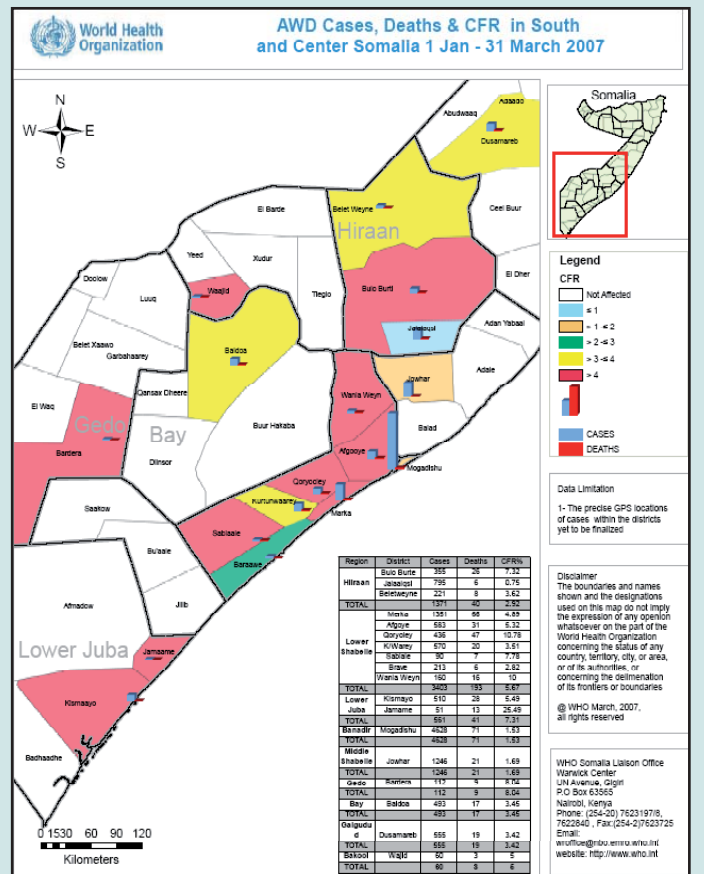


OVERVIEW

- Seven nutrition assessments** were conducted in late February and March in South and Central Somalia, four in Hiran Region, two in Bay Region and one in Bakool Region. **Six of the seven assessments** conducted reported critical levels of **15-20% ¹Global Acute Malnutrition (GAM)**, consistent with findings from recent years.
 - Bay Region:** FSAU in collaboration with UNICEF and IMC conducted two district wide nutrition assessments, one in Dinsor and one in Qansadhere, both assessments indicated no significant change from previous nutrition assessments conducted at the same time of year with results of acute malnutrition remaining critical at **19.9% (17.3-22.7) GAM and 2.7% (1.8-4.0) ²Severe Acute Malnutrition (SAM) in Dinsor and 17.9% (15.5-20.6) GAM and 3.5% (2.5-5.0) SAM in Qansadhere.** It is suspected that this persistently high acute malnutrition is attributed to poor access to health care with over 50% of the children reporting a illness in the 2 week period prior to the assessment, limited dietary diversity due to limited availability of milk and the recent influx of IDP from conflict affected areas in the South. Mortality rates of both general population and under fives were at alert levels in Dinsor and acceptable levels in Qansadhere.
 - Hiran Region:** FSAU in collaboration with UNICEF, IMC, SCUK and CARE conducted four livelihoods based nutrition assessments in Hiran Region in March. In the last six years the overwhelming majority of nutrition assessments conducted at different times of the year in Hiran Region consistently report critical rates of acute malnutrition of 13-20%. The current results for the **Hiran Riverine Population were critical at 18.2% GAM (15.7-20.9) and 3.0% SAM (2.0-4.3%).** This is not surprising given the loss of assets following the flooding and the ongoing acute watery diarrhoea. In Belet Weyn Town results were somewhat lower though still serious at **12.6% (10.6-15.0) GAM and 1.1% SAM (0.6-2.1)**, most likely due to improved access to basic services. For the pastoral and agropastoral population in Hiran Region nutrition results remain critical at **15.7% (13.4-18.3) GAM and 1.7% (1.0-2.8) SAM**, again consistent with the most recent results which reported in July 2003. Finally for Belet Weyn District as a whole the rates of malnutrition reported were also critical at **15.4% (13.1-17.9) GAM and 2.0% (1.2-3.2) SAM**, again these results do not indicate any significant change from the most recent assessment conducted in 2003.
 - Bakool Region:** Action Contre la Faim (ACF) conducted a nutrition assessment in Wajid and surrounding areas in February and reported rates of acute malnutrition of **15.6% (12.4-18.8) GAM and 1.1% (0.2-2.0) SAM.** These results are consistent with an assessment conducted at the same time last year in January '06 though indicate improvement from the most recent assessment conducted in July '06. These results are in line with expected seasonal trends.
- Acute Watery Diarrhoea (AWD) outbreaks** (see Map 1.) continue to spread across the country. Current reports from ³WHO estimate that between 1st January and 31st March 2007, a total of **12, 429 cases of clinically diagnosed AWD including 414 related deaths (CFR 3.33%)** were reported from Central and South Somalia. Cases were reported from 9 regions (Hiran, Banadir, Lower and Middle Shabelle, Bay, Gedo, Bakool, Galgudud and Lower Juba) with an estimated population of 3,799,636; the overall attack rate (AR) is **0.33%**.
- The ongoing **displacement in Southern Somalia** is of great concern due to the nutritionally vulnerable populations being affected. A recent round of sentinel site surveillance conducted in 17 sites in Middle Shabelle in February reports stable and low rates of acute malnutrition <10%. This is in line with expected levels for this population resident in these areas. However, with the recent events

OVERVIEW	1
CENTRAL REGION	2
Hiran Riverine Nutrition Assessment	2
Hiran Riverine - Sentinel Sites Surveillance	2
Hiran Agropastoral and Pastoral Population Nutrition Assessment	3
Hiran Agropastoral - Sentinel Sites Surveillance	3
Belet Weyn Town Nutrition Assessment	3
Belet Weyn District Nutrition Assessment	4
SOUTHERN REGION	4
Qansadhere District Nutrition Assessment	4
Dinsor District Nutrition Assessment	5
Wajid Nutrition Assessment	6
Lower Shabelle Region - Sentinel Sites Surveillance	6
Lower Juba and Gedo - Sentinel Sites Surveillance	7
NUTRITION RESPONSE IN THE CURRENT CLIMATE	7

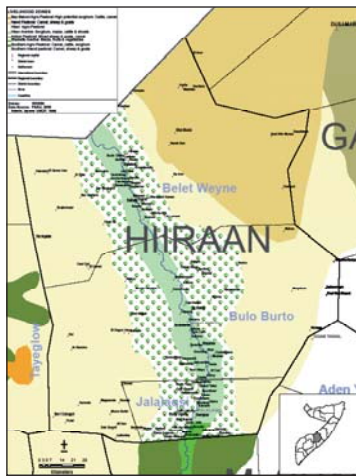


of large displacement of vulnerable groups out of Mogadishu into the surrounding areas, there are concerns for the nutritionally vulnerable groups. Specific issues likely to have an additional negative impact on the nutritional status of these vulnerable groups are the limited, if no, access to health care, no access to selective feeding centres for those severely malnourished children who have fled Mogadishu, the ongoing spread of AWD, the reduced availability of clean drinking water and appropriate sanitation and the household food insecurity. In the event of prolonged displacement, the nutritional status of these groups needs to be very closely monitored as it may deteriorate further.

¹Global Acute Malnutrition estimated using % weight for height <-2 Z scores and/or oedema
²Severe Acute Malnutrition estimated using % weight for height <-3 Z scores and/or oedema
³WHO Somalia, Acute Watery Diarrhoea Update 31st March 2007

CENTRAL REGION

Four nutrition assessments were conducted in Hiran Region in March 2007 (Hiran Riverine, Hiran Agropastoral/Pastoral, Belet Weyn Town and Belet Weyn District – See map 2). The assessments were based at livelihood level due to documented differences in nutritional and food security status between the major livelihoods. According to the FSAU Post Deyr '06/07 Hiran Agropastoral, and Pastoral populations were classified as **Chronically Food Insecure**,



an improvement from the previous classification of Acute Food and Livelihood crises from the Gu '06, as a result of continuing pastoral livelihood recovery since the Gu '06. Water, pasture and browse is widely available and good in most areas due to the well distributed Deyr '06/07 rainfall. Livestock body conditions of all species are good and high kidding and lambing is expected in the current season (Feb-May). The humanitarian situation in the **Riverine Population** in Hiran, however, has deteriorated from the Gu '06 with an estimated 100% of the poor Riverine community in **Humanitarian Emergency** 50% of the middle wealth group in **Acute Food and Livelihood Crisis** and combined represent approximately 6% of the entire population of the region. This deterioration is as a result of the compounding impact of three successive seasons of crop failure followed by severe flooding during the Deyr '06/07. The preliminary findings of the four assessments are presented below with detailed reports to follow in the next month. Although **three of the four results range from 15-20%**, the nutrition situation of Hiran has historically been poor with all assessments in the past 6 years reporting rates from 13.5% upwards in any season. A further concern at the present time is the AWD outbreak, mentioned earlier, with WHO reporting **1,371 cases** in Hiran Region from January 1st to March 31st. The case fatality rate for Hiran up to March 31st was estimated at **2.92%** just above the recommended threshold.

Hiran Riverine Nutrition Assessment

The Hiran Riverine livelihood stretches from Belet Weyn District through to Buloburti and Jalalqsi Districts. The area hosts about 197 villages/sections with an estimated population of 167,069 persons (UNDP population estimates, 2005). In March 2007, FSAU in collaboration with UNICEF, IMC, SC-UK and CARE conducted a nutrition assessment in the Hiran Riverine livelihood zone. Using a two stage cluster sampling methodology, 914 children under five years from 477 households were assessed. This area has traditionally been reported as vulnerable with previous nutrition assessments indicating high rates of malnutrition. *Table 1*. provides a summary of the key findings.

Preliminary results indicate a **GAM of 18.2% (10.6 – 15.0) with a SAM of 3.0% (2.0 – 4.3)**. The results indicate a critical nutrition situation according to WHO classification.

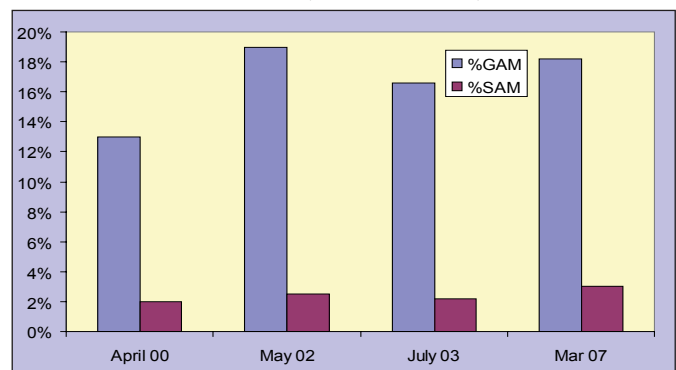
4 Results from Nutrition Assessments conducted in the Riverine and Agropastoral- Pastoral Livelihoods, FSAU, SC-UK

Table 1. Summary of Findings

Indicator	No	%	95% CI
Global Acute Malnutrition (WHZ<-2 or oedema)	166	18.2	15.7 – 20.9
Severe Acute Malnutrition (WHZ<-3 or oedema)	27	3.0	2.0 – 4.3
Oedema	0	0	0
Children reported to have diarrhoea in 2 weeks prior to study	139	15.2	13.0 – 17.7
Children reported to have ARI within 2 weeks prior to study	296	32.4	29.4 – 35.5
Children with suspected malaria/febrile illness in 2 weeks prior to study	121	13.2	11.1 – 15.6
Suspected measles within one month prior to study	50	5.5	4.1 – 7.2
Children (9-59 months) immunised against measles (N= 867)	511	58.9	55.6 – 62.2
Children who have ever received polio vaccine	851	93.1	91.2 – 94.6
Children supplemented with vitamin A in last 6 months	624	68.3	65.1 – 71.3
Households who consumed ≥4 food groups	452	94.8	92.3-96.5
Children 6-24 months who are breastfeeding (N=234)	118	50.4	43.8 – 57.0
Children introduced to other foods before 6 months (N=246)	173	70.3	
Under five Mortality Rate (U5MR) as deaths/10,000/ day	1.47		0.85 - 2.10
Crude Mortality Rate (CMR) as deaths/10,000/ day	0.52		0.32 – 0.72

Although a direct comparison to previous assessments is not possible, due to varied times of year, the results have been consistently high for the last six years as is illustrated here:

Trends in Acute malnutrition, Hiran Riverine, 2000 to 2007



Possible contributing factor are the high rates of morbidity being reported with 46% of the children reportedly suffering from an illness in the two weeks prior to the assessment, with the most common illnesses reported being acute respiratory infection (ARI) and diarrhoea. Mortality rates both for the under five years and crude mortality rates were at acceptable levels.

Dietary diversity was good with 95% of households reportedly consuming >4 food groups in the previous 24hours, this could be linked to the ongoing food relief assistance. In addition to this relief food, most of the remaining food was purchased and not produced as would be the case for a normal year; again not surprising in light of the losses with the flooding in this area during the **Deyr '6/07**. Interventions in the area continue: CARE undertook food distribution in the area in April which comprised of sorghum and oil, UNICEF, in collaboration with partners, have established cholera treatment centres, SC-UK and DRC continue to support food security related programmes while IMC and SRCS are supporting health programmes.

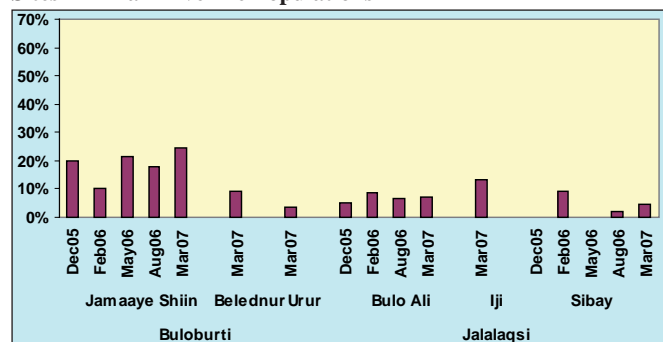
Hiran Riverine - Sentinel Sites Surveillance

A round of sentinel sites was conducted in the Riverine Populations in Hiran Region also in March. Results indicate great variation between sites with levels of acutely malnourished children of 5% reported in one site and up to 23% in another as is illustrated here. However, in the two sites where data has been collected in the past, (therefore allowing for a trends comparison), there has been

5 WHO Somalia, Acute Watery Diarrhoea Outbreak Update, March 31st 2007

an increase in levels of acute malnutrition from the most recent round in August '06. Reported levels of morbidity in these sites also remain high, with over 20% of children reporting diarrhoea and ARI.

Distribution of Acutely Malnourished Children in the Sentinel Sites in Hiran Riverine Populations



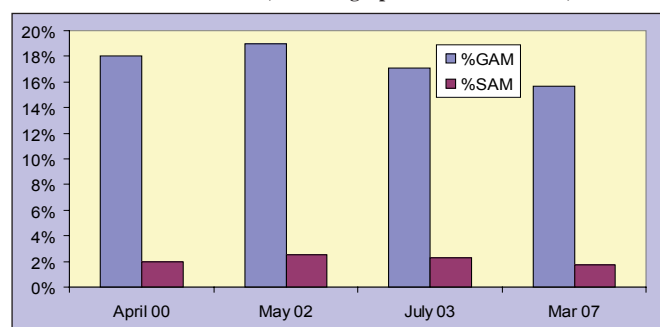
Hiran Agropastoral and Pastoral Population Nutrition Assessment

A total of 425 household were sampled in the Pastoral and Agropastoral areas in Hiran Region. This provided a total sample population of 897 children under 5 years. The main findings are reported here in Table 2. The rates of acute malnutrition at **15.7% (13.4-18.3) GAM** and **1.7% (1.0-2.8) SAM** are just above the WHO thresholds and therefore are classified as critical.

Indicator	No	%	95% CI
Global Acute Malnutrition (WHZ<-2 or oedema)	141	15.7	13.4 – 18.3
Severe Acute Malnutrition (WHZ<-3 or oedema)	15	1.7	1.0 – 2.8
Oedema	0	0	0
Children reported to have diarrhoea in 2 weeks prior to study	184	20.5	17.9 – 23.3
Children reported to have ARI within 2 weeks prior to study	297	33.2	30.2 – 36.4
Children with suspected malaria/febrile illness in 2 weeks prior to study	131	14.6	12.4 – 17.1
Suspected measles within one month prior to study	30	3.4	2.3 – 4.8
Children (9-59 months) immunised against measles (N= 851)	437	51.4	47.9 – 54.8
Children who have ever received polio vaccine	784	87.3	84.9- 89.4
Children supplemented with vitamin A in last 6 months	518	57.7	54.4 – 61.0
Households who consumed ≥4 food groups	400	94.1	91.3 – 96.1
Children 6-24 months who are breastfeeding (N= 236)	124	52.5	46.0 – 59.1
Children introduced to other foods before 6 months (N=223)	164	79.8	
Under five Mortality Rate (U5MR) as deaths/10,000/ day	0.87		0.33 – 1.41
Crude Mortality Rate (CMR) as deaths/10,000/ day	0.22		0.08 – 0.35

Preliminary findings include high reported levels of morbidity of diarrhoea, suspected malaria and ARI, in the two week period prior to the assessment, a likely contribution to the high malnutrition. In addition reported measles coverage appears low at only 51.4%. This is possibly due both in part to the mobile nature of this population and the lack of availability of health services in the rural areas. Mortality rates both for the under five years and crude mortality rates were at acceptable levels.

Trends in Acute Malnutrition, Hiran Agropastoral and Pastoral, 2000 to 07

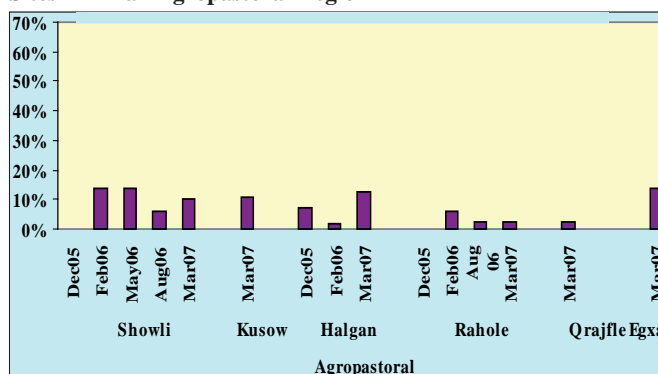


Previous nutrition assessments also indicate persistently high rates of acute malnutrition over the past six years, as is illustrated, here again highlighting the chronic nutritional vulnerability of the population.

Hiran Agropastoral - Sentinel Sites Surveillance

A round of sentinel sites was conducted in the Agropastoral areas, also in March. Results indicate variation between sites with levels of acutely malnourished children of 5% up to 12 % as is illustrated here, though lower than what was reported in the Riverine populations. Reported levels of morbidity in these sites also remain high with over 15% of children reporting recent diarrhoea and ARI. Dietary diversity in the agropastoral areas sentinel sites was reportedly better than for the riverine populations.

Distribution of Acutely Malnourished Children in the Sentinel Sites in Hiran Agropastoral Region



Belet Weyn Town Nutrition Assessment

Belet Weyn town, located in Belet Weyn District Hiran region, has an estimated population of 34,545 (UNDP population estimates, 2005). The town is divided into four main sections namely Koshin, Hawatako, Bundoweyn and Howlwadag and thirty two sub sections. The Shabelle River flows through the town dividing it into East and West Belet Weyn. The town is a vibrant business centre and serves as a transit point to northern Somalia, Mogadishu and Ethiopia. In addition, some of the residents rely on Riverine and Agropastoral activities for a livelihood.

Table 3. Summary of Findings

Indicator	No	%	95% CI
Global Acute Malnutrition (WHZ<-2 or oedema)	114	12.6	10.6 - 15
Severe Acute Malnutrition (WHZ<-3 or oedema)	10	1.1	0.6 – 2.1
Oedema	0	0	
Children reported to have diarrhoea in 2 weeks prior to study	123	13.6	11.3 – 15.8
Children reported to have ARI within 2 weeks prior to study	238	26.3	23.5 – 29.4
Children with suspected malaria/febrile illness in 2 weeks prior to study	126	13.9	11.8 – 16.4
Suspected measles within one month prior to study (N=)	34	3.8	2.9 – 5.3
Children (9-59 months) immunised against measles (N= 835)	590	70.7	67.4 – 73.7
Children who have ever received polio vaccine	827	91.5	89.4 – 93.2
Children supplemented with vitamin A in last 6 months	667	73.8	70.8 – 76.6
Households who consumed ≥4 food groups	440	97.3	95.3 – 98.6
Children 6-24 months who are breastfeeding (N=240)	112	56.3	40.2 – 53.2
Children introduced to other foods before 6 months (N=240)	186	77.8	
Under five Mortality Rate (U5MR) as deaths/10,000/ day	2.19		1.35 - 3.01
Crude Mortality Rate (CMR) as deaths/10,000/ day	0.65		0.42 – 0.8

Preliminary results indicate a **GAM of 12.6% (10.6 – 15.0)** and a **SAM of 1.1% (0.6 – 2.1)**. The results indicate a serious nutrition

situation according to WHO classification. Although, these results are the lowest of the four Hiran Region assessments, there is no statistically significant improved difference with the exception of the Riverine assessment, as the confidence intervals overlap in the other three assessments. This is possibly due to better access to basic services such as health services, clean water and education. Overall, about 39.9% of the children had reportedly suffered from one or more diseases during the two weeks prior to the assessment, as shown in *Table 3*.

ARI was the most prevalent reported disease. Although the outbreak of acute watery diarrhoea continues in the town, the cases were declining at the time of assessment. Of concern was the reported under five years mortality rate of **2.19** which is above alert levels set by WHO. The crude mortality rates were at acceptable levels. Dietary diversity was good with the majority (97.3%) of the households reportedly consuming four or more food groups in the twenty four hours prior to the assessment. Purchase was the main food source for nearly all (93.8%) households with the main source of income for about 68% of the households being casual labour.

Nearly half (56.3%) of the children aged 6 – 24 months were reportedly still breastfeeding at the time of assessment with nearly 78% of the children introduced to foods other than breast milk before the age of 6 months indicating sub-optimal childcare practices. With the exception of polio vaccination, the coverage of other health services (measles and vitamin A supplementation) fell below the SPHERE recommendation of 95%.

Detailed data analysis which includes determining the risk factors to malnutrition in the town is ongoing and a final report will be shared at a later date.

Belet Weyn District Nutrition Assessment

The final of the four Hiran assessments was conducted in Belet Weyn District and sampled 482 households and 911 children 6-59 months. The results again were similar to the other assessments with a **15.4% (13.1-17.9) GAM and a 2.0% (1.2-3.2) SAM**. The most recent nutrition assessment conducted in Belet Weyn District in July 2003 reported a GAM of 17.1% and a SAM of 2.3%, and although the time frame does not allow for a direct comparison the results both indicate critical levels of acute malnutrition. *Table 4* provides a summary of the key findings. The results are similar to the other Hiran based assessments, with a high proportion of children reporting an illness in the two weeks prior to the assessment, however reported dietary diversity appears good. Mortality rates of both under the five years and the crude mortality were at acceptable levels.

Table 4. Summary of Findings

Indicator	No	%	95% CI
Global Acute Malnutrition (WHZ<-2 or oedema)	140	15.4	13.1 – 17.9
Severe Acute Malnutrition (WHZ<-3 or oedema)	18	2.0	1.2 – 3.2
Oedema	0	0	0
Children reported to have diarrhoea in 2 weeks prior to study	147	16.1	13.8 – 18.7
Children reported to have ARI within 2 weeks prior to study	247	27.1	24.3 – 30.1
Children with suspected malaria/febrile illness in 2 weeks prior to study	128	14.1	11.9 – 16.5
Suspected measles within one month prior to study	48	5.4	3.9 – 7.0
Children (9-59 months) immunised against measles (N= 852)	588	69.4	65.8 – 72.1
Children who have ever received polio vaccine	839	92.1	90.1 – 93.7
Children supplemented with vitamin A in last 6 months	668	73.2	70.2 – 76.1
Households who consumed ≥4 food groups	463	96.3	94.0 – 97.7
Children 6-24 months who are breastfeeding (N= 263)	144	54.8	48.5 – 60.9
Children introduced to other foods before 6 months (N= 261)	179	68.6	
Under five Mortality Rate (USMR) as deaths/10,000/ day	1.45		0.79 – 2.12
Crude Mortality Rate (CMR) as deaths/10,000/ day	0.64		0.41 – 0.86

SOUTHERN REGION

Three nutrition assessments were conducted in Bay and Bakool in February and March 2007. The assessments were in Qansadhere District, Dinsor District and Wajid Town and surroundings. The preliminary findings of the three assessments are presented below with detailed reports to follow in the near future. All **three results reported critical levels of acute malnutrition ranging from 15-20% GAM**, and are similar to assessments conducted at the same time in 2006 in the same areas thus indicating no significant improvement or deterioration from the same time last year. The **FSAU Post Deyr '06/07** findings, following very good rains and high sorghum production, indicated recovery from the drought of '04/ 05 and early '06 for the Southern Inland Pastoral and High Potential Sorghum livelihood zones and classified them as **Chronically Food Insecure** with the South East Pastoral livelihood zones remaining in an **Acute Food and Livelihood Crisis**.

In Bay Region, the population that remains in **Acute Food and Livelihood Crisis** are poor cattle pastoralists who have not yet recovered their pre-drought herds. In Bakool, the population in **Acute Food and Livelihood Crisis** are mostly from areas of Rabdure and parts of Elberde and consist of the most poor and vulnerable who still have not recovered their assets and livelihoods from previous conflicts and last year's drought. A further concerning factor is the AWD outbreak where ⁶WHO reported **493 cases in Bay Region** from January 1st to March 31st with a Case Fatality Rate (CFR) of **3.45%**. For Bakool Region, there were **60 cases** of AWD reported in the same time period with a more worrying **CFR of 5%**.

Qansadhere District Nutrition Assessment

According to **FSAU Post Deyr '06/07** analysis the food security situation in Qansadhere district indicated improvement from the **Acute Food and Livelihood Crisis** of **FSAU Gu'06** to the current classification of **Chronically Food Insecure** following two consecutive good rainy seasons and the subsequent bumper harvest. However, the nutrition situation in the district has remained critical in the last few years and hence the need to determine the current situation. This can be explained, to some extent by the very low prices of sorghum in the market which prevents purchase of other foods and the limited milk availability at present (milk availability expected to increase from May '07 due to calving / kidding). A further contributing factor is the AWD outbreak where ⁷WHO reported **493 cases in Bay Region** from January 1st to March 31st with a Case Fatality Rate (CFR) of **3.45%**. For Bakool Region, there were **60 cases** of AWD reported in the same time period with a more worrying **CFR of 5%**.

From 18th to 22nd of March 2007, FSAU in collaboration with IMC and UNICEF undertook a nutrition and mortality assessment in the district aimed at determining the current nutrition situation and influencing factors. Using the standard assessment methodology, a total of 905 children aged 6 – 59 months and measuring 65 – 109.9 cm in height/length from 504 households were assessed; and mortality data collected from 902 households.

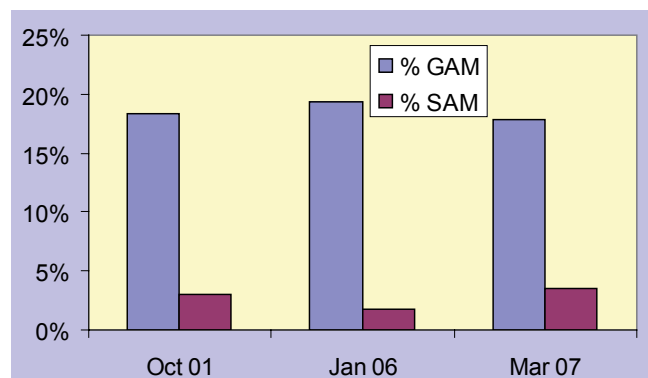
⁶WHO Somalia, Acute Watery Diarrhoea Outbreak Update, March 31st 2007
⁷WHO Somalia, Acute Watery Diarrhoea Outbreak Update, March 31st 2007

Table 5. Summary of Findings

Indicator	No	%	95% CI
Global Acute Malnutrition (WHZ<-2 or oedema)	162	17.9	15.5 – 20.6
Severe Acute Malnutrition (WHZ<-3 or oedema)	32	3.5	2.5 – 5.0
Oedema	3	0.3	0.1 – 1.1
Children reported to have diarrhoea in 2 weeks prior to study	198	21.9	19.3 – 24.7
Children reported to have ARI within 2 weeks prior to study	193	21.3	18.7 – 24.2
Children with suspected malaria/febrile illness in 2 weeks prior to study	279	30.8	27.9 – 34.0
Suspected measles within one month prior to study (N=852)	19	2.2	1.4 – 3.5
Children (9-59 months) immunised against measles (N=852)	555	65.1	61.8 – 68.3
Children who have ever received polio vaccine (N=)	768	84.9	82.3 – 87.1
Children supplemented with vitamin A in last 6 months	658	72.7	69.7 – 75.6
Households who consumed ≥4 food groups (N=504)	343	68.1	63.8 – 72.1
Children 6-24 months who are breastfeeding (N=328)	81	22.6	18.4 – 27.3
Children introduced to other foods before 6 months (N=)	31	91.4	87.8-94.0
Under five Mortality Rate (U5MR) as deaths/10,000/ day	0.52		0.18 -1.21
Crude Mortality Rate (CMR) as deaths/10,000/ day	0.71		0.33 – 1.08

Preliminary analyses indicate a **GAM of 17.9% (15.5 – 20.6) and a very concerning SAM of 3.5% (2.5 – 5.0)**. The results indicate a critical nutrition situation according to WHO classification. The most recent nutrition assessment conducted in the district in January 2006 reported a GAM of 19.4% (16.9 – 22.2) and a SAM of 1.8% (1.1 – 3.0), also in line with the critical results from October 2001, presented graphically below. This highlights the chronic nature of the nutritional crises in this district. A summary of key findings is presented in *Table 5*.

Trends in Acute Malnutrition in Qansadhre District 2001 to 2007



The retrospective **crude and under five mortality rates is 0.71 (0.33 – 1.08) and 0.52 (0.18 – 1.21) deaths/10,000/day** respectively, indicating an acceptable situation (WHO). Diarrhoea, suspected malaria/febrile illnesses and birth related complications were the reported causes of deaths amongst under-fives, while diarrhoea, ARI and suspected malaria were the main illnesses reported as cause of death amongst persons aged five years or more.

The majority of households, (68.1%) are reported to have consumed a diet of four or more food groups, which is a reflection of a diversified diet. However, child feeding practices is sub-optimal with the majority (91.4%) of the children aged 6-24 months having been introduced to complimentary foods before the age of 6 months while only 22.6% were reportedly being breastfed at the time of the assessment.

Further results indicate high morbidity levels with **51.8% of the assessed children** reported to have suffered from at least one communicable illness (ARI, diarrhoea, suspected malaria/febrile illness and measles⁶) in two weeks prior to the assessment (*see Table 5*.) Morbidity was significantly associated with malnutrition

with the children who were reportedly sick being about one and half times more likely to be acutely malnourished than those who were not sick (**RR=1.44; p=0.0000011**). The coverage of health programmes, polio immunization, measles vaccination and vitamin A supplementation as indicated in the table was far below the recommended 95% (Sphere 2004). The persistence of the critical nutrition situation is likely to be attributed to ongoing high morbidity due to lack of health services coupled with poor child feeding practices. Qualitative data indicated that in some villages community members refuse to take their children for health and nutrition services from the Supplementary Feeding Programmes/ health facilities that are located in neighbouring villages insisting that they should have such facilities in their own villages. This practice and the recent arrival of displaced people may have also contributed to the current nutrition situation.

Dinsor District Nutrition Assessment

Dinsor District is located in Bay Region in the Southern part of Somalia. The district borders Burhakaba District and Baidoa Districts to the South East, Middle Juba to the South West, Gedo to the West and Qansadhre to the North. The District is a high potential area for crop and livestock production. Dinsor District has four livelihood zones (1) South-East Pastoral, (2) Southern Inland Pastoral, (3) Bay-Bakool Agro-Pastoral and (4) Southern Agro-Pastoral. According to the **FSAU Post Deyr '06/07** analysis a very small proportion, (the rural poor) of the population are still facing an **Acute Food and Livelihood Crisis with the Remainder Chronically Food Insecure**. Using the standard assessment methodology, a total of 901 children aged 6 – 59 months and measuring 65 – 109.9 cm in height/length from 549 households were assessed; and mortality data was collected from 901 households.

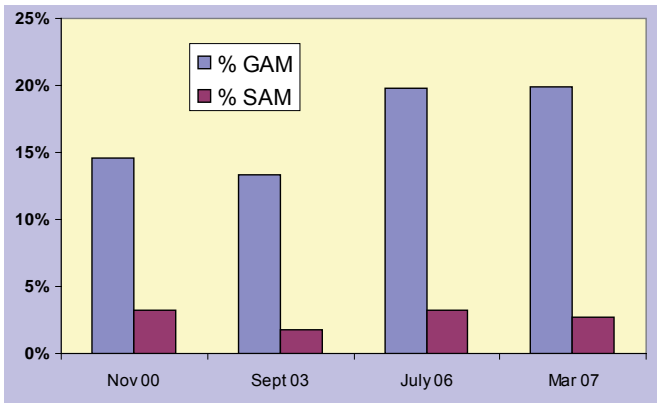
Table 6: Summary of Findings

Indicator	No	%	95% CI
Global Acute Malnutrition (WHZ<-2 or oedema)	179	19.9	(17.3-22.7)
Severe Acute Malnutrition (WHZ<-3 or oedema)	24	2.7	(1.8- 4.0)
Oedema	4	0.4	(0.1-1.2)
Children reported to have diarrhoea in 2 weeks prior to study	173	19.2	(16.7-22.0)
Children reported to have ARI within 2 weeks prior to study	220	24.4	(21.7-27.4)
Children with suspected malaria/febrile illness in 2 weeks prior to study	340	37.7	(34.6-41.0)
Suspected measles within one month prior to study (N=863)	29	3.4	(2.3-4.9)
Children (9-59 months) immunized against measles (N=863)	633	73.3	(70.2-76.2)
Children who have ever received polio vaccine (N=901)	687	82.7	(80.0-85.1)
Children supplemented with vitamin A in last 6 months	590	65.5	(62.3-68.6)
Households who consumed ≥4 food groups	221	48.1	(43.5-52.3)
Children 6-24 months who are breastfeeding (N=295)	162	54.9	(49.0-60.7)
Children introduced to other foods before 6 months (N=295)	250	84.5	(79.8-88.4)
Under five Mortality Rate (U5MR) as deaths/10,000/ day		1.95	(0.83-3.08)
Crude Mortality Rate (CMR) as deaths/10,000/ day		1.08	(0.59-1.56)

Preliminary analysis indicate a **GAM of 19.9% (17.3– 22.7) and a SAM of 2.7% (1.8-4.0)**. The most recent nutrition assessment conducted in the district in July 2006 also reported similarly critical results with a GAM of 19.8% (14.7-25.6) and a SAM of 3.2% (1.7-5.3). The current results, therefore, indicate the persistence of a critical nutrition situation in the district. Recent results have indicated deterioration from earlier years as is illustrated graphically overleaf. The retrospective crude and under five mortality rates is estimated at **1.08 (0.59 – 1.56) and 1.95 (0.83 – 3.08) deaths/10,000/day** respectively, indicating an alert situation (WHO). Almost half households (47.2%) are reportedly consuming a diet comprised of four or more food groups which is a reflection of a poorly diversified diet.

8 1 month recall period used for measles

Trends in Acute Malnutrition in Dinsor District 2000 to 2007

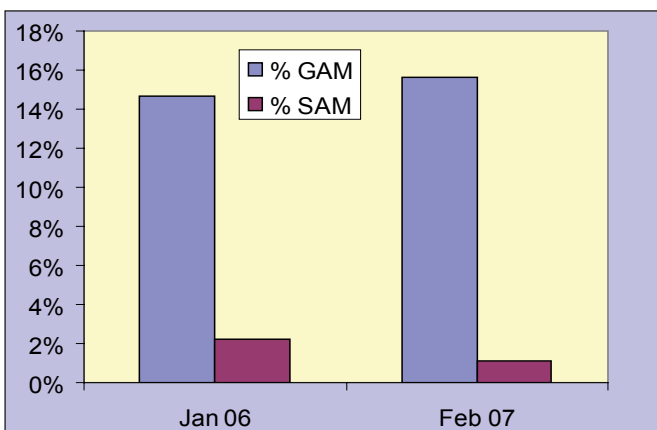


However, child feeding practice is sub-optimal with the majority (84.5%) of the children aged 6-24 months having been introduced to complimentary foods before the age of 6 months while more than half 54.9% were being breastfed at the time of the assessment. Further results indicate high morbidity levels with **56.4% of the assessed children** reported to have suffered from at least one communicable illness (ARI, diarrhoea, suspected malaria/febrile illness and measles⁹) in two weeks prior to the assessment. The coverage of health programmes, polio immunization, measles vaccination and vitamin A supplementation as indicated in the table was far below the recommended 95% (Sphere 2004). The persistence of critical nutrition situation is potentially attributed to high morbidity, limited health services poor water, sanitation and hygiene coupled with poor child feeding practices.

Wajid Nutrition Assessment

Action Contre la Faim conducted a nutrition and mortality assessment in Wajid Town, in Bakool Region, and surrounding areas in February 2007. The assessment used the standard two stage cluster sampling methodology and assessed a total of 819 children. Accordingly to the **FSAU Post Deyr '06/07 analysis** rural livelihoods in Wajid District (FSAU Analysis does not include Wajid town) in Bakool Region were downgraded from the previous **Acute Food and Livelihood Crisis** following the **Gu '06 to Chronically Food Insecure**. The results indicated a **GAM of 15.6% (12.4-18.8)** and a **SAM of 1.1% (0.2-2.0)**. This was the third assessment conducted by ACF in the area and indicated no significant change from the assessment conducted at the same time last year as is illustrated where a GAM of 14.7% (12.5 – 17.2) and a SAM of 2.2% (1.4 – 3.5) was reported.

Trends in Acute Malnutrition in Wajid Town & Surroundings, 2006 to 2007



The **under five mortality rate** was estimated at **1.55 (0.88-2.21) with 0.56 (0.34-0.78) for the crude mortality**, both results below the alert threshold (WHO). Other information collected, consistent with the other assessments conducted, indicated that children who experienced health problems in the two week period prior to the assessment were more likely to be acutely malnourished. 1.1% of children were estimated to have Kala-azar. The recommendations include continuation of existing measures to treat severe acute malnutrition, enhancing supplementary feeding programmes for the moderately malnourished children, and increasing measles vaccination coverage which was estimated at around 64% in the assessment.

Lower Shabelle Region - Sentinel Sites Surveillance

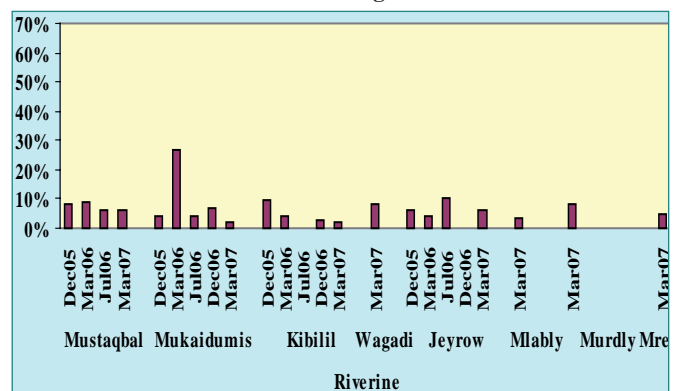
In February 2007, FSAU reviewed the nutrition sentinel sites in Lower Shabelle during which amongst other selection criteria¹⁰, special emphasis was given to geographic representation of various livelihood zones. In the Agropastoral¹¹ and Riverine¹² livelihood zones eight and nine sites were selected respectively giving a total of seventeen sites in the region. Among the selected sites, eight were newly selected sites. Following the floods, all the population of Mustaqbal relocated to Green Tank where they were followed and assessed.

According to the **FSAU Post Deyr '06/07 analysis**, the population in Lower Shabelle were classified as **Chronically Food Insecure**. Nutrition data from recent years has indicated low and stable levels of acute malnutrition.

However of great concern is the ongoing AWD outbreak in the Lower Shabelle Region due to AWD being endemic in the area and Mogadishu supporting such a large and concentrated population. From January 1st to March 31st ¹³WHO reported **3,403 cases with a CFR of 5.67% in Lower Shabelle Region** indicating a situation that is not controlled. With the ongoing displacement the potential for further spread of the AWD is increased.

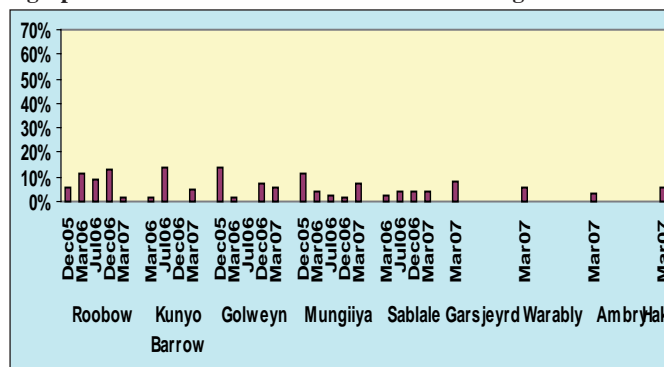
The fifth round of sentinel sites surveillance in the region was conducted by FSAU in March 2007 covering all seventeen sites. In both the Riverine and Agro-pastoral sites the trends in levels of acutely malnourished children remained low (<10%) and stable with the exception of Kunyobarrow, Mungiiya and Jeyrow where low but increasing levels were reported.

Distribution of Acutely Malnourished Children in the Riverine Sentinel Sites in Lower Shabelle Region



9 1 month recall period used for measles
 10 Presence of displaced population, geographical representation of each livelihood zone, damaged canals, flooding and crop failure.
 11 Garasjeyrad, Roobow, Kunyobarrow, Golweyn, Mungiiya, Sablale, Warabley, Ambarey and Hakaw.
 12 Mustaqbal, Mukaidumis, Kibilil, Wagadi, Jeyrow, Malabley, Murdiley, Marerey.
 13WHO Somalia, Acute Watery Diarrhoea Outbreak Update, March 31st 2007

Distribution of Acutely Malnourished Children in the Agropastoral Sentinel Sites in Lower Shabelle Region



The proportion of children reportedly sick in the two weeks prior to the assessment was high in most of the newly selected sites and increasing in most old sites. Among the seventeen sites covered, AWD cases were reported only in Wagadi and Malabley all among underfives. Suspected measles cases were reported in Kunyobarrow, Murdiley, Warabley and Ambarey. Monitoring of the situation will continue with two nutrition assessments scheduled in the area among the Riverine and the Agro-pastoral livelihoods in May 2007.

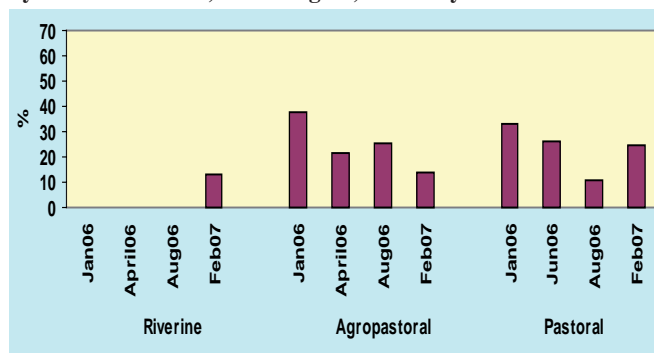
Lower Juba and Gedo - Sentinel Sites surveillance

The FSAU Post Deyr '06/07 analysis classified most parts of Gedo and Juba regions as in an **Acute Food and Livelihood Crisis** with a significant reduction in the population under **Humanitarian Emergency** (mainly the Riverine) from the **Post Gu '06** analysis. Of greatest concern are the Riverine population in Gedo who are in a state of **Humanitarian Emergency** or **Acute Food and Livelihood Crisis** representing 9% of the total region population. Of this, 27,000 people representing 100% of the poor and middle wealth groups are in **Humanitarian Emergency**. However, the food security situation for both Pastoralists and Agro-pastoralists has improved since Gu'06 and is expected to improve over the next six months.

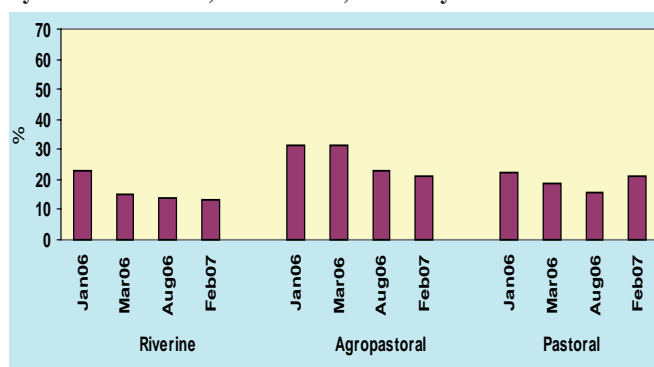
A round of sentinel sites surveillance was conducted in Feb '07 in 8 sites in Lower Juba and 16 sites in Gedo. Although the results have indicated a slight improvement in the nutrition situation in the Riverine and Agro-pastoral population, the results still report a serious nutrition situation. The nutrition situation of the pastoral populations, however, has illustrated deterioration from August '06 in both Gedo and Juba regions. The sites were selected based on livelihood representation following a recent review to enable analysis by livelihoods. The improving trend is possibly associated with improved dietary diversity with over 80% consuming four or more food groups in most of the sites; improved milk consumption (goats and cattle are kidding/calving) and improved access to humanitarian interventions in the form of food distributions and supplementary feeding in the regions.

Additional information from Maternal and Child Health Centres shows similar trends in acute malnutrition in the regions. Communicable diseases, especially reported sporadic diarrhoea incidences, continue to aggravate the nutrition situation and requires that intervention plans are put in place to deal with prevention and treatment. The AWD outbreak has also affected Lower Juba and Gedo with ¹⁴WHO reporting **561 cases in Lower Juba** from January 1st to March 31st and a very concerning CFR of **7.31%** and **112 cases in Gedo** with an equally concerning CFR of **8.04%**.

Distribution of Acutely Malnourished Children in Sentinel Sites by Livelihood Zone, Gedo Region, February 2007



Distribution of Acutely Malnourished Children in Sentinel Sites by Livelihood Zone, Lower Juba, February 2007



NUTRITION RESPONSE IN THE CURRENT CLIMATE - UNICEF

With the persistence of the critical nutrition situation in parts of South and Central Somalia, which is compounded by the widespread acute watery diarrhoea and the ongoing population displacement, the need for life saving nutrition interventions continues. The nutrition response has been maintained, mainly by the national staff, despite security related interruptions. Some agencies are, however, planning to expand their interventions in response to the imminent deterioration and continuation of the IDP influx from Mogadishu, in addition to addressing the existing intervention gaps in Gedo, Lower Juba and Bay Regions.

Discussions between UNICEF and a number of NGOs are ongoing to ensure the existing programme continuation and to facilitate expansion of emergency nutrition interventions in the diarrhoea affected riverine areas of Middle and Lower Shabelle, Hiran and Lower and Middle Juba Regions. Coordination support to the emergency response continues with three coordination meetings having been held in Nairobi, Wajid and Bossaso during March 2007. Programme updates were provided while issues on supplies and technical support were addressed. Possibilities of establishing and expanding emergency and non emergency nutrition responses in the densely populated areas like Bay Region were also explored. The need for nutrition programmes support to the northeastern Somalia was identified, particularly with reference to capacity to respond and preparedness to a nutrition crisis. Programme quality issues, some of which were linked to absence of essential staffs in programme areas, were followed up and addressed. Additional support will be provided in the subsequent coordination activities.

¹⁴WHO Somalia, Acute Watery Diarrhoea Outbreak Update, March 31st 2007

Other related publications and Releases

- o FSAU Food Security and Nutrition Brief, April 2007.
- o FSAU/FEWSNET Market Data Update, April 2007.
- o FSAU/FEWSNET Climate Data Update, April 2007.

Trainings

The FSAU Nutrition Project is scheduled to conduct a 'Mid level Managers Training of Trainers' focusing on 'Food Processing, Preservation and Storage' in South and Central Area in May 2007. Venue and dates to be confirmed.



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