

UNICEF; training of the Baidoa Hospital staffs to be carried out on 28th -29th June to facilitate implementation once the agreement is finalised. UNICEF proposes to sponsor one OTP (WVS) plus the stabilisation centres (Baidoa Hospital) though details on the support available from UNICEF for the two sites were not available. It is notable that the proposed number of nutrition rehabilitation sites for the severe malnutrition management in Baidoa is inadequate for the estimated severely malnourished children.

- UNICEF to follow up on individual agencies PCA status to facilitate programme resumption and provision both health and nutrition supplies. **Status:** Most of the PCAs have been finalised, however, effort has been made to facilitate supplies dispatch to existing programmes to avert programmes interruption. This has been done through Note for Record provision and the supplies have effectively delivered.
- Nutrition Cluster Coordinator to follow up on the Burhakaba nutrition response and enhance complementarities of new initiatives. **Status:** WVS has commenced some nutrition interventions through private donors support. Supplies have been dispatched and training of staffs is scheduled for early July. Positive discussions are ongoing to complement ongoing intervention with food interventions.

2. Update on the emergency nutrition response

ACF

The emergency nutrition activities in Wajiid continue through the 6 OTP sites (Weeley, Burdhunle, Elbon, Burbasle, Calemo and Wajid) and the Wajid TFP. In the OTP there were 84 admissions with 126 in-charges by the end of May 2008. In the TFP, there were 30 admissions with the programme having 22 in-charges by the end of May. During the screening activities, 380 children were screened with 113 severely and 171 moderately malnourished cases being identified. About 95 cases were admitted in the OTP and TFP programmes with a few cases refusing admission. The moderately malnourished cases were referred to the SFP sites managed by IMC and WVI. About 17 cases of kalazar were identified; 12 of them were referred to MSF B in Huddur while the rest had severe malnutrition hence admitted in the Wajid TFP. ACF reported noticeable increase in weekly admissions in both TFC and OTP.

Complementary activities like vaccination and health and nutrition education are ongoing in the feeding programmes. Active case finding by the community based volunteers also continues.

IMC

In Bay region, the 8 SFP and 8 OTPs were operational alongside the health programme in Dinsor and Qansaxdheere. In the period covering May to the third week of June, there were 912 new admissions out of which 7 were oedema cases. Two cases were referred to the hospital. There were no discharges (death, defaulters and cured).

On SFP, the family ration that was looted in Hawalbarbar has been returned and will be redistributed. A request from the community to replace the stolen oil with sorghum was rejected, and the elders have managed to procure oil from Baidoa. There were 1335 admissions and there were no case discharged after curing or died in the reporting period. There were 19 defaulters, 41 readmission and 24 cases referred to the TFP/OTP.

In the screening activities, 25265 children were screened in Dinsor (with 2111 children being malnourished) while 1786 were screened in Qansaxdheere (with 986 being malnourished). On health, the MCH activities are running well, but there are no drugs for the health posts and the TBAs. There were also reports of severe water shortage and incidences of bloody diarrhoea in Yaqbarawe and Kanaan areas of Dinsor District in May/ June. Complementarities of health and WASH programmes to nutrition were urged.

The Bay programme reported to have received 3500 bags of unimix and 100 cartoons of plumpy nut. In addition, family ration has been received for the Qansaxdheere programmes.

World Vision

WVS reported that the health and nutrition interventions in Bakool, Bay and Juba Valley are ongoing. Despite the delay in the PCA discussion conclusion, the activities continued using won resources. Two mobile teams have been engaged to provide health and nutrition intervention in Baidoa and Burhakaba district. Noting the increased cases of kalazar, WVS will be starting kalazar treatment in Tayeglow district to complement the nutrition interventions. The drugs will be got from Merlin. However a logistic challenge is foreseen on the timely delivery of samples for kalazar investigation from Tayeglow to Nairobi. This issue will be shared with the logistics cluster coordinator for support.

On the response gaps analysis, WVS maintained that if they were provide with emergency nutrition supplies to implement the proposed 3 SFP in Burhakaba and 3 SFPs in Baidoa plus 5 OTPs in each of the district, they would have significantly contributed to both severe and moderate malnutrition management gaps, currently experienced in the 2 districts. UNICEF will be sponsoring one OTP site. Plans are underway to explore for other possibility to get complementary funding to procure the emergency supplies. It's noteworthy that WVS had partial funding for the proposed activities from WV Canada and WV Germany for Baidoa and Burhakaba respectively.

In Burhakaba, WVS reported that that some limited emergency nutrition supplies (unimix, plumpy nut and drugs for systematic treatment) have already been delivered to Burhakaba for intervention commencement in July. Staff training will be done in the coming weeks.

WVS reported that there will be a food security and livelihood programme in Qansaxdheere which aims at promoting kitchen gardens. It was noted that there was potential to link it with the emergency nutrition interventions implemented by IMC and SRCS.

DMO

In the month of May, DMO undertook selective feeding programme activities (inclusive of systematic treatment) in the 2 locations of Baidoa and Awdinley while the Gofgadud Buure interventions remain suspended for the 2nd month following the looting of family ration 2 months ago. Discussion with Gofgadud Buure community and WFP are ongoing. The SFP reports are as shown in the table, though they reveal some inconsistency in the figures at the end and beginning of the month (April and May). DMO will review their records from the register.

Feeding programme indicators	April	May
Total end of previous month	566	560
New admission	272	208
Re-admission	34	31
Transferred from other programmes	0	0
Cured	170	268
Deaths	2	2
Absentee	3	4
Defaulter	2	4
Referred to other programmes	25	29
Total discharge	202	307
Total beneficiaries by end month	670	492

An analysis of the beneficiaries by source in the Baidoa Horseed SFP has been initiated to establish the source and possibly the associated factors of malnutrition. Focusing on the 3 months of March – May 2008, there were 380 admission from the main sections of Baidoa town out of which 144 came from Horseed section, 94 from Berdaale section, 62 from Isha and 80 from Hawlwadaag. Among the 166 admissions from the IDP camps, 20 came from Hannonno 1, 19 from ADC, 18 from Boonkay, 16 from BP1, 15 from Anot, 6 from Hannon 2 and 72 from surrounding villages. Among the 68 severely malnourished cases recorded over the 3 months period, 12 came from

Horseed, 7 from Berdaale, 4 from Isha, 6 from Hawlwadaag, 5 from Hannonno 1, 3 from Hannonno 2, 6 from Bonkay, 7 from Anot, 4 from ADC and 14 from surrounding villages. It was noted that many cases admitted in the programme have vaccination cards issued by the Mogadishu health facilities.

It was noted that Horseed and Berdaale sections seem to have higher nutrition vulnerability than the others, have high population density, poor sanitation and there is excess congestion.

The severe malnutrition management gap has not been addressed and the problem of referral of the cases still remains. WVS referred 7 severely malnourished cases to the Baidoa Horseed SFP.

SRCS

SRCS reported that their Berdaale and Qansaxdheere MCH/ SFP and the Isha and Hawlwadaag MCH are operational and the necessary supplies have been provided by UNICEF and WFP.

Green Hope

Green Hope reported that they are in discussion with WFP for nutrition interventions in Burkahaba to address the long standing response gaps. In addition, Green Hope also reported of some pilot livelihood promotion cash distribution interventions, in partnership with a Netherlands's based diaspora organisation, where 1640 persons/households received 100,000 SSh in Baidoa town. This amount was however noted to be little but the feasibility of the project was gauged and determined as viable. Plans were also noted to be underway for a wet feeding programme targeting 450 households from the Hannano 1, ADC, Anot, Kormarey, Wadajir and Tawakar IDP camps. Green Hope was working out on the criteria for admission and the implementation modalities. They were advised to liaise with food aid agencies and the nutrition cluster to ensure wet feeding initiative addresses the quality and quantity adequacy of the ration as well as cater for sanitation concerns during the implementation.

DIAL

DIAL noted that they were implementing SFP until November 2007 with UNICEF support but has been waiting PCA discussion conclusion with UNICEF to resume operations. It was noted that the family ration distribution, approved by the HRF board in February, has not been delivered, thus indicating a delay in the programme implementation. DIAL pointed out that they were procuring food from Kenya (refugee camps) and there were multiple road blocks between Doble and Badhadhe that hindered smooth supplies delivery/ transportation.

FSAU

Reported that the urban population study has been undertaken and preliminary results show high level of poverty among the urban populations. Baidoa was one of the study areas.

On the situation update, late rains were reported in many parts of South and Central Somalia like Bay Region and parts of Bakool. The northern part of Bakool was noted not to have received much rain, though generally the water stress has eased up. The crop establishment delayed due to late onset of the rains, though it looks promising in areas that have received late gu/ early hagar rains. Currently, livestock movement has been noted towards Southern Dinsor following reports of improved pastures.

In the meantime, the FSAU led Gu assessment planning process commences on 1st July while several nutrition assessments are/ will be conducted between June and July 2008.

OCHA

There was no specific programme update from OCHA though a request was made for OCHA to facilitate inter-cluster linkages/ integration in the response implementation. The need for capacity improvement to the NGOs in programme design and proposal development was identified as an area that OCHA could assist.

WFP

The general food distribution is underway in Bakool. The distribution plans for the Baidoa IDP GFD are being finalised. In the month of May 2008, 173.4MT was distributed through the SFP to 1697 families in Bay Region (837 U5 children and 860 pregnant/lactating mothers). The criteria used in assessing mother is MUAC<21 cm and it was done through DMO and SRCS managed SFPs in Bay Region. About 47.35MT of GFD was done to 404 IDP families in some 3 Baidoa IDP camps. Additional food allocated to the Baidoa IDP has arrived and the distribution will be done in early July. In Berdaale 416.71MT were distributed to 4716 families in June.

Considering the planned intervention in Burhakaba, WFP was requested to explore on the family ration provision possibilities to the OTP beneficiaries, once the WVS managed interventions commence.

3. Baidoa IDP nutrition crisis/ Rural Baidoa nutrition response analysis

The IDP and the Baidoa town nutrition response have mainly focused on the moderate malnutrition management. The gaps on severe malnutrition management still continue. The planned training on severe malnutrition management for Baidoa hospital staffs, the finalisation of the PCA discussion between UNICEF/ Baidoa Hospital and commencement of the Baidoa OTP by WVS/UNICEF will partly address the response gaps. However, the gaps will still remain despite implementation of the currently proposed interventions. There is need for several OTP/ SC sites both in the Baidoa urban and rural areas to effectively address the existing gaps.

The closure of the Idaale and Gofgadud Shabele SFP, despite the deterioration of the nutrition situation, widened the response gaps further. The current interventions against moderate malnutrition are partially covering the gap in Baidoa and the northern part of the district. This shows persistence of the response gaps and further depression of the nutritionally vulnerable population in Bay region and Baidoa rural in particular.

The next Bay/Bakool Nutrition Cluster / Working Group meeting will be held on 21st July 2008 in WFP Wajid Compound at 10.00am