SNS CONSORTIUM[1]

SMART SURVEY SUMMARY RESULTS: EL BARDE DISTRICT

MAY – JUNE 2017

Background

El Barde district (or Degmada Ceel-Barde in Somali), is in Bakool region in South Western Somalia, close to the Ethiopian border. Bakool region has a population of approximately 56,129 (UNFPA 2014) and its capital, Ceel Barde town, hosts approximately 4,626 persons in the town and immediate surrounding areas. Action Against Hunger (AAH) is the major nutrition actor in Bakool. Their weekly updates show extensive population movement into El Barde town in recent months, increasing its total population by an estimated 10%. Among these new arrivals, many children are arriving critically ill and acutely malnourished – an observed dominant characteristic of households moving into the town.

Communities in El Barde are largely pastoralists who commonly keep goats and camels for meat and milk; the predominant livelihood of the population. Following the widespread,extreme loss of livestock during the current drought, extensive pastoralist movement to relatively accessible urban areas has taken place, including from the Somali region of Ethiopia; from Adadle district in particular (which shares the border with El Barde). The mass loss of livestock across Bakool region has significantly weakened livelihoods across the region in recent months and severely impacted on household food security.

For many years, coverage of services in El Barde has remained notably limited, given the challenges of insecurity and widespread lack of access. Key nutrition and related actors (FSL, WASH and Health) can only operate in areas within a few kilometres of the town. In recent months, communities moving from vast inaccessible locations into the town, have been seen to present children in a very critical and vulnerable condition (often with SAM and related complications). At a time of sever, prolonged drought, these factors largely explain the alarming GAM and SAM rates recorded in the May 2017 SMART survey.

Aim: The aim of the SMART survey was to estimate the prevalence of acute malnutrition among children from age 6 to 59 months in El Barde district.

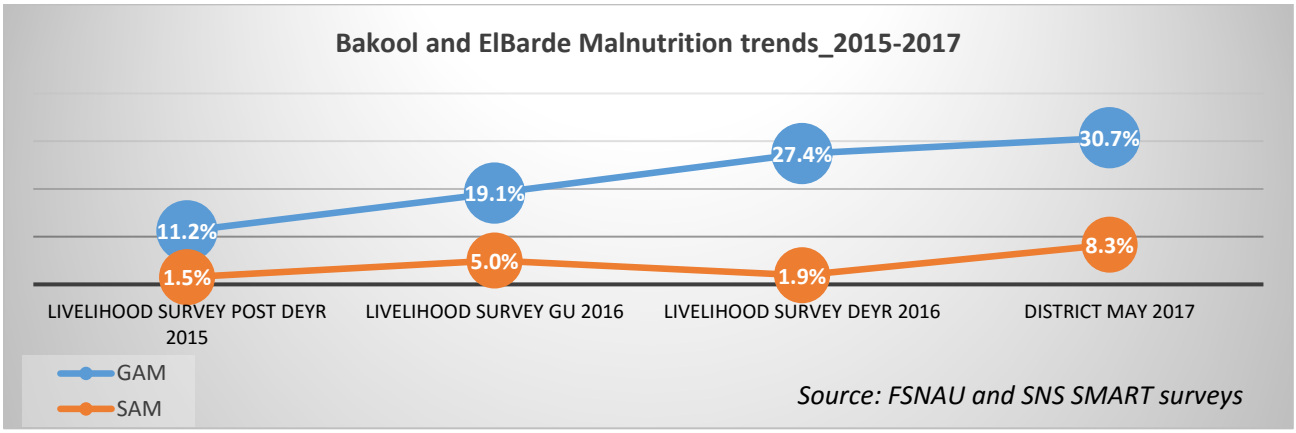
Methodology: The standard, global SMART (Standardized Monitoring and Assessment of Relief and Transition) methodology was used.

[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	
GAM (Global Acute malnutrition)	30.7% (26.0-35.8)
MAM (Moderate Acute Malnutrition)	22.4% (18.6-26.8)
SAM (Severe Acute Malnutrition)	8.3% (6.0-11.4)
U5MR	1.46(0.59-3.56)
CMR	0.68 (0.33-1.39)
Measles	54.02%
Vitamin A(Last 6 months)	16.85%
Deworming	13.95%
Morbidity	17.23%

GAM & SAM Trends[2]



Discussion

Malnutrition rates in Bakool agro-pastoralist communities have been significantly high since the onset of the drought in 2016. Although no previous *district level* data is available, trends seen in FSNAU's 2016 livelihood survey showed improvement (i.e. decrease) in cases of SAM severe, but a worrying increase in GAM cases (see table above).

The current surveys' estimate elevated levels of both GAM and SAM rates indicates a significant SAM increase of up to four times higher than recorded in FSNAU's Deyr 2016 *livelihood* survey; moving from Serious to Very Critical levels based on WHO classification. Available data from 2015 show this to be the highest level of SAM.

[2] As there is minimal district level malnutrition data available from Bakool, due to extremely limited access and prolonged insecurity, and this is the first SNS SMART survey done in the region, we have drawn on FSNAU livelihood zone data here to indicate related trends.

Aggravating Factors

17% of the children surveyed reported to have been sick during the two weeks prior to the survey; with 30% reporting to have had AWD, 36% malaria and 28% had ARI. AWD is known to cause a rapid drop in the health status of children is a major cause of wasting and dehydration and if not addressed quickly, can cause death.

In Bakool, only 30.99% practise handwashing at four critical handwashing moments. A slightly larger percent (39.6%) only practise handwashing before eating. This leaves the majority of the population highly exposed to bacteria and active parasites. It increases the possibility of infection, especially among already malnourished children who are highly vulnerable to disease outbreaks, as observed in El Barde.

Poor service coverage and access challenges: El Barde district includes many inaccessible villages that cannot be reached by service providers for security concerns. People living in these inaccessible areas have no specific pattern of presenting at their nearest sites which means that although coverage in the limited accessible areas might be relatively good, the on-going influx of seriously ill and/ or malnourished children and families from inaccessible areas, into the town, is beyond the control of service providers.

Immediate Recommendations

SMART Survey finding	Recommendations to address
High GAM and SAM rates (critical levels). Significant increase of SAM levels up to 4 times	To cover for the increase, there is need to first retain the current sites, increase mobilization at community level and if viable and required increase sites and mobile teams. Set up a strategy to monitor in migration with teams allocated to specifically immediately screen and refer cases to appropriate treatment programme.
Poor WASH practices at HH level, Non-observance of critical hand washing moments.	To improve WASH practise within the community and HH, there is need to increase awareness at all possible platforms on the importance of handwashing. Handwashing campaigns could be a great way of ensuring the whole community have a fresh understanding of the need to practise WASH.
Poor health among the population with Low coverage of immunization, high incidence of morbidity among children under5 and low micronutrient supplementation. Low vitamin A supplementation. Only 23.9% of the sick seek medication at appropriate health facilities.	Immunization campaigns coupled with Vitamin A supplementation should be launched immediately for all appropriate ages.

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.