



Somali Region Nutrition Survey Results

On 4 July, the Somali Regional Health Bureau (RHB) presented the findings of the nutrition assessments conducted between mid-April and mid-May in seven selected woredas across each of the region's zones. According to the findings, the nutritional situation in the surveyed woredas (Ayisha, Bare, Bokh, Degehabur, Filtu, Hamero and Kelafo) is generally considered as either serious or critical, with Global Acute Malnutrition (GAM) ranging from 14.5 to 21.9 per cent and Severe Acute Malnutrition (SAM) from 0.8 to 2.3 per cent. The report cites a number of factors aggravating the situation, including acute water shortages, low access to safe water, sub-optimal immunization coverage, high childhood morbidity and dependence on relief food, as well as depletion of household coping mechanisms after years of successive droughts.

The GAM and SAM rates respectively for the specific woredas surveyed are as follows: 14.5 and 0.8 in Filtu woreda, Liben zone; 15.2 and 1.8 in Ayisha woreda, Shinile zone; 16.3 and 1.1 in Bare woreda, Afder zone; 18.2 and 2.3 in Kelafo woreda, Gode zone; 18.4 and 2.2 in Hamero woreda in Fik zone; 21.4 and 3.3 in Bokh woreda, Warder zone; and 21.9 and 2.2 in Degehabur woreda, Degehabur zone. The findings also indicate that the crude mortality rate is high in Degehabur and very low in Hamero, while the under-five mortality rate is very high in Bokh and very low in Hamero. On the basis of these results, the situation is critical in Bokh and Degehabur woredas and serious in Kelafo, Hamero, Bare and Ayisha woredas, while Filtu was deemed 'poor', on the borderline of 'serious'.

While the report emphasizes that the findings are not representative, they may be indicative of the situation in similar livelihoods zones, assuming homogeneity of lifestyle and particular conditions. The report further suggests that the poor performance of the *gu* rains in 2009 will lead to further deterioration in food security and nutritional and health conditions, particularly among the most vulnerable members of society in the most affected areas of the region.

As recommended in the report, the RHB called a multi-sectoral planning workshop to address the growing nutritional concerns, held on 10 July 2009 in Jijiga. Other recommendations include the immediate resumption of full relief food rations for targeted populations (reduced rations have been distributed in priority 2 and 3 areas since July 2008) and establishment or strengthening of supplementary feeding programmes in areas deemed critical and serious. In critical areas, this should include two-month blanket distributions for all under-fives and pregnant and lactating women, followed by four months' targeted supplementary food for moderately malnourished children under five and pregnant and lactating women. Improved immunization coverage and management of severe acute malnutrition by strengthening mobile health and nutrition services through enhanced NGO engagement is also recommended. Existing emergency resource shortages, however, could pose significant challenges to the response. WFP currently has 500 MT of supplementary food available, to support the RHB response plan. For more information contact: ocha-eth@un.org & aaismail30@yahoo.com

AWD Outbreaks Spreading

According to the Federal Ministry of Health (FMoH), 589 cases of Acute Watery Diarrhoea (AWD) and nine deaths were reported in Somali, Oromiya, Harari, Afar and SNNP Regions between 22 and 28 June 2009 from 19 woredas. In June, a cumulative 1,465 AWD cases, with 28 deaths (1.9 per cent CFR) were reported in Afar, Somali, Oromiya, SNNP and Harari Regions, while according to WHO, the national average CFR has been increasing in recent weeks as compared to previous epidemics in 2007 and 2008, indicating poor case management. During the past four weeks, Afar and Somali regions have recorded CFRs above the WHO standard threshold, i.e. greater than 1 per cent. WHO continue to provide support to the affected regions through supply of emergency drug kits, surveillance, early warning, coordination and financial and human resources support at central and regional levels. In July, UNICEF dispatched three additional CTC kits (one to Somali and two to Oromiya), while water treatment chemicals, soap and other sanitation materials have been distributed to Harari and Addis Ababa. Radio Fana, supported by UNICEF, will transmit AWD prevention messages in local languages in Afar and Somali over the next three months. Checklists of standards for basic facilities have been prepared for use in cotton farms in Afar, where initial outbreaks have been reported. For more information contact: who-wro@et.afro.who.int & kmcdonald@unicef.org

Relief Food Resource Update

WFP reports that, despite the continued break in its relief pipeline, there will be no reduction in July food rations for refugees following positive indications from the Ethiopian Food Security Reserve Administration (EFSRA) that another loan could be extended to cover August rations. The recent arrival of 112 MT of oil and expected delivery of locally purchased pulses in late July is expected to help reduce August shortfalls. However, WFP reports that salt and sugar will not be available for distribution, except in the Eritrean refugee camps where they are already in camp stocks.

On overall relief food supply, WFP reports that the *MV Eldore* has made port in Djibouti and its cargo of 23,000 MT of wheat is now being off-loaded. Two other ships carrying food supplies for the NGO Joint Emergency Operation (JEOP) are at anchor, waiting for a berth. Together, WFP and the JEOP should have enough food for a fourth round of food distributions for the 4.9 million relief food beneficiaries in Ethiopia, although the distributions are unlikely to be completed until August due to continued transportation congestion at Djibouti port. For more information contact: wfp.addisababa@wfp.org