FSNAU
Food Security and Nutrition Analysis Unit - Somalia

NUTRITION UPDATE

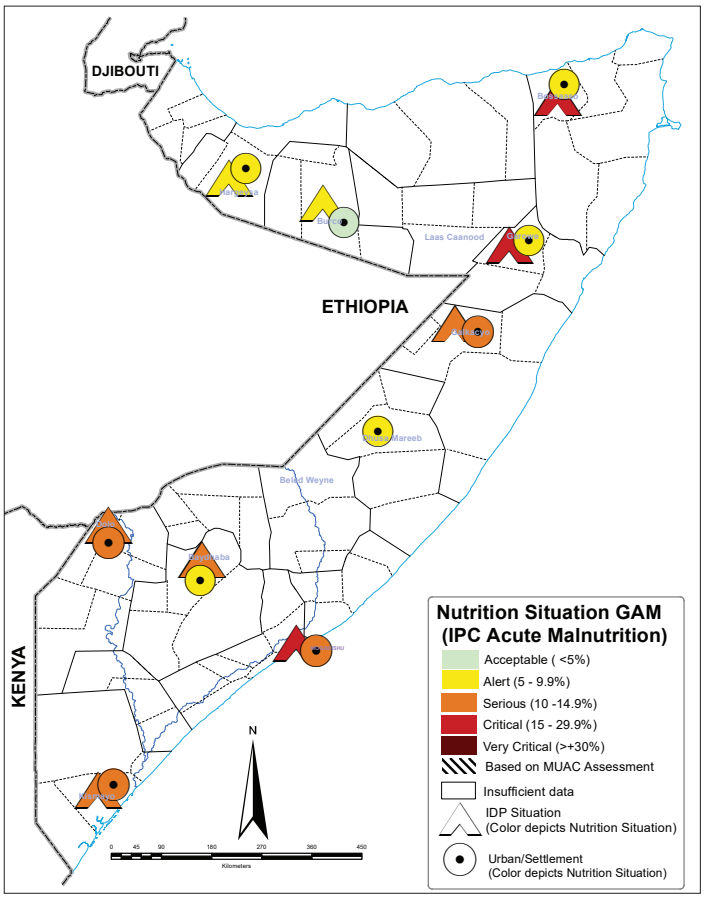
December 2020

Highlights

In November 2020, as part of the 2020 Post *Deyr* seasonal assessment, the Food Security and Nutrition Analysis Unit (FSNAU) conducted 19 surveys among displaced and urban populations across Somalia. The survey results show Critical prevalence of acute malnutrition (Global Acute Malnutrition- GAM ≥ 15%) in three out of 19 population groups surveyed - see Map 1 and Table 2.

- Overall, the median GAM (WHZ) prevalence among Internally Displaced Populations (IDPs) in 2020 Deyr is Serious (12.9%), reflecting a slightly improved but sustained (Serious) nutrition situation since late 2019 (13.1% and 14.5% median GAM in 2019 Deyr and 2020 *Gu*, respectively).
- The median Severe Acute Malnutrition (SAM) prevalence in 2020 *Deyr* is Alert (2.1%), similar to 2019 Deyr (2.0 %), but an improvement from Serious SAM in 2020 *Gu* (2.7%). However, the nutrition situation among Garowe IDPs in Nugaal region (northeast) region has shown increases in GAM since November 2019 (*Deyr* season), although the increases is not statistically significant. Possible reasons for the increase are increased morbidity and decreased humanitarian assistance.
- Dhusamareb urban (Galgadud) and Galkacyo IDPs (Mudug) reflect significant improvement in GAM prevalence since 2019 *Deyr*. The nutrition situation among the urban population in Burao (Togdher), Bossaso (Bari) and Baidoa (Bay) as well as IPDs in Baidoa reflect decreases in GAM and SAM since the 2019 *Deyr* although these decreases are not statistically significant. Likely reasons for the reported decreases are decreased morbidity/AWD outbreaks and increased humanitarian assistance. Similar decreases GAM and SAM prevalence were also observed among urban population groups in Bossaso (Bari) and Baidoa (Bay) although these decreases are not statistically significant. The decreases are attributed to declined AWD outbreaks, improved food access (milk) and continued humanitarian assistance.
- Critical prevalence of acute malnutrition persisted among IDPs in Bossaso and Mogadishu since 2019 Deyr due to high morbidity and seasonal climatic factors that affected household incomes.

Map 1. Acute Malnutrition Prevalence (GAM) among IDPs and Urban Populations in Somalia, November 2020



Source: *FSNAU*

Assessment Overview

FSNAU conducted 19 integrated nutrition, mortality and food security surveys among 19 population groups (9 IDPs and 10 urban) across Somalia in November 2020 (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 FSNAU's biannual surveillance activities.

FSNAU Managed by: Food and Agriculture Organization of the United Nations
FSNAU Technical Partners: FEWS NET, WFP World Food Programme, World Health Organization, SWALIM, unicef, JRC European Commission, UNHCR The UN Refugee Agency
FSNAU Resource Partners: USAID From the American People, UKaid from the British people, European Union, Sweden, Swiss Agency for Development and Cooperation SDC

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 96 day-recall period was also collected among all sampled households. 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 3.5.4 and ENA SMART software (11th Jan 2020 version), respectively.

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 tests[1]. 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 calculated using the most recent population estimates available (UNFPA PESS 2014, CCCM DSA).

The recall period for the 2020 *Deyr* mortality assessment was adjusted for 96 days for all of the 19 population groups assessed. The event used to calculate the recall period was the beginning of the month of Dhu'l-Hijjah or Arafah. This was calculated retrospectively from the midpoint of data collection period (i.e. 30th July 2020 to 3rd November 2020). The 19 surveys covered 11 856 children (6-59 months) selected from 9 533 households as shown in Table 1.

Table 1. 2020 Post Deyr IDP and Urban Integrated Survey

Sampling Details, November 2020

Northwest	Clusters	# House Holds	# Children	# Boys	# Girls
Northwest					
Hargeisa IDPs (W. Galbeed)	28	529	579	267	312
Hargeisa Urban (W. Galbeed)	32	604	627	323	304
Burao IDPs (Toghdeer)	28	531	677	330	347
Burao Urban (Toghdeer)	28	504	652	328	324
Northeast &Central					
Bosasso IDPs (Bari)	28	485	720	380	340
Bosasso Urban (Bari)	28	448	544	287	257
Garowe IDPs (Nugaal)	28	469	682	360	322
Garowe Urban (Nugaal)	28	475	651	336	315
Galkacyo IDPs (Mudug)	28	474	738	363	375
Galkacyo Urban (Mud)	28	503	709	388	321
Dhusamareb Urban	28	470	415	209	206
South					
Mogadishu urban	35	485	517	268	249
Mogadishu IDPs	37	574	645	308	337
Baidoa IDPs (Bay)	36	554	750	378	372
Baidoa Urban (Bay)	30	432	609	295	314
Dolow IDPs (N. Gedo)	28	532	610	303	307
Dolow Urban (N. Gedo)	28	504	599	317	282
Kismayu Urban (L.Juba)	28	465	533	267	266
Kismayu IDPs (L. Juba)	28	495	599	292	307
TOTAL	**562**	**9533**	**11856**	**5999**	**5857**

Source: *FSNAU*

Assessment Results

Acute malnutrition among children aged 6-59 months is a direct outcome indicator of recent changes in nutritional status. The 2020 *Deyr* season nutrition assessment conducted in November 2020 shows Critical nutritional status (GAM≥15%) in three out of 19 population groups (IDPs and urban) in: Mogadishu (16.7%), Garowe (15.8%) and Bosasso (15.8%).[See Figure 1 and Table 2]. Serious GAM prevalence (GAM 10-14.9%) were recorded in eight out of 19 assessed population groups: Galkacyo IDPs, Galkacyo Urban, Mogadishu Urban, Baidoa IDPs, Dolow IDPs, Dolow Urban, Kismayu Urban, Kismayu IDPs. Alert levels of GAM (≥5 % to <10 %) were seen among IDPs in Hargeisa (9.2) and Burao (5.8%), Hargeisa Urban (6.4%), Bosasso Urban (7.5%), Garowe Urban (5.2%), Dhusamareb Urban (5.8%) and Baidoa Urban (9.0%). 2020 Deyr assessment recorded Serious SAM prevalence (≥2.5-4) in only two out of 19 assessed population groups (Mogadishu IDPs and Bosasso IDPs). Alert SAM prevalence (1.1-2.4) were recorded among IDPs in in 13 out of 19 assessed population groups (7 IDPs and 6 Urban) amongst IDPs in Hargeisa, Burao, Garowe, Galkacyo, Baidoa, Dolow,and Kismayo .

Acceptable SAM levels (<1%) were only noted among urban populations in Burao ,Garowe, Dhusamareb and Dolow. Serious levels of Crude Death Rate (CDR 0.5<1.0/10 000/day) were observed among Mogadishu IDPs, Mogadishu urban and Garowe IDPs. Acceptable/Alert levels (<0.5/10 000/day) of CDR was reported in 16 out of 19 population groups surveyed. Acceptable/Alert Under-five Death Rate (U5DR≤1) were recorded among most surveyed IDPs and urban, with the exception of IDPs in Mogadishu and Garowe which reported Serious Under-five Death Rate (U5DR>1 to 1.9/10 000/day).

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

Morbidity among children was high (≥20%) in 11 out of 19 population groups surveyed with the highest prevalence reported among Baidoa IDPs (41.7%), Baidoa Urban (33.6%) and Galkacyo IDPs (32.1%), followed by Garowe IDPs (28.3%), Dollow urban (26.9%), and Garowe urban (25.2%). Lowest morbidity (<6%) was seen in two population groups: Burao IDPs (4.7%) and Burao Urban (4.3%).

Table 2: 2020 Deyr Season Nutrition Situation among IDPs and Urban Populations across Somalia, November 2020

	Acute Malnutrition Prevalence (%)				Per 10 000 per Day		Morbidity among Children Under-Five (%)
	Children Under-Five		Women Aged 15-49 Years		Crude Death Rate (CDR)	Under-Five Death Rate (U5DR)	
Population Group	GAM	SAM	MUAC < 23 CM	MUAC < 21 CM			
Hargeisa IDPs (W. Galbeed)	9.2 (6.3-13.1)	1.2 (0.5- 2.7)	2.8 (0.0-6.3)	0.7 (-0.7-2.1)	0.24 (0.09-0.66)	0.33 (0.08-1.35)	22.7 (18.0-27.4)
Hargeisa Urban (W. Galbeed)	6.4 (4.8- 8.4)	1.1 (0.6- 2.2)	1.4 (0.0-3.1)	0.9 (-0.4-2.3)	0.16 (0.07-0.37)	0.00 (0.00-0.00)	23.5 (18.1-28.1)
Burao IDPs (Toghdeer)	5.8 (4.1- 8.0)	1.8 (1.1- 2.8)	2.7 (0.0-5.8)	0.9 (0.0-2.9)	0.09 (0.02-0.35)	0.00 (0.00-0.00)	4.7 (2.2-7.2)
Burao Urban (Toghdeer)	4.3 (2.9- 6.3)	0.5 (0.1- 1.4)	2.2 (0.0-5.2)	0.00 (0.00-0.00)	0.43 (0.21-0.88)	0.00 (0.00-0.00)	4.3 (1.5-6.9)
Bosasso IDPs (Bari)	15.8 (13.1-19.1)	2.5 (1.6- 3.9)	22.8 (17.4-28.8)	4.9 (2.5-8.7)	0.27 (0.10-0.71)	0.67 (0.25-1.80)	19.4 (14.7-24.2)
Bosasso Urban (Bari)	7.5 (4.9-11.4)	1.3 (0.5- 3.1)	6.7 (4.8-9.3)	3.1 (1.8-5.0)	0.04 (0.01-0.33)	0.18 (0.02-1.34)	17.7 (11.9-23.5)
Garowe IDPs (Nugaal)	15.8 (11.8-20.9)	1.9 (1.1- 3.4)	2.1 (1.0-4.1)	0.0 (0.0-0.0)	0.68 (0.37-1.24)	1.04 (0.42-2.54)	28.3 (19.5-37.0)
Garowe Urban (Nugaal)	5.2 (4.0- 7.1)	0.3 (0.1- 1.3)	2.3 (1.2-4.3)	0.9 (0.3-2.5)	0.34 (0.18-0.66)	0.16 (0.02-1.23)	25.2 (19.2-31.3)
Galkacyo IDPs (Mudug)	10.8 (8.3-14.1)	2.2 (1.1- 4.3)	13.8 (8.8-20.1)	5.0 (2.2-9.6)	0.23 (0.11-0.50)	0.27 (0.06-1.13)	32.1 (25.7-38.4)
Galkacyo Urban (Mudug)	11.8 (9.2-15.1)	1.4 (0.5- 3.6)	7.9 (4.3-13.1	2.4 (0.7-6.1)	0.18 (0.07-0.50)	0.0 (0.0-0.0)	24.0 (16.6-27.8)
Dhusamareb Urban (Galgadud)	5.8 (3.3- 9.8)	0.2 (0.0- 1.9)	12.7 (8.1-18.8)	6.6 (3.4-11.5)	0.0 (0.0-0.0)	0.0 (0.0-0.0)	17.7 (11.5-23.8)
Mogadishu Urban (Banadir)	13.2 (9.8-17.5)	2.3 (1.1- 4.8)	14.9 (5.2-24.7)	10.4 (2.4-17.9)	0.55 (0.25-1.22)	0.58 (0.18-181)	16.4 (10.1 –22.7)
Mogadishu IDPs (Banadir)	16.7 (14.1-19.7)	3.7 (2.5- 5.5)	12.1 (6.7- 17.6)	4.9 (0.8-8.9)	0.83 (0.54-1.26)	1.46 (0.77-2.74)	22.7 (17.8 – 27.5)
Baidoa IDPs (Bay)	11.9 (9.3-15.0)	2.1 (1.1- 4.0)	26.5 (21.3-32.3)	5.4 (3-8.9)	0.25 (0.10-0.61)	0.13 (0.02-0.98)	41.7 (36.2-47.2)
Baidoa Urban (Bay)	9.0 (6.7-12.1)	1.2 (0.6- 2.3)	19.5 (14.8-25)	2.8 (1.1-5.7)	0.24 (0.10-0.56)	0.32 (0.08-1.30)	33.6 (26.2-40.9)
Dolow IDPs (N Gedo)	13.6 (11.3-16.3)	1.6 (0.9- 3.0)	7.4 (0.49-14.3)	3.1 (0.38-5.9)	0.33 (0.17-0.64)	0.92 (0.42-1.97)	24.0 (13.5-34.4)
Dolow Urban (N Gedo)	12.4 (9.4-16.1)	0.8 (0.3- 2.3)	13.4 (5.5-21.3)	3.7 (0.64-6.8)	0.29 (0.13-0.65)	0.66 (0.25-1.74)	26.9 (18.2-35.6)
Kismayu Urban (L. Juba)	12.2 (9.4-15.8)	2.4 (1.2- 5.0)	3.2 (1.2-6.9)	10.8 (6.7-16.1)	0.35 (0.17-0.72)	0.52 (0.12-2.33)	16.8 (13.3-20.3)
Kismayu IDPs (L. Juba)	12.9 (10.3-15.9)	2.3 (1.4- 3.8)	1.5 (0.3-4.3)	7.0 (3.9-11.5)	0.41 (0.20-0.85)	0.76 (0.32-1.79)	16.5 (11.7-21.2)

Source: *FSNAU*

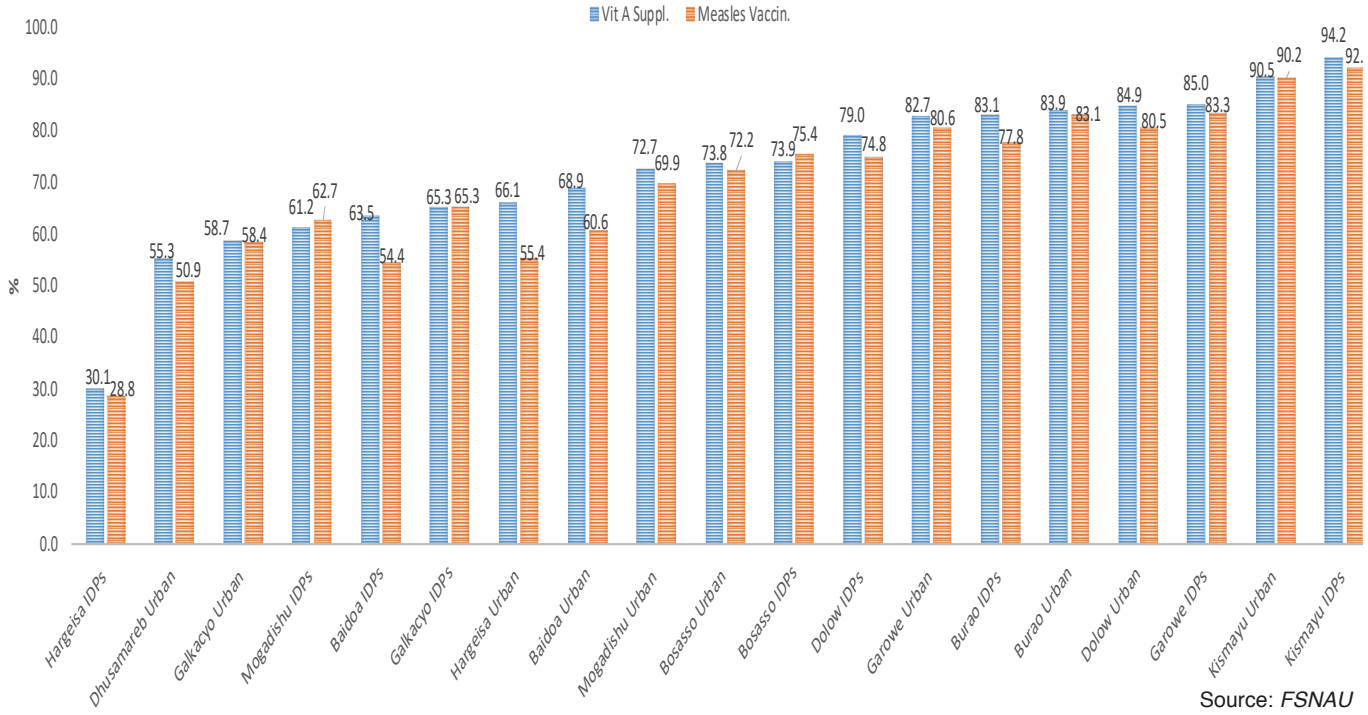
Even though mortality rates reported during the 2020 *Deyr* assessment are lower compared to 2019 *Deyr*, most of the already malnourished children are susceptible to diseases and those that are severely malnourished face increased risk of death. Therefore, nutrition and health support interventions in these areas should be complemented with sustained efforts to reduce morbidity.

As part of the 2020 *Deyr* assessment, public health indicators such as immunization status for measles and Vitamin A supplementation coverage were assessed based on a six- month recall period (single dose). Low measles immunization and vitamin A supplementation coverage (<65%) were reported among IDPs in Hargeisa, Mogadishu and Baidoa as well as among urban populations in Dhusamareb, Galkacyo and Hargeisa. This calls for ongoing nutrition interventions to be sustained and expanded to areas identified with low measles immunization and vitamin A supplementation coverage.

Critical prevalence of acute malnutrition has persisted among Bossaso and Mogadishu IDPs since 2019 Deyr. This is partly attributed to high morbidity, increased displacements, inconsistent income to households in Mogadishu. Seasonal climatic factors that affected household income especially in Bosasso IDPs.

The situation in most of the IDP settlements calls for sustained humanitarian interventions in the form of integrated nutrition as well as including nutrition sensitive programs.

Figure 1: 2020 Deyr Season Measles Vaccination & VIT A supplementation coverage among IDPs and Urban Populations, November 2020



Source: *FSNAU*

Table 3: Recent Trends in Acute Malnutrition Prevalence among IDPs and Urban Populations across Somalia

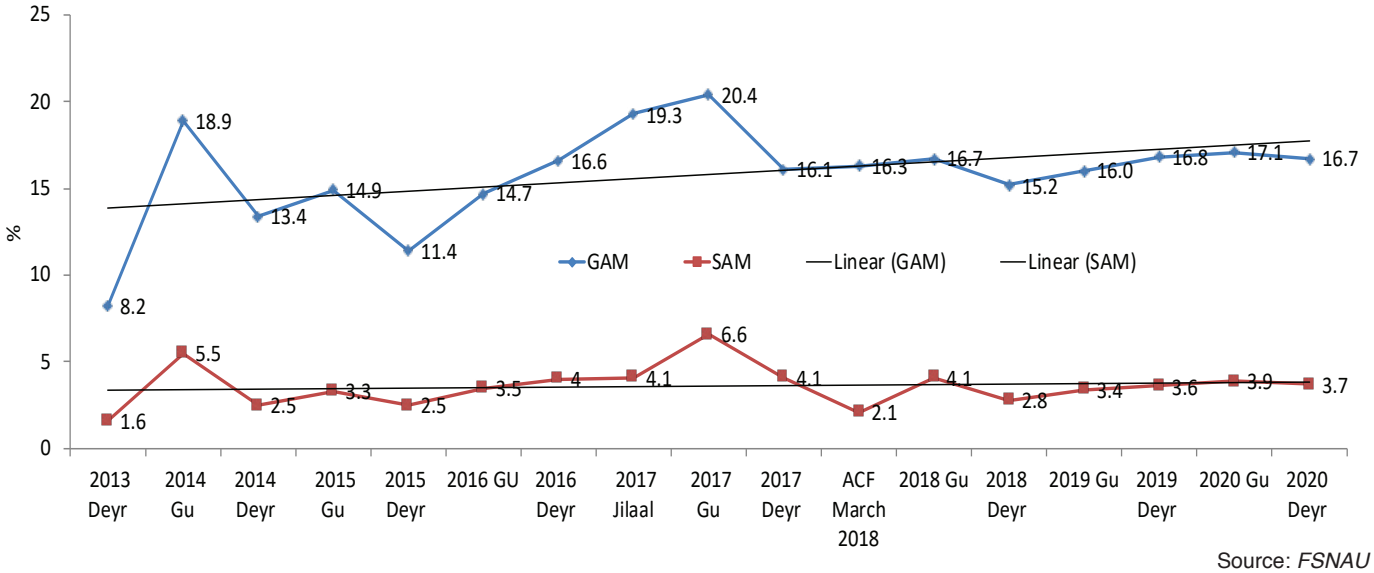
	GAM (%)					SAM (%)				
Population Group	**2020 Deyr**	**2020 Gu**	**2019 Deyr**	**2019 Gu**	**2018 Deyr**	**2020 Deyr**	**2020 Gu**	**2019 Deyr**	**2019 Gu**	**2018 Deyr**
Hargeisa IDPs (W. Galbeed)	9.2	5.8	7.6	11.6	7.7	1.2	0.4	1.2	1.8	1.0
Hargeisa Urban(W. Galbeed)	6.4	3.4	6.1			1.1	0.2	0.8		
Burao IDPs (Toghdeer)	5.8	7.4	7.1	9.6	4.9	1.8	1.4	0.4	1.7	0.4
Burao urban (Toghdeer)	4.3	2.5	6.2			0.5	0.3	0.9		
Bosasso IDPs (Bari)	15.8	15.8	16.5	14.2	11.9	2.5	3.3	2.7	3.0	1.6
Bosasso Urban (Bari)	7.5	10.5	10.5			1.3	1.8	2.0		
Garowe IDPs (Nugaal)	15.8	18.8	12.0	9.4	14.5	1.9	3.9	1.4	1.3	2.4
Garowe Urban (Nugaal)	5.2	7.8	6.2			0.3	0.7	0.3		
Galkacyo IDPs (Mudug)	10.8	15.6	16.8	20.2	14.7	2.2	3.3	3.3	3.8	2.8
Galkacyo Urban(Mudug)	11.8	12.8	14.2			1.4	1.1	2.8		
Dhusamareb IDPs (Galgadud)		12.2	13.1	8.3	9.4		1.5	2.0	0.9	3.0
Dhusamareb Urban (Galgadud)	5.8	9.5	14.9			0.2	1.1	4.0		
Mogadishu urban (Banadir)	13.2	14.8	14.2	14.6	13.3	2.3	2.2	2.8	2.5	2.2
Mogadishu IDPs (Banadir)	16.7	17.1	16.8	16	15.2	3.7	3.9	3.6	3.4	2.8
Baidoa IDPs (Bay)	11.9	13.6	15.8	14.5	12.7	2.1	3.0	2.2	3.3	2.2
Baidoa Urban (Bay)	9.0	10.7	11.5			1.2	1.7	3.0		
Dolow IDPs (N Gedo)	13.6	12.5	14.3	18.6	12.8	1.6	2.3	3.1	3.4	2.0
Dolow Urban (N Gedo)	12.4	9.2	13.1			0.8	0.9	0.5		
Kismayu IDPs (L. Juba)	12.9	12.4	11.8	10.5	6.6	2.3	2.6	1.8	1.5	1.1
Kismayu Urban (L. Juba)	12.2	11.4	11.5	11.7	10.8	2.4	3.2	1.5	1.1	1.3

Source: *FSNAU*

Current Nutrition Situation among IDPs and Urban Populations in Southern Regions

Mogadishu IDP recorded a GAM prevalence of 16.7 percent and SAM prevalence of 3.7 percent during the 2020 *Deyr* assessment indicating sustained Critical nutrition situation since 2018 Deyr. SAM prevalence among IDPs in Mogadishu remained at sustained Serious level since 2018 *Deyr* 2018. CDR and U5DR among IDPs in Mogadishu recorded Serious levels (i.e. 0.83/10 000/day and 1.46/10 000/day, respectively).

Figure 2: Trends in GAM and SAM among Mogadishu IDPs



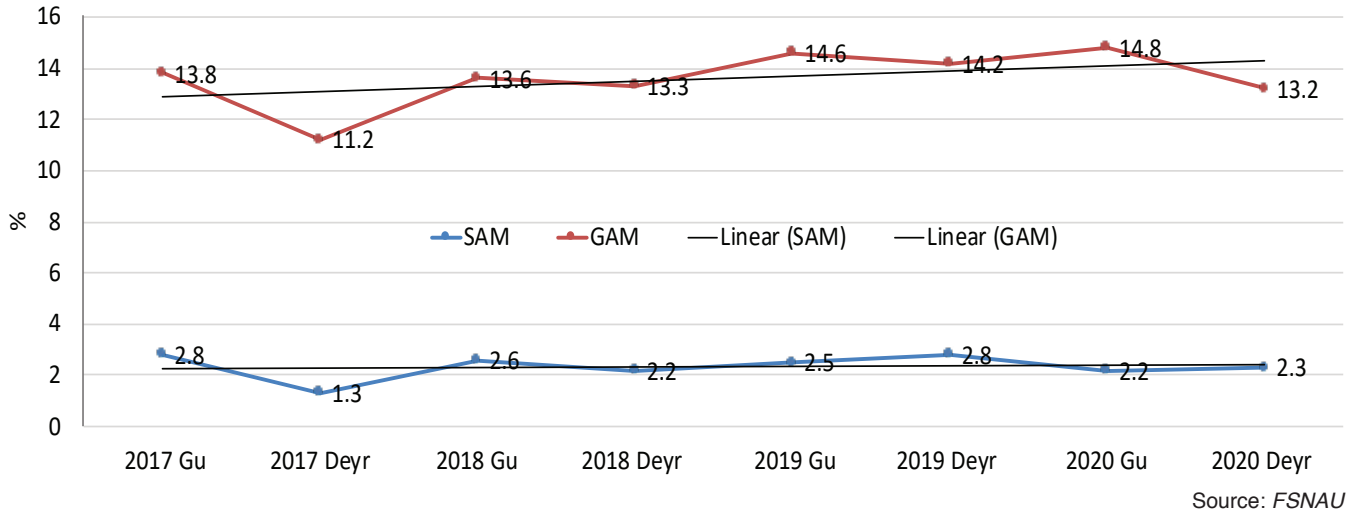
Source: *FSNAU*

These reflect sustained serious CDR and U5DR rates since 2019 *Deyr when a* (CDR of 0.66 and an U5DR of 1.33/10 000/day were reported. Results indicate high morbidity prevalence of 22.7 percent (i.e. two in in every five children were sick in the two weeks prior to the assessment). These indicate decreased in the reported morbidity levels compared to 31.5 percent reported in 2019 *Deyr*.

The persistence of Critical levels of acute malnutrition among IDPs in Mogadishu is of concern. This is possibly due to high morbidity particularly AWD/ Cholera and measles, increased evections and new arrivals, poor shelter and sanitation facilities and inadequate interventions targeting IDPs.

Mogadishu Urban: assessment findings indicate GAM and SAM prevalence of 13.2 percent and 2.3 percent, respectively. These indicate a Serious nutrition situation which has been sustained since 2019 *Deyr (*i.e. 14.2% in 2019 Deyr and 14.8% in 2020 Gu). However, the SAM prevalence in 2020 Deyr (2.3%) reflects a decrease compared to 2019 Deyr (2.8%). 2020 Deyr CDR was 0.55 /10 000/day (Serious) while U5DR was 0.58 /10 000/day (Alert). These results indicate increased CDR (0.35/10 000/ day) but decreased U5DR (1.08//10 000/ day) compared to 2019 Deyr. Overall, morbidity rate of 16.4 percent reported in 2020 Deyr fell ill, Indicating significant decrease compared to high morbidity level reported 2019 *Deyr* (23.9) or 2020 *Gu* (22%).

Figure 3: Trends in GAM and SAM in Urban Mogadishu (%)

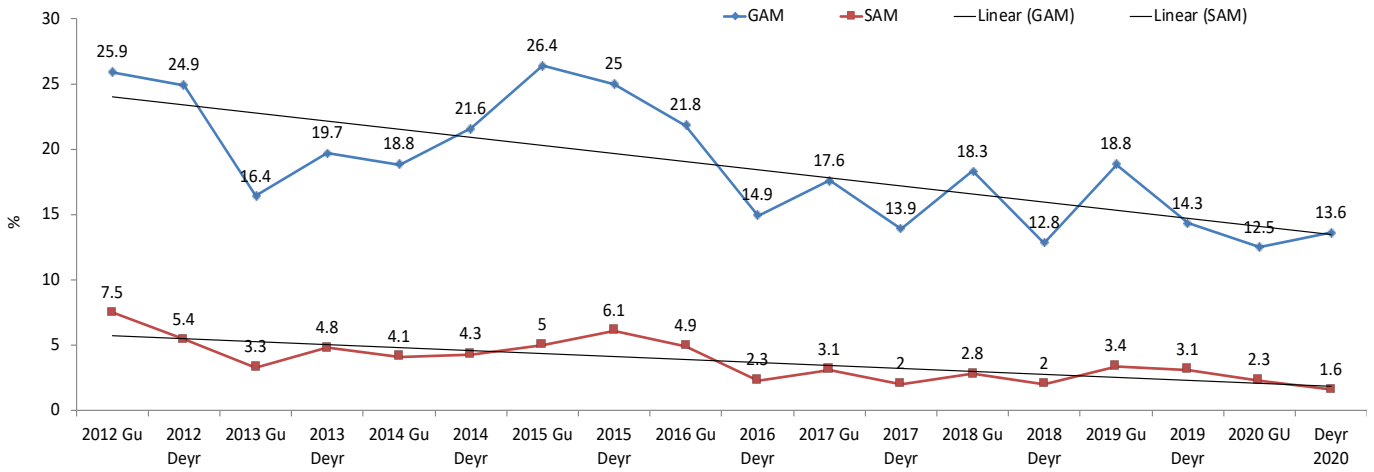


Source: *FSNAU*

Dolow IDPs recorded Serious GAM (13.6%) and SAM (1.6%) prevalence during the 2020 *Deyr* assessment, indicating sustained serious nutrition situation since 2018 *Deyr*. However, the current GAM prevalence reflects slight decrease compared to 2019 *Deyr* (14.3%). A SAM of 1.6 percent in *Deyr* 2020 represents a significant decrease compared to the results reported in 2019 *Deyr* (3.1%). The decrease in GAM and SAM prevalence are likely the result of improved food access (access to milk) and increased health and nutrition services. Contributing factors for the reported nutrition outcomes are reduced agricultural labor opportunities due to river floods and arrival of new IDPs (returnees from neighboring Ethiopia and Kenya).

CDR and U5DR among IDPs in Dolow are within Acceptable levels (<0.5/10 000/day and <1/10 000/day, respectively). This reflects sustained Acceptable CDR and UDR mortality levels since 2019 Deyr (0.31/10 000/day and 0.84/10 000/day, respectively). Dolow IDPs recorded high morbidity (24%) in 2020 Deyr, reflecting an increases compared to relatively low morbidity prevalence reported in 2019 Deyr (12.6 %) and 2020 *Gu* (9.5 %).

Figure 4: Trends in GAM and SAM Prevalence among Dolow IDPs

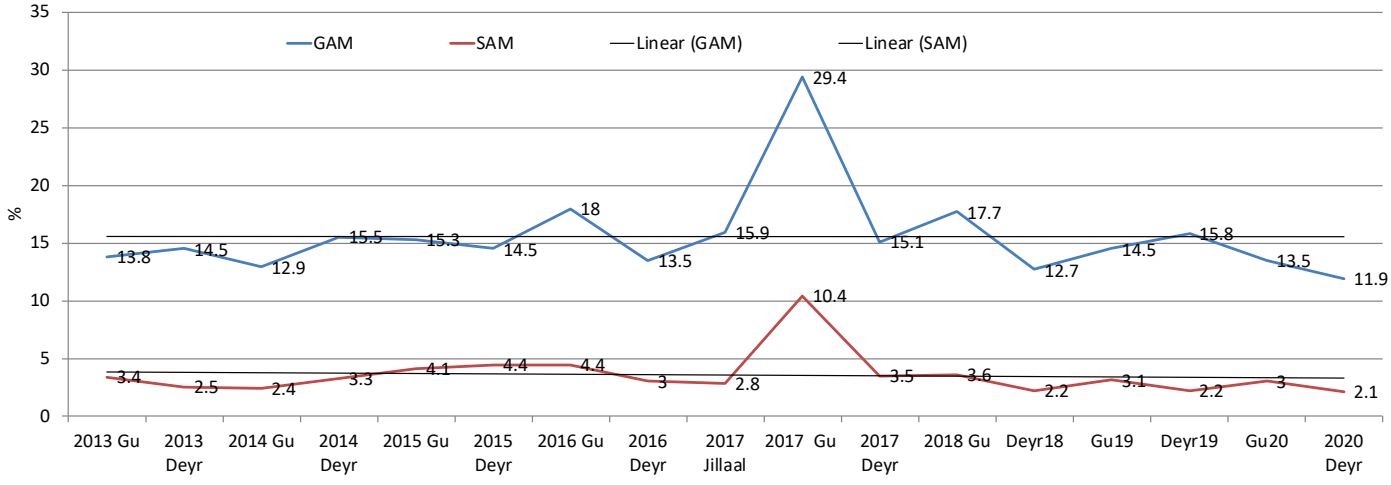


Source: *FSNAU*

Dolow Urban registered a GAM prevalence of 12.4 percent and a SAM prevalence of 0.8 percent. These indicate sustained Serious nutrition situation compared to the 2019 *Deyr* (13.1%) or worse compared to the 2020 *Gu* (9.2% or an Alert nutrition situation). Both CDR and U5DR are in the Acceptable range. The assessment results show a high morbidity prevalence (26.9%), an increase from the low morbidity levels reported in 2019 *Deyr* (3.9%) and 2020 Gu (5.1%).

Baidoa IDP recorded a GAM prevalence of 11.9 percent and a SAM prevalence of 2.1 percent indicating Serious levels of nutrition situation. These current nutrition situation reflects a decrease when compared with a GAM prevalence of 15.8 percent reported in the 2019 Deyr, though the decrease is not statistically significant. The decrease in GAM is attributed to decreased morbidity/AWD outbreaks and increased humanitarian assistance. Sustained Acceptable levels of CDR and U5DR were reported in 2020 Deyr (0.25/10 000/day and 0.13/10 000/day) compared with 2019 Deyr (0.23/10 000/day and 0.37/10 000/day) but a decrease compared to Serious CDR reported in 2020 Gu (0.54/10 000/day).

Figure 5: Trends in GAM and SAM Prevalence among Baidoa IDPs



Source: *FSNAU*

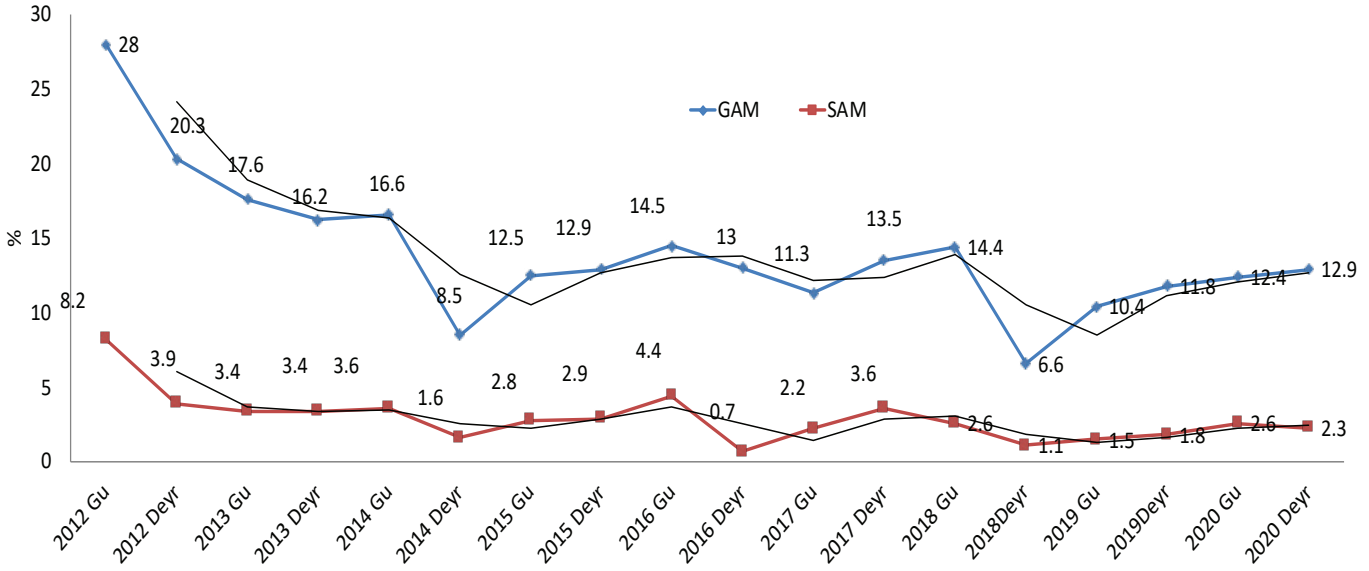
Baidoa urban recorded GAM and SAM prevalence of 9.0 percent and 1.2 percent, respectively, indicating an Alert nutrition situation. These reflect decrease in GAM and SAM since 2019 Deyr, although the decrease is not statistically significant and it is only a phase change. CDR and U5DR among the urban population in Baidoa in 2020 Deyr was within Acceptable range and this reflected a sustained situation compared with CDR and U5DR reported since 2019 Deyr (0.24/10 000/day and 0.15/10 000/day, respectively). High morbidity prevalence was noted in 2020 Deyr (33.6%), reflecting an increase from levels reported in the 2019 Deyr (15.6 %) or the 2020 Gu (31.5%).

Kismayo IDPs registered a GAM prevalence of 12.9 percent and a SAM prevalence of 2.3 percent indicating a Serious nutrition situation. These results show sustained Serious nutrition situation when compared to 2019 Deyr (11.8%) and 2020 Gu (12.4 %). The current SAM prevalence (2.3%) is higher compared to 2019 Deyr (1.8%) but lower compared to 2020 Gu (2.6 %).

Acceptable level of CDR and U5DR (0.4/10 000/day and 0.76/10 000/day respectively) were reported among Kismayo IDPs during Deyr 2020. These results reflect sustained Acceptable CDR since 2019 Deyr (0.29/10 000/day) and 2020 Gu (0.24/10 000/day). However, current U5DR is lower compared to 2019 Deyr (1.01/10 000/day). A relatively low morbidity prevalence (16.5%) was reported among Kismayo IDPs, comparable to morbidity levels reported during the 2020 Gu (15%) but lower than morbidity levels reported in 2019 Deyr (21.5%). The poor nutrition situation in Kismayo IDPs is mainly attributed to influx of new IDPs from Juba riverine community due to insecurity, seasonal morbidity, including malaria, AWD outbreaks and measles, food shortage, reduced labor employment opportunities.

Kismayo Urban recorded a GAM prevalence of 12.2 percent and a SAM prevalence of 2.4 percent, which indicates a sustained Serious nutrition situation since 2019 Deyr (11.5%) and 2020 Gu (11.4%). CDR ad U5DR in Kismayo Urban were 0.4/10 000/day and 0.5/10 000/day, respectively.

Figure 6: Trends in GAM and SAM among Kismayo IDPs



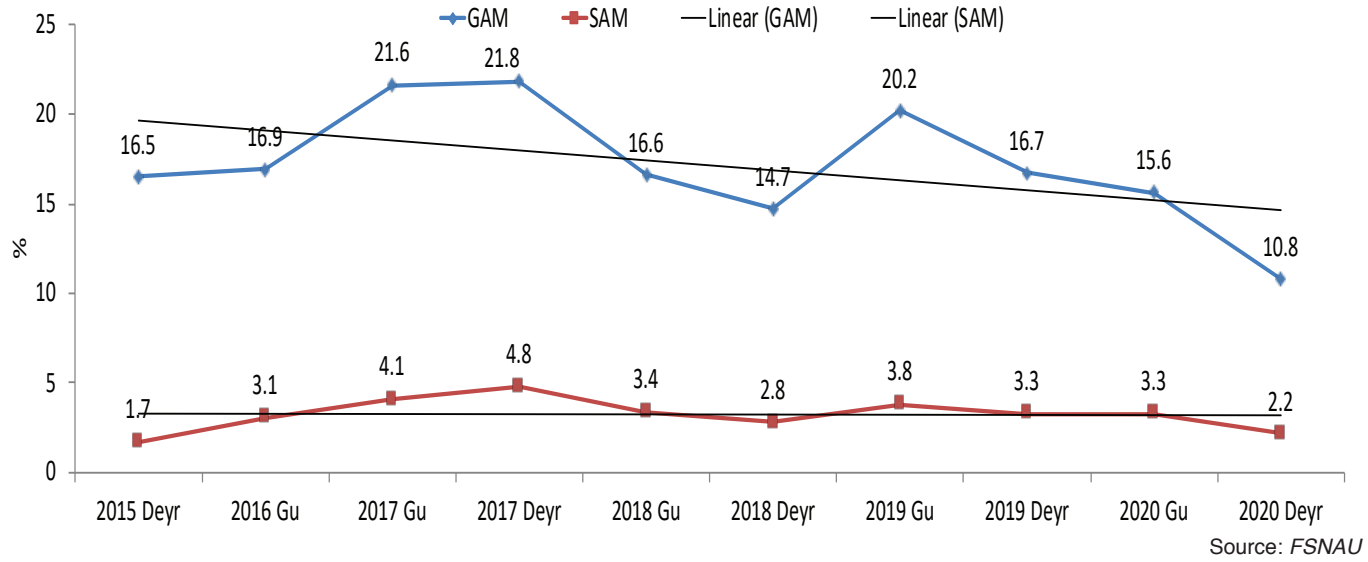
Source: *FSNAU*

Current Nutrition Situation among IDPs and Urban Populations in Northeast and Central Regions

Galkacyo IDPs recorded a GAM prevalence of 10.8 percent and SAM Prevalence of 2.2 percent indicating Serious levels of nutrition situation. The GAM prevalence shows one improvement compared with 2019 *Deyr* (16.7%) and 2020 *Gu* (15.6%). SAM prevalence in 2020 *Deyr* has also improved compared to 2019 *Deyr* (3.3% %) and 2020 Gu (3.3%). CDR and U5DR in Deyr 2020 were both within Acceptable level (0.23/10 000/day and 0.27/10 000/day, respectively). For Galkacyo IDPs, morbidity among children under the age of five is high (32.1%).

Galkacyo urban findings indicate a GAM prevalence of 11.8 percent and a SAM prevalence of 1.4 percent, reflecting a Serious nutrition situation which has been sustained since 2019 *Deyr* (14.2%) and 2020 *Gu* (12.8%). CDR and U5DR are within Acceptable level (0.18/10 000/day and 0.0/10 000/day, respectively). Morbidity among children under the age of five is high (24.0%) in Galkacyo Urban.

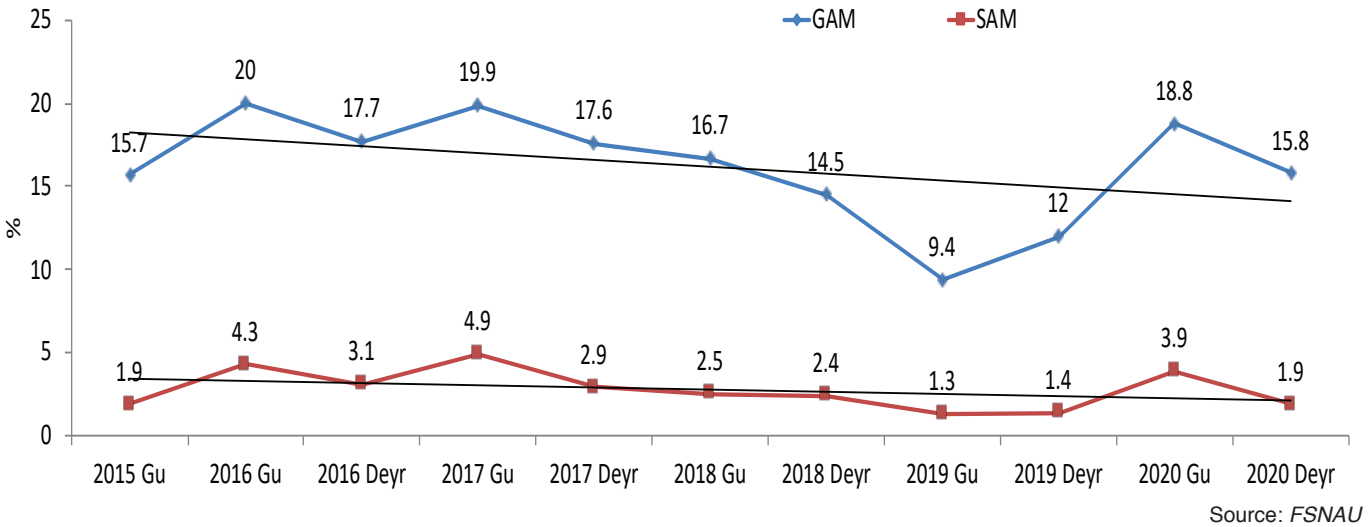
Figure 7: Trends in GAM and SAM among Galkayo IDPs



Source: *FSNAU*

Garowe IDPs: Results from the 2020 *Deyr* nutrition assessment show a GAM prevalence of 15.8 percent and a SAM prevalence of 1.9 percent, reflecting a Critical nutrition situation. The GAM results reflect a deterioration compared to the results reported in 2019 *Deyr* (12.0%) but a decrease within a Critical nutrition situation compared with 2020 Gu (18.8%). CDR and U5DR are within Alert level (0.68/10 000/day and 1.04/10 000/day, respectively) among IDPs in Garowe during 2020 *Deyr*. This reflect deteriorated from Acceptable levels of CDR reported in the 2020 *Gu* (0.41/10 000/day). Morbidity prevalence reported in 2020 Deyr (28.3%) reflects sustained high levels since 2019 Deyr (30.0%0 and 2020 Gu (26.5%).

Figure 8: Trends in GAM and SAM among Garowe IDPs

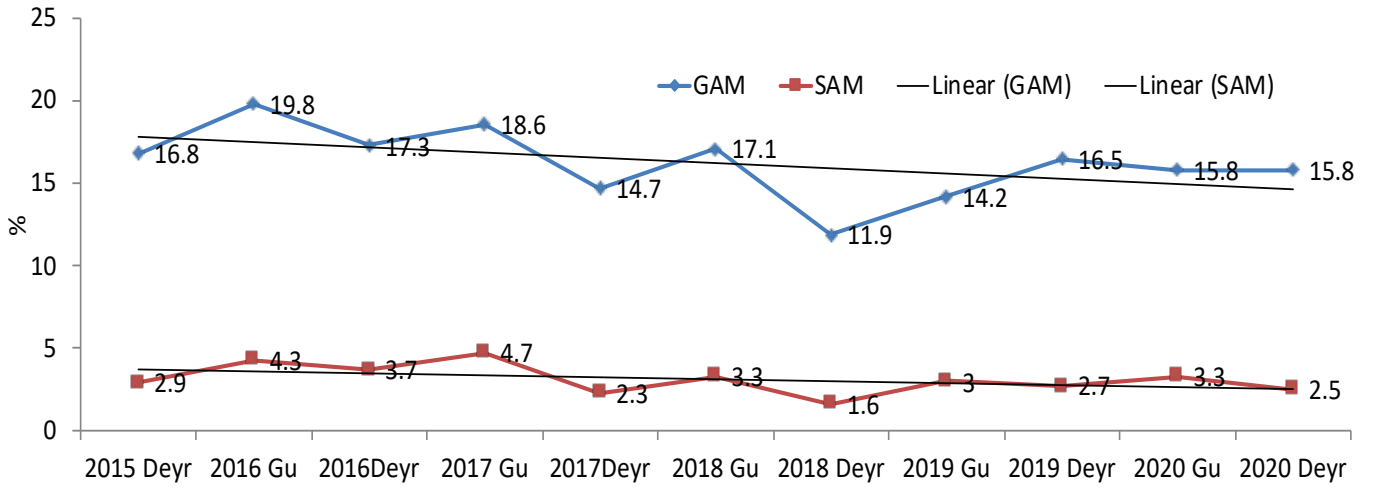


Source: *FSNAU*

Garowe Urban registered a GAM prevalence of 5.3 percent and a SAM prevalence of 0.5 percent in 2020 *Deyr*. This result indicates slightly improved but sustained Alert nutrition situation since 2019 Deyr (6.2%) and 2020 Gu (7.8%). CDR and U5DR show are within Acceptable level (0.34/10 000/day and 0.16/10 000/day, respectively). Morbidity rate is high (25.5%) among children 6-59 months in Garowe urban.

Bossaso IDPs recorded a GAM prevalence of 15.8 percent and a SAM prevalence of 2.5 percent. This shows a sustained Critical nutrition situation compared with 2019 *Deyr* (16.5%) and *Gu* 2020 (15.8 %). Morbidity among children is borderline high in 2020 *Deyr* (19.4%) and reflects a decrease compared with 2019 *Deyr* (24.1%) but an increase compared with 2020 *Gu* (13.7%).

Figure 9: Trends in GAM and SAM among Bossaso IDPs



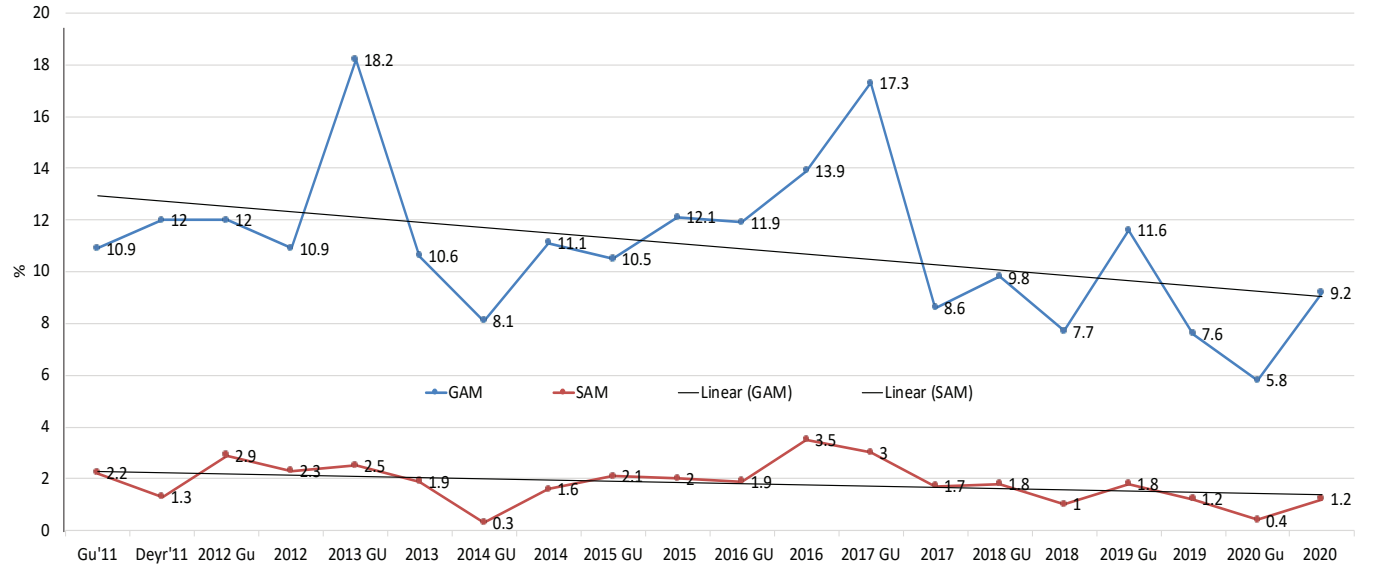
Source: *FSNAU*

Bosaso Urban: 2020 Deyr assessment findings indicate a GAM prevalence of 7.5 percent and a SAM prevalence of 1.3 percent, indicates an Alert nutrition situation. The 2020 Deyr GAM prevalence reflects an improvement from Serious nutrition situation in 2019 Deyr and 2020 Gu (both 10.5%). CDR and U5DR are within Acceptable level (0.04/10 000/day and 0.18/10 000/day, respectively). Morbidity among children in 2020 Deyr was relatively low (17.7%).

Dhusamareeb urban: 2020 Deyr assessment findings indicate a GAM prevalence of 5.8 percent and a SAM of 0.2 percent, indicating an Alert nutrition situation. The 2020 Deyr GAM result reflects an improvement from 2019 Deyr (14.9%) and 2020 Gu (9.5%). CDR and U5DR are within Acceptable level (0.0/10 000/day and 0.0/10 000/day). Morbidity among children in 2020 Deyr was relatively low (17.7%).

Current Nutrition Situation among IDPs and Urban Populations in Northwest Regions

Figure 10: Trends in GAM and SAM among Hargeisa IDPs



Source: *FSNAU*

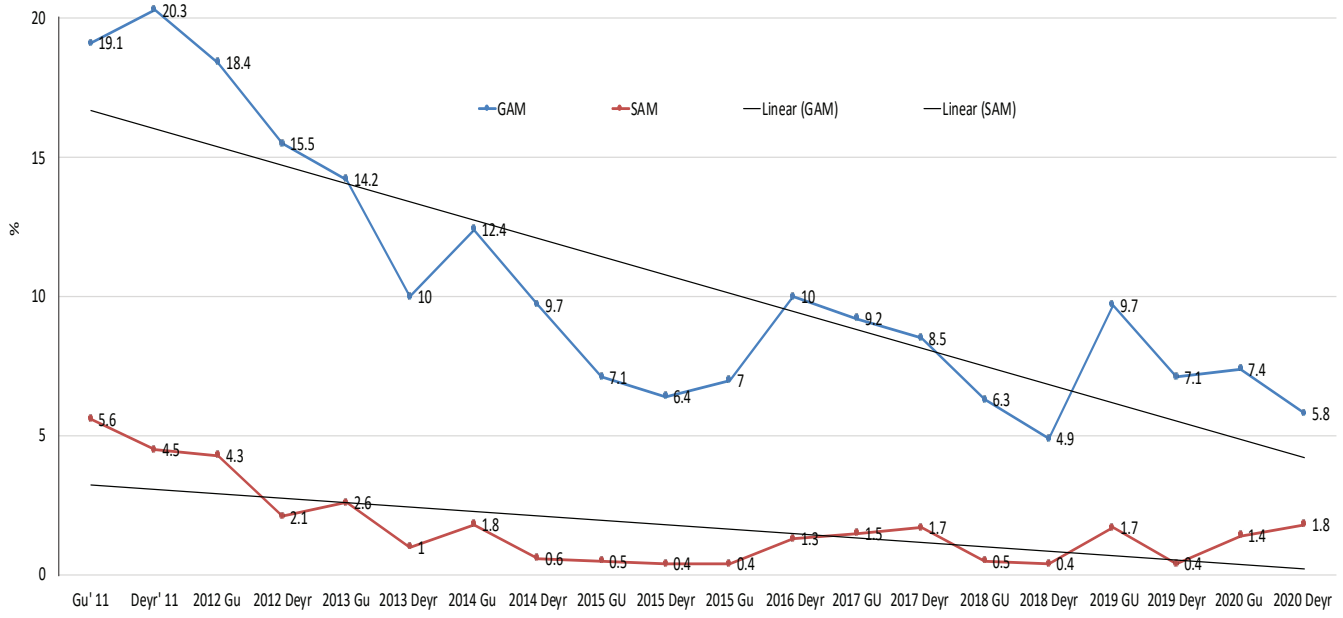
Hargeisa IDPs: recorded a GAM prevalence of 9.2 percent and a SAM prevalence of 1.2 percent, indicating an Alert nutrition situation. This reflects a sustained nutrition situation compared to 2019 Deyr (7.6%) and 2020 Gu (5.8%) despite an increase in the GAM prevalence in the 2020 Deyr although the increases are not statistically significant. CDR and U5DR are within Acceptable level (0.24/10 000/day and 0.33/10 000/day, respectively). Morbidity among children in 2020 Deyr was high (22.7%), a decline from 2019 Deyr (29.9%) but an increase from 2020 Gu (16.2%).

Hargeisa Urban: 2020 *Deyr* assessment findings show a GAM prevalence of 6.4 percent and a SAM prevalence of 1.1 percent, indicating an Alert nutrition situation. CDR and U5DR are within Acceptable levels (0.16/10 000/day and 0.0/10 000/day, respectively). Morbidity among children in 2020 *Deyr* was high (23.5%), a slight improvement from 2019 *Deyr* (26.8 %) but a deterioration compared to 2020 *Gu* (13 %).

Burao IDPs recorded a GAM Prevalence of 5.8 percent and a SAM prevalence of 1.8 percent in 2020 *Deyr* indicating an Alert nutrition situation. The GAM results reflect a sustained situation since 2019 *Deyr* (7.1%) and 2020 Gu (7.4%). The decrease in GAM however is not statistically significant. CDR and U5DR are within Acceptable level (0.09/10 000/day and 0.0/10 000/day, respectively). Morbidity levels among children in Burao IDPs are low during the 2020 *Deyr* (4.7%), consistent with previous trends: 2019 *Deyr* (6.8%) and 2020 *Gu* (2.8%).

Burao Urban reported a GAM prevelance of 4.3 percent and a SAM prevalence of 0.5 percent, indicating an Acceptable nutrition situation. CDR and U5DR are within Acceptable level (0.43/10 000/day and 0.0/10 000/day, respectively). Morbidity levels among children in Burao IDPS are low during the 2020 Deyr (4.3%), consistent with previous trends: 2019 *Deyr* (2.7%) and 2020 Gu (5.5%).

Figure 11: Trends in GAM and SAM among Burao IDPs



Source: *FSNAU*

Table 4: Nutrition indicators and thresholds used for interpretation of the 2020 Deyr assessment results

Indicators	Acceptable	Alert	Serious	Critical	Very Critical
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

Table 5: Plausibility checks for IDP and urban nutrition surveys conducted during the 2020 Deyr (Nov 2020)

	Missing/ Flagged data	Overall sex ratio	Age Ratio (6-29 vs 30-59)	Digit Preference score-weight	Digit Preference score-Height	Digit 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)	> 20 (10)	> 20 (10)	> 20 (10)		>=±0.6 (5)	>=±0.6 (5)	<=0.001(5)	>25
Northwest regions											
Hargeisa IDPs	0 (2.4 %)	2 (p=0.092)	0 (p=0.964)	0 (7)	2 (9)	4 (16)	0 (1.02)	0 (-0.15)	0 (0.07)	1 (p=0.035)	9%
Hargeisa Urban	0 (2.3 %)	0 (p=0.528)	2 (p=0.096)	0 (4)	2 (8)	0 (7)	0 (1.04)	0 (0.04)	1 (0.36)	0 (p=0.721)	5%
Burao IDPs	0 (0.4 %)	0 (p=0.591)	0 (p=0.462)	0 (3)	0 (3)	0 (1)	0 (1.05)	0 (-0.01)	1 (-0.20)	0 (p=0.351)	1%
Burao Urban	0 (0.6 %)	0 (p=0.845)	0 (p=0.342)	0 (2)	0 (4)	0 (2)	0 (0.99)	0 (0.12)	1 (-0.37)	0 (p=0.519)	1%
Northeast and Central Regions											
Bosasso IDPs	0 (1.4 %)	0 (p=0.160)	4 (p=0.048)	0 (2)	0 (5)	0 (4)	0 (0.96)	0 (-0.18)	0 (-0.02)	0 (p=0.546)	4%
Bosasso Urban	0 (0.5 %)	0 (p=0.158)	0 (p=0.688)	0 (3)	0 (7)	0 (4)	0 (0.91)	1 (-0.32)	1 (0.39)	1 (p=0.019)	3%
Garowe IDPs	0 (1.3 %)	0 (p=0.159)	4 (p=0.001)	0 (4)	4 (13)	0 (7)	0 (1.09)	0 (0.14)	0 (-0.18)	5 (p=0.000)	13%
Garowe Urban	0 (1.5 %)	0 (p=0.413)	10 (p=0.000)	0 (5)	2 (9)	0 (7)	0 (1.07)	0 (0.19)	0 (0.10)	0 (p=0.816)	12%
Galkayo IDPs	0 (1.6 %)	0 (p=0.770)	10 (p=0.000)	0 (3)	0 (4)	0 (3)	0 (0.98)	0 (0.10)	0 (-0.08)	0 (p=0.209)	10%
Galkayo Urban	0 (2.1 %)	4 (p=0.012)	2 (p=0.056)	0 (5)	0 (5)	0 (4)	0 (1.05)	0 (0.17)	0 (0.00)	0 (p=0.123)	6%
Dhusamareb Urban	0 (1.2 %)	0 (p=0.922)	0 (p=0.280)	2 (8)	4 (13)	2 (8)	5 (1.13)	0 (-0.01)	1 (-0.35)	1 (p=0.031)	15%
South regions											
Mogadishu Urban	0 (1.1 %)	0 (p=0.274)	0 (p=0.840)	0 (6)	0 (7)	0 (5)	5 (1.13)	1 (-0.26)	3 (-0.46)	1 (p=0.024)	10%
Mogadishu IDPs	0 (1.2 %)	0 (p=0.328)	0 (p=0.389)	0 (6)	0 (7)	0 (6)	0 (1.09)	1 (-0.21)	1 (-0.39)	0 (p=0.991)	2%
Baidoa IDPs (Bay)	0 (0.5 %)	0 (p=0.743)	4 (p=0.023)	0 (3)	2 (8)	0 (5)	0 (1.04)	0 (-0.04)	0 (-0.15)	0 (p=0.106)	6%
Baidoa Urban (Bay)	0 (1.3 %)	0 (p=0.494)	2 (p=0.097)	0 (3)	2 (8)	0 (6)	0 (1.05)	0 (-0.03)	0 (-0.03)	0 (p=0.383)	4%
Dolow IDPs	0 (2.4 %)	0 (p=0.936)	0 (p=0.251)	0 (4)	2 (10)	0 (5)	0 (1.07)	0 (0.17)	1 (-0.25)	0 (p=0.926)	3%
Dolow Urban	0 (2.4 %)	0 (p=0.134)	0 (p=0.585)	0 (6)	2 (12)	0 (7)	5 (1.13)	1 (0.30)	0 (-0.19)	1 (p=0.029)	9%
Kismayo Urban	0 (1.3 %)	0 (p=0.966)	0 (p=0.961)	0 (2)	0 (2)	0 (3)	0 (1.06)	0 (-0.17)	1 (-0.34)	0 (p=0.072)	1%
Kismayu IDPs	0 (1.2 %)	0 (p=0.570)	4 (p=0.010)	0 (2)	0 (3)	0 (2)	0 (1.03)	0 (-0.15)	0 (-0.19)	0 (p=0.715)	4%

Source: *FSNAU*

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