

## Nutrition situation in June-July 2012 remains likely unchanged since January 2012

### OVERVIEW

#### Nutrition forecast for June-July 2012

The nutrition situation among rural, urban and IDP populations across Somalia is likely to remain unchanged since January 2012. Northern and central regions are projected to remain in *Serious-Critical* phases, while southern regions will likely remain in *Very Critical* phase, except for Lower Shabelle in *Critical* phase where average crop harvests are anticipated. Internally displaced persons (IDPs) are likely to remain in *Critical-Very Critical* nutrition phase except for Hargeisa IDPs, in sustained *Serious* phase, Mogadishu IDPs in *Critical* and Mogadishu Urban in *Serious* phases, based on surveys conducted in April-June 2012 (Maps 1 and 2).

The nutrition forecast for June-July 2012 is based on four factors: the situation in January 2012; historical nutrition trends for the season; the food security and the health situation during this period.

- *The situation in January 2012:* Major shifts in the nutrition phase within a span of six months are not typical for Somalia based on FSNAU time trend series, 2008-2011. Hence the south in which the nutrition situation was *Very Critical* in January 2012 is likely to remain in this phase, but with slight improvements.
- *Historical nutrition trends (2008-2011) for the Gu (April-June) season:* These show *Serious-Critical* phases as typical in northern and central regions. In the south, the situation has ranged from *Critical* in Juba pastoralists, to *Very Critical* in Bay region since *Gu* 2008. Considering the ongoing insecurity in Juba, and with its limited access to humanitarian support, the situation is likely to remain *Very Critical*. In IDPs the situation is typically *Critical-Very Critical* except for Hargeisa (*Serious*).
- *The prevailing and projected food security situation:* There are improvements compared to *Gu* 2011 when famine was declared. Increased household food access will mitigate the nutrition situation and maintain malnutrition levels below famine thresholds. Average crop harvests anticipated in Lower Shabelle region are likely to lead to improvements to a *Critical* nutrition phase in this area.
- *The health situation* has deteriorated since January-March 2012 (dry *Jilaal* season), consistent with seasonal trends. Nevertheless, the WHO's Somalia emergency health bulletin (June 9-15, 2012) indicates that the caseloads affected by disease have begun to show a declining trend. Typical with seasonal trend, high morbidity levels are likely to aggravate the nutrition situation.

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#### Summary of April-June 2012 nutrition survey findings

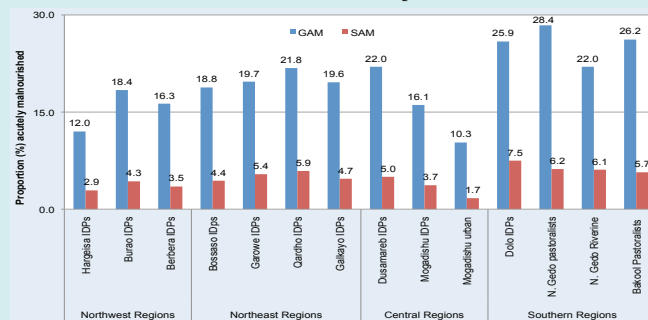
Nutrition surveys conducted in Bakool, Gedo and IDPs in Northwest and Northeast regions in May-June 2012 using SMART methodology<sup>1</sup>, indicate a sustained **Critical -Very Critical** situation in all IDPs, except for those in Hargeisa town, who are in sustained **Serious** phase with global acute malnutrition (GAM, WHZ<-2 or oedema) of **12.0%** (9.2-15.5). This is attributed to better access to income through increased casual labor wages, and humanitarian support. Dolo IDPs in Gedo region with GAM rate of **25.9%** based on an exhaustive study, and Dusamareb IDPs in Central, with GAM findings of **22.0%** are sustained in a **Very Critical** nutrition phase mainly due to challenges in access of food, and limited humanitarian support in parts of the settlements. There are improvements in Bossaso and Galkayo IDPs to **Critical** phase from *Very Critical* in January 2012, following intensive humanitarian support. The change is of statistical significance in Bossaso IDPs, but not for Galkayo IDPs.

Findings from three surveys conducted in rural livelihood zones of northern Gedo and Bakool regions in June 2012 depict a sustained **Very Critical** phase, with GAM of **28.4%** (23.0-34.5) in northern Gedo pastoralists, **22.0%** (18.6-25.9) in northern Gedo riverine, and **26.2%** (20.6-32.8) in Bakool pastoralists.

Further improvements, based on the April 2012 nutrition surveys, are observed in Mogadishu IDPs where the situation is currently **Critical**, and in Mogadishu urban in **Serious** nutrition phase from *Very Critical* phase in January 2012. The improvements are attributed to increased access to income from casual labor, food and humanitarian support, including control and management of diseases and outbreaks.

Results from the April-June 2012 surveys of the global and severe acute malnutrition rates are provided in Figure 1.

**Figure 1: Global (GAM: WHZ<-2 or oedema, WHO 2006 GS) and Severe (SAM: WHZ<-3 or oedema, WHO 2006 GS) Acute Malnutrition Rates, April-June 2012**

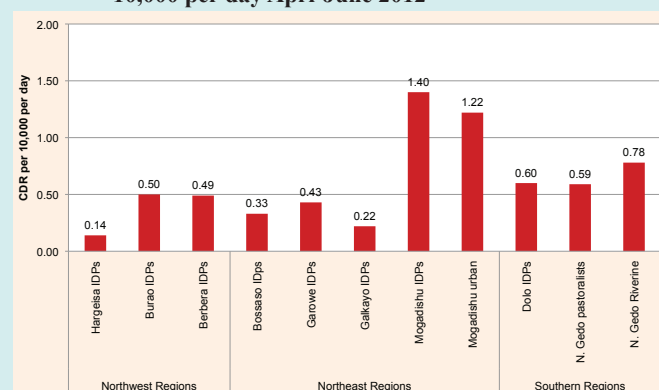


<sup>1</sup> SMART (Standardized Monitoring and Assessment of Relief and Transitions) is an inter-agency initiative, launched in 2002 by a network of organizations and humanitarian practitioners including: donors, policymakers, and leading experts in emergency epidemiology and nutrition, food security, early warning systems, and demography. SMART methodology is an improved survey method based on the two most vital, basic public health indicators to assess the severity of a humanitarian crisis: nutritional status of children under-five and mortality rate of the population. These indicators are useful for assessing needs and prioritizing resources, as well as for monitoring the extent to which the relief system is meeting the needs of the population and thus, the overall impact of the relief response. SMART was initiated mainly to improve technical capacity of implementing partners to carry out, analyze, interpret and report on survey findings in a standardized manner to ensure nutrition/health data is reliable. For details, visit <http://www.smartmethodology.org/>

## Deaths

Retrospective crude death rates per 10,000 per day in the preceding 90 days range from 0.07 in Galkayo IDPs to 0.49 in the north, indicating an *Acceptable* situation based on the UNICEF 2005 classification. For the south, crude mortality rates range from 0.31 in Bakool pastoralists which is *Acceptable*, to 0.59 in north Gedo pastoralists and, 0.78 in north Gedo riverine which are within the *Alert* phase. These rates are below the national median rate of 0.7 per 10,000 per day (based on surveys conducted between 2007-2011). In Mogadishu urban and IDPs however, the rates are 1.2 and 1.4 per 10,000 per day respectively, indicating *Serious* levels, but an improvement since January 2012, when in the IDPs, the situation was above the emergency threshold of 2 per 10,000 per day. A summary of the findings is provided in Figure 2

**Figure 2: Retrospective (90 days) crude death rate (CDR), per 10,000 per day April-June 2012**



### UNICEF 2005 classification of mortality. Retrieved

June 20, 2012, page 139 of [http://www.unicef.org/publications/files/UNICEF\\_EFH\\_2005.pdf](http://www.unicef.org/publications/files/UNICEF_EFH_2005.pdf)

#### CMR (deaths per 10,000 people per day)

CMR (deaths per 10,000 people per day)	Severity of emergency
Up to 0.5	Normal
0.5 to 0.99	Under Control
1 to 1.99	Very Serious
2.0 to 4.99	Out of control
>5	Catastrophic

The objective of the overall emergency assistance programme should be to achieve a crude mortality rate of less than 1 per 10,000 persons per day and an under-five mortality rate of less than 2 per 10,000 children per day as soon as possible.

Nutrition and mortality surveys targeting rural and urban livelihoods are ongoing across Somalia in June-July 2012.

## Gender

Statistical analysis for the April-June 2012 survey findings shows no significant difference between acute malnutrition and sex of the child, or with sex of the household head. Likewise, there are no statistically significant differences between sex of the child with morbidity status (based on recall), and child feeding practices. Nevertheless, across all the surveyed population groups, a higher proportion of boys than girls tended to be malnourished, based on weight for height index. This disparity is likely, given the use of the new WHO 2006 sex-differentiated reference standards, which has been observed to discriminatively identify more boys as acutely malnourished<sup>2</sup>. Discussions among nutrition experts at global level are ongoing to establish the most appropriate way forward on this issue.

## The Food security situation

Based on the results of the rapid preliminary *Gu* season field assessment carried out in June 2012 and monthly monitoring of food security and nutrition situation, **FSNAU projects a total number of people in a food security crisis is likely to remain unchanged in the second half of the year.** This forecast will hold under the conditions of continued humanitarian support (cash and food), which was extended to 3.4 million people in January-April this year. The impact of the assistance is seen in improved access to food, social safety nets and household incomes to allow for restocking of livestock, as well as the overall improved nutrition situation in the country.

However, the food security situation is going to deteriorate in the agropastoral areas in the South where **below average *Gu* rainfall in most of the rain-fed farming areas suggest an inevitable shortfall of *Gu* harvest.** Below average to poor harvest is expected in all rain-fed regions of the Sorghum Belt, inclusive of the major sorghum producing region of Bay, which normally accounts for almost two-thirds of the total sorghum production of the country. This prospect is particularly concerning for poor farmers in parts of crop-dependent agropastoral areas in the South (Bay, parts of Juba, Shabelle, Bakool and Gedo), who normally derive about 4-6 months of cereal supplies from the *Gu* season. A meagre crop production is also likely in the agropastoral zone of Central following erratic and below normal *Gu* rains combined with pest infestation, which will have implications on the food access of households in this livelihood.

Concerns remain also about sheep/goat pastoralists along the Indian Ocean coastline of the central and northern zones and a western part of the coastal areas (Awdal and W. Galbeed regions) in the Gulf of Aden, which received poor to no rainfall. However, the food security situation is likely to continue improving in most of the other livelihoods of the country, including most pastoral areas and Mogadishu. **Therefore, anticipated decrease in the numbers of population in crisis in parts of these livelihoods will counterbalance the increases in agropastoral areas in South-Central.**

For details, review the FSNAU Food security and nutrition brief, June 2012 accessible at <http://www.fsnau.org/downloads/FSNAU-Quarterly-Brief-June-2012.pdf>

### Health Situation Overview (Reference: *Somalia Emergency Weekly Health Updates, May-June, 2012*)

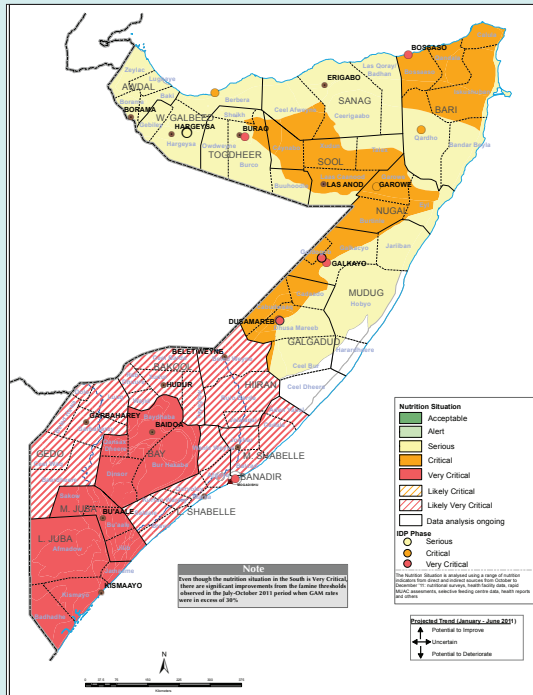
The leading causes of morbidity across Somalia are suspected cholera and confirmed malaria. Suspected cholera accounts for most consultations in Central Somalia and Puntland, suspected shigellosis is the leading cause of morbidity in Somaliland followed by suspected cholera while confirmed malaria was the leading cause of morbidity in Southern Somalia. Areas most affected by morbidity are Lower and Middle Juba, and areas surrounding Mogadishu, including the Afgoye corridor resulting in continuous population displacement. However, a reduction in the overall caseload has been observed.

The number of suspected shigellosis is alarming. Current evidence suggests there is non-adherence to the recommended case definition for suspected shigellosis, which is: "*visible blood in stool*". Most reported suspected shigellosis cases were based on patients' reported blood in stool. In response to this, a series of training activities will be conducted in collaboration with the Ministry of Health, health partners and local authorities. No deaths due to suspected shigellosis have been reported.

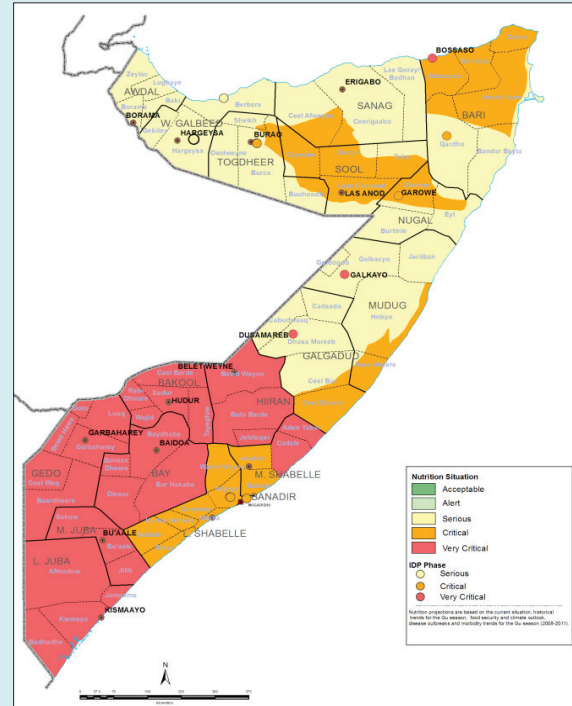
For details, contact [deslooverep@nbo.emro.who.int](mailto:deslooverep@nbo.emro.who.int), or Dr. Kamran Mashhadi, the health cluster coordinator, [mashhadik@nbo.emro.who.int](mailto:mashhadik@nbo.emro.who.int)

<sup>2</sup> Golden, M., Grellety, Y., Schwartz, H., & Tchibindat, F. (2010). Report of a Meeting to harmonize the criteria for monitoring and evaluation of the treatment of acute malnutrition in West and Central Africa. 30th November – 1st December 2010; Dakar, Senegal. P17. Retrieved June 25, 2012 <http://www.ennonline.net/pool/files/ife/consensus-meeting-on-m&c-imam-dakar-2010-eng.pdf>

Map 1: Estimated Nutrition Situation, January 2012



Map 2: Estimated Nutrition Situation, June-July 2012



### Bakool Pastoral Livelihood Zone: Nutrition Survey Findings reveal Very Critical Situation

The nutrition situation in the pastoral population in Bakool region (Elberde District) is in a sustained **Very Critical** phase since post Deyr'11/12, mainly attributed to high morbidity, chronic food insecurity and limited humanitarian services.

FSNAU and EPHCO<sup>3</sup> conducted a nutrition and mortality survey among the Bakool Pastoral population, to determine their current nutrition and health status (Map 3). The assessment was conducted between 3<sup>rd</sup> -12<sup>th</sup> June 2012, in 40 randomly sampled clusters. Using SMART sampling methodology, a total of 732 children (6-59 months) from 468 households were assessed for anthropometric indicators, while a total of 573 households were assessed for mortality.

Results indicate a sustained **Very Critical** nutrition situation with a GAM rate of **26.2%** (20.6-32.8) and a SAM rate of **5.7%** (3.6-9.1). Analysis illustrates that more boys (31.4 %) than girls (21.7 %) are acutely malnourished but the difference is not statistically significant ( $P>0.05$ ). The 90 days retrospective crude and under five death rates reported are **0.31** (0.15-0.61), and **0.86** (0.43-1.73) per 10,000 per day, indicating an **acceptable** situation according to UNICEF classification, and a significant improvement from the mortality rates reported in July 2011 (CDR - 1.89 and U5DR - 5.06). The main causes of death reported through respondent's recall are measles and malaria for the under fives and TB and malaria for adults.

High morbidity rates in a population increases the risk of malnutrition; survey results indicate nearly half (46.9%) of the assessed children were reportedly ill in the two weeks prior to the survey (see Table 1). The proportion of children reported to have suffered from diarrhoea in the 2 weeks prior to the assessment was 18.8%, while those suffering from pneumonia and measles was 18.7 % and 0.5 % respectively. The measles immunization and vitamin A supplementation status for the assessed children in the six months prior to the assessment was low at 34.6 % and 47.4 % respectively.

The UNICEF/WHO led *Child Health Days initiative* is scheduled to start towards the end of the assessment, therefore there is a possibility the immunization status of the population will improve.

Pockets of high malnutrition rates are noted in some clusters; these villages were Maroodi cade, Buur Caliyow, Habaasha Ina shurbad, Elbaid, Morabus, Nuhley, Hiirey and Wargarweyne all in Elberde district. These clusters reported a mean WHZ-Score of between -2.01 to -1.81, lower than the overall mean WHZ score of -1.35, indicating a high number of acutely malnourished children were identified in these clusters. The concerned villages are hosting an influx of IDPs from areas with high civil insecurity particularly Huddur and Rabdhure. The villages have very limited basic services (health, food, water and sanitation) and therefore lack the capacity to cope with the additional needs of the displaced population; AWD outbreaks have been reported in these villages by local partners working in the area, a possible contributing factor to the high malnutrition herein. Pregnant and lactating women are equally affected with 22% of the assessed with Mid upper arm circumference (MUAC) measurements below 23cm.



A mother receives supplementary plumpy from OTP site in Elberde district, June 2012

<sup>3</sup> Elberde Primary Healthcare Organization



**Table 1: Summary of Nutrition Survey Results for Bakool Pastoral (May/June 2012)**

40 Clusters (N=732; 341 boys, 391 girls)		
Indicator	n	% (95% CI)
Total number of households assessed for children	468	100
Total number of households assessed for mortality	572	100
Total number of children assessed:	732	100
Boys	341	
Girls	391	
<b>Child malnutrition</b>		
Global Acute Malnutrition (WHO 2006)	192	<b>26.2</b> (20.6-32.8)
Boys	107	31.4 (24.6-39.0)
Girls	85	21.7 (15.7-29.3)
Mean WHZ (WHO, 2006)	-1.35	±1.03
Severe Acute Malnutrition (WHO 2006)	42	<b>5.7</b> (3.6- 9.1)
Boys	30	8.8 (5.0-14.9)
Girls	12	3.1(1.4- 6.6)
Oedema	4	0.5 (0.01-1.1)
Global Acute Malnutrition (NCHS)	182	24.8 (20.1-30.2)
Severe Acute Malnutrition (NCHS)	23	3.1 ( 1.8- 5.4)
Global Acute Malnutrition (WHM<80% or oedema - NCHS)	115	15.7 (11.9-19.4)
Severe Acute Malnutrition (WHM<70% or oedema - NCHS)	9	1.2 (0.4-2.05)
Global Acute Malnutrition by MUAC (<12.5 cm or oedema)	111	15.1 (11.7-19.3)
Boys	59	17.3 (13.3-22.1)
Girls	52	13.3 ( 9.2-18.7)
Severe Acute Malnutrition by MUAC (<11.5 cm or oedema)	14	1.9 ( 1.1- 3.3)
Proportion of children Stunted (HAZ<-2)	138	18.9 (14.9-23.7)
Boys	78	22.9 (18.5-27.9)
Girls	60	15.5 (10.2-22.8)
Proportion of children Underweight (WAZ<-2)	270	37.0 (31.2-43.3)
Boys	141	41.6 (35.1-48.4)
Girls	129	33.1 (26.0-41.0)
<b>Mortality Rates</b>		
Crude Death Rate (deaths/10,000/day)	<b>0.31</b>	0.15-0.61)
Under five Death Rate (deaths/10,000/day)	<b>0.86</b>	0.43-1.73
<b>Child Morbidity</b>		
Children reported ill in the previous 2 weeks	344	46.9 (36.9-56.8)
Children reported with diarrhoea in 2 weeks prior to assessment	138	18.8 (14.2-23.4)
Children reported with ARI in 2 weeks prior to assessment	137	18.7 (13.2 -24.1)
Children reported with febrile illness in 2 weeks prior to assessment	200	27.2 (19.9-34.5)
Children reported with suspected measles within 1 month prior to assessment	4	0.5 (0.01-1.2)
<b>Child Immunization status</b>		
Children (6-59 months) reported immunised against measles	254	34.6 (25.9-43.3)
Children who reported to have received vitamin A suppl in last 6 months	348	47.4 (37.4-57.5)
Children who have ever received polio vaccine	406	55.3 (42.8-67.8)
<b>Maternal Health and Nutrition</b>		
Total women who are acutely malnourished	94	N= 595 15.8 (12.5-19.1)
Pregnant & lactating women acutely malnourished (MUAC<21.0 cm)	10	2.4 (0.7-4.0)
Pregnant & lactating women acutely malnourished (MUAC<23.0 cm)	93	22.0 (17.5-26.5)
Non pregnant/lactating acutely malnourished (MUAC≤18.5 cm)	1	0.6 (0.01-1.7)

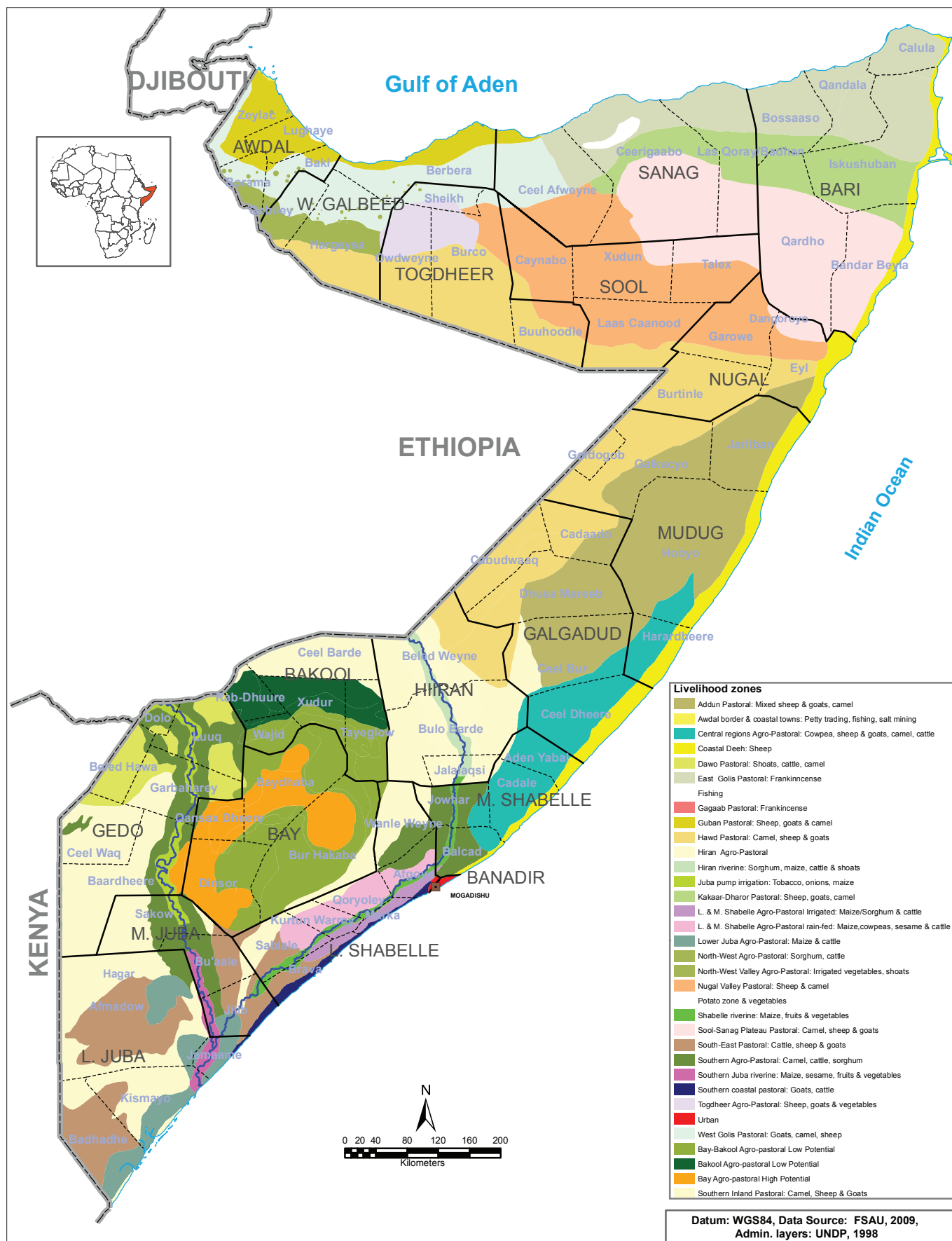
Overall, the findings indicate a sustained **Very Critical** nutrition situation since Gu '09, mainly attributed to the high morbidity rates, reduced household food security (due to limited consumption of milk and livestock related income), diminished income earning opportunities, population displacements due to civil insecurity, in addition to limited access to basic services and humanitarian interventions. Humanitarian interventions in the form of blanket, targeted and outreach supplementary feeding programs by organizations such as WFP, UNICEF, EPHCO and DADO<sup>4</sup>, have helped mitigate the poor nutrition situation among the pastoral populations. Immediate interventions aimed at rehabilitating acutely malnourished children especially in the villages where elevated rates of acute malnutrition have been noted should be instigated. In addition, continued interventions on health, water, food and livelihoods are required to mitigate further deterioration and to address the high malnutrition prevalence. These interventions should be implemented alongside medium term interventions that support and rebuild livelihoods.



*Influx of IDPs to Baneedi village from Huddur in Bakool, June 2012 region*

<sup>4</sup> Dareeyl Awareness and Development organization

MAP 3: SOMALIA LIVELIHOOD ZONES



## Northern Gedo Pastoral and Riverine Livelihood Zones

### Sustained Very Critical Nutrition Situation

The post *Deyr* '11/12 integrated nutrition situation analysis indicated a *likely Very Critical* nutrition situation across all livelihoods in Gedo region (Map 3). Results from surveys conducted in northern Gedo region among the pastoral and riverine populations in June 2012 indicate that the nutrition situation remains **Very Critical**. The main factors attributing to the poor nutrition situation include elevated morbidity levels, poor household food security and poor child feeding and care practices, coupled with limited access to basic human services (safe water, health and sanitation facilities).

In order to closely monitor the nutrition status, FSNAU and CAFDARO with partners<sup>5</sup> between 3<sup>rd</sup> and 12<sup>th</sup> June 2012 conducted nutrition surveys among the pastoral and riverine populations in the northern Gedo districts of Dolo, Luuq and Belet-Hawa. Other districts in Gedo region could not be covered due to security constraints. Using SMART methodology, a total of 30 clusters per survey were randomly selected. A total of 612 and 552 households were assessed among the pastoral and riverine population respectively. The surveys collected anthropometric, morbidity, immunization and mortality data. A total of 694 and 742 children aged 6-59 months were assessed among the pastoral and riverine surveys respectively. Results from the nutrition surveys indicate a sustained **Very Critical** nutrition situation among both populations, with a GAM rate of **28.4%** (23.0-34.5) and **22.0%** (18.6-25.9) among the pastoral and riverine population respectively. There is no statistically significant difference in the number of boys and girls acutely malnourished in both surveys. The 90 days retrospective crude and under five death rates reported is *Serious* among both the pastoral (**0.59/10,000/day**) and riverine (**0.78/10,000/day**) populations according to UNICEF classification.

### Northern Gedo Pastoral Livelihood Zone:

Findings indicate GAM and SAM rates of **28.4%** (23.0-34.5) and **6.2%** (4.4-8.7) respectively including five oedema cases (0.7%). This indicates a sustained **Very Critical** nutrition situation in comparison to findings from a regional pastoral survey in August 2011 which reported a GAM rate of 32.9% (27.9-38.3) and a SAM rate of 17.7% (14.4-21.6). Although not directly comparable, the current results suggest a significant improvement in the SAM rates reported from the August 2011 regional pastoral survey which was conducted at the peak of the food security crisis in southern Somalia. Current survey findings indicate that more boys (31.0%) than girls (25.9%) are acutely malnourished, however the difference is not statistically significant ( $p > 0.05$ ). The retrospective crude and under five death rates are **0.59** (0.35-1.01) and **1.36** (0.77-2.40), indicating an *Alert* situation according to UNICEF 2005 classification.

A high proportion of the children assessed in the survey had fallen ill two weeks prior to the survey. The overall rate of morbidity reported is 29.1%. The proportion of children reported to have suffered from diarrhoea in the 2 weeks prior to the assessment is 10.2%, those suffering from suspected pneumonia is 6.5% while those suffering from measles was low at 0.4%. The measles immunization and vitamin A supplementation status for the assessed children in the 6 months prior to the assessment is impressively high (93.2% and 93.9% respectively), and close to the recommended Sphere standards of 95%, and a mitigating factor. Pregnant and lactating women are equally affected with 31% of the assessed with Mid upper arm circumference (MUAC) measurements below 23cm.

### Northern Gedo Riverine Livelihood Zone:

Findings indicate a GAM rate of **22.0%** (18.6-25.9) and a SAM rate of **6.1%** (4.4-8.5), with no oedema cases observed, indicating a sustained **Very Critical** nutrition situation. An integrated nutrition situation analysis using health facility and feeding programme data from the area in the *Deyr* '11/12 season indicated a *likely Very Critical* situation, the current survey results therefore indicate no change in the nutrition situation. Further analysis also indicates an almost equal proportion of boys (26.7%) and girls as malnourished (27.1%). The crude and under five death rates are **0.78** (0.43-1.43) and **2.34** (1.22-4.43) respectively, per 10,000 per day, reflecting an *alert* situation based on UNICEF 2005 classification. Elevated morbidity rates in a population increase the population's risk of acute malnutrition and results from the nutrition survey indicated a high proportion (25.9%) of children had fallen ill in the two weeks prior to the assessment.

The proportion of children reported to have suffered from diarrhoea is 10.3%, suspected pneumonia is 8.8% and those suffering from fever and suspected measles are 1.1% and 0.4% respectively. The vaccination and supplementation status was similar to the pastoral population, with a high number of the children having been vaccinated in the last 6 months (88.5%-measles and 93.2%-Vitamin A supplementation). Pregnant and lactating women are equally affected with 24.9% of the assessed with Mid upper arm circumference (MUAC) measurements below 23cm. The findings are summarized in Table 2.

Overall, the nutrition situation among the pastoral and riverine population in northern Gedo is **Very Critical**. The population continues to remain vulnerable due to high morbidity levels coupled with the effects of household food insecurity, further aggravated by the limited access to health facilities. It is important to continue with, or instigate interventions aimed at improving the health and nutrition status of the population.



Unprotected shallow well in Ceel cali village, Elberde

<sup>5</sup> CEDA, World Vision



**Table 2: Summary of Results for Northern Gedo Pastoral and Riverine Nutrition Surveys, June 2012**

Indicator	Pastoral 30 Clusters (N=694; 339 boys, 355girls)		Riverine 30 Clusters (N=742; 388 boys, 354girls)	
	n	% (95% CI)	n	% (95% CI)
Total number of Households assessed for children	506	100	487	100
Total number of Households assessed for mortality	612	100	552	100
Total number of Children assessed	694	100	742	100
Boys	339	48.8	388	52.3
Girls	355	51.2	354	47.7
<b>Child Malnutrition</b>				
Global Acute Malnutrition (WHO 2006)	197	28.4 (23.0-34.5)	162	22.0 (18.6-25.9)
Boys	105	31.0 (23.2-40.0)	103	26.7 (22.6-31.2)
Girls	92	25.9 (21.0-31.5)	59	27.1 (22.9-31.7)
Severe Acute Malnutrition (WHO 2006)	43	6.2 (4.4-8.7)	45	6.1 (4.4-8.5)
Boys	21	6.2 (3.6-10.4)	31	8.0 (5.7-11.2)
Girls	22	6.2 (3.6-10.3)	14	4.0 (2.1-7.5)
Mean WHZ Score	-1.30	±1.11	-1.16	±1.11
Oedema	5	0.7	0	0
Global Acute Malnutrition (NCHS)	184	26.3 (20.5-33.1)	169	22.8 (18.9-27.2)
Severe Acute Malnutrition (NCHS)	15	2.1 (1.1-4.0)	30	4.0 (2.6-6.3)
Global Acute Malnutrition by MUAC (<12.5 cm or oedema)	49	7.0 (5.1-9.4)	65	8.8 (6.2-12.2)
Boys	20	5.8 (3.9-8.6)	27	7.0 (4.8-9.9)
Girls	29	8.1 (5.4-11.8)	38	10.7 (6.6-17.1)
Severe Acute Malnutrition by MUAC (<11.5 cm or oedema)	15	2.1 (1.3-3.5)	6	0.8 (0.3-2.3)
Boys	8	2.3 (1.1-5.0)	2	0.5 (0.1-2.2)
Girls	7	1.9 (1.0-3.9)	4	1.1 (0.3-3.8)
Proportion of children Stunted (HAZ<-2)	113	17.6 (13.9-22.0)	139	19.2 (15.0-24.3)
Boys	48	15.4 (11.5-20.5)	79	20.9 (15.6-27.4)
Girls	65	19.6 (14.1-26.6)	60	17.4 (12.9-23.0)
Proportion of children Underweight (WAZ<-2)	160	23.1 (17.4-30.1)	160	21.6 (17.8-26.0)
Boys	81	24.4 (17.0-33.8)	94	24.3 (19.4-29.9)
Girls	79	21.9 (16.5-28.5)	66	18.7 (14.1-24.3)
<b>Mortality</b>				
Crude Death Rate (CDR) as deaths/10,000/ day	0.59 (0.35-1.01)		0.78 (0.43-1.43)	
Under 5 Death Rate (U5DR) as deaths/10,000/ day	1.36 (0.77-2.40)		2.34 (1.22-4.43)	
<b>Child Morbidity</b>				
Children reported ill in the previous 2 weeks	205	29.1 (19.8-38.4)	198	25.9 (17.2-34.7)
Children reported with diarrhoea in 2 weeks prior to assessment	72	10.2 (5.3-15.3)	79	10.3 (6.4-14.3)
Children reported with ARI within two weeks prior to assessment	74	10.5 (6.9-14.1)	67	8.8 (2.5-15.1)
Children reported with febrile illness in 2 weeks prior to assessment	116	16.5 (10.2-22.7)	85	1.1 (8.4-13.8)
Children reported with suspected measles within one month prior to assessment	3	0.42 (0.1-0.6)	3	0.4 (0.0-0.8)
<b>Child Immunization and Vitamin A status</b>				
Children immunized against measles	656	93.2 (90.8-95.5)	676	88.5 (85.4-91.6)
Children reported to have received vitamin A supplementation in last 6 months	661	93.9 (91.6-96.1)	712	93.2 (90.9-95.5)
Children received Polio Vaccination	667	94.7 (92.8-96.6)	737	96.5 (94.3-98.6)
<b>Maternal Health and Nutrition</b>				
	N=588		N=552	
Total women who are acutely malnourished	124	21.1 (16.3-25.9)	98	17.8 (13.2-22.5)
Pregnant & lactating women acutely malnourished (MUAC<23.0 cm)	123	31.0 (24.2-37.7)	97	24.9 (19.2-30.7)
Pregnant & lactating women acutely malnourished (MUAC<21.0 cm)	10	2.5 (0.9-4.0)	15	3.9 (1.9-5.9)
Non pregnant/lactating acutely malnourished (MUAC≤18.5 cm)	1	0.5 (0.0-1.6)	1	0.6 (0.0-1.9)

### Dolo Town IDPs: Survey Findings Indicate a *Very Critical* Nutrition Situation

The nutrition situation of the internally displaced population in Dolo town is **Very Critical**. The main factors affecting the nutrition situation include high morbidity (AWD), limited access to basic services and poor household food security.

Dolo town in North Gedo region, has been host to internally displaced persons fleeing the harsh effects of the drought and conflict in Gedo, Bakool and Bay regions in south Somalia. The nutrition situation of Gedo region has generally been classified as *Very Critical* since July 2011, with high acute malnutrition rates, elevated morbidity levels and poor household food security as the main contributing factors. Although no nutrition survey was conducted at the time among the Dolo IDPs, in March – April 2011, at the onset of the crisis in southern Somalia, in the Ethiopian border town Dolo-Ado, two representative surveys conducted by UNHCR/MSF in Bokolmayo and Melkadida refugee camps revealed a *Very Critical* nutrition situation with GAM rates of >30% and SAM>10% in both camps. Since then, the IDPs have received various humanitarian interventions in Dolo town.

In order to closely monitor the IDPs nutrition status and better inform interventions, FSNAU and CAFDARO with partners<sup>6</sup> conducted an exhaustive nutrition survey among the IDPs in Dolo town from 24<sup>th</sup> May – 6<sup>th</sup> June 2012. A total of 974 children aged 6-59 months were assessed from 579 households, while 682 households were assessed for mortality. The survey collected anthropometric, morbidity, immunization and mortality data. Results from the nutrition survey indicate a **Very Critical** nutrition situation among the Dolo IDPs, with GAM rate of **25.9%** and a SAM rate of **7.5%**. It is observed that a higher proportion of boys (31.1%) were malnourished compared to girls (21.0%), however the differences are not statistically significant. The 90 days retrospective crude and under five death rates reported are **0.60** and **0.81** per 10,000/day indicating an *Alert* situation according to UNICEF 2005 classification.

The maternal malnutrition is critical among the pregnant and lactating women, with 24% of the assessed recording MUAC measurements of <23cm. The proportion of non pregnant women acutely malnourished (MUAC <18.5 cm) is 6.5%, see Table 3 for results.

<sup>6</sup> CEDA, World Vision

Results further indicated that a high proportion of the children assessed in the survey had fallen ill two weeks prior to the survey. The overall rate of morbidity reported is 36.8%. The proportion of children reported to have suffered from diarrhoea in the 2 weeks prior to the assessment is 18.4%, while those suffering from suspected pneumonia and measles is lower at 7.8% and 0.5% respectively. The measles immunization and vitamin A supplementation status for the assessed children in the 6 months prior to the assessment is high (89.4% and 90.9% respectively), however still below the recommended Sphere standards of 95%.

The increased incidences of disease (mainly diarrhoea and fever), low purchasing power of households and less income opportunities are the main factors leading to the worrying nutrition situation among the population, in addition to the limited humanitarian interventions. Currently there are nutrition, health and WASH programmes being undertaken in Kabasa settlement camp, while the interventions in Qansahley camp are very limited. Further efforts are required to improve the situation, scaling up of health and nutrition related programmes would be highly beneficial to the population especially in the areas not covered. Improving health and controlling the outbreaks of diseases in the town is crucial for this population, which is highly vulnerable given the effects of the persistent drought in the town and its resultant negative impact on the food security, health and nutritional well being of the population. The urban poor in the town face the same challenges as the internally displaced persons and should be considered when designing interventions targeted to the population.

Overall, the nutrition situation among the Dolo IDPs is **Very Critical**, and the population remains highly vulnerable due to the direct impact of household food insecurity and the high disease burden in the town, further aggravated by the limited access to health services. In addition to the chronic underlying factors such as poor child care and feeding practices, inadequate sanitation facilities and lack of access to safe drinking water remain long term challenges to the health and nutrition well-being of the population. It is therefore crucial to initiate or continue interventions targeting the health and nutrition of the population and also address the underlying causes of food insecurity and disease.



Recording MUAC measurements during nutrition survey, Dolo IDP camp

**Table 3: Summary of Results for Dolo Town IDPs Nutrition Survey, June 2012**

(Exhaustive Survey N= 974; 470 Boys, Girls)		
Indicator	n	%
Total number of Households assessed for children	579	100
Total number of Households assessed for mortality	682	100
Total number of Children assessed	974	100
Boys	470	48.3
Girls	504	51.7
<b>Child Malnutrition</b>		
Global Acute Malnutrition (WHO 2006)	252	<b>25.9</b>
Boys	146	31.1
Girls	106	21.0
Severe Acute Malnutrition (WHO 2006)	73	<b>7.5</b>
Boys	45	9.6
Girls	28	5.6
Oedema	8	0.8
Global Acute Malnutrition (NCHS)	237	23.9
Severe Acute Malnutrition (NCHS)	51	5.1
Global Acute Malnutrition by MUAC (<12.5 cm or oedema)	137	13.8
Boys	68	14
Girls	69	13.5
Severe Acute Malnutrition by MUAC (<11.5 cm or oedema)	30	3.0
Boys	16	3.3
Girls	14	2.7
Proportion of children Stunted (HAZ<-2)	265	29.8
Boys	125	29.3
Girls	140	30.4
Proportion of children Underweight (WAZ<-2)	305	31.6
Boys	161	40
Girls	144	35.8
<b>Mortality</b>		
Crude Death Rate (CDR) as deaths/10,000/ day	<b>0.60</b>	
Under 5 Death Rate (U5DR) as deaths/10,000/ day	<b>0.81</b>	
<b>Child Morbidity</b>		
Children reported ill in the previous 2 weeks	367	36.8
Children reported with diarrhoea in 2 weeks prior to assessment	184	18.4
Children reported with ARI within two weeks prior to assessment	100	21.7
Children reported with febrile illness in 2 weeks prior to assessment	5	0.5
Children reported with suspected measles within one month prior to assessment	78	7.8
<b>Child Immunization and Vitamin A status</b>		
Children immunized against measles	894	89.4
Children reported to have received vitamin A supplementation in last 6 months	907	90.9
Children received Polio Vaccination	928	93
<b>Maternal Health and Nutrition</b>		
Total women who are acutely malnourished	92	
Pregnant & lactating women acutely malnourished (MUAC<23.0 cm)	90	24.1
Pregnant & lactating women acutely malnourished (MUAC<21.0 cm)	18	4.8
Non pregnant/lactating acutely malnourished (MUAC<18.5 cm)	2	6.5



## Northeast and Central Regions IDPs

### Survey Findings indicate Critical – Very Critical nutrition situation

The post *Deyr* '11/12 nutrition situation analysis classified the Northeast IDPs in Bossaso, Galkayo, Dhusamareb, Garowe and Qardho as **Very Critical**. Findings from May/June 2012 nutrition surveys indicate the nutrition situation of the IDPs in Bossaso, Galkayo and Dhusamareb as **Critical**, indicating an improvement, however a sustained **Very Critical** nutrition situation is recorded among the Garowe and Qardho IDPs. The main factor attributing to the improvement is the ongoing humanitarian interventions in the IDP settlements.

Between 12<sup>th</sup> May and 2<sup>nd</sup> June 2012, FSNAU in collaboration with UNICEF and the Ministry of Health of Puntland conducted three comprehensive nutrition surveys in Bossaso, Garowe and Galkayo Town IDP settlements using the SMART methodology. In addition small sample cluster assessments were conducted among Qardho IDPs in Bari region and Dhusamareb IDPs in Galgaduud region. These assessments were conducted to monitor the levels of acute malnutrition among the IDPs in the Northeast and Central Somalia in order to inform on appropriate interventions for these vulnerable populations.

**Bossaso Town IDPs:** A total of 1009 children aged 6-59 months from 611 households in 30 randomly selected clusters were assessed among the internally displaced population of Bossaso. The results show a GAM rate of **18.7%** (15.7-22.1) and SAM rate of **3.9%** (2.8 - 5.4), with two (0.2%) oedema cases. Significantly more boys (22.4%) than girls (15.4%) were acutely malnourished. The results indicate a **Critical** nutrition situation, a significant improvement ( $P < 87.5\%$ ) from the **Very Critical** situation reported in the November 2011 assessment when a GAM rate of 24.1% (21.3-27.2) and SAM rate of 7.2% (6.0 - 8.7) were recorded. The retrospective crude and under five death rates of **0.33** (0.15-0.73) and **0.61** (0.28-1.32), both indicate **Acceptable** levels among the Bossaso IDPs according to UNICEF classification. The CDR and U5DR show a slight improvement from the **Alert** levels with respective rates of 0.68 (0.44-1.07) and 1.51 (0.84-2.72) reported in the November 2011 assessment. The results also show an improvement from seasonal levels of GAM rates  $>20\%$  usually observed in the *Gu* since 2009. The improvement could be attributed to interventions by humanitarian organizations and the Puntland authorities in form of targeted food distributions for the acutely malnourished and other nutrition and health services. Several other factors including unstable access to casual labour at Bossaso port, out-migration of the better off escaping the high temperatures, and reduced fishing activities because of the high tides and winds at the sea, still contribute to the persistent poor nutrition situation.

**Qardho:** Findings from the assessment conducted among the Qardho IDPs in May 2012, indicate a GAM rate of **21.7%** (16.8-27.6) and SAM rate of **5.6%** (3.3-9.2), indicating a **Very Critical** nutrition situation. These findings are consistent with the November 2011 assessment that reported a GAM rate of 20.4% (14.8-27.4) and SAM of 6.1% (3.6-10.2), indicating **Very Critical** nutrition levels. The displaced populations in Qardho have also benefitted from the supplementary and therapeutic nutrition interventions by Puntland authorities, together with local and international organizations, which have mitigated the situation from further deterioration.

**Garowe Town:** A total of 821 children aged 6-59 months from 498 households in 30 randomly selected clusters were assessed among the IDPs of Garowe. The results of the Garowe nutrition assessment show a GAM rate of **19.2%** (15.9- 23.1) and a SAM rate of **4.7%** (0.9- 3.7), including two (0.2%) oedema cases, indicating a sustained **Critical** nutrition situation. Similar levels were reported in the November 2011 survey with GAM and SAM rates of 17.8 % (14.7-21.2) and 4.5 % (3.2-6.3) respectively. Similar proportions of boys (19.3%) and girls (19.2%) were acutely malnourished. The CDR and U5DR of **0.43 per 10,000 per day** (0.25-0.75) and **0.59** (0.25-1.39), both indicate

**Acceptable** levels among the Garowe IDPs according to UNICEF 2005 classification. The CDR and U5DR show similar levels to the retrospective rates of 0.30 (0.15-0.59) and 0.77 (0.31-1.88) reported in the November 2011 survey. The internally displaced populations in Garowe have historically reported stable **Serious-Critical** levels since June 2010. Continued government, non-governmental organization interventions and Diaspora support, have contributed to the stability, and in mitigating possible deterioration in this vulnerable population. However, continued conflict-related displacements from the south-central regions have exerted pressure on the host communities, coupled with limited labour opportunities and high food prices which constrain access to food and economic resources among the IDPs.

**Galkayo Town:** A total of 997 children aged 6-59 months from 597 households in 30 randomly selected clusters were assessed among the Galkayo IDPs. The survey results report a GAM rate of **19.2%** (16.1-22.8) and a SAM rate of **4.1%** (3.0-5.6) including two (0.5%) cases of oedema, and indicating a **Critical** nutrition situation. The proportion of boys (21.3%) who were acutely malnourished was higher than that of girls (17.3%), but the difference was not statistically significant ( $p > 0.05$ ). Although these findings show improvement from **Very Critical** levels of 21.8% (18.6-25.4) and 5.9% (4.2-8.2) for GAM and SAM rates respectively reported in November 2011, the change is not statistically significant ( $P < 75\%$ ). The retrospective crude and under five death rates of **0.22** (0.02-1.94) and **0.82** (0.09-2.87) among Galkayo IDPs are both within the **Acceptable** levels according to WHO classification and an improvement from the respective **Alert** rates of 0.80 (0.45-1.42) and 1.39 (0.62-2.08) reported in the November 2011 survey. The reported deaths were suspected to have mainly been caused by diarrhoea.

**Dusamareb Town:** A small sample cluster survey was conducted among the IDPs in Dhusamareb, Galgaduud region in which 202 children aged 6-59 months were assessed from 33 randomly selected clusters. The findings record a GAM rate of **22.0%** (16.1-29.3) and SAM of **5.0%** (2.5-9.8) of severe acute malnutrition, indicating **Very Critical** nutrition situation. Although the nutrition situation remains **Very Critical**, the results indicate a significant improvement ( $P < 87.5\%$ ) from the rates reported in the December 2011 small sample cluster survey on the same population in which a GAM and SAM rate of 27.3% (21.3-34.3) and 2.9% (1.4-6.2) respectively were reported. The improvement is attributed to some humanitarian interventions and social support, in the area. However, the population remains vulnerable to high malnutrition, food insecurity and other health problems, based on continued influx of new IDPs fleeing civil conflict in parts of south and central Somalia.

Overall, the nutrition situation is **Critical** among the three internally displaced populations of Bossaso, Garowe and Galkayo and **Very Critical** in Qardho and Dhusamareb and is showing either a sustained nutrition situation (Garowe, Qardho and Dhusamareb IDPs) or an improvement from **Very Critical** levels reported in November/December 2011 assessments, with a slight (Galkayo IDPs) or significant change in GAM rates (Bossaso IDPs). Maternal nutrition status is poor especially among the pregnant and lactating mothers and child feeding practices remain sub-optimal across all the IDPs settlements. Humanitarian interventions have provided mitigating effects while morbidity (common child illnesses including diarrhoea, pneumonia, fever and suspected measles), food insecurity and poor health services have continued to impact negatively on the IDPs nutrition situation. The reliance of the IDPs on humanitarian assistance, which has been insufficient and limited to a small proportion of targeted vulnerable households, and on the irregular casual labour for income to buy food and other none food items, makes them susceptible to food insecurity and malnutrition.

Table 4. Summary of Key Findings for NE and Central Somalia IDPs Assessments (May/June 2012)

Indicator	Bossaso IDPs 30 Clusters (N=1009; 481 boys, 528 girls)		Qardho IDPs 33 Clusters (N=202; 101 boys, 101 girls)		Garowe IDPs 30 Clusters (N=821; 422 boys, 399 girls)		Galkayo IDPs 30 Clusters (N= 997; 473 boys, 524 girls)		Dhusamreeb IDPs 33 Clusters (N=202; 109 boys, 93 girls)	
	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Total number of households assessed for children	611	100.0	100	100.0	498	100.0	597	100.0	118	100.0
Total number of households assessed for mortality	900		-		716		738			
Household Head	522	85.4 (81.7-89.2)	78	78.0 (70.9-85.1)	408	81.9 (76.9-87.0)	439	73.5 (68.0-79.1)	83	70.3 (61.8-78.9)
Male Headed	89	14.6 (10.8-18.3)	22	22.0 (14.9-29.1)	90	18.1 (13.0-23.1)	158	26.5 (20.9-32.0)	35	29.7 (21.1-38.2)
Female Headed										
Total number of children assessed:	1009	100.0	202	100.0	821	100.0	997	100.0	202	100.0
<b>Child malnutrition</b>										
Global Acute Malnutrition (WHO 2006)	186	18.7 (15.7 – 22.1)	43	21.7 (16.8-27.6)	155	19.2 (15.9 – 23.1)	188	19.2 (16.1 – 22.8)	44	22.0 (16.1-29.3)
Boys	106	22.4 (17.5 – 28.1)	20	20.2 (14.0-28.3)	80	19.3 (15.4 – 23.9)	99	21.3 (17.2 – 26.1)	27	24.8 (17.1-34.4)
Girls	80	15.4 (12.6 – 18.7)	23	23.2 (17.2-30.6)	75	19.2 (14.8 – 24.5)	89	17.3 (13.2 – 22.4)	17	18.7 (11.2-29.6)
Mean WHZ (WHO, 2006)	-1.06	±1.05	-0.83	±1.37	-0.97	±1.15	-1.04	±1.11	-1.04	±1.18
Severe Acute Malnutrition (WHO 2006)	39	3.9 (2.8 – 5.4)	11	5.6 (3.3-9.2)	38	4.7 (3.2 – 6.8)	40	4.1 (3.0 – 5.6)	10	5.0 (2.5-9.8)
Boys	23	4.9 (2.9 – 8.0)	6	6.1 (2.7-13.0)	19	4.6 (2.6 – 8.0)	24	5.2 (3.6 – 7.5)	7	6.4 (3.2-12.5)
Girls	16	3.1 (1.9 – 4.9)	5	5.1 (2.2-11.4)	19	4.9 (3.2 – 7.3)	16	3.1 (1.9 – 4.9)	3	3.3 (1.1-9.8)
Oedema	2	0.2 (0.0-0.5)	1	0.5 (0.0-1.5)	2	0.2 (0.0-0.6)	2	0.2 (0.0-0.6)	1	0.5 (0.0-1.5)
Global Acute Malnutrition (NCHS)	166	16.6 (14.1 – 19.5)	45	22.5 (17.2-28.9)	145	17.8 (14.5 – 21.7)	191	19.3 (16.4 – 22.6)	45	22.3 (16.2-29.8)
Severe Acute Malnutrition (NCHS)	13	1.3 (0.6 – 2.8)	5	2.5 (1.0-5.9)	19	2.3 (1.5 – 3.7)	21	2.1 (1.4 – 3.3)	6	3.0 (1.4-6.4)
Global Acute Malnutrition (WHM<80% or oedema - NCHS)	122	12.1 (9.8-14.4)	32	15.8 (10.6-21.1)	88	10.7 (7.7-13.8)	122	12.2 (9.8-14.7)	28	13.9 (8.4-19.3)
Severe Acute Malnutrition (WHM<70% or oedema - NCHS)	10	1.0 (0.3-1.6)	1	0.5 (0.0-1.5)	7	0.9 (0.3-1.4)	13	1.3 (0.5-2.1)	2	1.0 (0.0-2.4)
Global Acute Malnutrition by MUAC (<12.5 cm or oedema)	115	11.5 (9.0 – 14.4)	25	12.4 (8.7-17.3)	81	9.9 (7.7 – 12.6)	65	6.6 (4.8 – 8.8)	18	8.9 (5.1-15.1)
Boys	45	9.4 (6.8 – 12.7)	16	16.0 (10.0-24.2)	30	7.1 (4.7 – 10.7)	21	4.5 (2.8 – 7.0)	9	8.3 (4.1-15.9)
Girls	70	13.4 (9.9 – 17.5)	9	8.9 (4.7-16.4)	51	12.8 (9.5 – 17.0)	44	8.4 (5.8 – 11.9)	9	9.7 (5.0-18.0)
Severe Acute Malnutrition by MUAC (<11.5 cm or oedema)	38	3.8 (2.6 – 5.5)	6	3.0 (1.4-6.4)	17	2.1 (1.3 – 3.3)	13	1.3 (0.7 – 2.6)	4	2.0 (0.6-6.5)
Proportion of children Stunted (HAZ<-2)	339	34.9 (31.1 – 39.0)	63	33.3 (25.9-41.7)	209	25.9 (22.0 – 30.3)	169	17.3 (13.1 – 22.5)	35	18.0 (12.5-25.2)
Boys	186	40.2 (35.6 – 44.9)	35	36.8 (25.4-49.9)	105	25.3 (20.4 – 30.9)	88	19.0 (14.7 – 24.1)	27	26.5 (17.2-38.4)
Girls	153	30.2 (25.3 – 35.6)	28	29.8 (20.3-41.5)	104	26.6 (21.9 – 31.9)	81	15.8 (11.1 – 22.0)	8	8.7 (4.7-15.5)
Proportion of children Underweight (WAZ<-2)	318	32.0 (27.6 – 36.8)	49	25.4 (18.8-32.4)	295	36.2 (32.4 – 40.2)	222	22.6 (18.6 – 27.1)	46	23.1 (16.2-31.9)
Boys	176	37.0 (31.5 – 42.8)	27	27.6 (19.7-37.1)	156	37.2 (32.2 – 42.5)	122	26.1 (20.9 – 32.1)	31	29.0 (21.0-38.5)
Girls	142	27.5 (22.2 – 33.4)	22	22.4 (15.6-31.1)	139	35.1 (28.9 – 41.9)	100	19.4 (15.1 – 24.5)	15	16.3 (8.9-27.9)
<b>Mortality Rates</b>										
Crude Death Rate (deaths/10,000/day)		0.33 (0.15 – 0.73)		-		0.43 (0.25-0.75)		0.22 (0.02 – 1.94)		-
Under five Death Rate (deaths/10,000/day)		0.61 (0.28 – 1.32)		-		0.59 (0.25-1.39)		0.82 (0.09 – 2.87)		-
<b>Child Morbidity</b>										
Children reported ill in the previous 2 weeks	444	44.0 (39.1-48.9)	86	42.6 (32.0-53.2)	337	41.0 (33.9-48.2)	374	37.5 (32.2-42.8)	69	34.2 (25.0-43.4)

Table 4. Summary of Key Findings for NE and Central Somalia IDPs Assessments, May/June 2012, (C0ntinued)

	<b>Bossaso IDPs</b> 30 Clusters (N=1009; 481boys, 528 girls)	<b>Gardho IDPs</b> 33 Clusters (N=202; 101 boys, 101 girls)	<b>Garowe IDPs</b> 30 Clusters (N=821; 422 boys, 399 girls)	<b>Galkayo IDPs</b> 30 Clusters (N= 997; 473 boys, 524 girls)	<b>Dhusamreeb IDPs</b> 33 Clusters (N:202;109 boys, 93 girls)
Children reported with diarrhoea in 2 weeks prior to assessment	192 19.0 (15.1-22.9)	41 20.3 (13.0-27.6)	176 21.4 (16.4-26.4)	157 15.7 (11.1-20.4)	34 16.8 (10.3-23.3)
Children reported with Pneumonia in 2 weeks prior to assessment	223 22.1 (16.9-27.3)	15 7.4 (3.9-10.9)	54 6.6 (4.0-9.1)	99 9.9 (6.5-13.4)	34 16.8 (10.3-23.3)
Children reported with febrile illness in 2 weeks prior to assessment	238 23.6 (18.6-28.5)	74 36.6 (27.5-45.8)	238 29.0 (24.1-33.8)	295 29.6 (26.1-33.1)	36 17.8 (10.4-25.2)
Children reported with suspected measles within one month prior to assessment	31 3.1 (1.0-5.1)	20 9.9 (5.6-14.2)	45 5.5 (2.5-8.5)	46 4.6 (1.8-7.4)	9 4.5 (0.1-8.8)
<b>Child Immunization status</b>					
Children (6-59 months) reported immunised against measles	835 82.8 (77.8-87.8)	127 62.9 (53.1-72.7)	599 73.0 (66.3-79.6)	827 82.9 (78.2-87.7)	178 88.1 (81.9-94.3)
Children who reported to have received vitamin A supplementation in last 6 months	809 80.2 (73.6-86.7)	134 66.3 (55.7-77.0)	604 73.6 (66.8-80.3)	856 85.9 (82.3-89.3)	147 72.8 (62.5-83.0)
Children who have ever received polio vaccine					
No doses	51 5.1 (2.4-7.7)	40 19.8 (11.1-28.5)	88 10.7 (7.5-13.9)	63 6.3 (3.9-9.8)	26 12.9 (7.7-18.0)
One dose	248 24.6 (14.7-34.4)	52 25.7 (14.5-37.0)	252 30.7 (17.5-43.9)	368 36.9 (25.1-48.8)	151 74.8 (64.9-84.6)
Two doses	159 15.8 (11.4-20.1)	37 18.3 (9.9-26.7)	121 14.7 (8.3-21.2)	150 15.0 (10.7-19.4)	8 4.0 (0.4-7.5)
Three or more	532 52.7 (44.1-61.3)	73 36.1 (24.3-48.0)	350 42.6 (30.3-55.0)	415 41.6 (30.8-52.5)	17 8.4 (2.2-14.6)
<b>Infant and young child feeding</b>					
Proportion still breastfeeding	220 54.1 (49.0-59.1)	35 46.1 (34.8-57.3)	163 52.1 (45.1-59.1)	154 37.3 (32.4-42.3)	25 40.3 (26.8-53.8)
Proportion meeting recommended feeding frequencies	230 56.5 (48.4-64.6)	22 28.9 (20.5-37.4)	140 44.7 (35.2-54.3)	134 32.4 (25.2-39.7)	17 44.8 (26.0-63.6)
Proportion who reported to have consumed $\leq 4$ food groups	326 80.1 (74.3-85.9)	64 84.2 (76.1-92.3)	289 92.3 (87.6-97.1)	362 91.2 (86.7-95.7)	59 95.2 (89.6-100.0)
<b>Maternal Health and Nutrition</b>					
Total women who are acutely malnourished	32 5.5 (3.1-8.0)	23 44.2	28 8.6 (4.8-12.4)	148 27.2 (21.2-33.2)	18 18.2 (9.8-26.6)
Pregnant & lactating women acutely malnourished (MUAC<23.0 cm)	30 13.3 (7.8-18.9)	22 66.7	27 24.8 (15.9-33.7)	147 63.9 (57.9-69.8)	18 33.3 (19.1-47.6)
Non pregnant/lactating acutely malnourished (MUAC $\leq$ 18.5 cm)	2 0.6 (0.0-1.4)	1 5.3	1 0.5 (0.0-1.4)	1 0.3 (0.0-0.9)	0 0.0
Women who reported to have received tetanus immunization					
No dose	99 17.1 (10.5-23.7)	8 15.4	49 15.0 (8.1-21.9)	105 19.3 (15.0-23.6)	19 19.2 (9.9-28.5)
One dose	55 9.5 (6.2-12.8)	2 3.8	17 5.2 (1.1-9.4)	61 11.2 (8.1-14.3)	23 23.2 (12.4-34.1)
Two doses	106 18.3 (13.1-23.5)	12 23.1	73 22.4 (13.5-31.3)	157 28.9 (23.5-34.3)	35 35.4 (23.3-47.5)
Three doses	319 55.1 (44.6-65.6)	30 57.7	187 57.4 (43.6-71.1)	221 40.6 (34.7-46.5)	22 22.2 (10.7-33.7)
<b>Household Access to Essential Indicators</b>					
Reported Households consumed $\leq 3$ food groups	13 2.1 (0.8-3.4)	5 5.0 (0.9-9.1)	3 0.6 (0.0-1.3)	17 2.8 (1.0-4.7)	14 11.9 (4.7-19.0)
Access to mosquito Net	40 6.6 (3.6-9.7)	32 32.0 (22.1-41.9)	133 26.7 (19.9-33.5)	356 59.6 (52.7-66.6)	36 30.5 (20.4-40.6)
Access to safe/protected drinking water	570 93.3 (86.4-100)	99 99.0 (96.9-100)	354 71.1 (55.1-87.1)	568 95.1 (91.0 - 99.3)	92 78.0 (64.0-91.9)
Access to latrine	513 84.0 (74.8-93.1)	100 100.0	477 95.8 (90.1-100.0)	581 97.5 (95.4 - 99.5)	73 61.9 (44.6-79.1)



## Northwest Nutrition Situation of Internally Displaced Persons in Hargeisa, Burao and Berbera Settlements

The post *Deyr* '11/12 nutrition situation analysis classified the Northwest IDPs in Hargeisa in a *Serious* phase, Burao as *Very Critical* and Berbera as *Critical*. Findings from May/June 2012 nutrition surveys indicate the nutrition situation of the IDPs in Hargeisa in a sustained *Serious* phase; an improvement has been noted among the Burao IDPs to *Critical*, and Berbera in a sustained *Critical* phase.

### Hargeisa Town IDPs:

The nutrition situation among the Hargeisa IDP is sustained at *Serious* levels since September 2007. Findings among Hargeisa IDPs where a total of 497 children aged 6-59 months were assessed in May 2012 indicate a Global Acute Malnutrition (GAM WHZ<-2 or oedema) and Severe Acute Malnutrition (SAM WHZ<-3 or oedema) rates of **12.0%** (9.2-15.5) and **2.9%** (1.7-4.8) respectively including two oedema cases (0.4%). This indicates a sustained *Serious* nutrition situation in comparison to findings from an assessment in November 2011 which reported a GAM rate of 12.0% (8.9-16.1) and a SAM rate 1.3% (0.7-5.0). Findings indicate that more boys (14.9%) than girls (9.2%) are acutely malnourished, however the difference is not statistically significant ( $p>0.05$ ). The retrospective crude and under five death rates are **0.14** (0.03-0.61) and **0.21** (0.03-1.65) per 10,000 per day a slight improvement compared to the previous rates of 0.38 (0.20-0.71) and 0.44 (0.14-1.40) per 10,000 per day, indicating a sustained *acceptable* situation according to UNICEF reference standards.



Children in Hargeisa IDP camp, May 2012

### Burao Town IDPs:

The nutrition situation among the Burao IDPs has improved from *Very Critical* in November 2011 to *Critical*, partly due to increased humanitarian assistance<sup>7</sup> in form of general and targeted food distribution, cash and voucher systems to supplement households needs as well as health and water and sanitation services.

Findings from May 2012 nutrition assessment where 517 children aged 6-59 months were assessed indicate a GAM rate of **18.4%** (15.3-26.3) and a SAM rate of **4.3%** (2.6-7.9) including 3 oedema (0.6%) cases. These indicate a *Critical* nutrition situation and an improvement from the *Very Critical* level reported in November 2011 when a GAM rate of 20.3% (15.3-26.3) and SAM rate of 4.5% (2.6-7.9) was recorded. The difference is however not statistically significant ( $p>0.05$ ). Further analysis indicates more boys (23.6%) than girls (13.5%) are acutely malnourished though the difference is not statistically significant ( $p>0.05$ ).

The death rates indicate a *Serious* situation according to UNICEF reference standards, with crude and under five death rates of **0.50** (0.28-0.88) and **1.01** (0.36-2.80) per 10,000 per day reported.

### Berbera Town IDPs:

The nutrition situation among the IDPs in Berbera town is sustained at *Critical* levels since *Deyr* '11/12. Findings from the May 2012 nutrition assessment where a sample of 555 children aged 6-59 months was assessed indicate a GAM rate of **16.3%** (13.6-19.3) and SAM rate of **3.5%** (2.1-5.6) including one oedema case (0.2%). This indicates a sustained *Critical* nutrition situation, findings from a similar assessment in November 2011 reported a GAM rate of 18% and a SAM rate 3.6%. Results indicate that more boys (19.0%) than girls (13.6%) are acutely malnourished but the difference is not statistically significant. The retrospective crude and under five death rates are **0.49** (0.39-0.79) and **0.74** (0.28) per 10,000 per day, indicating a sustained *acceptable* situation according to UNICEF reference standards.

The MUAC assessment of women of reproductive age (15-49 years) identified 1.1%, 6.4% and 2.0% of the women assessed in Hargeisa, Burao and Berbera respectively as acutely malnourished, the majority (>85%) of whom were either pregnant or lactating. This may be attributed to increased demand for nutrients among pregnant and lactating women to meet their physiological needs. A summary of findings is provided in the Table 5.



Enumerator Interviewing a mother in Hargeisa IDP camp

In the three IDP populations assessed, high morbidity levels which are a risk to malnutrition persist among the assessed populations. Interventions by NGOs on the ground in the form of outpatient and targeted feeding are mitigating the situation to some extent. The proportion of assessed children in the three IDP settlements reportedly immunized against measles and those who received vitamin A supplementation is between 74% to 84%, though this is high, it is still below the recommended 95% coverage (SPHERE, 2011) as shown on Table 5. In addition, in all the IDP settlements assessed, more than 78% of the women of reproductive age have reportedly received at least one dose of tetanus vaccine. Child feeding practices remain poor among all IDPs with more than 90% of the assessed children aged 6-24 months consuming poorly diversified diets comprising of three or fewer food groups. In addition, early cessation of breastfeeding is a common practice while most children do not meet the recommended minimum feeding frequency.

The mitigating factors in the current situation include increased humanitarian interventions in the form of targeted feeding program in addition to outreach feeding programmes by MoH and other local and international health and nutrition partners. Social support from diaspora and within the country has also helped to mitigate the situation. There is need for continued support to the displaced population in terms of targeted food supplementation, income-generating activities, health education, shelter improvement and continued immunization programmes and other development interventions to improve the health and nutrition situation of the vulnerable IDPs in Somaliland.

<sup>7</sup> Medair, Norwegian Red Cross and ILWADA

Table 5. Summary of Key Findings for Northwest IDPs Assessments, June 2012

	Hargeisa IDPs 30 Clusters (N=497 Boys=238 Girls=259)		Burao IDPs Returnees 28 Clusters (N=517 Boys=257 Girls=260)		Berbera IDPs Returnees 28 Clusters (N=555 Boys=257 Girls=260)	
Indicator	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Total number of households assessed for children	269		261		332	
Total number of households assessed for mortality	416		476			
Gender of Household Head						
Male Headed	196	72.9 (60.2-85.5)	178	68.2 (62.3-74.1)	283	85.2 (80.7-89.8)
Female Headed	73	27.1 (14.5-39.8)	83	31.8 (25.8-37.7)	49	14.8 (10.2-19.3)
Total number of children assessed:	497		517		555	
<b>Child malnutrition</b>						
Global Acute Malnutrition (WHO 2006)						
Boys	58	12.0 (9.2-15.5)	95	18.4 (41.7-22.7)	89	16.3 (13.6-19.3)
Girls	35	14.9 (10.9-20.0)	60	23.36 (18.2-29.4)	52	19.0 (14.8-24.0)
	23	9.2 (6.2-13.6)	35	13.5 (9.8-18.2)	37	13.6 (10.0-18.1)
Mean WHZ (WHO, 2006)	-0.61	±1.17	-0.93	±1.13	-0.94	±1.06
Severe Acute Malnutrition (WHO 2006)	14	2.9 (1.7-4.8)	22	4.3 (2.6-6.9)	19	3.5 (2.1-5.6)
Boys	9	3.8 (2.2-6.7)	14	5.4 (3.1-9.5)	12	4.4 (2.3-8.2)
Girls	5	2.0 (0.9-4.6)	8	3.1 (1.5-6.4)	7	2.61 (1.2-5.5)
Oedema	2	0.4	3	0.6	0	0
Global Acute Malnutrition (NCHS)	60	12.3 (8.8-17.0)	101	19.1 (15.3-23.6)	83	15.1 (12.9-17.6)
Severe Acute Malnutrition (NCHS)	6	1.2 (0.5-3.0)	20	3.8 (2.3-6.1)	4	0.7 (0.3-1.9)
Global Acute Malnutrition based on MUAC (<12.5 cm or oedema)	20	4.1 (2.4-6.9)	55	10.3 (7.2-14.5)	25	4.4 (2.9-6.8)
Boys	9	3.8 (1.7-8.3)	22	8.3 (4.6-14.5)	8	2.8 (1.3-5.9)
Girls	11	4.4 (2.5-7.5)	33	12.2 (8.8-16.8)	17	6.1 (3.5-10.3)
Severe Acute Malnutrition based on MUAC (<11.5 cm or oedema)	7	1.4 (0.6-3.5)	16	3.0 (1.7-5.4)	7	1.4 (0.6-3.5)
Boys	3	1.3 (0.4-3.9)	7	2.7 (1.0-6.5)	3	1.3 (0.4-3.9)
Girls	4	1.6 (0.5-5.3)	9	3.3 (1.7-6.3)	4	1.6 (0.5-5.3)
Proportion of children Stunted (HAZ<-2)	52	10.7 (7.0-15.9)	44	8.4 (5.9-11.9)	6	1.4 (0.6-3.3)
Boys	37	15.7 (10.3-23.1)	31	12.1 (8.5-16.8)	4	1.8 (0.7-4.2)
Girls	15	6.0 (3.3-10.8)	13	4.9 (2.7-8.7)	2	1.1 (0.3-3.4)
Proportion of children Underweight (WAZ<-2)	65	13.3 (9.7-18.1)	88	16.8 (13.2-21.1)	54	9.6 (7.3-12.6)
Boys	38	16.1 (11.5-22.0)	57	22.0 (16.7-28.5)	35	12.3 (8.9-16.8)
Girls	27	10.8 (6.8-16.6)	31	11.7 (8.3-16.2)	19	6.8 (4.2-11.0)
<b>Mortality Rates</b>						
Crude Death Rate (deaths/10,000/day)	0.14	(0.03-0.61)	0.50	0.28-0.88	0.49	(0.39-0.79)
Under five Death Rate (deaths/10,000/day)	0.21	(0.03-1.65)	1.01	0.36-2.80	0.74	(0.28-19.7)
<b>Child Morbidity</b>						
Children reported ill in the previous 2 weeks	158	31.8 (27.1-36.5)	215	40.3 (32.7-47.7)	117	20.7 (16.5-25.0)
Children reported with diarrhoea in 2 weeks prior to assessment	101	20.3 (15.3-25.4)	144	27.0 (21.7-32.2)	45	8.0 (6.0-9.9)
Children reported with ARI in 2 weeks prior to assessment	43	8.6 (6.1-11.2)	72	13.5 (9.3-17.7)	43	7.6 (4.2-11.04)
Children reported with febrile illness in 2 weeks prior to assessment	69	13.9 (10.6-17.1)	137	25.7 (19.1-32.3)	62	11.0 (7.2-14.8)
Children reported with suspected measles within one month prior to assessment	21	4.2 (2.4-6.0)	35	6.6 (4.0-9.1)	19	3.4 (1.7-5.1)
<b>Child Immunization status</b>						
Children (6-59 months) reported immunised against measles	416	83.7 (80.3-87.1)	457	85.6 (81.1-90.5)	435	77.0 (70.3-83.4)
Children who reported to have received vitamin A supplementation in last 6 months	420	84.5 (79.7-89.2)	398	74.5 (67.4-81.7)	464	82.0 (75.6-88.3)
Children who have ever received polio vaccine						
No doses	28	5.6 (2.9-8.3)	47	8.8 (5.6-12.0)	78	13.8 (8.1-19.4)
One dose	49	9.9 (3.9-15.8)	27	5.1 (2.4-7.7)	56	9.9 (5.0-14.8)
Two doses	90	18.1 (11.3-24.9)	84	15.7 (11.7-19.7)	72	12.7 (10.0-15.3)
Three or more	330	66.4 (54.8-78.0)	376	70.4 (64.8-76.3)	360	63.6 (56.2-71.0)
<b>Infant and young child feeding</b>						
		N=205		N=197		N=244
Proportion still breastfeeding (6-24 months)	96	47.1 (39.5-54.6)	75	38.3 (32.0-44.2)	134	54.9 (47.7-62.1)
Proportion meeting recommended feeding frequencies	84	41.0 (33.1-48.8)	43	21.8 (14.7-29.0)	110	45.1 (38.5-51.6)
Proportion who reported to have consumed ≥4 food groups	9	4.4 (1.6-7.2)	12	6.1 (3.3-8.9)	22	9.2 (6.2-12.0)
<b>Maternal Health and Nutrition</b>						
		N=280		N=235		N=355
Total women who are acutely malnourished	3	1.1 (0.0-2.3)	15	6.4 (3.7-9.1)	9	2.0 (0.4-3.6)
Pregnant & lactating women acutely malnourished (MUAC<23.0 cm)	3	2.3 (0.0-4.9)	12	12.4 (4.9-19.8)	7	5.1 (1.4-8.7)
Non pregnant/lactating acutely malnourished (MUAC≤18.5 cm)	0		3	2.2 (0.4-4.6)	2	1.5 (0.0- 4.4)
Women who reported to have received tetanus immunization						
No dose	34	12.1 (7.8-16.4)	52	22.1 (16.8-27.5)	19	5.3 (2.6-8.08)
One dose	58	20.7 (14.8-26.6)	34	14.5 (9.4-19.6)	20	5.6 (2.5-8.8)
Two doses	82	29.3 (23.4-35.2)	71	30.2 (23.5-37.0)	119	33.5 (24.1-42.9)
Three doses	106	37.9 (31.0-44.7)	78	33.2 (26.8-39.6)	197	55.5 (45.4-65.6)
<b>Household Access to Essential Indicators</b>						
		N= 269		N=261		N=332
Reported Households consumed ≤3 food groups	12	4.5 (1.9-7.1)	114	43.7 (30.0-57.4)	43	13.0 (5.3-20.6)
Access to mosquito Net	51	19.0 (11.6-26.3)	124	47.5 (37.5-57.6)	139	41.9 (33.3-50.4)
Access to safe/protected drinking water	269	100	249	95.4 (91.1-99.7)	325	97.9 (95.9-99.8)
Access to latrine	130	87.8 (82.5-93.2)	186	82.8 (66.1-99.5)	319	96.1 (93.4-98.8)

## PLAUSIBILITY CHECKS

Consistent with recommendations of the SMART methodology, FSNAU has conducted eight data quality checks highlighted below, for each of the May-June survey data set to validate acceptability. Findings indicate that all the survey data sets are of acceptable quality.

- Digit preference for weight and height:** Indicates how accurately children were weighed and when done correctly there shouldn't be any digit preference. This normally occurs when enumerators round to the nearest cm/kg or half cm/kg. The signs; +, ++, +++ indicate if there was any DP for a number and if it was, mild, moderate or severe, respectively. Digit Preference scores for weight and height are graded as; (0-5 Excellent, >5-10 Good, >10-20 Accept and >20 Problematic).
- Standard Deviation (SD) of WHZ:** Indicates whether there was a substantial random error in measurements. In a normal distribution the SD is equal to +1, but should lie between 0.8 and 1.2 Z score. SD increases as the proportion of erroneous results in the data set increases.
- Skewness of WHZ:** This is a measure of degree of asymmetry of the data around the mean. A normal distribution is symmetrical and has zero skewness and should lie between +1 or -1. Positive skewness indicates a long right tail and negative skewness indicates a long left tail.
- Kurtosis of WHZ:** This demonstrates the relative peakedness or flatness compared to a normal distribution. The normal distribution has zero kurtosis and surveys should lie between +1 and -1. Positive kurtosis indicates a peaked distribution while negative indicates a flat one.
- Percent of flag:** Flags are measurement that are highly unlikely to occur in nature and are therefore highlighted by the software. These incoherent measurements should be corrected or discarded prior to analysis, 0% flags is ideal but should be less than 2-3% of children measured.
- Age distribution:** This allows for a view of the representativeness of the sample, and should be similar to the distribution within the population. Age bias is of particular concern for anthropometry. As younger aged (6-29) children are more likely to be malnourished than the older age group (30-59), this means under representation of the younger age group may give a lower prevalence than the actual one and vice versa. The age ratio allows a view of this relationship and should fall between 0.78 and 1.18 with an ideal falling around 1.0.
- Sex ratio:** Allows a view of the representativeness of the sample and should be similar to the distribution within the population. This should not vary too much from the expected sex ratio and should fall between 0.8 and 1.2.

Table 6 provides a summary of findings on plausibility checks for nutrition assessments conducted in May-June 2012

Location		Criteria	Missing/ Flagged data	Overall sex ratio	Overall age distribution	Digit Preference score-weight	Digit Preference score-Height	SD WHZ	Skewness WHZ	Kurtosis WHZ	Poisson Distribution
<b>Northeast IDPs</b>											
Bossaso IDPs	June 2012	Category	Excellent	Excellent	Problematic	Excellent	Good	Excellent	Excellent	Excellent	Acceptable
		Score	0	0	10	0	2	0	0	0	3
Garowe IDPs	June 2012	Category	Excellent	Excellent	Acceptable	Excellent	Good	Good	Excellent	Excellent	Excellent
		Score	0	0	4	0	2	2	0	0	0
Galkayo IDPs	June 2012	Category	Excellent	Excellent	Problematic	Excellent	Excellent	Good	Excellent	Excellent	Excellent
		Score	0	0	10	0	0	2	0	0	0
Dhusamareb IDPs	June 2012	Category	Excellent	Excellent	Good	Good	Acceptable	Acceptable	Excellent	Excellent	Excellent
		Score	0	0	2	2	4	6	0	0	0
Qardho IDPs	June 2012	Category	Excellent	Excellent	Excellent	Acceptable	Good	Problematic	Excellent	Excellent	Excellent
		Score	0	0	0	4	2	20	0	0	0
<b>Northwest</b>											
Hargeisa IDPs	May 2012	Category	Excellent	Excellent	Good	Good	Acceptable	Acceptable	Excellent	Excellent	Excellent
		Score	0	0	2	2	4	6	0	0	0
Burao IDPs	May 2012	Category	Good	Excellent	Excellent	Excellent	Problematic	Good	Excellent	Excellent	Excellent
		Score	2	0	0	0	10	2	0	0	0
Berbera IDPs	May 2012	Category	Excellent	Excellent	Acceptable	Good	Good	Excellent	Excellent	Excellent	Excellent
		Score	0	0	4	2	2	0	0	0	0
<b>South Central</b>											
Gedo Pastoral	June 2012	Score	Excellent	Excellent	Acceptable	Excellent	Acceptable	Good	Excellent	Excellent	Problematic
		Category	0	0	4	0	4	2	0	0	5
Gedo Riverine	June 2012	Score	Excellent	Excellent	Acceptable	Excellent	Problematic	Good	Excellent	Excellent	Good
		Category	0	0	4	0	10	2	0	0	1
Dollo IDPs	June 2012	Score	Excellent	Excellent	Excellent	Excellent	Excellent	Good	Excellent	Excellent	Excellent
		Category	0	0	0	0	0	2	0	0	0
Bakool Pastoral	June 2012	Score	Excellent	Good	Problematic	Good	Acceptable	Excellent	Excellent	Excellent	Problematic
		Category	0	2	10	2	4	0	0	0	5

## Recent and forthcoming publications and releases

FSNAU Quarterly Brief June 2012

FSNAU May Climate Data Update, June 2012

FSNAU May Market Data Update, June 2012

FSNAU Garowe Urban Baseline Report, May 2012

FSNAU Technical Series Report Post Deyr 2011/12 Nutrition Situation, March 2012

FSNAU Technical Series Report, Post Deyr 2011/12 Analysis, March 2012

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