



Food Security
Assessment Unit

NUTRITION UPDATE



Food and Agriculture
Organization of the
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OVERVIEW

The welfare and nutritional status of the population in Gedo continues to be a major concern to all humanitarian organisations and donors supporting activities there. While significant progress has been made in improving both the quality and quantity of food-aid being delivered to some districts, other districts present a greater challenge. Efforts are also being made to expand the reach of supplementary feeding programmes where they exist and to commence new programmes in areas not covered up to now. Although it appears that we continue to move from one 'emergency' response to another in Gedo, the chronic vulnerability of the population in Gedo region demands longer-term interventions.

The nutrition situation for many in Bay and Bakool regions has also been worsened by the deterioration in food availability and access. While food insecurity has not been as serious as that in Gedo, the nutritional status of this population was already poor and all indicators indicate that it has now worsened. Deterioration in food access for some households whose welfare was already threatened by sub-optimal food utilisation has resulted in an increase in levels of malnutrition.

As shown in the chart below, results from a number of nutrition surveys should be available during the coming weeks.

NUTRITION ASSESSMENTS AND SURVEYS

	Area	Organisations	Status
Somaliland	Toghdheer- Burao	UNICEF, MOHL, SRCS	Data collection completed. Undergoing analysis
Somaliland	Awdal	UNICEF, MOHL, SCRS	Data collection completed. Undergoing analysis
Somaliland	Sool - Haud	NPA & FSAU	Data collection completed. Undergoing analysis
Somaliland	All regions	UNICEF, MOHL	Anaemia prevalence survey. Data collection completed. Analysis completed Preliminary results underway
Puntland	Mudug - Galgodob	UNICEF	Data collection completed. Undergoing analysis.
Puntland	Mudug - Galcayo	UNICEF, MSF-H, FSAU.	Planned for November/December
South	Bakool - Rabdure	UNICEF	Data collection completed. Analysis completed Preliminary results underway
South	Bay - Qansaxdheere	UNICEF	Data collection completed. Analysis completed Preliminary results underway
Central	Mudug - Haradheere	CISP	Early 2002
South	Gedo - Luuq	ACF	Underway before the end of the year
South	Gedo - Bulla Hawa	FSAU, GHC, CARE, UNICEF	Pending security clearance

GEDO REGION - UPDATE ON INTERVENTIONS

Acknowledging the seriousness of the food and nutrition situation in Gedo, SACB partners have remained active in developing strategies and interventions to respond to the situation.

- CARE has now increased its food-aid distribution from 770 MT per month to 2165 MT per month in Dolo, Cel Wak, Belet Hawa and Luuq, and from November will add oil and lentils to its food basket.
- Means of delivering food-aid to Garbaharey and Burdhubo are being examined by WFP.
- Gedo Health Consortium and Tear Fund have approached donors for funding of supplementary feeding and related activities in Belet Hawa, Garbaharey and Luuq.
- It is hoped that nutrition surveys will be undertaken in both Luuq and Belet Hawa districts before the end of the year.

Detailed discussion involving SACB partners on the issue of Gedo was undertaken during a meeting chaired by the Nutrition Working Group on 9 October¹. Follow-up of action points has also been undertaken and the most recent report on this, updated on 13 November, is also available from FSAU, Nutrition section.

¹ Summary of proceedings available from FSAU. Previously distributed on 12 October 2001.

GEDO REGION

B. Owadi, FSAU

Although the onset of *deyr* rains has created renewed expectations of changes in food security situation, Gedo region continues to be major concern both in terms of food security and the welfare and nutritional status of the population. Gedo region has benefited least in the current patchy *deyr* rainfall and although Dollow, Luuq and Belet Hawa received some rains in October, at best the rains were only useful for browsing (camels and goats). Pasture and water remain scarce. Condition of animals has not improved in most parts of the region and continued deterioration is reported in Garbaharey, Burdubo, Beled-Hawa and Cel-wak districts. Deaths of weak animals have been reported in most districts. The continued absence of animals that had previously migrated out of the region combined with low production of the remaining animals contributes to a scarcity of milk, which is having a very negative effect on health of young children, many of whom have no other available source of protein. Many households are now heavily dependent on CARE relief food, which has up to now consisted of sorghum only.²

The poor *Gu* season followed previous seasons with below average rainfall and the region had suffered repeated incidences of insecurity. During 2001 therefore, the welfare and nutritional status of the population was already in a compromised state with health facilities reporting that up to 25% of the children screened were malnourished (using z-score cut-offs) between December 2000 and June 2001. A positive development was seen in the re-opening of the Kenya-Somalia border in November, a move that may inject some business into the area, although the poor state of the region is likely to impede any meaningful business gains.

In **Luuq** district, the Luuq MCH (managed by the Gedo Health Consortium) recorded a total malnutrition rate of about 35% using a cut-off of $-2Z$ -score out of the 700 children screened in August. By October, the number of children visiting the MCH had decreased to 126 (of whom 50% were malnourished). The decrease in attendances is attributed to the ongoing activities of ACF who operate both supplementary and therapeutic feeding projects in the district. ACF continues to report increased admission of beneficiaries averaging at least 250 new admissions per week in the supplementary feeding programmes. By 12th November 2001, the number of beneficiaries at the ACF SFP stood at over 5,100 up from 4,200 beneficiaries at the end of October. The number at the TFCs had remained at around 300 beneficiaries.

The admission criteria for the SFP are a W/H measurement of $<80\%$ or a MUAC of <12 cm and discharge criteria at the SFPs are W/H measurement of $>85\%$ or a MUAC of >12.5 cm. In addition, a child who fails to attain the discharge criteria at the end of three months in the programme is automatically discharged. A follow up of past beneficiaries is ensured for a minimum of three months after discharge. ACF also collaborates with CARE to provide food to families of malnourished children. ACF had also reported increased incidences of diarrhoea, chest infections and anaemia in the recent weeks.

In **Cel-wak** district, the SRCS managed Cel-wak MCH reported a decrease in the number screened during October (from 507 in September to 203 in October). The proportion of malnourished among those screened rose from 22% to around 38% in the same period. The competing attraction of a screening for the CARE food distribution probably contributed in part to the lower attendance at the health facility. CARE's nutritional assessment during screening for food-aid distribution noted alarming numbers of malnourished children.

Malnutrition rates among those screened at the **Belet Hawa** MCH have increased slightly to over 30% of the about 150 children screened during October. The late October CARE nutritional assessment for targeting, using MUAC, also showed extremely high malnutrition rates (although the figures might not be representative for the whole district but nevertheless a good indicator of the prevailing situation).

Though the data from **Garbaharey** MCH is not up to date, there is no doubt that malnutrition rates are high as data for the months of June and July showed increasing malnutrition rates. Qualitative data from missions³ to the area also point to a totally compromised welfare status.

Health facility data from **Burdubo** MCH also shows high malnutrition levels of over 50% of the screened children in the last two months. Apart from the two health facilities, both Garbaharey and Burdubo do not have any other health or nutrition related intervention at present, due to sporadic insecurity incidences and lack of funding for organisations in the health sector.

Although **Bardera** was the least affected district in region by the *Gu* crop failure, malnutrition rates recorded rose from a low of 4% of the 145 children screened in August to around 18% of 328 children screened during October. With increased stress, families seek assistance at the facility, hence the marked increase in attendance. Food insecurity notwithstanding, the incidences of diarrhoea, malaria and ARI remain high in the region while the childcare practices are below par as reported in the January 2001 inter-agency assessment mission in the region.

² Lentils and oil will be added from the end of November.

³ Assessment mission by WFP in Nov.2001

UPDATE ON BAKOOL

J. King'ori, FSAU

The past Gu season was stressful for the agro-pastoral food economy groups in Bakool Region. The region experienced reduced pasture and water for livestock and this negatively affected their physical body weight with a resultant reduction in their productivity and marketability. All that coupled with poor crop harvest, serious water shortage for domestic use, some increase in food prices (e.g. sorghum between January and August 2001) and the usual disease occurrence (malaria, ARI, diarrhoea) translated into a significant deterioration in the nutritional status of the population. This led to initiation of WFP/UNICEF/IMC supplementary feeding and family ration distribution intervention package to contain and mitigate the malnutrition problem in Bakool Region in September (Details in September and October Nutrition Update). This comprehensive intervention continues and the agencies are intensifying the case identification through the screening at the static and the outreach clinics in Huddur and Rabdure as well as in the static clinic at El Berde. The numbers of admissions into the feeding programme have steadily increased, as indicated in the graph below.

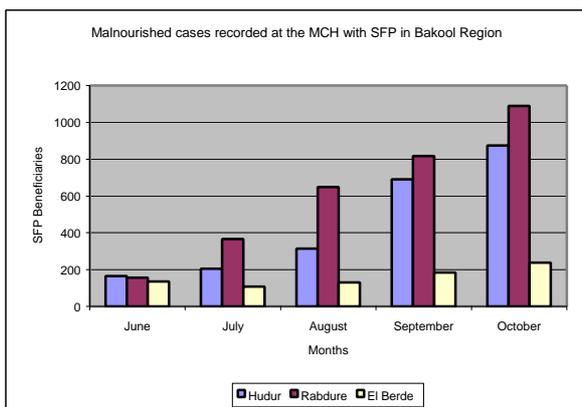
In Rabdure the number of malnourished children reported increased from 155 in June to 1081 in October, indicating a significant increase in the number of beneficiaries of SFP/family ration. The attendance at the MCH also continues to be high with about 1288 being screened in October. The screening was carried out during the regular growth monitoring in the static clinic at the MCH as well as in the outreach clinics of Bodan and Isdhowrt, where the food is distributed to the identified malnourished children on the spot. Bodan outreach clinic in Rabdure is reportedly serving a significant number of malnourished children from the Waajid villages of Burduhure, Madyato and Siji. Isdhowrt outreach clinic in Rabdure is also serving children from Qobato village of Waajid. Both Isdhowrt and Bodan outreach clinics accounted for about 51% and 53% of the caseload in September and October respectively in Rabdure District.

In Huddur District the number of malnourished children increased from 165 in June to 875 in October. The WFP/UNICEF programme of SFP/family ration and the accompanying systematic treatment particularly in the static clinic of Huddur continues to encourage presentation of children at MCH by their caretakers. Consequently, high attendance is recorded at the MCH, for example, in October a total of 1141 were screened in both static and outreach clinics in Huddur District. MSF Belgium has plans in place to provide therapeutic feeding to severely malnourished children referred to Huddur town.

A steady increase in SFP/family ration beneficiaries has also been recorded in El Berde, though the figures are not as high as in Huddur and Rabdure; mainly because some district population has crossed the border to Ethiopia and the fact that data is from the MCH only (no outreach clinic in El Berde). Over the month of October, a relatively high number of attendants (995) were recorded. The attendance at the Tayeglow District MCH centres of Biyooley and Tayeglow is low (about 200 monthly) compared to other MCHs in the region. Significant proportions of malnutrition were reported during the MCH operating months of August, September and October.

Past reports have highlighted movement of people from Waajid District into the neighbouring districts of Luuq and Rabdure, with a hope of benefiting from the ongoing interventions in those districts. The district had poor crop harvest in the last Gu season and most villages experienced water and pasture shortage thus triggering movement outside the district or closer to urban centres. WFP supports food-for-work in the region and World Vision commenced a primary health care programme in September. No supplementary feeding is in progress in the district and children from Waajid are reported to register for supplementary feeding programmes in the outreach clinics in Rabdure District.

Alongside health facility based intervention (in El Berde, Huddur and Rabdure), WFP sponsored food for work (FFW) is ongoing in the districts of Waajid, Hudur, Rabdure and Elberde. The food provided in the WFP sponsored FFW consists of maize, oil and pulses. CARE carries out FFW programmes in Tayeglow District, through which sorghum is distributed. WFP



increased the total amount of food distributed through the various food programmes, in both Bay and Bakool Regions, from an average 200MT to 300MT in August and September 2001 respectively. Poor households, who have few animals and/or small agricultural land, are more vulnerable than the better off, particularly in the wake of current inflationary trends and resultant price increases of main foodstuffs.

MCH data indicate that suspected malaria, diarrhoea and respiratory infections continue to affect the under-fives in Bakool Region. Other infections posing threat to their health and nutritional status of the children include skin infections and anaemia.

It is now hoped that the situation may improve with the onset of the Deyr rains which commenced in the region in mid October.

Good rainfall distribution in the region has led to positive signs of equitable pasture recovery. Herders have come closer to main towns where there is ready market for the milk thus causing a drop in milk prices from 5000 Ssh to 2500 Ssh, in Huddur town, by the last week of October. The drop in milk prices has further implicitly influenced the wild food (e.g. dik-dik) prices to drop thus improving access to protein-rich foods to many households. Newly sown plant germination as well as rejuvenation of *ratoons*⁴ (especially in Tayeglow and Huddur Districts) is picking up well and it's giving hope for farm labour to some of the community members, particularly the poor.

⁴ Products from stumps of previous seasons crops.

UPDATE ON BAY REGION

J. King'ori, FSAU

The slight pasture recovery is leading to increased milk availability in the region. Consequently milk prices in Baidoa have slightly reduced from 6000Ssh to 3-4000Ssh per litre. However the price is still high in comparison with the 2000Ssh normal season's rate. The relatively high milk prices are attributed to the high inflation. Food prices, particularly of the cereals like sorghum, have generally increased, and in light of limited income opportunities in some parts and inflation, the poor households in the region are still in a precarious position as far as food accessibility is concerned. In October, a kilogram of sorghum went for about 2300Ssh up from 1000Ssh in normal times while a kilogram of sugar went for 9000Ssh up from 5000Ssh during normal times, in Baidoa. In Baidoa business people are rejecting the 500Ssh note and this has placed many households' economic status in jeopardy and may further deepen their uncertain food security status. The daily income (of the household head) from farm labour (15000Ssh equivalent of \$0.6) is insufficient to adequately feed an average household size of six.

Despite the onset of *deyr* rains, which is patchy, the water situation in the region has not greatly improved. Ufurow area in Qansax Dheere District, Oflow zone (stretching between Qansax Dheere and Baidoa Districts), Gelgel agro-pastoral area in Berdaale and some parts of Burhakaba District are still experiencing water shortage and depleted pastures. During such periods of water shortage, women in Ufurow travel for 20-30 km in search of water as the borehole in the area no longer functions. This compromises childcare. The little or no rains have led to minimum movement of people from the main district towns with reliable water source. The district of Baidoa which has so far received good rains to support crop germination and recovery of pastures has attracted people from the urban areas as well as the return of residents who had moved to Lower Shabele and Mogadishu (in search of labour and pastures). There are increased farm labour opportunities in Baidoa District and other few parts of Bay, which have received some rains, so far. Hand feeding of animals with sorghum rooton, sorghum stocks and cereals, which was evident among the better off during the past *Gu* season, is decreasing with gradual recovery of pastures. In any case, most of the livestock have not moved back into the region.

During this period of land preparation, planting and weeding there is increased energy requirement, hence more food may be utilized at the household level. It is worth noting that wild foods like *kables*⁵ are on the increase in areas that have received good rains.

Most health facilities' data indicate malnutrition proportion of over 44% among children screened in the month of September and October. In Berdaale, the proportion of malnourished children had progressively increased from 33% out of 666 to 54% out of 711 between April and October 2001. In Qansax Dheere the proportion of malnourished children rose from 42% out of the 575 screened in July to 46% out of 557 in October. About 53% of the 830 children screened at DMO-Baidoa were malnourished in October.

SFP/family ration distribution supported by UNICEF and WFP in collaboration with the implementing organisations are ongoing in **Baidoa** (DMO) and have recently commenced in **Berdaale** District (SRCS) and are due to start in **Qansax Dheere** (SRCS) in November. UNICEF continues to support supplementary feeding in Dinsor where severely malnourished children are also supplied with high-energy biscuits.

The food for work activities continues in Qansax Dheere and Burhakaba (by CARE) as well as in Dinsor, Baidoa and Berdaale Districts (by WFP). However, slow recovery from malnutrition and high readmission into the feeding programmes continue to be indicated by the MCH data implying a possibility of underlying factors like compromised childcare, poor environmental condition and high diseases incidences in a scenario of poor food availability and access at the household level.

HIRAN REGION

B. Owadi, FSAU

Hiran had started receiving the *deyr* rains by October, although not uniformly distributed within the region with riverine areas receiving less rains. Although pasture has started to recover in areas that received rains, most grazing lands continue to be overused. Milk availability is improving as a result of improvement in pasture and subsequent return of animals especially camels and shoats that had previously migrated out in search of pasture. Though this milk will greatly assist the younger children, its production is not yet enough to satisfy the needs of all household members. Though the food deficit as a result of the *Gu* crop failure was not as significant as in other regions of southern Somalia (namely Bay, Bakool and Gedo), the deficit has been felt by the very poor agro-pastoralists thereby reducing their survival scope. Inadequate intake of protein sources that resulted from poor animal condition and poor terms of trade for cereals that followed the *Gu* crop failure resulted in difficulties in obtaining food thereby compromising the welfare status of the poor groups.

The IMC managed Beletweyne MCH has continued to record high malnutrition rates of over 40% in the months of August, and September out of the over 500 children screened each month. Currently there is no feeding programme at the facility although the facility reports have not recorded any significant reduction in attendance since the stoppage of supplementary feeding in April 2001. This could be attributed to continued expectation of re-starting an SFP at the facility. The health centre has attributed the high malnutrition prevalence to diarrhoea, worms, malaria and ARI in addition to pockets of food insecurity amongst the poor groups in the region. There is also a likelihood of increased incidences of diseases especially malaria, a normal occurrence during rainy seasons, a situation that may have negative health implications unless timely

⁵ Leafy green vegetables

mitigated. Other health facilities in the region are managed by SRCS. These facilities have also been recording malnutrition rates higher than 10% of the 80 plus children recorded each month in most of the facilities. The malnutrition rates have been attributed to inadequate childcare practices and chronic diseases especially malaria and diarrhoea. It is notable that the relative insecurity has hampered supervision missions to most of the interventions in the region. Thus, most of the healthy facilities in the region have not reported regular data thus limiting the scope of analysis.

During October, river water levels rose steadily having a possible positive effect on riverine agriculture. However the quality of water will continue to be a problem, a situation that contributes immensely to chronic prevalence of diseases.

MOGADISHU and Banadir Region

Mohammed Moalim & J. Kingori, FSAU

Mogadishu and much of Banadir region have been characterised by frequent insecurity incidences and this has limited INGOs and UN agency entry to facilitate interventions to the needy population. The insecurity incidences led to settlement of people in IDP camps, though these camps have gradually been integrating.

Many of locations where IDPs have settled (including abandoned buildings) are overcrowded and unsanitary and the incidence of communicable diseases and malnutrition appears to be high. Diseases such as diarrhoea, anaemia, respiratory infections, malaria and tuberculosis are common among children admitted to the ACF therapeutic feeding centres, associated with a high mortality rate.

The available nutrition surveillance data from MCH centres of Hamar Jab Jab, Hamar Weyne Waab Arye (Waberi) indicate over 40% malnutrition among the screened children in the period between January and August 2001. The proportion of malnutrition recorded in the Dawa-Shibis MCH increased from 24% to 41% between January and June 2001. Though not up to date, this MCH data indicates a poor nutrition situation in the region. This is further confirmed by the admissions in the Mogadishu TFCs, which have stabilized at about 185 between January and September 2001. A rapid assessment, using MUAC⁶, carried out by FSAU in four IDP camps during October indicates that about 20% of the children in those camps were at very high risk of mortality.

MUAC Results in IDP camps in Mogadishu, October 2001

Camp	Oedema	<11.0cm	>=11.0cm/<12.5cm	>=12.5cm	Total
Tarbunka	3	7	24	16	50
Kasaba	1	5	20	24	50
Taleh	4	8	20	18	50
Gulwade	4	9	22	15	50
Total	12 (6%)	29 (14.5%)	86 (43%)	73 (36.5%)	200 (100%)

Although availability of cereals in Mogadishu and Benadir region is good due to normal maize production in Middle and Lower Shabelle during the last Gu season, access to this and a variety of other foodstuffs for poor urban households, including IDPs is poor due to limited income opportunities and inflation.

SOMALILAND

S. Matu, FSAU

In addition to the population in the resettlement camps of Hargeisa town and the poor urban population in Burao town, Awdal and Togdheer regions have been areas of concern in Somaliland in the past months. As highlighted in previous nutrition updates, Burao Kenya MCH in Burao town has been reporting increasing proportions in the number of malnourished children screened. The MCH has a wide catchment area and a high monthly attendance ranging from 201 to 495 children for the current year. Majority of the malnourished children screened at the MCH come from areas settled by the urban poor population. WFP Hargeisa distributed about 55 MT of food to these populations during October targeting mainly females as the key recipients. A total of 3210 persons (91% females) received food in October 2001. UNICEF has supported a nutrition survey in Burao town in October and it is hoped that the results will provide more details on the nutritional status of this population and factors influencing the same

ASSESSMENT IN THE HAUD IN SOMALILAND

S. Matu, FSAU

The Haud areas especially Buhoodle District have been previously highlighted as vulnerable areas. The Gu rains in this area failed resulting in water and pasture shortage. High numbers of deaths of shoats and cattle were reported while many pregnant camels aborted. The overall condition and production of the livestock was reported to be poor. It's worth noting that this is amidst the high inflation rates and the livestock export ban. All these factors certainly impacted negatively on the food security status of this dominantly pastoral population.

Nutrition data from health facilities serving these areas indicates relatively high proportions of malnourished children as indicated in the September 2001 Nutrition Update. FSAU and NPA have jointly undertaken a rapid food security and nutrition assessment (using MUAC) in Buhoodle District between 10th and 13th November 2001, which will provide a better understanding of the nutritional status of this Haud population.

⁶ -MUAC- Mid Upper Arm Circumference. MUAC<11.0cm (severe acute malnutrition), 11.0cm ≤ MUAC<12.5cm (moderate acute malnutrition), 12.5cm ≤ MUAC<13.5cm (at risk of malnutrition) and MUAC ≤ 13.5cm (normal nutritional status).

In the meantime, animal condition and production in the Haud is improving following heavy Deyr rains although this is still below normal following the stresses they had endured over the past months. Additionally, in October 2001 WFP and a local NGO (International Islamic Relief) distributed food in the form of maize, rice and oil in this area. International Islamic Relief distributed 40 MT of food in eight villages in the Haud of Togdheer. WFP distributed over 317 MT of food to 18,570 beneficiaries in the Haud of Togdheer (Buhoodle, Duruqsi, Balidhig and Qoryale). Other areas that benefited from food distribution are Lasanood and Ainabo in Sool region receiving about 48 MT and 76 MT of food each. In view of the prevailing factors, the food security situation of these populations is expected to enter a phase of recovery.

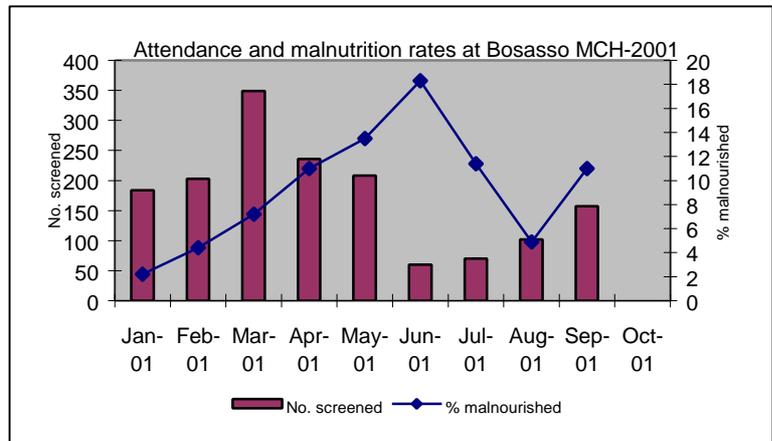
NUTRITION SURVEY IN AWDAL REGION, SOMALILAND S. Matu, FSAU

The coastal population in Awdal region has faced various challenges in relation to food security. This is a dominantly pastoral population with limited fishing activities and salt production. The population mainly relies on livestock and livestock products sales in Djibouti markets for their subsistence. Remittances inflow, which is a major source of livelihood among most Somali families, is limited among this population with an estimated 2% of coastal households receiving money from abroad. The only rains experienced in the region – Hays rains between October and December failed in the year 2000, resulting in a serious drought in these areas. High livestock deaths have occurred in the area while the closure of the Djibouti Somaliland border between April 2001 to October 2001 had far reaching effects on income and hence food accessibility for most of these families. General observations among these populations indicate poor nutritional status. In October, UNICEF carried out a nutrition survey in these areas, which will give an insight on the actual nutritional status of this population.

PUNTLAND – FOCUS ON BARI REGION B. Owadi, FSAU

Most parts of Puntland received Deyr rains in October with the exception of Bari where rainfall has been extremely patchy and insufficient to make an impact on water scarcity and pasture. This exacerbates the existing pasture scarcity resulting from the previous failure of the Gu rains. Reduced pasture, coupled with the negative impacts of livestock ban, has compromised the food security and welfare status for poor pastoralists whose life revolves around livestock and its products. A further depressing factor has been the galloping inflation that has been witnessed following the imposition of livestock export ban in September 2000 and deteriorating economic opportunities in the region. The Somali Shilling that used to exchange at 12,000 per dollar in October 2000 is currently exchanged at over 25,000 per dollar in Bosasso. Coupled with limited export-import trade for exchange goods, imported foodstuffs, that would normally complement livestock products, are beyond the reach of many. The current value of a shoat is less than a sack of sorghum. The most vulnerable of these northern pastoral groups are those found along the coast, where transport and communication facilities are very poor, thus enhancing isolation and reduced cereal availability as access to market is hampered.

The nutritional data from the SRCS managed Eyl MCH along the eastern coastal belt of Bari has recorded malnutrition in 25% of the 270 children screened (less than -2 Z-score). Although fishing business has been generating income in these coastal groups, the eating habits of the pastoral groups limits the consumption of large amounts of fish. This limited food access combined with a reported high incidence of diarrhoea has contributed to the high level of malnutrition in the area.



The poor urban population and IDPs in Bosasso also continue to experience survival problems, a situation that resulted from the negative effects of livestock ban which has greatly reduced economic opportunities. Bosasso is currently experiencing limited availability of imported foodstuffs, mainly rice, wheat grains and sugar. Fuel prices are also quite high making the food preparation costly. Although the Bosasso MCH has been reporting low attendance (mainly explained by the seasonal migration of people outside the town in *Haggai* hot and windy period), there is no doubt that the poor residents are witnessing hard times. As depicted in the graph, attendance as well as malnutrition rates in Bosasso MCH are currently increasing as people are migrating back as the weather condition improves. Although water is available, accessibility by the poorer residents might be limited, as its purchase in the midst of compromised income opportunities may not be guaranteed.

UNICEF continues with their water intervention in the town of Bosasso. In addition UNICEF also initiated a temporary feeding programme at Bosasso MCH targeting the IDPs and the very poor in Bosasso town. The poor water situation in other parts of Bari has also attracted the attention of international agencies and local authorities operating in the region. Currently, there is a plan for an inter-agency assessment of the water situation, a move that is expected to highlight key issues to be addressed for future water security in the region.

HEALTH ISSUES

Meningitis

An outbreak of meningitis has been reported in Hargeisa town. During the three week period from 18 October to 6 November, a total of eighteen suspected cases have been seen with eight cases confirmed as Type A Meningococcal Meningitis. One death has been reported. Guidelines on the detection and management of the disease are available through the SACB. Further information on the outbreak is available from WHO which has already set a mechanism in place to monitor the situation.

Malaria

As is usual at this time of the year, the incidence of cases of suspected malaria is increasing.

Safe Motherhood Working Group

In October, a group of interested individuals and organisations established a working group aimed at strengthening policies and interventions aimed at the reduction of maternal and neonatal mortality and morbidity in Somalia. The group is chaired by UNFPA.

IMPROVEMENT OF HOUSEHOLD FOOD SECURITY THROUGH HOME GARDENS AND NUTRITION EDUCATION

Alison Maccoll, FAO Somalia

Recently, FAO in partnership with World Vision supported approximately 1500 vulnerable farmers (85% women) in Baidoa and Burhakaba Districts of Bay region to establish household vegetable gardens through the provision of vegetable seed kits and tools combined with training on horticulture and nutrition practices.

The objective of the project was to reduce micro-nutrient deficiencies and increase household food security through increased vegetable production and consumption at household level as well as increased knowledge of the nutritional importance of vegetables. In addition, marketing of surplus produce would provide an alternative source of income.

There were four aspects to the project:

- *Identification and registration of beneficiaries:* World Vision agricultural extension staff visited villages. The key criterion for selection of villages was access to water that could sustain vegetable production during the dry season. Although the initial target was 1500 farmers, 1,477 farmers (1,234 women and 243 men) were recruited from 48 villages.
- *Procurement of seeds and tools:* after community consultations, vegetable seed kits and tools were procured providing a range of vegetable seeds (carrot, pumpkin, onions, spinach, lettuce, sweet peppers, watermelon) and tools.
- *Extension staff training:* World Vision extension staff (five agriculture and two health staff) received training facilitated by the WV agricultural officer, FAO agronomist and nutritionist. The training topics included how to grow healthy vegetables, nutritional importance of vegetables, home gardening, bio-intensive gardening practices, role of extension workers, working with groups and PRA techniques.
- *Training of beneficiaries and seeds/tools distribution:* The extension staff then provided training to the beneficiaries. Topics covered included an introduction to vegetables, home gardening, how to grow healthy vegetables, nutrition and its importance to the household, importance of vegetables in the diet. The training was as practical as possible including demonstrations and hands-on activities. Vegetable seeds and tools were distributed as part of the training.

Key lessons learnt:

- Programme staff recognized the need to target TBAs for training as a key entry point for passing nutritional messages to the community, particularly pregnant and lactating women.
- Demonstration plots are an important component of the extension programme for training farmers, testing seed varieties and recommendations being advocated by the programme.
- Dealing directly with beneficiaries ensures benefits reach the intended beneficiaries and helps to gain the confidence and support of the community.

The future:

- World Vision will establish demonstration gardens in the Baidoa TB clinic and the Burhakaba MCH-OPD compounds with the aim of reinforcing the nutritional messages given as part of the health education programmes operated through these health facilities.
- Extension workers will follow up established groups to enhance the sustainability of the activities.

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NUTRITION WORKING GROUP HIGHLIGHTS

Eighteen participants representing eleven organisations attended the 5 November meeting in UNDP, Nairobi.

The Nutrition Working Group strongly recommended that coordination of nutrition related activities should be centralised and that both NGOs and donors should communicate with the Nutrition Working Group on proposed interventions.

Expanded and extended supplementary feeding programme

UNICEF, IMC and WFP are now involved in this intervention in a number of areas and the organisations are satisfied with the initiative so far. As this type of intervention has been used previously and no documentation is available on lessons learned, it is important that we do not miss the opportunity to do this now.

Representatives of the organisations concerned agreed that this intervention now requires the following:

1. Adequate documentation of the process.
2. Description of the protocol including; (i) criteria for inclusion in the programme, (ii) duration of inclusion in the programme, (iii) expected results at individual and population level.
3. Process for monitoring and evaluation.
4. Documentation of any undesirable consequences of the programme.

Huddur

- MSF Belgium clarified that the MSF team in Huddur is prepared to open a therapeutic feeding centre if this is required.
- IMC reported that 180 severely malnourished children were referred to MSF during screening for supplementary feeding but not one of them had presented themselves at the MSF facility.
- ACF has reported that severely malnourished children from Huddur are arriving at the TFC in Luuq.

Recommendation of Nutrition Working Group: MSF, IMC and others involved in SFPs need to review their work practices to ensure at the least, better referral of severely malnourished children to the nearest TFC.

The following issues were also discussed

- Guidelines for supplementary feeding, particularly for pregnant and lactating women
- Anaemia in Somalia. Prevalence study means of addressing the problem.
- Revision of guidelines for nutrition surveys. Clarification required in some sections.
- Management of severely malnourished children at health facility level, in areas lacking access to therapeutic feeding programmes.

WEBSITES

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

WHO Emergency and Humanitarian Action Website. <http://www.who.int/eha/disasters>

PFEDA. http://www.univ-lille1.fr/pfeda/Ethiop/Field_e.htm

UN Somalia. <http://www.unsomalia.org/unsomalia/>

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

RELEVANT PUBLICATIONS

- 'Nutrition Manual for Field Workers in Somalia', Somali and English language versions. FAO Somalia.
- 'The Household Economy Approach', SCF.
- '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 Fiona@enonline.net or visit the website at www.enonline.net

RECENT REPORTS

- **Monthly Food Security Report for Somalia**, FSAU.
- **Food Security Update in Somalia**. FEWS NET. November 6, 2001.
- **Pastoralists Under Pressure**. Focus. FSAU. October 2001.
- **ALERT**. Food Insecurity in Somalia. FSAU & FEWS NET. October 2001.



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