SNS CONSORTIUM[1]

SMART SURVEY SUMMARY RESULTS: WANLAWEYN DISTRICT

MAY – JUNE 2017

Introduction

Wanlaweyn district (Degmada Wanlaweyn) is in the South Eastern area of Lower Shabelle (Shabeellaha Hoose) region. Lower Shabelle is one of the most fertile parts of Somalia, with food production the predominant means of making a living. With the prolonged drought period underway since late in 2016, Wanlaweyn district food production system has faced a huge shock. The inability to produce food during these months has fuelled significant population movement from less accessible villages to towns in search of food relief, which has vastly increased the need for wider humanitarian support.

Aim: To estimate prevalence of acute malnutrition among children between 6 and 59 months old in Wanlaweyn district.

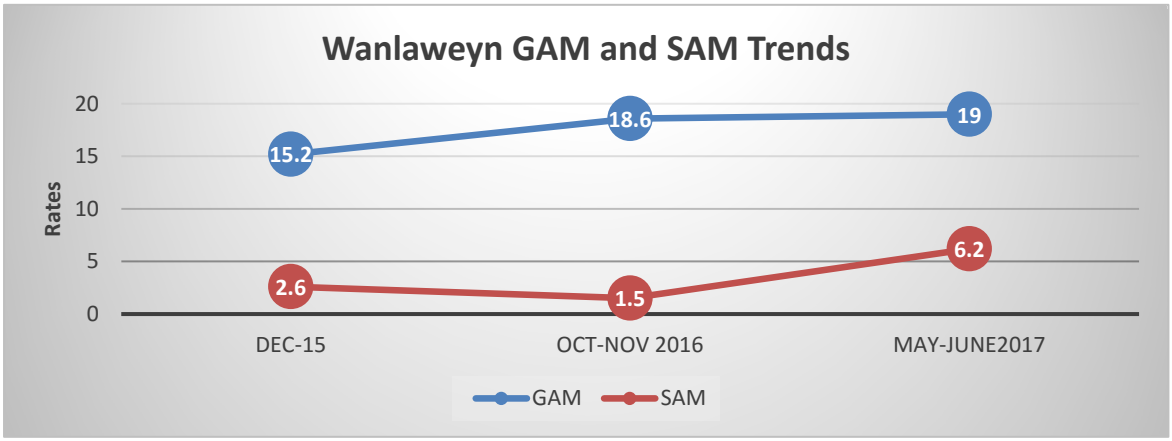
Methodology: The standard, global SMART (Standardized Monitoring and Assessment of Relief and Transition) methodology was used to conduct the survey.

Summary Results

Indicator	Wanlaweyn_Results2017 June
GAM (Global Acute malnutrition)	19.2% (14.8-24.9)
SAM (Severe Acute Malnutrition)	6.5% (3.8-10.8)
U5MR	0.70 (0.32-1.51)
CMR	0.53 (0.34-0.83)
Measles	42.57%
Vitamin A(Last 6 months)	30.63%
Deworming	41.68%
Morbidity	11.92%

[1] The Strengthening Nutrition Security in South-Central Somalia (SNS) Consortium is led by Save the Children, and includes Action Against Hunger (ACF) and Concern Worldwide as partners. The Consortium operates across five regions in South-Central Somalia.

GAM and SAM Trends



Discussion

SNS SMART survey results in Wanlaweyn depict a Critical situation for GAM and Very Critical levels of SAM. 6.2% of children under 5 years old are currently at risk of death, a 400% increase on what was observed in the last SMART survey in October 2016. This increase in SAM is significant and the highest recorded since the December 2015 SMART survey conducted in Wanlaweyn by SNS.

Compared to the last survey conducted (November 2016), a welcome development is the reduction in morbidity observed among children under five years old. Another positive development is that Vitamin A supplementation and deworming coverage has improved; 26% and 26% to 30% and 49% for Vitamin A and Deworming respectively.

The increased coverage of Vitamin A supplementation and deworming, plus the reduction in morbidity rates witnessed, could be an indicator of another key cause of increased malnutrition caseloads; most likely these are explained by inadequate food intake during the severe drought period still underway.

Immediate Recommendations

Finding	Action (Immediate)
High GAM rates (Critical levels) and Very Critical levels of SAM	Existing nutrition treatment programmes need to be sustained supported and further rolled out, to increase coverage. As coverage is increased, all components of treatment (MAM and SAM) should be factored into the design of new programmes, while existing ones should be re-designed to ensure that both MAM and SAM are effectively addressed.
Low Immunization levels (despite recent improvements)	Campaign actively for Vitamin A supplementation; as nutrition programmes are currently achieving 95% coverage, the same platform/approach could be adopted to increase immunization reach. Other existing programmes (health facilities etc.) should also be considered as channels to actively promote immunization and micro nutrient supplementation.

Inadequate intake at HH level (Hypothesis)	Build on existing Resilience and FSL initiatives. Support HHs to improve their food intake through the distribution of emergency food or vouchers, aimed at increasing food security at HH levels. Cash vouchers and strengthening links between vulnerable HHs and appropriate vendors/ service providers is called for.

Other, longer-term recommendations include strengthening the reach and quality of multi-faceted, cross sectoral prevention and IYCF programmes across and beyond all SNS SMART survey locations, to strengthen the resilience of long-time vulnerable communities in South Central Somalia.

All full SNS SMART Survey reports will be released in July 2017. FFI contact the SNS Consortium Researcher Job Gichuki, on: Job.Gichuki@savethechildren.org