SNS CONSORTIUM[1]

SMART SURVEY SUMMARY RESULTS: MOGADISHU URBAN AND IDP SETTLEMENTS

MAY – JUNE 2017

Background

Mogadishu, the capital of Somalia, hosts a large number of IDPs who have fled from different regions (mostly from Lower Shabelle) for different reasons. A major factor fuelling mass movement during this SMART survey period has been the extreme drought severely affecting most parts of Somalia, including the long-time acute malnutrition hotspots where SNS works. Movement to the urban centre in recent months is a direct consequence of the drought, which has significantly affected food security at household (HH) levels. Movement into more accessible and better served (by humanitarian actors) urban areas is a typical coping mechanism adopted by vulnerable communities in Somalia when there is a significant reduction in HH food and water availability.

The Mogadishu population itself faces challenges and mass population movement into Mogadishu overstretches available services, including Health and Nutrition. It is a common characteristic that the children of most new arrivals typically arrive in an extremely weak condition; in most cases they are sick and/ or malnourished on arrival. The major livelihood activities for Mogadishu populations include running small businesses and casual labour. Petty trade is common activity for urban and IDP communities. Most IDPs depend on humanitarian assistance for their survival, particularly in times of crisis like the current drought, and on casual labour if they can access it. Mogadishu communities depend on imports and supplies from other fertile regions that are normally rich in production.

The SNS SMART survey was conducted from 12 May to 15 June, 2017 covering the five districts of Hodan, Abdiaziz, Dharkenley, Waberi and Wadjadir, where SNS works. .

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.

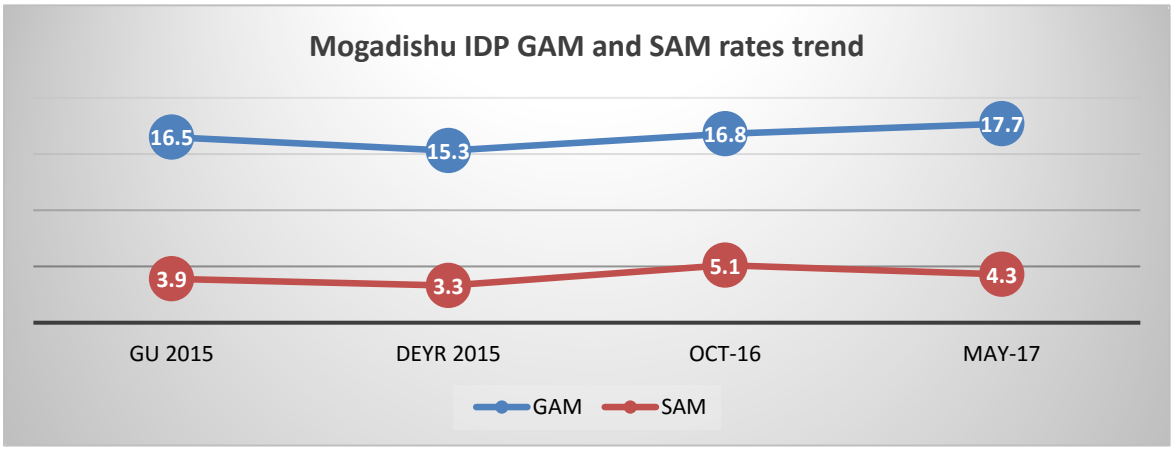
Methodology: The standard, global SMART (Standardized Monitoring and Assessment of Relief and Transition) methodology was used to conduct the survey.

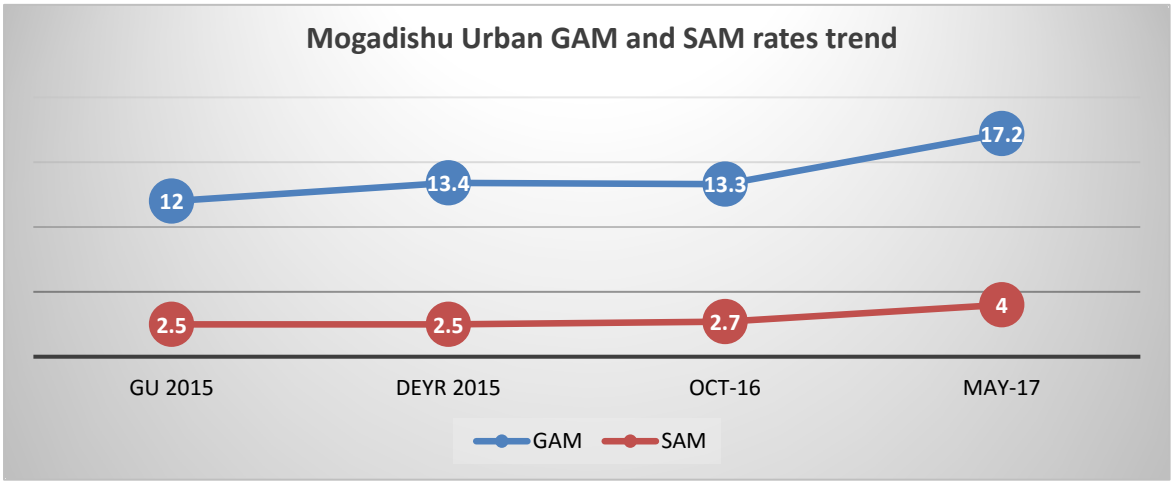
[1] The Strengthening Nutrition Security in South-Central Somalia (SNS) Consortium is led by Save the Children, and includes Action Against Hunger (ACF) and Concern Worldwide as partners. The Consortium operates across five regions in South-Central Somalia.

Summary Results

Indicator	Mogadishu IDP	Mogadishu Urban
GAM (Global Acute Malnutrition)	17.7% (12.5-24.2)	17.2% (13.3-21.4)
SAM (Severe Acute Malnutrition)	4.3% (2.5- 7.2)	4.0% (2.0- 6.5)
U5MR	1.28(0.53-3.04)	0.69(0.32-1.49)
CMR	0.70 (0.36-1.33)	0.68(0.46-1.01)
Measles	62.51%	77.1%
Vitamin A (Last 6 months)	38.71%	49.3%
Deworming	36.56%	44.7%
Morbidity	20.89%	24.76%

Malnutrition Trends





Discussion

Mogadishu residents and IDP populations are still facing a high Malnutrition burden among their children under five years old. The current GAM (Global Acute Malnutrition) rates stand at 16.9% and 17.6% for Urban and IDP populations respectively. Based on international WHO thresholds, these are Critical levels of malnutrition which require immediate attention. 4.35% and 3.7% of IDP and Urban children under the age of five are currently suffering from SAM (Severe Acute Malnutrition) which makes them highly vulnerable to illnesses and to death.

Compared to the last round of SMART surveys conducted by SNS in October 2016, the escalation of acute malnutrition (GAM and SAM rates) is highly significant, with the urban poor rates worsening; from Serious to Critical levels. While this survey saw a welcome, slight reduction in the SAM rates in Mogadishu Urban communities, the IDP SAM rate has increased. New IDPs fleeing drought and conflict and arriving in IDP camps have, in most cases, been reported to have children who are already severely malnourished. This has inevitably affected the SAM rates, despite SAM treatment being established in most Mogadishu IDP camps.

Aggravating factors

Morbidity rates remain high in both IDP and urban populations, with two of every 10 children reported to have been sick in the last two weeks prior to the SMART survey. ARI and Diarrhoea are the most prevalent illnesses among under 5 children. Low coverage of vitamin A supplementation fails to meet the threshold which would allow for a public health impact in the community; the IDP population is worse off in this respect, reaching only 38.7% of supplementation. Compared to the last (October 2016) SNS SMART survey, the Urban poor coverage has increased, while IDP community coverage for Vitamin A and deworming has reduced from 61% (Vitamin A) and 49% (for deworming) to 38% and 36% respectively. Months prior to the survey had seen widespread outbreaks of AWD following a severe potable water shortage in the drought period, as also reflected in the FEWSNET[2] reports of severe food consumption gaps. These factors contributed significantly to the increased acute malnutrition rates.

Immediate Recommendations

Findings	Recommendations (Short Term)
Critical GAM and SAM rates and worsening trends in both IDP and Urban poor communities	Sustain the already existing SAM treatment strategy and ensure proper links between nutrition treatment phases, i.e. MAM and SAM service provision. Extend SAM and MAM treatment services to new IDP camps. Develop a strategy to up-scale active screening and referrals of new arrivals (<5 children).
High Morbidity – ARI, Diarrhoea and suspected measles	Support WASH initiatives in new IDP camps and extend health services to the same. Support wide-scale WASH message dissemination through all possible platforms, i.e. Nutrition, FSL and health sites and at community levels. CHWs to prioritize the dissemination of mutually reinforcing key WASH, health and nutrition messages at community levels.
Below recommended levels of Immunization and Vitamin A coverage.	Conduct a mass supplementation campaign for Vitamin A and deworming, immediately.

[2] http://www.fews.net/east-africa/somalia

	Scale up existing EPI programmes immediately, increase the coverage and frequency of service delivery to cover those populations currently not served.

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