2019 HNO Nutrition Analysis

Key Preliminary Findings on Nutrition Needs in Somalia

Somalia, August 2019
Agenda

Introduction
Context, drivers and impact of the crisis, and scope of the analysis

Humanitarian consequences
Living standards, wellbeing and accountability to affected populations

PIN and severity of needs
PIN key figures, disaggregation, and severity classification
01 Introduction
A complex, protracted emergency

- For the last 30 years, Somalia has experienced successive interlinked cycles of humanitarian crises.
- This resulted in the destruction of critical economic infrastructure and basic services, large scale population movements, insecurity and violence, and pervasive poverty.
- According to last year’s HNO, 4.2 M of people are in need of humanitarian assistance, which represents 1/3 of the entire population.
- Two main drivers of the crisis: armed conflict, and droughts/flooding that have stroked Somalia since 1991.
Drivers of the crisis

Natural shocks & Armed Conflict

• Over the past 25 years Somalia has experienced four cycles of severe drought, resulting in extreme food insecurity and devastating famines.

• In 2019 poor start of the April-June Gu rainfall season and expected deterioration of the food security conditions (September).

• Somalia is also prone to flooding and there is a history of tropical cyclones (Sagar 2018, Megh 2015, Chapala 2015, etc.) striking the northern coast.

• Today the conflict is characterized by two issues: a) active presence of armed groups, predominantly located in central and southern Somalia; b) conflicts in areas between regions/states, often along clan boundaries
Impact on people: Conflict and widespread violence are cause of grave human rights violations, including GBV. About 2.6 million IDPs in Somalia (UNHCR’s PMRN); lack of livelihood opportunities with 82% of the total population living below the poverty line.

Impact on systems/services: Market and service disruption due to conflict. Additional pressure on degradation natural resources with deforestation and overgrazing being common practices. Pressure on services due to rapid urbanisation and displacement.

Impact on humanitarian access: Widespread insecurity considerably limit the delivery of humanitarian aid, especially in the Southern districts.
**Scope of the analysis**

**Population data:** UNFPA baseline from 2014 (i.e. 12.3 M people as total population).

**Priority population groups:** internally displaced and host populations/non-displaced people; focus on children 0-5 years and PLW.

**SAAD disaggregation:** using best available data to inform HNO and HRP for SADD and disability data.

**Geographical unit of analysis:** district level. IMWG-provided master list at district level with categories of people disaggregated by gender, age, disability, as well as by urban / rural areas.

**Data sources:** livelihood zone-level data from FSNAU is the primary data source for physical well-being (and PiN calculations); district-level JMCNA primary source for living standards, integrated with other sources as needed.
Other sources

**2016 Somali infant and young child nutrition assessment**
- Conducted by FSNAU, UNICEF and the Ministries of Health.
- Detailed assessment on infant and young child nutrition practices, barriers and facilitators.

**National micronutrient malnutrition study 2009**
- Conducted by FSAU-FAO in collaboration with UNICEF, CDC, WHO and WFP.
- Representative technical survey- micronutrients and anthropometric data.
- Currently being repeated (though results will likely not be available in time for the HNO 2020)- now quite old but information still indicative.
02 Humanitarian consequences
Children

- The number of malnourished children can be determined by calculating the total burden of acutely malnourished (GAM) and the total burden of stunting (HAZ) and considering which indicator yields a higher total.

- Severe acute malnutrition (SAM) and MUAC < 12.5cm are also used to indicate severity of the nutrition situation.

Pregnant and lactating women

- PLW are considered a nutritionally vulnerable population due to higher caloric and nutrient needs compared to the rest of the adult population.
Physical wellbeing

Child malnutrition

13.8% median GAM rate across the country
Total acutely malnourished: **1,008,545**

2.3% median SAM rate across the country
Total severely malnourished: **178,437**

7.1% MUAC < 12.5cm

- FSNAU / FEWS NET analysis on the proportion of children with Global Acute Malnutrition (GAM) is used as the primary indicator of physical wellbeing and the basis for PiN calculations.
Physical wellbeing: GAM Rates
NUTRITION

CURRENT NO. OF PEOPLE IN NEED: 2.7 M

<table>
<thead>
<tr>
<th>Host Community</th>
<th>IDPs</th>
<th>Refugees</th>
<th>Returnees</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,092,722</td>
<td>575,723</td>
<td>3,698</td>
<td>9,096</td>
<td>2,681,238</td>
</tr>
</tbody>
</table>

By Sex

- Female: 51%
- Male: 49%

By Age

- Child: 1,849,130
- Adult: 832,108
- Elderly: 0

By Disability

- 15% of overall PIN number
- Total: 402,186

By Severity (%)

- GAM (Children <5): 1,008,545
- SAM (Children <5): 178,437

Key Humanitarian Needs (max 3)

- Increased assistance for displaced children, children in rural areas, and people living in drought, flood-prone areas and conflict zones.

- Integrated nutrition-sensitive programming within the WASH sector to tackle current morbidity rate.

- Integrated nutrition-sensitive programming within the food security sector to avoid deterioration in nutrition situation following below-average rains.

Trend: PIN by year

<table>
<thead>
<tr>
<th>Year</th>
<th>PIN</th>
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<tbody>
<tr>
<td>2018</td>
<td>1.4M (only children, no PLW)</td>
</tr>
<tr>
<td>2019</td>
<td>1.5M (children and PLW)</td>
</tr>
<tr>
<td>2020</td>
<td>2.7 (children and PLW)</td>
</tr>
</tbody>
</table>

1.4M (only children, no PLW)
1.5M (children and PLW)
2.7 (children and PLW)

15% of overall PIN number: 402,186

GAM (Children <5): 1,008,545
SAM (Children <5): 178,437
Living standards

Poor household food security
• This was estimated using the IPC phase classifications for each district, as a measure of vulnerability to food insecurity and nutrition issues.

Poor health environment
• This was estimated by the % of households with children reporting to have been ill in the 3 months prior to data collection (JMCNA), as well as the overall HNO health sector severity classification.

Poor WASH environment
• This was estimated by the % of households with access to an improved water source in less than 30 minutes of collection time (JMCNA), as well as the overall HNO WASH sector severity classification.

IYCF practices
• Information was taken from the 2016 Somalia Infant and Young Child Nutrition assessment.
Access to services and treatment

Children enrolled in nutrition centres

- 28% of households with children under the age of 5 reported that children were enrolled in nutrition centres (JMCNA).
- This varied by region: households assessed in Galgaduud and Banadir were least likely to report enrollment (17.5% and 20.5% respectively).
- Note that not all districts were assessed through the JMCNA, including hard-to-reach areas affected by conflict in which access to services is likely to be poor. In particular, data is not representative for households with children below 5 in Hiraan, Lower Juba, Nugaal and Bakool regions, where malnutrition and stunting rates are particularly high.

Household ability to access treatment

- 66% of households with children under the age of 5 reported that they were able to access nutrition centres when needed (JMCNA).
- This also varied geographically: households assessed in Sanaag, Galgaduud and Lower Shabelle regions were least likely to report access (48%, 50% and 53% respectively). Note that geographical analysis contains the same limitations as above.

Use of supplements

- 33% of households with children below 5 reported that they were taking Plumpy Nut or Plumpy Sut (JMCNA).
Access to services and treatment

Time taken to access nutrition centres

% households reporting time to nutrition centres (JMCNA):

- Less than 15mins: 35.4%
- 16-30 mins: 31.9%
- 31-60 mins: 19.6%
- 60-180 mins: 7.3%
- 180+ mins: 5.9%
Access to services and treatment

**Barriers to accessing services and treatment**

- Although a majority of households (66%) with children under the age of 5 were able to access nutrition centres if needed, barriers remain.
- A lack of awareness was the most commonly reported barrier to accessing services by households unable to access services, with households having a lack of knowledge on both available services and available supplements (JMCNA).

The most commonly reported health issues were (% households self-reporting each issue):

- Unaware of available services: 20.5%
- Unaware of available supplements: 17.7%
- Facilities too far: 14.9%
- Difficulties faced enrolling in services: 11.6%
- Prohibitive costs: 10.0%
- Facilities not staffed: 4.2%
- Inaccesible for people with disabilities: 3.6%
- Not enough service providers: 2.2%
- Inaccessible to minority clans: 1.4%
Prevalence of illness

73% of households reported that at least one child was ill in the three months prior to data collection (JMCNA).

The most commonly reported health issues by non-displaced households were:

- Malaria: 45%
- Stomach pain: 35%
- AWD: 28%
- Fever: 23%
- Respiratory problems: 11%

The most commonly reported health issues by IDP households were:

- Malaria: 42%
- Stomach pain: 26%
- AWD: 24%
- Fever: 26%
- Respiratory problems: 11%
Child health

Mironutrients

• The 2009 Somalia-wide micronutrient and malnutrition assessment shows that the prevalence of both Vitamin A and anaemia were both found to comprise severe public health problems.

• Anaemia affected 59.3% of children 6-59 months and 38.5% of school aged children (6-11 years). This was particularly severe in the South Central region, with slightly lower levels in the North East and much lower levels in the North West.

• The median urinary iodine levels showed excessive iodine intake, a further urgent concern.

• It is not clear whether these results are still relevant - this survey is currently being conducted again, though data and analysis are not yet available.
WASH environment

Ability to access improved water sources

% Households reporting accessing an improved primary water source for drinking water in the past 30 days (JMCNA)

- Improved: 45%
- Unimproved: 49%
- Surface: 6%

% Households reporting presence of improved water source reachable in less than 30 minutes of travel total (JMCNA)

- <15m: 52%
- 16-30m: 28%
- 31-60m: 13%
- 60-180m: 5%
- >180m: 2%
IYCF Practices and remaining gaps

• **Somalia has high rates of breastfeeding**: in the 2016 Somalia IYCN Assessment, 98.2% of children had received breast milk a day before the survey. Similarly, the 2019 JMCNA indicated that 96% of children under 6 months were breast-fed.

• **However, exclusive breastfeeding coverage and continuity of breastfeeding is lower than recommended**: EBFs was identified in 2016 to be below the WHA target of 50%, and the survey also shows that more than half of mothers did not continue to breastfeed after children reached 6 months (by the age of six to eight months, 8 of 10 Somali children had been introduced to solid, semi-solid or soft foods, and by 2 years, only 15% were breast-fed). The 2019 JMCNA showed that 51% of non-displaced children and 63% of IDP children below the age of 6 months were exclusively breast-fed.

• **Bottle feeding, which is not a recommended practice, was found to be common among around half of mothers assessed in the 2016 survey.**
Accountability to Affected Populations

**Information**

80% of households are aware of feedback or complaints mechanisms regarding humanitarian assistance.

**Negative outcomes**

76% of households report that humanitarian assistance has had a negative consequence in their community.
PIN key figures
• Total PiN: 2,681,238 M

PIN by population groups
• Non-displaced PIN: 2,105,515
• Displaced PIN: 575,723

• PLW: 832,108
• Children under 5: 1,849,130

Malnourished children (burden estimates)
• Non-displaced GAM: 782,951
• IDP GAM: 225,594
• Non-displaced SAM: 137,558
• IDP GAM: 40,879
THANK YOU FOR YOUR ATTENTION