MASS MUAC SCREENIG REPORT

Jowhar IDPs, Middle Shabelle, Hirshabelle State, Somalia

Date of submission	7th July 2024
Partners involved	IMC, Aid vision, NASDO, WVI, SAACID, ARD, Mercy USA and WARDI
Districts /IDP sites covered	Jowhard IDPs (*Alla-Amin, Alla tuug, Alla-Suge, Balguri, Biyaaso, Dan-wadaag, Isnay, Jiliyaale,Sheikh Cumar, Tawakal and Towfiiq IDP camps*)
Dates of activity	4th to 12th June 2024
Background	**Background:** From April to May 2024, Jowhar district, located in the Middle Shabelle region of Hirshabelle state, experienced the Gu rains. These rains have had a significant impact on the local population, affecting approximately 7,000 people and displacing 6,900 individuals. The main causes of displacement were flash floods and river breakages, which occurred in several villages and internally displaced persons (IDP) settlements within the district. Additionally, the floods have caused extensive damage to agricultural resources, hindered access to healthcare and nutrition services, and worsened the sanitary conditions for both the vulnerable host community and IDPs. According to the 2023 Post-Deyr FSNAU seasonal assessment, the food security and nutrition situation in the district remains critical, designated as Phase 4. The global acute malnutrition (GAM) rate stands at 17.5%, with an estimated acute malnutrition burden of 39,680 individuals, surpassing the IPC acute malnutrition emergency threshold. Although the recent rainfall during the Gu season is expected to improve the overall livelihood conditions in the district, the unsanitary conditions pose a significant risk of a severe cholera outbreak and a subsequent increase in child wasting. **Purpose of Mass MUAC Screening:** The Ministry of Health of Hirshabelle and the Nutrition Cluster conducted a mass MUAC screening campaign in Jowhar IDP camps to promote timely detection and referral of malnourished children from 6–59 months, pregnant and lactating mothers not in treatment, and to increase the coverage of both therapeutic and supplementary feeding programs in Jowhar district.
Objectives	• The objectives of the MMS screening in Jowhar district were as follows: • To increase nutrition service coverage through active screening, early detection, and referral. • To understand the current nutrition situation among IDPs in Jowhar district.
Approach used	**Training Screening and Referral:** Two-day orientation workshop was conducted to train screeners on taking MUAC measurements, assessing edema, filing the online KOBO tool and other field procedures. A half-day briefing was also held with supervisors to explain the MMS ToR, clarify their expected roles and responsibilities. **Screening and Referral:** The MMS data collection was executed over eight days, from June 4th to 12th 2024. During this time, coordinators and supervisors had regular meetings share progress and resolve data quality and procedural inadequacies as they arise. The uploaded data was checked daily, and

feedback provided to screeners and supervisors for informed remedial actions.

Data Analysis and Quality Check: The quality of the MMS data was evaluated using the ENA for SMART software. This software generated a plausibility report by analyzing the MUAC entries, age, and sex of the children. Based on these parameters, the data quality received a score of 14% and was categorized as "Good," as indicated below.

Overall data quality

Criteria	Flags*	Unit	Excel.	Good	Accept	Problematic	Score
Overall Sex ratio (Significant chi square)	Incl	p	>0.1 0	>0.05 2	>0.001 4	<=0.001 10	**0** (p=0.203)
Age ratio(6-29 vs 30-59) (Significant chi square)	Incl	p	>0.1 0	>0.05 2	>0.001 4	<=0.001 10	**10** (p=0.000)
Dig pref score - MUAC	Incl	#	0-7 0	8-12 2	13-20 4	> 20 10	**4** (13)

The overall score of this survey is 14 %, this is good.

During the assessment of data quality for the MMS, it was found that the most affected parameter was the age ratio, resulting in a penalty of 4. This indicated a significant imbalance between children aged 6–29 months and those aged 30-59 months. The second parameter that was moderately affected was the MUAC digit preference, which received 4 penalty points. However, overall, the data quality falls within acceptable ranges and can be utilized for decision-making purposes. For a detailed plausibility report, please refer to Annex II.

Findings

The Mass MUAC screening covered 3,854 of the targeted 5895 (65%) IDP camps in Jowhar district. A total of 3,855 children screened and 658 had suffered from moderate and severe wasting. The table below summarizes the findings from the MMS exercise. The findings are consistent with previous FSNAU AMN assessment carried out in Jowhar despite this particular MMS focused on IDPs in the district. A precise comparison is not possible due to the wide variation in methodologies used. The data suggests the uniform distribution of screened, malnourished, and enrolled under five children in the aforementioned IDP sites in Jowhar district.

Findings From the Mass MUAC Screening Conducted in the IDPs of Jowhar District

Findings	
Total number of children screened	3854
Number of boys	1967
Number of girls	1887
Children with severe acute malnutrition	
Number of children with MUAC <11.5cm or with edema (SAM)	80
Number of boys	37
Number of girls	43
Percentage of screened children with SAM (proxy SAM prevalence)	2.1%
Children with moderate acute malnutrition	
Number of children MUAC >=11.5cm and < 12.5cm (MAM)	578
Number of boys	275
Number of girls	303

Percentage of screened children with MAM (proxy MAM prevalence)	15.0%
Children with severe or moderate acute malnutrition	
Number of children MUAC < 12.5cm or with edema (SAM and MAM)	658
Number of boys	312
Number of girls	346
Percentage of children with SAM or MAM (proxy GAM prevalence)	17.1%

Program Coverage

The table below summarizes the OTP and TSFP programme coverage:

Moderate Acute Malnutrition (MUAC < 12.5 & ≥ 11.5 cm)	**Severe Acute Malnutrition (MUAC < 11.5 cm or oedema)**
Percentage and number of cases in OTP or SFP	**Percentage and number of cases in OTP**
Mass MUAC	Mass MUAC
28% (185/658)	**89%** (71/80)

- The proxy SAM coverage seems to be almost to the threshold of >90% although there is still need for improvement.
- However, MAM coverage is a major concern as the coverage is extremely suboptimal to sphere standards. Therefore, it is essential to closely monitor and provide regular care for the significant number of children experiencing moderate acute malnutrition to mitigate the potential progression to severe acute malnutrition and ensure their well-being.

Possible reasons for the low program coverage include:

- Poor health-seeking behaviors by caregivers at an early stage of the child's health condition
- Caregivers' respondence bias, in expectation of additional humanitarian assistance and other data collection errors.
- Limited routine and active case finding
- Lack of awareness on the available nutrition services and signs of acute malnutrition

Recommendations

- By effectively implementing the suggested strategies, considerable progress can be made in reducing the incidence of acute malnutrition and enhancing the overall health and well-being of children in the IDP settlements of Jowhar district. Key recommendations include:
- Enhance MAM coverage by increasing outreach of Targeted Supplementary Feeding (TSFP) program services to IDP with a significant service gap.
- increasing early identification and treatment: Implement community-based screening programs to identify children at risk of wasting and provide timely treatment for those affected. This includes the provision of ready-to-use therapeutic foods (RUTF) and appropriate medical care.
- Complementary Feeding: Ensure the timely introduction of nutritious complementary foods at six months while continuing breastfeeding. Promote a diverse and nutrient-rich diet, including energy-dense foods, to prevent wasting.
- To address micronutrient deficiencies that can contribute to wasting, provide age-appropriate vitamin and mineral supplements, such as vitamin A, iron, and zinc.
- Nutritional Counseling (IYCF): Provide targeted nutritional counseling to caregivers, emphasizing the importance of proper feeding practices, hygiene, and recognizing early signs of wasting.
- Capacity Building: Train healthcare workers and community volunteers on the identification, treatment, and prevention of waste.

	• Advocacy and Resource Mobilization: Advocate for increased investment in nutrition programs and mobilize resources to support comprehensive approaches to child wasting prevention. •
Challenges and mitigation measures	**Coverage of Screening Exercise:** • Ensuring equitable access to screening services to all IDPs and host communities in the riverine areas. • Overcoming barriers to participation, such as lack of community mobilization, active case finding and IYCF awareness or cultural resistance in the IDP camps. **Connectivity:** • Although all the enumerators had smart phones, which allowed them to install the KOBO tool, during the data collection, some of the enumerators reported challenges in internet availability, thus submitting data late. However, the supervisors coordinated with the coordination team and resolved the constraint by identifying screeners with readily available connectivity with those with a lack of connectivity to ensure timely submission, analysis, and feedback provision. **Availability of vehicles for supervision:** • The effectiveness of Mass MUAC assessments can be significantly impacted by insufficient resource allocation from partners. • During data collection, transportation for enumerators and supervisors posed some challenges. **Overestimated population figures in the assessed IDPs:** • The teams reported an overestimation in IDP population figures, which manifested in the common occurrence of finding fewer households than expected in some camps. The coordination team created a reserve list of camps and advised screeners to replace untraced • We were able to arrange camps with the closest individuals on the reserve list. Additionally, screened children were marked with indelible ink to avoid double screening and improve coordination at the field level. **Road condition:** • Poor road conditions between Jowhar town and Towfiiq IDP camps were a challenge for teams to reach their destination in a timely manner. This was later addressed by adjusting the travel time to accommodate the time lost in this inevitable challenge. **Security concerns:** • Jowhare is located in Zone 3 which comes with high level of security threat- this knowledge has led to anxiety among teams. However, the coordination have put mitigation measures in place which include: ✓ Security briefing to raise awareness on basic security mitigation strategies to reduce exposure to potential security risks. ✓ To establish a communication channel with camp leaders for informed safe departure to and from the field.
Lessons learned	**Working with local authorities:** Engagement of the local authorities about the Mass MUAC screening exercise, coordination with community leaders and IDP gatekeepers, supports timely identification and improves access to communities, as well as reducing exposure to the risk threats to

	the screeners and supervisors. **Selection, training and supervision of screeners:** The selection of skilled screeners, practical demonstrations on MUAC screening, edema check, and use of the KOBO tool are critical to ensuring quality data is collected. Additionally, timely provision of feedback on data quality is necessary to minimize capturing errors. **Digital data gathering:** Utilize digital tools to streamline data collection and analysis, ensuring real-time tracking and management of screening results. **Coordination and communication:** Foster strong coordination among screeners to ensure a unified approach and avoid duplication of efforts. **Involvement of the state Ministry/local authority**: Involve the State Ministry of Health (SMOH) to align the screening activities with broader health initiatives and ensure sustainability. **Resource and time:** Plan for adequate resource mobilization to cover all aspects of the screening exercise, including logistics, personnel, and materials. **Follow up of referred children:** The following are necessary to promote enrollment of referred children • Strengthening the coordination between CHWs (screeners) and nutrition sites in charge. • Obtaining regular feedback about the enrollment status of identified children by site. • Further investigation and documentation are needed to understand why referred children do not visit the site or enroll.

MMS Microplan

Plausibility check docx.docx

Partners involved:


International
Medical Corps

Aid Vision

NASDO

World Vision

SAACID

ARD

Mercy-USA