

Highlights

The *Gu* (June) 2018 season nutrition assessment among Internally Displaced Persons (IDPs) in the main settlements and two urban areas shows Critical prevalence of acute malnutrition (Global Acute Malnutrition-GAM $\geq 15\%$) in 7 out of 15 population groups surveyed in June 2018: Bossaso, Qardho, Galkacyo Garowe, Mogadishu, Dolow and Baidoa IDPs - see Map 1 and Table 2.

Acute malnutrition >15 percent accompanied by crude death rate >1 percent suggests humanitarian emergency exists among Mogadishu IDPs. *Gu* 2018 assessment has recorded a GAM rate of 16.7 percent and SAM rate of 4.1 percent indicating Critical nutrition situation, which reflect sustained critical since *Deyr* (November) 2016. Of major concern is increasing Crude Death Rate (CDR) and Under Five Death Rate (U5DR) because of dwindling interventions targeting the IDPs and increased morbidity particularly AWD/Cholera that partly explain the significant deterioration in this population.

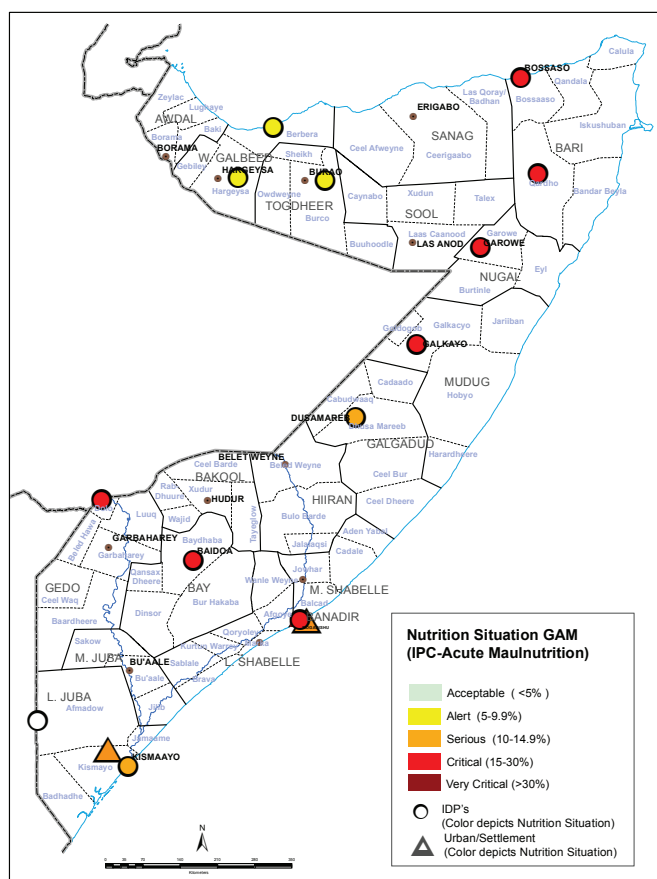
However, the nutrition situation among IDPs in Baidoa, Dhusmareeb, Berbera and Hargeisa has shown significant improvement since *Deyr* 2017. The *Gu* 2018 assessment results for IDPs in Dolow and Bossaso also reflect increase in GAM prevalence since *Deyr* 2017 although these changes are not statistically significant.

Assessment Overview

FSNAU and partners conducted joint Nutrition and Food security assessment among 15 population groups (13 IDP and two urban) across Somalia in June 2018 (Table 1). The mortality and nutritional information as well as household food security data was gathered at the same time, from the same households by a survey team consisting of four people per Household (HH). The objective of the assessments was to monitor the nutrition situation of IDPs in the 13 main IDP settlements and in selected urban areas (Mogadishu and Kismayo) as part of FSNAU's biannual surveillance activities.

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 Qardho, Berbera and Dhusamareb IDP settlements where sampling was exhaustive. Retrospective mortality data for 96 days prior to the assessments was also collected among all sampled households. Mortality, food security and nutritional data was collected concurrently from the same households. Variables (anthropometric and all other contextual indicators) and mortality were entered using EPI info soft 3.5.4 and ENA SMART software (July 9th, 2015 version), respectively. For quality assurance, enumerators and supervisors received five days of training prior to data collection. During the field work,

Map 1. Acute Malnutrition Prevalence (GAM) among IDPs and Urban Populations Covered in the 2018 *Gu* Assessment



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 death rates for children aged <5 years were calculated using the most recent population estimates available (UNFPA PESS 2014, CCCM DSA). The recall period for the 2018 *Gu* mortality assessment was adjusted for 96 days in the all the assessed IDPs. The event used to calculate the recall period was the beginning of last month of Jilaal. Nutrition status of 9 477 children (6-59 months) from 7 089 households was assessed among 13 IDPs and 2 urban from different regions in Somalia

Assessment Results

Acute malnutrition in children aged 6-59 months is a direct outcome indicator of recent changes in nutritional status. The *Gu* 2018 season nutrition assessment among Internally Displaced Persons (IDPs) in the main settlements and two urban areas shows Critical GAM prevalence in 7 out of 14 population groups surveyed in June: Qardho IDPs (20.7%), Galkacyo IDPs (16.6%), Garowe (17.6%), Mogadishu IDPs (16.7%) and Baidoa IDPs (17.7%) [See Figure 1 and Table 2].

Serious GAM levels (10-14.9%) were recorded among IDPs in Kismayo, Dhobley, Dhusamareeb, Bossaso, and in urban Mogadishu and Kismayo. Alert levels of GAM ($\geq 5\%$ to $<10\%$) were seen in among IDPs in Burao, Berbera and Hargeisa.

Gu 2018 assessment recorded Critical levels of SAM prevalence ($\geq 4-5.6$) among IDPs in only Mogadishu. Serious levels of SAM prevalence were recorded among IDPs in Baidoa, Galkacyo, Bossaso, Dhobely, Kismayo, Dolow, Garowe and urban Mogadishu and kismayo. Alert SAM levels were noted among IDPs in Dhusamareeb, Qardho, Hargeisa and Berbera.

Critical prevalence of acute malnutrition has persisted among Garowe and Galkacyo IDPs since *Gu* 2012 and among Qardho and Mogadishu IDPs since *Deyr* 2016. This is partly attributed to high morbidity, low and inconsistent household income reflected in poor diet diversity and affected infant young child feeding behavior.

Humanitarian Emergency situation exists among children in Mogadishu IDP. Critical levels of acute malnutrition (GAM $>15\%$, SAM $>4\%$) are accompanied by crude death rate(CDR) >1 percent and Under five death rate(U5DR) >2 percent. High morbidity rates of 39.2 percent in Mogadishu IDPs, meaning nearly 1 in every 4 children assessed had fallen ill two weeks prior to the survey. The increased morbidity levels is attributed to outbreaks of AWD/cholera that have been reported since Jan 2018, coupled with very limited interventions targeting the IDPs

Gu 2018 assessment results show Acceptable/Alert levels (<0.5) of CDR (crude death rate) in all NE IDPs, Dolow IDPs, Mogadishu and Kismayo urban in south central region. Acceptable/Alert Under 5 death rate (U5DR ≤ 1) were recorded among Kismayo and Mogadishu urban in South Central region, Galkacyo and Bossaso IDPs in Northeast region and Berbera IDPs in Northwest region. Serious levels of CDR (0.5 to <1) were recorded among Baidoa, Kismayo, Dhobley, Dhusmareeb IDPs in South Central, Hargeisa and Burao IDPs in Northwest. Compared to *Deyr* 2017, an increase in CDR and UDR is seen in Mogadishu IDPs which is associated with increase in AWD/Cholera cases and sustained Critical GAM and SAM since *Deyr* 2016. Increase in CDR of Serious to Critical situation was also observed among Berbera DPs.

Table 1: Details of Nutrition assessment (Gu 2018)

South	Clusters	# HouseHolds	# Children
Mogadishu IDP	37	659	806
Mogadishu Urban	35	459	574
Kismayo IDP	28	523	686
Dhobley	28	491	544
Kismayo urban	28	487	629
Baidoa	36	621	1,048
Dolow	28	531	607
Dhusamareb	Exhaustive	320	436
Northeast			
Bossaso	28	553	691
Qardho	Exhaustive	447	622
Garowe	27	462	806
Galkacyo	28	504	803
Northwest			
Hargeisa	28	530	551
Burao	28	517	623
Berbera	Exhaustive	476	595
Total	359	7 580	10 021

Table 2: Nutrition situation in Somalia –Gu 2018

Population assessed	GAM -WHO/UNICEF	SAM -FSNAU	CDR-IPC	U5DR -IPC	Morbidity	Plausibility Scores
SOUTH CENTRAL						
Mogadishu IDPs	16.7	4.1	1.06	2.56	39.2	16%
Mogadishu Urban	13.6	2.6	0.25	0.34	25.1	6%
Dolow IDPs	18.3	2.8	0.30	0.77	11.5	16%
Baidoa IDPs	17.7	3.6	0.58	0.75	18.2	7%
Dhobely IDPs	12.1	2.6	0.77	1.16	28.1	3%
Kismayo IDPs	14.4	2.6	0.66	1.48	14.3	17%
Kismayo Urban	11.4	3.5	0.36	0.75	2.4	14%
Dhusamareeb IDPs	14	1.6	0.93	1.27	41.7	16%
NORTH EAST						
Bossaso IDPs	17.1	3.3	0	0	1.9	14%
Qardho IDPs	20.7	1.6	0.3	0.58	40.6	7%
Galkacyo	16.6	3.4	0.2	0.25	41.3	6%
Garowe IDPs	16.7	2.5	0.5	0.98	37.2	15%
NORTHWEST						
Hargeisa IDPs	9.8	1.8	0.64	0.5	17.9	4%
Burao IDPs	6.3	0.5	0.92	0.9	4.8	2%
Berbera IDP	8.7	1.7	1.06	0.5	13.2	0%

Compared to six months ago, AWD outbreak reported has sharply declined. However morbidity incidences in the two weeks prior to the assessments were high in Dhusmareeb (41.7%), Galkacyo IDPs (41.3%), Qardho (40.6%), Mogadishu IDPs (39.2%) and Garowe IDPs (37.2%).

High morbidity levels (childhood illness) are attributed to seasonal infections that have been reported in the last couple of months coupled with limited support interventions to some IDP populations.

Even though mortality rates reported during *Gu* 2018 assessment are slightly higher compared to *Deyr* 2017, most of the already malnourished children are susceptible to diseases. Therefore, nutrition and health support interventions in these areas should be complemented with sustained efforts to reduce morbidity by educating households on proper care and hygiene practices and improving health seeking behaviour.

The acute malnutrition, high morbidity and high mortality situation among IDPs in Mogadishu, Dolow, Galkacyo Dhusamareb, Garowe and Qardho call for integrated support interventions in order to improve the protracted situation that has persisted in these population groups.

Public health indicators such as immunization status for measles and Vitamin A supplementation were assessed based on a six- month recall period (single dose). Low measles immunization and vitamin A supplementation status were reported among IDPs in Dolow, Dhusamareeb, Mogadishu, Baidoa, Qardho, Hargeisa and among urban in Mogadishu and Kismayo (Figure 1).

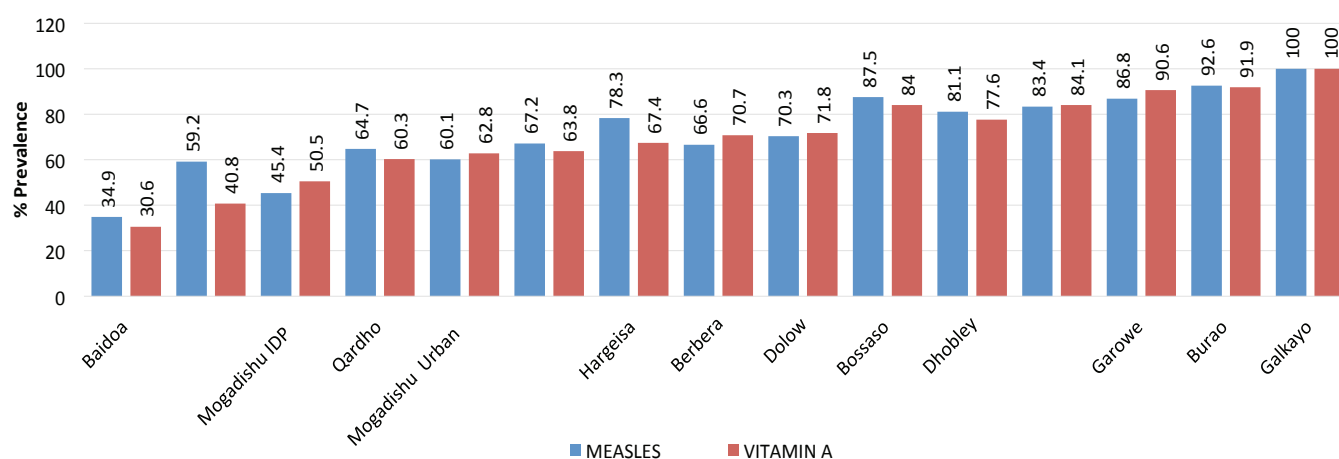
Figure 1: Measles Vaccination & VIT A supplementation status, IDP/Urban - Gu 2018

Table 3: Potential Contributing Factors of Acute Malnutrition (Highlighted Cells)

			Potential Contributing Factors of Acute Malnutrition (Highlighted Cells)						Summary of Factors	
Population Group Assessed	Global Acute Malnutrition -GAM Prevalence (%)	Severe Acute Malnutrition -SAM Prevalence (%)	Childhood Illness (Morbidity) ≥ 20% of children 6-59 months	Measles vaccination <50% of children 6-59 months	VIT A Supplementation < 50% children 6-59 months	Poor/ Borderline food consumption in ≥ 20% of HHs	≥ 15% of HHs experienced Moderate to Severe Hunger	≥ 20% of HHs using Moderate to Severe Coping Strategies (rCSI)	Morbidity, vaccination and Vitamin A supplementation are important	Food Security related factors are important
NORTHWEST										
Hargeisa IDPs	9.8	1.8	17.9	78.3	67.4	52%	32%	50%		Yes
Burao IDPs	6.3	0.5	4.8	92.6	91.9	32%	59%	53%		Yes
Berbera IDP	8.7	1.7	13.2	66.6	70.7	27%	9%	61%		Yes
NORTHEAST AND CENTRAL										
Bossaso IDPs	17.1	3.3	1.9	87.5	84	14%	83%	44%		Yes
Qardho IDPs	20.7	1.6	40.6	64.7	60.3	14%	34%	53%	Yes	Yes
Garowe IDPs	16.7	2.5	37.2	86.8	90.6	7%	1%	23%	Yes	Yes
Galkacyo IDPs	16.6	3.4	41.3	100	100	31%	60%	91%	Yes	Yes
Dhusamreeb IDPs	14.0	1.6	41.7	59.2	40.8	5%	51%	83%	Yes	Yes
SOUTHERN										
Mogadishu IDPs	16.7	4.1	39.2	45.4	50.5	6%	31%	68%	Yes	Yes
Mogadishu Urban	13.6	2.6	25.1	60.1	62.8	0%	2%	13%	Yes	
Baidoa IDPs	17.7	3.6	18.2	34.9	30.6	83%	25%	49%	Yes	Yes
Dolow IDPs	18.3	2.8	11.5	70.3	71.8	10%	43%	70%	Yes	Yes
Dobley IDPs	12.1	2.6	28.1	81.1	77.6					
Kismayo IDPs	14.4	2.6	14.3	83.4	84.1	8%	80%	68%	Yes	Yes
Kismayo Urban	11.4	3.5	2.4	67.2	63.8	1%	9%	24%		Yes
Note: Highlighted cells are those that exceed thresholds stated in the headings of each column										

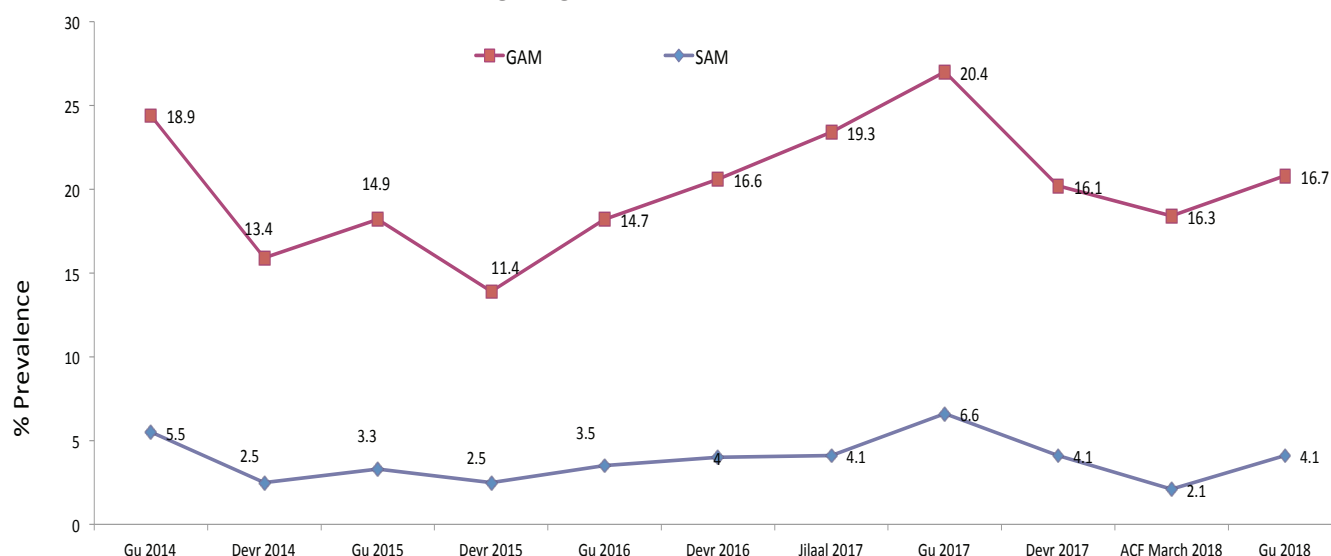
Overall, the nutrition assessment results among the IDPs in Somalia indicate a modest deterioration when compared with results from *Deyr* 2017 season, though the change is not statistically significant. The overall median GAM prevalence among IDPs across Somalia in 2018 *Gu* season (June) is 15.5 percent compared to 14.3 percent in *Deyr* 2017 and 18.1 percent in *Gu* 2017 and 14.4 percent in *Deyr* 2016.

The Critical nutrition situation among IDPs in Mogadishu, Dolow, Qardho, Garowe and Galkacyo is partly linked to high morbidity, measles outbreak, low immunization coverage, continuous arrival of new IDPs who are destitute, limited access to humanitarian interventions, and on-going Government evictions particularly among Mogadishu IDPs.

The situation in most of the IDP settlements calls for sustained humanitarian interventions in the form of integrated nutrition and health services and cash/food assistance.

NUTRITION SITUATION AMONG IDPs IN SOUTH SOMALIA

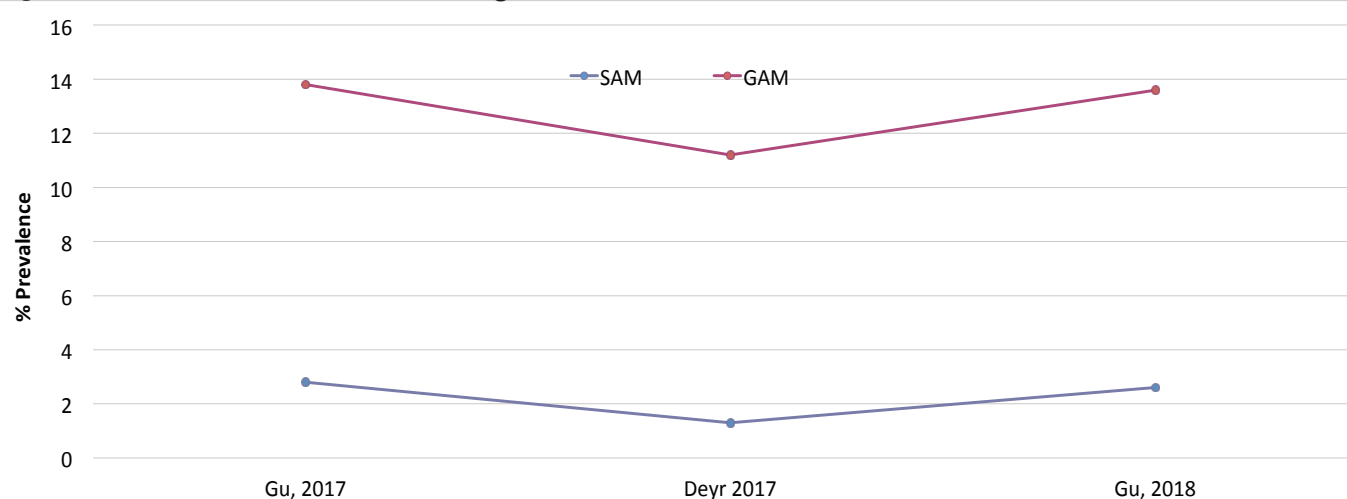
Mogadishu IDP settlement shows an evolving humanitarian emergency situation with high levels of acute malnutrition and mortality rates. *Gu* 2018 assessment has recorded a GAM Prevalence of 16.7 percent and SAM prevalence of 4.1 percent indicating a sustained Critical nutrition situation since *Deyr* 2016. Of major concern is increasing CDR and U5DR because of dwindling interventions targeting the IDPs and elevated morbidity level that partly explain the significant deterioration in this population. The crude and under five death rates reported are 1.06/10 000/day and 2.56/10 000/day respectively in the Mogadishu IDPs, indicating an emergency situation according to WHO classification, and a deterioration from the previously reported crude and under five mortality rates of 0.79/10 000/day, and 1.77/10 000/day respectively. A subsequent assessment conducted by ACF in March 2018 confirmed similar result to FSNAU *Deyr* 2017 which recorded GAM of 16.3 percent and SAM of 2.1 percent.

Figure 2: Trends in GAM and SAM among Mogadishu IDPs

High morbidity rate of 39.2 percent was reported in Mogadishu IDPs, meaning nearly 1 in every 4 children assessed had fallen ill two weeks prior to the survey. The increased morbidity levels is attributed to outbreaks of AWD/cholera and measles that have been reported since January 2018, coupled with very limited interventions targeting the IDPs.

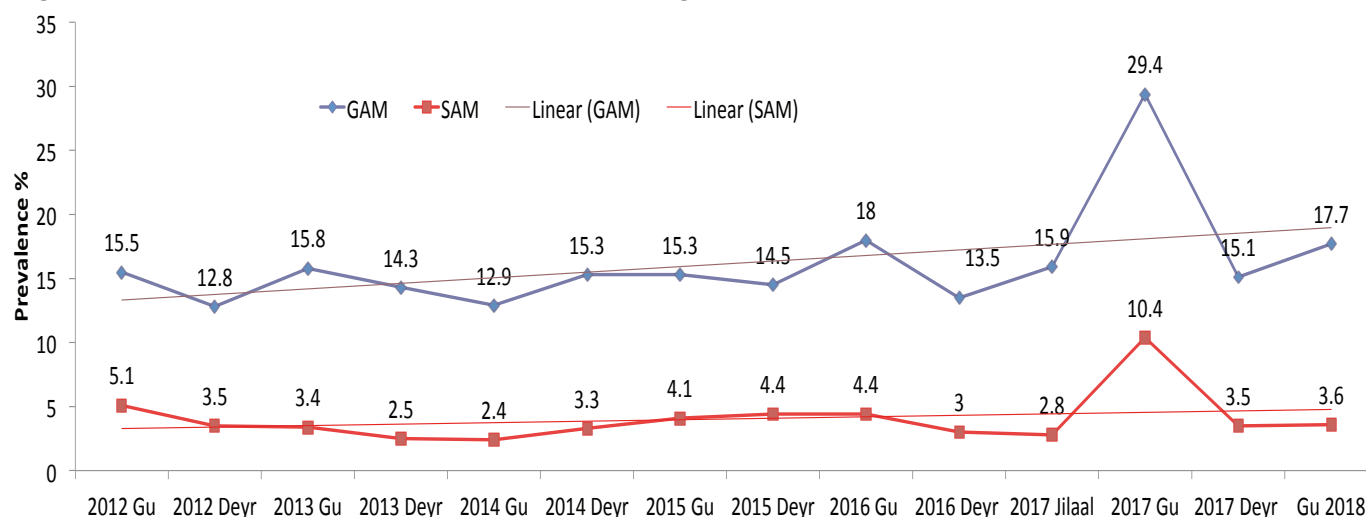
Qualitative information indicates that the number of AWD cases increased following the heavy rains that led to the floods in the Shabelle basins, there has been observed increase in the number of new AWD/Cholera cases. The cholera outbreak that started in December 2017 in Middle Shabelle along river Shabelle has spread to Jowhar, Afgoye Merka and Banadir. The cholera spread is expected to increase due to the floods that have led to contamination of water sources in the flood affected regions. Floods have also led to blockage of access to health services, which will likely contribute to delayed health seeking by the affected populations. There has been an increase in the number of AWD/Cholera cases reported in Banadir districts that are affected by floods. In week ending 3rd June, active transmission of AWD/cholera was reported in 11 districts of Banadir region (Darkenly, Daynile, Hodan, Madina, Waberi, HamarWeine, Hamarjabjab, Heliwa, and Kaaran, Yaqshid, Howlwadag) reportedly using contaminated water due to floods.

Mogadishu Urban: findings indicate a GAM Prevalence of 13.6 percent and a SAM Prevalence of 2.6 percent, which have indicated sustained serious level of malnutrition when compared to *Gu 2018*. Findings from two seasons post *Deyr 2017* and *Gu 2017* respectively, while crude and under five mortality show serious and acceptable level according to WHO levels. Overall morbidity rate of 25.1 percent reportedly fell ill in the two week period prior to the assessment.

Figure 3: Trends in GAM and SAM in Mogadishu Urban

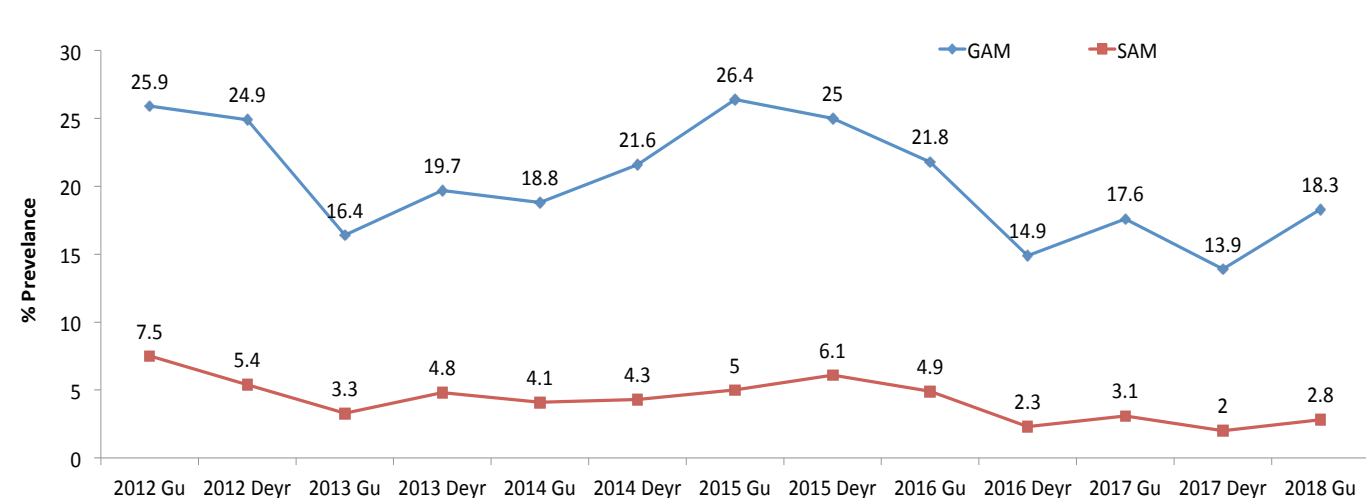
Baidoa IDPs recorded GAM and SAM prevalence of 17.7 and 3.6 respectively indicating critical levels of nutrition situation. These results are significantly higher when compared to nutrition survey results from *Gu* 2017 (29.4%) but not significantly different from *Deyr* 2017 (15.1%). Improvement of Crude Death Rate (CDR) and Under-Five Death Rate (U5DR) were reported (0.58/10 000/day and 0.75/10 000/day respectively) when compared to *Gu* 2017 (>1/10 000/day and >2/10 000/day, respectively). This sustained critical malnutrition mainly is attributed to high morbidity and Acute Watery Diarrhea (AWD) outbreak. Among the potential contributing factors for the children in Baidoa IDP settlement, include low Immunization and vitamin A supplementation status (Figure 4).

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



Dolow IDPs: *Gu* 2018 assessment recorded Critical GAM (18.3%) and Serious SAM (2.8%) prevalence. GAM prevalence in *Gu* 2018 increased from 13.9 reported in *Deyr* 2017. Morbidity (11.5 %) and low CDR <0.5/10 000/day and sustained Serious UDR of 0.77/10 000 day were seen among IDPs in Dolow during *Gu* 2018 (Figure 4). However, the increase in GAM and SAM are not statistically significant (Figure 5). The increase of GAM and SAM prevalence noted is mainly linked to deterioration in food security as there is an increase of proportion of households in phase 3 or higher. In addition to decreased humanitarian intervention, decreased agricultural labor opportunities due to river floods and new returnees from Ethiopia and Kenya (Hagardhere).

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



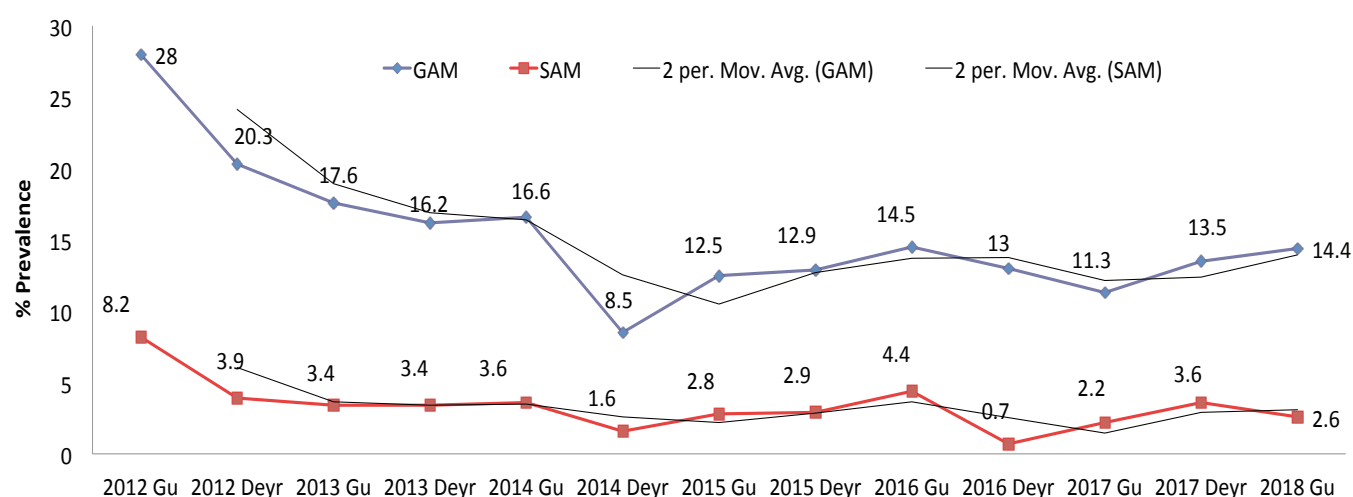
Kismayo IDPs: Results from *Gu* 2018 nutrition assessment shows a GAM prevalence of 14.4 percent (serious) and

a SAM prevalence of 2.6 percent (Serious). These results indicate sustained serious nutrition but are not statistically significant when compared to the assessment figures reported in *Gu* and *Deyr* 2017 (11.3% and 13.5%, respectively).

The crude and under five death rates reported are 0.66/10 000/day and 1.48/10 000/day respectively in Kismayo IDPs, indicating serious and emergency situation according to WHO classification. A deterioration from acceptable and serious crude and under five mortality rates of 0.32/10 000/day, and 0.72/10 000/day noted since *Deyr* 2017.

Kismayo Urban: in *Gu* 2018 assessment conducted in Kismayo urban serious levels of GAM (11.4%) and SAM (3.5 %) were recorded. These results show deterioration from assessment figures reported in *Deyr* 2017 (8.8%). Although there is a change in phase, the deterioration is not statistically significant.

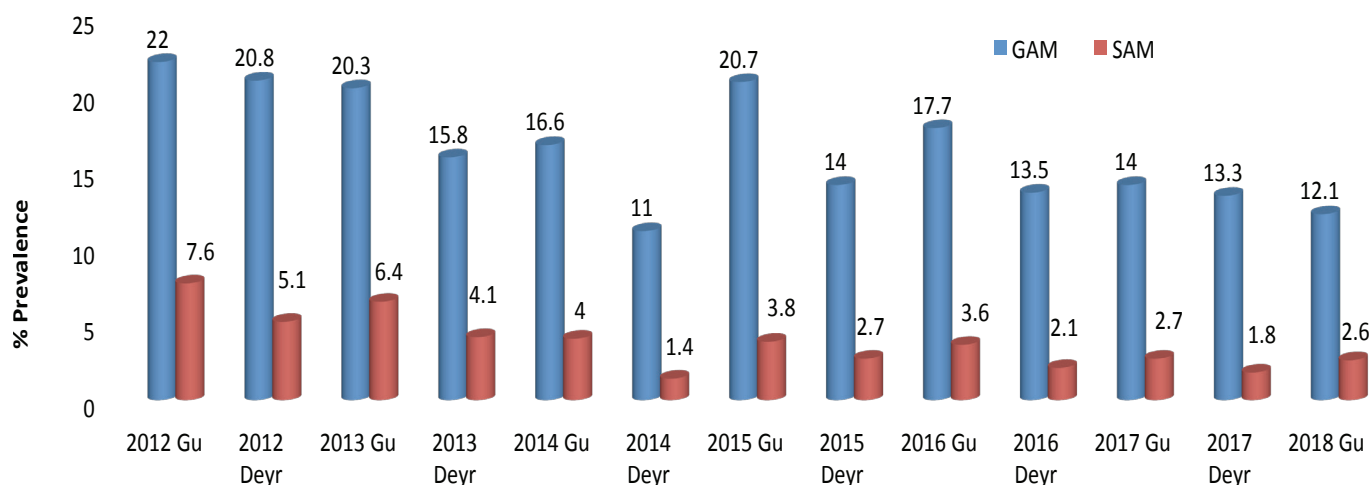
Figure 6: Trends in GAM and SAM among Kismayo IDPs



According to WHO classification, Acceptable and Serious levels of crude and under five death rates (0.36/10 000/day and 0.75/10 000/day respectively) were reported in Kismayo IDPs, a sustained situation since *Gu* 2017 and *Deyr* 2017.

Dhobley IDPs: Serious levels of GAM and SAM prevalence (12.1% and 2.6% respectively) were reported among IDPs in Dhobley *Gu* 2018. This indicates a sustained nutrition situation compared to GAM and SAM figures of *Deyr* 2017 (13.3% and 1.8%) or *Gu* 2017 (14% and 2.7%). However, low sustained morbidity rates have been reported 28.1 percent when compared to *Deyr* 2017 (29.6%) [Figure 7].

Figure 7: Trends in GAM and SAM prevalence among Dhobley IDPs

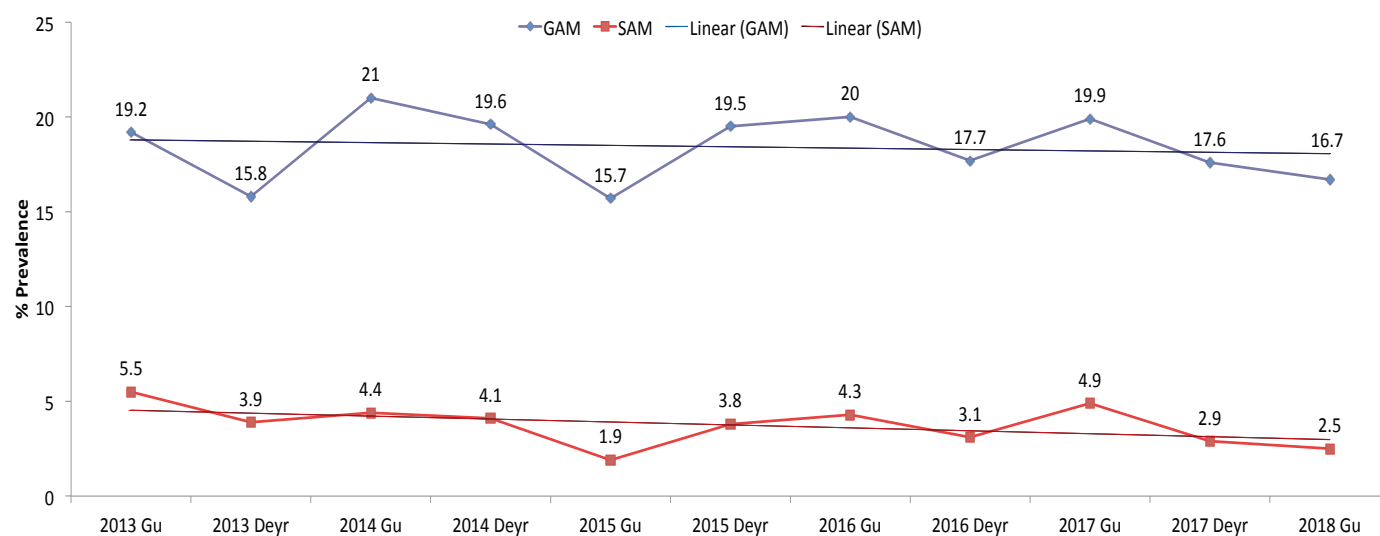


NUTRITION SITUATION AMONG IDPS IN NORTHEAST AND CENTRAL REGIONS

Garowe IDPs: Results from *Gu* 2018 nutrition assessment show a GAM prevalence of 16.7 percent and a SAM prevalence of 2.5 percent. The results show sustained Critical levels of GAM and SAM (17.6% and 2.9% respectively) compared to results reported in *Deyr* 2017.

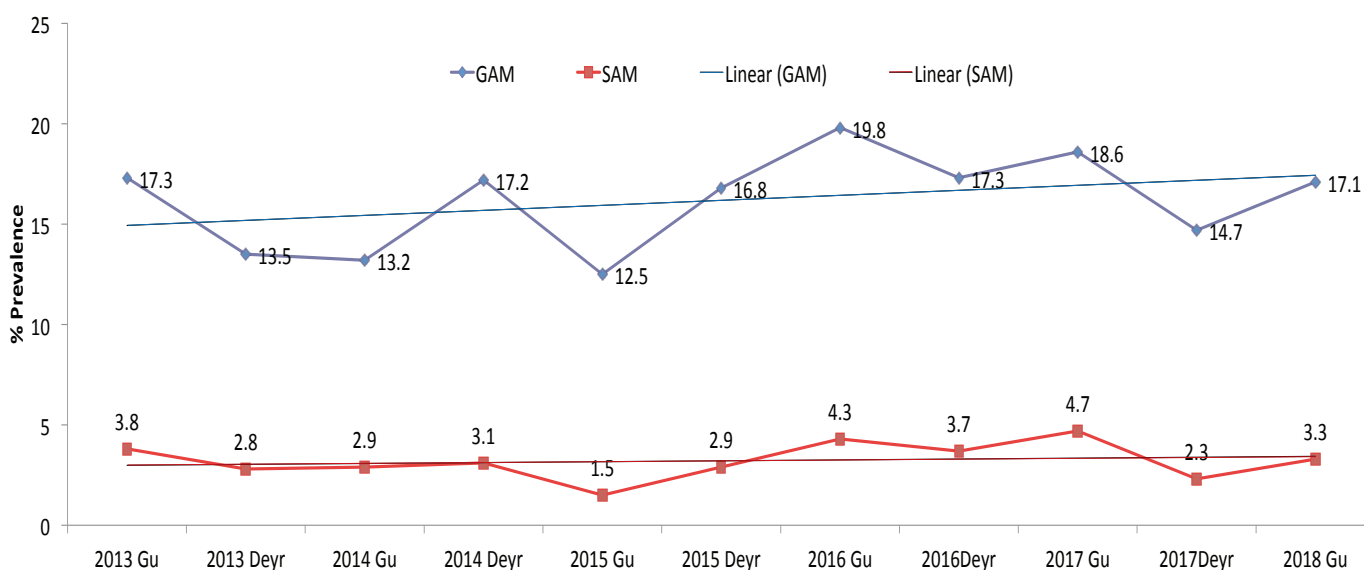
Alert and Serious levels of crude and under five death rates reported in Garowe IDPs with 0.5/10 000/day and 0.98/10 000/day respectively, according to WHO classification. This is an improvement since 2017 *Deyr* and *Gu* 2017. Morbidity rates increased from 18.8 percent in *Deyr* 2017 to 37.2 percent in *Gu* 2018. High rates of measles immunization (86.8%) and Vitamin A supplementation status (90.6%) recorded among IDPs in Garowe *Gu* 2018 (Figure 8).

Figure 8: Trends in GAM and SAM among Garowe IDPs



Bossaso IDPs: In *Gu* 2018 assessment result shows a GAM prevalence of 17.1 percent and a SAM prevalence of 3.3 percent. This indicates Critical level of nutrition situation which is sustained compared to *Gu* 2017 (18.6 %) but an improvement compared to *Deyr* 2017 (14.7%). Low morbidity results were noted in *Gu* 2018 (1.9%), an improvement from the high morbidity rates recorded in *Deyr* 2017 (20%) [Figure 9].

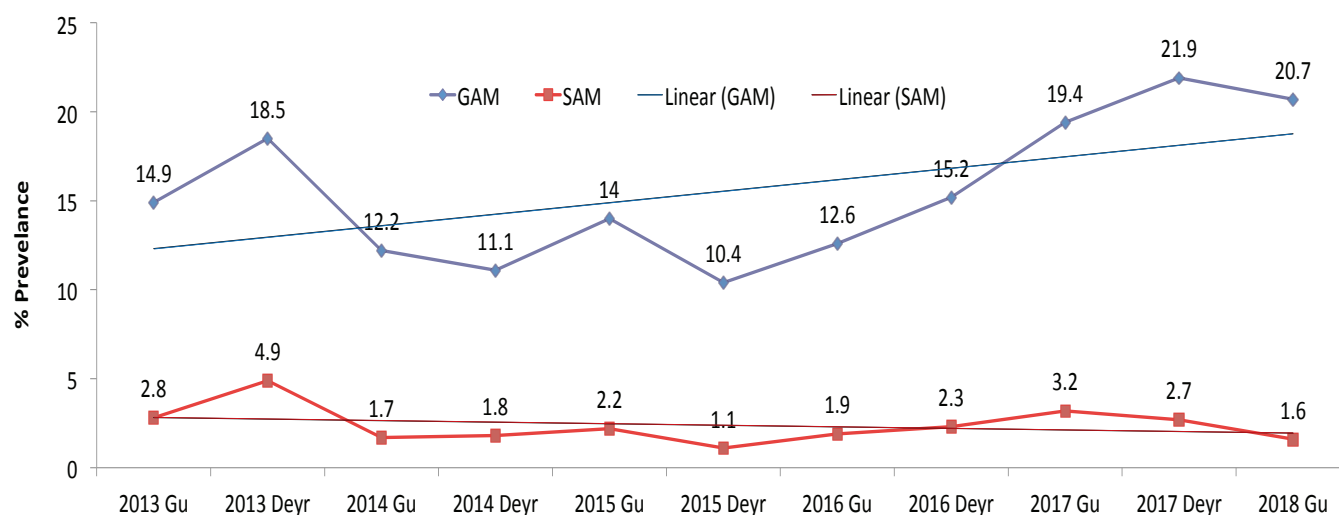
Figure 9: Trends in GAM and SAM among Bossaso IDPs



Qardho IDPs: Critical level of GAM (20.7%) and Alert level of SAM (1.6%) were recorded in *Gu* 2018. These show a sustained Critical GAM levels compared to *Deyr* 2017 (21.9%) and *Gu* 2017 (19.4%).

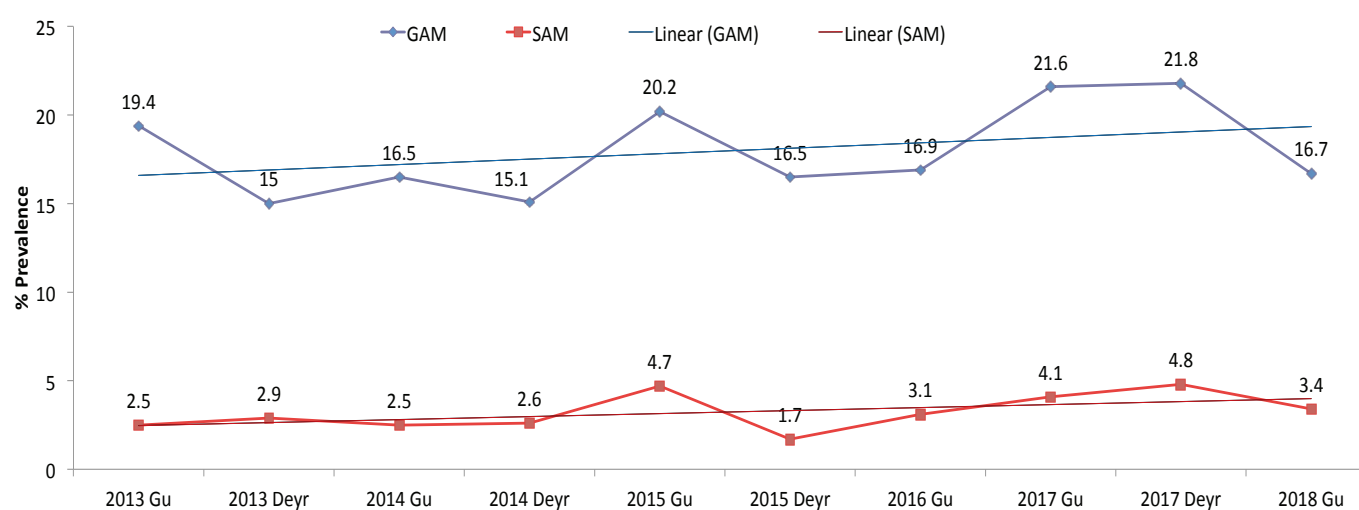
According to WHO classification, Acceptable and Serious levels of crude and under five death rates (0.3/10 000/day and 0.58/10 000/day respectively) were reported in Qardho IDPs. This indicates sustained levels compared to *Gu* and *Deyr* 2017. Sustained high Morbidity rate (40.6%) was recorded among IDP children in Qardho when compared to 43.7 percent in *Deyr* 2017 and 55.3 percent in *Gu* 2017 [Figure 10].

Figure 10: Trends in GAM and SAM among Qardho IDPs



Galkacyo IDPs: in *Gu* 2018 assessment conducted in Galkacyo, IDPs recorded a 16.6 percent GAM and 3.4 percent SAM. This is a sustained critical nutrition situation when compared to *Deyr* 2017 (21.8 %) and *Gu* 2017 (21.6%). Acceptable levels of crude and under five death rates (0.2/10 000/day and 0.25/10 000/day respectively) were reported in Galkacyo IDPs, sustained levels since *Deyr* and *Gu* 2017. High Morbidity rate (41.3%) was reported in Galkacyo IDP settlement during *Gu* 2018 (Figure 11).

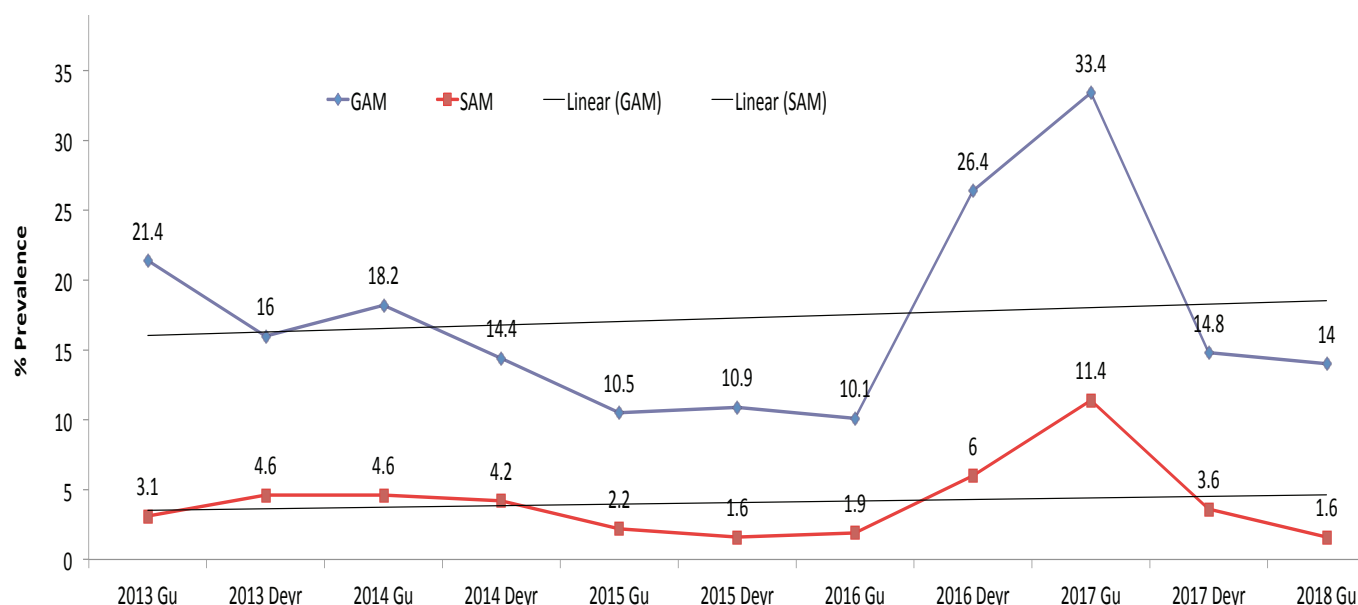
Figure 11: Trends in GAM and SAM among Galkayo IDPs



Dhusamreeb IDPs: in *Gu* 2018 the nutrition survey results reported GAM prevalence of 14 percent and SAM of 1.6 percent indicating sustained Serious levels of GAM compared to *Deyr* 2017 (14.8%) but an improvement compared to *Gu* 2017 (33.4%).

Morbidity remains high among IDPs (41.7% in November 2018 compared to 45% in *Deyr* 2017). The *Gu* 2018 CDR (0.93/10 000/day) is an improvement to Serious compared to 1.06/10 000/day in *Deyr* 2017. However, U5DR has sustained Serious levels 1.27/10 000/day in *Gu* 2018 compared to 1.51/10 000/day in *Deyr* 2017 [Figure 12].

Figure 12: Trends in GAM and SAM among Dhusamareeb IDPs



NUTRITION SITUATION AMONG IDPs IN NORTHWEST REGION

Hargeisa IDP settlement recorded a GAM Prevalence of 9.8 percent and SAM Prevalence of 1.8 percent indicating an Alert nutrition situation, which is an improvement when compared to GAM rate of 17.3 percent recorded in *Gu* 2017.

Figure 13: Trends in GAM and SAM among Hargeisa IDPs

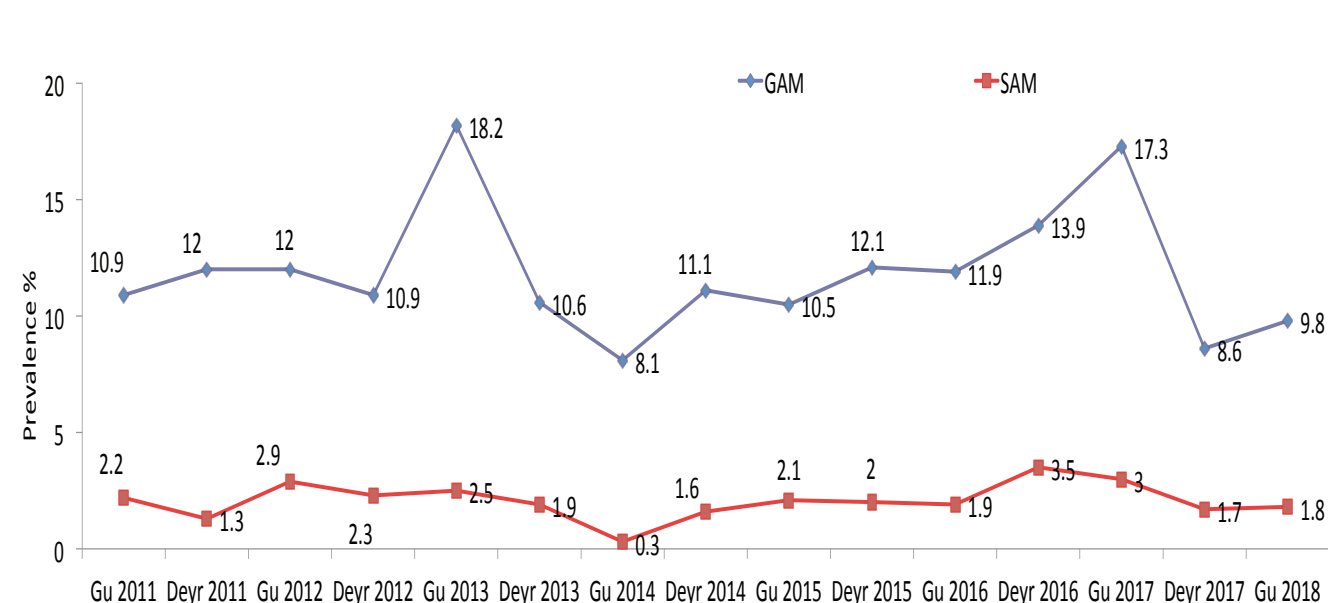
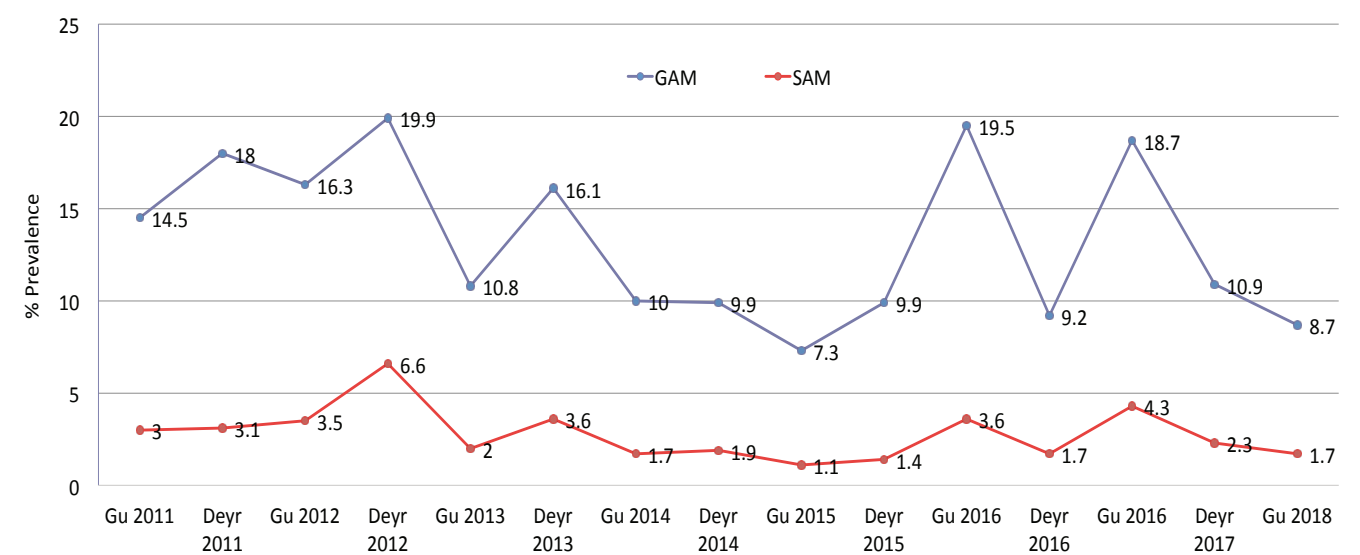


Figure 14: Trends in GAM and SAM among Berbera IDPs

Berbera IDP settlement recorded a GAM Prevalence of 8.7 percent and SAM Prevalence of 1.7 percent indicating an Alert nutrition situation which is an improvement when compared with Critical levels (GAM rate of 17.3 percent) recorded in *Gu* 2017. The improvement is linked to the continued improvement of the humanitarian support in Hargeisa and Berbera settlements (Figure 14).

Burao IDP settlement recorded a GAM Prevalence of 8.7 percent and SAM Prevalence of 1.7 percent indicating an Alert nutrition situation reflecting a stable situation when compared with GAM rate of 8.5 percent recorded in *Deyr* 2017 and a GAM Prevalence of 9.2 percent recorded in *Gu* 2017.

Compared to *Deyr* 2017, significant increase in CDR of Serious to Critical situation was observed among Berbera IDPs which is associated mainly with unknown / trauma cases among adults and decreased UDR in *Gu* 2018 which is improvement since *Gu* 2017. The Crude and under five death rates in the Hargeisa and Burao IDP populations in NW region show sustained Serious since *Gu* 2017 and Acceptable WHO/UNICEF levels of 0.5 to <1 and <0.5/10 000/day since *Deyr* 2017 respectively.

Morbidity levels in two weeks prior to the assessment ranged from 4.8 percent to 17.9 percent in Northwest IDPs (Table 4). Generally Morbidity rates show improvement in all the assessed Northwest IDP settlements compared to 6 months ago (*Deyr* 2017).

Table 4: Nutrition Indicators used for interpretation of Acute Malnutrition

Nutrition 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
HIS Trends	< 5% - Very Low	5-10% - Low	10-<15% - Moderate and Stable or Low	> 15% High and Stable	> High and Increasing proportion
Underweight: WHO/ UNICEF	<10 %-low	10-19.9%-medium	20-29.9%-high	> 30% -v high	
Stunting: WHO/ UNICEF	<20 %-low	20-29.9%-medium	30-39.9%-high	>40% -v high	

Table 5 : Plausibility Checks

	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)	<=0.001(10)	> 20 (10)	> 20 (10)	> 20 (10)	>=1.20(20) & <= 0.8 (20)	>=±0.6 (5)	>=±0.6 (5)	<=0.001(5)	>25
NORTH EAST AND CENTRAL											
Bosasso IDPs	0 (1.8%)	0 (p=0.346)	10 (p=0.000)	0 (4)	2 (12)	2 (12)	0 (1.09)	0 (0.08)	0 (-0.11)	0 (p=0.452)	14%
Garowe IDPs	0 (2.1%)	0 (p=0.728)	4 (p=0.040)	0 (4)	0 (7)	0 (4)	5 (1.13)	0 (0.18)	1 (-0.23)	5 (p=0.000)	15%
Cardhol IDPs	0 (1.3%)	2 (p=0.056)	0 (p=0.971)	0 (3)	0 (3)	0 (4)	5 (0.87)	0 (0.17)	0 (0.13)	0 (p=)	7%
Galkayo IDPs	0 (0.7%)	0 (p=0.170)	4 (p=0.046)	0 (4)	2 (8)	0 (6)	0 (1.00)	0 (-0.13)	0 (-0.11)	0 (P=0.053)	6%
Dhusamareb IDPs	5 (4.6%)	0 (p=0.224)	4 (p=0.002)	2 (10)	2 (9)	2 (9)	0 (1.05)	0 (-0.16)	1 (-0.34)	0 (p=)	16%
NORTH WEST											
Hargeisa IDPs	0 (1.3%)	0 (p=0.735)	4 (p=0.001)	0 (4)	0 (5)	0 (6)	0 (1.04)	0 (-0.03)	0 (-0.05)	0 (p=0.470)	4%
Burao IDPs	0 (1.6%)	0 (p=0.190)	0 (p=0.796)	0 (5)	2 (9)	0 (4)	0 (1.00)	0 (-0.01)	0 (0.10)	0 (p=0.081)	2%
Berbera IDPs	0 (1.5%)	0 (p=0.122)	0 (p=0.237)	0 (4)	0 (5)	0 (7)	0 (0.96)	0 (-0.10)	0 (0.13)	0 (p=)	0%
SOUTH											
Mogadishu IDPs	0 (1.9%)	0 (p=0.834)	4 (p=0.003)	0 (4)	0 (5)	0 (4)	10 (1.18)	0 (-0.07)	1 (-0.39)	1 (p=0.018)	16%
Mogadishu Urban	0 (1.2%)	0 (p=0.648)	0 (p=0.451)	0 (5)	0 (7)	0 (5)	5 (1.11)	0 (-0.12)	1 (-0.28)	0 (p=0.159)	6%
Baidoa IDPs	0 (2.4%)	0 (p=0.951)	4 (p=0.005)	0 (4)	0 (7)	0 (7)	0 (1.07)	0 (0.01)	0 (-0.15)	3 (p=0.002)	7%
Dolow IDPs	5 (3.2%)	2 (p=0.061)	2 (p=0.094)	0 (5)	0 (7)	0 (7)	5 (1.12)	1 (0.23)	1 (-0.34)	0 (p=0.314)	16%
Kismayu IDPs	0 (1.9%)	0 (p=0.850)	4 (p=0.001)	0 (5)	0 (6)	0 (3)	5 (1.12)	0 (-0.05)	3 (-0.42)	5 (p=0.000)	17%
Kismayo Urban	0 (2.5%)	0 (p=0.555)	0 (p=0.163)	0 (7)	0 (4)	0 (3)	10 (1.17)	0 (0.04)	3 (-0.41)	1 (p=0.016)	14%
Dobley IDPs	0 (2.5 %)	0 (p=0.446)	0 (p=0.158)	0 (5)	0 (6)	0 (6)	0 (1.05)	0 (-0.01)	0 (0.14)	3 (p=0.010)	3 %

Recent publications and releases

- Climate Data Update, June 2018
- Market Data Update, June 2018
- Somalia Flood Impact on Food Security FSNAU-FEWS NET Joint Report May 2018
- FSNAU-FEWS NET Somalia Food Security Outlook, April to September 2018

NOTE: The above publications and releases are available on the FSNAU website: www.fsnau.org