

HIS trends suggest that serious-critical levels of acute malnutrition levels will be sustained across Somalia from Oct-Dec 2013. Deterioration in nutrition situation is expected in regions where Médecins Sans Frontières (MSF) International was operational (Banadir, Bay, Lower and Middle Juba, Lower and Middle Shabelle, Mudug & Togdheer) or areas in Puntland (NorthEast) hit by cyclone on Nov 11, 2013.

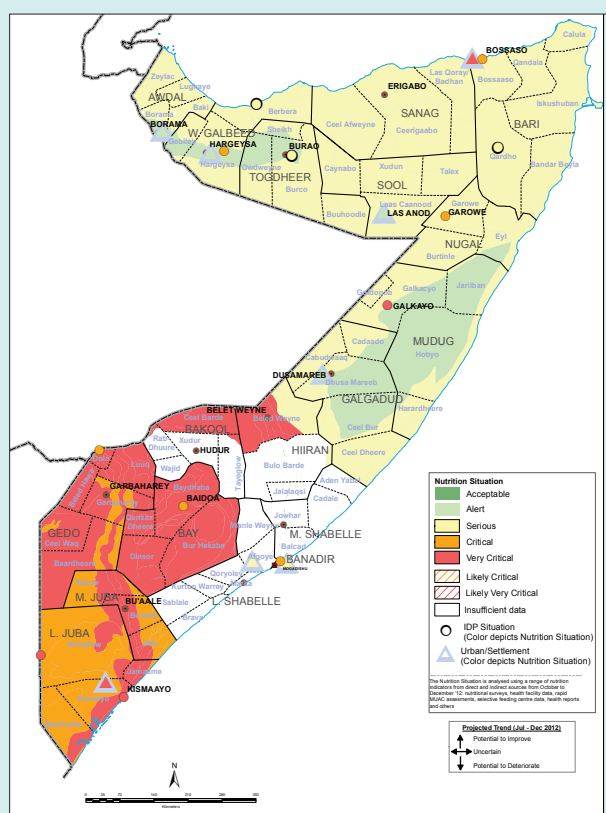
## OVERVIEW

Somalia has some of the highest malnutrition rates in the world. Even when there is good rain and an improvement in food security situation, it does not imply immediate reduction of malnutrition rates. Factors such as diseases, limited access to safe water or sanitation and poor child feeding practices are responsible for persistent malnutrition in Somalia. FSNAU uses a variety of nutrition information sources to make projections on nutrition situation for next 3 months based mainly on:

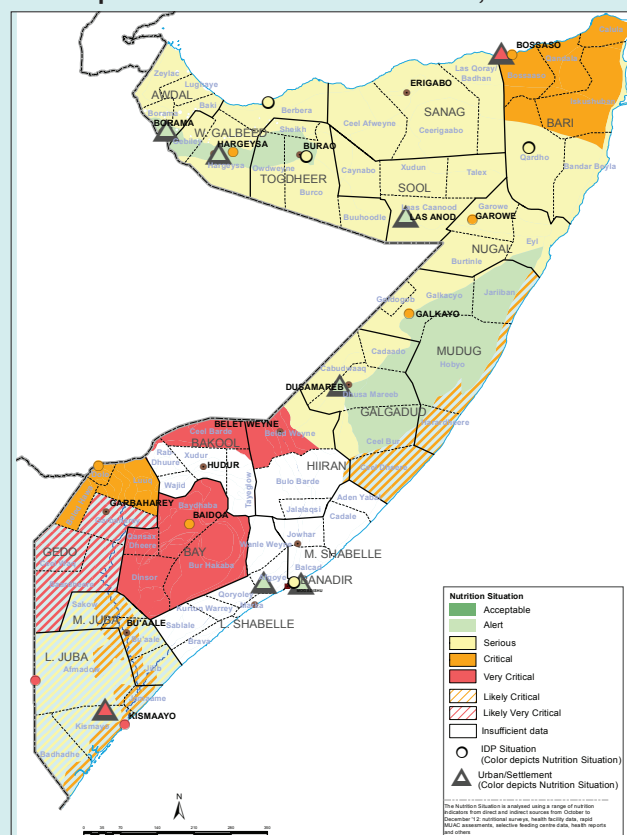
- Historical seasonal trends of nutrition situation (GAM rates/HIS trends)
- Expected shocks during the season of projection especially disease outbreaks; and
- Emerging/expected food security situation – food prices, market access, milk/cereal availability, food stocks (these are also based on the climate outlook).

The Projected Nutrition Situation for Oct to Dec 2013 is shown in Map 1 below while Map 2 shows the nutrition situation in Gu 2013:

Map 1: Nutrition Situation Projection Oct-Dec, 2013



Map 2: Estimated Nutrition Situation, Gu 2013



Technical Partner



FSNAU Funding Agencies

The analysis suggests that in the Northwest region, serious levels of acute malnutrition seen in Hawd, E Golis, and W Golis, Nugal valley and Sool livelihoods and Alert levels in NW Agro pastoral are expected to be sustained during Oct-Dec 2013. The stable nutrition situation in Northwest is mainly linked with improved access to food especially milk. The improved livestock production and better terms of trade (ToT) also enhanced access to other staple foods and non-food items. In addition, field reports indicate no disease outbreak in Northwest region while immunization by MoH in collaboration with WHO and other health partners throughout Somaliland is on-going. This is expected to mitigate the situation. The relative better access by humanitarian agencies in northwest also continues to act as a mitigating factor to malnutrition.

A mixed picture of sustained nutrition situation in the North East livelihoods is expected in Hawd, Nugal, Sool and Coastal *Deeh* and E Golis because of improvements in food security indicators with improved access to milk and dietary diversity and good rainfall in *Deyr* '13. Deterioration in Addun livelihoods in Northeast and central region is expected as reflected by increased HIS trends. The recent cyclone that hit parts of northeastern Somalia is reported to have caused loss of lives, damage to infrastructure and livestock losses. The cyclone-affected coastal areas of the Northeast have come out of food security crisis only a year ago. The new shock could cause a rapid deterioration of nutrition status of the affected population. The magnitude of deterioration will be assessed in the forthcoming FSNAU/ partner nutrition assessment in December 2013.

In central region, sustained Critical phase among the populations of the Coastal *Deeh* livelihoods is forecast, where *Deyr* rain performance is less compared to Hawd and Addun. In the month of August, confirmed malaria was the leading cause of morbidity and 53 percent of the cases were reported from central zone, and the remaining 47 percent from southern Somalia. Suspected measles increased by 53 percent from the month of July, with 231 cases reported in August. 80 percent of these were children under the age of five.[1] The capacity of Somalia's health sectors to handle complicated cases has decreased with withdrawal of MSF activities in August 2013. MSF was supporting a total of 20 hospitals and health centers across Somalia, in the regions of Banadir, Bay, Gedo, Lower Juba, Middle Juba, Mudug, Middle Shabelle and Togdheer. Withdrawal of its activities from Somalia in August 2013 will affect access to health care of approximately one million people.

In South Somalia, the Post Gu '13 nutrition situation in the pastoral and riverine livelihoods in Northern Gedo region is expected to be sustained as Critical while in South Gedo very critical levels of malnutrition will be sustained among pastorals/ riverine populations. Rains were erratic and very low in Lower and Middle Juba, Bakool, parts of Gedo regions, pockets of Hiran (Beletweyne) and parts of Central the regions (Hawd and Addun zones). Sustained serious levels of acute malnutrition among Pastoral and Agro pastoral population in Juba and critical levels in Riverine populations are expected because of low humanitarian response. Very critical levels of acute malnutrition seen among pastoral population in Bakool and Agro pastorals in Bay region will be sustained. Sustained critical levels of acute malnutrition in IDPs in Kismayo and very critical levels among Dhobley are expected. Improvement in nutrition situation among Baidoa IDPs is projected as no disease outbreaks are reported. So far, 175 cases of polio have been confirmed with Banadir leading the pack with 70 cases. The virus might put at risk the lives of children in Southern Somalia and there is a strong risk that the outbreak will last.



*Mother with malnourished brothers in Huddur , FSNAU, 2013*

**Table 2: Projected Nutrition Situation ( October- December 2013)**

Region	Livelihood	Gu 2013 Nutrition Situation	Projection for Oct-Dec 2013	Remarks
North West	Hawd NW	Serious 14.4 %	↔	Good deyr rains, no outbreak of diseases reported, above 10% HIS trends reported
	East Golis	Serious 14.4 %	↔	HIS data show a low (<5%) and stable trend, No disease outbreak reported, limited milk access in parts of the livelihood
	Nugal Valley	Serious 11.3 %	↔	Good deyr rains, no outbreak of diseases reported, HIS data show low(<10%) and fluctuating trend, good access to milk
	Sool	Serious 10.8 %	↔	Good Deyr rains, no outbreak of diseases reported, HIS data show high >10% trend, limited milk access
	West Golis	Serious 14.9 %	↔	No outbreak of diseases reported, HIS data show high >15% and increasing trend, limited milk access
	Toghdeer urban	Serious 14.4 %	↓	Withdrawal of MSF activities resulted in closing of stabilization center at Burao General Hospital
	NW Agro-pastoral	Alert 9.3 %	↔	Good Deyr rains, no disease outbreak reported, improved milk access, HIS data show low (<10%) trend
North East	Hawd	Serious 10.6 %	↔	No change in situation- good deyr rains, no outbreak of diseases reported, above 10% HIS trends reported
	Addun	Alert 8.0 %	↓	HIS trends > 10% reported and poor rain
	Nugal	Serious 11.3 %	↔	Good deyr rains, no outbreak of diseases reported, low HIS trend below 10%
	Sool	Serious 10.8 %	↔	Good deyr rains, no outbreak of diseases reported, low HIS trend >10%
	Coastal Deeh	Serious 10.8 %	↔	No outbreak of diseases reported, high HIS trend above 15%
	Galkayo IDPs	Critical 19.4 %	↓	Deterioration expected because of closure of stabilization center and OTP in Galkayo district
	East Golis	Critical 16.7 %	↑	Expected to improve (historical trends and seasonality) as malnutrition is mostly higher during the haggaa in this livelihood
Central	Hawd Central	Serious 10.6 %	↔	Good deyr rains, no outbreak of diseases reported
	Addun	Alert 8.0 %	↓	Deterioration is expected based on the historical trends; Average rainfall Humanitarian interventions are limited
	Coastal Deeh	Serious 9.7 % MUAC	↔	No indications of improvement seen—access for intervention is difficult
	Cowpea	Serious 9.7 MUAC	↔	No indications of improvement are seen
South	N Gedo Pastoral	Critical 18.8 %	↓	No indications of improvement seen—access for intervention is difficult. Overall October rainfall performance was also significantly below average in pastoral areas of Gedo regions
	N Gedo Agro pastoral	Critical 18.6 %	↓	
	N Gedo Riverine	Critical 15.2 %	↓	
	S Gedo agro-pastoral	Critical 14.4 % MUAC	↔	likely remain same phase, as no indications of improvement seen—access for intervention is difficult
	S Gedo pastoral	Very Critical 15.9 % MUAC	↔	likely remain same phase, as no indications of improvement seen—access for intervention is difficult and withdrawal of MSF activities will limit access to quality services. Significant rainfall deficits are evident in large areas of Gedo region
	Gedo Riverine	Very Critical 17.0 MUAC	↔	
	Dolow IDPs	Critical 16.4 %	↔	No indications of improvement seen—access for intervention is difficult
	Juba pastoral	Serious 7.1 % MUAC	↓	No recent HIS data from Juba. Access for intervention is difficult. Withdrawal of MSF activities will limit access to stabilization center and OTP in Kismayo & Jilib district is expected to deteriorate nutrition situation. October rainfall performance was also significantly below average in pastoral areas of Juba region.
	Juba agro-pastoral	Critical 10.4 % MUAC	↓	
	Juba Riverine	Critical 10.9 % MUAC	↓	
	Kismayo IDPs	Critical 17.6 %	↓	Closing of stabilization center & OTP in Kismayo region because of MSF withdrawal
	Mogadishu IDPs	Serious 12.6 %	↓	2 stabilization centers at MSF hospital in Jazeera IDP camp and in Xamar Weyne district are closed along with 7 ambulatory OTP sites.
	Mogadishu urban	Alert 8.6 %	↓	
	Baidoa IDPs	Critical 15.8 %	↑	GAM was critical in Gu 2013 ( 15.8%) but no outbreak of diseases reported- situation likely to improve
	Dolow IDPs	Critical 16.4 %	↔	No indications of improvement seen—access for intervention is difficult
	Bakool pastoral	Very Critical -27.4 %	↔	Low Humanitarian response . Low rainfall and cereal prices are still high. High morbidity (diarrhea and malaria). Withdrawal of MSF activities will limit access to stabilization center and OTP at Dinsor district hospital
	Bay Agro-pastoral	Very Critical 22.6 %	↔	
	Afgoye	Alert 9.8 %	↓	No access to stabilization center and OTP because of withdrawal of MSF activities in Somalia

 Alert GAM

 Serious GAM

 Critical GAM

 Very Critical GAM

## NUTRITION SITUATION IN NORTHWEST REGIONS-SOMALILAND

The Post *Gu* 2013 integrated nutrition situation analysis showed either a stable or improving trend in the Northwest livelihoods compared to *Deyr* 2012/13, with the exception of Sool Plateau livelihood where the situation deteriorated slightly from Alert to Serious. The nutrition situation for the West Golis/Guban livelihood improved from Critical in *Deyr* 2012 to Serious while that of Northwest Agro-pastoral improved from Serious to Alert. In East Golis, Nugal Valley and Hawd livelihoods, the nutrition situation remained stable at Serious levels since *Deyr* 2012/13. The general improvement or stable nutrition situation in Northwest is mainly linked with improved access to food especially milk. The crop yield and overall cereal production for *Gu-Karan* harvest is likely to be higher than projected earlier. This is attributable to good performance of *Karan* rains (late Jul-Sep). The improved livestock production and better Training of Trainers also enhanced access to other staple foods and non-food items. The slight deterioration in Sool Plateau was linked to the negative impact of out-migration of livestock to distant areas thus limiting access to milk and income from the sale of milk and other livestock related products.

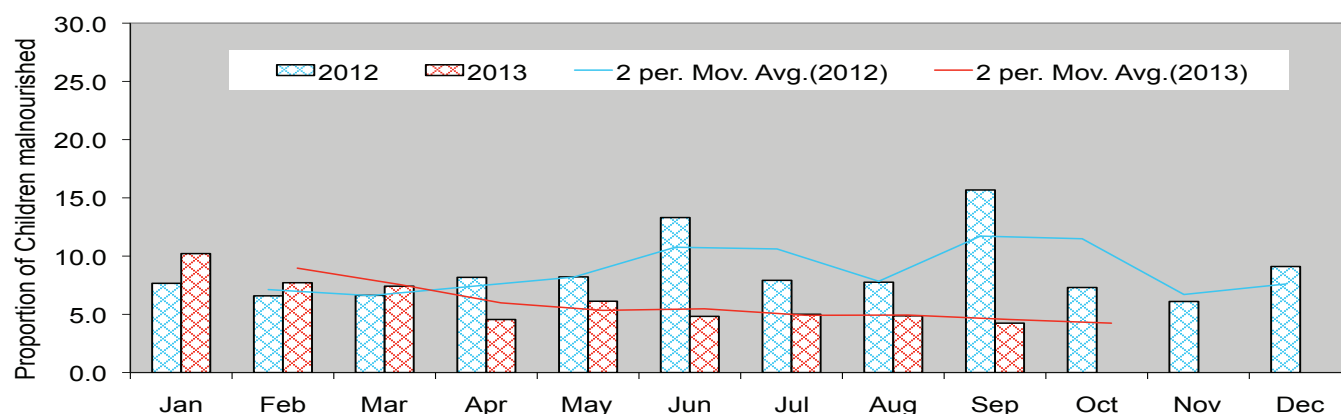
A review of the nutrition screening and health data (July-September 2013) as well as the contextual information indicate a stable or improving nutrition situation in most livelihoods in Northwest as compared to the preceding three months (June-August 2013).

Screening nutrition data from health facilities across all livelihoods indicate varied trends but generally show stable or fluctuating trends. Specifically, low (<10%) and stable trend of acutely malnourished children is observed in East Golis/Gebbi Valley; Low (<10%) and decreasing in Agro-pastoral livelihoods, low (<10%) and fluctuating trends in Nugal Valley; high (>10%) and decreasing in Hawd and Sool Plateau (Figure 2). Data from the West Golis' health facilities indicate a high (>15%) and increasing trend of acutely malnourished children in the last three months (July-September 2012). (Figure 3).

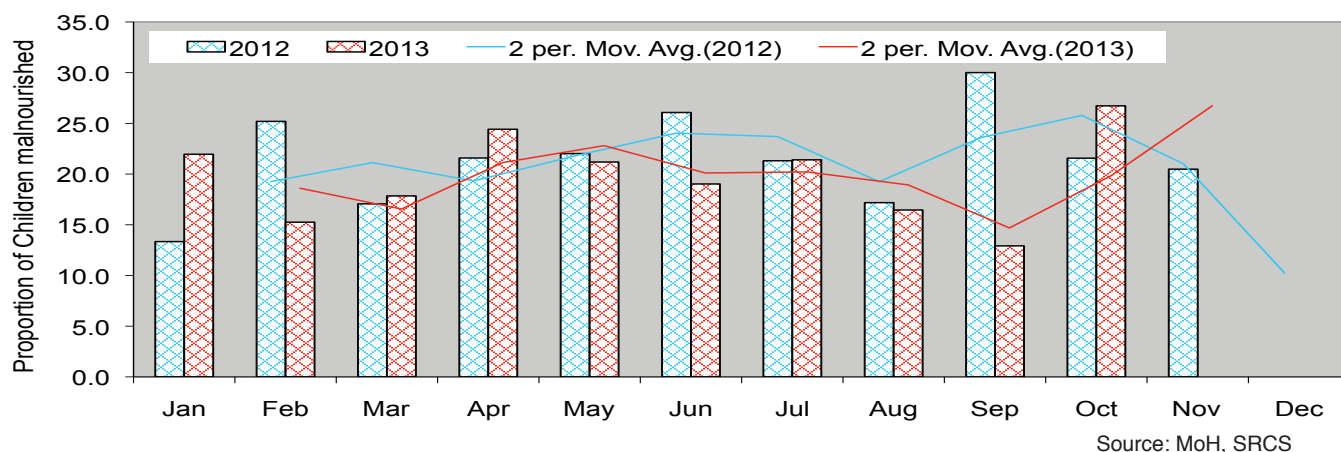
Access to milk is reportedly good in most livelihoods with the exception of West Golis/Guban and pockets in Sool Plateau and East Golis livelihoods. The good access to milk is attributed to improved livestock production following the onset of *Deyr* 2013 rainfall that has improved pasture and water availability and thus better livestock body condition and production. The increased livestock export to middle east for *Hajj* festivity has improved livestock prices which in turn has boosted household purchasing power which enhances access to both food and non-food items.

In addition, field reports indicate no disease outbreak in Northwest region while immunization by MoH in collaboration with WHO and other health partners throughout Somaliland is on ongoing. The relative better access by humanitarian agencies in northwest who provide among others health and nutrition services to the vulnerable population continue to act as a mitigating factor to malnutrition.

**Figure 2: Malnutrition Trends in Sool Plateau MCHs - January 2012- September 2013 Source : MOH, SCRS**



**Figure 3: Malnutrition Trends In Health Facilities In Nw West Golis MCHs January 2012 - September 2013**





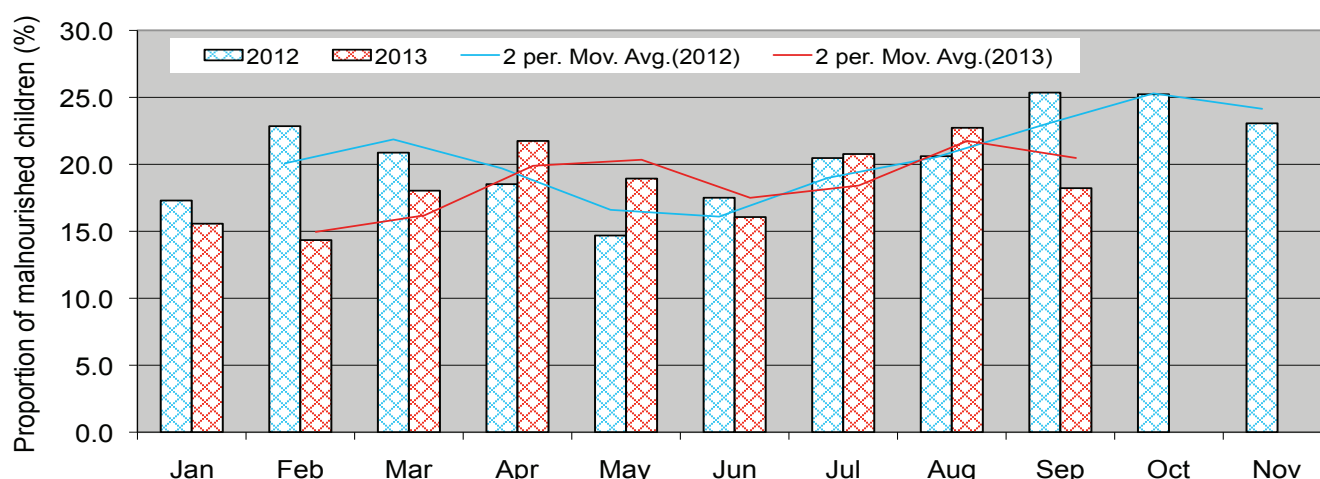
## NUTRITION SITUATION IN NORTHEAST REGIONS OF SOMALIA

Based on surveys conducted in June-July 2013 and information obtained from health and feeding facilities (January-July 2013), an improvement in the nutrition situation from Serious in *Deyr* '12/13 to Alert was observed in the populations of Addun while in Hawd, Nugal and Coastal Deeh<sup>1</sup> Serious phase was sustained. However nutrition situation deteriorated among the populations of Golis to Critical from Serious and in Sool plateau to Serious from Alert in *Deyr* '12/13. The deterioration was linked to high morbidity, water shortages as well as seasonality issues in East Golis, where malnutrition is high during the *Hagaa* season than *v.* Improved dietary diversity and increased intake of milk and meat products following the *Gu* 2013 rainy season, and access to humanitarian support mitigated the situation and contributed to the improvements in the other livelihoods.

Projections of the nutrition situation for October- December 2013 are likely sustained nutrition situation in Hawd, Sool, Nugal, Coastal Deeh livelihoods. This is based on the improving food security indicators, timely *Deyr* '13 rains and seasonal trends in nutrition situation and morbidity. Health facility information shows improving or stable trends in the proportion of malnourished children screened in the Hawd, East Golis, Addun, Nugal valley and Sool livelihood zones for the period July-September 2013. However, in the Coastal Deeh, livelihood zone, the health facilities information shows high and fluctuating proportion of malnourished children (Figure 8). Trends in health facility data, is sometimes dependent on the availability of health and feeding services at the individual facilities. For instance, qualitative information collected during the quarterly health facility revisits in November 2013 reported ongoing targeted nutrition interventions in most MCHs as well as cash for work and food voucher programs in some districts which could contribute for the improvement of the nutrition situation. There were no outbreaks of any disease reported in the areas, and MoH morbidity reports are within seasonal levels.

Heavy rains and storms with cold temperatures struck in Nugal, and Bari regions of Puntland on the 8-12th of November 2013. It has severely damaged the overall livelihood conditions which will impact the food security and Nutrition situation for fishing and pastoralists.

**Figure 4: HIS Malnutrition Trends in Coastal Deeh LHZ (Jan. 2012- Dec. 2013)**



## NUTRITION SITUATION IN CENTRAL REGIONS OF SOMALIA

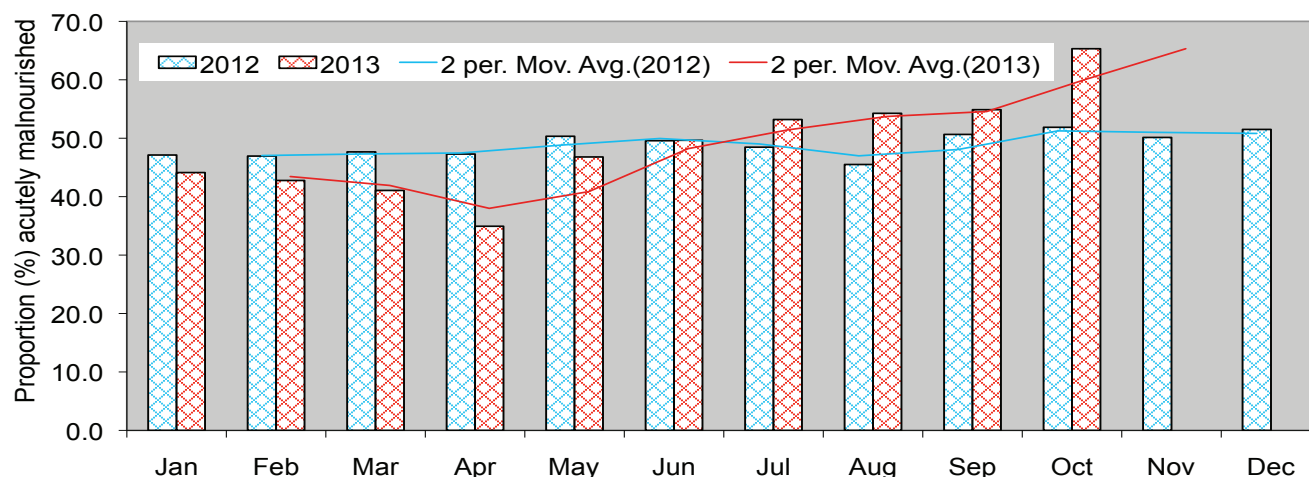
The Post *Gu* '13 integrated nutrition analysis shows a mixed picture of either sustained or improved nutrition situation in the Central livelihood zones compared to the Post *Deyr* '12/13. The situation improved from Serious to Alert among the Addun pastoral livelihood population, but remains Serious in Hawd livelihood zone since *Deyr* '12/13. The improved or sustained nutrition situation in the Hawd and Addun pastoral livelihoods is linked to increased access to milk, dietary diversity, social support, and humanitarian programs (health services, supplementary feeding, and WASH) in the region. In the Cowpea agro-pastoral and Coastal Deeh pastoral livelihoods of Central Somalia, the situation is sustained Critical in Coastal, but deteriorated in cowpea to Critical from Serious phases in the *deyr* 12/13

Although health facilities have reported high trend of malnutrition, the nutrition situation is projected to be serious phase in Hawd and Addun, considering the *Gu* 2013 nutrition situation, improvements in food security indicators and good rainfall in *Deyr* '13 season, with improved access to milk and dietary diversity.

Sustained Critical phase among the populations of the Cowpea belt and Coastal Deeh livelihoods is forecast, where *Deyr* rain performance is less compared to Hawd and Addun. Qualitative information from field staff indicates there are no disease outbreaks are reported. Humanitarian interventions related to health and nutrition after MSF withdrawal from Guricel hospital is limited.

<sup>1</sup> FSNAU Technical Series Report No. VI 47, Issued September 26, 2012. <http://www.fsnau.org/products/technical-series>.

**Figure 5: Health Information System Malnutrition Trends in Hawd Livelihood Zones of Central Areas (2012-2013)**



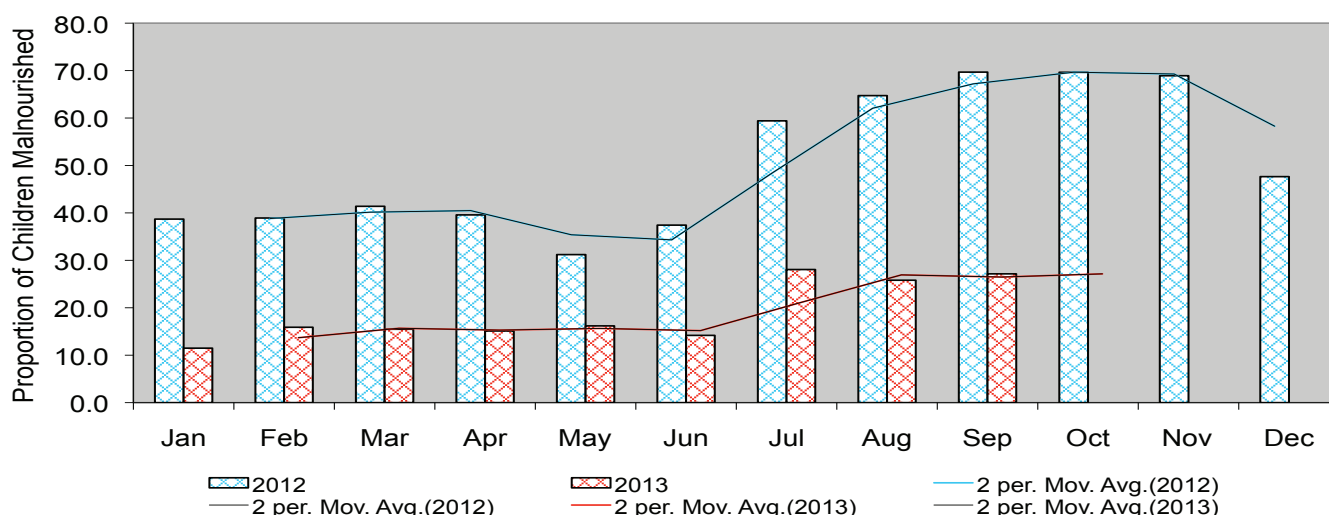
## NUTRITION SITUATION IN JUBA AND GEDO REGIONS

### GEDO REGION

The Post *Gu* '13 integrated nutrition situation analysis demonstrated a sustained Critical nutrition situation in the pastoral and riverine livelihoods in Northern Gedo region. No surveys were conducted in Southern Gedo region due to inaccessibility as a result of civil insecurity. Data from health facilities from January to July 2013 in the pastoral, agro-pastoral and riverine livelihood zones of Gedo region, indicates a high (<20%) and decreasing trend of acutely malnourished children. Current information from health facilities for July and September 2013 indicates that high (>20%), stable in the riverine communities, fluctuating in the agro pastoral and the pastoral population. This is due to improved food security situation in all livelihoods of Gedo region in the post *Gu* 2013 season compared to post-*Deyr* 2012/13. Despite the poor rains in October 2013, riverine areas of Gedo are less of a concern due to irrigation prospects and normal planting which is going on, although high fuel costs for pump irrigation pose challenges for poor households

In the July 2013 snapshot analysis, all livelihoods of the region were classified as Stressed. In the most likely scenario, the area classification remains the same in all livelihoods for October to December 2013. In July 2013, the number of rural population classified as Stressed was estimated at 85,000 people, unchanged from the post *Deyr* 2012/13 figures. The population estimates in the projection period (August-December 2013) also remain unchanged. The improvements in the food security situation are mainly attributed to the cumulative impacts positive *Gu* 2013 rains and the previous two consecutive seasons, as well as sustained humanitarian assistance in north Gedo. Specifically, factors that contributed to the improvement include average cereal production in agricultural livelihood, above average cash crop production in the riverine which increased labor options to poor households; increased daily labor wage rates; reduced local cereal prices; improved rangeland resources, hence livestock body conditions and number of sellable animals; high livestock prices, hence increased incomes from livestock and livestock product sales; increased purchasing power of the households.

**Figure 6: HIS Malnutrition Trends in Gedo Riverine MCHs**



## JUBA REGION

The Post *Gu* '13 integrated nutrition situation analysis of Juba region showed Serious levels of acute malnutrition (MUAC < 12.5 CM) most pastoral populations. This is an improvement from Critical levels since Deyr 2012/13 and Very Critical in *Gu*'12. Improvement in the agro-pastoral and riverine to Critical levels in *Gu* 2013 was noted compared to Very Critical GAM levels seen in *Deyr*'12/13 and *Gu*'12. Since *Deyr* 2012/13 the levels of acute malnutrition in Dhobley remain Very Critical (20.3 % GAM in *Gu* 2013). Improvement in the Kismayo IDPs to Critical (17.6 % GAM) in *Gu* 2013 was seen compared to very Critical GAM levels seen in *Deyr* 2012/13 and *Gu* 2012. No recent HIS data was available.

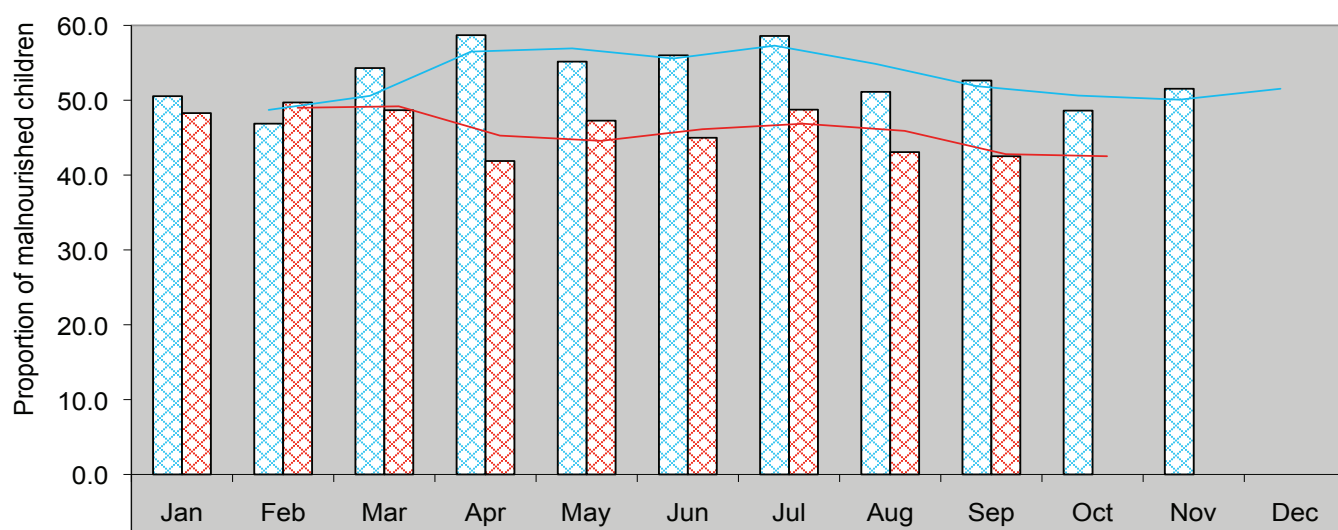
The food security situation shows continued improvement in all livelihoods of the Juba regions for *Gu* 2013 compared to the post-*Deyr* 12/13. In the July 2013 snapshot analysis, most livelihoods of both Middle and Lower Juba regions were classified as Stressed (IPC Phase 2) phase. The exception is the Southern Inland Pastoral livelihood which improved to Minimal (IPC Phase 1). The improved food security situation in most rural livelihoods of the Juba regions is attributed to good cereal production from the off-season harvest and increased livestock herd size, particularly in SIP livelihoods, where livestock herds reached above baseline levels and strengthened purchasing power of the rural population. Other pastoral livelihoods such South east pastoral (cattle pastoralist) of juba regions have improved due to increase herd dynamic but still below baseline. Milk availability is currently average and is forecasted to further improve given the expected high cattle calving and low to medium in sheep/goats and camel. Livestock prices are currently high and expected to further improve due to the approaching Muslim festive seasons (Hajj), which involve selling and exporting of more livestock to Saudi Arabia.

## NUTRITION SITUATION BAY AND BAKOOL REGIONS

The nutrition situation in Bakool pastoral and Bay agro-pastoral livelihood zones was sustained at Very Critical phase, similar to the level recorded in *Gu* 2012 though it was deteriorated from Critical levels reported in *Deyr*12/13. No nutrition assessment has been conducted in the agro-pastoral livelihood of Bakool region due to lack of access, therefore there was insufficient data to estimate the overall nutrition situation in the livelihood zone.

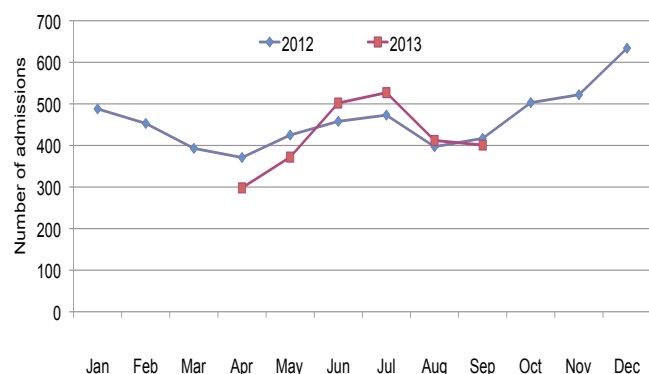
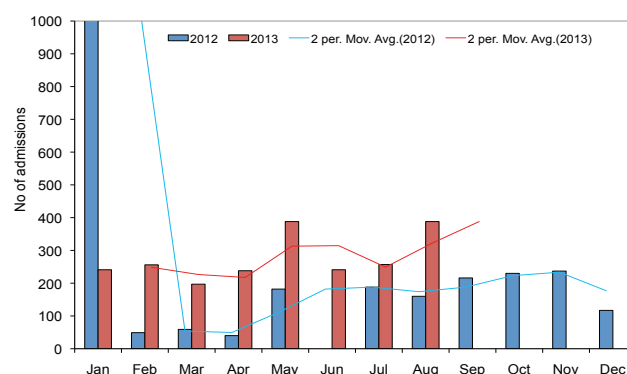
August and September 2013 data from the Bakool health facilities reflects a high (>35%) and fluctuating trend of acutely malnourished children (Figure 7). The data from health facilities in Bay region up to September 2013 also show a high (>45%) and fluctuating trend of acutely malnourished children. Nutrition situation in Oct – Dec 2013 is expected to deteriorate as services of stabilization center and OTP operated by MSF in Dinsor District Hospital in Bay are not available since Aug 2013.

**Figure 7: His Malnutrition Trends In Bakool Agro-Pastoral Mchs, Bakool – 2012-2013**



The high morbidity, acute watery diarrhoea (AWD) and limited humanitarian interventions in the area remain a major challenge, increasing the vulnerability of the population. Access to milk is reportedly average in all livelihoods due to the low supply in the markets, as a result of low camel calving. However, the situation is likely to improve due to the anticipated increase in milk production for the following months as *Deyr*'13 rainfall progresses.

There are limited cereal stocks available for poor agro-pastoral households in both regions, as result the poor households will face a hunger period for the coming three months from October 2013. Local cereal prices are on an increasing trend since May'13 due to high demand of cereal (Sorghum) from neighboring regions as well as central and northern regions and near average crop production of *Gu*'13 in both regions. Subsequently, with purchase of food currently reported to be the main means of accessing food, the nutrition situation is likely to be impacted negatively, and to remain Very Critical. Nutrition surveys are planned for third week of November 2013 among the Bakool pastoral and Bay rural livelihood and Baidoa IDPs populations.

**Figure 8: Bakool Agro-pastoral Out Patient Therapeutic Programme admissions 2012****Figure 9: Number of New admissions in BMO Bay Targeted Supplementary and Feeding Programme in 2012-2013**

## NUTRITION SITUATION IN SHEBELLE'S

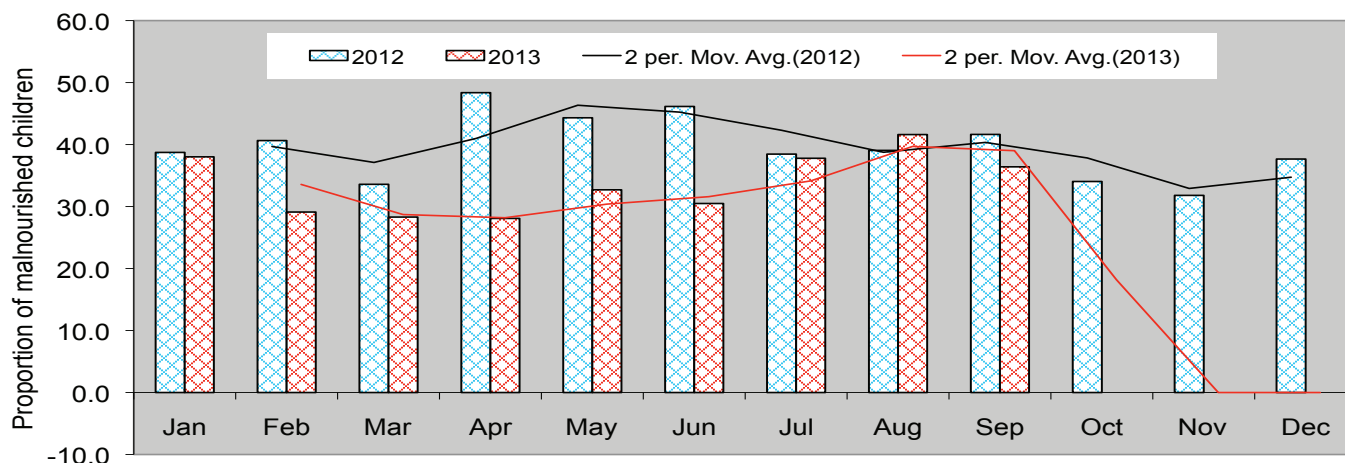
The Middle Shabelle region is located in a floodplain that is frequently exposed to floods. The food security situation improved in most rural livelihoods of the Shabelle regions in the post *Gu* '13 season compared to post *Deyr* (Jan-Jun 2013) season. In the July 2013 snapshot analysis, all livelihoods of the Shabelle regions were classified as Stressed (IPC Phase 2). In the *Gu* '13 season there were no nutrition surveys conducted in Shabelle regions due to lack of access. Recent data collected from health facilities for the month of July to September 2013, indicate an increase in the number of acutely malnourished children, (>30%) and stable trend among the agro-pastoral population. The health facility data is interpreted with caution as this data is biased towards children visiting the facilities for treatment/growth monitoring or feeding services. The humanitarian interventions in the area remain limited mainly due to lack of access.



*Floods in Middle Shabelle, Jowhar Town, FSNAU 2013*

Heavy rains in the last rainy season (*Gu* 2013) and in the Ethiopian highlands towards the end of July 2013, caused floods in parts of Mid-dle and Lower Shabelle regions, especially Jowhar district. Most of the populations of Jowhar district are farmers suffering from the most disastrous flooding they have ever seen. Roughly twenty four villages have been displaced and hundreds of families are dealing with the losses of their crops that are now submerged. The flood was reported to have started from the village of Baarey in August 2013 and is still continuing despite International Committee of the Red Cross (ICRC's) attempt to block the flooding. The floods have been the cause of road closures between Jowhar and Mogadishu as well as the roads between Jowhar to Mahaday. There are no roads that can connect to Jowhar thus the communities are using only trucks, tractors, boats and donkey cart to reach Congo where they can get to Mogadishu. Moreover the floods have reached Balad district resulting in road closures in Gololey and Isgoyska whilst still spreading to the Lower Shabelle regions. According to field reports, below average cereal production, particularly for maize, is expected in maize producing regions of Shabelle. The major reasons include: poor rains in October 2013, which resulted in low planting as well as poor crop germination.

A projection of the nutrition situation in Shabelle's from October- December 2013 is likely sustained Serious phase in agro-Pastoral livelihoods. This is based on the deteriorated food security indicators, timely *Deyr* '13 rains and seasonal trends in nutrition situation and morbidity.

**Figure 10: HIS Malnutrition Trends in Shabelle Agropastoral MCHs 2012-2013**



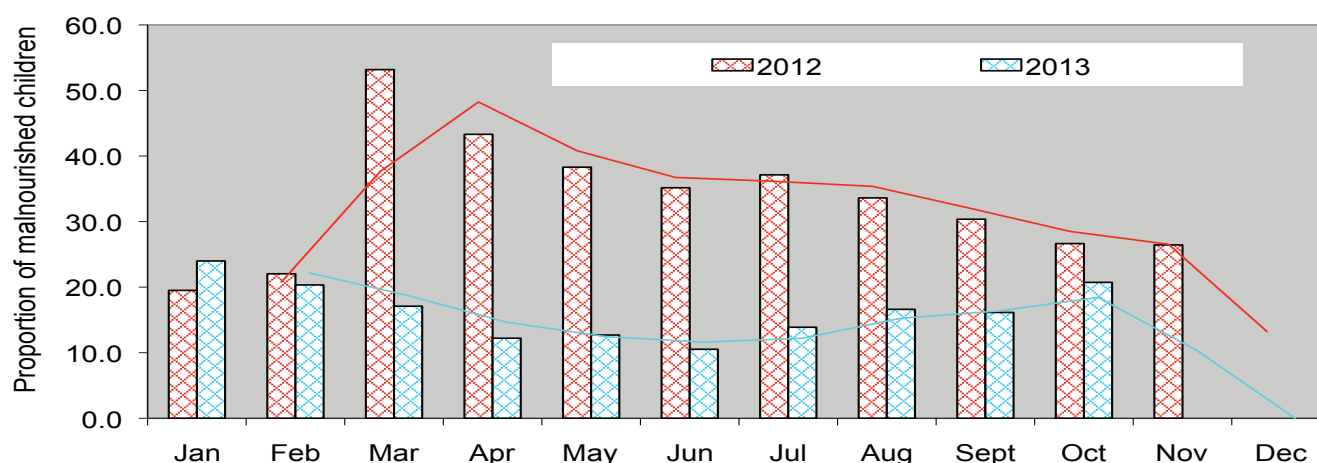
## NUTRITION SITUATION IN MOGADISHU

The Post *Gu* '13 integrated nutrition situation analysis demonstrated a slight improvement from Critical nutrition situation in *Deyr* 2012/13 to serious levels in *Gu* '13. Data from health facilities from January to July 2013 in Mogadishu region, indicates a high (<30%) and decreasing trend of acutely malnourished children. Current information from health facilities for July to October 2013 indicates that high (>20%), stable with an exception of October with more than (<20%) of children were acutely malnourished.

This is due to deterioration food security situation in neighbouring regions which were affected by floods. The reduced number of children visiting the centres is due to, ACF have closed Waberi Out Patient Therapeutic Programme and Targeted Supplementary and Feeding Programme for children and pregnant and lactating women (PLW) centre in June 2013, handover of OTP beneficiaries to BPHCC was not possible due to insufficient supply (BPHCC PCA is in process), and thus admitted cases were referred to ACF centre in adjacent Hodan district, which is far away thus reduced numbers of admissions.

Withdrawal of MSF activities from Somalia in Aug 2013 will adversely impact the nutrition situation in Mogadishu IDPs as well as urban area. This is because 2 stabilization centers at MSF hospital in Jazeera IDP camp and in Xamar Weyne district are closed along with 7 ambulatory OTP sites. A projection of the nutrition situation in Mogadishu from October- December 2013 is likely sustained Serious phase. This is based on the deteriorated food security indicators, timely *Deyr* '13 rains and seasonal trends in nutrition situation and morbidity

**Figure 11: HIS Malnutrition Trends in Mogadishu MCHs 2012-2013**



## SPECIAL ANALYSIS

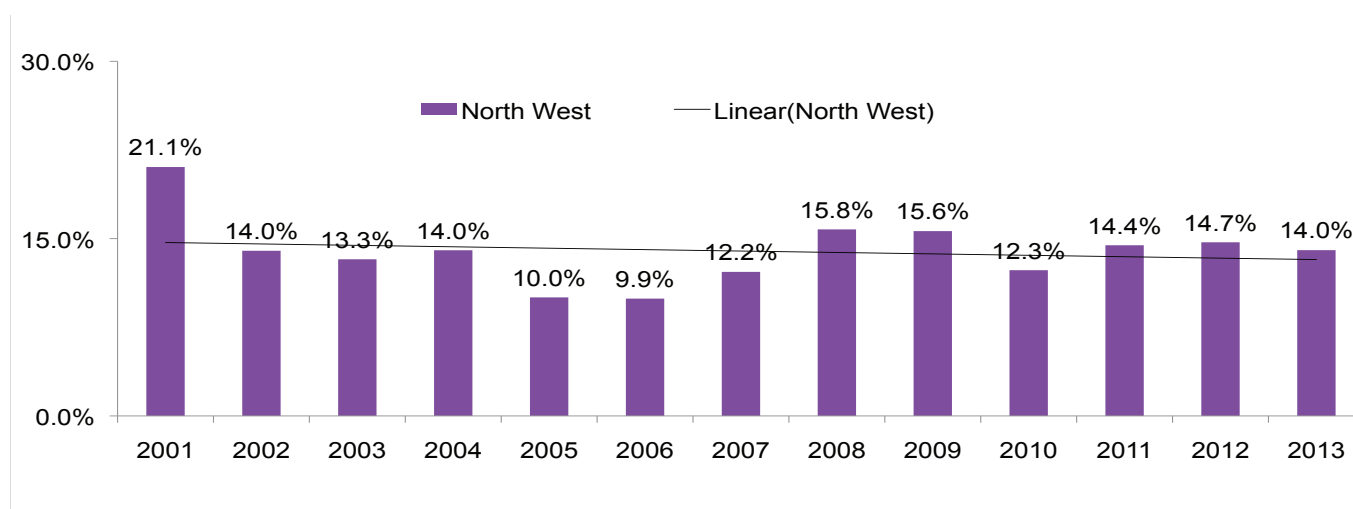
### LEVELS AND TRENDS OF ACUTE MALNUTRITION IN SOMALIA

FSNAU conducts national nutrition surveillance in Somalia through semi-annual nutrition surveys. A systematic review of findings from 371 survey results, and raw data from 279 nutrition surveys conducted between 2001 and 2013 by FSNAU and/or partner agencies indicate that malnutrition, and particularly wasting is a significant and persistent public health problem in Somalia with a national median Global Acute Malnutrition (GAM) rate of 16.6 percent or critical levels. Looking at the distribution of the prevalence rates reported in the period 2001 to 2013, nearly two thirds of the surveys reported GAM rates above the critical threshold (15 %) percent. Of the remaining one third, 75 percent are in the serious range (10-14.9 %). Further analysis indicate that over two thirds of surveys conducted in the South reported wasting in excess of the critical threshold (15 %). Whereas in Northeast, only about one quarter of the surveys reported rates above the critical range while in Northwest those with rates above the critical threshold were only about 10 percent. This trend provides clear evidence that acute malnutrition is a huge public health problem in South and central Somalia and this is largely attributed to the prolonged conflict in that part of Somalia. As a result there has been limited humanitarian space for emergency interventions in the face of the humanitarian crisis further compounding the already complex situation. The northern regions account for less of the burden of under nutrition and this is partly due to relative political stability that has provided space for interventions other than direct humanitarian assistance.

#### Northwest: Stable trends

The prevalence of acute malnutrition amongst under-fives in NW indicates a gradually decreasing and stable secular trend. This pattern is as a result of interaction of a number of factors but key has been relative political stability in the North west region. Less than quarter of the reported annual rates recorded average rates above the emergency threshold (15%). This suggest that compared to other parts of Somalia, acute malnutrition reports stable trends.

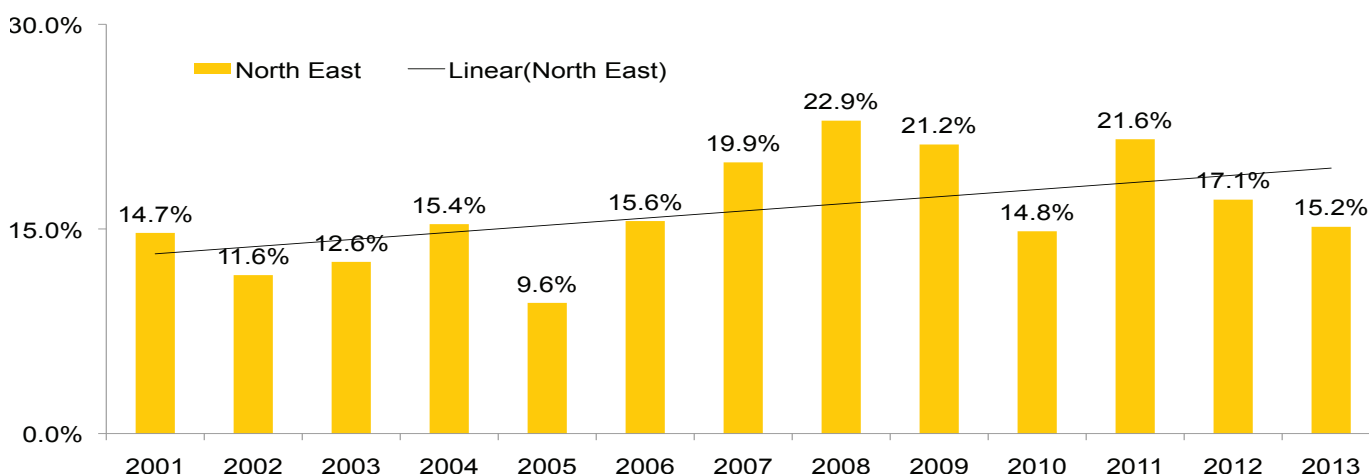
**Figure 12: Acute Malnutrition Trends Northwest 2001-2013**



**Northeast: increasing trends**

In North East, GAM prevalence is showing gradual and increasing secular trend. This may be attributed to high concentration of IDPs in the North east regions arriving from the conflict areas in the South. As in (Figure 13), nearly a third of the annual estimates reported rates above the emergency threshold (15%) indicating wasting is a major public health concern in this population.

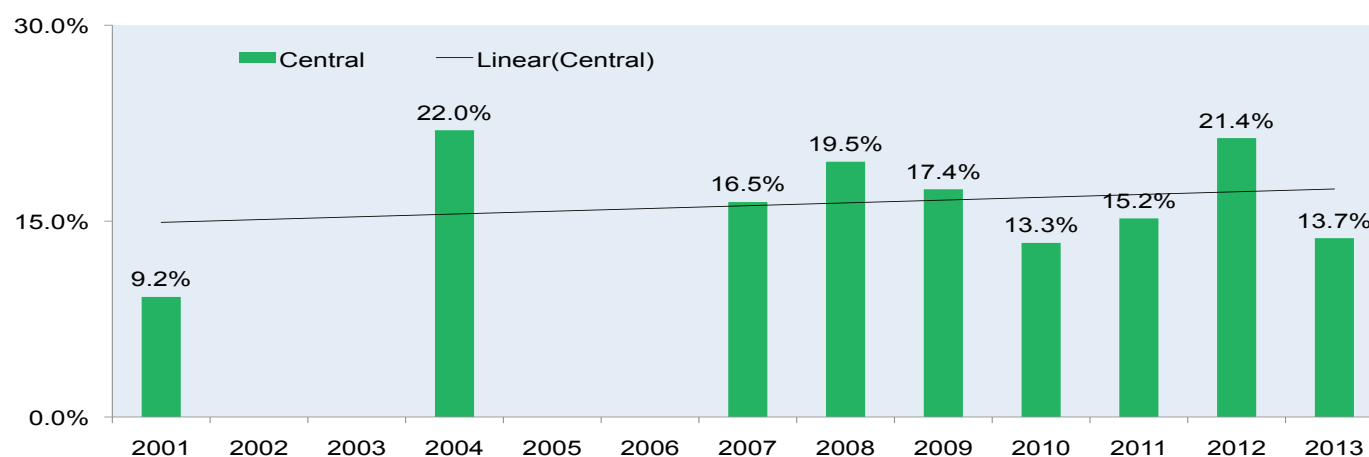
**Figure 13: Acute Malnutrition Trends Northeast 2001-2013**



**Central: Increasing trends**

According to (Figure 14), the secular trend of acute malnutrition in Central region reflect gradual and increasing trends with annual rates indicating nearly 2 in every 3 assessments conducted in central region reporting GAM rates above the emergency threshold (15%).. This situation is associated with acute political unrest in the Central areas that has limited humanitarian access hence reduced interventions.

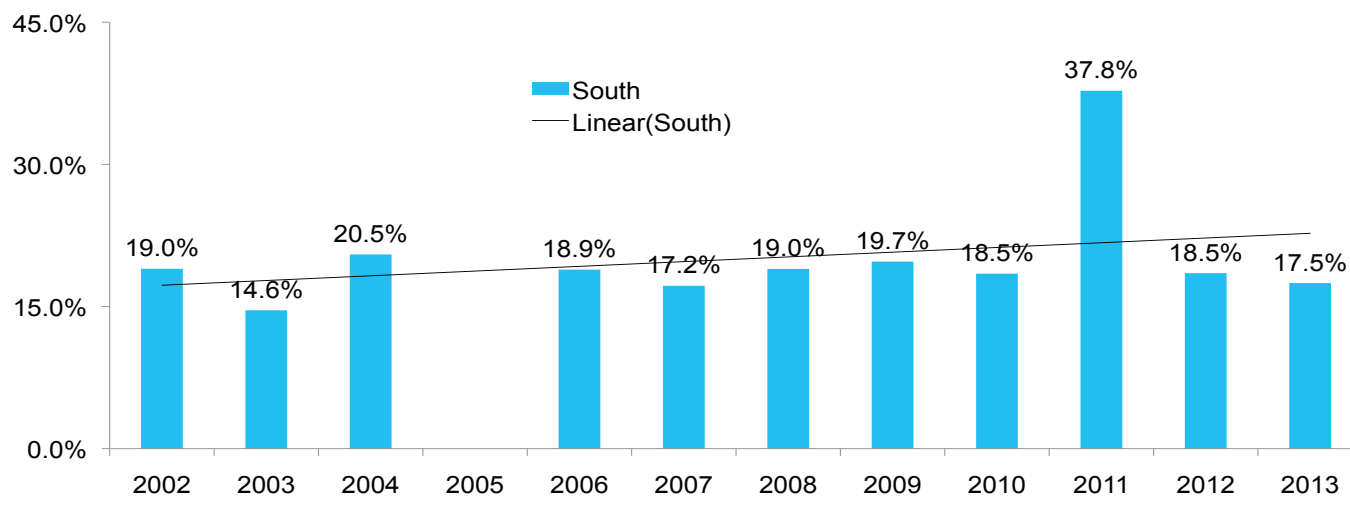
**Figure 14: Acute Malnutrition Trends Central, 2001-2013**



### South: Increasing trends

In the last 10 years Southern Somalia being the epicenter has experienced prolonged political conflict that has led to several deaths and displacement of populations. Of major concern has been limited humanitarian space in the last 5 years that has hampered efforts to provide much needed humanitarian support to the thousands left behind. As a result acute malnutrition among the U5 population has been on increasing secular trend making it a major public health problem in this part of Somalia. The most severe situation ( GAM 37.8 %) was reported in 2011 during famine that hit the horn of Africa. Evidently annual trends, as revealed in (Figure 15), indicate wasting is a perpetual public health problem with annual averages reporting rates above the emergency threshold.

**Figure 15: Acute Malnutrition Trends South, 2002-2013**

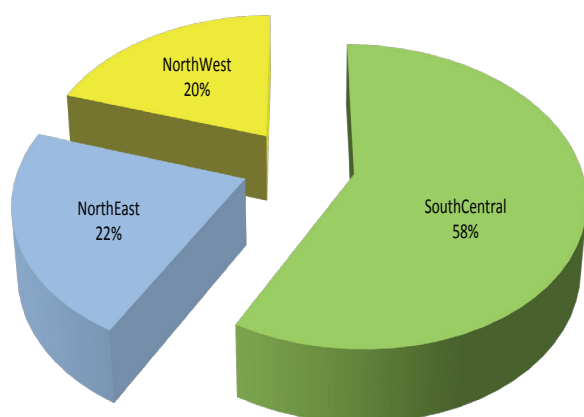


### DEYR 2013 NUTRITION ASSESSMENT

FSNAU has planned the Deyr 2013 nutrition assessments for 23 rural livelihood and 13 IDP populations across Somalia findings of which will be disseminated in Feb 2014. Nearly 60 percent of these assessments will be in south central region as earlier assessments suggest that it accounts for nearly 2/3 of acute malnourished children (Figure 1).

The tentative schedule for these assessments is provided in Table 1.

**Figure 1: Deyr 2013 Nutrition Assessment Plan**



**Table 1: Deyr 2013 Nutrition Survey Schedule**

Survey Zone/Type of survey	Survey Date	% GAM Gu 2013
1. Mogadishu IDPs*	Nov 30 – Dec 12, 2013	12.6
2. Kismayo IDPs*	Nov 18 – Dec 3, 2013	17.6
3. Baidoa IDPs*	Nov 18 – Nov 27, 2013	15.8
4. Dholey IDPs*	Nov 18 – Dec 3, 2013	20.3
5. Dolo IDPs*	Dec 13 – Jan 10, 2014	16.4
6. Bakool Pastoral**	Dec 13 – Jan 10, 2014	27.4
7. Bay Agropastoral**	Nov 28 – Dec 5, 2013	22.6
8. Gedo North- Agropastoral**	Dec 13 – Jan 10, 2014	18.6
9. Gedo North –Pastoral**	Dec 13 – Jan 10, 2014	18.8
10. Gedo North Riverine**	Dec 13 – Jan 10, 2014	15.2
11. Juba Pastoral ***	Nov 18 – Dec 3, 2013	7.1 <sup>∞</sup>
12. Juba Agropastoral***	Nov 18 – Dec 3, 2013	10.4 <sup>∞</sup>
13. Juba Riverine***	Nov 18 – Dec 3, 2013	10.9 <sup>∞</sup>
14. South Gedo Agro-pastoral***	Nov 18 – Dec 3, 2013	14.4 <sup>∞</sup>
15. South Gedo Riverine***	Nov 18 – Dec 3, 2013	17.0 <sup>∞</sup>
16. South Gedo-Pastoral***	Nov 18 – Dec 3, 2013	15.9 <sup>∞</sup>
17. Dusamareb IDPs*	Nov 18 – Dec 7, 2013	21.4
18. Matabaan District**	Dec 13 – Jan 10, 2013	10.0
19. Beletweyn District**	Dec 13 – Jan 10, 2013	20.2
20. Addun**	Dec 14 – Dec 30, 2013	8.0
21. Coastal Deeh **	Dec 12 – Jan 6, 2013	9.7 <sup>∞</sup>
22. Cow pea Belt***	Dec 12 – Jan 6, 2013	8.6 <sup>∞</sup>
23. Hawd Pastoral **	Dec 12 – Jan 6, 2013	10.6
24. Bossaso IDPs*	Nov 18 – Dec 7, 2013	17.3
25. Qardho IDPs*	Nov 18 – Dec 7, 2013	14.9
26. Garowe IDPs*	Nov 18 – Dec 7, 2013	19.2
27. Galkayo IDPs*	Nov 18 – Dec 7, 2013	19.4
28. Sool Plateau **	Dec 12 – Jan 6, 2013	10.8
29. East Golis/Kakaar Pastoral **	Dec 12 – Jan 6, 2013	16.7
30. Nugal Valley Pastoral **	Dec 12 – Jan 6, 2013	11.3
31. Coastal Deeh **	Dec 12 – Jan 6, 2013	10.8
32. Hargeisa IDPs*	Nov 18 – Dec 7, 2013	18.2
33. Burao IDP'S*	Nov 18 – Dec 7, 2013	14.2
34. Berbera IDPs*	Nov 18 – Dec 7, 2013	10.8
35. Agropastoral LZ (Togdheer & ***	Dec 14 – Jan 15, 2014	11.5
36. West Golis/GubanPastoral LZ***	Dec 14 – Jan 15, 2014	14.9
37. Sool Plateau **	Dec 14 – Jan 15, 2014	10.8
38. East Golis/Kakaar Pastoral***	Dec 14 – Jan 15, 2014	14.4
39. Nugal Valley Pastoral**	Dec 14 – Jan 15, 2014	11.3
40. Hawd Pastoral NW***	Dec 14 – Jan 15, 2014	14.4

Hotspots for malnutrition in Gu 2013 ( GAM > 15% or MUAC ,12.5 cm in > 10%)

Survey Methodology:-SMART ( Integrated food Security & Nutrition assessment) \*\*SMART Nutrition Assessment;\*\*\*MUAC Assessment <sup>∞</sup>MUAC results

# FSNAU

*Wishes all its readers and partners a  
Merry Christmas and a  
Happy New 2014*

## Recent and forthcoming publications and releases

Food Security and Nutrition Technical Report Post *Gu* 2013 October 2013

Food Security and Nutrition Analysis Post *Gu* 2013 October 2013

FSNAU/FEWSNET Climate Update, October 2013

FSNAU/FEWSNET Market Data Update, October 2013

Food Security and Nutrition Quarterly Brief November 2013

*NOTE: The above publications and releases are available on the FSNAU website: [www.fsnau.org](http://www.fsnau.org)*