Post Deyr 2017

Kismayo and Dhobley

19th Jan 2017
<table>
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<tr>
<th>Livelihood</th>
<th>Type of Survey</th>
<th>Cluster</th>
<th>HH</th>
<th>Children</th>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Boys</td>
</tr>
<tr>
<td>Dhobley IDPs</td>
<td>Comprehensive</td>
<td>28</td>
<td>376</td>
<td>262</td>
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<tr>
<td>Kismayo IDPs</td>
<td>Comprehensive</td>
<td>30</td>
<td>421</td>
<td>356</td>
</tr>
<tr>
<td>Total</td>
<td>IDP = 2</td>
<td>58</td>
<td>797</td>
<td>618</td>
</tr>
<tr>
<td>Outcome indicators</td>
<td>Deyr’ 15/16 n=559</td>
<td>Gu’ 16 n= 780</td>
<td>Deyr’ 2016, n= 512</td>
<td></td>
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<tr>
<td>--------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>Plausibility</td>
<td>16%</td>
<td>12</td>
<td>8</td>
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</tr>
<tr>
<td>GAM (WHZ&lt;-2 or oedema) -WHO</td>
<td>14</td>
<td>17.7 (15.1-20.6)</td>
<td>13.5 (10.4-17.3)</td>
<td></td>
</tr>
<tr>
<td>SAM (WHZ&lt;-3 or oedema)- FSNAU</td>
<td>2.7</td>
<td>3.6 (2.3- 5.5)</td>
<td>2.1 (1.2- 3.9)</td>
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</tr>
<tr>
<td>Oedema</td>
<td>0.7</td>
<td>0.3</td>
<td>n=7, 1.4</td>
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<tr>
<td>W/H ± SD</td>
<td>-0.70±1.14</td>
<td>-0.98±1.11</td>
<td>-0.75±1.13</td>
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<tr>
<td>Deff WH &lt;-2</td>
<td>1.00</td>
<td>1.00</td>
<td>1.27</td>
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<tr>
<td>MUAC (&lt;12.5 cm or oedema) - FSNAU</td>
<td>7.2</td>
<td>10.4 (7.9-13.7)</td>
<td>10.2 ( 7.4-13.9 )</td>
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<tr>
<td>Severe MUAC (&lt;11.5 cm) - FSNAU</td>
<td>2.8</td>
<td>0.9 (0.4- 1.8)</td>
<td>2.5( 1.4- 4.3)</td>
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<tr>
<td>Stunting - WHO/UNICEF</td>
<td>9.3</td>
<td>11.9 (9.0-15.7)</td>
<td>19.0 (15.7-22.9)</td>
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<tr>
<td>Underweight - WHO/UNICEF</td>
<td>9.9</td>
<td>13.8 (11.0-17.1)</td>
<td>16.1(12.5-20.5)</td>
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<tr>
<td>CDR /10,000/day (90 days)</td>
<td>0.52</td>
<td>0.60 (0.37-0.97)</td>
<td>0.40 (0.22- 0.74)</td>
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<tr>
<td>U5DR/10,000/day (90 days)</td>
<td>0.98</td>
<td>0.51 (0.22-1.18)</td>
<td>0.17 (0.02- 1.31)</td>
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<tr>
<td>OVERALL NUTRITION SITUATION</td>
<td>Serious</td>
<td>Critical</td>
<td>Serious</td>
<td></td>
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<tr>
<td>Disease Outbreaks: Morbidity based on 2wk recall</td>
<td>39.2</td>
<td>24.6</td>
<td>26.2</td>
<td></td>
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<tr>
<td>Immunization status-Vit. A Measles</td>
<td>22.3</td>
<td>9.2</td>
<td>33.1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>25.1</td>
<td>30.6</td>
<td>37.1</td>
<td></td>
</tr>
<tr>
<td>CSI</td>
<td>26.3</td>
<td>17</td>
<td></td>
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<tr>
<td>FCS</td>
<td>22 (poor or borderline)</td>
<td>16 (poor or borderline)</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>Food Security Phase</td>
<td>Emergency</td>
<td>Crisis</td>
<td>TBD</td>
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GAM & SAM trends among Dhobley IDPs

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<thead>
<tr>
<th>Year</th>
<th>GAM</th>
<th>SAM</th>
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<tbody>
<tr>
<td>2012 Gu</td>
<td>22.0</td>
<td>7.6</td>
</tr>
<tr>
<td>2012 Deyr</td>
<td>20.8</td>
<td>5.1</td>
</tr>
<tr>
<td>2013 Gu</td>
<td>20.3</td>
<td>6.4</td>
</tr>
<tr>
<td>2013 Deyr</td>
<td>15.8</td>
<td>4.1</td>
</tr>
<tr>
<td>2014 Gu</td>
<td>16.6</td>
<td>4.0</td>
</tr>
<tr>
<td>2014 Deyr</td>
<td>11.0</td>
<td>1.4</td>
</tr>
<tr>
<td>2015 Gu</td>
<td>20.7</td>
<td>3.8</td>
</tr>
<tr>
<td>2015 Deyr</td>
<td>14.0</td>
<td>2.7</td>
</tr>
<tr>
<td>2016 Gu</td>
<td>17.7</td>
<td>3.6</td>
</tr>
<tr>
<td>2016 Deyr</td>
<td>13.5</td>
<td>2.1</td>
</tr>
<tr>
<td>Outcome indicators</td>
<td>Kismayo IDPs, Summary Findings</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>-----------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deyr’ 15 /16 n=867</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gu/ 16 n= 867</td>
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</tr>
<tr>
<td></td>
<td>Deyr 2016 n= 709</td>
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</tr>
<tr>
<td>Plausibility</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18 %</td>
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<tr>
<td>GAM (WHZ&lt;-2 or oedema)- WHO/UNICEF</td>
<td>12.9 (9.7-16.9)</td>
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<tr>
<td></td>
<td>14.5 (11.6-18.0)</td>
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<tr>
<td></td>
<td>13 (10.7-15.7)</td>
<td></td>
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<tr>
<td>SAM (WHZ&lt;-3 or oedema) - FSNAU</td>
<td>2.9 (2.0-4.2)</td>
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<td></td>
<td>4.4 (3.4-5.6)</td>
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<tr>
<td></td>
<td>0.7 (0.3-1.6)</td>
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</tr>
<tr>
<td>Oedema</td>
<td>0.7</td>
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</tr>
<tr>
<td></td>
<td>1.0</td>
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</tr>
<tr>
<td></td>
<td>0</td>
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<tr>
<td>W/H ± SD</td>
<td>-0.69±1.11</td>
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</tr>
<tr>
<td></td>
<td>-0.71±1.17</td>
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</tr>
<tr>
<td></td>
<td>-0.87±1.07</td>
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<tr>
<td>Deff WH &lt;-2</td>
<td>2.58</td>
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<tr>
<td>MUAC (&lt;12.5 cm or oedema) - FSNAU</td>
<td>11.9 (9.7-14.6)</td>
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</tr>
<tr>
<td></td>
<td>14.6 (11.6-18.1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14.4 (12.0-17.2)</td>
<td></td>
</tr>
<tr>
<td>Severe MUAC (&lt;11.5 cm) - FSNAU</td>
<td>3.6 (2.4-5.6)</td>
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</tr>
<tr>
<td></td>
<td>5 (9.2-16.4)</td>
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</tr>
<tr>
<td></td>
<td>1.7 (1.0-2.9)</td>
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<tr>
<td>Stunting - WHO/UNICEF</td>
<td>43.8 (39.8-48.0)</td>
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</tr>
<tr>
<td></td>
<td>38.4 (32.2-44.9)</td>
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<tr>
<td></td>
<td>40.3 (36.7-44.0)</td>
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<tr>
<td>Underweight - WHO/UNICEF</td>
<td>30.1 (25.5-35.2)</td>
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</tr>
<tr>
<td></td>
<td>29.6 (25.2-34.4)</td>
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<tr>
<td></td>
<td>35.5 (32.1-39.1)</td>
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<tr>
<td>Crude death Rate/10,000/day (90days)</td>
<td>0.47 (0.26-0.84)</td>
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<tr>
<td></td>
<td>0.49 (0.30-0.81)</td>
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<tr>
<td></td>
<td>0.19 (0.08-0.45)</td>
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<tr>
<td>Under 5 death Rate/10,000/day (90days)</td>
<td>0.69 (0.32-1.50)</td>
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<tr>
<td></td>
<td>1.2 (0.68-2.11)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.27 (0.06-1.11)</td>
<td></td>
</tr>
<tr>
<td>OVERALL NUTRITION SITUATION</td>
<td>Serious</td>
<td></td>
</tr>
<tr>
<td>Disease Outbreaks:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morbidity based on 2wk recall</td>
<td>27.6</td>
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</tr>
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<td></td>
<td>28.1</td>
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</tr>
<tr>
<td></td>
<td>16.8</td>
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<tr>
<td>Immunization status-Vit. A</td>
<td>62.9</td>
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<tr>
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<td>49</td>
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<tr>
<td>Measles</td>
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</tr>
<tr>
<td>CSI</td>
<td>21</td>
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<tr>
<td>FCS</td>
<td>19 (poor or borderline)</td>
<td></td>
</tr>
<tr>
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<td>9 (poor or borderline)</td>
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</tr>
<tr>
<td>Food Security Phase</td>
<td>Stressed</td>
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</tr>
<tr>
<td></td>
<td>Crisis</td>
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GAM and SAM trend among Kismayo IDPs
# Nutrition Key Driving Factors

<table>
<thead>
<tr>
<th>Aggravating</th>
<th>Mitigating</th>
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| **Dhobley** | § Normal food supply (imported & local) at market level;  
| 1. High seasonal morbidity=26.2 | § Job Opportunities  
| 2. Low measles (37.2%) immunization and vitamin A (33.1%) supplementation status | § Dhobley SC activities- SCI, WRRS  
| | § Cash for work and cash for voucher-  
| | § Access Health services- ARC & SCI |
| **Kismayo IDPs** | § Normal food supply (imported & local) at market level;  
| 1. Shortage of shelter | § Cash Voucher continue but probably most for returnees and some IDPS  
| 2. High food spending | § Cash for work  
| 3. High sesonal morbidity= 16.8 | § Kismayo SC activities  
| 4. Out break AWD and measles | § Labour Opportunities  
| 1. Low measles immunization (41.2%) and vitamin A supplementation status (45.3%) | § Provision of mosquito nets |
Kismayo IDPs remained Sustained **Serious** nutrition situation, while Dhobley IDPs improved to **Serious** levels of nutrition situation.

**Nutrition Outlook, Feb - April; 2017:**

Kismayo and Dhobley IDPs is likely to remain in Serious phase due to ongoing humanitarian interventions, food for work, cash for voucher, and sanitation interventions.
Partners involved in Nutrition Assessment

Acknowledgment

Partners/Stakeholders involved

- **Government**: Ministry of Health Jubaland
- **Local NGOs**: SRCS, Muslim Aid, Dial, ICDA, Somali Aid, M.Hands
- **Local community**: Community Elders, village chiefs, Survey guides
- **Women Involvement**: Primary respondents, women leaders/IDP/ Female survey guide
- **Youth Groups**: involved enumerators and supervisors from communal youth sector