

6/8/2021

Rapid Nutrition Assessment Report

Elwak, Gedo region, Jubaland Somalia



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1. ACKNOWLEDGMENT

We express our sincerest regards to everyone who contributed directly or indirectly to complete this rapid nutrition assessment. Special thanks go to LLG Nutrition team who conducted the assessment successfully, without your support; we could not have completed this assessment.

Huge appreciations goes to mothers / care givers, community members as whole for their outstanding support, time and providing information to data enumerators so that they can collect the data, without you we couldn't finish this assessment.

2. ABBREVIATIONS

ACF	Action Against Hunger
ICRC	International Committee of Red Cross
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MSF	Medicine San Frontiers
MUAC	Mid Upper Arm Circumference
NGO	Non-Governmental Organization
PHC	Primary Health Unit
SAM	Severe Acute Malnutrition
UNICEF	United Nations Children's Funds
WASH	Water and Sanitation, Hygiene

3. EXECUTIVE SUMMARY

3.1. BACKGROUND

Elwak District (Somali: Degmada Ceel Waaq) is a district in the south western side of Gedo region Somalia and its occupants majorly keep livestock as their main source of living while few practice cross border trade with neighboring community in Elwak Kenya. The area has a vast grazing pocket and tend to move with their herds such as camels, cattle, sheep, goats wherever water, and shrubs can be found. In the dry season most of the population is concentrated within reach of the group of shallow well located within the town unlike during the rainy seasons and shortly afterwards when rain water is harvested in water-holes such duma/bonds and constructed underground tanks. Owing to the low rainfall with two occasion of Gu' and Deyr rains.

Administratively, the district comes under Jubaland state and district commissioner and other members head its authority. It has an estimated population of about 125,25 persons, and the area is subject to poverty and the poverty indices is about 64.7% that translates entire population lives below in poverty line, the rates of vulnerability are extremely high.

Deterioration of nutrition situation among children and women due to the drought and diseases were observed with several malnourished children were spotted. Majority of the mothers interviewed responded have reduced quantity of milk products for their children and all this form has become the leading cause of malnutrition rate in the area.

Malnutrition levels remain unacceptably high in all the sites with serious to critical levels of malnutrition reported this includes children (boys and girls) with acute malnutrition; pregnant and lactating women and older persons need services related to treatment of acute malnutrition. This attributed to poor infant and young child feeding practices, stock-out of essential supplies for management of acute malnutrition and morbidities, coupled with multiple shocks. Absence of TFSP and SC in the district has contributed patients to be referred to Elwak Kenya hospital with delay of cross border permit resulted delay and death of patients since beneficiaries are Somali nationality.

Active Health and Nutrition Partners:

Health and NUTRITION Actors in Elwak District.				
SN	Name of the organization	Donor	Services Provided	Facility Type
1.	HDC.	UNICEF.	Primary Health Care.	District Hospital.
2.	MSF/MOH	MSF	OTP/Primary Health	Mobile Team.
3.	SRC	ICRC.	OTP	Mobile Team

3.2. Introduction

Elwak District (Somali: Degmada Ceel Waaq) is a district in the south western side of Gedo region Somalia and its occupants majorly keep livestock as their main source of living while few practice cross border trade with neighboring community in Elwak Kenya. The area has a vast grazing pocket and tend to move with their herds such as camels, cattle, sheep, goats wherever water, and shrubs can be found. In the dry season most of the population is concentrated within reach of the group of shallow well located within the town unlike during the rainy seasons and shortly afterwards when rain water is harvested in water-holes such duma/bonds and constructed underground tanks. Owing to the low rainfall with two occasion of gu and deyr rains.

Administratively, the district comes under Jubaland state and district commissioner and other members head its authority. It has an estimated population of about 125,25 persons, and the area is subject to poverty and the poverty indices is about 64.7% that translates entire population lives below in poverty line, the rates of vulnerability are extremely high. This nutrition rapid assessment was carried out between 10th and 13th April 2021 with the objective to provide an up-to-date picture of the nutritional situation and to assess in Elwak town The assessment covered Elwak District in Gedo.

Rapid Nutrition Assessment, Elwak, Gedo region, Somalia.

4. METHODOLOGY

Rapid MUAC methodology was used in the training, planning, collection and analysis of both anthropometric and morbidity data. Sample size was drawn from children aged 6-59 months residing in Elwak town. Rapid nutrition assessment using a cluster sampling and simple random sampling were carried out in Elwak district. One of four-sub district division in the town named October was selected using simple random sampling. After wards, from an estimated 200 Household was interviewed using house-to-house strategy. One child was interviewed from each household until the desired sample size was obtained, on the other hand if child were not found in the house or not eligible to the study, we moved to the next house.

Information of the rapid nutrition assessment were collected using a simple questionnaire consisted 15 questions mainly emphasizing the age, sex, MUAC measurement, oedema testing, water source, illness, etc. Anthropometric and morbidity data were analysed using ENA for SMART, July 2015 version. The anthropometric data was put in relation to the WHO 2006 as well as NCHS 1977 reference population. Microsoft Excel was used to carry out additional analysis on quantitative data.

4.1. Objectives

- To evaluate nutritional status of children (6-59) months of age in Elwak district – Jubaland, Somalia using rapid MUAC approach.
- To categorize the age group at higher risk, among the children of 6-59 months in Elwak.
- To assess the necessity to develop a response plan for improving the situation.
- To assess the level of Nutrition, Health and Hygiene and Disease status existing Elwak District

4.2. Study Population

All eligible children 6-59 months of age in Elwak district, Jubaland – Somalia.

- Inclusion criteria: all children aged 6 -59 months of age that permanently reside in Elwak district
- Exclusion criteria: all children aged 6-59 months of age that mothers or care givers refused to participate.

4.3. Sample Size

200 children were included in this rapid nutrition assessment.

4.4. Sampling Procedure

Rapid nutrition assessment using a cluster sampling and simple random sampling were carried out in Elwak district. One of four sub district division in the town named October was selected using simple random sampling. After wards, from an estimated 200 House hold was interviewed using house to house strategy. One child was interviewed from each house hold until the desired sample size was obtained, on the other hand if child were not found in the house or not eligible to the study, we moved to the next house.

4.5. Assessment team composition and Training

- One senior supervisor taking the responsibility of supervising team member in the field to guide them for quality control purpose.
- Five teams composing two personnel were used for this rapid assessment.
- One day training was done to team members by the supervisor with practical session. The supervisor was been trained virtually by the assessment lead person.
- A total of 200 children were included in to the study and screened using MUAC tape and assessing Oedema as well as administering set of questions using standard rapid assessment.

4.6. Data Collection

Information of the rapid nutrition assessment were collected using a simple questionnaire consisted 15 questions mainly emphasizing the age, sex, MUAC measurement, oedema testing, water source, illness, etc. The teams collected the information and then handover to the supervisor for checking completeness, consistency and correctness of the data and if any incomplete data were seen, the team members were requested to revisit the houses for quality control.

4.7. Data Analysis

Data was entered and analysis using ENA software for anthropometry analysis and Excel version 2016 for the other questions.

5. FINDINGS

A total of 207 children were measured, however ACF decided to present the MAUC measurement survey as a Nutrition Rapid assessment due to inconsistencies in the data collected. Therefore, the results presented should be interpreted as proxy results.

Indicator	Nutrition Status	Number	Percentage
Oedema (+)	Kwashiorkor	13	6.2 %
Oedema (++)		2	1%
Oedema (+++)		0	0%
MUAC < 115 mm = B	Severe Acute Malnutrition	6	2.9 %
115 = < MUAC < 125 = C	Moderate Acute Malnutrition	57	27.6 %
MUAC >= 125 mm = D	Well nourished	129	62.3 %
Total		207	
SAM = A+B	Severe acute malnutrition	21	10.1 %
MAM = C	Moderate Acute Malnutrition	57	27.6 %

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Key findings	Recommendations
Nutrition of the target population were 10.1 % SAM, 27.6% MAM, while 62.3 % were well nourished.	To strengthen, establish and continue treatment of severe and moderate acute malnutrition through inpatient and outpatient therapeutic care interventions
A total of 72.9% of the target population (6-59 months) had illness in the past 2 weeks, of these illness fever were the highest 33%, diarrhea 12 % and cough 10%.	To strengthen the treatment of basic medical problems in nutritional programmes.
56% of 6-59 months children did not receive vitamin A supplementation while 53.6% of the population don't have measles vaccine, which make them prone to vaccine preventable diseases especially measles outbreak.	Measles vaccination and Vitamin A supplementation coverage should be improved
85 % of the water source are open shallow well, which increase the risk of water born disease in the target population	Advocacy campaigns to address breastfeeding, Water sources to care givers and mothers.
81% of the under five children screened drink also powder/animal milk plus breastfeeding during of the first six months of life	Caring, endorsing and supporting exclusive breastfeeding to the children for the first 6 months and promotion IYCF optimal care practices.

5.1. Anthropometric Results

Rapid nutrition assessment carried on 207 children living in Elwak district between 6-59 months of age enrolled in the study, 43%, 89 children were boys while 57%, 118 children were girls from the study sample and table one shows distribution of age and sex of the sample.

Table 1 Distribution of age and sex of the sample.

	Boys		Girls		Total		Ratio
AGE (mo)	no.	%	no.	%	no.	%	Boy:girl
6-17	25	43.1	33	56.9	58	28.0	0.8
18-29	35	38.9	55	61.1	90	43.5	0.6
30-41	24	52.2	22	47.8	46	22.2	1.1
42-53	5	38.5	8	61.5	13	6.3	0.6
54-59	0	0	0	0	0	0.0	
Total	89	43.0	118	57.0	207	100.0	0.8

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On assessing the nutrition status, (10.1%, 21) of the children were severe wasting, (27.6% 57) of the children were moderate malnutrition while (62.3%, 129) of them were well nourished. Additionally (7.2% 15) were assessed Oedema.

Table 2 Prevalence of acute malnutrition by age, based on MUAC cut offs and/or oedema.

Age (mo)	Total no.	Severe wasting (< 115 mm)		Moderate wasting (>= 115 mm and < 125 mm)		Normal (> = 125 mm)		Oedema	
		No.	%	No.	%	No.	%	No.	%
6--17	58	4	6.9	17	29.3	31	53.4	6	10.3
18-29	90	2	2.2	27	30	54	60	7	7.8
30-41	46	0	0	12	26	32	69.5	2	4.3
42-53	13	0	0	1	7.7	12	92.3	0	0
54-59	0	0	0	0	0	0	0	0	0
Total	207	6	2.9	57	27.5	129	62.3	15	7.2

5.2. Child Morbidity Results

According to mothers or caregivers, 73.4% of the children suffered from various illnesses during the last 2 weeks with no available free health services 39.6% of mothers had to buy medicine from pharmacy. The figures bellows shows also symptoms break down during the last 2 weeks

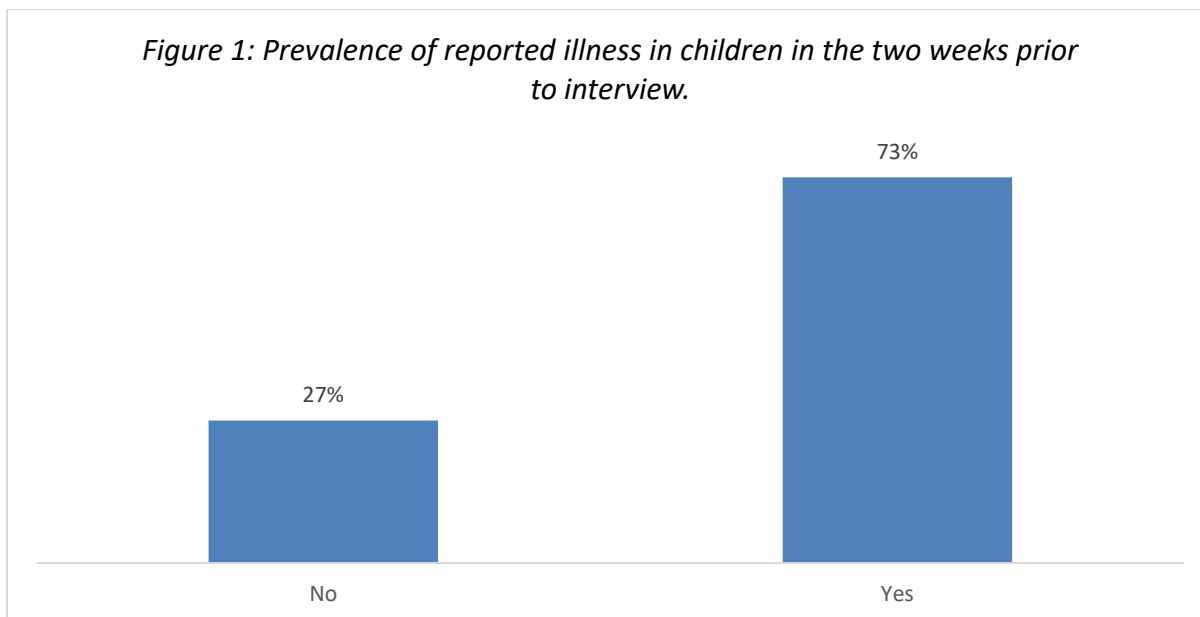


Figure 2: Symptom breakdown in the children in the two weeks prior to interview

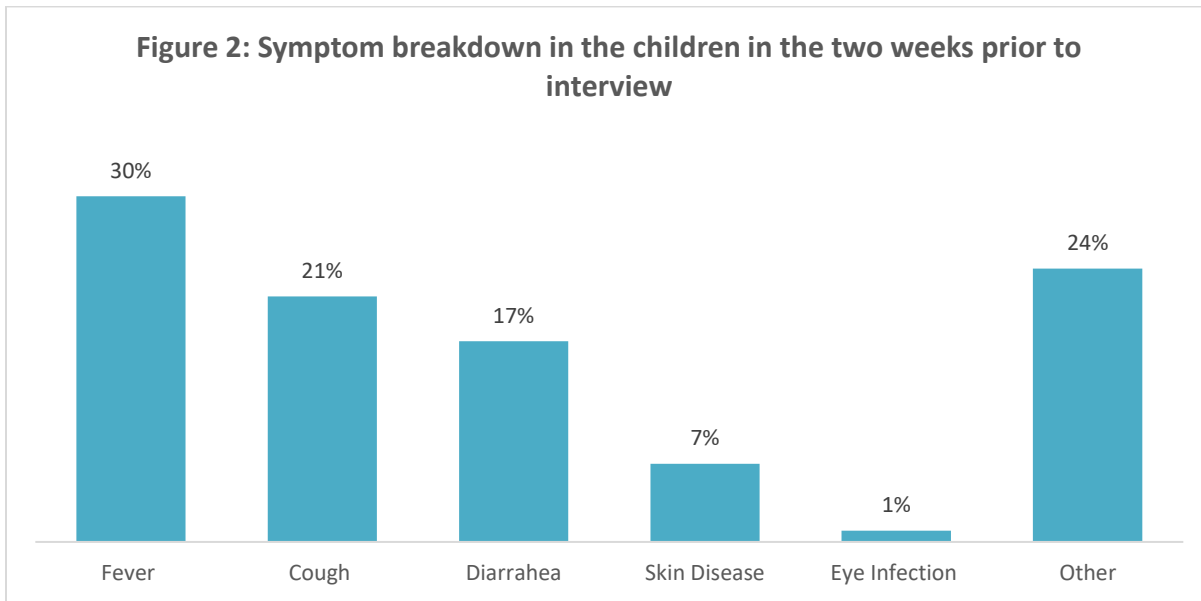
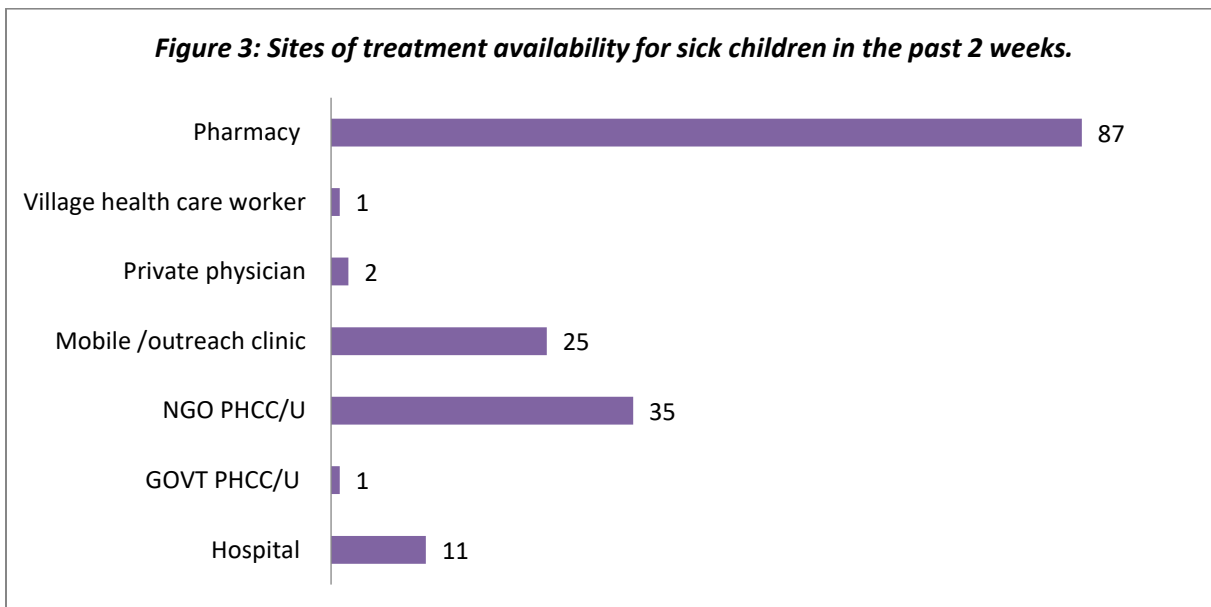


Figure 3: Sites of treatment availability for sick children in the past 2 weeks.



5.3. Vaccination Results

A total of 48% of the target population were vaccinated against measles by either mobile teams or measles campaigns from WHO, out of those with 48% (21 % with EPI cards and 27% recall from the mothers respectively). The remaining 52% of the children were not vaccinated.

On the other hand, 55% of the children did not receive vitamin A supplementation every 6 months while 45% of them received the supplementation. Poor integration of vitamin A supplementation and measles vaccination

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was seen since 48% of the target population received the vaccine while only 45% had the chance to get vitamin supplementation. The figures below show measles vaccine and vitamin status of target population.

Figure 4: Measles vaccination coverage of 6-59 months of age.

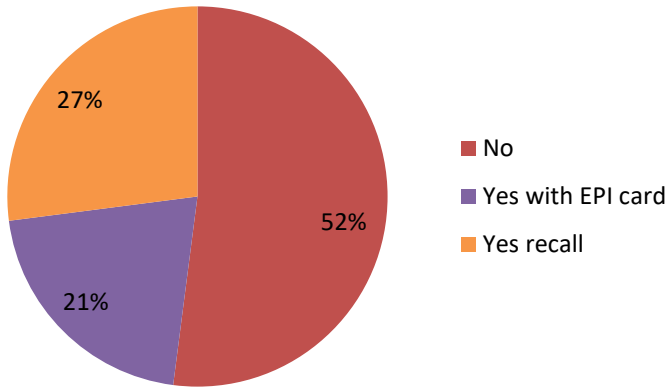
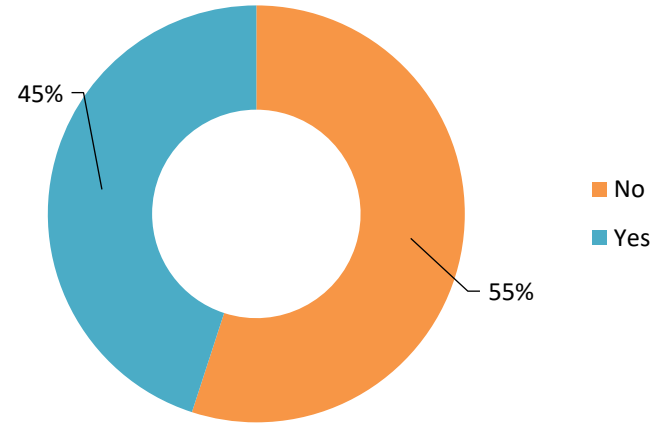


Figure 5: Vitamin supplementation of 6-59 months of age.



5.4. Access to Water, Child feeding Practices Results

On exclusive breastfeeding for the first 6 months, mothers or caretakers conjugate the breastfeeding with animal/powder milk by 55.5%. While 85% of the people depend on open shallow well for water supply that will increase the risk of getting water borne diseases.

Figure 6: Percentage of Exclusive Breastfeeding Practices

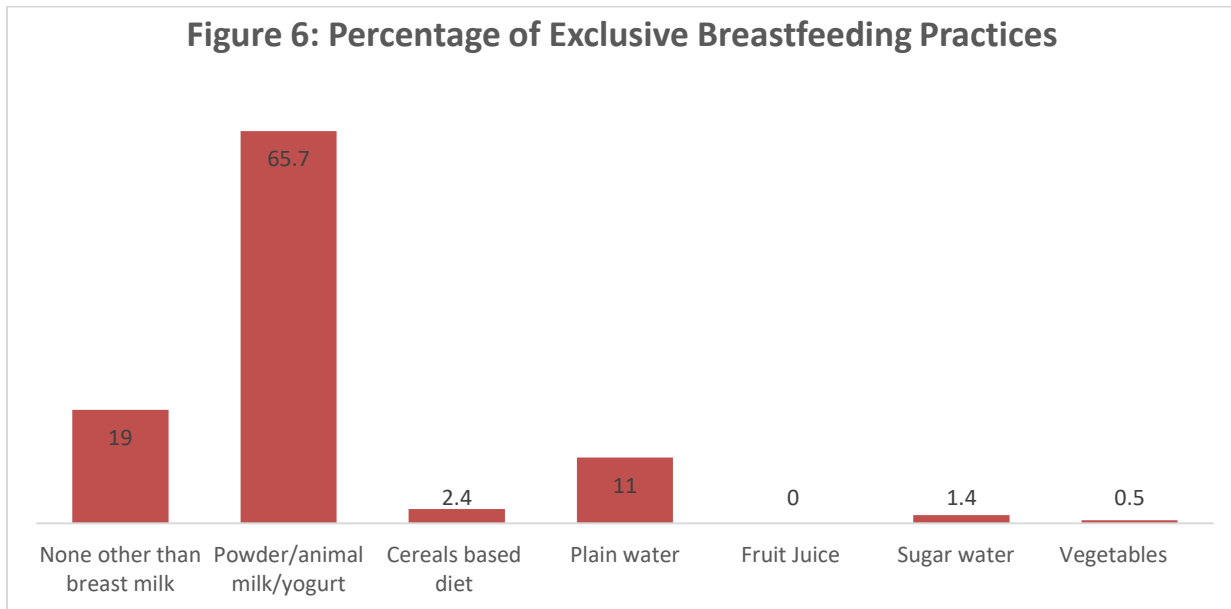
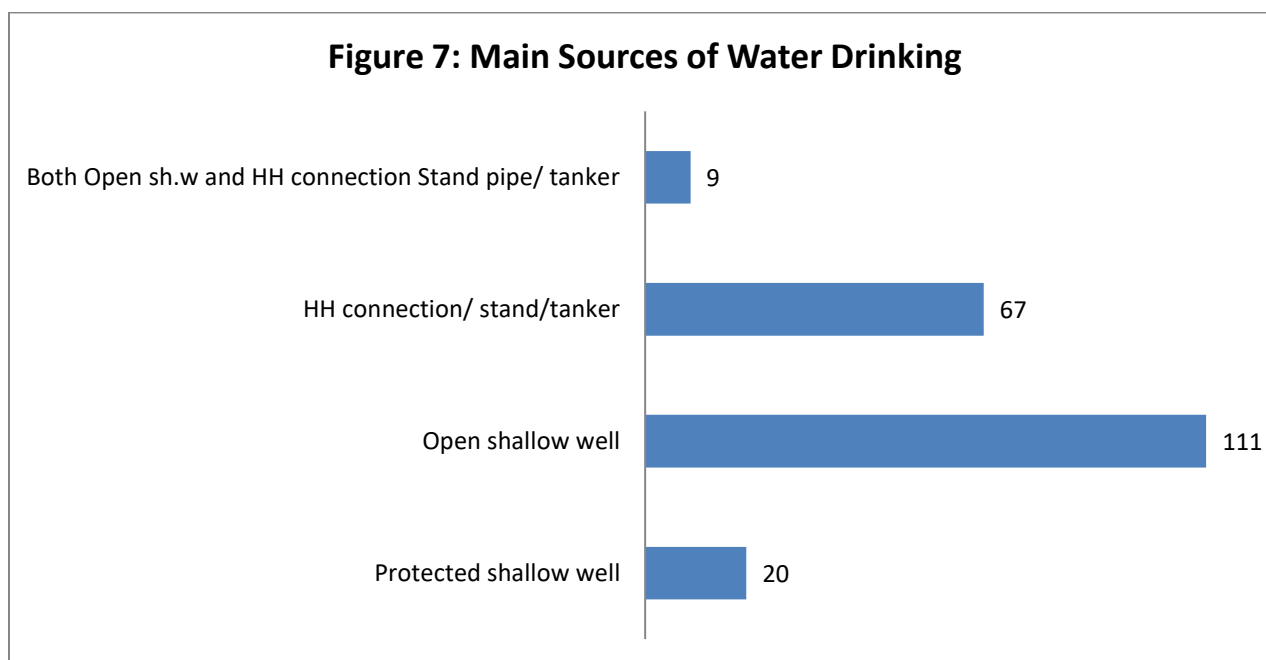


Figure 7: Main Sources of Water Drinking



Open shallow well were the main drinking water source in Elwak, Gedo region, followed by standpipe at the household level. This is followed by household with connected stand or tanker. The assessment revealed only few households have protected shallow wells.

6. CONCLUSIONS

- The nutrition status of Elwak is deteriorating since there is limited nutrition center especially in increasing moderate malnutrition rate that even may increase without proper interventions.
- Most malnutrition indicators of public health significance were found in the age group (6-17) for SAM and (18-30) months for MAM. While 52% of these children don't measles vaccine that can lead to susceptibility of measles outbreaks, meanwhile the main water sources are open shallow well up to 53.6% of the population that can increase risk of water borne diseases.

7. RECOMMENDATIONS

Although challenges are inevitable, here are some recommendation to tackle the above-mentioned problems:

- To strengthen, establish and continue treatment of severe and moderate acute malnutrition through inpatient and outpatient therapeutic care interventions
- To strengthen the treatment of basic medical problems in nutritional programmes.
- Measles vaccination and Vitamin A supplementation coverage should be improved

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- Advocacy campaigns to address breastfeeding, Water sources to care givers and mothers.
- Caring, endorsing and supporting exclusive breastfeeding to the children for the first 6 months.

Photos of the Assessment:



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8. Annex: Data Collection tool

RAPID NUTRITION ASSESSMENT TOOL

(To be conducted in EVERY HH with children 6-59 - from the random starting point nwards)

Date (D/M/Y): ... //..... Town Team No..... Village

[illegible]