FSAU
Food Security Analysis Unit – Somalia

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OVERVIEW

The recent nutrition survey among former 'returnees/IDPs' in Hargeisa, gives good cause for optimism. The survey findings demonstrate that given a secure environment, a thriving economy, assistance in access to social services and better housing, human wellbeing will benefit and rapid recovery can occur.

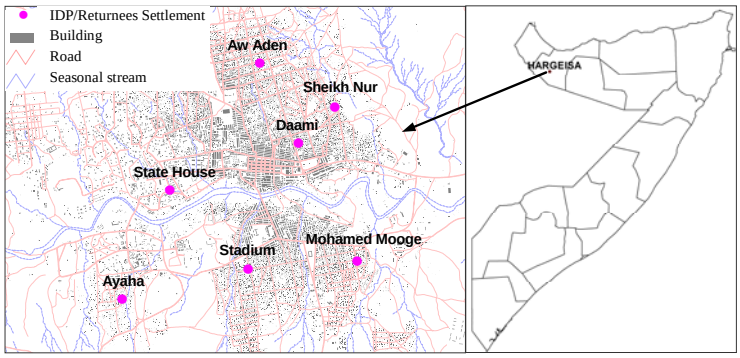
Given a level of food insecurity, good humanitarian access and civil security can assist in alleviating the effects of a crisis and allow more rapid recovery – as demonstrated in the Dangaroyo and Eyl surveys.

In this issue:

Other reports in this month's Nutrition Update continue to demonstrate that periodic or chronic food security *in the presence of civil insecurity* has a devastating effect on the wellbeing of the population.

Significant improvement in nutritional among Hargeisa 'Returnees/IDPs'

Hargeisa, the biggest town in Somaliland, hosted up to 72,500 IDPs/returnees who returned from settlements in Ethiopia between 1997 and 2004. These 'returnees' are concentrated in settlements surrounding the city and many have since become residents of the city.



Two nutrition surveys conducted within these settlements (2001 and 2003) showed poor health, sanitation, dwelling, economic and food security conditions leading to alarming levels of global acute malnutrition (over 15% W/H <-2 z-scores or oedema in both surveys). Since then, agencies (international and local) supported the local authorities in Somaliland to improve and sustain the livelihoods in these settlements.

Between 3rd and 14th September 2005, FSAU and UNICEF in collaboration with MOHL Somaliland and WFP undertook a follow-up nutrition survey in settlements to determine changes in health, food security and nutrition status of the population. Using a 30 by 30 cluster sampling methodology, a total of 924 children aged 6 – 59 months from 467 households were surveyed. Mortality data were collected from 902 randomly selected households.[1]

Indicator	No	%
Global acute malnutrition – W/ H <-2 Z score or presence of oedema (N=924)	70	7.6 (CI: 6.0-9.5)
Severe acute malnutrition – W/ H <-3 Z score or presence of oedema	11	1.2 (CI: 0.6-2.2)
Oedema	1	0.1 (CI: 0.0-0.7)
Proportion of children with diarrhoea in two weeks prior to survey (N=924)	159	17.2
Proportion of children with ARI in two weeks prior to survey	307	33.2
Proportion of children with suspected malaria in two weeks prior to survey	4	0.4
Proportion of children with measles in one month prior to survey (N=871)	14	1.6
Proportion of children supplemented with Vitamin A in the last six months prior to the survey (N=924)	494	53.5
Proportion of children (9-59 months) immunised against measles (N=871)	389	44.7

Global Acute Malnutrition (weight for height <-2 Z scores or oedema) was 7.6% (CI: 6.0 - 9.5) while Severe Acute Malnutrition (weight for height <-3 Z scores or oedema) was 1.2% (CI: 0.6 – 2.2). One case of oedema was observed. The malnutrition rates are significantly lower than rates previously observed in these populations although still above acceptable levels, based on WHO classification.

Many of the factors that contribute to good nutritional status

[1] While maintaining the SACB approved methodology, the survey used the guidelines developed as part of the SMART (Standardised Methodology for Assessment in Relief and Transition) initiative.

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

PARTNERS INCLUDE MOHL SOMALILAND, MOSA PUNTLAND, FAO, UNICEF, WHO, WFP, 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.

(food security, dietary diversity, health, etc) all appear to be improving. No disease outbreak was reported in the two weeks prior to the survey though the reported cases of ARI (33%) and diarrhoea (17%) were high. The majority of the surveyed households draw their water from piped/tap water systems (86%) although about three-quarters are not accessing the recommended 15 litres/person/day (Sphere standards). Some 6% of the households were using only 20 litre of water per day for an average household size of 6 people. While the majority of households access toilets, sharing by many people is common (over 13% of toilets are shared by more than 20 people).

Purchasing is the predominant source of food for 95% of the households while the main source of income for such purchase is casual labour. Food items are readily available in the urban markets and the surveyed population accesses a relatively diversified diet. The general improvement in the economy of Hargeisa has made casual work more accessible and the collaborative works of government authorities, UN and NGOs have improved access to basic services.

Preliminary results of the survey were presented to stakeholders namely MOHL, UNICEF, WFP, UNDP, OCHA and DRC on 22nd September 2005 in Hargeisa. The presentation was welcomed and a few observations made:

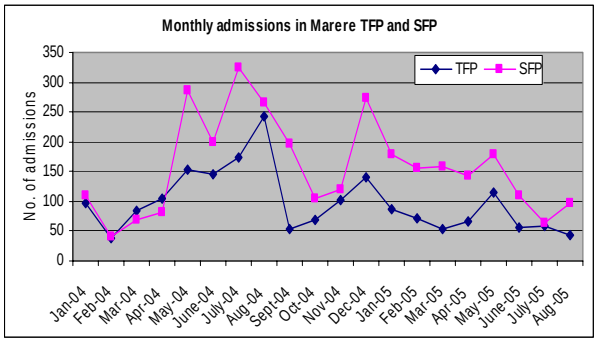
- The significant improvement from the past nutrition and health situation was a good result and encouraging for intervention agencies. The survey sought to provide comprehensive information not just on the nutrition situation but on other contextual sectors like health, water, sanitation as well as wealth status indicators.
- The positive changes were attributed partly to the fact that the previous surveys were conducted at times of economic hardship after the livestock trade ban and following a series of droughts; more opportunities have opened up for petty trade by women and casual labour by men; additionally, UNCHR and local authorities supported resettlement and integration of many returnees/IDPs into permanent settlements
- The number of female-headed households had increased and this raised concern on the vulnerability of these populations. Possible causes mentioned included increased divorce cases, addiction to Khat chewing and increased number of absentee husbands with multiple families.
- Another concern was that coverage for measles vaccination and vitamin A supplementation was showing a declining trend.

Detailed analysis of the survey finding, including comparison with previous surveys, is on-going and will be available with recommendations in the October 2005 Nutrition Update.

Lower Juba: Off season harvest likely to improve nutritional status of Riverine populations

A significant proportion of Juba valley population and the riverine population in particular, have experienced chronic food insecurity that was worsened by the devastating floods during the 2005 Gu season which destroyed the standing crops and food reserves in the underground stores. The farms and villages were submerged in water, feeder roads destroyed and some settlement and villages cut off from towns and markets (FSAU 2005 post Gu Analysis). The floods affected the infrastructure and limited population movement to access essential humanitarian services.

Traditionally, the agro-pastoral population have been more food secure than the riverine population and maintain a better nutritional status. In July/August 2005 about 9% of 300 mainly agro-pastoral children screened in Gududei MCH were malnourished while in Jilib MCH 19% of the 400 mainly riverine group children screened in the same period were malnourished.



The MSF-Holland managed therapeutic and supplementary feeding programme admit high numbers of malnourished children from riverine populations (refer to graph). Oedema cases continue to be presented; with about 70% of the TFP admissions having oedema between May and August 2005. Though the number of admissions was not as high in April-June 2005 as in the same 'hunger' period last year, the recurrent seasonal vulnerability and subsequent increase in admission was noted[2]. Floods led to reduced number of malnourished children accessing the TFP and SFP in 2005 Gu season while an increased defaulter rate was noted due to inaccessibility. In June 2005, about 19% of the 89 discharged children defaulted after caretakers left the TFP to salvage property and other family members from floods.

While the Jilib riverine population currently shows a poor nutritional status, recent information suggests that the current off-season flood recession maize and cash crops will significantly improve household food security with a probable improvement in nutritional status. This crop will be harvested by mid-October. However, serious seasonal food access gaps in this group are likely to continue and food related humanitarian assistance is likely to be required again in December 2005.

[2] Period just before the crop harvest, food insecurity is usually experienced and later increased malnutrition are recorded.

Bay and Bakool populations dealing with food insecurity and civil insecurity

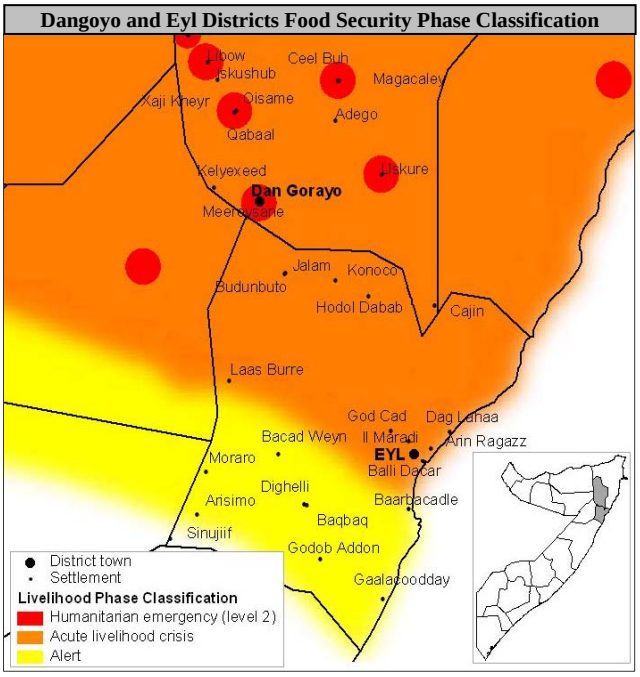
Bay and Bakool Regions are classified as being at 'alert' on the FSAU Integrated Food Security Phase Classification with some parts classified as experiencing 'acute livelihood crisis', e.g., Rabdure District and parts of Elberde District. Population displacement related to civil and food insecurity continues and humanitarian activities have been interrupted. The population in these areas show long term trends of high levels of acute malnutrition. In Bay and Bakool, the UNICEF/WFP supported supplementary feeding programme is ongoing in Huddur, Elberde, Radbure, Baidoa, Berdaale and Qansaxdheere Districts although the family ration accompanying the blended food distribution has had serious interruptions since late 2004. The severely malnourished are referred to the MSF-Belgium managed Huddur TFC. There is no referral centre for the severely malnourished in Bay Region although a few cases are managed in the MSF-Swiss hospital in Dinsor. **During October, FSAU plans to establish sentinel site surveillance in selected areas of concern in Bay, Bakool and Gedo Regions.**

Galgadud and South Mudug Update

- In respose to the ongoing Acute Food and Livelihood Crisis, humanitarian interventions (food distribution, health programmes, and livestock related interventions) in Galgadud are ongoing. In October 2005, CARE will distribute food to about 10,000 persons in Galgadud and South Mudug. The food distribution is scheduled to continue on a monthly basis until at least April 2006. VSF and COOPI are undertaking livestock related interventions.
- **FSAU has intensified monitoring activities in both Galgadud and South Mudug. Sentinel sites surveillance will be established in eleven[3] sites in early October 2005.**

Dangoroyo & Eyl Districts Nutrition Survey. Survey findings – part two.

Preliminary results[4] of Dangoroyo and Eyl Districts were presented in the August 2005 Nutrition Update. Following further data analysis, additional survey findings including revised crude mortality rate and measles immunisation coverage are presented here.



The under five mortality rate (U5MR) and crude mortality rate (CMR) were 1.33 deaths/10,000/day and 0.22 deaths/10000/day respectively. Both rates are within acceptable levels according to WHO categorization. The deaths were associated with diarrhoeal diseases.

Measles immunization coverage was about 41% among children aged 9 - 59 months, while about 30% of the children received vitamin A supplementation in the previous 6 months. Both these proportions are below the recommended minimum of 95% (Sphere project 2004).

No disease outbreaks were reported during the survey and results showed no significant ($p>0.05$) relationship between malnutrition and disease incidence in the two weeks preceding the survey. Prevalence of night blindness (recall) was 0.3% which is within the acceptable levels (Sphere 2004). The low rates of night blindness may be attributed to the consumption of vitamin A fortified vegetable oil (94% of the households consume oil), mainly from relief aid, and milk and milk products (69% of the households).

Variable	Number/percent
Crude mortality rate (N=1812)	0.22/10000/day
Under 5 Mortality Rate (N=906)	1.33/10000/day
Vitamin A supplementation coverage	30%
Measles immunisation children 9-59 months	41%
Night blindness	0.3%
Main source of drinking water - Berkads	47%
No access to sanitation facility/toilets	81.3%

Berkads were the main source of drinking water for about 47% of households. Most (81.3%) households disposed of faecal matter in the open/bush, raising the risk of water contamination. Intake of contaminated water/food may have contributed to the diarrhoeal diseases that are the major cause of mortality in the general population. Care practices are generally poor with about 74% of children aged 6- 23 months having been introduced to foods other than breast milk by the age of three months.

[3] The sites are Cellehle, Dusamareb, Galhareri, Baadwein, Abudwaq, Bahdho, Gadoon, Elhur, Jawle, Haraale and Dumaaye.
[4] A global acute malnutrition rate (W/H <-2 z scores or oedema) of 8.9% (CI: 7.2 – 11.0) and severe acute malnutrition rate (W/H<-3 z-score or oedema) of 1.0 % (CI: 0.5 – 1.9) was recorded.

The impact of the multiple shocks has been well mitigated by the ongoing interventions (diversified diet from relief foods and the improving food security situation following gradual recovery of livestock with the Gu season).

Following the presentation of preliminary survey results, discussions with partner agencies and scenario analysis for the coming three months, the following recommendations have been made:

- Continued targeted humanitarian support, including provision of food and non-food (fishing equipment, cash transfer).
- Increased access to primary health care services and safer water.
- Nutrition education focusing on breastfeeding, complementary feeding and frequency of feeding of infants and young children as well as feeding of sick children.
- Promotion of alternative income generating activities through a credit programme to reduce over-reliance on humanitarian assistance.

Economic migrants. Case study from Hiran.

Since 1992, Beletweyne town has hosted economic migrants from the Bakool Region, with the biggest influx recorded during the 1992/93 famine. Some of these migrants settle in the town while others transit to mainly North East Somalia. Currently, about 50 families are settled in Bundoweyn section of Beletweyne town. Like other urban poor in Beletweyne, this population has limited access to basic needs although Beletweyne provides better labour and small businesses opportunities than areas of origin. Presented here is a case study on a family that moved into Beletweyne two years ago.

The family of four migrated into Beletweyne from Madaa, Southeast of Tayeglow District, Bakool Region two years ago, having lost two children. The father, Ali Mohammed is aged 35 years, mother Luuley Adan aged 32 years and their children Mohamed (36 months) and Ahmed (14 months). With virtually no assets or income on arrival in Beletweyne the family relied on begging as a means of livelihood. Six months later, the father found occasional casual employment although access to income continued to be highly irregular.

In January 2005, the family was provided with a donkey cart by Danish Refugee Council (DRC) which the father now uses for income generating activities e.g. fetching water and bush products for sale. The family earns between 18,000 – 30 000 Somali shilling (equivalent to 1.2 – 2 USD) in a day. Though limited, the family can now access basic needs, has constructed a grass-thatched 4 X 4 metre stick house with separate kitchen and uses shared toilets built by DRC. The family now has three meals a day with *soor*,[5] other maize based dishes and tea being the main items consumed. Luuley gets occasional casual employment leaving her children in the care of relatives and other children.

After birth, Luuley's two children were fed on water and sugar solution for three days before breast-feeding was commenced. Breastfeeding continued along with water and sugar solution, or plain water until the age of nine months when solid foods (mainly bananas, tea and *soor)* were introduced. A physical assessment showed that the younger child was malnourished but was not attending any of the available supplementary feeding programmes. The child had experienced repeated episodes of diarrhoea and malaria in the past three months. Luuley reported that the family usually sought medical assistance from a private clinic or pharmacy. At the time of interview, both children had not received any vaccination.

Recent publications

- FSAU Food Security and Nutrition September 2005 Monthly Brief
- FSAU/FEWSNET Market Data Update, August 2005
- FSAU/FEWSNET Climate Data Update, August 2005
- FEWSNET-Somalia: Somalia: Food Security Update Emergency, August 2005
- FSAU Technical Series Report, No IV.5, 2005 Post GU Analysis, September1, 2005)

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[5] A mixture of maize flour and water cooked to a thick consistency. Sometimes milk is added into the mixture.