

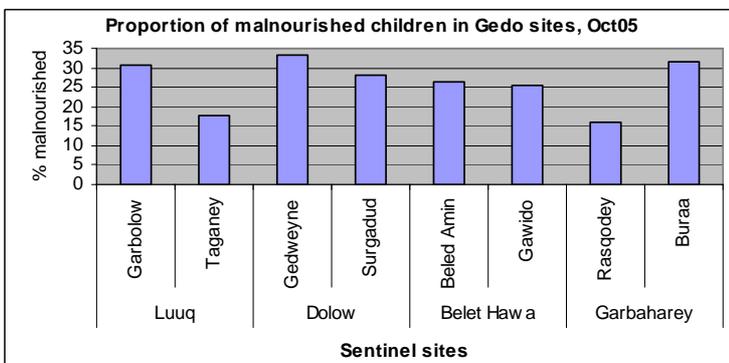
OVERVIEW

While high levels of malnutrition persist among displaced persons in Burao and Bossasso in the north, the areas giving rise to the greatest concern at present are in Southern Somalia. Intensive surveillance has commenced in accessible areas of Gedo, Bay and Bakool and will soon commence in the Juba Valley. In these areas, all food security indicators currently point towards a worsening humanitarian situation.

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GEDO: High levels of malnutrition persist

In response to a growing concern about populations in Gedo where humanitarian access continues to be poor, FSAU in partnership with Gedo Health Consortium and Somali Red Crescent Society have conducted a first round of more intensive surveillance in eight sites in Luuq, Dolow, Belet Hawa and Garbaharey Districts between 8th and 17th October 2005 (see the map for the sentinel sites). The sites were chosen based on reports of worsening food security and follow-up rounds of

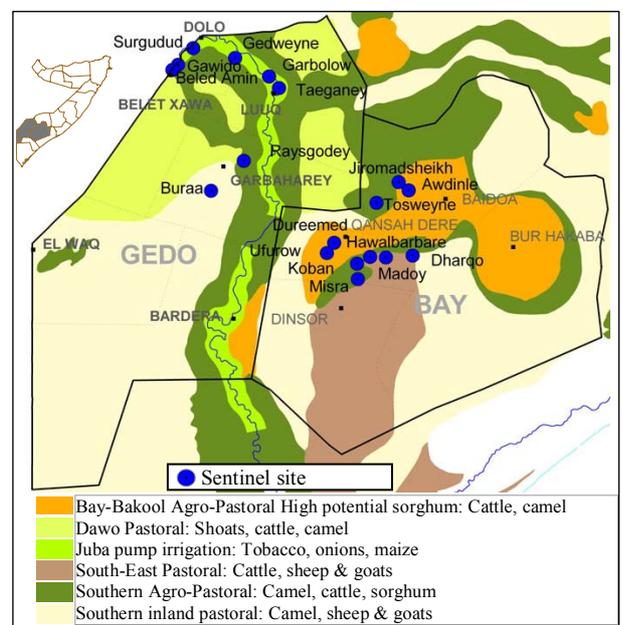


surveillance will be undertaken regularly in the coming months. The malnutrition levels in the sentinel sites (ref, graph) and health facility data continue to show levels of malnutrition that are consistent with the very high levels previously seen in Northern Gedo. No cases of oedema were reported. MCH clinic data from Garbaharey, Luuq and Belet Hawa indicate that approximately one third of the average 200 children screened per month between May and August 2005 were malnourished (W/H < -2 z score). Levels of global acute malnutrition of over 20% have been observed in the past surveys¹ in Northern Gedo (FSAU, November

2005 Food Security and Nutrition Monthly Brief and past FSAU Technical series). Belet Hawa therapeutic feeding programme data continue to show high numbers (40-60) of monthly admissions of severely malnourished children (graph page 2). Mandera TFC in Kenya also reports admitting children from Somalia.

The sentinel sites surveillance consumption data indicate intake of relief commodities (from CARE). About 74% of the children consumed one or two food groups in a day. The diet diversity is limited to sorghum and oil in Luuq, Dolow and Belet Hawa Districts. Some pulses consumption was also reported. Additional food access data also indicate relief to be the main source of sorghum and oil accessible to the poor agro-pastoral population of northern Gedo. Maize from the local production is consumed by Bardera, Burdubo and Garbaharey populations. Past studies in Somalia have shown a strong association between the consumption of food from three or fewer food groups, and malnutrition.

Worm infestation, diarrhoea and acute respiratory disease were among the causes of ill-health recorded two weeks prior to the intensified surveillance. GHC implements a primary health care

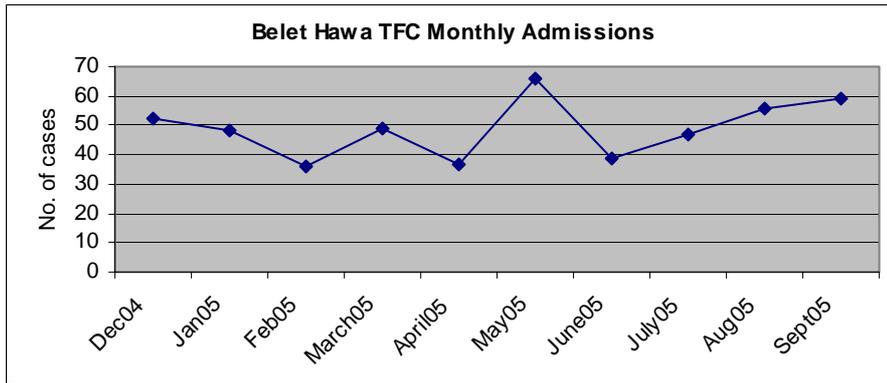


¹ Global acute malnutrition rate of 25.4% and U5 mortality rate of 3.7/10,000/day were recorded in Luuq District in Oct 2004 while GAM rates of 22% had been recorded in Belet Hawa Districts before (Oct 2002)

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PARTNERS INCLUDE MOHL SOMALILAND, MOSA PUNTLAND, FAO, UNICEF, WHO, SRCS/ICRC, SCRS/IFRC, WVI, GHC, IMC, MSF-S, COSV, AAH, MUSLIM AID-UK, INTERSOS, CISP, ZAMZAM FOUNDATION, COMMUNITIES OF WABERI, HAMARWEIN AND HAMAR JABJAB, ACF, COOPI, MSF-H, MSF-B, Save the Children, CARE, UNOCHA, ADRA

programme in Luuq, Dolow, Belet Hawa and Garbaharey Districts while the SRCS supports the Bardera MCH.



Food security context: Considering the *Gu* 2005 crop failure, reduced pasture and water availability, civil insecurity affecting parts of Gedo and the late onset of the *Deyr* 2005/6 rains, the entire Gedo Region is at increased risk of food insecurity and population wellbeing deterioration. The nutrition situation analysis continues with the possibility of conducting a nutrition survey in the near future being explored. In the meantime, the second round of the sentinel sites surveillance is underway in Gedo.

Follow up of the condition of livestock that had migrated to the Juba Valley is ongoing. Water and pasture scarcity had triggered camels and cattle movement towards the Juba Valley and along the Juba riverine by October 2005 and this had led to severe shortage of milk and other animal products in most parts of north Gedo. Cattle and camel milk prices in Belet Hawa have increased to about 8,000Ssh/ litre in Sept/Oct 2005 from the usual 3-4,000Ssh. A litre of milk costs 3,000Ssh in Luuq due to the presence of livestock along the riverine area. The pasture condition in northern Gedo is yet to improve and FSAU will continue to monitor the situation. (This is in addition to the forthcoming *Deyr* 2005/6 assessment in December). During the *Hagai* season, deterioration in food security indicators (water and pasture scarcity) was noted in South Gedo. This creates potential for deterioration of the nutrition situation among the Southern Gedo residents.

BAKOOL REGION: Sentinel sites monitoring system established

Bakool Region has experienced periods of food insecurity and civil insecurity that have affected the populations' livelihoods significantly. Based on the *Gu* 2005 seasonal analysis, about 12,000 people in Rabdure and parts of Elberde Districts were facing acute livelihood crisis (FSAU 2005 Post *Gu* Analysis, Sept 2005). Past surveys, assessment reports, health facility data and the intervention data have shown presence of high levels of malnutrition. The high number of supplementary feeding programme beneficiaries and the relapse rate has been associated with the household level food insecurity, poor childcare practices, poor sanitation and communicable diseases, particularly diarrhoea. To monitor the nutrition situation trends, FSAU and partners have established sentinel sites surveillance in Bakool Region. The results will be presented in the coming months.

JUBA VALLEY: Off season crops, interventions improve food availability

The Juba Valley and the riverine population in particular have been of heightened concern following records of high malnutrition and the limitation in humanitarian access. During the *Hagai* season, the area has been hosting livestock from Gedo Region and the neighbouring north eastern province of Kenya. However, the milk availability was not significant due to the poor livestock body condition and production. The livestock have lately moved away from the riverine areas towards grazing areas of Afmadow with the onset of the rains (after 10th November) and the anticipation of the pasture recovery. The riverine population has been consuming off-season maize² (though destruction by floods has occurred in some villages) and relief food distributed by WFP through partners (AFREC). Also available in the past two months were fruits and vegetables. Some villages are also accessing fish following the provision of fishing equipments. FSAU continues to closely monitor the situation and will undertake a survey when access permits.

LOWER SHABELLE

Between 14th and 16th November 2005 UNICEF, WHO and COSV carried out a rapid assessment in floods affected area (Mustaqbal village) which hosts about 3500 people. At the time of assessment about 50% of the houses were still flooded with majority of the population having moved to Kurtunwarey town, Bulohaji and Aqabtallal villages. Further findings indicate there was significant crop destruction, increase in prices of food stuffs (maize, sugar, pasta, rice), roads destruction, some families consumed partly damaged maize or unsafe water (from the floods) while sanitation was poor. Following the floods ICRC, Concern Worldwide and the local authorities provided empty sacks for river embankment repair. COSV, WHO and UNICEF continue to support health services in the region. FSAU will continue close surveillance of these groups.

² Simsim is grown along the riverine as a cash crop

TOGDHEER: Poor nutrition situation persists among Burao returnees/ IDP

The nutrition situation in Burao returnee/IDP settlements has been of concern since 2003 when a nutrition survey recorded critical malnutrition rates³. As a follow up of the situation, a rapid assessment was conducted between 24th and 25th October 2005 by FSAU in collaboration with the Ministry of Health and Labour (MOHL), Somali Red Crescent Society (SRCS), Save the Children (SC, UK), and Candlelight to review the nutrition situation and associated factors in the same areas among children aged between 6 - 59 months or 65 - 110 cm tall using weight for height index. A population assessment using anthropometry, structured questionnaires, focus group discussions and observations was conducted in the three main returnee/IDP settlements namely:- Koosar, Aden Suleiman and Ali Hussein. A total of 186 children aged 6-59 months from 115 households were assessed. A total acute malnutrition rate (WHZ<-2 and/or oedema) of 15.1% and severe acute malnutrition rate (W/H<-3 z score and/or oedema) of 3.2% were recorded (Table 1). There were 2 cases of bilateral oedema. These rates indicate that the situation is similar to that recorded two years ago. Acute malnutrition rates showed an association with diarrhoea ($0.51 < RR = 0.70 < 0.97$; $p = 0.005$). Using MUAC, about 1.9% of the 107 (93%) non pregnant women (caregivers) were at risk of malnutrition ($MUAC \leq 18.5$ cm) and 0.9% were at severe risk ($MUAC < 16.0$ cm). Two out of the 8 pregnant caregivers were at severe risk of malnutrition ($MUAC < 20.7$ cm).

Variable	n	%
<i>Characteristics</i>		
Mean household size	7 (sd=2.6)	
Child sex:		
Boys (Males)	101	54.3
Girls (Females)	85	45.7
<i>Malnutrition by WHZ Scores</i>		
Total acute malnutrition (WHZ<-2/ oedema)	28	15.1
Severe acute malnutrition (WHZ<-3/ oedema)	6	3.2
Oedema	2	1.1
<i>Malnutrition by MUAC (N=186)</i>		
Severe ($MUAC < 11$ cm)	2	1.1
Moderate ($11 \leq MUAC < 12.5$ cm)	32	17.2
Total malnourished ($MUAC < 12.5$)	34	18.3
At risk ($12.5 < MUAC < 13.5$ cm)	34	18.3
<i>Morbidity and Mortality</i>		
ARI	58	31.2
Diarrhoea	36	19.4
Malaria (Suspected)	2	1.1
Measles (suspected)	4	2.3
U5 MR (persons/10,000/day)	2.72	
CDR (persons/10,000/ day)	0.98	

Morbidity rates are high with 31.2% of the children reportedly having ARI and 19.4% diarrhoea in the two weeks prior to the assessment. Skin infections were also commonly reported. Most of the children (90%) had received immunization against polio and 76% against measles while vitamin A supplementation coverage was 46% within six months prior to the assessment. Limited medical services are available in the camp through Koosar and Aden Suleiman MCH centres which have been not functioning regularly for the last 3-6 months. There are two boreholes in the settlements (constructed by Oxfam), but the water is saline. Safe drinking water is trucked from Burao town by vendors and sometimes the cost (at SLSH⁴ 1000 per 20 litre barrel) is too high for the poor. Sanitation in the settlements is poor. Latrines are limited in the settlements and the few that were constructed in Koosar are in poor condition and are underutilized by the residents. Schools are available but they are not accessible to the residents due to lack of fees, uniform and other requirements.

Casual labour opportunities are not readily available to the majority. Income is low and many households depend on borrowing to get food. There are no markets in the settlements and residents mainly purchase their foods from town, over 5 km away. There is weak social support within the IDP/returnees due to their generally low income and lack of relatives in the diaspora community. One of the main constraints experienced by this population is the low level of employment opportunities.

Efforts to improve dietary intake, access to health, water and education services may improve population wellbeing substantially. Sustaining the population in the meantime can be undertaken through usual short-term relief interventions.

Recent publications

- FSAU Food Security and Nutrition November 2005 Monthly Brief
- FSAU/FEWSNET Market Data Update, November 2005
- FSAU/FEWSNET Climate Data Update, November 2005
- FSAU Technical Series Report, No IV.5, 2005 Post GU Analysis, September, 2005)
- "Conflict and Drought Induced Displacement – Qansah – Dhere and Dinsor Towns and Misra Village in Bay Region", Joint Assessment Field Report, OCHA, UNICEF, WFP 22th-27th, August 2005

³ A global acute malnutrition rate of 15.3% and severe acute malnutrition rate of 1.9% were recorded. FSAU, Oct 2003.

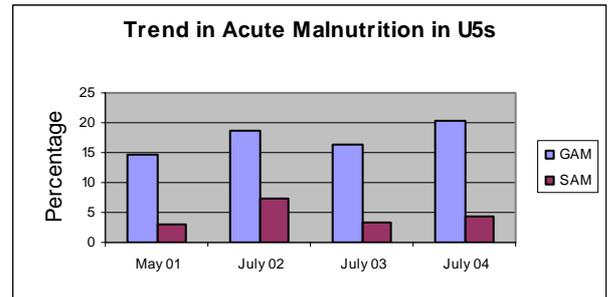
⁴ Exchange rate is 1 US\$ is equivalent to SLSH 6200

BOSSASSO: Efforts to curb critical levels of malnutrition among IDPs

Nutritional surveys conducted by UNICEF in collaboration with FSAU and other partners among Bossasso IDPs indicate persistent high malnutrition rates (see the chart). This has been partly attributed to inadequate dietary intake and the presence of disease which are linked to low access to income, food and health services; poor feeding practices, overcrowding and un-hygienic environment.

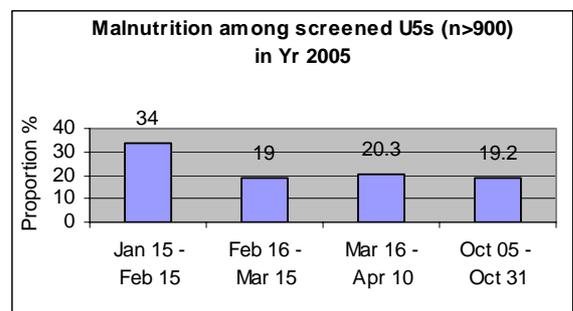
From January 2005, in response to these findings, UNICEF/WFP in partnership with MOH began to support 'Aid', a local agency to:

- Identify and distribute a targeted food ration to households with vulnerable IDPs. The criteria for selection includes: under fives with weight for height less than 80% of the median; pregnant women with negligible monthly weight gain or those who are anaemic; lactating women from impoverished households, with body weight less than 55 kg. The eligible beneficiary is entitled to a monthly supplementary food ration of 12.5 kg of blended foods (BP5 or super mix) and a family ration of 63.6 kg (50 kg of maize, 10 kg of pulses and 3.6 kg of vegetable oil). The distribution is conducted at Bossasso MCH centre.
- Create awareness and mobilize the IDPs on personal and environmental sanitation: 'Aid' conducts education sessions on appropriate health and nutrition practices, including personal and environmental sanitation – in the IDP camps; 'Aid' in partnership with a local company collects garbage from the IDP camps routinely.
- Increase access to health services & safer water: 'Aid' and Bossasso MCH staffs conduct joint immunization campaigns in the IDP camps (located 3-5 km from the MCH) and at Bossasso MCH centre; Chlorination of water sources for the IDPs, mainly berkads, to minimize contamination and risk of cholera/diarrhoeal outbreak.



WHO/MOH, in collaboration with UNICEF and WFP continue to manage a surveillance system on cholera in Bossasso town and the IDP camps since February 2004. Representatives from 16 selected sites in the IDP camps submit daily reports to MOH, on the number of cases with watery diarrhoea and causes of deaths in the camps. A weekly taskforce meeting of the stakeholders reviews findings. The participating IDP representatives receive food from WFP as an incentive to work.

In October 2005, 'Aid' constructed four health posts in the IDP camps (Shabeele, Boqolka-buush, Bulo-elay, Tuur-jaale) aimed at improving IDP access to health services. These health posts provide routine activities that include antenatal and postnatal care, growth monitoring, health and nutrition educations, and provision of supplementary food (BP5 for severely malnourished children, <70%), ORT and EPI. The staff also collaborates with elders/committees in the regular IDP environmental clean-up.



The on-going humanitarian interventions in Bossasso IDP camps may have had some impact on malnutrition and mortality rates with screening results showing a decrease in levels of malnutrition since January 2005. Findings from routine nutritional screening of over 900 children (see the chart) however, indicates persistent serious situation. A study on how the underlying causes of malnutrition can be addressed, amidst an urban environment may be undertaken in the coming months.

This 'Nutrition Update', along with other FSAU publications and relevant materials, is available on FSAU's website: www.fsau.org



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