SNS CONSORTIUM[1]

SMART SURVEY SUMMARY RESULTS: AFGOYE TOWN AND IDP SETTLEMENTS

MAY – JUNE 2017

Background

Afgoye district is located in Lower Shabelle region of Somalia. Afgoye town, a major gateway to Mogadishu, is located in the centre of the district and hosts significant numbers of IDPs. The main source of livelihood is agriculture, but IDPs remain largely dependent on relief support and casual labour available on host community farms. The movement of IDPs into Afgoye increased notably in the months preceding the end of May 2017 SNS SMART survey. Lower Shabelle has long faced significant security challenges; both because of the FSG offensive against Al Shabaab and due to localized clan conflicts. These have been protracted so growing numbers of IDPs have long challenged the region of Lower Shabelle. The severe drought that has affected most parts of Somalia since late 2016 has fuelled increased movement to urban locations in search of humanitarian support from NGOs. At the time of the survey, IDP numbers in Afgoye were notably above normal.

The SNS SMART survey was conducted one month after the start of the *Gu* rains, that saw the dried-up Shabelle River level improve thanks to the almost normal rainfall.. However, the impact of increased water levels had yet to be felt by the population. A long running lack of nutrition data from Afgoye town and its surrounding areas, including on GAM and SAM rates, led to the survey.

Aim: The aim of the SMART survey was to estimate the prevalence of acute malnutrition among children from 6 to 59 months old, among Mogadishu IDP and Urban Poor communities.

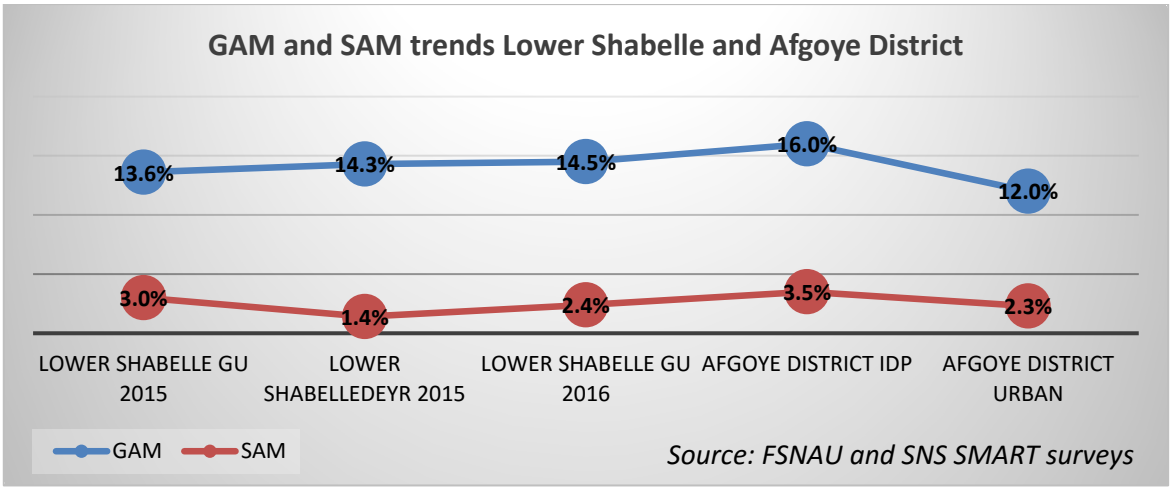
Methodology: The standard, global SMART (Standardized Monitoring and Assessment of Relief and Transition) methodology was used to conduct the survey.

Summary Results

Indicator	Afgoye IDP Population	Afgoye Urban Population
GAM (Global Acute malnutrition)	16.6% (13.2-20.7)	12.0% (8.8-16.0)
SAM (Severe Acute Malnutrition)	4.0% (2.5- 6.4)	2.3% (1.2- 4.2)
U5MR	1.84 (0.97-3.45)	2.63 (1.02-6.65)
CMR	0.73 (0.42-1.29)	1.11 (0.45-2.73)
Measles (By card and Recall)	28.27%	54.44%
Vitamin A(Last 6 months)	33.32%	38.66%
Deworming	30.6%	48.87%
Morbidity	15.51%	22.86%

[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[2]



Discussion

The Afgoye IDP population is experiencing Critical levels of malnutrition, at 16.6% GAM and 4.0% SAM. The Urban population is also experiencing serious rates of malnutrition at 12.0% GAM, based on WHO classification. In recent years, no SMART survey has been conducted in Afgoye town so the survey can be seen as a valuable baseline for future reference. A recent? Survey conducted by FSNAU in April- May 2017 found Critical levels (15-30%) of GAM in most IDP camps, including among Mogadishu IDPs who live close to Afgoye district. This constitutes the best basis for comparison. Lower Shabelle was also categorised as in a Crisis phase of food security classification in the FEWSNET May 2017 technical release. The same FEWSNET report predicted a potentially deteriorating situation if service provision was not scaled-up quickly.

A significant difference is observed between Afgoye IDP and Urban GAM rates. IDPs arriving in the camps were reported to be in very poor condition, both nutrition and health wise. Programme data from SNS partners indicated increased admissions a month prior to the survey, a sign of increased burden in the population.

Aggravating Factors

In addition to the high malnutrition rates, key health indicators associated with increased health status of the population remain lower than the threshold required to be significant for public health. For example, Vitamin A supplementation coverage and deworming rates remain low in both the IDP and urban populations. Measles coverage also remains low, with IDP communities reporting only 30% of children to have received the measles vaccine. These figures are indicative of challenges in the process of service provision and will inevitably limit the effectiveness of any interventions

Among both the urban and IDP communities surveyed, on average 2 of every 10 children are sick. ARI, diarrhoea and malaria are the leading causes of morbidity reported in the survey. Access to

[2] This is the first SNS SMART survey done in Afgoye district. We have consequently, drawn on FSNAU livelihood zone data to indicate related trends.

health care remains limited kin Afgoye and surrounding areas and existing services have been vastly over-stretched by the surge in new IDP arrivals, which has adversely affected the host (urban resident) population. Key Informant Interviews also indicated widespread AWD (Acute Watery Diarrhoea) in both the IDP and urban communities surveyed.

Immediate Recommendations

Findings	Recommendations (Short Term)
High GAM and SAM rates, above yearly averages	Existing sites need to increase coverage of the treatment programs to cover all possible accessible areas, increase active case finding and link all possible treatment programs SC, OTP and SFP. Specific focus should be given to IDPs and ensure that treatment is available through establishment of new sites or extension of existing sites as outreaches to IDPs. Increase community and mass screening to reach all reachable children with SAM.
High Morbidity –ARI, Diarrhoea malaria	Increase WASH activities to cover all possible accessible areas. Utilize all available platforms to Pass hygiene promotion messages. High level of suspected malaria need to be confirmed, supplies sought and a campaign run to create awareness, there is need to also supply nets if this is confirmed.
Low levels of VitA supplementation, Deworming and measles vaccination.	Conduct mass supplementation campaign for VitA and deworming Immediately for both IDP and Urban. Scale up the existing EPI programs, increase coverage and frequency of delivery of services to cover for the population missing the service. Establish he reasons for low coverage and support existing mechanisms to strengthen the boosters while addressing the barriers.

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.