

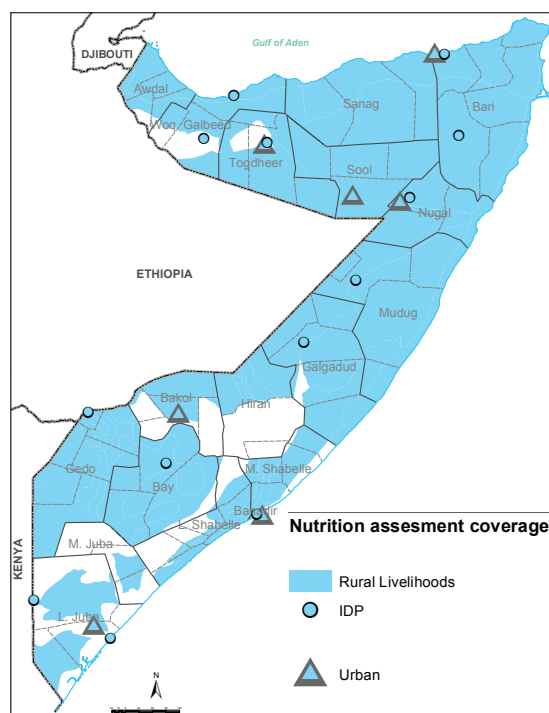
OVERVIEW

Acute Malnutrition trends based on data from Health Facilities (January-March 2015) suggest deterioration in nutrition situation in Hiran region (Bulo Burte, Beletweyne districts), Banadir region and among Riverine livelihoods in Gedo and Shabelle regions

Deyr 2014/15 assessment had identified Bay Agropastoral, all livelihoods among Gedo region (Pastoral, Agropastoral and Riverine) as well as Beletweyne district in Hiran region as well as livelihoods: Hawd Central and Coastal Deeh Central as hot spots for acute malnutrition in South Central Somalia. The nutrition situation observed during *Deyr* 2014/15 was also projected to be sustained during February – April 2015.

Health facility data on acute malnutrition for the first quarter of 2015 shows a deterioration in nutrition situation among Riverine livelihoods of Gedo and Shabelle region and in urban districts of Beletweyne and Bulo Burte in Hiran region as well as in Banadir region (Table 1). Deterioration in nutrition situation in Bulo-Burte can be attributed to worsening food insecurity due to continued and a significant increase in the price of food items. In other areas, prices are stable, or show seasonal increases and there are no major changes in security conditions. Deterioration in nutrition situation in these livelihoods appears to be associated with morbidity: cases of Measles, Malaria and Acute Watery Diarrhoea (AWD) reported among Shabelle Riverine cases of Measles, Acute respiratory infections (ARI) and AWD reported by MCH centres in Zam Zam and Hamar Weyne in Banadir region. Lack of nutrition supplies to treat malnourished children was reported by Banadir Hospital which is the largest referral hospital in South Central Zone. Due to volatile security situation in and around Shabelle valley and increased displacement and population movement to and from the newly liberated towns, further deterioration in nutrition situation is expected among urban poor and displaced people in Banadir region. Moreover, even though the 2015 *Gu* (April - June) rains might improve pasture and milk availability in the area, it is vital to keep a watch over the riverine areas in Gedo region and Shabelle which are vulnerable to flooding. Health facilities among Hawd central, Addun central, Cowpea and Coastal Deeh also show sustained prevalence of Critical levels of acute malnutrition.

Gu 2015 Nutrition Assessment Coverage Plan for Somalia



In North East, Health facilities in livelihoods of Sool and East Golis/Kakaar show deterioration in nutrition situation while others report strable nutrition situation.

Deterioration in nutrition situation among Northwest Agro pastoral from acceptable (<5%) to Alert (5- <10%) and among Northwest IDPs was projected for the period February-April 2015. However increasing malnutrition trends (>15%) seen in health facilities among urban areas (Central Burao) in Northwest is unexpected.

The 2015 *Gu* seasonal countrywide nutrition assessment will be conducted from May to July 2015 (see map above).

Table 1: Trends of Acutely Malnourished Children in Somalia during January to March 2015 based on data from Health Facilities

Livelihood / HIS TRENDS- Preceding 3 months relative to \geq 2 yr seasonal trend	ACCEPTABLE	ALERT	SERIOUS	CRITICAL	VERY CRITICAL
	V. low (<5%) proportion in the preceding 3mths relative to >2yr seasonal trends	Low proportion (5 to <10%) and stable trend in the preceding 3mths relative to >2yr seasonal trends	Moderate (10 to <15%) and stable or low (5 to <10%) but increasing proportion in the preceding 3mths relative to >2yr seasonal trends	High (> 15%) and stable proportion in the preceding 3mths relative to >2yr seasonal trends	High (> 15%) and increasing proportion in the preceding 3mths relative to >2yr seasonal trends
SOUTH CENTRAL REGION					
CENTRAL			Cowpea Coastal Deeh	Addun Hawd	
GEDO				Pastoral Agro pastoral	Riverine
JUBA			Juba Riverine	Pastoral Agro pastoral	
SHABELLE				Shabelle Agropastoral	Shabelle Riverine
HIRAN					Beletweyne Bulo burte
BANADIR				Mogadishu Urban	
BAY /BAKOOL				Bay Agro pastoral Bakool Pastoral Bakool Agropastoral	
NORTH WEST					
Livelihood	W Golis/Guban Hawd	Agro pastoral Hargeisa urban Berbera Urban Borama urban	E Golis	IDPs	Burao Urban
NORTH EAST					
Livelihood			Hawd Addun Nugal Valley Sool Plateau E Golis and Karkar Coastal Deeh Bosaso Town		

NUTRITION SITUATION IN NORTHWEST REGIONS

Post *Deyr* 2014 nutrition analysis for Northwest Regions (Somaliland) showed an overall nutrition situation that has been steadily improving over the last five consecutive seasons. It was the first time ever that all the assessed livelihoods (10) reported Global Acute Malnutrition (GAM) prevalence below the emergency threshold (<15%)- no hot spots! In addition an **Acceptable** nutrition situation was recorded among (Northwest Agropastoral livelihood) for the first time in Somalia. Notable improvements were observed among Northwest Agropastoral, West Golis, Guban, Sool Plateau and the two IDP settlements of Burao and Berbera. Deterioration seen among two livelihoods of Nugal valley and East Golis (both from Alert to Serious) was not significant. Hawd pastoral, Sool urban and Hargeisa IDPs showed sustained nutrition situation since *Gu* 2014. The improvement in nutrition situation is attributed to favourable *Deyr* rains which also improved the food security situation. It was projected that this situation may not be sustained mainly because of the unpredictable weather patterns and seasonality.

Water shortage from Hawd and parts of Agro-pastoral areas is reported. In Hargeisa town there is a water crisis and cost of 200 liters has become 18,000/So shillings instead of 10,000/sh which makes it difficult for the poor urban and IDP's to buy the required amount of water.

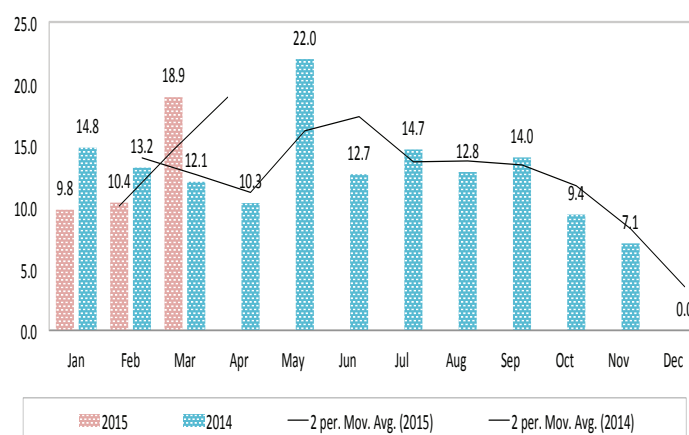
The health facility data in the last three months (Jan to March 2015) from all livelihoods indicate varied trends but generally showing stable nutrition situation with a few exceptions: E Golis/IDPs/Burao urban which show increasing trends of acute malnutrition (Table 2)

Table 2: Trends in Acute Malnutrition in Northwest Region of Somalia based on data from Health Facilities

Livelihood	Name of HIS visited	Observations				Remarks
		Jan-March 2015	Aug-Oct 2014	July 2014	March 14	
Agro Pastoral	Odweyne	5.8% -low	19.7% -High stable	19.6%- High and Increased	9.6 % –low Fluctuating	Improvement
Hawd	Haji Salah, Durugsi, Balidhig	18.9% -High and Increasing	7.1 % –Low and stable	6.8% –low but Fluctuating	8.3% –low and decreasing	Deterioration
Urban	Central Burao, Farah Omar, Dr Yusuf, Kenya, Dr. Allag	21 % -High & Increasing trend	8%-Low, stable	6% -Low & Sustained	7% -Low & Sustained	Deterioration
IDPs	Yirowe, Kosaar, Aden Suleiman	13.2 %-High & Increasing trend	12.7%-Moderate Fluctuating	9.6 %-Low but Increasing	2.9%-Very low & Decreasing	Deterioration
West Golis/ Guban	Lughahya, Lowyado, Garbodadar, Boon, Geerisa, Darbudhug, Mandera, Harirad, Abdikadir	5% -Very low and Decreasing	23.7%-High Sustained	19.5 %-High & Fluctuating	15.1 %- High & Decreasing	Improvement
Agro-pastoral	Gebiley, Dilla, Allaybaday, Idhanka, Qolijeed	7.8%-Low & Sustained	8.7%-Low & Decreasing	7.6%-Low & Decreasing	7.7%-Low & sustained	Sustained
IDP's	Sheik nur, ayaha, Jamalyae,Dami, Statehouse	15.6 %-High & Fluctuating	6.2%-Low but Stable	7.0%-Low & Decreasing	11.6 %-Moderate & Fluctuating	Deterioration
Urban	Hargeisa, Borama and Berbera	6.0%-Low & Sustained	11.4%- Moderate & Fluctuating	6%-Low & Decreasing	5.6%-Low & Decreasing	Improved
Hawd	Salahlay, Bali-Gubadle, Adadlay, Bali-Abane	5%-Very low & Stable	24.2%-High & Fluctuating	11.1%-Moderate & Decreasing	5.8%-Low & Decreasing	Improved
East Golis	Hadaftimo, Badhan	10-15% -Moderate but increasing	>10% Moderate but increasing	>10%) –Moderate & stable	>10% - Moderate & increasing.	Sustained

HAWD: Post *Deyr* 2014/15 assessment showed **Alert** levels of GAM (8.9%) were sustained since *Gu* 2014 (7.6 %). However, SAM prevalence (1.2 %) increased compared to six months ago (*Gu* 2014) Seasonally, Hawd has remained stable due to livestock in-migration which ensures that even during dry season, milk availability remains average. However, current HIS trends show increasing trends in acute malnutrition as illustrated in the Figure 1. This has been attributed to measles and diarrhoea outbreak reported in parts of Togdheer region.

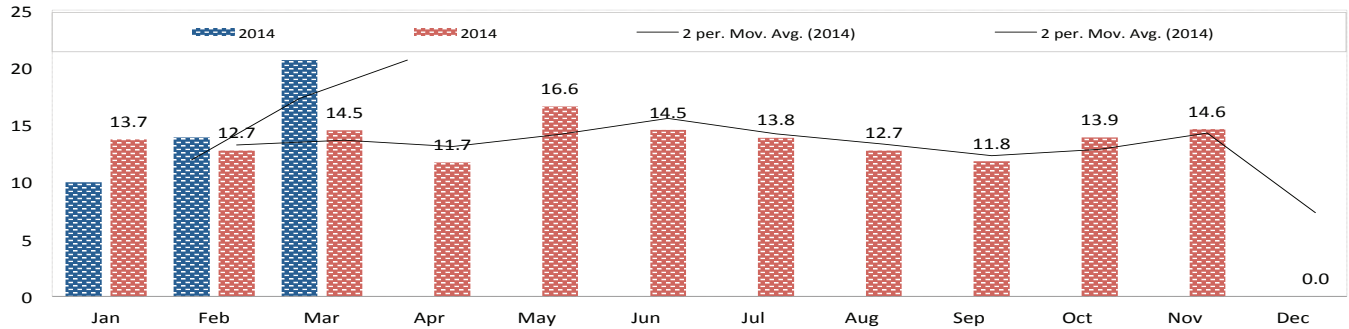
Figure 1: Malnutrition trend for Hawd MCH (2014-2015)



Northwest Urban

Although no assessments were conducted in the urban areas of Togdheer region in the last two seasons, the latest health facility data (Jan-Mar 2015) has revealed increasing malnutrition trends (Figure 2). The drastic increase in acute malnutrition is likely attributed to limited humanitarian activities in the urban centres. Reports from the field has cited reduced humanitarian activities including indefinite postponement of UNICEF run Child Health days (CHD) in Burao town. The urban poor have also been affected by unstable household food security situation.

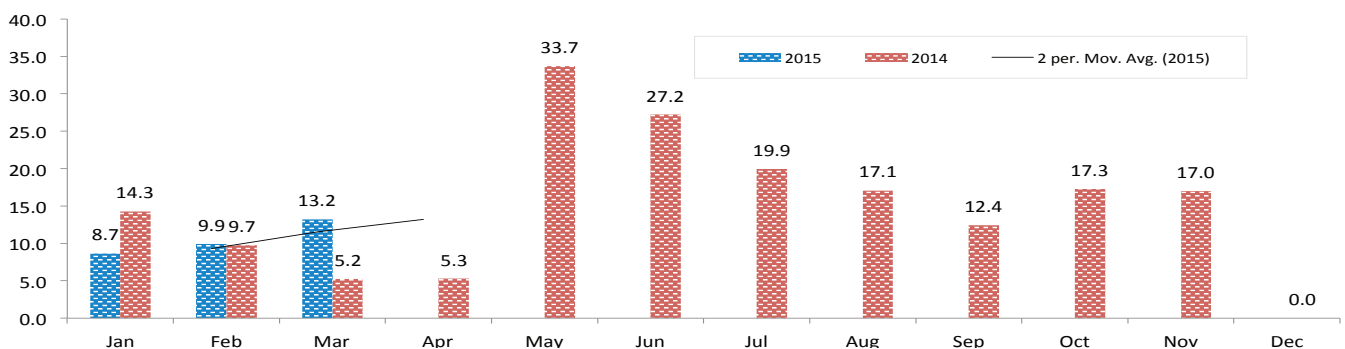
Figure 2: Health Facility Malnutrition Trends for Northwest Urban (2014-2015)



IDPs in Togdheer Region

According to Post *Deyr* 2014/15 assessment results, Burao and Berbara indicated steady improvements in nutrition situation in the last 2 consecutive seasons. However, health facility collected for the last 3 months (Figure 3), indicates increasing malnutrition trends among the displaced population in Burao. The aggravating factors are linked to unstable food security indicators, which include high but stable food prices, a contributing factor to food insecurity for majority of IDP households. These trends are consistent with the usual high cost of cereal prices which translate to limited consumption of nutrients which generally does not benefit poor families as they are too costly. Milk availability has also declined due to reduced pasture for livestock. This is as a result of the dry spell which is a key characteristic of the *Jilaal* season. This situation translated to high prices of milk and milk products in the markets, hence further compromising the household food security of the population and more so the poor in urban, as well as the displaced in settlement camps. The situation is further compounded by limited labour opportunities for the displaced populations hence diminished purchasing power.

Figure 3: Health Facility Malnutrition Trends for IDPs (2014-2015)



CONCLUSION

The overall nutrition situation for most NE livelihoods show stable nutrition situation except Hawd, Urban Burao and IDP settlement in the Togdheer region where increase in acute malnutrition was noted. Close monitoring of both nutrition and food security indicators will continue until the *Gu* seasonal surveys are conducted which will provide a more comprehensive picture.

NUTRITION SITUATION IN NORTHEAST REGIONS

The health facility data trends in acute malnutrition in Northeast region of Somalia are summarized in Table 3. Deterioration in nutrition situation among livelihoods of Sool and E Golis/Karkar is noted.

Table 3: Trends in Acute Malnutrition in Northeast Region of Somalia based on data from Health Facilities

Livelihood	Name of HIS visited	Observations			Remarks
		Jan-March 2015	Aug-Oct 2014	May-July 2014	
Hawd	Kalabayr, Jalam, Burtinle, Hasbahalle, Bacadweyn Goldogob Harfo	Moderate (10 to <15%) and sustain trends	Moderate (10 to <15%) and sustain	Moderate (10 to <15%) and fluctuation	Sustained GAM was sustained as Critical since Deyr 2014/15
Addun	Godob Ballibusle Jerriban Galkio	Low proportion (5 to <10%) and increasing trends	Low proportion (5 to <10%) and increasing trends	Low proportion (5 to <10%) and decreasing trends	Sustained GAM was sustained as Alert since Deyr 2013/14
Nugal Valley	Sinujif Gambool Waaberi Gargaar	Low proportion (5 to <10%) and increasing trends	Low proportion (5 to <10%) and stable trend	Low proportion (5 to <10%) and stable trend	Sustained GAM deteriorated in Deyr 2014/15 to Serious (11%) from Alert (7.9%) in Gu 2014
Sool Plateau	Qarhiss Dangorayo Qardho Rako Waaciye	Low proportion (5 to <10%) and increasing trends	V. low (<5%) proportion	Low proportion (5 to <10%) and stable	Sustained GAM improved in Deyr 2014/15 to Alert (9.4%) from serious (12%) in Gu 2014
E Golis and Karkar	Ufayn Iskushuban Carmo	Moderate (10 to <15%) and sustain trends	Low proportion (5 to <10%) but increasing	Low proportion (5 to <10%) and stable	Deterioration GAM improved in Deyr 2014/15 to Serious (10.4%) from Critical (15.8%) in Gu 2014
Coastal Deeh	Eyl Beyla Hafum	Low proportion (5 to <10%) and increasing trends	High ($\geq 15\%$) and stable proportion	High ($\geq 15\%$) and stable proportion	Improvement GAM Sustained as Serious since Deyr 2013/14
Bosaso Town	Shabelle Bulo Ellay, 100-ka bush, Tuurjaale, Ugas Yasin, Horseed, and Isnino	Low proportion (5 to <10%) but increasing trends	Low (5 to <10%) but increasing	Low proportion (5 to <10%) and	Sustained

Post Deyr 2014/15 integrated analysis of nutrition showed either sustained or improved nutrition situation in most of the livelihoods. Exceptions were Bosaso IDPs which deteriorated from **Serious** to **Critical** and Nugal valley from **Alert** to **Serious**. The *Hagaa* season (Jan –Mar 2015) was dry mostly, but during third week of March 2015 there were some localized rains in areas of Coastal Deeh, East Golis/Karkaar, Sool plateau and Hawd livelihood which helped relieve the stresses of *Hagaa* and improved water access. The health information systems (HIS) data from health facilities in Northeast Somalia are mostly consistent with the Jan–Mar 2015 projections- sustained/stable malnutrition trends in most of the livelihoods.

Hawd: Nutrition situation among Hawd pastoral livelihood was sustained as **Critical** in *Deyr* 2014. The current HIS trend is showing improvement in nutrition situation to serious (>10 -<15%). This could be because main aggravating factors of critical malnutrition level were high morbidity and no disease outbreaks were reported during the period of Jan-Mar 2015.

Nugal and Coastal Deeh: Nugal valley had deteriorated last *Deyr* 2014 from **Alert** to **Serious** while Coastal Deeh was sustained as **Serious** in *Deyr* 2014. Both were projected to remain **Serious**. The current HIS results show improvement in nutrition situation to **Alert** for both Nugal Valley and Coastal Deeh, this could be because there was no major food security concerns or outbreak of diseases are reported in recent months.

Addun: Addun livelihood was sustained **Alert** phases since *Gu* 2014. The projection (Jan-Mar) was no change in nutrition situation and the current HIS results (Jan-Mar 2015) also show a decreasing trend. This is due to stable Food security situations and no reported diseases outbreaks.

East Golis and Sool Plateau: East Golis showed improvement in nutrition situation from **Critical** to **Serious** during *Deyr* 2014 in East Golis and Sool plateau from **Serious** to **Alert**. Same phases was projected for both, and current HIS results (Jan-Mar) also show **Serious** level (>10 - <15%) in East Golis and **Alert** (>5 - <10%) in Sool Plateau.

Data from the health facilities (Jan-Mar 2015) in East Golis areas namely Ufeyn, Carmo, Calula and Iskushuban record high proportion (>10%) of acutely malnourished children and fluctuating trend, indicating a likely **Serious** situation (Figure 5). low numbers (<10%) of acutely malnourished children are recorded from the health facilities of Nugal valley (Sinujiif, Gambool and Waaberi) and Coastal Deeh (Hafun, Banderbayla and Eyl) in Jan-Mar 2015 but regarding the historical trends the situations are projected as likely **Serious** and stable compared to *Deyr* 2014/15 analysis. HIS data from the health facilities in Sool plateau (Qarhis, Dangaroyo, Rako and Waaciye MCHs) reported low numbers (<10%) of acutely malnourished children and declining trend, indicating stable nutrition situation of **Alert** phase and consistent to historical HIS results.

CONCLUSION

The Health Information system (HIS) results of January to March 2015 combined with the historical nutrition trends in NE suggest that the nutrition situation among livelihoods of Coastal Deeh, Nugal Valley and East Golis are expected to remain **Serious** until June 2015, while Addun and Sool plateau livelihoods are expected to be sustained as **Alert**. Hawd livelihood is projected to improve from **Critical** to **Serious**. There is no outbreak of diseases reported in Northeast during recent months The nutrition situation among IDPs in Northeast Somalia towns is unstable and likely to remain as **Serious/Critical** levels due to their vulnerability to food and health access problems.

Figure 4: Health Facility Malnutrition Trends in Hawd Pastoral Livelihood Zone (2014-2015)

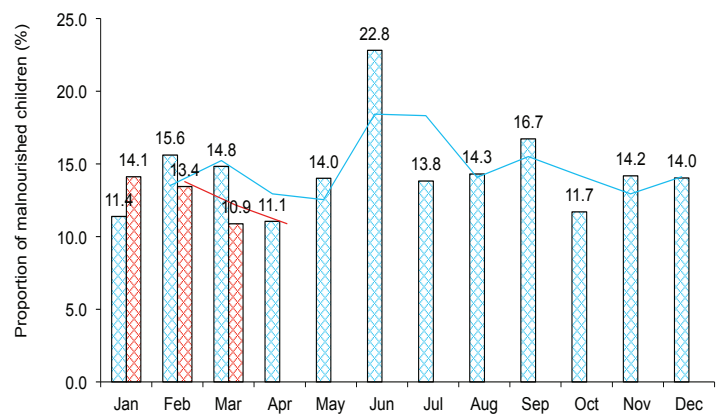
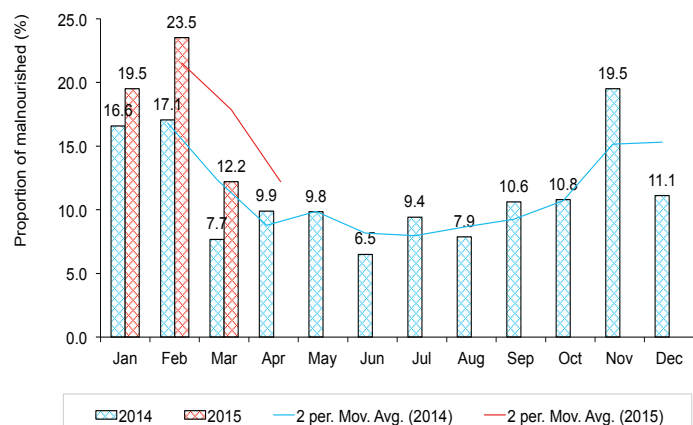


Figure 5: Health Facility Malnutrition Trends in East Golis/ KarKaar Livelihood Zone (2014-2015)



NUTRITION SITUATION IN CENTRAL REGIONS

Deyr 2014/15 nutrition assessment showed deterioration in Coastal Deeh from **Serious** to **Critical** while Hawd and Addun livelihoods sustained **Critical** and **Alert** levels respectively. This nutrition situation was expected to be sustained during Feb –April 2015 as neither improvement nor deterioration was expected within the next three months. The health information systems (HIS) data from health facilities in Central Somalia are mostly very high, but consistent with the historical trends that usually MCHs in central were reporting. Current HIS trends (Table 4) suggest sustained nutrition situation. Due to security reasons, HIS Facilities among Cowpea belt and Coastal deeh livelihoods in central could not be reached.

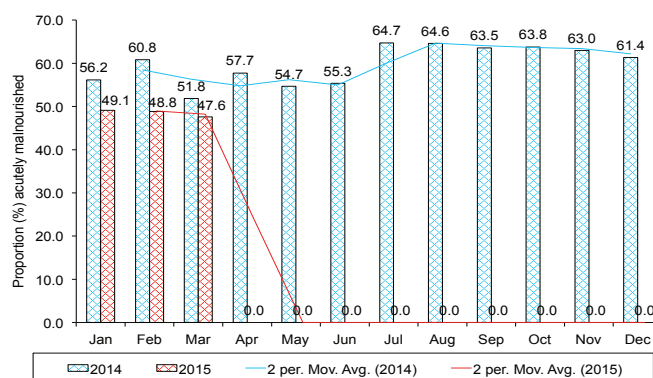
Table 4: Trends in Acute Malnutrition in Central region of Somalia based on data from the Health Facilities

Livelihood	HIS Visited	Mar-2015	Sept-2014	July-2014	Remarks
Aduun	Adaado Dusomareb	High (>15%), Stable	High (> 15%) and stable	High (> 15%) and stable	Sustained GAM was sustained as Critical since <i>Deyr</i> 2014/15
Hawd	Galinzoor Abudwaaq	High (>15%), Stable	High (>15%)	High (> 15%) and stable	Sustained GAM was sustained as Alert since <i>Deyr</i> 2013/14

The *Jilaa* season (July-Sep '15) was dry mostly, but recently (April 2015), *Gu* rains have started in some locations in Central, and is expected to improve the situation and relief the impacts of *Hagaa* season. There were no disease outbreaks reported in recent months, but during the health facility revisits cases of Pneumonia and fever were reported among Hawd and Addun livelihoods.

Hawd: Sustained Critical nutrition situation was seen in *Deyr* 2014 among hawd livelihood was projected to remain the same and this is reflected by the current HIS trends. The nutrition situation seen is consistent with the historical HIS trends. Data from health facilities in Hawd livelihood (Abudwak and Gelinsoor) also indicate very high (>30%) but stable levels of acute malnutrition. Though no diseases outbreaks were reported recently, the conflict in Guricel has resulted displacements and may negatively affect the nutrition status. Figure 6 shows HIS trends (Jan-Mar 2015) for MCHs in Hawd.

Figure 6: Health Facility Malnutrition Trends in Hawd Livelihood Zone of Central Areas (2014-2015)



Addun: During *Deyr* 2014/15 analysis results of Addun livelihood indicated sustained **Alert** level of malnutrition with projection of no change in nutrition situation (Jan-Mar). This is reflected by the HIS trend of Addun livelihood which show high (>15%) but stable trends of acute malnutrition. Data from the health facilities (Jan-Mar'15) among Addun pastoral areas of Central Somalia (Dhusamareb and Addado) showed very high (>30%) of acute malnourished children which suggest a sustained **Critical** nutrition situation.

Cowpea and Coastal: During *Deyr* 2014/15 assessment Cowpea belt showed an improvement from **Serious** to **Alert**. During Feb –April 2015 Cowpea belt was expected to deteriorate based on historical trends and limited access to health care/humanitarian support. Data from health facilities in Coastal *deeh* and cowpea belt is not available due to security but based on historical nutrition trends of malnutrition, the nutrition situation in coastal *deeh* and cowpea belt livelihoods are expected to be **Serious** until June 2015,

CONCLUSION:

In summary the nutrition situation of Hawd is projected to remain **Critical** due to morbidities reported (but not outbreak) and displacements in Guricel, while Addun pastoral livelihood is expected to remain **Alert**, and Coastal *deeh* and Cowpea belt are projected to be **Serious**.

The nutrition situation among IDPs in Central Somalia towns is unstable and likely to remain in **Serious/Critical** levels due to their vulnerability to food and health access problems.

NUTRITION SITUATION IN JUBA REGIONS

Post *Deyr* 2014/15 assessments among Dhobley and Kismayo IDPs in Juba region showed a significant improvement ($p < 0.001$) in nutrition situation - from **Critical** levels to **Serious** (11%) and **Alert** (8.5%) respectively. Dhobley IDPs recorded critical levels of CDR (1.25/10000/day) and a Serious levels of U5MR (1.55/10000/day). The CDR had deteriorated since *Gu* 2014 (0.46) and *Deyr* 2013 (0.40), the main underlying causes were diarrhea (23%), malaria (18.6%) and pneumonia (18.6%).

Because of insecurity, no nutrition assessments could be done among different livelihoods of Juba. The health facility data from all livelihoods in Juba for the period (Jan- Mar 2015) indicates sustained high malnutrition trends with high proportion of malnourished children (>15%) among pastoral (Figure 7) and Agropastoral (Figure 8) livelihoods.

Figure 7: Health Facility Malnutrition trends in Juba Pastoral MCHs (2014-2015)

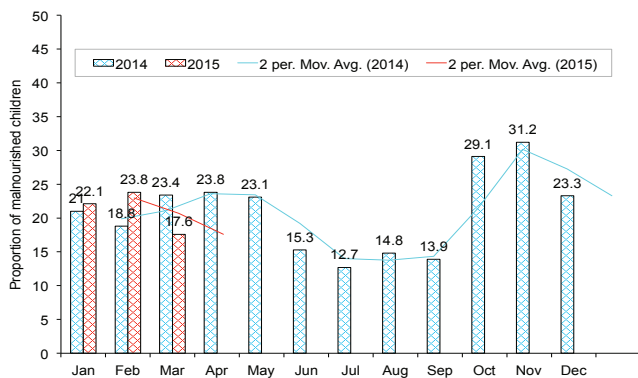
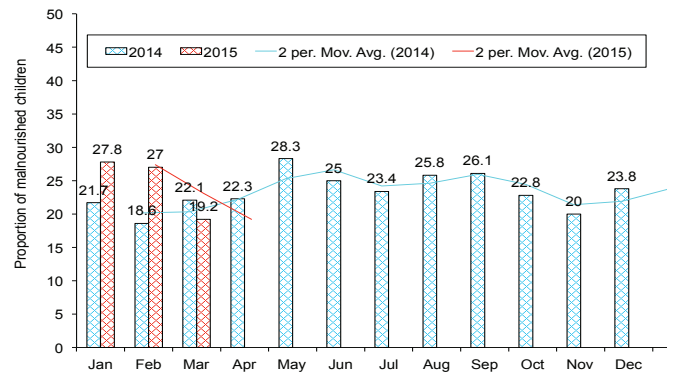
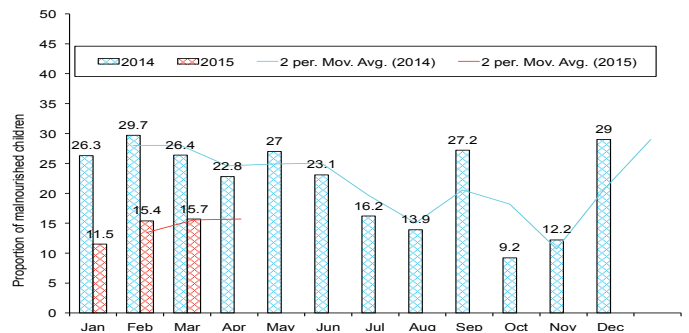


Figure 8: Health Facility Malnutrition trends in Juba Agropastoral MCHs (2014-2015)



Post *Deyr* assessment (2014/15) reports that Food Security situation remains unchanged since post-*Gu* 2014 in most livelihoods except Juba riverine which show deterioration from Stressed (IPC Phase 2) to Crisis (IPC Phase 3). HIS trends (Jan-Mar 2015- Figure 9) among Juba Riverine show a stable or slight improvement with low proportion of malnourished children (<15%).

Figure 9: Health Facility Malnutrition trends in Juba Riverine MCHs (2014-2015)



NUTRITION SITUATION IN BAKOOL REGION

Improvement in the food security situation for all rural livelihoods in Bay and Bakool regions was noted during Post *Deyr* 2014/15 assessment. These improvements are mainly attributed to high access of milk, low morbidity, food distribution to families with malnourished children and as well as to cash for voucher. *Deyr* 2014/15 assessment among Bakool pastoral showed an improvement in both GAM and SAM from **Critical** levels to **Serious** (12.3%) and **Alert** (1.5%) respectively. Current HIS data (Jan- Mar 2015) from Bakool pastoral health facilities shows **critical** (>15 %) but stable trend of acute Malnutrition even though the nutrition assessments conducted in *Deyr* 2014 recorded an improvement ((Figure 10).

Figure 10: Health Facility Malnutrition trends in Bakool pastoral MCHs, Bakool – (2014-2015)

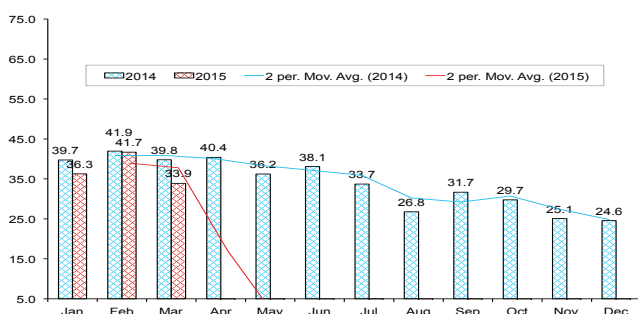
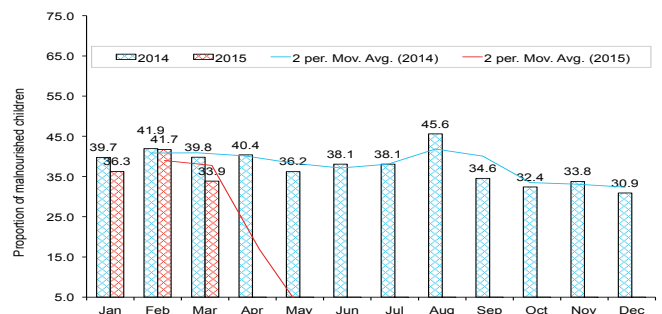


Figure 11: Health Facility Malnutrition trends in Bakool Agro-pastoral MCHs, Bakool – (2014-2015)

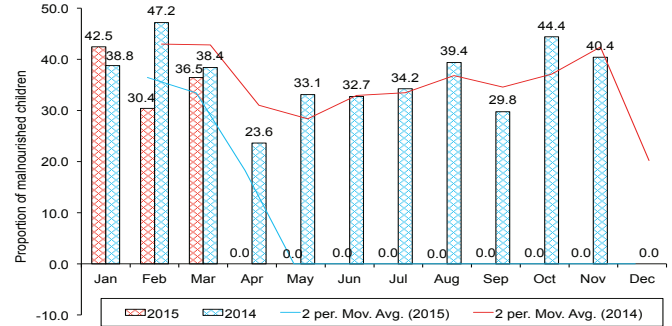


Due to insecurity, nutrition assessment among Bakool agro-pastoral could not be conducted. The HIS data among Bakool agro pastoral (Jan- Mar 2015) shows high (>15%) but stable proportion of acute malnourished children (Figure 11). Poor rain performances in *Deyr* 2014, high morbidity and as well as poor water and sanitation facilities could be responsible for these high proportions of acute malnourished children seen among health facilities in Bakool Agro pastoral.

NUTRITION SITUATION IN BAY REGION

Post-*Deyr* 2014 results of nutrition assessments conducted among Bay Agro-pastoral show **Critical** levels (19%) of acute malnutrition, which are sustained since *Gu* 2012, and increase in SAM prevalence (5.5%) compared to *Gu* 2014 (3.7%). Even Baidoa IDPs showed deterioration in GAM prevalence to **Critical** (15.3%) in *Deyr* 2014/15 compared to **Serious** (12.9%) GAM in *Gu* 2014.

Figure 12: Health Facility Malnutrition trends in Bay Agro-pastoral MCHs (2014-2015)



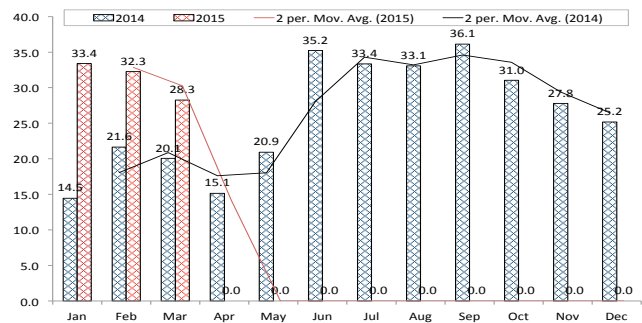
(Source:DHO , BRH, DMO and BMO)

The data collected from the health facilities Bay agro-pastoral livelihood for the last three months (Jan- Mar 2015) shows a high (>15%)but stable trend of acutely malnourished children (Figure 12). Sustained high levels of acute malnutrition in Bay region are mainly linked to high morbidity rates, insecurity situation, and limited access to health services, poor water and sanitation facilities as well as poor infant and young feeding practices.

NUTRITION SITUATION IN HIRAN REGION

Post *Deyr* 2014/15 nutrition assessment in Beletweyne district showed Critical levels of acute malnutrition (17.3 % GAM) which are sustained as critical since *Gu* 2012. An increase in SAM prevalence to **Critical** levels (4.2%) from **Serious** levels (3.5% and 3.6%) since in *Gu* 2014 and *Deyr* 2013 was also noted. This was a contrast to the food security situation which was reported to have improved in all rural livelihoods of Hiran region during Post *Deyr* 2014/15 assessment. The health facilities data from Beletweyne and Bulo burte Districts for the last three months (Jan- Mar 2015) indicates **very critical** nutrition situation with high and increasing trend of acute malnutrition (>30%),

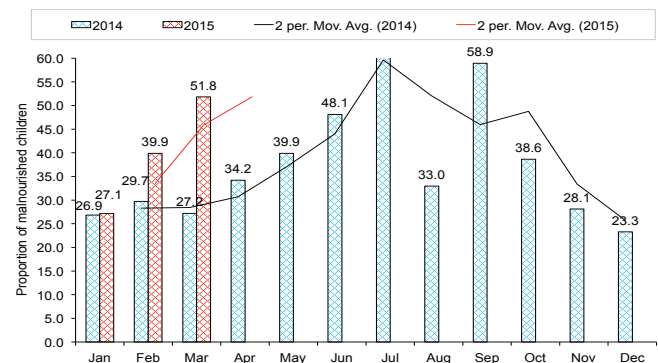
Figure 13: Health Facility Malnutrition trends in Beletweyne Urban Bundoweyn data (2014-2015)



NUTRITION SITUATION IN SHABELLE REGIONS

The post *Gu* 2014 season integrated nutrition situation analysis indicate **Serious** level of acute malnutrition in the Agro-pastoral and **Alert** levels in the Riverine areas of Shabelle regions which indicated improvements since *Gu* 2014. The nutrition situation was projected to deteriorate due to the measles outbreaks in the area.

Figure 14: Health Facility Malnutrition Trends in Shabelle Riverine MCHs (2014-2015)

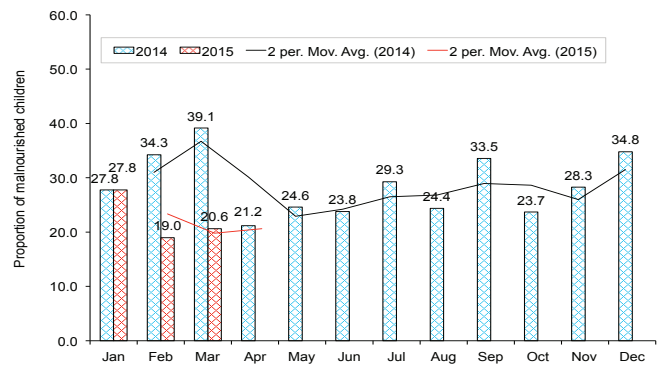


(Source: IINTEROS/Swiss-Kalmo)

increased outreach activities in Lower shabelle region which attracted more admission and better coverage in the new sites. There were also case of malaria Acute Watery Diarrhoea and measles reported.

Agro pastoral livelihood area of the Shabelle region shows an improvement with decreasing trends in acute malnutrition in last two months (Figure 15). Recent field reports indicate increased cases of Acute Watery Diarrhoea (AWD) which is a normal seasonal trend during the dry seasons of *Jilaal*. With already limited health services in the area, concerns are that the situation may worsen and may be compounded by suspension of humanitarian agencies, including those in health and nutrition.

Figure 15: Health Facility Malnutrition Trends in Shabelle Agropastoral MCHs 2015



(Source: Swiss-kalmo)

Moreover, even though the coming *Gu* rains might improve pasture and milk availability in the area, it is vital to keep a watch over the riverine areas which are vulnerable to shocks especially flooding.

NUTRITION SITUATION IN BANADIR

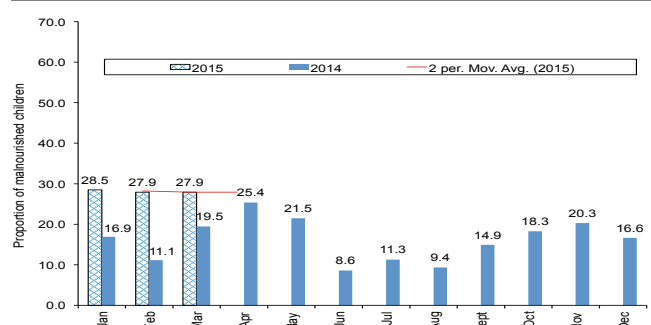
The nutrition situation in Banadir during *Deyr* 2014/15 assessments was classified as **Alert** (9.7% GAM), showing improvement from **Serious** levels (10.1% GAM) recorded in *Gu* 2014 with a projection that the situation would likely be sustained. The Health Information System (HIS) indicated High (> 15%) and fluctuating trends of malnutrition in Banadir region (Table 5).

Table 5: Acute Malnutrition Situation in Banadir Region based on data from Health Facilities

MCH CENTERS	HIS Trends- Jan- Mar, 2015	REMARKS
Zam Zam	High > 15% and increasing	Reported cases of measles
Waberi	High > 10 % and fluctuating	No major out breaks
Hamar weyne	High >15 % and increasing	Poor sanitation, ARI and AWD cases
Hamar Jab Jab	< 15% and decreasing	No major out breaks
Medina		

The current HIS data (Jan-Mar 2015) from most of the Health facilities in Banadir regions (Figure 16) shows deterioration in nutrition situation with high but stable levels of acute malnutrition (> 20%). No nutrition supplies are reported by Banadir Hospital which is the largest referral hospital in South Central Zone. This is why acute malnutrition cases have increased. The hospital management is considering suspension of interventions if no supplies are received. This will lead to further deterioration in health and nutrition situation in Banadir.

Figure 16: Health Facility Malnutrition Trends in Mogadishu MCHs (2014-2015)



ACF: The admission trend from their feeding centre are as follows Jan 1190, Feb 1397 and March 1167. They extended Mobile activity in the corridor to Lafole area after more camps in TABELAHA (Km 8) moved to Lafole area where there have been huge eviction of IDPs going in Mogadishu by the land lords the other IDPS have newly settled. Due to volatile security situation in and around Shabelle valley and most of the newly liberated towns have led to increased displacement and population movement from the affected areas into Mogadishu with poor living condition. This is a cause of concern with low humanitarian support targeted towards the urban poor and the IDP's and highlights the need for close monitoring. Recent field reports indicate increased cases of Acute Watery Diarrhoea (AWD), measles, malaria and ARI in most of the facilities as reported by WHO Banadir CSR surveillance.

NUTRITION SITUATION IN GEDO

Critical nutrition situation (GAM >15%) was recorded among various livelihoods of Gedo region during Post *Deyr* 2014/15 assessment. *Deyr* 2014/15 also recorded high levels of morbidity among pastoral (27.1), Agro pastoral (21.6%) and Riverine livelihoods (20.9%) communities which combined with limited availability/access to health services in the region are the key aggravating factors for high prevalence of acute malnutrition observed in these livelihoods. The food security situation was classified as **Stressed** (IPC Phase 2).

Figure 18: Health Facility Malnutrition Trends in Gedo Agropastoral MCHs (2014-2015)

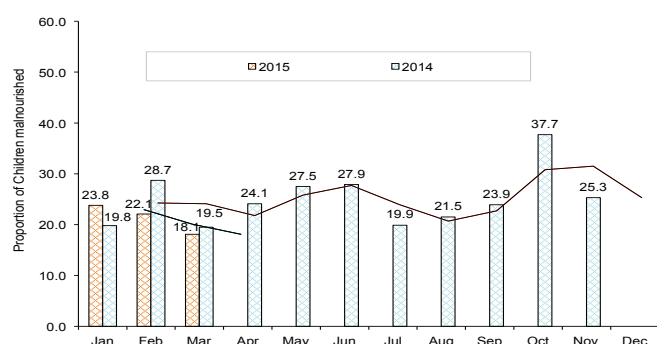


Figure 17: Health Facility Malnutrition Trends in Gedo Pastoral MCHs (2014-2015)

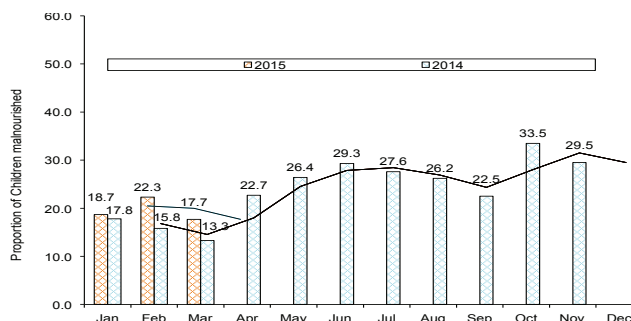
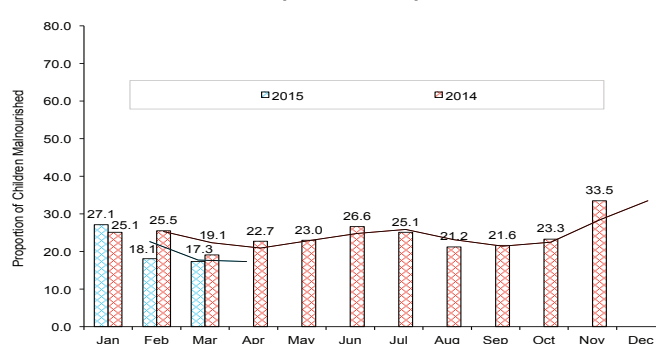


Figure 19: Health Facility Malnutrition Trends in Gedo Riverine MCHs (2014-2015)



The health facility data for Jan-March 2015 (Table 6) from Gedo Pastoral livelihoods shows a sustained nutrition situation with high (>15%) but stable trend of acute malnourished children. The Agropastoral livelihood show high (>20%) but a decreasing trends while Riverine livelihood shows an increasing trend of acute malnourished children.

Table 6: Health Facility trends in Acute Malnutrition in Gedo Regions of Somalia based on data from Health Facilities

Livelihood	Name of Health facilities	Observations			Remarks
		Jan-Mar 2015	Aug-Oct 2014	May-Jul 2014	
Gedo pastoral	SRCS Elwak, Belet-hawa, Dollow	>15% and stable	>15% and decreasing	Moderate (10 to <15%)	Sustained
Gedo Riverine	AMA bardera, HIRDA	>15% and increasing	>15% and increasing t	High (> 15%) and decreasing	Deterioration Measles
Gedo Agro pastoral	HIRDDA MCH Luuq Trocaire	High (> 15%) and Decreasing	High (> 15%) and increasing	High (≥ 15%) and decreasing	Improved

CONCLUSION

Gu average rains have already started in early April, 2015. Overall improvement in nutrition situation is expected among all the livelihoods if season performs well. No outbreaks of disease are reported with exception of measles cases in Bardera and Burdhubo districts area. Routine Immunization activities are normally done at MCHs in North Gedo with few outreach programs but in South Gedo region immunization is limited to major MHCs because of limited access.

RAPID NUTRITION ASSESSMENT (MUAC) IN BULO BURTE URBAN, HIRAN REGION, SOMALIA

Bulo Burte is one of the towns affected by trade disruptions and restricted population movement due to a siege on the town by insurgents.

Table 7: FSNAU Cut-Off Points for Middle Upper Arm Circumference (MUAC)

FSNAU Cut-Off Points for MUAC Based on Proportion of Children (%) That Fall Under Each Category	Acceptable	Alert	Serious	Critical	Very Critical
Less than 12.5% (Global Acute Malnutrition-GAM MUAC)	<5.0%	5.0-7.4%	7.5-10%	10.7-16.7%	>16.7%
Less than 11.5% (Severe Acute Malnutrition-SAM MUAC)	<1.0%	1.0-1.6%	1.7-2.4%	2.5-4.0%	>4.0%

Results of the rapid MUAC assessment conducted in Bulo Burte in early April 2015 show prevalence of Very Critical levels of acute malnutrition: one out of three children the age of five are acutely malnourished (33% GAM-MUAC) and one out of five children under the age of five are severely malnourished (19 % SAM-MUAC) (Table 7).

Table 8: Summary of Nutrition Situation (Children 6-59 Months)

Indicator-MUAC	All n = 100	Boys n = 53	Girls n = 47
Prevalence of Global Acute Malnutrition(GAM-MUAC) (< 12.5 cm and/or oedema)	n=33 33.0% (25.3-41.8 95% CI)	n=16 30.2% (20.2-42.4 95% CI)	n=17 36.2% (21.5-54.0 95% CI)
Prevalence of Severe Acute Malnutrition (SAM-MUAC) (< 11.5 cm and/or oedema)	n=19 19.0% (8.4-22.4 95% CI)	n=8 15.1% (8.6-25.1 95% CI)	n=11 23.4% (11.3-42.3 95% CI)

It was noted that prevalence of acute malnutrition is higher in girls (36.2%) compared to boys (30.2%). Similar trends were noted for prevalence of Odema which was higher in girls (6.4%) compared to boys (5.7%).

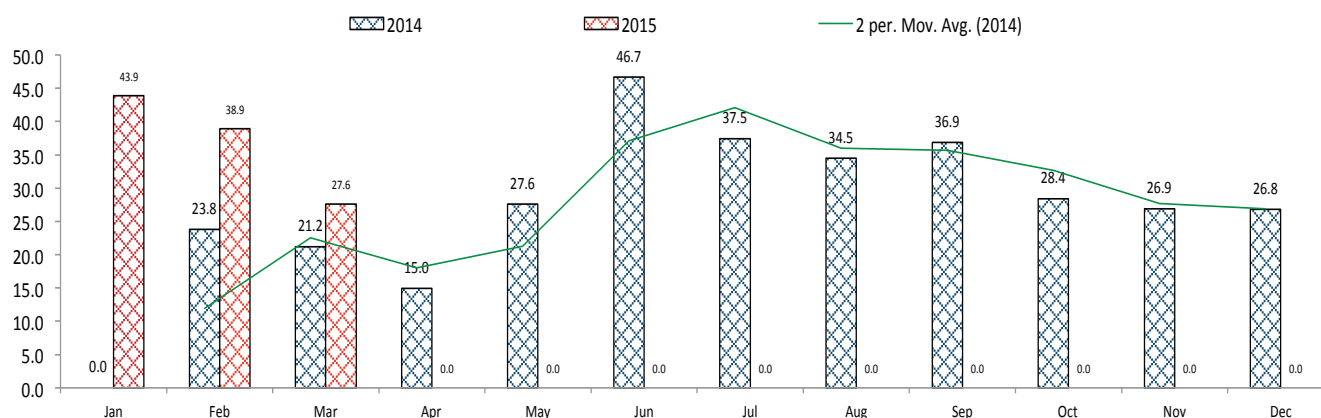
OEDEMA / KWASHIROKAR PREVALENCE

The prevalence of oedematous malnutrition (Kwashiorkor) is being reported separately. It is most common among children living in deprived circumstances who are exposed to infections and eat a monotonous diet deficient in protein, vitamins and minerals. Current rapid assessment shows six cases of bilateral oedema (Table 8).

Table 9: Prevalence of Oedema (Kwashiorkar) in 6-59 month old children in Bulo Burte

Indicator	Number	Percentage
Overall (n =100)	6	6.0%
Boys (n = 53)	3	5.7%
Girls (n = 47)	3	6.4%

Figure 20: Bulo Burte Urban Health Facilities Data (2014-2015)



Data from health facilities in Bulo Burte also show sustained high level of acute malnutrition (>20%). The levels were much higher (36.8%) this quarter (Jan-March 2015) compared to the first quarter of 2014 (22.5%) [Figure 20].

There are currently increasing diarrhoea cases according to health professional there but no outbreaks reported in the area. The results of this assessment also show high morbidity (34%) among children under five. Majority (22%) of the children examined reported an episode of diarrhoea during the 14 days before the assessment while suspected measles was reported among four percent of the children (Table 9).

Table 10: Prevalence of Morbidity in 6-59 month children in the two weeks prior to interview (n=100)

	Number	Percentage
Diarrhoea	22	22 %
Pneumonia	3	3 %
Fever	5	5 %
Suspected Measles	4	4 %
Total	34	34 %

CONCLUSION AND RECOMMENDATIONS

The Very Critical nutrition situation in Bulo Burte town call for an urgent and sustained delivery of humanitarian assistance to the affected population.

- There is need for sustained nutrition assistance to treat the malnourished and supplement those at risk of malnutrition.
- Health service provision is lacking in the area and the high morbidity found in this assessment and the rate of suspected measles call for urgent establishment of health facilities in the town.
- In tandem with provision of urgent humanitarian assistance to the affected population, security conditions permitting, there is need to carryout other assessments and collect more information that enable comprehensive humanitarian planning

Details of Post *Gu* 2015 Nutrition Assessment (n=41)

Rural livelihood	Urban livelihood	IDPs	Total
SOUTH			
1. Bakool Pastoral	1. Mogadishu Town	1. Mogadishu IDPs	19
2. Bay Agropastoral	2. Kismayo Town	2. Kismayo IDPs	
3. N Gedo Pastoral		3. Dhobley IDPs	
4. N Gedo Riverine		4. Baidoa IDPs	
5. S Gedo Pastoral-MUAC		5. Dolow IDPs	
6. S Gedo Agropastoral-MUAC			
7. S Gedo Riverine-MUAC			
8. Hiran pastoral-Mataban District			
9. Beletweyne District			
10. Shabelle Agro pastoral			
11. Shabelle Riverine			
12. Juba Pastoral- Cattle			
12	2	5	
CENTRAL			
1. Coastal Deeh		Dhusamareb IDPs	5
2. Cow pea Belt			
3. Hawd Pastoral			
4. Addun Pastoral			
4		1	
NORTH EAST			
1.Sool Plateau/ Nugal /Kakkar -cross cutting	1. Bari Region Urban	1. Bossaso IDPs	9
2.East Golis – cross cutting	2. Nugal Urban	2. Qardho IDPs	
3.Coastal Deeh		3. Garowe IDPs	
		4. Galkayo IDPs	
3	2	4	
NORTHWEST			
1. West Golis	1. Sool Urban	1. Hargeisa IDPs	8
2. Guban pastoral	2. Toghdeer urban	2. Burao IDPs	
3. Hawd NW		3. Berbera IDPs	
East Golis –cross cutting			
Sool Plateau/ Nugal /Kakkar -cross cutting			
3	2	3	
22	5	13	41
MONTHLY NUTRITION SURVEILLANCE-MUAC			
Bulo Burte			
Xuddur			

Recent publications and releases

- *FSNAU Post Deyr 2014/15 Food Security and Nutrition Technical Report, March, 2015*
- *FSNAU Post Deyr 2014 Nutrition Technical Report, March 2015*
- *FSNAU Post-Deyr 2014 Food Security and Nutrition Outlook (February to June 2015), February 2015*
- *FSNAU Climate Update, March 2015*
- *FSNAU Market Data Update, March 2015*
- *FSNAU Presentation of the key findings from the 2014/15 post-Deyr Seasonal Food Security and Nutrition Assessment in somalia, January 2015*
- *FSNAU Technical Release, January 2015*

NOTE: The above publications and releases are available on the FSNAU website: www.fsnau.org