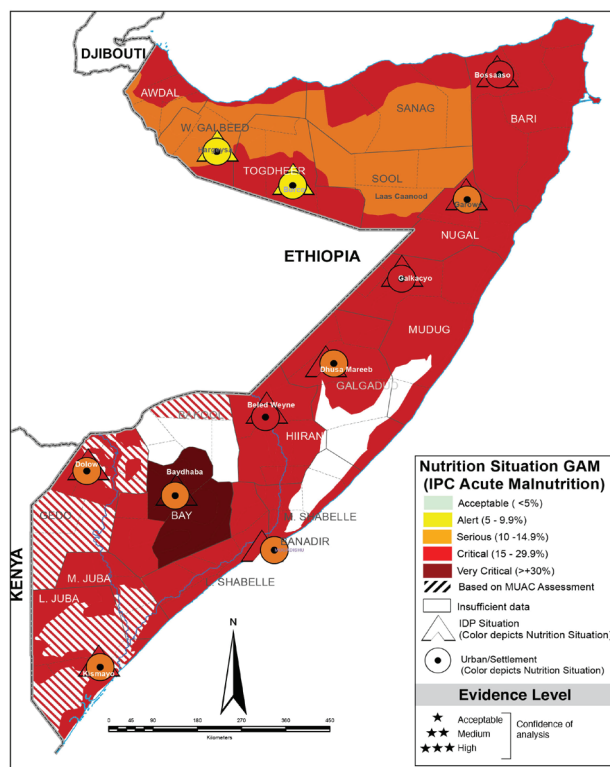


As part of the 2022 Post *Gu* seasonal assessment, the Food Security and Nutrition Analysis Unit (FSNAU) conducted 29 nutrition and mortality assessments among displaced, urban and rural populations across Somalia in collaboration with government and partners. FSNAU also conducted Six Mid Upper Arm Circumference (MUAC)-based nutrition assessments in hard-to-reach/insecure areas. All of these assessments were conducted between May and July 2022.

- At the national level, the median prevalence of acute malnutrition (GAM) has increased from Serious in 2021 *Gu* (11.1%) and 2021 *Deyr* (13%) to Critical in 2022 *Gu* (15.9 %).
- The number of population groups recording Critical GAM (15-29.9%) has increased from 4 in 2021 *Gu* and 11 in 2021 *Deyr* to 15 in 2022 *Gu*.
- The median SAM prevalence has also worsened from 1.5% in 2021 *Gu* and 2.1% in 2021 *Deyr* to 3.1% in 2022 *Gu*.
- A humanitarian Emergency is observed (GAM>15% accompanied by CDR > 1 and U5DR >2/10,000/day) in Shabelle Riverine, Shabelle Agropastoral, Baidoa and Burhakaba Agropastoral, and among Baidoa IDPs.
- Critical levels of Crude Death Rates (>1/10 000/day) and Under-Five Death Rates (>2/10 000/day) were observed among Shabelle Riverine, Shabelle Agropastoral, Baidoa and Burhakaba Agro Pastoral and Baidoa IDPs.
- Qansah Dhere and Dinsor Agro Pastoral reported Critical levels of Crude Death Rates (>1/10 000/day) and Serious levels of Under-Five Death Rates (1 to 1.9/10,000/day).
- North Gedo Pastoral, Mogadishu IDPs and Kismayu IDPs registered Serious levels of Crude Death Rates (0.5<1.0/10 000/day) and Under-Five Death Rates (1 to 1.9/10,000/day).
- The nutrition and mortality situation is particularly worrying among agropastoral populations in Baidoa and Burhakaba and among IDPs in Baidoa town of Bay Region. At the time of the surveys in June and July, nutrition and mortality outcome indicators are already approaching the thresholds for Famine (30% GAM, 2/10,000/day CDR and 4/10,000/day U5DR).
- The food security, nutrition and mortality situation is particularly worrying among agropastoral populations in Baidoa and Burhakaba and among IDPs in Baidoa town of Bay Region. At the time of the surveys in June and July, nutrition and mortality outcome indicators are already approaching the thresholds for Famine (30% GAM, 2/10,000/day CDR and 4/10,000/day U5DR).
- Among agropastoral populations in Baidoa and Burhakaba and among IDPs in Baidoa town, food security, nutrition and mortality outcome indicators are expected to cross Famine (IPC Phase 5) thresholds between October and December 2022, based on anticipated further deterioration of the food security, nutrition and mortality situation and a scaling down of humanitarian assistance in late 2022 due to funding constraints.

Map 1: Somalia Projected Nutrition Situation (October-December 2022)



- Total acute malnutrition burden for Somalia from July 2022 to June 2023 is estimated at approximately 1.8 million children under the age of five years (total acute malnutrition burden), representing 54.5 percent of the total population of children, face acute malnutrition through the mid-2023, including 513 550 who are likely to be severely malnourished.

Assessment Overview

Population Groups	# Clusters	# Households	# Children surveyed		
			Total	# Boys	# Girls
East Golis Pastoral	28	467	521	281	240
Bosasso IDPs (Bari)	28	508	680	323	357
Bosasso Urban (Bari)	28	447	511	252	259
Northern Inland Pastoral of Northeast	30	485	557	310	247
Hawd Pastoral of Central	32	571	706	352	354
Coastal Deeh Pastoral of Northeast	28	421	516	257	259
Garowe IDPs (Nugaal)	28	461	723	375	348
Garowe Urban (Nugaal)	28	427	582	287	295
Galkacyo IDPs (Mudug)	28	532	849	422	427
Galkacyo Urban (Mudug)	28	503	747	355	392
Dhusamareb IDPs (Galgadud)	Exhaustive	321	330	180	150
Dhusamareb Urban (Galgadud)	28	451	511	257	254
Addun Pastoral	32	651	843	439	404
Beletweyne District (Riverine& AP)	28	505	627	311	316
Beletweyne Urban (Urban & IDP)	32	595	743	388	355
Shabelle Riverine	28	419	483	235	248
Shabelle Agropastoral	28	415	414	212	202
Mogadishu Urban (Banadir)	35	494	499	256	243
Mogadishu IDPs (Banadir)	37	596	700	348	352
Baidoa & Burhakaba AP (Bay)	36	591	766	375	391
Qansah Dhere & Dinsor AP (Bay)	35	558	753	373	380
Baidoa IDPs (Bay)	36	601	801	388	413
Baidoa Urban (Bay)	30	484	662	323	339
Dolow IDPs (N Gedo)	28	532	615	316	299
Dolow Urban (N Gedo)	28	504	511	270	241
North Gedo Pastoral	28	503	545	274	271
North Gedo Riverine	28	531	639	324	315
Kismayu Urban (L. Juba)	28	463	535	262	273
Kismayu IDPs (L. Juba)	28	495	565	271	294
South Gedo Riverine MUAC	25	450	807	389	418
South Gedo SIP MUAC	25	425	852	439	413
South Gedo Agropastoral MUAC	25	450	881	425	456
Juba cattle Pastoral	25	434	780	396	384
Juba Riverine	25	400	697	391	306
Bakool Pastoral MUAC	25	459	906	416	490
Total	989	17,149	22,857	11,472	11,385

FSNAU conducted 29 SMART integrated nutrition, mortality and food security surveys among displaced (8), urban (9) and rural (12) populations across Somalia between May and July 2022 (Table 1). These surveys were carried out in collaboration with government ministries of health and partners. The objective of the surveys was to assess the nutrition, mortality and food security situation of IDPs in the main IDP settlements and urban populations across Somalia, as part of the 2022 Post Gu seasonal food security and nutrition assessments.

A two-stage probability proportionate to size (PPS) cluster sampling protocol, based on Standardized Monitoring and assessment of Relief and Transitions (SMART) Methodology was used, with the exception of Dhusamareb IDP settlements where sampling was exhaustive. Retrospective mortality data based on a 60 to 93 day-recall period was also collected among rural and IDPs/Urban I sampled households respectively. Nutrition data was collected from sample households who have children under the age of five.

Data on food security was collected from a sub-sample (every second household) within the each selected sample cluster. Variables (anthropometric and all other contextual indicators) and mortality were entered using EPI info software 3.4.5 version) and ENA SMART software (11th January 2020 version).

For quality assurance, enumerators and supervisors with previous survey experience were selected and they also received two days of training prior to data collection, including standardization tests¹. During the field work, anthropometric data set were checked on a daily basis using ENA SMART software plausibility parameters.

Prevalence of Global Acute Malnutrition (GAM) was estimated using World Health Organization growth standards, while Crude Death Rates (CDRs) and Under-Five Death Rates (U5DR) for children aged 6-59 months were calculated using the most recent population estimates available (UNFPA 2022, CCCM DSA). The recall period for the 2022 Gu retrospective mortality assessment was 60-93 days. The 35 surveys covered 22857 children (6-59 months) selected from 17149 sampled households as shown in Table 1.

Assessment Results

Acute malnutrition among children aged 6-59 months is a direct outcome indicator of recent changes in nutritional status. The 2022 Gu season nutrition assessment conducted between May to July 2022 shows that at the national level, the median prevalence of acute malnutrition (GAM) has increased from Serious in 2021 Gu (11.1%) and 2021 Deyr (13%) to Critical in 2022 Gu (15.9 %). The number of population groups recording Critical GAM (15-29.9%) has increased from 4 in 2021 Gu and 11 in 2021 Deyr to 15 in 2022 Gu. The median SAM prevalence has also worsened from 1.5% in 2021 Gu and 2.1% in 2021 Deyr to 3.1% in 2022 Gu.

Critical levels of Crude Death Rates (>1/10 000/day) and Under-Five Death Rates (>2/10 000/day) were observed among Shabelle Riverine, Shabelle Agropastoral, Baidoa and Burhakaba Agro Pastoral and Baidoa IDPs.

Areas with a statistically significant deterioration since 2021 Gu: Bay Agropastoral, Hawd Pastoral in NW & Central; Addun Pastoral of Central Coastal Deeh in Northeast and among IDPs in Garowe in Nugaal, Mogadishu Baidoa in Banadir ,Baidoa, Dolow in North Gedo and Kismay in Lower Juba).

Rural

The overall nutrition situation in the rural population has deteriorated and remain at the Critical level with median GAM prevalence of 15.4% compared to Median GAM prevalence of 11.5% in Gu 2021. Critical (GAM ≥ 15%) level of acute malnutrition was recorded in 9 out of 12 rural population assessed in mostly in southern parts. Morbidity prevalence were high (≥ 20%), (7 out of 12) of rural population groups, and the highest morbidity was reported in Bay Agro Pastoral districts. Crude Death Rate (CDR) and Under-Five Death Rate (U5DR) were low across most rural livelihoods. Exceptions for Shabelle riverine and Agropastoral in Baidoa and Burhakaba which recorded Critical levels of CDR (1 to <2)/10 000/day and UDR (2 to 3.9/10000/day). Critical Crude Death Rate (CDR) and Serious UDR (1 to 1.9/10 000/day) were recorded in Qansahdere and Dinsor. Measles vaccination, Vitamin A supplementation, and access to safe water and sanitation facilities are low in many rural livelihoods.

¹ Reduced from the standard five-day training that FSNAU normally provides. This is a temporarily measure due to the risk of COVID-19.

Table 2: 2022 Gu Season Nutrition Situation among IDP, Urban and Rural Populations across Somalia (May-July 2022)

Population Group	GAM (%)	SAM (%)	Crude Death Rate (CDR)	Under-Five Death Rate (U5DR)	Morbidity (%)
East Golis Pastoral of NE	11.1	0.8	0.14	0.30	4.3
Bosasso IDPs (Bari)	15.9	3.4	0.19	0.43	14.1
Bosasso Urban (Bari)	17.2	2.3	0.09	0.20	10.4
Northern Inland Pastoral of NE	11.3	1.4	0.15	0.00	9.2
Hawd Pastoral of Central	19.0	3.7	0.11	0.27	8.6
Coastal Deeh Pastoral of NE	10.7	1.4	0.00	0.00	17.2
Garowe IDPs (Nugaal)	17.2	4.1	0.10	0.14	25.1
Garowe Urban (Nugaal)	8.4	0.9	0.16	0.00	19.3
Galkacyo IDPs (Mudug)	20.6	3.4	0.22	0.36	23.3
Galkacyo Urban (Mudug)	13.8	2.0	0.07	0.00	21.1
Dhusamareb IDPs (Galgadud)	16.1	3.0	0.31	0.00	13.6
Dhusamareb Urban (Galgadud)	10.6	2.0	0.22	0.85	4.2
Addun Pastoral of NE/Central	15.2	1.9	0.10	0.00	14.5
Beletweyne District (Riverine & AP)	20.9	4.5	0.14	0.32	24.1
Beletweyne Urban & IDP (Hiran)	23.1	6.5	0.12	0.14	16.7
Shabelle Riverine	16.8	3.1	1.06	2.22	31.4
Shabelle Agropastoral	17.1	4.3	1.06	2.51	33.0
Mogadishu Urban (Banadir)	14.4	3.2	0.49	0.97	25.7
Mogadishu IDP (Banadir)	26.6	6.3	0.87	1.94	34.4
Baidoa & Burhakaba Agropastoral	24.9	6.9	1.69	3.72	38.1
Qansah Dhere & Dinsor Agropastoral	15.4	3.1	1.04	1.40	45.6
Baidoa IDPs (Bay)	28.6	10.2	1.11	2.43	42.4
Baidoa Urban (Bay)	11.3	2.0	0.34	0.45	22.7
Dolow IDPs (Gedo)	18.2	4.7	0.37	1.10	27.0
Dolow Urban (Gedo)	13.3	1.6	0.26	0.57	14.0
North Gedo Pastoral	15.4	1.7	0.66	1.38	28.7
North Gedo Riverine	15.0	1.9	0.45	0.96	28.3
Kismayu Urban (Lower Juba)	14.0	3.9	0.20	0.18	16.1
Kismayu IDPs (Lower Juba)	18.2	3.2	0.69	1.21	26.2
Median	15.9	3.1	0.22	0.43	22.7

IDPs

Overall, the median GAM (WHZ) prevalence among Internally Displaced Populations (IDPs) in 2022 Gu is Critical (18.2%), reflecting a significant deterioration from Serious nutrition situation since 2021 Gu (11.2% and 13.9 median GAM in 2021 Deyr respectively). Critical or Serious prevalence of acute malnutrition persisted in most of the IDPs since Gu 2019. These results underscore the underlying vulnerability of IDP populations. Mother's MUAC is extremely high among Baidoa IDPs. Morbidity prevalence were high ($\geq 20\%$) among the majority (6 out of 8) of IDP population groups: Highest Morbidity prevalence was in Baidoa IDPs in Bay at 42.4 %, followed by Mogadishu IDPs in Banaadir 34.4%) and Dollow IDPs (27%).

Crude Death Rate (CDR) and Under-Five Death Rate (U5DR) were low across most IDP population groups. Exceptions were IDPs in Baidoa which had Critical levels of CDR and/or U5DR. Measles vaccination, Vitamin A supplementation are low in most of the IDP population groups.

Urban

Overall nutrition situation among urban populations in 2022 Gu is Serious with median GAM prevalence of 13.8 %, indicative of deterioration compared with serious in 2021 Gu and 2021 Deyr (Median GAM at 11.5% and 10.9% respectively). Beletweyne urban reflects an increase in GAM prevalence since 2021Gu. Likely reasons for the reported increases are due to reduced food access and limited humanitarian assistance.

Overall, morbidity among urban children was low with the prevalence of <20%, with the exception of Galkacyo, Mogadishu and Baidoa reported high (>20). Crude Death Rate (CDR) and Under-Five Death Rate (U5DR) were low across most urban population groups, exceptions for Mogadishu and Dhusamareeb urban which had a Alert levels of CDR/UDR. Urban have relatively better Access to Safe Water at an average of 93% and Sanitation facilities at 98%.

Table 3: Acute Malnutrition and Morbidity among Children under the Age of Five in Hard-to-Reach/Insecure Areas

Population Group	Acute Malnutrition Prevalence		Morbidity (%)
	GAM MUAC < 12.5 CM (%)	SAM MUAC < 11.5 CM (%)	
Juba Cattle Pastoral	17.8	4.5	28.1
Juba Riverine	14.1	2.6	15.4
South Gedo Pastoral	13.1	0.9	16.4
South Gedo Agropastoral	11.8	0.9	21.3
South Gedo Riverine	12.0	1.3	16.6
Elberde Southern inland Pastoral	8.1	0.4	19.5

FSNAU has also conducted Mid-Upper Arm Circumference (MUAC)-based nutrition assessments in hard-to-reach/insecure areas. Five out of six areas have Critical levels of acute malnutrition based on MUAC assessment results: Juba Cattle Pastoral, Juba Riverine, South Gedo Pastoral, South Gedo Agropastoral and South Gedo Riverine.

High morbidity prevalence ($\geq 20\%$) was reported among Juba Cattle Pastoral and South Gedo Agropastoral livelihoods.

More than half of the surveyed population groups recorded a high morbidity prevalence ($\geq 20\%$), Highest Morbidity was recorded among Qansahdhere and Dinsor AP (45.6%), Baidoa IDPs (42.4 %), Baidoa and Burhakaba AP (38.1%), Mogadishu IDPs (34.4 %), Shabelle AP (33%), Shabelle Riverine (31.4 %), and North Gedo Pastoral (28.7%).

Coverage of Vitamin A Supplementation, Measles Vaccination and Household Access to Clean Water and Sanitation (May-July 2022)

The World Health Organization (WHO) states that routine measles vaccinations for children, combined with mass immunizations in countries with high measles case and death rates, are key public health activities to reduce measles deaths. Vitamin A enhances the antibody response to the measles vaccine given at 9 months of age.

Vitamin A supplementation and measles vaccination remain low among children in many of the surveyed population groups, well below recommended SPHARE-standards (90% coverage) – Table 4.

Measles vaccination coverage was very low (<30%) among Shabelle Riverine (3.0%), Qansah Dhere & Dinsor AP (4.1%), Shabelle Agropastoral (12.8%), Baidoa IDPs (14.4%), Baidoa & Burhakaba AP (16.5%) and Mogadishu IDPs (24.2%) Measles vaccination coverage is close to or above the SPHERE standards only among Kismayu IDPs (81.5%), Dhusamareb IDPs (84.1%), North Gedo Pastoral (84.7%), Garowe IDPs (89.2%) and Garowe Urban (90.8%).

Vitamin A supplementation coverage was very low (<30%) among Shabelle Riverine (8.0%), Shabelle Agropastoral(16.4%), Mogadishu IDPs (23.8%), Baidoa & Burhakaba AP (17.9%), Qansah Dhere & Dinsor AP (4.3%) and Baidoa IDPs (27.1%). Vitamin A supplementation coverage is close to or above the SPHERE standards only among Garowe IDPs (93.7%), Garowe Urban (93.3%) and North Gedo Pastoral (94.7%).

Table 4: coverage of Vitamin A Supplementation and Measles Vaccination among Children under the Age of Five and Household

Access to Clean Water and Sanitation				
Population Group	Vitamin A Supplementation Coverage (%)	Measles Vaccination Coverage (%)	Household Access to Clean Water (%)	Household Access to Sanitation (%)
East Golis Pastoral	70.2	67.8	45%	80%
Bosasso IDPs (Bari)	72.5	71.9	90%	97%
Bosasso Urban (Bari)	74.3	72.2	99%	100%
Northern Inland Pastoral of NE	46.7	47.4	59%	83%
Hawd Pastoral of Central	49.4	61.5	64%	78%
Coastal Deeh Pastoral of NE	53.8	49.2	83%	52%
Garowe IDPs (Nugaal)	93.7	89.2	100%	96%
Garowe Urban (Nugaal)	93.3	90.8	87%	99%
Galkacyo IDPs (Mudug)	74.0	70.8	100%	99%
Galkacyo Urban (Mudug)	74.5	68.7	95%	100%
Dhusamareb IDPs (Galgadud)	86.0	84.1	100%	84%
Dhusamareb Urban (Galgadud)	53.7	47.2	100%	90%
Addun Pastoral of Northeast/Central	32.2	56.0	67%	75%
Beletweyne District (Riverine & AP)	41.4	44.3	27%	90%
Beletweyne Urban (Urban & IDP)	47.9	42.0	97%	99%
Shabelle Riverine	8.0	3.0	60%	65%
Shabelle Agropastoral	16.4	12.8	52%	38%
Mogadishu Urban (Banadir)	44.2	39.0	100%	100%
Mogadishu IDPs (Banadir)	23.8	24.2	100%	74%
Baidoa & Burhakaba AP	17.9	16.5	4%	3%
Qansah Dhere & Dinsor AP	4.3	4.1	4%	6%
Baidoa IDPs (Bay)	27.1	14.4	95%	14%
Baidoa Urban (Bay)	68.7	58.9	70%	99%
Dolow IDPs (N Gedo)	74.9	57.0	99%	99%
Dolow Urban (N Gedo)	82.8	68.8	100%	99%
North Gedo Pastoral	94.7	84.7	4%	7%
North Gedo Riverine	82.4	73.1	20%	39%
Kismayu Urban (L. Juba)	76.6	72.1	86%	100%
Kismayu IDPs (L. Juba)	83.2	81.5	80%	100%

Household access to clean water was very low (<30%) among Qansah Dhere & Dinsor AP (4%), Baidoa & Burhakaba AP (4%), North Gedo Pastoral (4%), North Gedo Riverine (20%).and Beletweyne District Riverine/AP (27%). Populations groups with 100% access to clean water are: Galkacyo IDPs, Garowe IDPs, Dhusamareb IDPs, Dhusamareb Urban, Mogadishu Urban, Mogadishu IDPs, and Dolow Urban. All of them in urban areas.

Household access to sanitation was very low (<30%) among Baidoa & Burhakaba AP (3%), Qansah Dhere & Dinsor AP (6%), North Gedo Pastoral (7%), Baidoa IDPs (14%). Populations groups with 100% access to sanitation are: Kismayu IDPs, Kismayu Urban, Bosasso Urban, Galkacyo Urban, and Mogadishu Urban. All of them in urban areas.

The current nutrition situation is likely to deteriorate further between October to December 2022 for some population groups, mainly due to ongoing drought, seasonal as well as chronic factors. These include high disease burden that is seasonally expected to worsen, low coverage of health and nutrition services, and expected deterioration in the overall food security situation linked to successive seasons of below-average rainfall including forecasted below-average 2022 Deyr.

Accordingly, a deterioration from Critical to extreme Critical is expected among in among Bay Agro Pastoral in Baidoa & Burhakaba Districts as well as Baoidoa IDPs. Deterioration From Serious to Critical: among rural areas in East Golis Pastoral (Northeast & Northwest), Northern Inland Pastoral of Northeast, Coastal Deeh Pastoral of

Central & Shabelle region, Elberde Southern Pastoral inland, South Gedo Pastoral, and among Urban in Galkacyo in (Mudug). Deterioration from Acceptable to Alert in Burao urban in Togdheer and from Alert to Serious in Garowe Urban (Nugaal). Deterioration in other livelihoods will be within the current phases.

Recent Trends in Acute Malnutrition Prevalence

Table 5: Recent Trends in Acute Malnutrition Prevalence (GAM and SAM) among IDPs, Urban and Rural Populations across Somalia (2020 Gu-2022 Gu)

Population Groups	GAM (%)					SAM (%)				
	2022 Gu	2021 Deyr	2021 Gu	2020 Deyr	2020 Gu	2022 Gu	2021 Deyr	2021 Gu	2020 Deyr	2020 Gu
East Golis NW & NE	11.1	13.0	7.9	11.8	16.2	0.8	2.4	1.0	1.9	2.2
Bosasso IDPs (Bari)	15.9	13.7	14.0	15.8	15.8	3.4	1.9	2.9	2.5	3.3
Bosasso Urban (Bari)	17.2	14.5	12.8	7.5	10.5	2.3	2.1	1.4	1.3	1.8
Northern Inland Pastoral NE	11.3	7.8	11.7	7.7	6.2	1.4	0.3	0.4	1.0	0.2
Hawd Pastoral NE	19.0	19.7	14.4	14.9	12.3	3.7	3.7	2.6	3.5	1.3
Coastal Deeh NE	10.7	5.9	5.4	5.1	5.4	1.4	0.2	0.8	0.0	0.4
Garowe IDPs (Nugaal)	17.2	11.2	7.5	15.8	18.8	4.1	0.9	0.6	1.9	3.9
Garowe Urban (Nugaal)	8.4	5.8	5.4	5.2	7.8	0.9	0.0	0.3	0.3	0.7
Galkacyo IDPs (Mudug)	20.6	14.0	17.6	10.8	15.6	3.4	2.7	3.4	2.2	3.3
Galkacyo Urban (Mudug)	13.8	15.5	9.4	11.8	12.8	2.0	2.3	1.2	1.4	1.1
Dhusamareb IDPs (Galgadud)	16.1	14.9	12.7		12.2	3.0	1.4	1.1		1.5
Dhusamareb Urban (Galgadud)	10.6	9.6	11.1	5.8	9.5	2.0	2.0	1.6	0.2	1.1
Addun Pastoral	15.2	13.0	10.1	10.4	9.9	1.9	1.5	1.1	1.5	1.1
Beletweyne Rural (riverine)	20.9	18.3			13.6	4.5	3.5			2.4
Beletweyne urban	23.1	17.4			15.4	6.5	2.5			1.5
Shabelle Riverine	16.8	15.2	15.9	15.4	16.0	3.1	2.9	3.1	2.5	2.8
Shabelle Agropastoral	17.1	14.1	14.6	14.9	14.0	4.3	2.4	4.1	2.9	2.4
Mogadishu urban (Banadir)	14.4	14.5	14.8	13.2	14.8	3.2	2.6	2.8	2.3	2.2
Mogadishu IDPs (Banadir)	26.6	17.0	16.5	16.7	17.1	6.3	3.9	3.9	3.7	3.9
Bay Agropastoral	20.5	13.9	12.7	14.4	12.0	5.0	2.9	2.7	2.4	2.1
Baidoa IDPs (Bay)	28.6	17.0	11.3	11.9	13.5	10.2	3.9	2.1	2.1	3.0
Baidoa Urban (Bay)	11.3	8.4	8.5	9.0	10.7	2.0	2.0	1.6	1.2	1.7
Dolow IDPs (N Gedo)	18.2	14.9	10.4	13.6	12.5	4.7	2.5	0.8	1.6	2.3
Dolow Urban (N Gedo)	13.3	9.7	9.0	12.4	9.2	1.6	1.1	0.7	0.8	0.9
North Gedo pastoral	15.4	11.3	12.9	12.5	12.9	1.7	1.1	2.1	1.7	2.1
North Gedo Riverine	15.0	15.6	15.1	14.8	11.8	1.9	3.2	1.9	1.9	1.9
Kismayu IDPs (L. Juba)	18.2	11.7	11.1	12.9	12.4	3.2	3.2	3.3	2.3	2.6
Kismayu Urban (L. Juba)	14.0	12.0	11.4	12.2	11.4	3.9	2.1	3.0	2.4	3.2

Prevalence of acute malnutrition has continued to deteriorate across most parts of Somalia as reflected in the results of the 2022 Post Gu seasonal assessments. The median prevalence of Global Acute Malnutrition (GAM) increased from 11.1% in 2021 Gu and 13% in 2021 Deyr to 15.9% during the 2022 Gu.

Compared to 2021 Deyr, the 2022 Post Gu nutrition situation among rural population groups in Bay Agropastoral, Coastal Deeh, North Gedo Pastoral, Baidoa IDPs, Mogadishu IDPs, Kismayo IDPs, Galkacyo IDPs, Garowe IDPs

and Beletweyne Urban/IDPs reflect significant increases in GAM prevalence. Severe Acute Malnutrition (SAM) has increased significantly among Baidoa IDPs (3.9 % to 10.2 %), Beletweyne Urban/IDP (2.5 % to 6.5 %), Garowe IDPs (0.9 % to 4.1%).

Areas in need of urgent nutrition, health support intervention

Based on the results of the 2022 Post Gu food security and nutrition assessments, the following are population groups across Somalia with GAM-WHZ ≥ 15 % or GAM- MUAC < 12.5 cm ≥ 10 % need urgent nutrition and health support:

- Riverine and Agropastoral population in Middle and lower Shabelle
- Juba riverine and pastoral population in Juba Cattle
- Gedo Riverine, pastoral Riverine and Agropastoral
- Beletwein District , Beletwein Urban (including IDPs) — —
- Agro Pastoral populations in Baidoa, Burhakaba ,Qansah Dhere & Dinsor Districts of Bay region
- IDPs in Mogadishu (Banadir),Baidoa IDPs (Bay), Dolow IDPs (Gedo), Kismayu IDPs (L. Juba) and Dhusamareb IDPs (Galgadud).
- Baidoa Urban (Bay)

Based on the results from 29 integrated food security, nutrition and mortality surveys conducted by the Food Security and Nutrition Analysis Unit (FSNAU) and partners in June and July 2022 and subsequent IPC acute malnutrition analysis conducted in August, the total acute malnutrition burden for Somalia from August 2022 to July 2023 is estimated at approximately 1.8 million children under the age of five years (total acute malnutrition burden), representing 54.5 percent of the total population of children, face acute malnutrition through the mid-2023, including 513 550 who are likely to be severely malnourished.

Table 6: Somalia Total Acute Malnutrition Burden assessment results: August 2022-July 2023

Region	Population (Under-Five) (2022) 1/	Total Acute Malnutrition Burden (August 2022-July 2023) 2/		
		Severe Acute Malnutrition (SAM)	Moderate Acute Malnutrition (MAM)	Global Acute Malnutrition (GAM)
Awdal	111,409	6,960	23,480	30,440
W. Galbeed	253,516	12,280	46,250	58,530
Togdheer	150,742	7,490	28,320	35,810
Sool	96,149	5,380	22,140	27,520
Sanaag	75,084	3,770	17,980	21,750
Bari	215,816	22,160	98,550	120,710
Nugaal	110,656	10,560	34,860	45,420
Mudug	257,513	26,790	105,170	131,960
Galgaduud	142,328	19,060	54,620	73,680
Hiraan	88,415	20,190	44,360	64,550
Middle Shabelle	177,481	24,840	71,500	96,340
Llower Shabelle	279,022	43,970	116,230	160,200
Bakool	95,168	36,240	45,210	81,450
Bay	218,574	95,430	119,560	214,990
Gedo	171,433	19,030	59,370	78,400
Middle Juba	75,334	12,450	28,920	41,370
Lower Juba	202,860	38,080	81,050	119,130
Banadir	555,446	108,870	274,590	383,460
TOTAL	3,276,945	513,550	1,272,160	1,785,710

Note:

1/Based on a total 2022 population estimate of 16,384,727; and population of children under the age of five is estimated to be approximated as 20% of the total population.

2/Incidence Correction Factor (ICF) used for burden estimations are 3.6 for SAM and for 2.6 for MAM.

The above burden estimates were based on (1) a total 2022 population estimate of 16,384,727; and population of children under the age of five is estimated to be approximated as 20% of the total population, and (2) Incidence Correction Factor (ICF) used for burden estimations are 3.6 for Severe Acute Malnutrition (SAM) and for 2.6 for Moderate Acute Malnutrition (MAM).

Recommendations

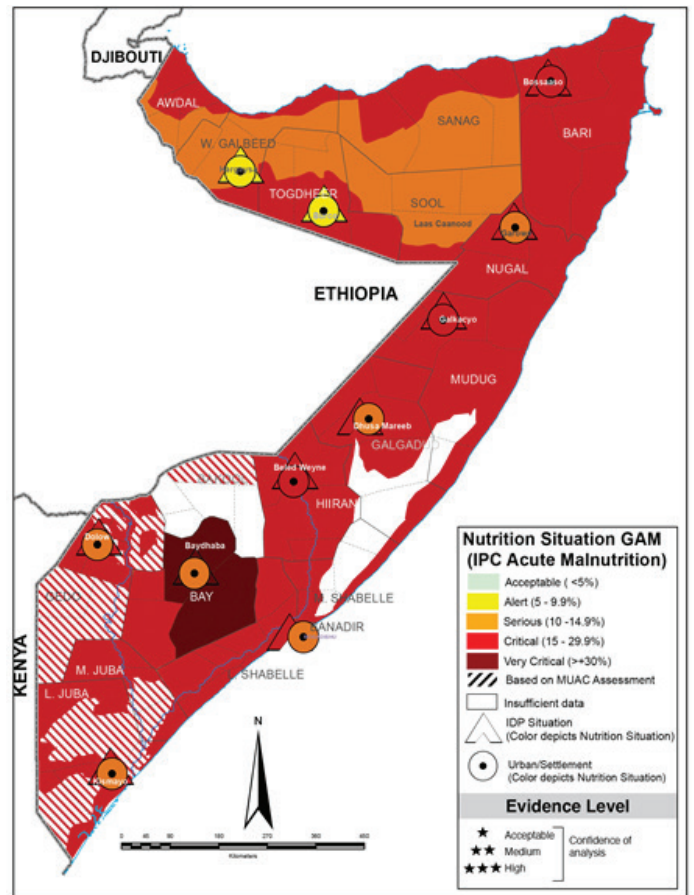
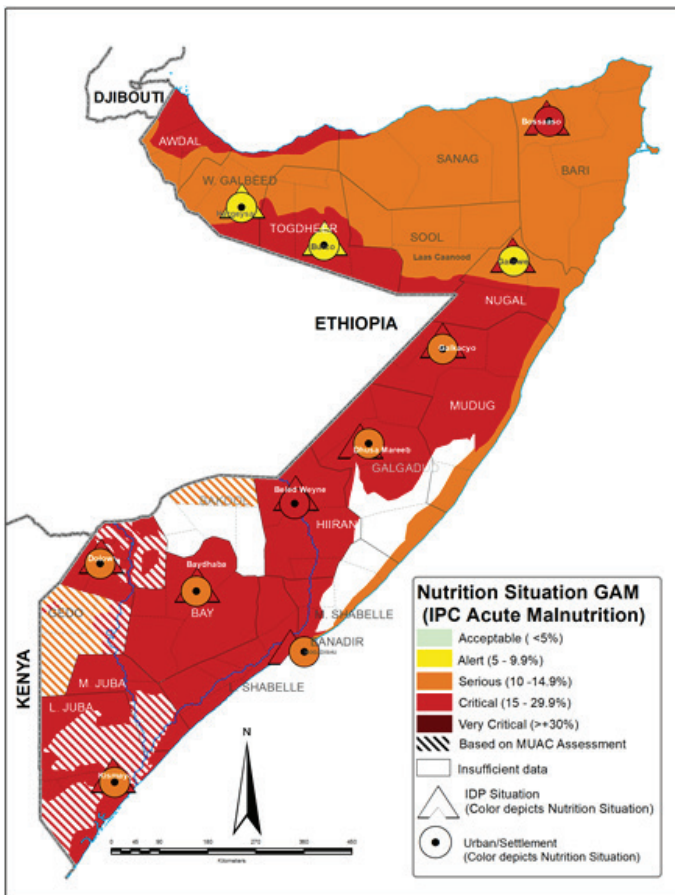
Urgent scale-up of nutrition response across the most affected livelihoods focused on screening and treating children suffering from severe malnutrition. In particular, areas with high malnutrition and mortality outcomes, such as Baidoa and Burhakaba districts in Bay region, already pointing to a highly concerning situation, require urgent and immediate attention.

Current ongoing nutrition interventions to be sustained and expanded to areas identified with low coverage status of essential health/nutrition services.

The situation in the current hot spot areas and most of the IDP settlements calls for sustained humanitarian interventions in the form of integrated nutrition and including nutrition-sensitive programs with special focus on resilience and prevention.

Map 2: Current Nutrition Outcomes (June-September 2022)

Map 3: Projected Nutrition Outcomes (October-December 2022)



Annex 1: Nutrition indicators and thresholds used for interpretation of the 2022 Gu assessment results

Indicators	Acceptable (IPC 1)	Alert (IPC 2)	Serious (IPC 3)	Critical (IPC 4)	Extreme Critical (IPC 5)
GAM:WHO/UNICEF	<5 %	5-9.9 %	10-14.9%	15-30 %	>30%
SAM:FSNAU	<1%	1.1-2.4%	2.5-4%	4-5.6%	>5.6%
CDR:IPC	<0.5	0.5- <1	1- <2	2-4.9	>5
U5DR: IPC	<1	1-1.99	2-3.9	4-9.9	>10
MUAC <12.5:FSNAU	<2	2-5.5	5.6-8	8.1-11	>11
MUAC <11.5:FSNAU	<1	<1	1-2	2.1-3	>3.1

Annex 2: Plausibility checks for IDP, urban and Rural nutrition surveys conducted during the 2022 Gu (May-July 2022)

	Missing/ Flagged data	Overall sex ratio	Age Ratio (6-29 vs 30-59)	Preference score-weight	Preference score-Height	Preference score-MUAC	SD WHZ	Skewness WHZ	Kurtosis WHZ	Poisson Distribution	Overall Score
RATING											
Excellent	0-2.5(0)	>0.1(0)	>0.1(0)	0-7(0)	0-7(0)	0-7(0)	<1.1 (0)	<±0.2(0)	<±0.2(0)	>0.05(0)	0-9
Good	>2.5-5.0 (5)	>0.05(2)	>0.05(2)	8-12(2)	8-12(2)	8-12(2)	<1.15(2)	<±0.4(1)	<±0.4(1)	>0.01 (1)	10-14
Acceptable	>5.0-7.5(10)	>0.001 (4)	>0.001 (4)	13-20(4)	13-20(4)	13-20(4)	<1.20 (6)	<±0.6(3)	<±0.6(3)	>0.001(3)	15-24
Problematic	>7.5 (20)	<=0.001(10)	<=0.001(10)	> 20 (10)	> 20 (10)	> 20 (10)	>=1.20(20)	>=±0.6 (5)	>=±0.6 (5)	<=0.001(5)	>25
Northeast and Central Regions											
East Golis of NE	0 (0.8 %)	2 (p=0.073)	0 (p=0.168)	0 (4)	2 (10)	2 (10)	0 (0.96)	1 (0.27)	0 (0.01)	1 (p=0.046)	8%
NIP NE	0 (0.5 %)	4 (p=0.010)	2 (p=0.087)	0 (4)	0 (4)	0 (4)	0 (1.00)	1 (-0.24)	0 (0.02)	1 (p=0.029)	8%
Bosasso IDPs	0 (2.2 %)	0 (p=0.211)	4 (p=0.007)	0 (4)	0 (7)	2 (8)	0 (1.00)	0 (-0.17)	0 (-0.02)	0 (p=0.730)	6%
Bosasso Urban	0 (1.4 %)	0 (p=0.660)	0 (p=0.791)	0 (5)	0 (7)	2 (9)	0 (1.03)	0 (-0.03)	0 (-0.02)	1 (p=0.026)	3%
NIP NE	0 (0.5 %)	4 (p=0.010)	2 (p=0.087)	0 (4)	0 (4)	0 (4)	0 (1.00)	1 (-0.24)	0 (0.02)	1 (p=0.029)	8%
Garowe IDPs	0 (2.3 %)	0 (p=0.225)	4 (p=0.001)	0 (4)	2 (8)	0 (5)	5 (1.15)	0 (-0.09)	1 (-0.36)	1 (p=0.036)	13%
Garowe Urban	0 (1.2 %)	0 (p=0.773)	0 (p=0.130)	2 (8)	0 (7)	0 (5)	0 (1.01)	0 (0.02)	1 (-0.20)	0 (p=0.546)	3%
wd NE & Central**April/May Survey	0 (1.2 %)	0 (p=0.160)	0 (p=0.171)	0 (6)	0 (3)	0 (5)	0 (1.09)	0 (0.01)	1 (-0.36)	5 (p=0.000)	6%
Galkayo IDPs	0 (1.6 %)	0 (p=0.812)	4 (p=0.044)	0 (3)	0 (6)	0 (2)	0 (1.03)	0 (0.05)	1 (-0.23)	3 (p=0.006)	8%
Galkayo Urban	0 (0.8 %)	0 (p=0.155)	0 (p=0.509)	0 (5)	0 (6)	0 (4)	0 (1.01)	0 (-0.02)	0 (-0.04)	1 (p=0.014)	1%
Addun Pastoral**April/May Survey**	0 (1.2 %)	0 (p=0.160)	0 (p=0.171)	0 (6)	0 (3)	0 (5)	0 (1.09)	0 (0.01)	1 (-0.36)	5 (p=0.000)	6%
ne District (Riverine & AP)**April/May	0 (2.2 %)	0 (p=0.782)	4 (p=0.002)	0 (6)	4 (14)	0 (7)	5 (1.12)	0 (0.09)	1 (-0.20)	3 (p=0.004)	17%
ne Urban (Urban & IDP)**April/May	5 (3.3 %)	0 (p=0.121)	2 (p=0.066)	0 (4)	2 (11)	2 (8)	5 (1.12)	0 (-0.08)	0 (-0.16)	0 (p=0.073)	16%
Coastal Deeh	0 (1.1 %)	0 (p=0.930)	0 (p=0.989)	0 (3)	2 (8)	0 (5)	0 (1.01)	0 (-0.03)	0 (0.05)	3 (p=0.007)	5%
Dhusamareb IDPs	0 (1.8 %)	2 (p=0.091)	2 (p=0.051)	0 (6)	2 (9)	2 (9)	0 (1.04)	0 (-0.04)	0 (-0.03)	0 (p=)	8%
Dhusamareb Urban	0 (1.5 %)	0 (p=0.895)	4 (p=0.013)	0 (3)	0 (7)	0 (4)	0 (1.04)	0 (-0.01)	0 (0.13)	0 (p=0.228)	4%
Southern regions											
Shabelle Agro Pastoral	0 (1.7 %)	0 (p=0.592)	0 (p=0.521)	0 (7)	2 (10)	2 (8)	5 (1.11)	0 (-0.07)	1 (-0.39)	0 (p=0.087)	10%
Shabelle Riverine	0 (1.4 %)	0 (p=0.527)	0 (p=0.408)	0 (4)	2 (11)	0 (6)	5 (1.14)	0 (-0.17)	3 (-0.50)	1 (p=0.041)	11%
Mogadishu Urban	0 (2.0 %)	0 (p=0.451)	0 (p=0.585)	0 (5)	2 (10)	0 (6)	5 (1.13)	0 (-0.13)	1 (-0.25)	0 (p=0.423)	8%
Mogadishu IDPs	0 (1.4 %)	0 (p=0.940)	4 (p=0.001)	0 (5)	0 (7)	0 (5)	0 (1.09)	0 (-0.08)	3 (-0.50)	0 (p=0.051)	7%
Baidoa IDPs (Bay)	0 (2.1 %)	0 (p=0.401)	4 (p=0.007)	0 (4)	0 (7)	0 (7)	5 (1.13)	1 (-0.20)	1 (-0.25)	1 (p=0.018)	12%
Baidoa Urban (Bay)	0 (1.5 %)	0 (p=0.537)	4 (p=0.042)	0 (3)	0 (2)	0 (5)	0 (1.02)	0 (-0.14)	0 (-0.06)	0 (p=0.891)	4%
o Pastoral-Baidoa & Burhakaba Dis	0 (2.3 %)	0 (p=0.694)	4 (p=0.036)	0 (2)	0 (7)	0 (4)	5 (1.10)	0 (-0.19)	0 (-0.18)	0 (p=0.452)	9%
o Pastoral-Qansah Dhere & Dinsor	0 (1.3 %)	0 (p=0.971)	4 (p=0.008)	0 (2)	0 (5)	0 (5)	0 (0.99)	0 (-0.10)	0 (-0.06)	0 (p=0.070)	4%
Dolow IDPs	0 (1.1 %)	0 (p=0.521)	0 (p=0.562)	0 (7)	0 (7)	2 (12)	10 (1.18)	0 (0.08)	1 (-0.21)	0 (p=0.520)	13%
Dolow Urban	0 (1.7 %)	0 (p=0.254)	4 (p=0.023)	0 (7)	2 (12)	2 (8)	5 (1.14)	1 (0.30)	1 (-0.32)	0 (p=0.571)	15%
North Gedo Riverine	0 (1.5 %)	0 (p=0.906)	0 (p=0.277)	0 (5)	2 (11)	2 (9)	0 (1.08)	0 (0.04)	1 (-0.34)	0 (p=0.067)	5%
North Gedo Pastoral	0 (2.0 %)	0 (p=0.734)	0 (p=0.699)	0 (7)	0 (7)	0 (7)	10 (1.16)	0 (0.10)	3 (-0.49)	3 (p=0.001)	16%
Kismayo Urban	0 (1.7 %)	0 (p=0.864)	0 (p=0.387)	0 (2)	0 (3)	0 (3)	5 (1.14)	0 (-0.19)	0 (-0.16)	0 (p=0.365)	5%
Kismayo IDPs	0 (2.4 %)	0 (p=0.430)	0 (p=0.804)	0 (2)	0 (3)	0 (4)	5 (1.11)	0 (-0.11)	1 (-0.27)	0 (p=0.689)	6%