

# National - Nutrition Overview

## Somalia Joint Multi Cluster Needs Assessment

August 2018

### Background and Methodology

Prolonged drought conditions have contributed to a rapid deterioration of the humanitarian context in Somalia, since early 2016. Caused by four successive seasons of below average rainfall, drought has resulted in substantial livestock herd depletion and a reduction in cereal production, while cereal prices have risen to well above the average, resulting in reduced household access to food and income<sup>1</sup>. Additionally, above average rainfall in the first half of 2018 caused severe flooding across parts of South Central Somalia, and coastal areas in Puntland and Somaliland, causing further waves of displacement and destruction of agricultural land<sup>2</sup>. Parallel to these climatic trends, insecurity and the presence of

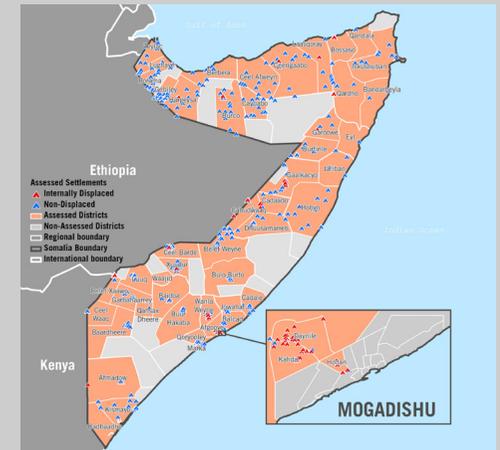
active armed groups continue to limit humanitarian access, most notably in the South Central region of Somalia. In light of this evolving context, the need for integrated and harmonised information systems to support both immediate and long-term humanitarian response is ever more crucial, particularly through comprehensive assessments and mapping activities.

To address these information needs, United Nations Office for the Coordination of Humanitarian Affairs (OCHA), in partnership with REACH conducted a Joint National Multi-Cluster Needs Assessment (JMCNA) across Somalia<sup>3</sup>. Households were sampled for statistical representativeness stratified by non-displaced and internally displaced person

(IDP) households at the district level, with a 92% confidence level and a 10% margin of error.

This factsheet presents analysis of data collected across the country between 30 June and 12 August 2018. A total of 10,256 non-displaced and 3,012 IDP households were surveyed. Findings relating to non-displaced households are representative with a 95% confidence level and a 1% margin of error while those relating to IDP households are representative with a 95% confidence level and a 2% margin of error.

This assessment was made possible through collaboration by 44 partners, particularly during data collection.

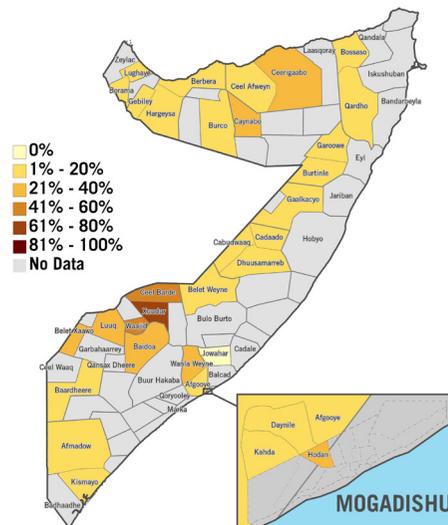
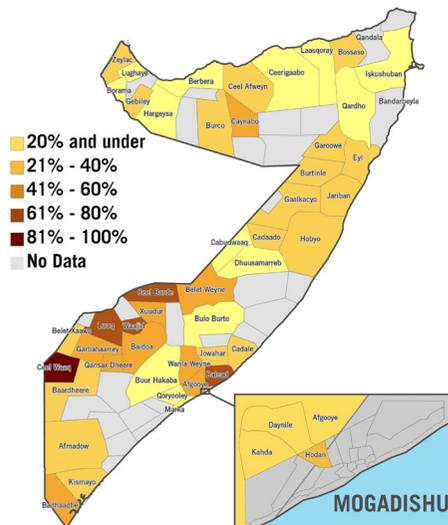


### Nutrition services

#### Service access

Proportion of **non-displaced** households reporting access to nutrition services:

Proportion of **IDP** households reporting access to nutrition services:



**14%** of **non-displaced** households reported access to nutrition services

**12%** of **IDP** households reported access to nutrition services

#### Available services

Most commonly reported nutrition services<sup>4</sup> that one or more members of those **non-displaced** households that indicated access to nutrition services are enrolled in<sup>5</sup>:

OTP	37%
TSFP	22%
SC	19%

Most commonly reported nutrition services<sup>4</sup> that one or more members of those **IDP** households that indicated access to nutrition services are enrolled in<sup>5</sup>:

OTP	35%
BSFP	18%
SC	16%

Average travel time on foot to the nearest nutrition facility reported by those **non-displaced** households that indicated access<sup>8</sup>:

Less than 30 minutes	51%
30 minutes to under 1 hour	35%
1 hour to under half a day	11%
Half a day	2%
Over half a day	1%

Average travel time on foot to the nearest nutrition facility reported by those **IDP** households that indicated access<sup>8</sup>:

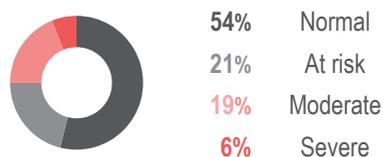
Less than 30 minutes	45%
30 minutes to under 1 hour	44%
1 hour to under half a day	10%
Half a day	1%
Over half a day	0%

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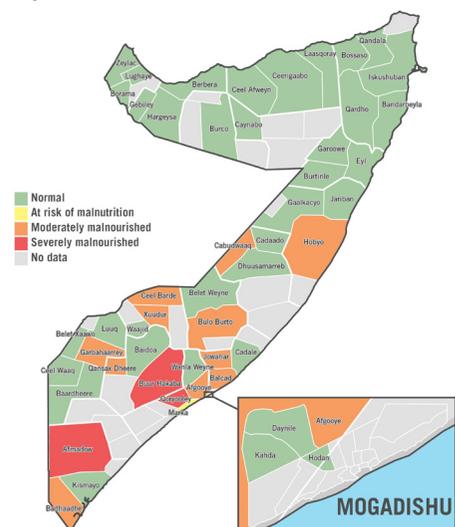
## Middle Upper Arm Circumference (MUAC) Screening

MUAC screening involves the measurement of the upper arm of children aged between 6 and 59 months using a colour-coded band with a gauge that provides a number and the colour range. Green indicates a circumference of >135mm which is normal, yellow indicates 125-134mm which is at risk of malnutrition, orange indicates 110-124mm which is moderate malnutrition, and red indicates <110mm which is severe malnutrition<sup>6</sup>.

Children aged 6-59 months in **non-displaced** households, by MUAC score:

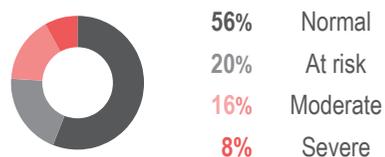


Average MUAC score of children in **non-displaced** households:

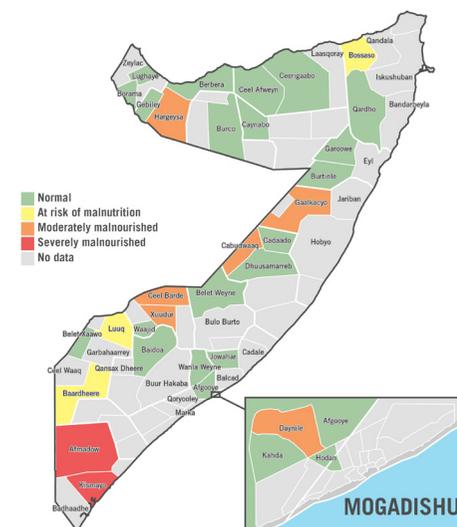


**4%** of children aged 6 to 59 months in **non-displaced** households had bilateral pitting oedema<sup>7</sup>

Children aged 6-59 months in **IDP** households, by MUAC score:



Average MUAC score of children in **IDP** households:

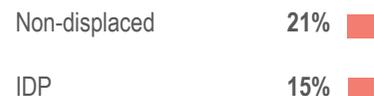


**3%** of children aged 6 to 59 months in **IDP** households had bilateral pitting oedema<sup>7</sup>

## Child feeding

### Malnutrition treatment

Proportion of children aged 6 to 59 months identified as severely malnourished who are reportedly receiving treatment<sup>8</sup>:



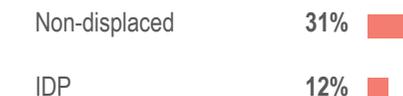
### Children under 6 months

Child feeding behaviours reported by **non-displaced** households with children aged under 6 months<sup>8</sup>:



### Infant milk products

Proportion of households with children aged 0-4 years who are reportedly receiving infant milk products<sup>8</sup>:



Child feeding behaviours reported by **IDP** households with children aged under 6 months<sup>8</sup>:



1. Food Security and Nutrition Analysis Unit. 2017. Climate update: September 2017 monthly rainfall and normalised difference vegetation index (NDVI).
2. OCHA. 2018. Somalia Flood Response Plan 15 May - 15 August.
3. The first JMCNA was conducted in 2017 by OCHA, in partnership with REACH.
4. Nutrition services include: Stabilization Center (SC), Out-patient Therapeutic Care Programme (OTP), Targeted Supplementary Feeding Programme (TSFP), Blanket Supplementary Feeding Programme (BSFP), Wet Feeding, Infant and Young Child Feeding (IYCF) and Micronutrient Supplementation (MS).
5. Respondents could select multiple answers.
6. Due to a glitch in the data collection, all households including children under 6 months have been removed. In total, 9,911 households were included, 7,540 non-displaced households and 2,371 IDP households. Results should be considered indicative.
7. Bilateral pitting oedema is the retention of water in the lower legs, which is an indication of acute malnutrition conditions such as Kwashiorkor.
8. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

### About REACH

REACH facilitates development of information tools and products that enhance capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our in-country office: [somalia@reach-initiative.org](mailto:somalia@reach-initiative.org) or to our global office: [geneva@reach-initiative.org](mailto:geneva@reach-initiative.org).

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