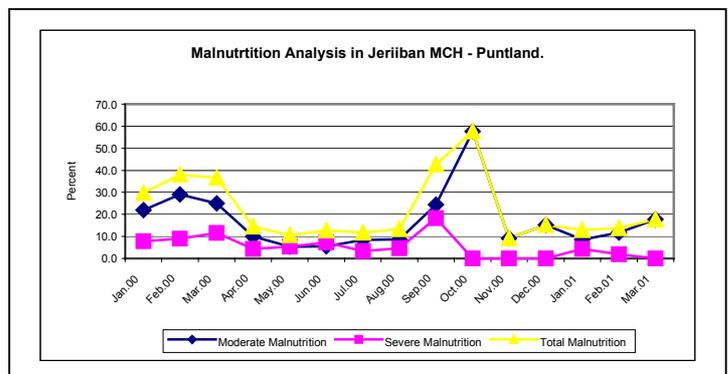
The preliminary survey results and contextual information were initially examined by UNICEF and FSAU, then shared with the community in Jamame and also discussed in the open forum of the Nutrition Working Group in Nairobi (attended by WFP). It was generally agreed that access to clean water, inadequate utilisation of existing health services and poor child-feeding practices contribute substantially to malnutrition in the area. Short-term deficits in food availability could be addressed by food distribution before the harvest. This food is likely to prevent any worsening of the malnutrition rates. A short-term intervention with supplementary food through the existing health facilities is expected to promote the recovery of some of the children already malnourished. Significant and longer term improvement in the nutritional status of the population will require other measures such as inputs in the water, sanitation and health sectors, diversification of the diet and changes in young child feeding practices.

Full report with further analysis will be available before end of May from UNICEF Somalia or FSAU.

SURVEILLANCE IN PUNTLAND

B. Owadi, FSAU

The basic aim of the FSAU nutrition surveillance project is to support the provision of accurate and timely nutrition data backed with contextual information to enable partners to understand the influences on nutrition in Somalia. As a result of intensified nutrition surveillance project activities in Puntland, the accuracy and reliability and therefore the usefulness of health facility data has improved significantly. Interpretation of the observed trends of malnutrition generated through health facilities requires the support of information from a wide range of sources as illustrated in the simple example of SRCs's supported Jeriiban MCH presented here.



As shown in the graph, a high rate of malnutrition was observed in the early part of 2000. This was explained by the prolonged drought in the two years prior to 2000 and other conditions that resulted in an increased number of IDPS. Gu rains that started in May 2000 were expected to provide relief in subsequent months as pasture and milk supply increased. However, the malnutrition rate was not expected to decline immediately.

A possible explanation for the suddenly low rates in May and also a surprising increase in August-October when the cumulative effect of the previous Gu and Deyr rains was expected to improve the situation was probably due to problems in data collection and reporting. FSAU conducted nutrition training in November 2000 during which some anomalies in data collection and reporting were identified and corrective measures were taken by SRCS. Currently, data quality is considered fairly good and the recent gradual increase in the malnutrition rates seem to indicate increased hardship resulting from livestock ban and continued presence of IDPs.

- In late April / early May, UNICEF undertook a nutrition survey in the Internally Displaced Persons' camps in Bossasso.
- A reported increase in the number of malnourished children in a health facility in Galcayo will require closer follow-up of the individual cases, some of whom have come from the Ethiopian border area.

NUTRITION SURVEYS IN KENYA AND ETHIOPIA

El Wak Division, Mandera District, Kenya

In February 2001, a nutrition survey was conducted in El Wak division of Mandera district in North Eastern Kenya. A nutrition causal analysis was also undertaken in an effort to understand the factors influencing the nutritional status of the population. As little information is available on the neighbouring area of Somalia - El Wak district in Gedo region, the results have some relevance for us. The survey of 912 children indicated a high Global (total) malnutrition rate (W/H < -2 Z scores or oedema) of 28.1% (95% CI 24.0% - 32.6%) and severe malnutrition (W/H < -3 Z scores or oedema) of 2.2% (95% CI 1.1% - 4.2%). El Wak division has been affected by repeated droughts and longer-term underdevelopment of all basic services. Broadly speaking the basic, underlying and immediate causes of malnutrition identified in the analysis do not differ from those suggested by numerous surveys throughout Somalia. Despite the fact that relief interventions have been in place, the study suggested that food-aid distributions might not have prioritised the most vulnerable households. It is likely that supplementary feeding programme will be established in El Wak town.

El Wak, Somalia

In the neighbouring area of Somalia, food security related information is not as comprehensive as in other areas. Insecurity has prevented the kind of detailed analysis of household economy issues undertaken in other areas. In February, CARE distributed 115.55MT of sorghum El Wak district but no other significant humanitarian interventions have been made this year. No partners are present in the health sector to assist with collection of routine nutrition and health information through health facilities.

It might be concluded that there is no evidence that the situation is better in El Wak Somalia than in El Wak Kenya, in fact reports from El Wak Somalia at around the time the survey was undertaken in El Wak Kenya (January to March) indicate some problems with water in terms of availability and quality (extremely salty). Further assessment and analysis is indicated.

CARE reports that small scale food distribution will continue in the area. FSAU will examine the possibility of assessing the food security situation and will support CARE and Soma-Action International Fund (SAIF) in undertaking some screening of children in the area (probably using Mid Upper Arm Circumference measurement). It is unlikely that a nutrition survey will be done in the near future.

Wajir District, Kenya

Preliminary results of a nutrition survey indicate global acute malnutrition rates of 17.2% (W/H <-2 Z-scores) and severe acute malnutrition 2.1% (W/H <-3 Z-scores). This rate is not significantly different from those presented in recent surveys in south and central Somalia.

Denan, Ogaden Region, Ethiopia

Situated 80kms north of Gode on the Gebredehar road - approximately 180 kms from Somalia border. A recent survey by MSF-Belgium in this area indicates extremely high levels of malnutrition - 51.1% global acute malnutrition (W/H <-2 z-scores or oedema) 95% CI 44.3-58.1% and 9.1% severe acute malnutrition (W/H <-3 z-scores or oedema) with 95% CI 6.0-12.2%. Despite the presence of relief interventions over the past one year, the levels do not appear to have decreased significantly. The inadequacy of the general ration in terms of quantity and quality and the continuing arrival of displaced persons with malnourished children have contributed to this high rate. One would usually associate such a high global malnutrition rate with high mortality but interestingly, the mortality rate is relatively low, probably due to the fact that supplementary and therapeutic feeding programmes and health services are in place.

CLOSURE OF FEEDING PROGRAMME IN MANDERA, KENYA

A review of the nutrition situation in Bulla Hawa in January 2001 showed that a substantial number of children from Somalia (Bulla Hawa) were attending the MSF-Spain supplementary feeding programme in Mandera, Kenya. MSF-Spain has been operating a supplementary and therapeutic feeding programme in there since 1996. The programme was closed down in November 1998 but later re-opened in 1999 due to increased hardship in the region. The programme has been conducting nutrition surveys on quarterly basis in order to monitor the nutritional status trend of population in Mandera. All the previous surveys have recorded malnutrition rates averaging 20% (wt/ht < -2 z-score or oedema) even at times when the food security situation looked stable. In April 2001, another nutrition survey was conducted in Mandera town whose preliminary results indicate a total acute malnutrition rate of 20.5% (using wt/ht of <-2 z-score or oedema as cut-off). It was concluded that supplementary feeding was unlikely to reduce the prevalence further. Furthermore, the feeding programme was recently admitting more children from Somalia than from Kenya. MSF-Spain has therefore decided to close down their feeding programme and has instead established the therapeutic feeding programme in the Kenya Government Hospital in Mandera.

NUTRITION SURVEY IN BUALLE, MIDDLE JUBA REGION

The Bualle District nutrition survey was carried out by World Vision between 13th and 20th January 2001 as part of knowledge, practice and coverage survey and to establish baseline information for programme planning. World Vision has supported a Primary Health Care programme in the area since 1996. As well as

World Vision surveys in Bualle			
Date	<-2 Z-score	<-3 Z-score	Oedema
06/96	25.9%	7.5%	2.2%
07/97	32.4%	7.8%	0.9%
07/00	14.7%	4.7%	1.5%
	(CI: 11.5 – 17.9%)	(CI: 1.5 – 7.9%)	

supporting curative and preventive health projects, World Vision has been involved in training of health personnel and has supported interventions related to food security such as agricultural projects and food for work projects. World Vision also responded to numerous emergencies involving epidemics and high malnutrition. Previous nutrition

surveys by World Vision in the district have shown high levels of malnutrition as shown on the table. These high rates have been attributed to crop failures, animal disease, displacement of populations and other factors related to insecurity.

The nutrition survey undertaken in January 2001 among children aged 6-59 months used the standard two stage cluster sampling methodology with a sample of 643 children. Global acute malnutrition (weight for height <-2 Z-score) stood at 8.4% (CI: 5.4 - 11.4%) while severe acute malnutrition (weight for height <-3 Z-score) was 3.0% (CI: 1 - 5%). The KPC questionnaire was administered to carers of children from birth to 23 months and demonstrated an increase in vaccination cover from 26% in July 2000 to 42% in January 2001. Other significant indicators such as lack of exclusive breastfeeding from the day of birth appear consistent with findings in other areas of Somalia.

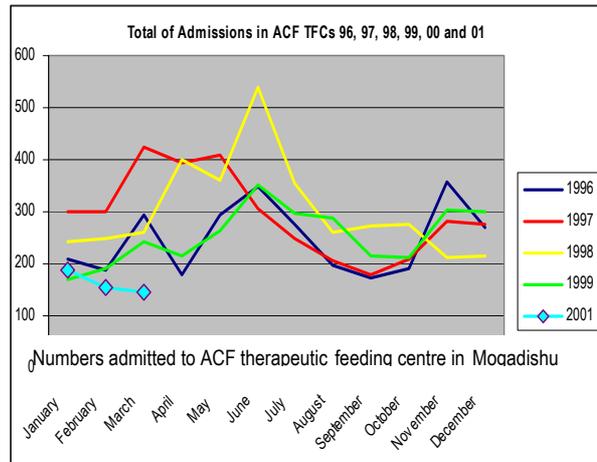
The riverine and agropastoralist groups in Middle Juba have been highlighted in the FSAU monthly food security report (March 2001) as groups that suffered poor crop production in the *Gu* and *Deyr* seasons and a more detailed analysis of the survey indicated that higher proportions of malnourished children were found in those food economy groups.

The reduction in the prevalence of malnutrition from the June 2000 figures to the current prevalence is significant (statistically and generally). The gradual decrease since 1997 is worthy of even closer analysis, with the current prevalence representing one of the lowest rates in south and central Somalia in recent years. This may be related to factors such as the integrated programme activities of World Vision Somalia in the district e.g. provision of health services, food for work programme and agricultural activities. However, some of these activities have ceased recently e.g. food for work and the impact of this needs to be monitored. Understanding the lower rate of malnutrition in Bualle may also allow lessons to be learned and possible replication in other areas.

THERAPEUTIC FEEDING IN MOGADISHU AND LUUQ (GEDO)

ACF

With only two ACF Therapeutic Feeding Centres now in operation in **Mogadishu**, overall admissions have decreased for the first quarter of 2001. However, in late April/early May, numbers increased dramatically - partly due to a deterioration in the humanitarian situation in Mogadishu but also due to an unexpected influx of IDPs from Lower Shabelle. At least 80% of the admissions are between 6 and 59 months. These numbers will be reflected in next month's report along with a more detailed analysis of the situation.



The nutrition situation in **Luuq, Gedo region** appears to be stable at the moment. Good early *Gu* rains are alleviating some worries about the food security situation in the area. In May, ACF is due to open a supplementary feeding centre in El bon, Gedo and has started work on a water and sanitation programme in the district. This will include rehabilitation of 6 deep wells and creation of water committees in Luuq town and rehabilitation of 8 shallow wells and creation of water committees in El bon. Five of the wells are for human and animal use and three for human use only.

MILK CONSUMPTION IN BAY REGION

James King'ori, FSAU

Bay region is a high potential area, producing sorghum, maize and milk among other agricultural products. Despite this, cases of malnutrition are found in some pockets within the region. A number of NGOs and UN agencies are based in the region with a wide range of development and emergency activities.

Access to milk is often measured as an indicator of food security with links to nutritional status of children. Of interest in this highlight is the accessibility of the households to *whole milk*. During the dry seasons, livestock are moved to areas far from household members who need milk for proper growth and body maintenance (women and children). The milk is not accessible to them during that period. If it is available, the cream from the cattle's milk is extracted and sold to urban areas thus leaving behind the low quality skimmed milk for home consumption. By consuming the common food in the region, *soor*, (sorghum with water/ skimmed milk), the child from a poor household will not access adequate nutrients and is likely to become malnourished.

Observation of this practice will be included in future field-work. Specific analysis of the nutritional content of the various types of milk consumed in Somalia will be undertaken by FSAU and will be presented at a later date.

The difference in nutrition value between the skimmed milk and whole milk is an issue to be included in nutrition-focussed education in these areas. A child misses many important nutrients through extraction of cream from the cattle milk.

NUTRITION WORKING GROUP

- UNICEF presented a draft paper on guidelines for supplementary feeding for pregnant and lactating women. Working group participants were invited to comment on the paper and the offer their contributions.
- To enhance the screening for kala'azar, simple questions will be developed for inclusion in nutrition surveys. These will assist in the identification and referral of suspected cases.
- Organisations undertaking nutrition surveys were once again reminded of the importance of considering information from other sources during nutrition surveys. Surveys that produce results on nutritional status in isolation of other contextual information on the population are of very limited use. *FSAU nutritionists and food security experts are available to provide support to organisations during nutrition surveys.*

HEALTH ISSUES UPDATE

Testing of CSF samples from the suspected cases of meningitis in Hargeisa has proved negative for meningitis. To date, ten out of eleven regions in Ethiopia have been affected with over 5000 cases. There is no reported increase in the incidence of cholera or kala'azar in Somalia.

THE AFRICA NUTRITION DATABASE INITIATIVE

The major objective of this initiative is to establish a low cost system to facilitate access to good quality nutrition data for African countries. A two-year pilot phase commenced in January 2000 funded by FAO, the second year is funded by The World Bank. Up to date information on Somalia is not yet available on the database but the database can be viewed on www.africanutrition.net.

WORKSHOPS, MEETINGS AND TRAINING COURSES

- 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 a course entitled '*Improving Quality of Care: Foundations in Facilitative Supervision*' 27-31 August, 2001. The course is funded by USAID/REDSO. 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

- '*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.
- '*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.

RECENT REPORTS

- *Monthly Food Security Report for Somalia*, FSAU, issued 11 May 2001.
- *Year 2000 Review*. FSAU, May 2001.
- *Nutrition Surveillance in Somalia. Project Description*. FSAU, January 2001.
- *The Livestock Barr*: Increasing vulnerability during the *Jilal* 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.

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