



**Food Security and Nutrition
Analysis Unit Somalia**

Information for Better Livelihoods



Post Deyr'11/12

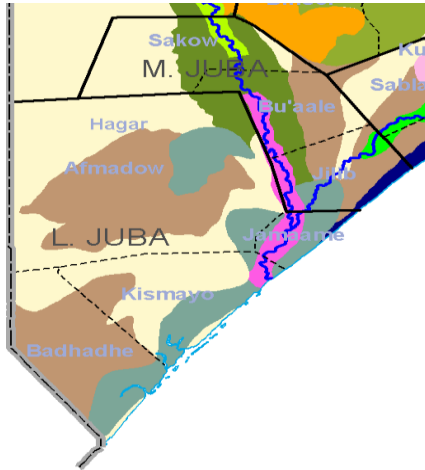
Presentation

January 24th 2012

Integrated Nutrition Situation Analysis

Middle and Lower Juba Regions

Main Livelihood Zones



Livelihood Groups & Main Sources of Food and Income Pastoral Livelihoods

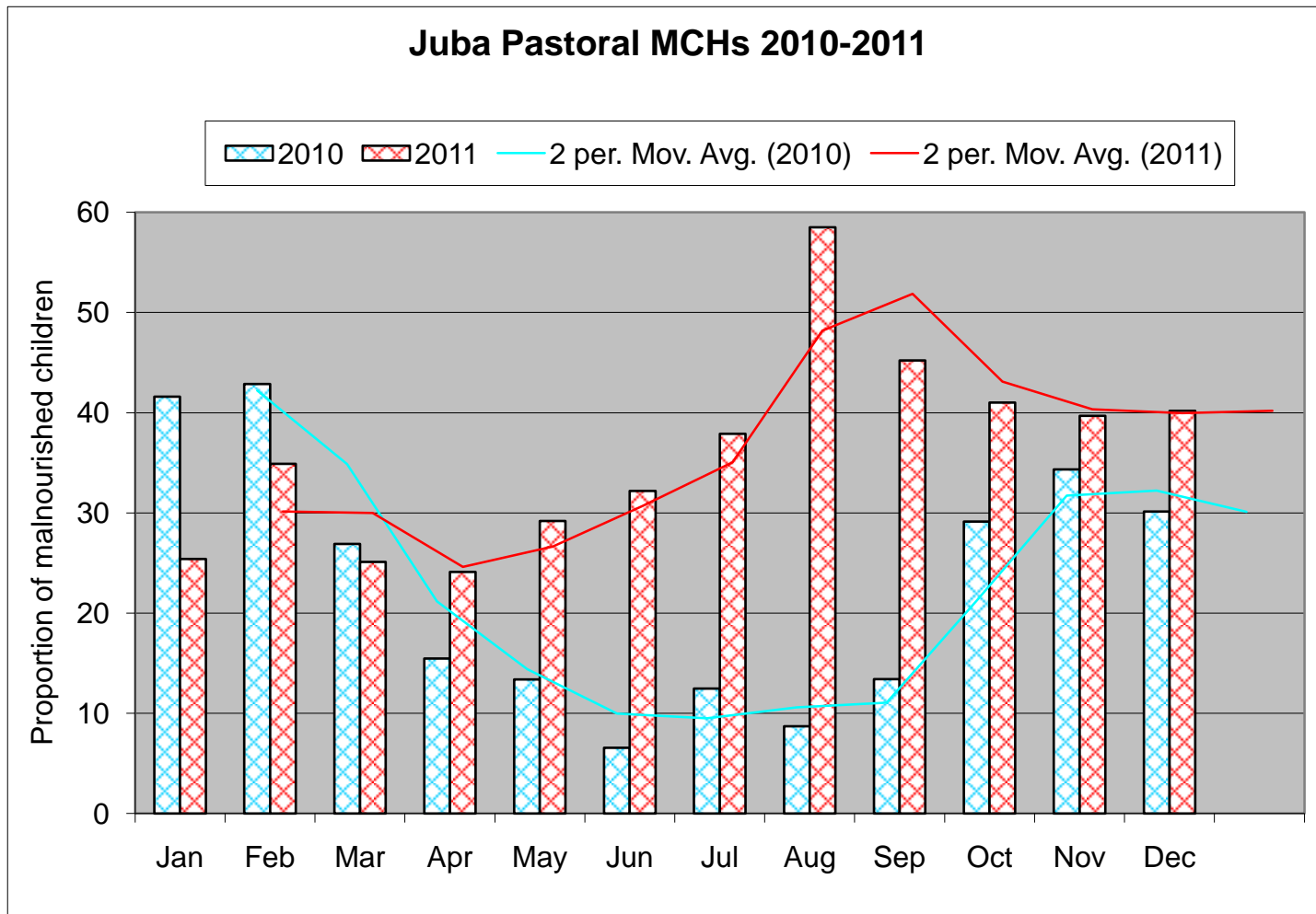
- **Southeast-** keep cattle sheep & goat
- **Southern Inland-** keep camel, sheep & goat
 - ☐ Primary sources of income of poor: sale of livestock & livestock products
 - ☐ Primary sources of food of poor: purchase
 - ☐ Primary livelihood asset of poor: camel, cattle, sheep/goat

Agro-pastoral Livelihoods (Southern and Lower Juba Agro-pastoralists)

- ☐ Southern Agro-pastoral are more pastoral in the west than those in the east who are agriculturalists – main sources of income: sale of livestock & livestock products, self-employment, employment, crop sales; main source of food is purchase
- ☐ Lower Juba Agro-pastoral are more pastoralists than agriculturalists – main source of income: sales of livestock products and wild food sales; main source of food: own production and purchases.
- **Riverine (M. and L. Juba)**
- Main source of income of poor : Crop sales, wage labour, self-employment (collection of bush products)
- Main sources of food of poor: Own production and market purchase

Outcome indicators	Middle and Lower Juba Pastoral, Summary of Findings		
	Deyr'10/11 N=779 December 2010	Gu'11 N=903 July' 2011	Deyr'11/12 N=545 October 2011
Child Nutrition status			
○ GAM (WHZ<-2 or oedema)	30.7 (2 6.1-35.7)	39 (30.3-38.6)	27.0 (23.0-32.0)
○ SAM (WHZ<-3 or oedema)	7.8 (5.8-10.5)	18.9 (16.0-22.3)	9.5 (7.1-12.8)
○ Oedema	1.2 (0.1-2.3)	2.1	1.7
○ Mean Weight-for Height Z (WHZ scores)	1.32 ±1.15	-1.63 ±1.42 -1.18 ± 1.41	-1.23± 1.20
○ MUAC (<12.5 cm or oedema)	12.7 (9.7-15.2)	26.7 (22.9-30.9)	20.6 (16.3-25.6)
○ Severe MUAC (<11.5cm)	1.6 (0.73.3)	4.0 (2.8-5.8)	2.2 (1.2-3.9)
○ HIS Nutrition Trends	High (>20%) and fluctuating trend (July -Dec'10)	High (>20%) and fluctuating trend (Jan-June 11)	High (>30%) and increasing trend (July-Dec 11)
○ TFPs/SFPs Admission trends	High number and increasing trend (Oct-Dec'10)	High number and increasing trend (Jan-June11)	High number (≥300) and increasing trend (July-Dec11)
Crude death Rate/10,000/day (90days)	0.44(0.23-0.84)	1.25 (0.68—1.81)	0.93 (0.521.34)
Under 5 death Rate/10,000/day (90days)	1.27 (0.53-3.04)	4.33 (3.23-5.43)	2.76 (1.41-4.12)
Non-pregnant women with MUAC <18.5 cm	NA	5.6	2.9 (0.3-5.5)
Pregnant & Lactating women with MUAC<21 .0 cm	NA	43.6 (34.8-52.5)	27.6 (19.5-33.8)
Pregnant & Lactating women with MUAC<23.0 cm	NA	73.8 (65.0-82.6)	48.3 (38.6-58.1)
OVERALL NUTRITION SITUATION	Very Critical	Very Critical	Very Critical
Child Morbidity, Immunization, IYCF			
○ Disease Outbreaks: ○ Morbidity based on 2wk recall	AWD 616 cases in Nov'10 overall morbidity =21.8	AWD 432 cases overall morbidity =12.6	No outbreak was reported overall morbidity= 22.7
○ Immunization status/Vit. A	N/A	N/A	96.1
Food Security Phase	BFI/Stressed , HE/Emergency	BFI/Stressed , HE/Emergency	HE/Emergency
Overall Risk to Deterioration	UNSTABLE	UNSTABLE	Potential to improve

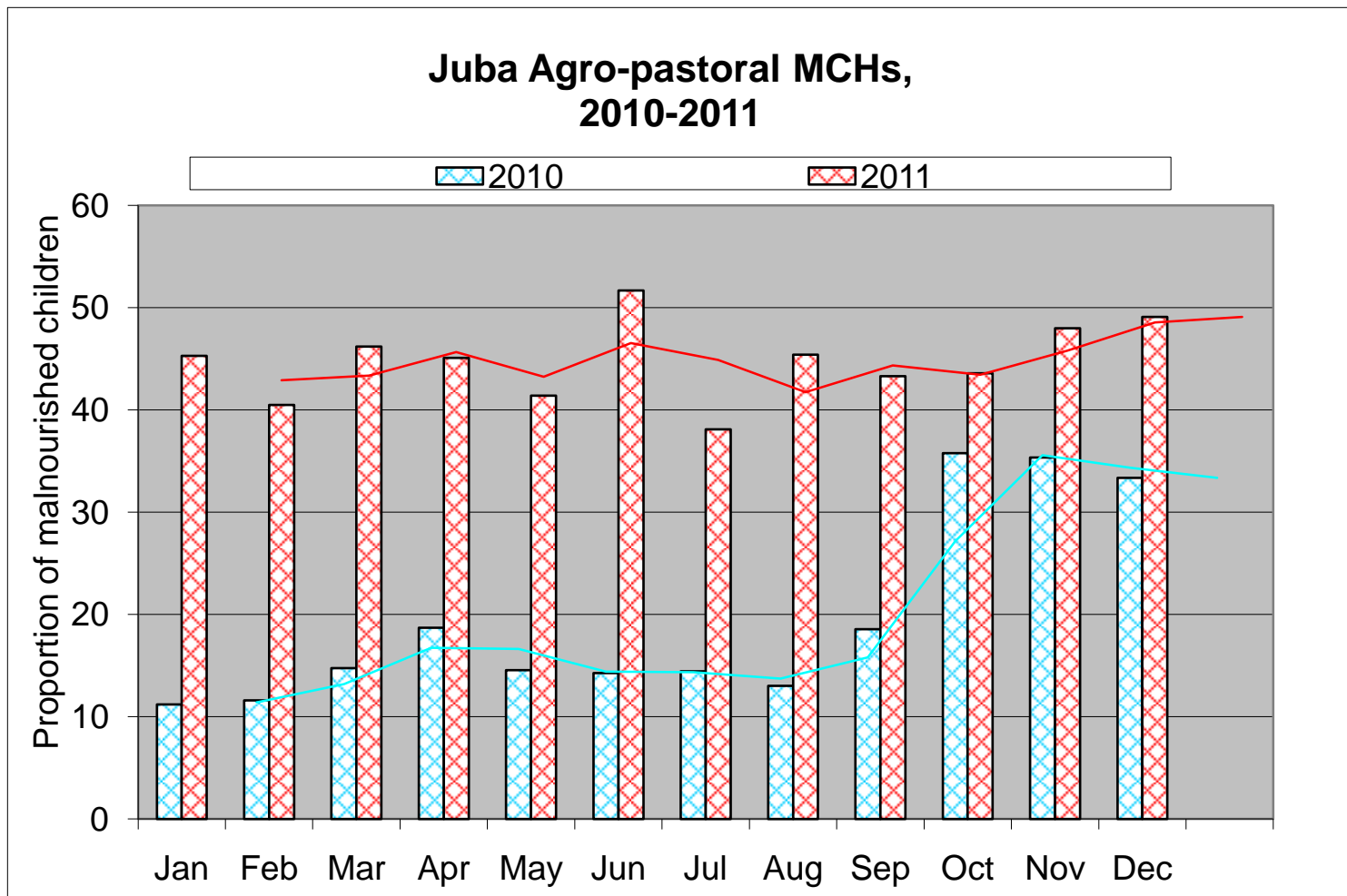
Malnutrition Trends at Health Facilities



High (>30%) and increasing trend

Outcome indicators	Middle and Lower Juba Agro-pastoral, Summary of Findings		
	Deyr'10/11 N=850 Dec' 10	Gu'11 N=888 July' 11	Deyr'11/12 N=618 Oct'11
Child Nutrition status			
○ GAM (WHZ<-2 or oedema)	26.1 (21.9-30.9)	34.4 (30.3- 38.6)	26.1 (22.4-30.1)
○ SAM (WHZ<-3 or oedema)	6.2 (4.6-8.3)	17.2 (14.0-21.0)	9.1 (7.1-11.5)
○ Oedema	0.2	3.2	1.62
○ Mean Weight-for Height Z (WHZ scores)	-1.22±1.12	-1.65±1.18	-1.26±1.11
○ MUAC (<12.5 cm or oedema)	12.8 (10.5-15.6)	30.9 (26.1-36.2)	19.6 (16.2-23.4)
○ Severe MUAC (<11.5cm)	0.5 (0.1-1.5)	6.0 (4.3-8.2)	1.9 (1.17-3.4)
○ HIS Nutrition Trends	High (>20%) and increasing trend (Oct-Dec'10)	High (>30%) and increasing trend (Jan- June 11)	High (>30%) and increasing trend (July- Dec 11)
○ TFPs/SFPs Admission trends	High numbers and increasing trend (Oct-Dec'10)	High numbers and increasing trend (Jan- June 11)	High numbers (>=400) and increasing trend (July- Dec 11)
Crude death Rate/10,000/day (90days)	0.34 (0.16-1.75)	1.12 (0.8-1.45)	1.37 (0.88-1.75)
Under 5 death Rate/10,000/day (90days)	0.88 (0.36-2.02)	4.11 (2.8-5.43)	3.4 (2.0-4.87)
Non-pregnant women with MUAC <18.5 cm		0	1.9 (0.0-4.2)
Pregnant & Lactating women with MUAC<21 .0cm		30.2 (22.3-38.0)	21.3 (15.1-28.1)
Pregnant & Lactating women with MUAC<23 .0 cm		60.2 (51.0-69.4)	44.1 (36.9-51.2)
OVERALL NUTRITION SITUATION	Very Critical	Very Critical	Very Critical
○ Disease Outbreaks: ○ Morbidity based on 2wk recall	AWD 616 cases reported in Nov'10, suspected measles reported; overall Morbidity = 22.6	AWD 541 cases reported, suspected measles cases reported; overall Morbidity = 31.4	No outbreak was reported overall Morbidity=24.2
Food Security Phase	BFI/stressed, AFLC/Crisis	BFI/stressed, AFLC/Crisis	HE/Emergency
Overall Risk to Deterioration	UNSTABLE	UNSTABLE	Potential to improve

Malnutrition Trends at Health Facilities

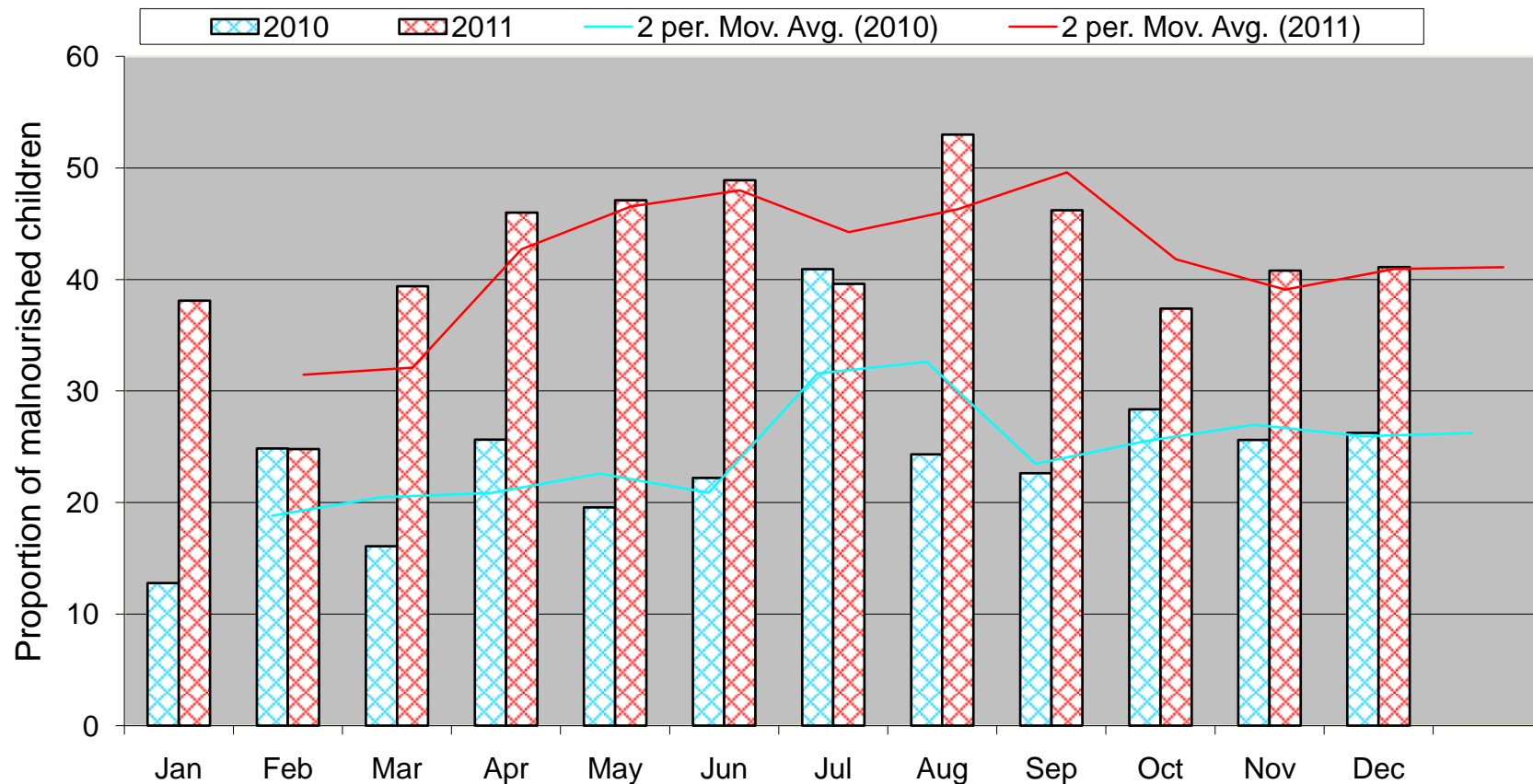


High (>30%) and increasing trend

Outcome indicators	Middle and Lower Juba Riverine, Summary of Findings		
	Deyr'10/11 N=785 December 2010	Gu'11 N=884 July 2011	Deyr'11/12 N=785 October 2011
Child Nutrition status			
○ <i>GAM (WHZ<-2 or oedema)</i>	29.7 (24.5-35.4)	45.3 (41.3-49.7)	34.5(29.9-39.5)
○ <i>SAM (WHZ<-3 or oedema)</i>	6.4 (4.6-8.8)	21.9 (19.9-25.2)	11.8 (9.4-18.8)
○ <i>Mean Weight-for-height Z (WHZ)</i>	-1.22±1.11	-1.91±1.19	1.43±1.14
○ <i>Oedema</i>	2.5	4.0	2.5
○ <i>MUAC (<12.5 cm or oedema)</i>	21.3 (17.2-26.0)	33.8 (28.3-39.8)	22 (17.9-26.7)
○ <i>Severe MUAC (<11.5 cm)</i>	3.6	2.1	3.5 (2.0-6.0)
○ <i>HIS Nutrition Trends</i>	High (>20%) and fluctuating trend (Oct- Dec'10)	High (>30%) and fluctuating trend (Jan- June 2011)	High (>30%) and increasing trend (July -Dec 2011)
○ <i>TFPs/SFPs Admission trends</i>	High number and fluctuating trend (Oct- Dec'10)	High number and fluctuating trend (Jan- June 2011)	High number (>=300) and increasing trend (July- Dec 11)
Crude death Rate/10,000/day (90days)	0.22 (0.11-0.45)	1.18 (0.5-1.82)	1.54 (1.02-2.06)
Under 5 death Rate/10,000/day (90days)	1.69 (0.78-3.61)	4.76(3.38-4.16)	4.12 (2.53-5.71)
Non-pregnant women with MUAC <18.5 cm	N/A	1.9	0.8 (0.0-2.7)
Pregnant & Lactating women with MUAC<210 cm	N/A	14.9 (10.2-19.7)	9.8 (5.8-14.1)
Pregnant & Lactating women with MUAC<23.0 cm	N/A	45.1 (37.4-52.8)	23.4 16.7-30.1)
OVERALL NUTRITION SITUATION	Very Critical	Very Critical	Very Critical
Child Morbidity, Immunization, IYCF			
○ <i>Disease Outbreaks:</i> ○ <i>Morbidity based on 2wk recall</i>	AWD 616 cases reported in Nov'10 Suspected measles outbreak reported overall morbidity – 39.4	Measles, whooping cough and cholera outbreak was reported. overall morbidity= 22 .4	Suspected measles outbreak reported overall morbidity – 34.1
Food Security Phase	AFLC/ Crisis, HE/Emergency	HE/Emergency	HE/Emergency
Overall Risk to Deterioration	UNSTABLE	UNSTABLE	UNSTABLE

Malnutrition Trends at Health Facilities

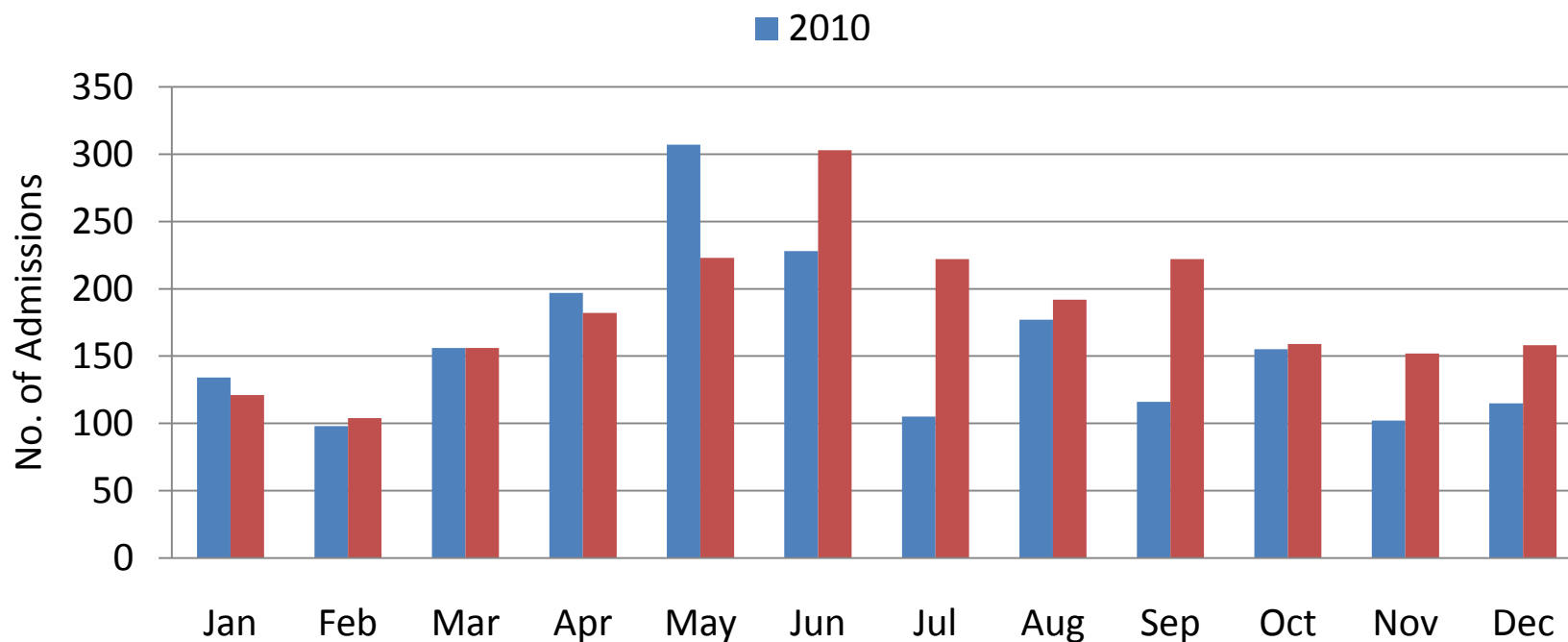
Juba Riverine MCHs 2010-2011



High (>30%) and increasing trend of malnourished children

Admission Trends of Acutely Malnourished Children into Nutrition Programs

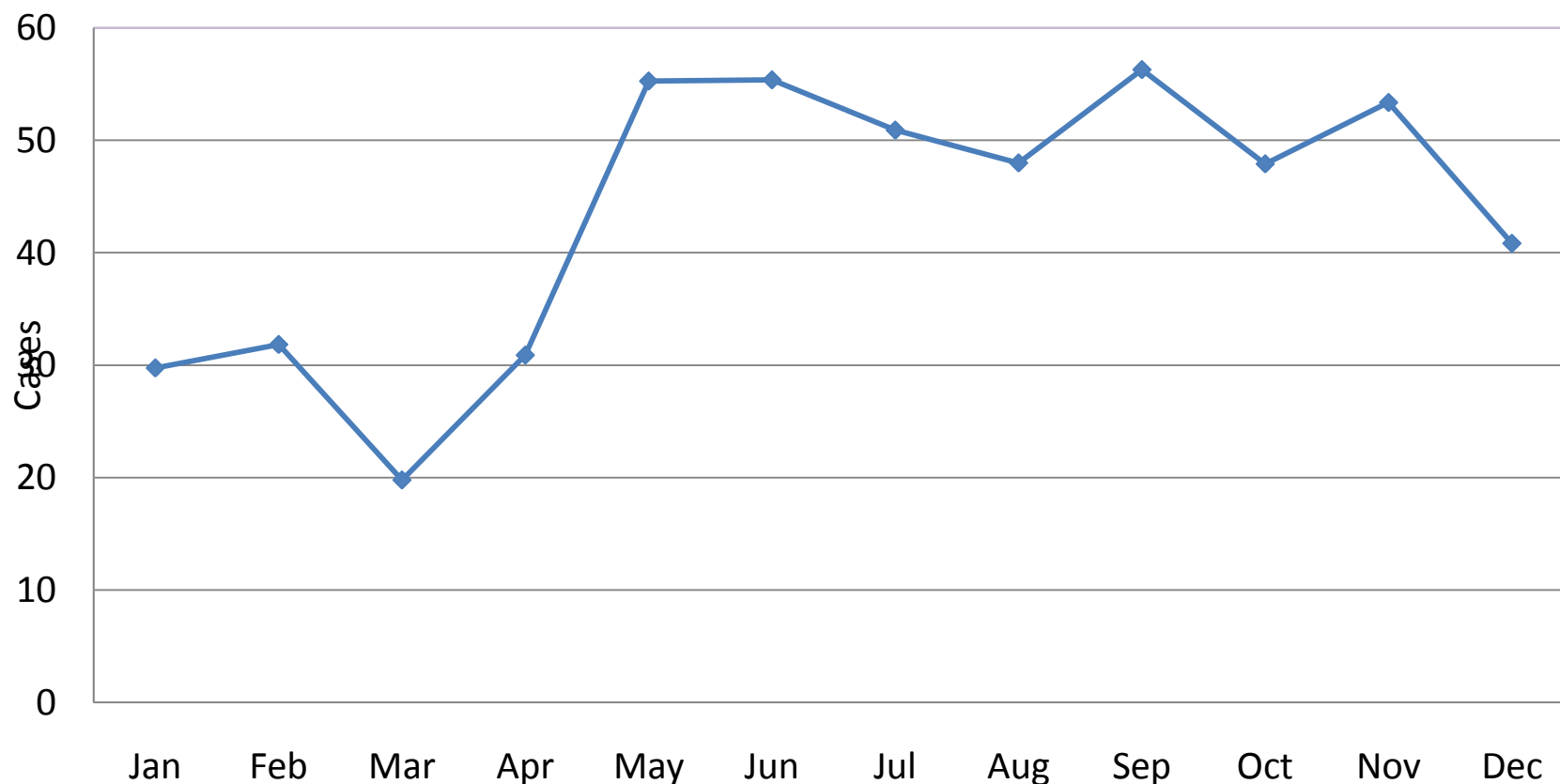
TFC Admission Mareerey 2010-2011



Elevated Numbers in May – August 2011, and stable trend.

Admission Trends of Acutely Malnourished into Nutrition Programs

OTP Admissions in Farjano MCH Kismayo 2011



Malnourished child (Marasmic –kwashiokor) Juba Pastoral Livelihood Zone



Outcome indicators	Kismayo IDPs, Summary of Findings	
	Gu'11 N=884 July '10	Deyr'11/12 N=785 October '11
Child Nutrition status		
○ <i>GAM (WHZ<-2 or oedema)</i>	N/A	26.7 (22.9-30.8)
○ <i>SAM (WHZ<-3 or oedema)</i>	N/A	9.5 (7.5-12.1)
○ <i>Mean Weight-for-height Z (WHZ)</i>	N/A	1.36±1.41
○ <i>Oedema</i>	N/A	1.4
○ <i>MUAC (<12.5 cm or oedema)</i>	12.4	17.0 (13.8-20.7)
○ <i>Severe MUAC (<11.5 cm)</i>	0.7	4.0 (2.7-6.0)
○ <i>HIS Nutrition Trends</i>	High (>30%) and fluctuating trend (Jan- June 2011)	High (>30%) and fluctuating trend (July - Dec 2011)
○ <i>TFPs/SFPs Admission trends</i>	High and fluctuating admission trend (Jan- June 2011)	High number and increasing trend (July- Dec 11)
Crude death Rate/10,000/day (90days)	N/A	2.30 (1.60-3.00)
Under 5 death Rate/10,000/day (90days)	N/A	4.76 (3.08-6.44)
OVERALL NUTRITION SITUATION	Likely Very Critical	Very Critical
Child Morbidity, Immunization, IYCF		
○ <i>Disease Outbreaks:</i> ○ <i>Morbidity based on 2wk recall</i>	AWD 616 cases reported in Nov'10 Suspected measles outbreak reported Overall morbidity – 39.4	Outbreaks of Cholera and Measles Overall morbidity – 16.02
Food Security Phase	AFLC/ Crisis, HE/Emergency	HE/Emergency
Overall Risk to Deterioration	UNSTABLE	UNSTABLE

Nutrition Situation in Middle and Lower Juba Regions

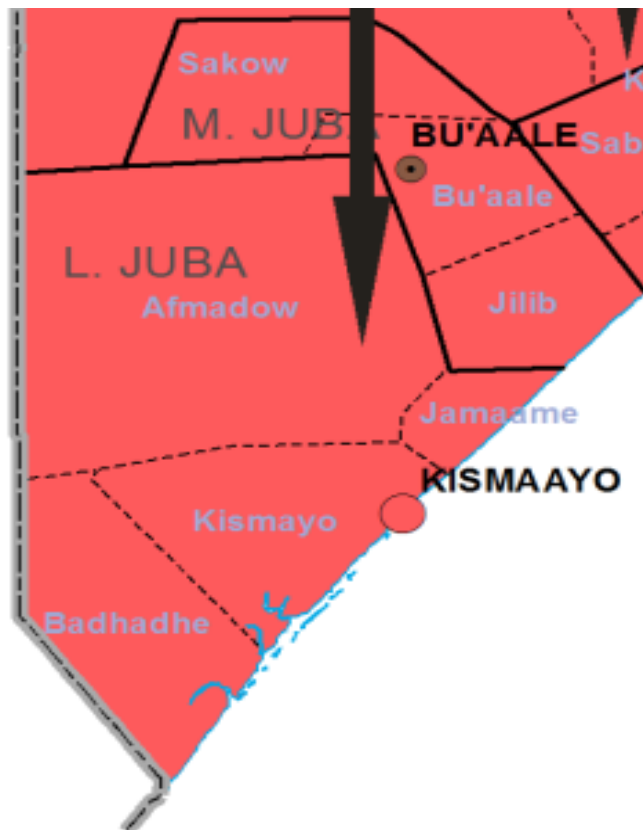
Analysis of the nutrition findings in Middle and Lower Juba does not indicate any statistical differences in global acute malnutrition levels between the regions (Pr=27.7). However, severe acute malnutrition levels are higher in Lower Juba, at 12.3% (10.4-14.4), than in Middle Juba, at 7.7% (5.8-10.1), with statistical significance (Pr=99.8). Details are provided in the table below.

Region	GAM	SAM
Middle Juba	Prevalence Rate: 28.9% (24.4-34.6) Mean WHZ = -1.24 ± 1.19	7.7% (5.8-10.1)
Lower Juba	Prevalence Rate: 29.9% (26.9-33.0) Mean WHZ= -1.30 ± 1.34	12.3% (10.4 – 14.4)

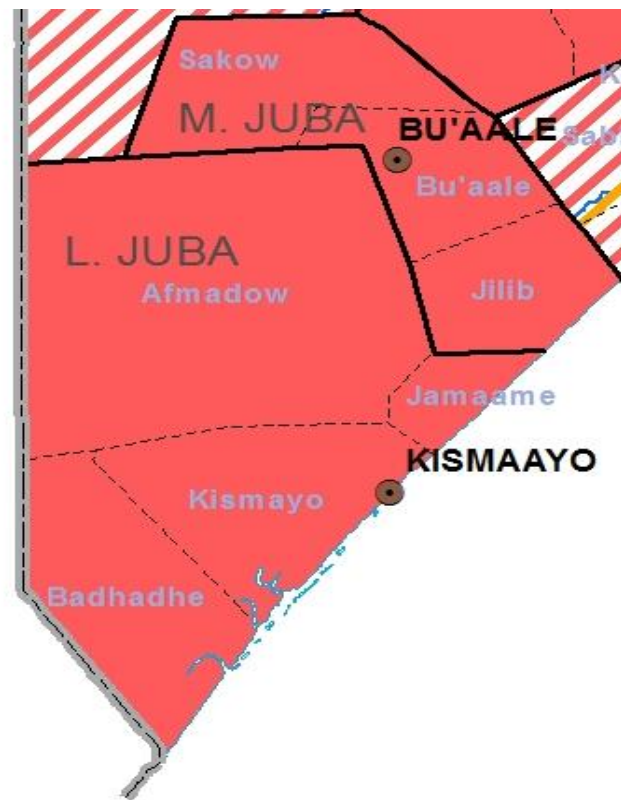
Nutrition

Nutrition Situation Estimates

Nutrition Situation Estimates, August 2011



Nutrition Situation Estimates, January 2012



Nutrition

Key Driving Factors

➤ Aggravating factors

- Acute watery diarrhea outbreak and high morbidity
- Suspension of humanitarian interventions due to security
- Low immunization and supplementation coverage
- Insecurity/ tension that limits access to food and non-food items
- Poor sanitation and clean water and sub-optimal infant feeding practices ,

Mitigating Factors

- Social support
- Good deyr season-Improved access income opportunities for poor households e.g agricultural labour;
- Increased access to milk and livestock products, both for consumption and for income
- Reducing cereal prices
- Limited access to health and nutrition services by MSF stabilization center/OTP and local organizations.
- Limited food assistance in the towns in Juba i.e. Sako, Buale, Jilib

The End