NUTRITION SURVEY OF CHILDREN AGED 6 – 59 MONTHS IN ELDER DISTRICT, GALGADUD REGION

BY
FSAU & CISP

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Acknowledgements

This survey was carried out under challenging circumstances. The distances covered to reach the respondents and the harsh weather conditions can not go unnoticed. FSAU and CISP gratefully acknowledges the dedication of the entire survey team.

The participation of UNICEF in training of field staff, data collection and supervision of data collection is gratefully acknowledged. The compliance of the Elder population to participate in the survey is gratefully acknowledged, without which the survey would not be successful. The assistance of the district authorities and the district health board in preparation for the survey is indeed appreciated.

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Executive Summary

The study was carried out between 19th and 31st August in Elder District, Galgadud Region. The study aimed at determining the nutritional status of children aged 6 – 59 months and factors influencing the same. A total of 907 children were surveyed of whom 51% were boys and 49% were females.

A two stage cluster sampling methodology was used. Qualitative and quantitative methods of data collection were employed in the study. The main data collection tool was a questionnaire which was supplemented with a focus group discussion and key informant interviews.

Study results indicate a global acute malnutrition (<-2 z-scores or oedema) rate of 9.3%, 95% C.I. 7.1% - 10.9%. Severe acute malnutrition (<-3 z-scores or oedema) was 1.9%, 95% C.I. 0.8% - 2.5% with four cases of oedema reported. There was a significant difference between children's nutritional status and sex. The prevalence of moderate malnutrition was higher among the boys (67.2%) than in girls (32.8%).

The incidences of diarrhoea and acute respiratory tract infections two weeks prior to the study were reported at 19% and 38% respectively. Vitamin A supplementation within six months prior to the study was 84% while the measles vaccination coverage according to mothers recall in the study area was 73%.

Malnutrition is prevalent in Elder District with high prevalences of acute respiratory tract infections, diarrhoea, poor hygiene practices and clean water accessibility being risk factors to malnutrition. The study thus recommends the following:-

- In the short run, there is need to attend to the already malnourished cases especially the severe cases to prevent death.
- Continued support to CISP with essential drug kits and basic medical supplies to enable them provide regular health services.
- Need to continue with health outreach activities in the District so as to cover most of the nomadic population.
- Increasing access to improved drinking water in high-risk communities.
- Increasing access to sanitation facilities for most families.
- Intensifying health and nutrition education activities at the household level to address care concerns, targeting mothers, fathers and other caregivers. The main areas of focus should include promoting exclusive breastfeeding, appropriate young child feeding, diet diversification, and improvements in household/personal hygiene and health care practices.
- To strengthen sectoral collaboration within CISP to enable a multifaceted approach in tackling the problem of malnutrition in Elder District.

INTRODUCTION

Background Information

Elder is the only coastal district in Galgadud region with an estimated area of approximately 10,000 square kilometers. Other districts in the region include Dusamareb, El Bur, Abdudwaq, Adado, Galhareri, Gurcel and Balanbale. The district experiences similar seasons like other parts of Somalia namely, *Jilaal, Gu, Hagay* and *Deyer*. The Gu season is the most important season since much of Somalia's crop and livestock production is pegged to it. The seasons are summarized in the table below:/

Table 1: Adapted from Somalia Rainfall Calendar

JILAAL			*GU*			*HAGAY/KARIN*			*DEYER*		
Jan	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
Dry season. No crop production and herders traditionally migrate in search of water and pasture.			Main rainy season. About 70% of the annual crop and livestock production depend on the gu rains. Gu rainfall is the heaviest and most reliable.			Hagay rains are usually showerly and light in the southern coastal areas. Inland areas of the south, remain typically dry.			The secondary rainy season in the south. Deyer rains are less widely spread and less reliable than the gu rains. Deyer rains are usually patchy and localized.		

Source: Monthly Food Security Report, June 2000. FSAU/FAO.

Elder district is occupied by the Wacaysle subclan of Abgal clan. The population is mainly pastoral with limited fishing activities. CISP, FSAU, WHO, UNICEF, Terranova and the Kikuyu eye Clinic are among the humanitarian organizations supporting activities in the district. CISP provides health services, education and supports water programmes; FSAU supports nutrition surveillance activities through training of health staff, monitoring malnutrition trends, carrying out nutrition surveys, assessments, monitoring and analyzing food security situations; UNICEF supports health activities through provision of MCH kits, malaria kits, health posts kits, cold chain maintenance; reproductive health; WHO supports NIDs implementation, acute flaccid paralysis surveillance tuberclosis control and treatment; laboratory support and weekly epidemiological surveillance.

In terms of security, the district is very calm with no incidences of unrest reported in recent years. The District Commissioner heads the district assisted by a committee of elders.

Water and Sanitation Situation

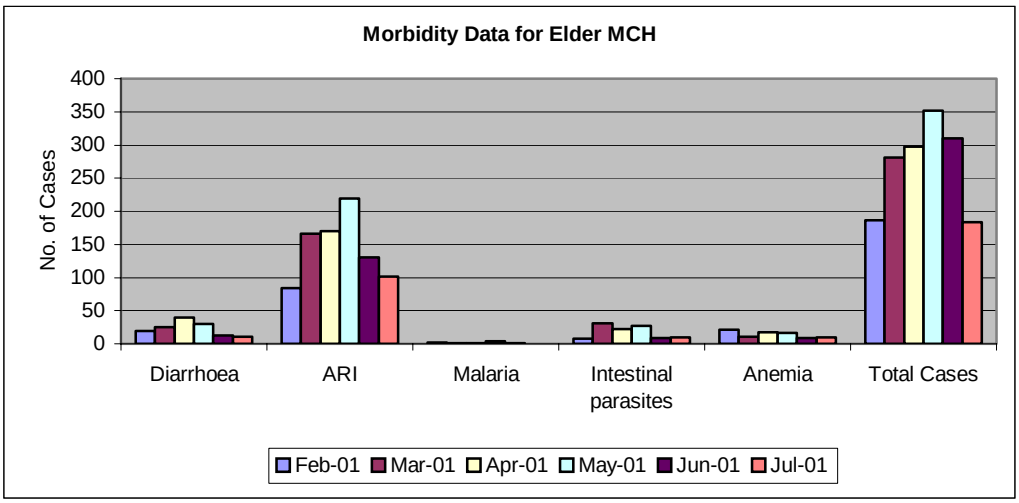
The district is served by one borehole located in Elder town and about 50 wells, of which 30 are in Elder town. Most of these wells are open, with chlorination taking place for 15 of those within Elder town. In terms of reliability, only about 10 of the approximately 55 locations/villages have a reliable water source. These are Elder town, Burdir, El Bilal, Howdley, Waaxweyn, Ceel Qabobe, Deeble, Mareg, Bocoolo and Madaweyne. In terms of water accessibility, people living in other areas have to travel for distances ranging from 2 – 60 kilometers to access water both for livestock and household consumption.

Sanitation practices are poor with some families disposing waste matter on open ground or in bushes.

Health Context

CISP began supporting health care services in Elder District in 1993 and supports a hospital, two MCH's (Waneweyn and Elder town) and a health post in Elcabobe. Monthly nutrition data generated from screening of underfive children in the two MCH's has consistently indicated low proportions of malnourished children ranging from 0% to 10%.

Acute respiratory tract infection is the most prevalent disease among underfive children followed by diarrhoea as reflected by Elder town MCH data. (see Figure 1). High number of anaemia cases have also been reported among the underfive population.



Food Security Context

The district falls within the pastoral food economy group with limited fishing activities for coastal families. In normal years, with adequate Gu and Deyer rains, sufficient pasture is usually available for livestock. This in turn impacts positively on animal products availability for human consumption. The Deyer season for the year 2000 was relatively good, hence good pasture and water availability over that period. However, the recent Gu rains were very short and of limited quantity, hence inadequate. The coastal area was particularly dry and mass movement of population from these areas to the inland in search of pasture was reported. Fencing of grazing land was also reported inland and families from the coastal areas had to spend substantial amounts of income to obtain pasture. Consequently, milk availability significantly decreased and heavy reliance on powdered milk was reported especially in Elder town. It is worth noting that majority of the families cannot afford the powdered milk. Currently, the *Hagay* rains expected to improve pasture, have been localized especially in Masagweyn areas. Severe water shortage has been reported in some areas like Osweyn.

These factors coupled with the increased cereal prices in Elder town market, have a negative impact on the food security situation, hence the nutritional status of the population in a vulnerable state.

Study Justification

Nutrition surveys in Somalia have typically been undertaken in areas of suspected or actual food insecurity. Insufficient data has therefore been available on populations with relative food security. Elder District is one such area and the survey aimed at understanding the nutritional status of this population. Additionally CISP required information to support the planning and evaluation of their projects.

Survey Objectives

Main Objective

To determine the nutritional status of children aged 6 – 59 months in Elder District and associated factors.

Specific Objectives

1. To determine the nutritional status of children aged 6 – 59 months in Elder District.

2. To determine the incidence of diarrhoea and ARI in Elder District.
3. To determine measles vaccination and vitamin A supplementation coverage of children aged 6 – 59 months in Elder District.
4. To identify socio-economic and demographic characteristics of the study population.

Methodology

Study Design

The study was carried out between 19th and 31st August 2001. A two stage cluster sample design was used in which the sampled clusters were stage one and the individuals sampled within each cluster were stage two. A sample of 900 children (30 clusters of 30 children) was to be surveyed. Each cluster represented a village or a section in the case of Elder town. The population estimate of Elder town and the villages within the district was obtained using NIDs data for the region and discussions with the residents of Elder town. The location of the clusters was selected using a "probability proportional to size" (PPS) technique, applied to population estimates of Elder town and the villages within the district.

Once the clusters were identified, the enumerators proceeded to the center of each cluster and one direction was chosen randomly by tossing a pen. Households to the end of the cluster were counted. Each household was numbered on a piece of paper and one of these randomly picked to determine the first household to be surveyed. Subsequent households were taken by moving in a clockwise direction. All children aged 6 to 59 months in each household were surveyed. If the inhabitants of a given household were absent at the time of the visit, a revisit was made later in the day.

Training of enumerators and data collection

Enumerators were trained for three days on the survey objectives, study population; sampling procedure; accurate ways of collecting anthropometric and sampling techniques questionnaire administration and interviewing techniques. Pretesting of the survey questionnaire was carried out in a nearby village, which was not part of the survey clusters, to test the clarity of the study tool and corrections made accordingly. Six teams were used to collect data. Each team had two enumerators, one supervisor and a survey guide.

The trained enumerators administered the survey questionnaire to mainly mothers or caregivers of selected children. Apart from administration of a questionnaire at household level, a focus group discussion and key informant interviews were conducted in the villages in order to allow triangulation of information. The survey questionnaire collected data on the following variables:-

a) Anthropometry
b) Demographic characteristics
c) Morbidity and Immunization
d) Food security

Data Entry and Analysis

Pre-coding of responses, data entry and analysis was completed in Elder using EPIINFO Version 6. Anthropometric indicators were generated using the EPINUT software and were expressed on Z-scores based on the CDS reference data. Children were therefore grouped into nutritional status categories as defined below:

Global malnutrition	<-2 z-scores or oedema
Severe acute malnutrition	<-3 z-scores or oedema
Moderate acute malnutrition	<-2 z-score WFH ≥-3 z-score
Normal children	≥-2 z-score

Confidence intervals were used to test for significant differences between malnutrition

prevalence among different age groups. Further analysis including Chi-squares were done in EPIINFO Version 6, basically aimed at relating nutritional status to other household variables. P-values were used to test for any significant relationships

Results

Population demographic characteristics

The study children were sampled from 496 households with 3156 persons. Majority (83.9%) of the households were male headed. The household size ranged from 2 – 28 with a mean size of 6.7 (SD=2.8) persons. About two-thirds of the studied households reported purchases as the main food source, while 19% reported animal products from own production. Sale of animals or their products was reported to be the main source of income by 42% of the population. Open wells were reported to be the main source of drinking water by 59.1% of the households. Majority (64.1%) of the study households lacked toilets and used bushes or open grounds for a sanitation facility. Remittances and sale of more livestock were the main coping strategies reported by the survey population. Mortality cases were higher (15) among the underfive population. Diarrhorea and or vomiting were reported as the causes of death among 11 of these children. Table 1 below gives a summary of these characteristics.

Table 2: Demographic and Socioeconomic Characteristics of Study Households.

Characteristic	**Percent/Number**	
Household Head's Sex		
➢ Male	83.9%	761
➢ Female	16.1%	146
Household sources of food		
➢ Own animal products	19.0%	172
➢ Crop production	9.3%	84
➢ Purchases	67.0%	608
➢ Remittances/Gifts	4.4%	40
➢ Wild foods collection	0.3%	3
Household sources of income		
➢ Small business	19.6%	178
➢ Casual work	13.6%	123
➢ Salaried employment	7.7%	70
➢ Sale of crops	7.6%	69
➢ Sale of animals/products	42.4%	385
➢ Remittances	7.4%	67
➢ Fishing	1.7%	15
Drinking water source		
➢ Borehole	30.9%	280
➢ Open wells	59.1%	536
➢ Berkads	10.0%	91
Sanitation facility		
➢ Toilets	35.9%	326
➢ Bushes/Open ground	64.1%	581
Coping strategies employed		
➢ Remittances/Gifts	43.8%	397
➢ Begging	0.2%	2
➢ Purchases	17.8%	161
➢ Wild foods collection	1.2%	11
➢ Family splitting	1.4%	13
➢ Sale of more livestock	30.1%	271
➢ Borrowing	5.5%	50
Mortality in the past one year		
➢ < 5 Years	15 Cases	
➢ 5 – 15 years	06 Cases	
➢ Above 15 Years	12 Cases	

Study Children

A total of 907 underfive children were surveyed of whom 51% were boys and 49% were girls. As shown in Table 2, majority of the children were in the 24 –35 months and 48 – 59 months age categories.

Table 3: Distribution of Study children by Age and Sex.

Age in Months	Males		Females		Total	
6 – 11	5.0%	49	5.0%	44	10.3%	93
12 – 23	11.0%	97	9.0%	83	19.8%	180
24 – 35	13.0%	115	11.0%	97	23.4%	212
36 – 47	10.0%	95	11.0%	102	21.7%	197
48 – 59	12.0%	106	13.0%	119	24.8%	225
Total	51.0%	462	49.0%	445	100%	907

Morbidity, Immunization, Vitamin A Supplementation

The incidences of diarrhoea and acute respiratory tract infections two weeks prior to the study were reported at 19% and 38% respectively. Vitamin A supplementation within six months prior to the study was 84% while the measles vaccination coverage according to mothers recall in the study area was 73%. In terms of children's vaccination status, 57.7% and 26.1% had received full and partial vaccination status respectively while 16.2% had not received any vaccination at all.

Nutritional Status

Based on Z-Score analysis, survey results indicate a global acute malnutrition (<-2 z-scores or oedema) rate of 9.3%, 95% C.I. 7.1% - 10.9%. Severe acute malnutrition (<-3 z-scores or oedema) was 1.9%, 95% C.I. 0.8% - 2.5% with four cases of oedema reported.

Table 4: Summary of Nutritional Status Categories.

Nutritional Status	Percent/Number	
Global acute malnutrition (<-2 z-scores or oedema)	9.2%	83
Severe acute Malnutrition (<-3 z-scores or oedema)	1.5%	14
Moderate Malnutrition (<-2 z-score WFH ≥-3 z-score)	7.6%	69
Normal (≥-2 z-score)	90.8%	824

In terms of children's agegroups there was no significant association between children's nutritional status and the various agegroups (P-value >0.05).

Table 5: Distribution of Study Children by Nutritional Status

Age in Months	≥-2 Z-scores		<-2/≥-3 Z-scores		<-3 Z-scores	
6 – 11	10.0%	82	10.4%	7	23.5%	4
12 – 23	18.0%	166	16.4%	11	17.6%	3
24 – 35	20.2%	193	20.9%	14	29.4%	5
36 – 47	21.5%	177	26.9%	18	11.8%	2
48 – 59	24.9%	205	25.4%	17	17.6%	3
Total	90.7%	823	7.3%	67	1.9%	17

P-value = 0.14

More boys than girls were moderately malnourished, while severe malnutrition was more prevalent in girls than in boys. A significant association was found between children's nutritional status and sex (P-value >0.05).

Table 6: Distribution of Study Children by Nutritional Status and Sex

Sex	**≥-2 Z-scores**		**<-2/≥-3 Z-scores**		**<-3 Z-scores**	
Males	49.7%	409	67.2%	45	47.1%	8
Females	50.3%	414	32.8%	22	52.9%	9
Total		823		67		17

P-value = 0.02

Focus Group Discussion

A focus group discussion carried out in Elder town revealed that breastfeeding commences soon after delivery. Exclusive breastfeeding goes on for at least 4 – 5 months[1]. In few cases, at three months the child is given some potatoes/soup. Animal based proteins were reported not to be readily accessible to most families due to high prices and also limited availability of the same in markets. Beans, cowpeas, wheat, rice and maize were reported to be the important cereals for most households. Meals frequency was reported to be two meals per day for most families.

Discussion

The survey results indicate a global acute malnutrition rate of 9.3% with 7.4% of the children being moderately malnourished while 1.9% were severely malnourished. This global malnutrition prevalence rate is relatively low compared to nutrition survey results in other parts of South and Central Somalia. Surveys carried out in South and Central Somalia have reported global acute malnutrition rates greater than 12% with the exception of Bualle District Survey.

About two-thirds of the studied households reported purchases as the main food source, while 19% reported animal products from own production. Sale of animals or their products was reported to be the main source of income by 42% of the population. Normally households will sell their livestock to supplement their food needs in addition to meeting other needs. All these issues point to the possibility that most families have access to animal source foods, which may in part account for the low malnutrition rates reported. Additionally, information gathered from focus group discussions indicated that milk and cowpeas/beans formed a major component of most families' diets. These are good sources of proteins and may go a long way in ensuring good nutritional status. Finally, CISP health activities in the District do have a positive impact on the nutritional status of the children as evident from the high measles vaccination coverage and vitamin A supplementation in the area.

Diseases have been reported to be part of the immediate causes of malnutrition with reference to the conceptual framework on the causes of malnutrition[2]. The important diseases known to cause malnutrition among the underfives are measles, ARI, and diarrhorea. In the study the prevalence of diarrhorea and ARI two weeks prior to the study was 19% and 38% respectively, while no case of measles was reported. These prevalences are high and may in part account for the prevalence of malnutrition in the area. Additionally, diarrhorea was reported to be a cause of mortality among the underfive population. This could be attributed to lack of proper hygiene as reflected by the lack of proper sanitation facilities for most (64.1%) families.

Majority (59%) of the households obtained drinking water from open wells, 31% from the only borehole in the District and 10% from Berkads. Water accessibility for villages far from Elder town is quite limiting with some families having to travel for 10 – 60 kilometers to access water.

[1] Note, the definition of exclusive breastfeeding may not have come out very clearly to the respondents

[2] The State of the World's Children 1998.

This may be a factor contributing to the malnutrition in the area since so much time is spent in search of water, at the expense of childcare. Additionally, intestinal parasites are quite prevalent in the study area. Though not addressed in the study, they could have a negative impact on the nutritional status of children. Intestinal parasites not only compete for nutrients but also interfere with the absorption and utilization of these nutrients.

Conclusion and Recommendations

Malnutrition is prevalent in Elder District. In the short run, there is need to attend to the already malnourished cases especially the severe cases to prevent death. Other recommendations include:-

- Continued support to CISP with essential drug kits and basic medical supplies to enable them provide regular health services.

- Need to continue with health outreach activities in the District so as to cover most of the nomadic population.

- Increasing access to improved drinking water in high-risk communities.

- Increasing access to sanitation facilities for most families.

- Intensifying health and nutrition education activities at the household level to address care concerns, targeting mothers, fathers and other caregivers. The main areas of focus should include promoting exclusive breastfeeding, appropriate young child feeding, diet diversification, and improvements in household/personal hygiene and health care practices.

- To strengthen sectoral collaboration within CISP to enable a multifaceted approach in tackling the problem of malnutrition in Elder District.

References.

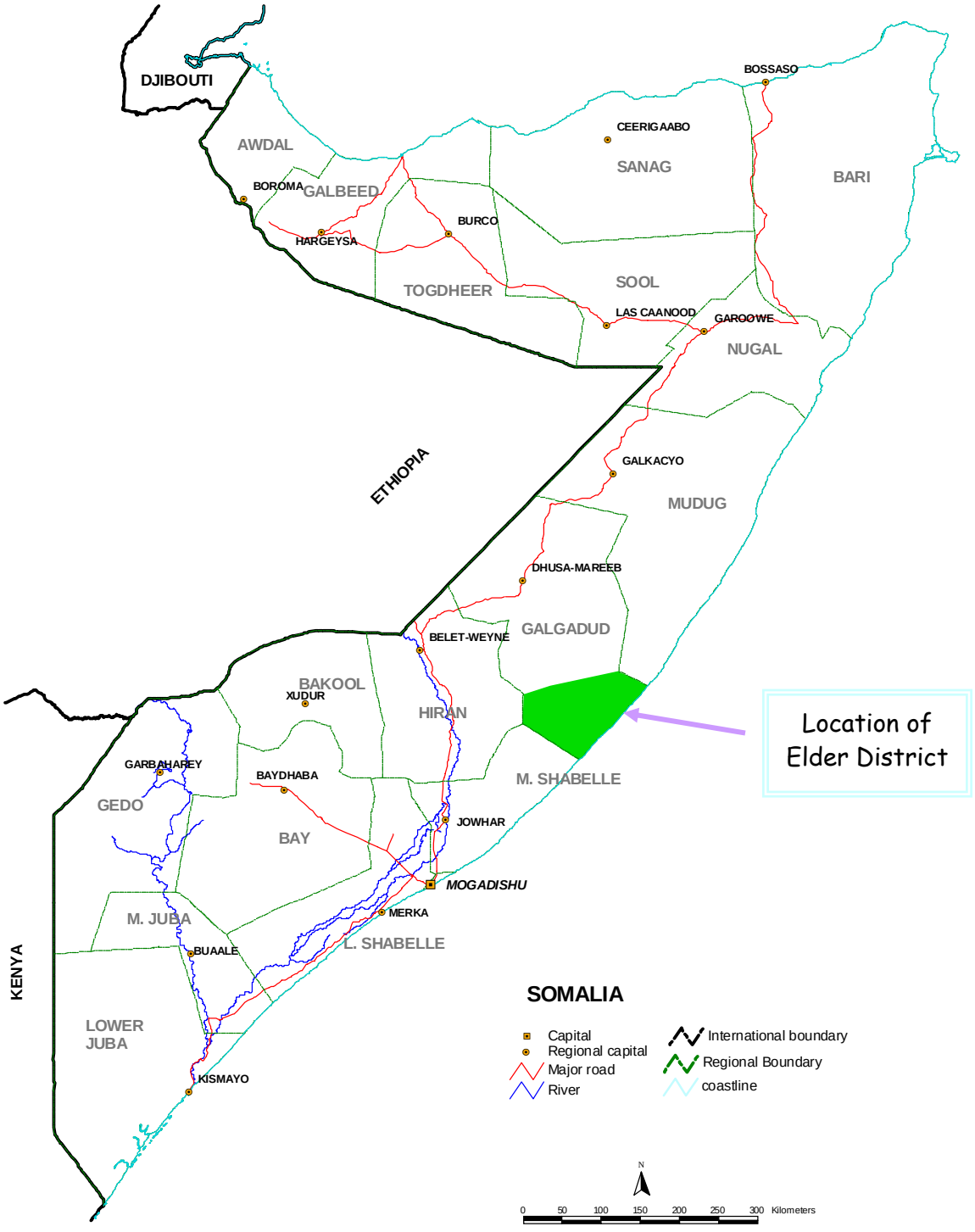
1. The State of the World's Children. UNICEF, 1998. *Oxford University Press*.

2. Recommendations for Nutrition Surveys in Somalia. Revised March 1999. *Nutrition Working Group.*

3. CISP Project Report, February 2 – May 1, 2001. Support for Health care project for Eldere District (Galgadud Region) and Haradhere District (Mudug Region) Somalia.

4. Monthly Food Security Report. FSAU/FAO, June 2000..

Appendix 1:- Location of the Study Area.



Appendix 2a:- Survey Questionnaire.- English Version.

QUESTIONNAIRE - ELDERE NUTRITION SURVEY

Date_____ Team Number _____

Name of Village/Town _____ Cluster Number _____

Q1 Name of the household head _____ Sex of the household head? 1=M, 2=F

Q2 How many people are members of this household? _____ (i.e. people who have live and eat together, including relatives/friends/employees who have lived there for the last **three** months). Please list their details in the table below.

SNo	Name	Sex	Age
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Q3 ***Household background information***

Households **main** food source	Households **main** income source	Source of drinking water	Sanitation Facility
a*) Animal products from own production* *b) Household crop production* *c) Purchases* *d) Remittances/Gifts* *e) Begging* *f) Wild foods collection* *g) Others Specify* _____	*a) Small business* *b) Casual work* *c) Salaried employment* *d) Sale of crops* *e) Sales of animals and animal products* *f) Remittances/Gifts* *g) Others specify* _____	*1=Borehole* *2=Open wells* *3=Berkads* *4=Catchments* *5=Others specify*_____	*1=Toilets* *2=Bush/Open ground*

Q4. How does this household survive during food shortages (coping strategies)?

a) Remittances/Gifts
b) Begging
c) Food aid
d) Purchases
e) Wild food collection
f) Splitting of the family
g) Sale of more livestock
h) Others-Specify_____

Q5. Anthropometry for children aged 6 – 59 months (or 65 – 110cm) in the household.

Sno	**Name**	**Sex** ***(F/M)***	**Age in months**	**Oedema** ***(Yes/No)***	**Height (cm)**	**Weight (kg)**
1						
2						
3						

Q5b. Morbidity, feeding and immunization status of children aged 6 – 59 months in the household.

Sno	**Name**	Diarrhoea in last two weeks Yes/*No*	ARI in the last two weeks Yes/*No*	Vaccination status *1= Full* *2= Partial* *3=None*	Vaccinated against measles *1=In past six months* *2=Before six months* *3= None*	Vitamin A provided in the last 6 months *Yes/No*	How many times do you feed the child in a day? a) once b) Twice c)3-4 times d) 5 or more times	**Are you breast feeding the child?** Yes/No	**If not breast feeding, how old was the child when you stopped breast-feeding?** a)less than 6 months *b) 6 – 11 months* *c)12 – 18 months* *d) 18 months or more*
1									
2									
3									

Q6 Has any member of the household passed away in the past one year?_____Yes/No

SNo	**Name**	**Sex (F/M)**	**Age in Years /months**	**Signs and symptoms leading to death (e.g. Diarrhea, Vomiting, Fever, Cough, Difficulty of breathing, Convulsion, complications in delivery, accident e.t.c.)**
1				
2				
3				

Appendix 2b:- Survey Questionnaire.- Somali Version.

SU'AALO SAHAN XAALADA NAFAQO EE DEGMADA C/DHEER

Taariikh_____ Koox Lambar _____

Magaca Tuulada/Magaalada _____ Goob lambar _____

S1 Magaca madaxa qoyska _____ Jinsi madaxa qoyska? 1=L, 2=Dh

S2 Imisa qof ayaa ku nool gurigan? _____ (Tusaale dadka ku nool kana cuna, oo ay ku jiraan qaraabo/saaxibo, shaqaale kuwaas oo ku noolaa guriga sadexdi bilood ee lasoo dhaafay).

Fadlan ku faahfaahi shaxdan hoose.

Lr tixan	**Magac**	**Jinsi**	**Da'da**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

S3 ***Warbixinta qoyska***

Meesha ugu badnaan qoysku raashinka ka helo a*) Waxa aka soo baxa xoolaha* *b) Waxsoo saarka beertooda* *c) Soo iibsasho* *d) Kaalmo walaal/Hadiyad* *e) Tuugsi* *f) Xabkaysi/Mureysi* *g) Wax kale cadee* _____	Meesha ugu badnaan dakhligu ka soo galo qoyska *a) Ganacsi yaryar* *b) Shaqo aan joogto ahayn* *c) Mushaar joogto ah* *d) Sii iibin miro beereed* *e) Iibinta xoolahooda iyo waxa ka soo baxa* *f) Kaalmo walaal/Hadiyad* *g) Wax kale cadee* _____	Meesha ay biyaha ay cabaan ka helaan *1=Ceel riig* *2=Ceel gacmeed* *3=Berkedo* *4=Waro* *5=Wax kale cadee*_____	Goob nadaafadeed *1=Musqul* *2=Duur/meel banaan*

S4. Sidee qoyskani ku noolyahay xaaladda cunto yarida (Xeeladehee)?

i) Kaalmo walaal/Hadiyad
j) Tuugsi
k) Gargaar cunto
l) Soo iibsi
m) Xabkaysi/Ugaarsi
n) Qoyskoo lakala jilo
o) Iibinta xoolahooda
p) Wax kale cadee_____

S5. Xaalada carruurta da'doodu u dhaxayso 6 – 59 bilood (ama 65 – 110cm) ee qoyska.

Lr taxan	**Magac**	**Jinsi *(L/Dh)***	**Da'da Bilo**	**Barar *(Haa/Maya)***	**Dherer (cm)**	**Miisaan (kg)**
1						
2						
3						

S5b. Xaalada caafimaad,quudin iyo talaal ee caruurta da'doodu u dhaxayso 6 – 59 bilood ee qoyska.

Lr taxan	**Magac**	Shuban 2dii sitimaan ee hore Haa/Maya	Cudur neef marenkaoo soo booda 2dii usbuuc ee hore Haa/Maya	Xaaladda talaalka *1=Dhamaystay 2=Kala dhiman 3=Waxba*	Talaalka jadeecada *1=6dii bilood ee lasoo dhaafay 2=Ka hor 6dii bilood ee lasoo dhaafay 3= Waxba*	Vitamin A lasiiyay 6dii bil ee lasoo dhaafay *Haa/Maya*	Meeqa jeer ayaad quudisaa canugaaga maalintii? *a)1 mar* *b)2 mar* *c)3-4 mar* *d) 5 ama ka badan*	**Naaskama nuugaa cunugaan?** Haa/Maya	**Haday maya tahay imisuu jiray cunugu markaad naaska ka joojisay?** *a)ka yar 6 bilood b) 6-11 bilood c) 12-18 bilood d) 18 bilood ama ka badan*
1									
2									
3									

S6 Qof qoyska ka mida ma dhintay halkii sano ee lasoo dhaafay? _____Haa/Maya

Lr tixan	**Magac**	**Jinsi (L/Dh)**	**Da'da bilo/sanado**	**Calaamado iyo cabashooyin sababi kara dhimasho (sida. Shuban, Matag, Xumad, Qufac, Neefsi dhib leh, Gariir, Umul raacasho, Shil I.W.M)**
1				
2				
3				