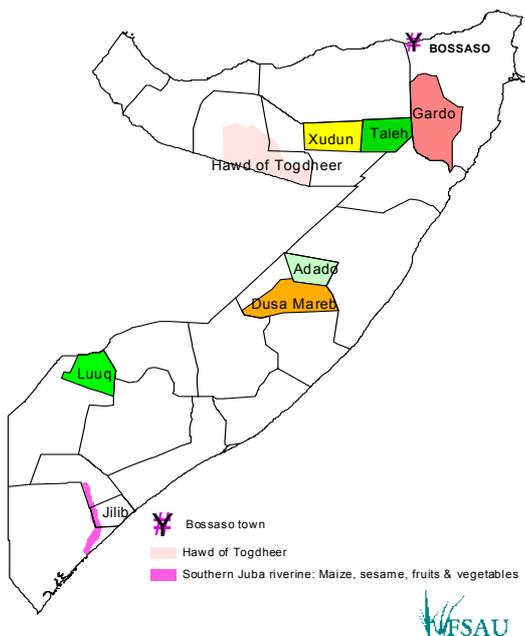


OVERVIEW

This issue highlights a very serious situation in the Juba Valley with fresh insecurity causing a further deterioration in the already poor food security and nutrition situation. Admissions of severely malnourished children to the MSF Therapeutic Feeding Centre reflect the extremely high numbers of children already in very poor condition. Addressing food insecurity in affected populations is an urgent priority.¹



The preliminary results from a recent nutrition survey in the Bossaso IDP camps show a critical nutrition situation with the current results showing an increase in the malnutrition rates from the previously recorded rates. Mortality rates are also relatively high.

A nutrition survey has been completed in the food insecure Dusamareb and Adado areas of Galgadud Region. Preliminary results are expected by early October 2004. Plans to undertake a nutrition survey in Luuq, Gedo Region are progressing.

Interventions in Togdheer are ongoing through programmes targeting livelihoods and the population wellbeing.

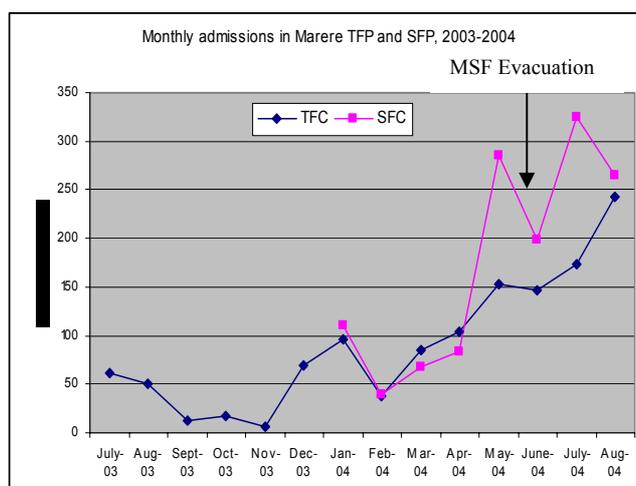
In this issue of 'Nutrition Update';

Juba riverine update	1
Hawd of Togdheer interventions	2
Bossaso IDP survey-preliminary survey	3
Nutrition survey guidelines highlight	4
Galgadud nutrition survey	4
Health information systems	4

JUBA RIVERINE UPDATE

The Juba Valley riverine livelihood group has experienced consecutive seasons of poor crop performance. In the past three years, flooding of the Juba River into dhesheks (depression areas) has not been adequate to support the crop in both lower and middle Juba leading to cereal deficits in the Juba valley. According to FSAU (Sept 2004) it is estimated that around 54,000 people in Middle Juba are in need of emergency humanitarian assistance with about 24,000 of them being from Jilib District. Displacement caused by insecurity has further disrupted livelihoods. Poor water quality and sanitation, a fragile social support network and limited health services have had further negative influences on the population wellbeing.

A series of rapid nutrition assessments, regular surveillance data and information from emergency interventions indicate a critical nutrition situation. A global acute malnutrition rate (W/H<-2 Z score or oedema) of 19.5% (CI: 17.0-22.2) and a severe acute malnutrition rate (W/H<-3 Z score or oedema) of 3.7% (CI: 2.6-5.2) were recorded during the May 2004 survey. An under five mortality rate of 5.4/10,000/day and crude mortality rate of



¹ Refer to FSAU Post Gu Analysis Report, September 2004 for details on nature and extent of food security crisis.

The Nutrition Surveillance Project is funded by USAID/OFDA and receives support from the EC

SURVEILLANCE PROJECT PARTNERS INCLUDE MOHL SOMALILAND, MOSA PUNTLAND, FAO, UNICEF, WHO, SRCs/ICRC, SCRS/IFRC, WVI, GEDO HEALTH CONSORTIUM, IMC, MSF-S, COSV, AAH, MUSLIM AID-UK, INTERSOS, CISP, ZAMZAM FOUNDATION, COMMUNITIES OF WABERI, HAMARWEIN AND HAMAR JABJAB, IRC, ACF, COOPI, MSF-H, MSF-B.

2.2/10,000/day were recorded. These rates indicated an emergency situation according to WHO classification (June/July 2004, Monthly Nutrition Update).

MSF-Holland operates an OPD, a therapeutic feeding programme (TFP) and a supplementary feeding Programme (SFP) in the Jilib riverine area. The TFP commenced in July 2003 following reports of high levels of malnutrition in the area; while the SFP started in January 2004. Admissions of the severely malnourished children in the TFP increased from less than 100 per month before April 2004 to about 250 in August². About 70% of the TFP beneficiaries are reported to have presented with oedema. Currently High Protein/energy biscuits are provided to the moderately malnourished children while their families receive family ration consisting of maize, pulses and oil from World Food Programme. Although monthly admissions into the SFP have also increased population movement, insecurity and programme coverage have been causing substantial fluctuations in numbers. The beneficiaries come from 40 km radius from Marere and establishment of outreach services for SFP will enhance coverage of the programme.

SRCS/ICRC and Mercy International, with assistance from UNICEF offer health services through Gududei and Jilib MCH centres. AFREC and World Concern have rehabilitated over 30 shallow wells in the past one year, distributed about 11,700 kits of fishing gear (a kit per family), provided 30 pumps (a vegetable promotion pilot project in 10 villages) and is supporting a women education programme.

Further deterioration is anticipated following the poor Gu 2004 harvests and deteriorating security situation. Price increases of local and imported commodities have already been noted following the closure of Kismayo port and the taxes at road blocks along the many trade links between the Juba valley and Kismayo and Mogadishu. Dependency on credit is not sustainable since some businesses are already closing due to non repayment of debts. Income sources have declined with the poor production and limited employment opportunities in the area.

The nutrition situation shows a significant deterioration at a time when improvement is usually expected (after the Gu harvest). Increased humanitarian assistance and restoration of peace in the area will be required to avert further distress and loss of life. The Humanitarian Response Group of the SACB has recommended increased and coordinated humanitarian assistance in the area by partners to facilitate effective coverage and establish gaps in needs for the area. A field coordination meeting for the humanitarian agencies operating in the area has been scheduled.

TOGDHEER UPDATE

The Haud of Togdheer region has experienced increased food insecurity and vulnerability following poor 2003 Gu rains, a failed 2003/2004 Deyr season and an inadequate Gu 2004 season. An interagency assessment undertaken in December 2003 showed a deterioration of livelihood indicators including an increase in human morbidity, declining water availability, increase in prices of imported food commodities and a decline in livestock and livestock products. An update on the nature and extent of the livelihood crisis are available in FSAU's Post Gu Analysis report, September 2004. Since February 2004, three rounds of humanitarian interventions have been implemented in Togdheer region (See April and May 2004 FSAU Nutrition Updates for details on first and second rounds of interventions).

The third round of interventions in Togdheer was implemented in May/June 2004. Several agencies were involved during which treatment of illnesses on an outpatient basis; immunisation, supplementary food and family ration for malnourished children, vitamin A supplementation, general food distribution, water distribution, treatment of livestock diseases and supply of veterinary drugs were undertaken. Foods distributed were in the form of maize, rice, sugar and oil by WFP, SC-Denmark, Candlelight and Havoyoko. Health related activities including nutrition screening were collaboratively undertaken by SC-US, UNICEF, MOHL and WHO. Among the 5610 under five children screened, about 20% were malnourished (WFH <80% median or oedema) while 2.3% were severely malnourished (WFH <70% median or oedema). Data from the three rounds of interventions are not comparable due to variations in areas covered but indicate persistently high ($\geq 17\%$) levels of malnutrition among the children who have presented for screening. Surveillance data, in particular data from rapid assessments, suggests that in randomly selected populations, the nutrition situation has not deteriorated over the past year. The incidence of diarrhoea and ARI were low compared with levels in other parts of the country.

Food and livelihood insecurity continue to increase the nutritional vulnerability of pockets throughout this area. The ongoing interventions and the strong social support network have played a part in preventing a deterioration in the wellbeing of the population.

² Decrease in TFP admission in June is more associated with MSF-team evacuation rather than an improvement of the nutritional situation

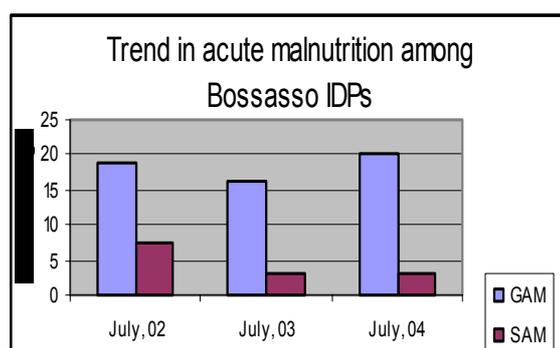
BOSSASO IDPS SURVEY- Preliminary results

Bossaso town in the North East Somalia hosts a significant number of internally displaced persons (IDPs) mainly from Central and Southern part of Somalia. The push factors in the places of origin are mainly civil insecurity and food insecurity while others move in search of job opportunities in Bossaso. Usually, the IDPs seek casual employment as porters in the port, construction or house-helpers for women. Others are also involved in petty trading. The IDPs have been vulnerable to chronic food insecurity and high malnutrition rates. Past nutrition surveys conducted on this population have indicated critical malnutrition rates. A nutrition survey undertaken in June 2002 indicated a global acute malnutrition rate (GAM) (W/H<-2 z score or oedema) of 18.7% and a severe acute malnutrition rate (SAM) (W/H<-3 z score or oedema) of 7.5%. Equally high malnutrition rates were recorded in a repeat nutrition survey conducted in July 2003. The GAM rate (W/H<-2 z score or oedema) was 16.2% and a SAM rate (W/H<-3 z score or oedema) was 3.2%. The Ministry of Health in collaboration with UNICEF and other partners and other government ministries have been supporting the delivery of humanitarian interventions to the IDPs.

To monitor the nutrition situation of Bossaso internally displaced persons, UNICEF in collaboration with FSAU, and the Ministry of Health for Puntland conducted another nutrition survey between July 25th and August 5th 2004. The survey objectives were to determine the levels of wasting among the 6-59 months age category using weight for height (WFH) Z score indicator, examine the underlying factors and develop appropriate recommendations to address the situation. Retrospective mortality survey was conducted concurrently. The exhaustive survey included 1411 children aged from 6 – 59 months comprising 47% boys and 53% girls. A total of 1621 households were included.

Indicator	No.	%
Total children surveyed	1,411	100
Number of boys	661	47
Number of Girls	750	53
Global acute malnutrition (WFH< -3z score plus/or oedema)	287	20.3
Severe acute malnutrition (WFH < -2z score plus/or oedema)	61	4.3
Children with diarrhoea in two weeks prior to the survey	282	20
Children with ARI in two weeks prior to the survey	259	18
Children with malaria in two weeks prior to the survey	126	9
Children with measles in the last one month prior to the survey	154	11
Children with Vitamin A supplementation in one month prior to the survey	1062	75
Children over 9 months, immunized against measles (n=1,316)	606	46
Children under 24 months exclusively breastfed at 4 months	88	18
Children from female headed households	680	42
Main source of food: Purchase	1617	100
Main source of income: casual work	1535	95
Coping strategy: borrowing	1524	94
Source of water: protected wells	353	22
Source of water: Berkards	619	38
Faecal disposal: pit latrine	362	22
Faecal disposal: Bush/open ground	1256	78
Retrospective under five mortality rate	2.32/10,000/day	
Retrospective crude mortality rate	1.75/10,000/day	

Preliminary findings indicate a GAM rate (WFH<-2 z score or oedema) of 20.3% and a SAM rate (W/H<-3 z score or oedema) of 4.3%. This signifies a critical nutrition situation, according to WHO classification. Additional findings indicated the prevalence of diarrhoea was 20% and ARI 18% in the two weeks preceding the survey. The proportion of measles one month prior to the survey was about 11%. About 75% of the children had received vitamin A supplement in the previous 6 months. Retrospective mortality rate for the under five is 2.32/10,000/day and crude mortality rate is 1.75/10,000/day.



Further findings indicate purchase as the main source of food, and casual work as the main source of income for 95% of the households. The majority (94%) of the households engaged in borrowing as a coping strategy while the rest depended on begging. About 22% of the households accessed water from protected wells and about 38% from berkads. About 76% of the households disposed off faecal matter on open ground around the camps. About 44% of the children came from households seeking health services from public health facilities and about 53% from private clinics and pharmacies. These findings are summarized in the table.

The levels of acute malnutrition recorded in the three surveys indicate very high and deteriorating levels of malnutrition. The prevailing aggravating factors reflect potential for further deterioration since the coping strategies are not sustainable. The levels of retrospective mortality for under fives and the general population indicate an alert situation. As detailed analysis of the nutrition and mortality situation continues there is need for continued assistance and establishment of programmes aimed at improving the general food security and livelihood base for the vulnerable IDP population.

NUTRITION SURVEY GUIDELINES FOR SOMALIA

The nutrition survey guidelines initially developed in 1997 are now being reviewed by the Nutrition Working Group of the SACB. The current version has additional components like mortality, dietary information collection and coping strategies. The guideline is available on request.

GALGADUD NUTRITION SURVEY

A nutrition survey has been undertaken in September 2004 in Dusamareeb and Adaado Districts. The data collection has been completed in the two districts and analysis is in progress. The survey was undertaken by FSAU, UNICEF and SRCS and results will be presented in the October 2004 Nutrition Update.

HEALTH INFORMATION SYSTEM

The main components of the Health Information System (HIS) in Somalia are Nutrition (coordinated by FSAU), Immunisation (coordinated by UNICEF) and Morbidity (without a coordinating organisation). Within the HIS Working Group of the SACB, FSAU and UNICEF have supported the upgrading of the system. FSAU has now completed a revision of the software (HIS – version 3.06) which is being shared with interested partners. Training in the use of the new software and its installation in partner computers has been undertaken in September. Key areas such as data quality, information flow, data management and analysis will be further developed in the coming months.

NUTRITION SURVEYS UPDATE

Dates		Area	Organisations	Status: 26 th Sept. 2004
January 2004	Bakool	Wajiid IDPs	UNICEF/ACF/FSAU/WFP/WVI	Report circulated
Feb/March 04	Bari/Nugal	Burtinle/Garowe/ Dangoroyo	ACF/UNICEF	Report circulated
March 2004	Bakool	Elberde	UNICEF/FSAU/IMC	Report circulated
April 2004	Mudug	Galcacyo	UNICEF/MOH/FSAU	Report circulated
April 2004	Mudug	Golgodob	UNICEF/MOH/FSAU	Report circulated
May 2004	Middle Juba	Jilib Riverine	FSAU/UNICEF/SRCS/UN-OCHA/AFREC	Final report available
May/June 2004	Sool/Sanaag	Sool Plateau	FSAU/UNICEF/MOHL/SRCS/WFP/WHO	Draft circulated
July 2004	Bari	Bossaso IDPs	UNICEF/MOH/FSAU	Preliminary results available
Sept 2004	Galgadud	Dusamareb & Adaado	FSAU/SRCS	Analysis in progress
Oct 2004	Bari	Alula/Kandala/Ishkushban	UNICEF/FSAU/MOH	Planning in progress
Oct 2004	Bari	Qardho	UNICEF/MOH/FSAU	Planning in progress
Oct 2004	Gedo	Luuq	FSAU/GHC/UNICEF/CARE	Planning in progress
Oct 2004	Sool	Huddun/Taalex	FSAU/MOHL/UNICEF	Planning in progress
Oct 2004	Bay	Baidoa	UNICEF/FSAU	Proposed
2004	Hiran	Belet Weyne	IMC/FSAU/UNICEF	Proposed
2004	Bay	Dinsor	IMC/FSAU/UNICEF	Proposed
2004	Galbeed	Togdheer	UNICEF/FSAU/MOHL	Proposed
2004	Galbeed	Hargeisa IDPs	UNICEF/FSAU/MOHL	Proposed

TRAINING COURSES AND ANNOUNCEMENTS

- Regional Centre for Quality Control of Health Care, Makerere University is offering (i) a Post Graduate Diploma in Quality of Health Care, Uganda, October 4th 2004 to March 2005, (ii) a short course on: Improving quality of care: Foundations in facilitative supervision”, March 14-18, 2005, (iii) Malaria Update Short Course between 30th May and 10th June 2005.. Email: mail@rcqhc.org or rnauma@rcqhc.org
- Training of Trainers in HIV/AIDS Community- Based Care and Support 4-22 October 2004, Nairobi. Email: courses@cafs.org Website: <http://www.cafs.org>

WEBSITES

This ‘Nutrition Update’, along with other relevant materials, is available on:

UN Somalia Website. http://www.unsomalia.net/FSAU/nutrition_updates.htm

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



Physical address: Peponi Plaza, (Block C), Peponi Road, Westlands, Nairobi.
 Postal address: PO Box 1230, Village Market, Nairobi
 Telephone: +254-2-3741299, 3745734, 3748297. Fax: 3740598
 General email: fsauinfo@fsau.or.ke
 Comments and information related to nutrition: Noreen.Prendiville@fsau.or.ke