

Nutrition Analysis in Somalia

A. Core/Anthropometry Related Information

Reference Indicators	Acceptable	Alert	Serious	Critical	Very Critical
Global Acute Malnutrition¹ (WHO Reference)	<5%	5 to <10% usual range and stable	10 to <15% or where there has been a significant increase from seasonally adjusted previous surveys)	15 to <20% (or where there has been a significant increase from seasonally adjusted previous surveys)	>/=20% or (Or where there has a significant increase from seasonally adjusted previous surveys)
SAM² (WHZ using NCHS – not applicable to WHO GS SAM) (to be updated when global consensus for new WHO Growth standards) Oedema – proportion of cases, trends in numbers	<0.5%	0.5 to <3%	3 to <4%	4 to <5% (or where there has been a significant increase from seasonally adjusted previous surveys)	>/=5% (Or where there has a larger significant increase from seasonally adjusted previous surveys)
CMR³ /10,000/day	<0.5/10,000/day	0.5 to <1/10,000/day	1 to <2 /10,000/day Include information as to the main causes and likely progression	2 – </=5/10,000/day Include information as to the main causes and likely progression	≥5/10,000/day Include information as to the main causes and likely progression
Under five years mortality rates	<1/10,000/day	1-1.99/10,000/day	2-3.9/10,000/day	4 to <10/10,000/day	>/=10/10,000/day
MUAC⁴ Assessment (% <12.5cm) Ref: FSNAU Estimates ⁵ To be confirmed	<5%	<5% with increase from seasonally adjusted previous rapid assessments	5-9.9%	10-14.9% or where there has been a significant increase from seasonally adjusted rapid assessments	>15% Or where there has a significant increase from seasonally adjusted rapid assessments
Adult MUAC - Pregnant and Lactating women (% <23.0cm, Sphere)	TBC – based on historical analysis from nutrition surveys conducted in Somalia – ongoing in FSNAU				

¹ Global Acute Malnutrition (weight for height <-2 Z score/oedema), WHO, 1995

² Severe Acute Malnutrition (weight for height <-3 Z score/oedema), WHO, 1995, ENCE guidelines

³ Crude Mortality Rate, Refs: i). Sphere 2004; ii). Emergency Field Handbook (A guide for UNICEF staff, pg 139) July 2005

⁴ Mid Upper Arm Circumference, data source – rapid assessments, based on children 6-59 months

⁵ Follow up with S. Collins study/ Mike Golden/ Mark Myatt and on-going studies

2004)					
Chronic malnutrition/ stunting⁶ (HAZ)	<10%	10 to <20%	20 to <40%	>40%	
HIS⁷ Nutrition Trends <i>(Ref: HIS)</i>	Very low numbers of acutely malnourished children	Low numbers of acutely malnourished for area and stable (seasonally adjusted)	Low numbers of acutely malnourished children from previous months but increasing in >2 rounds (seasonally adjusted)	High levels and stable numbers of acutely malnourished children's (seasonally adjusted)	High with significant increasing numbers in >2 rounds of acutely malnourished children from screening
Sentinel⁸ Site Trends levels of children identified as acutely malnourished (WHZ), <i>Ref: FSNAU SSS</i>	Very low and stable levels	Low levels and one round indicating increase (seasonally adjusted)	Increasing levels based on two rounds (seasonally adjusted)	High levels of malnourished children and stable (seasonally adjusted)	Increasing levels with increasing trend

B. Biochemical Indicators

Reference Indicators	Acceptable	Alert	Serious	Critical	Very Critical
Vitamin A ⁹	<2%	>/=2 to </=10%	>10 to <20%	>/=20%	
Iron Deficiency Anaemia ¹⁰	</=4.9%	5.0-19.9%	20.0-39.9%	>40%	
Iodine ¹¹ (Median urinary iodine concentration in school age children mm/lt)	100-199	50-99	20-49	<20	

C. Risk / Underlying Factors

Reference Indicators	Acceptable	Alert	Serious	Critical	Very Critical
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⁶ WHO, 1995

⁷ Health Information System, data source – health facilities

⁸ Data source, over 120 sentinel sites in different livelihoods in South Central Somalia

⁹ WHO, 1996, Indicators for assessing Vitamin A deficiency and their application in monitoring and evaluating intervention programmes

¹⁰ WHO, 2001

¹¹ WHO, 2001

Poor dietary diversity¹² for population (<4 food groups)	<5%	5 to<10%	10 to <25%	25 to <50%	>50%
Disease Outbreaks¹³: (seasonally adjusted) Frequency of reported outbreaks of AWD & malaria and measles,	Normal levels, seasonally adjusted, Review data in relevant context	AWD 1 case Measles 1 case Malaria – doubling of cases in a 2 week period in hyper endemic areas in the South – using RDT's	Outbreak not contained and/or in non endemic area – limited access to treatment: CFR for AWD >2% rural CFR for AWD >1% urban AWD – duration exceed >6 wks		
Food Security¹⁴ Situation - current IPC status	Generally Food Secure	Generally Food Insecure	Acute Food and Livelihoods Crisis	Humanitarian Emergency	Famine/ Humanitarian Catastrophe
Meal Frequency¹⁵ in addition to breastfeeding i). 6-8 months old ¹⁶ ii). 9 months old & above	>25% 2-3 3-4	20-25% <2 <3	5-19.9%	<5%	<20%
Breastfeeding Practices¹⁷ i). <i>Exclusive BF for 6 mths</i> ii). <i>Complementary Feeding introduced at 6 months</i> <i>reference</i>	90% and above 95% and above	50-89% 80-94%	12-49% 60-79%	0-11% 0-59%	

¹² Data source, nutrition surveys, dietary studies and sentinel sites

¹³ Data source, nutrition surveys, Health Information System, Sentinel sites, feeding centres, rapid assessments

¹⁴ Data source, FSNAU food security analysis

¹⁵ Data source, nutrition surveys and dietary studies

¹⁶ FANTA, 2003. Generating indicators of appropriate feeding of children 6 through 23 months from the KPC 2000+ WHO, 2003. Infant and Young child feeding. A tool for assessing national practices, policies and programmes

¹⁷ FANTA, 2003. Generating indicators of appropriate feeding of children 6 through 23 months from the KPC 2000+ WHO, 2003. Infant and Young child feeding. A tool for assessing national practices, policies and programmes

Immunization & Vitamin A Supplementation Coverage¹⁸: Measles- Campaigns Vitamin A – one dose in last 6 months) Campaigns -	>95% >95%	80-94.9% 80-94.9%	<80% <80%		
Population have access to a sufficient quantity of water for drinking, cooking and personal and domestic hygiene – min 15lts/person/day	100%	TBC	TBC	TBC	TBC
Affected pop with access to formal/informal services: health services, etc Is this useful?	Should not be necessary	Access to humanitarian interventions for most vulnerable	Reduced access to humanitarian support for most vulnerable	Limited access to humanitarian support for majority	Negligible or no access
Selective Feeding¹⁹ / Programmes Available Availability of therapeutic/ supplementary feeding programmes/ services and referral systems. Coverage – access to available services, coverage of availability of services – Is this useful?	Should not be necessary	Access for most vulnerable	None available		
Civil Insecurity	Prevailing structural peace	Unstable disrupted tension	Limited spread, low intensity	Widespread, high intensity	Widespread, high intensity

¹⁸ WHO references

¹⁹ Data source, 12 Therapeutic Feeding Centers and 14 Supplementary Feeding Centers