NUTRITION

ISSUE

Malnutrition is a chronic problem in all areas, and appears in acute form in areas of drought, flood or localised conflict. Poor availability and accessibility of food, primarily due to successive drought and conflict, quality of dietary intake, infant feeding practices and inadequate home management practices contribute to the poor nutritional status of children. Considerable variations exist among different areas and population groups, with the central and southern areas being the worst affected.

Micronutrient deficiencies including iron-deficiency anaemia, vitamin A deficiency, and iodine deficiency are serious health issues facing the population. Anaemia is suspected to be high among women and adolescents and iodine deficiency is a public health concern as access to iodised salt among the population is extremely low. In addition, sub-clinical vitamin A deficiency is most likely a contributing factor in morbidity and mortality.

ACTION

The UNICEF Nutrition Programme is comprised of three projects: Control of Micronutrient Deficiency Disorders, Improved Feeding Practices and Selective Feeding. UNICEF continues to train health workers to conduct regular growth monitoring and carry out nutritional surveillance, and will support the development of community based maternal and child nutrition package for improved feeding practices. Support is given to the development of a micronutrient policy framework as part of health sector reform, as well as development of information materials for families to ensure proper care. Based on the results of nutritional surveillance, programmes for supplementary and therapeutic feeding of malnourished children are initiated and supported, in conjunction with NGO partners. Vitamin A supplementation to children under five will continue through the Expanded Programme of Immunisation (EPI), and supply of iron cum folic acid to pregnant women through MCH clinics.

Micronutrient supplementation done in conjunction with the National Immunization Days (NIDs) for Polio continues to be the most effective way to ensure high coverage in Somalia.

Almost one million children between 6-59 months of age received two capsules of vitamin A in 2004.
IMPACT

In 2005, the focus of UNICEF nutritional support continued to be on the reduction of mortality and morbidity among children under-five and their mothers, with emphasis on seeking and promoting viable solutions to the problem of malnutrition through improved care and feeding practices. Key results include:

- Reduced morbidity and mortality, particularly among children, women and other vulnerable groups through provision of micronutrients.
- Ongoing nutrition surveys to ensure the monitoring of the nutritional status of children, response to malnutrition and support to supplementary and therapeutic feeding programmes.
- Improved local capacities for monitoring and responding to nutritional needs through training in feeding practices, growth monitoring and breastfeeding.

Micronutrient Supplementation

UNICEF support to micronutrient supplementation, in the form of iron-folic acid and vitamin A, continued during routine immunization and acceleration campaigns, as well as through Maternal and Child Health (MCH) centres and Traditional Birth Attendants (TBAs). Close to one million children between the ages of six months and five years received two capsules of vitamin A in 2004. Thanks to advocacy efforts, low dose vitamin A for pregnant women is now available in the ante-natal care packages offered at MCH clinics, and the demand is increasing.

Iron-folic acid supplementation continued to be offered to pregnant women at EPI fixed posts as well as during EPI acceleration drives and outreach activities. In order to intensify and improve anemia diagnosis in the MCH clinics, HemoCue equipment to assess the Hb levels is provide to majority of clinics. The clinical monitoring data indicates that anemia is indeed a very serious problem both among the pregnant and non-pregnant women and among children under 2 years.

Information coming from the MCH monitoring forms indicate that demand for iron-folic acid supplementation is very high, almost every pregnant woman seen for ante-natal care is now being supplemented with iron-folic acid. The total number of pregnant women supplemented during 2005 is estimated at around 170,000.
Nutritional Surveillance/ Supplementary and Therapeutic Feeding

Food shortages are a recurrent risk to the health of the population in areas of insecurity, or in those areas prone to seasonal drought and flooding. The limited purchasing power of large groups of minimum-income families and the internally displaced further contribute to food shortages which lead to malnutrition. UNICEF works in collaboration with partners, especially the Food Security Assessment Unit (FSAU) of FAO, with which it jointly leads the Somalia Aid Coordination Body (SACB) Nutrition Working Group. UNICEF also collaborates with UN and non-governmental actors and local authorities in utilizing surveys to systematically monitor the nutritional status of children and women.

From early 2002 there was a serious and growing food insecurity in the Sool Plateau and surrounding areas of Sanag, Bari and Sool region, lasting till end 2004. A succession of failed rains over many years resulted in large-scale food insecurity among pastoral populations. UNICEF participated in an inter-agency assessments to assess the severity and extent of the humanitarian problem and to take the lead in organizing mobile interventions to provide basic health and nutrition services in the affected areas over 1.5 years. This was an appropriate short-term response to prevent access mortality in the affected regions. In 2005 there is a need to develop more long-term measures to serve these remote areas, and support the recovery of substantially increased populations marginalized by long drought.

In the Central and Southern Zone, malnutrition among children under five years is a chronic problem, primarily among internally displaced persons and other disadvantaged groups. The nutrition team distributes supplementary food items through health facilities, and provides training to health workers involved in the feeding programmes. UNICEF interventions include: supply of measuring tools (scales, height and length boards); provision of guidelines for dietary supplementation and related training to MCH staff; introduction of supplementary feeding programme registers to improve overall management; logistics support to the operation and regular monitoring of programme activities.

Feeding Practices
In 2005, growth monitoring and nutrition surveillance activities at most UNICEF-supported MCH centres were used as points of reference for understanding the behaviours, practices and motivations of caretakers, household members, local authorities and health workers in promoting appropriate care for children. The number of MCH centers offering food demonstration sessions has increased from 41 to 48 in 2004, all in the Central and Southern Zone, and from 2005 they now implemented also in NW and NE zones. All the centres were equipped with food
demonstration sets. In the Northwest Zone, some 50 breast-feeding committee members were selected, trained and supported, to establish a support network for breast-feeding promotion. In collaboration with an international NGO, community-based activities also started in Bossaso IDP camps, Northeast Zone, where a nutritional survey has shown how malnutrition problems are linked to poor feeding practices rather than to insufficient food.