



**Food Security and Nutrition  
Analysis Unit Somalia**

*Information for Better Livelihoods*



*Post Deyr 2011/12*

# Presentation

January 24<sup>th</sup>, 2012



**Overall Nutrition Situation/Key Highlights**

**Nutrition Vetting Meeting**







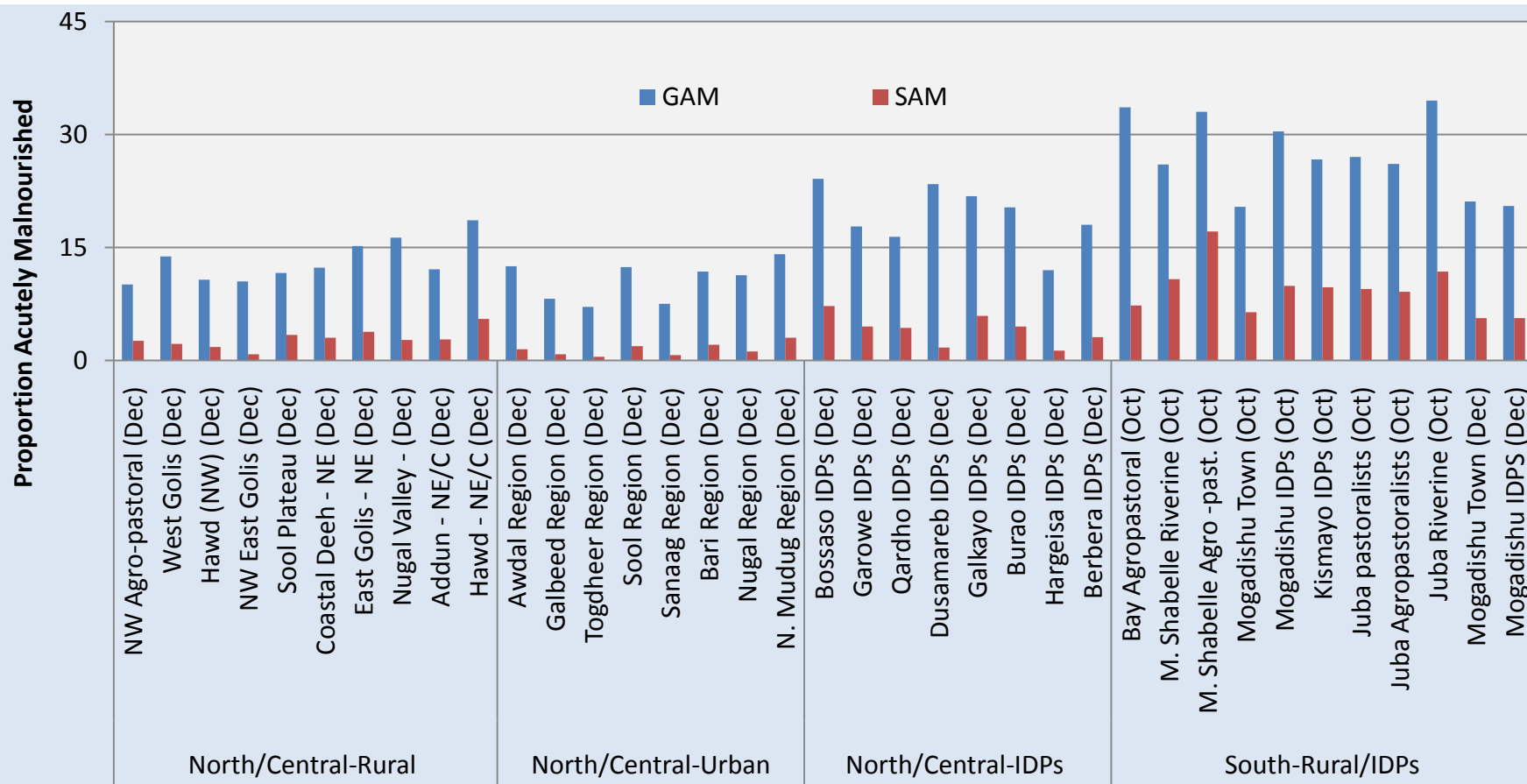


- ❑ **Nutrition Surveys (based on WHZ, WHO):** 36 detailed nutrition surveys (32 large sample, 3 small sample, 1 exhaustive) conducted to establish the situation from Gu 2011:

  - *9 in the Southern populations (2 in Mogadishu Town, 2 in Mogadishu IDPs, 1 in Kismayu IDPs, 3 in Juba, 1 in Bay)*
  - *2 in Central rural LZ (Hawd, Addun)*
  - *8 in northwest and northeast rural livelihoods*
  - *9 focused on NW/NE/Central IDP populations (Hargeisa, Berbera, Burao, Galkayo, Bossaso, Garowe, Qardho, Dusamareb, Kismayu).*
  - *8 urban LZ surveys in N/C (5 in NW & 3 in NE)*
  
- ❑ **Health Center Monitoring (HIS):** Collected from 130 health facilities in accessible regions in the period July-December 2011. (48 in NW, 29 in NE, 13 in Central, 7 in Gedo, 8 in Juba, 7 in Bay, 3 in Bakool, 9 in Shabelle/Mogadishu, 6 in Hiran)
  
- ❑ **Related Selective Feeding Centre Data:** 1649 centers (26 stabilization centers, 712 outpatient care, 911 targeted supplementary feeding programs), of which 1094 are in the southern, 266 in Central regions and 289 in the northern regions.
  
- ❑ **Secondary Related Data (risk factors for deterioration)**

  - ***Disease outbreaks:*** *Cholera in Shabelle, Central & Juba region*
  - *Elevated AWD in L & Middle Shabelle, Hiran & Bakool; Malaria in Shabelle, Juba and Central. (Source-WHO & Somalia Health Sector Bulletins, November 2011)*
  - ***Food security, displacements data.*** *(Source: FSNAU, OCHA and UNHCR bulletins).*

# Global, WHO GS, WHZ<-2z scores and/or Oedema, and Severe Acute Malnutrition, WHO GS, WHZ & <-3 and/or Oedema Deyr (October-December) 2011/12, SOMALIA

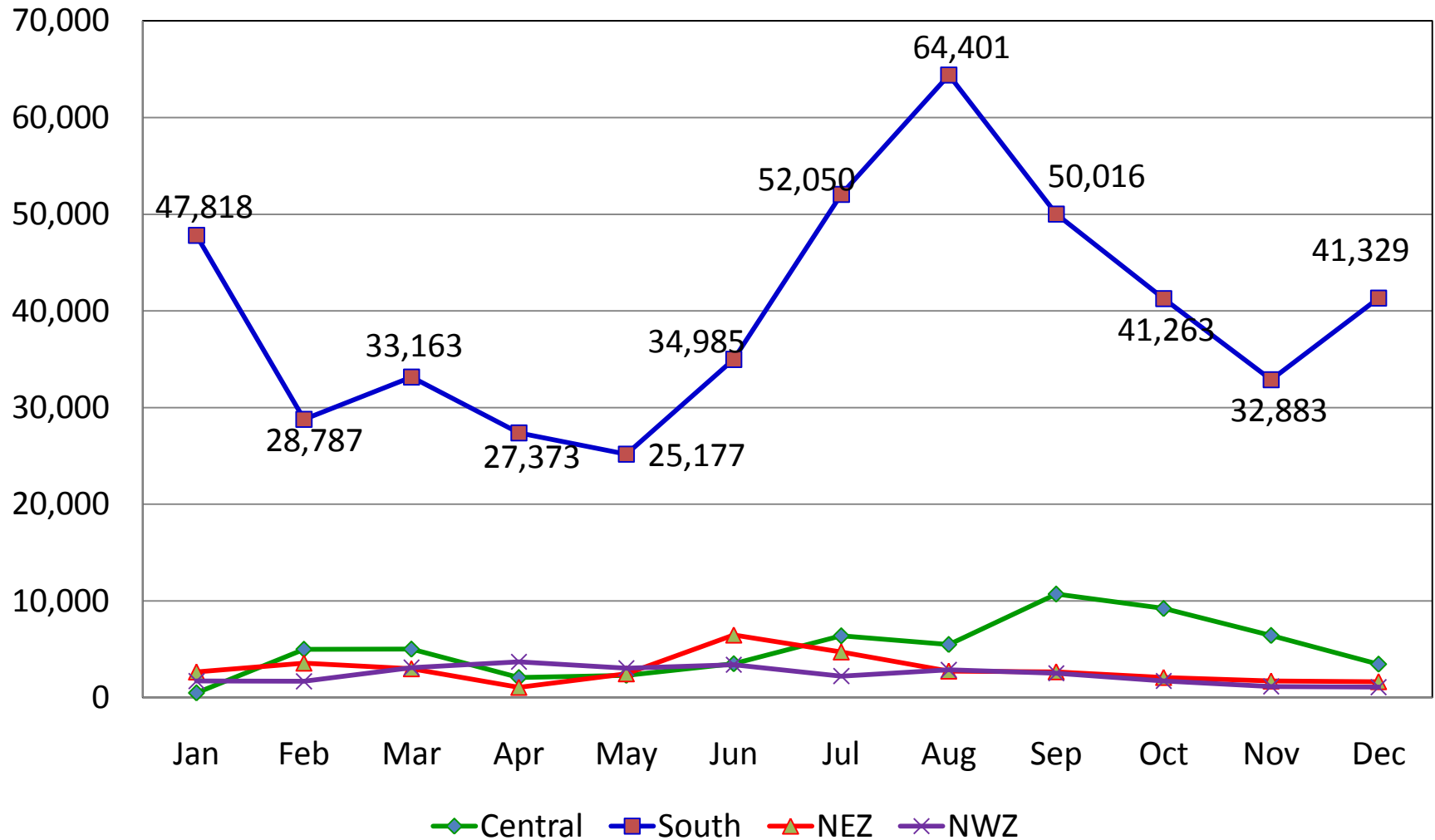


1. Improvements across all but Hawd/Central population groups associated with favorable food security indicators, and humanitarian assistance including health
2. GAM : <30% in all of South, except for Bay region & Juba Riverine
3. CDR < 2 except for Mogadishu and Kismayo IDPs (2.06 and 2.3)



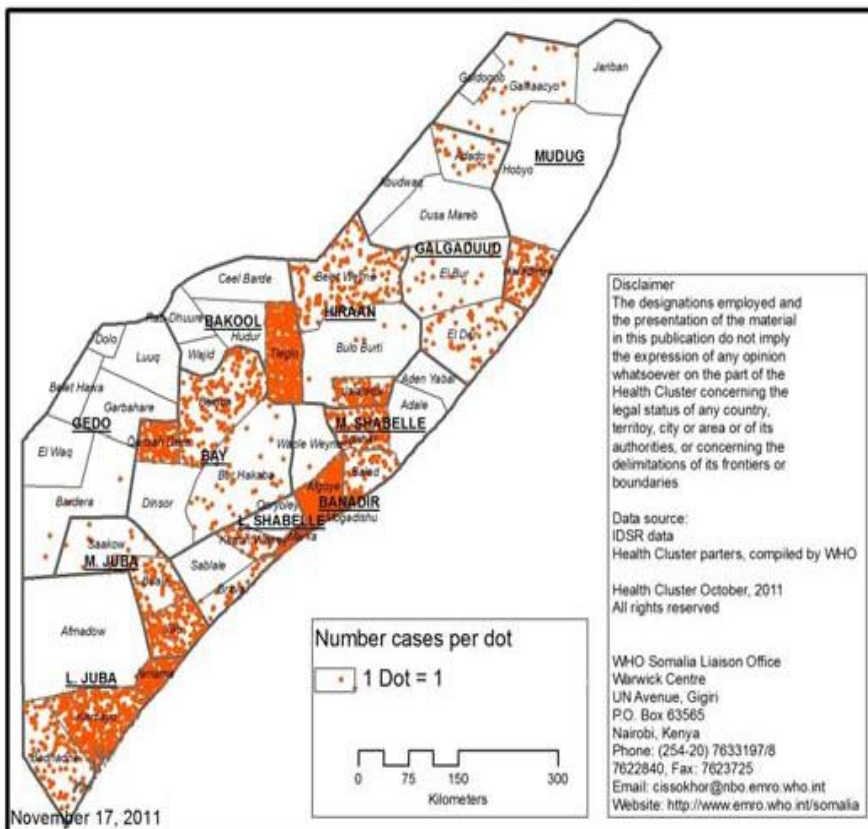
## Admissions Trends at Feeding centers, by Zone Jan-Dec 2011

(Source: Nutrition Cluster Coordination)

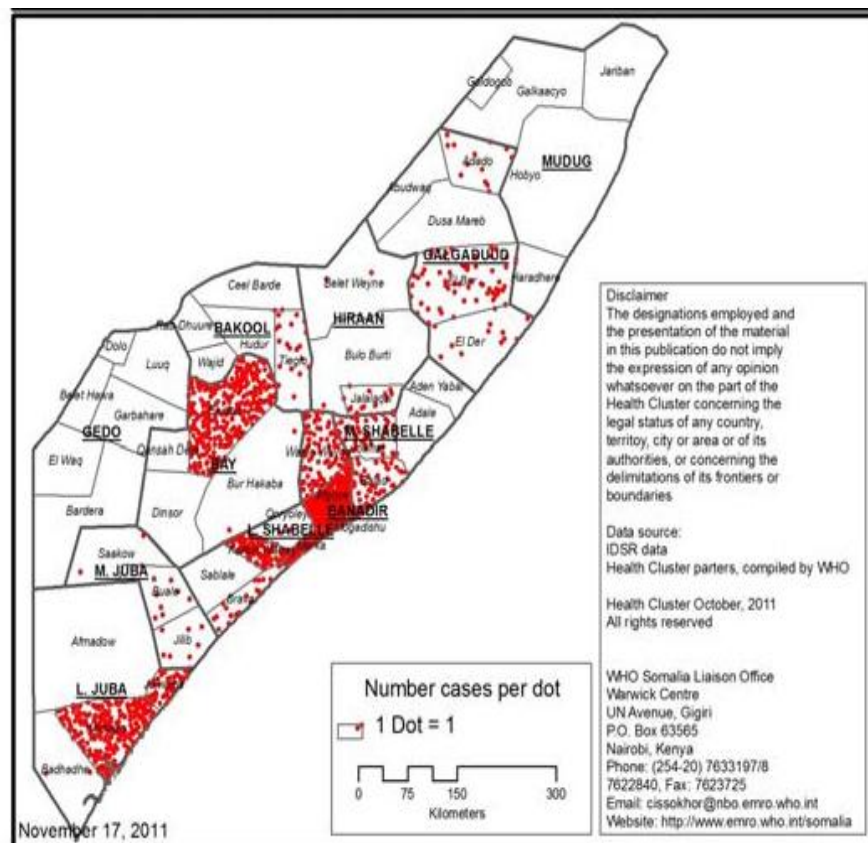


# WHO, November 2011, Health Situation Update

## Acute Watery Diarrhea, Oct-Nov, 2011



## Malaria, Oct-Nov, 2011



Generally, there are elevated cases of

- Acute watery diarrhea/cholera
- Malaria/Dengue fever

For details, contact [deslooverep@nbo.emro.who.int](mailto:deslooverep@nbo.emro.who.int)

# Summary

## South : Gedo, Juba, Bay, Bakool, Hiran, Shabelle

- There are general improvements in the nutrition attributed both to:

- Access to humanitarian support.  
This includes food and non-food assistance, control and management of disease outbreaks by WHO/UNICEF and partners and other stakeholders.
- Access to food following a favorable Deyr'2011/12 season.

The Deyr'11/12 rains were favorable and led to increased livestock access to water and pasture, leading to improved milk access for consumption and income.

- The levels of acute malnutrition have generally decreased from

- GAM rates in excess of 30%, to btm 20-30%
- SAM rates in excess of 10%, to < 10%
- With the exception of Kismayu and Mogadishu IDPs, CDR now below 2/10000/day .

## Central Northwest/ Northeast:

- There are improvements in:

Addun, Sool Plateau, Nugal Valley, West Golis LZ mainly due to

- Access to milk and food following a favorable Deyr'2011/12 season.

- Access to humanitarian support.  
AWD and Dengue outbreak in W. Golis, and Nugal Valley also controlled.

- There are deteriorations in:

• Hawd of Central deteriorated from *Serious* to ***Critical*** mainly due to AWD/Cholera outbreaks. But expected to improve with the food security situation.

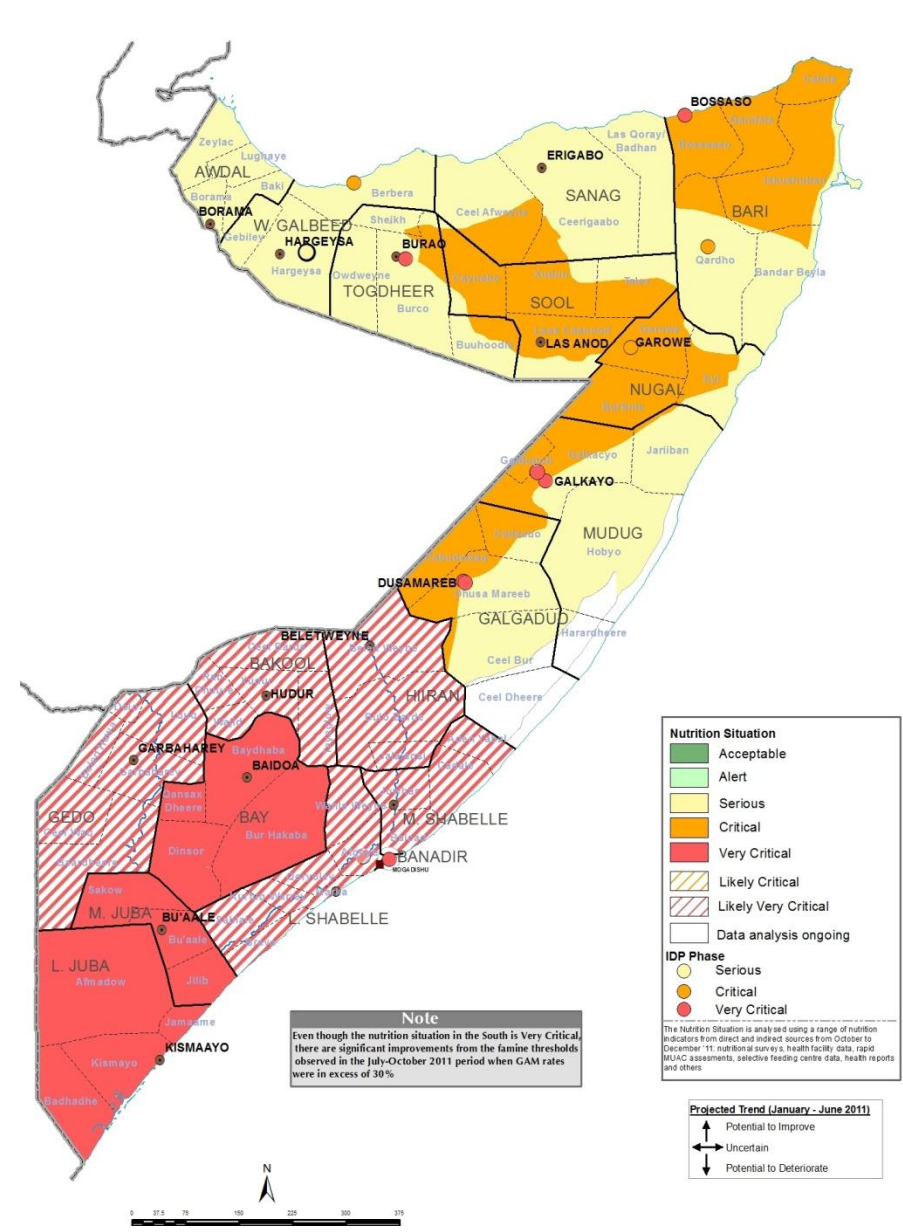
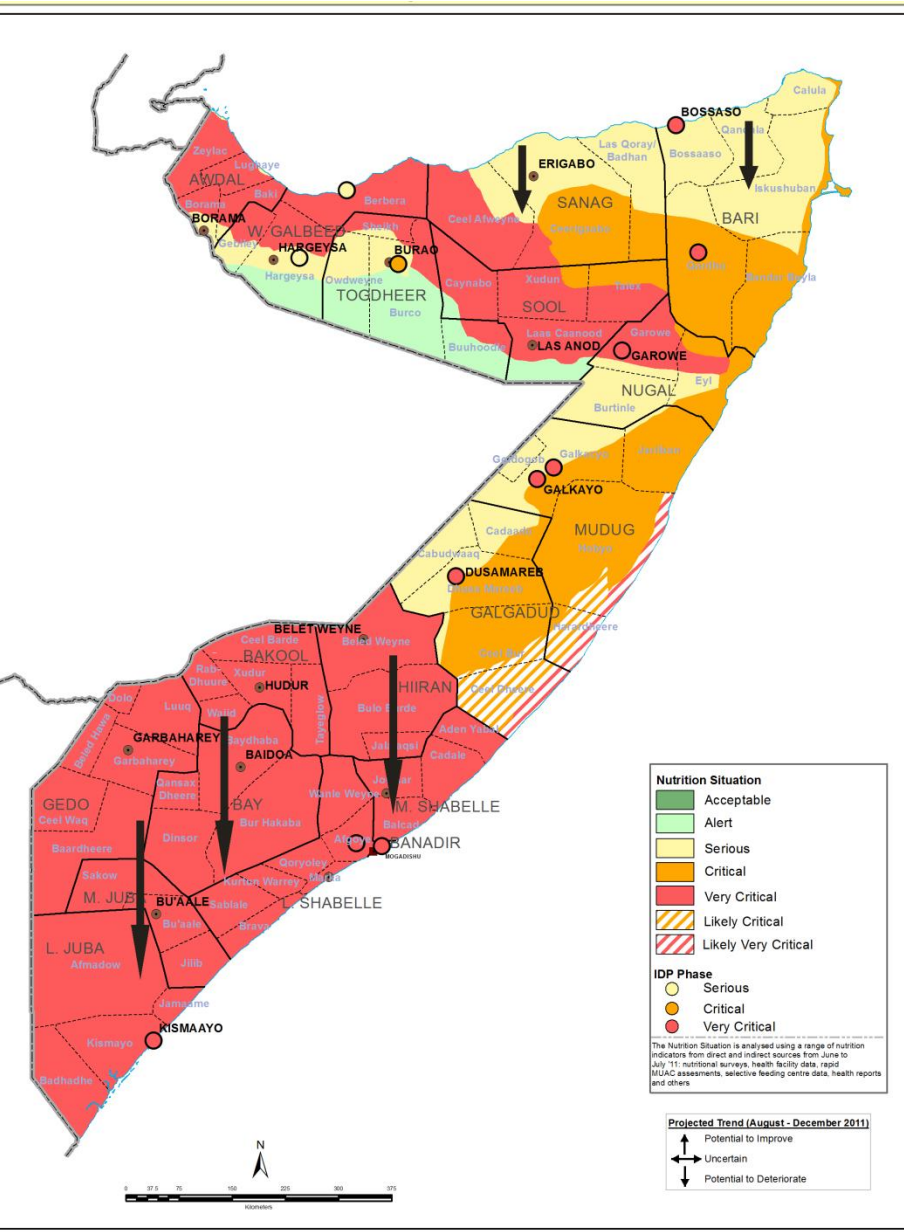
• Hawd of NW deteriorated from *Alert* to ***Serious*** mainly due to decreased access to livestock products following outmigration of livestock to Ethiopia. Situation likely to improve from Feb on their return.

- IDPs settlements: deteriorations in Burao IDPs, but sustained in the other settlements.



## Nutrition Situation, August 2011

## Nutrition Situation, January 24th, 2012



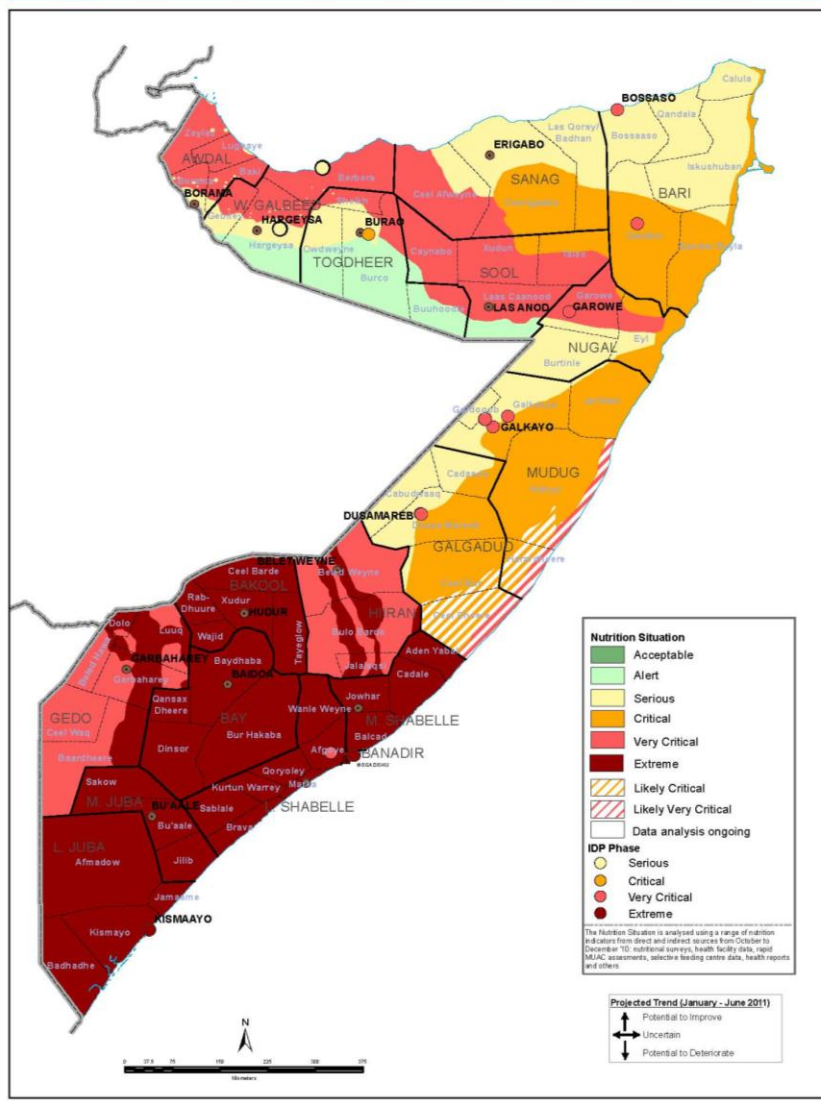


# Proposed Revisions in the Analytical Framework

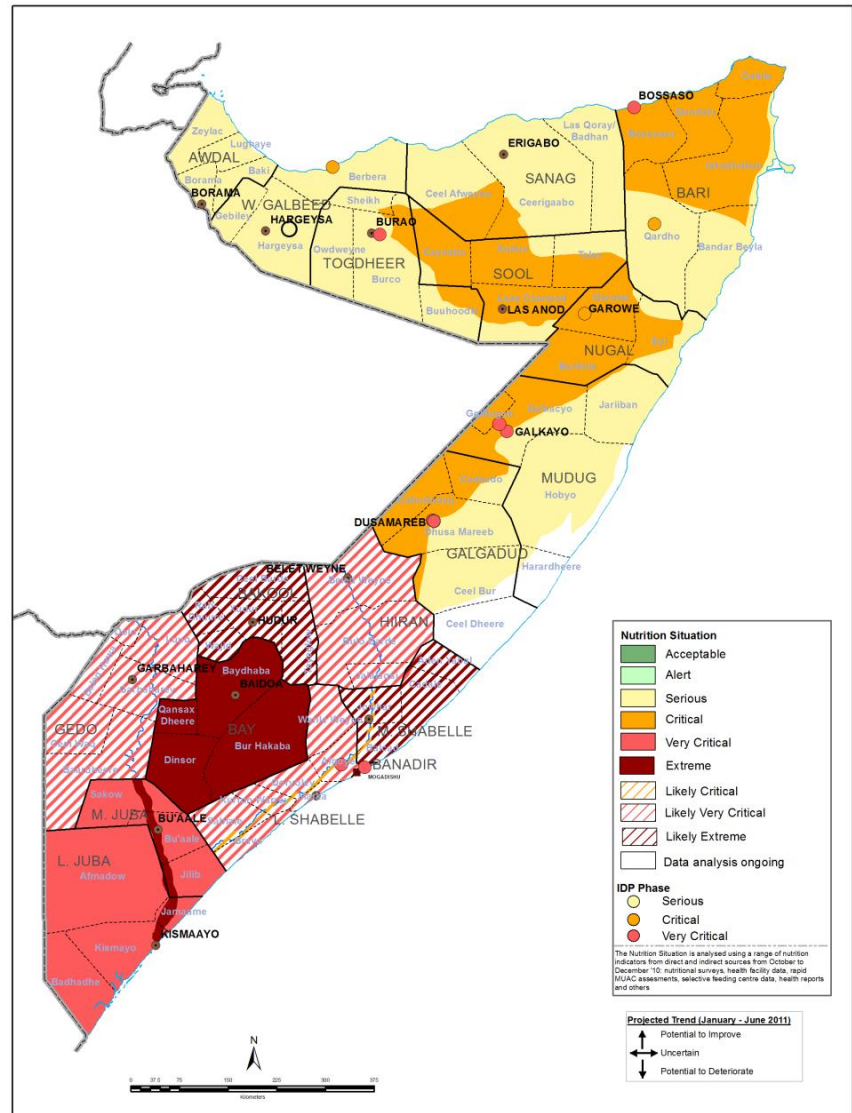
Reference Indicators	Acceptable	Alert	Serious	Critical	Very Critical	Extreme
<b>Global Acute Malnutrition</b> (IPC Reference) Reliability (R) =1	<3%	3 to <10%	10 to<15%	15 to<20%	20 to <30%	>30%
<b>Mean Weight-for-Height Z (WHZ) scores</b> (R=1)	>-0.40	-0.40 to -0.69; Stable/Usual	-0.70 to -0.99; >usual/increasing	<-1.00; >usual/increasing		<-1.5 TBC
<b>SAM</b> (WHZ and oedema) (WHO to advice on thresholds) R=1)	<2.5%	2.5 – 3.4%	3.5 – 4.4%	4.5 – 5.9%	6.0-9.9%	≥10%
<b>Crude death rate/ 10,000/day</b> (R=1)	<0.5	<0.5	0.5 to <1 or doubling of rate in preceding phase.	1 to <2	>2	>2
<b>Under five death rates/10,000/day</b> (R=1)	<1	<1	1 to 1.9	2 to 3.9	≥4	≥4
<b>MUAC Children:</b> (% <12.5cm): Ref: FSNAU Estimates (R=2)	<2.0%	2.0-5.5%	5.6-8.0%	8.1-11.0 %	11.1-19. 9%	≥20.0%
<b>MUAC&lt;11.5cm</b> (R=2)	<1.0	<1.0	1.0-2.0	2.1-3.0	3.1-5.5	≥5.5
<b>Adult MUAC - Pregnant and/or Lactating women</b> (%<23.0cm,Meta Data-FSNAU	<12.5	12.6-19.9	20.0-24.9	25.0-34.9	≥35.0	
<b>Adult MUAC - Non-pregnant &amp; non- lactating</b> <18.5cm, Meta data FSNAU)	<0.3	0.3-0.4	0.5-0.7	0.8-1.6	1.7-4.9	≥5.0
<b>Non Pregnant Maternal Undernutrition BMI&lt;18.5</b>	<10%	10.0 to 19.9%	20.0 to 39.9%	>40%		
<b>Non Pregnant Maternal Overnutrition BMI&gt;24.9</b>	TBC	TBC	TBC	TBC		
<b>HIS Trends of Acutely Malnourished Children</b> (Ref: HIS), (R=3)	V. low (<5%) proportion in the preceding 3mths relative to ≥2yr seasonal trends	Low proportion (5 to <10%) and stable trend in the preceding 3mths relative to ≥2yr seasonal trends	Moderate (10 to <15%) and stable or low (5 to <10%) but increasing proportion in the preceding 3mths relative to ≥2yr seasonal trends	High (≥ 15%) and stable proportion in the preceding 3mths relative to ≥2yr seasonal trends	High (≥ 15%) and increasing proportion in the preceding 3mths relative to ≥2yr seasonal trends	
<b>OVERAL NUTRITION SITUATION</b>	Acceptable	Alert	Serious	Critical	Very Critical	Extreme

# Nutrition Situation Maps, August 2011 and January 2012 based on a proposed revised analytical framework

## Nutrition Situation, August 2011



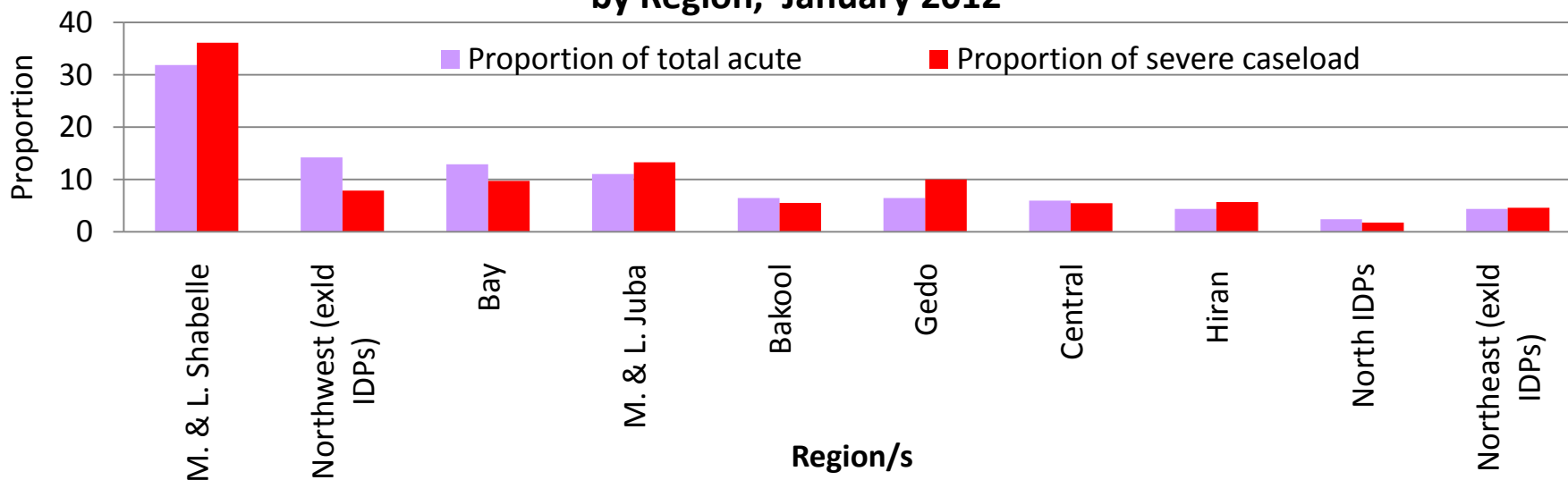
## Nutrition Situation, January 2012



**National Level:**

- ❑ **323,000** (22% of the 1.5m) children are acutely malnourished. An improvement from 450,000 (30%) in Aug'11.
- ❑ **93,000** (6% of the 1.5m) of these are severely malnourished. An improvement from 190,000 (13%) in Aug'11.

**Proportion of the Total Acutely Malnourished Cases,  
by Region, January 2012**



**South Somalia hosts:**

- 224, 000(70%) of all the total acutely malnourished children, from 336,000 in August 2011.
- 75,000 (80%) of all the total severely malnourished children, from 160,000 in August 2011.



- Projected increase in household access to livestock products and crop harvests in the rural livelihood zones, based on current rainfall forecast. This is likely to positively impact on income access, food consumption, and nutrition outcome across both rural and urban populations.
- Increased income access in IDP population, through casual work opportunities is likely to lead to improved food consumption and nutrition.
- Further gains in the nutrition outcome will nevertheless be constrained by:
  - Anticipated seasonal disease outbreaks and high morbidity in the riverine and agro-pastoral areas
  - Limited number of those receiving rehabilitation and treatment in the south, following suspension of humanitarian agencies providing nutrition and related services.

# The End

For comments, please contact

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