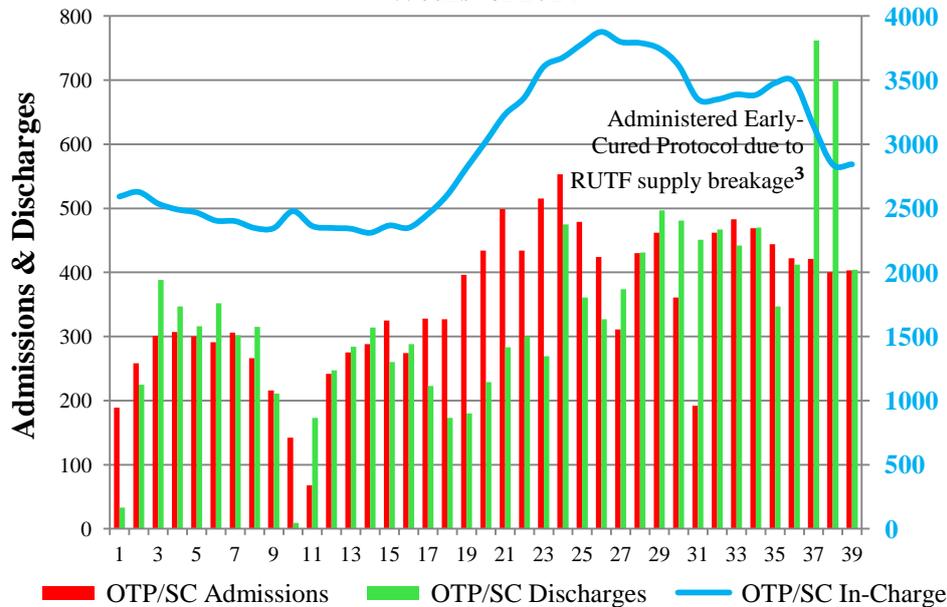


Community-Based Therapeutic Care (CTC) Mogadishu, Somalia

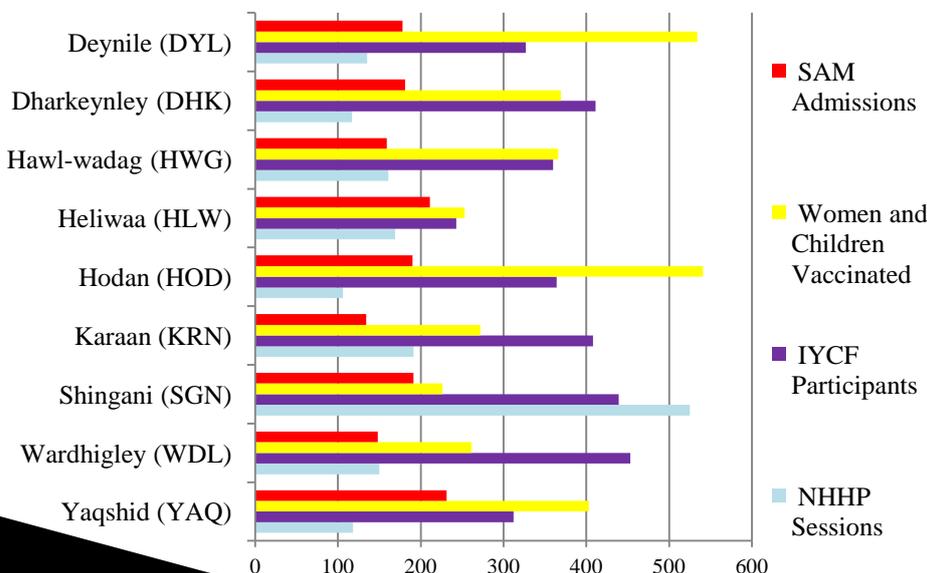
SAACID, in partnership with UNICEF, operates a health and nutrition network across Mogadishu City; treating severely malnourished children under 5 years of age, providing counselling and micro-nutrient supplementation to pregnant and lactating women, immunization services, TB treatment, and hygiene promotion. This bulletin provides figures and highlights from this month's activities.



SAACID Outpatient Therapeutic Programmes (OTPs) and Inpatient Care at the Stabilization Centre (SC) Caseload of Severely Acutely Malnourished (SAM) Children Weeks³ of 2014



SAACID CTC Activities By District - September 2014



OTP/SC for <5s – Sept. 2014

OTP/SC in-charge at end of month	2,842
OTP new admissions this month	1,623
SC admissions this month	42
Percentage +/- from last month ¹	-10%
District ² with highest admissions	YAQ
OTP cured rate this month	95%
OTP default rate this month	4.7%
SC success rate this month	88%
Avg. weight gain (g/kg/day)	5.27
Average length of stay	47 days
SAM cases over the last 12 months	16,293



EPI Activities⁵ – Sept. 2014

# of children vaccinated	2,732
# of women vaccinated (TTV)	506
Cumulative children - 12 months	22,508
Cumulative women - 12 months	4,319



Outreach – September 2014

Total screened by outreach workers	13,278
SAM Referrals by outreach workers	1,759
% of SAM referrals admitted ⁴	94%
# of home and SC visits for follow up	413

IYCF Activities – Sept. 2014

Individual counselling sessions	814
Group counselling sessions	465
# of participants in group sessions	2,542
# of participants last 12 months	52,917



Micro-nutrient Interventions – September 2014

# of children that received Vit. A	1,623
# of women that received MMN	no supply
# of children & PLW dewormed	721
Cases of diarrhoea treated with zinc	186

NHHP Activities – Sept. 2014

SAACID reached 12,017 men and women this month through 1,672 small group sessions conducted across all the clinics on special topics for positive nutrition, health and hygiene practices.

NHHP Topics This Month # of Sessions

Handling of Human Fecal Matter	413
Importance of Immunizations	426
Maternal Nutrition	421
Danger Signs in Pregnancy	412

TB Activities⁵ – September 2014

TB patients in-charge	364
Cured TB cases this month	29
Malnourished TB patients	106

Incidents – September 2014

There were no incidents this month.

Stabilization Centre Performance Update

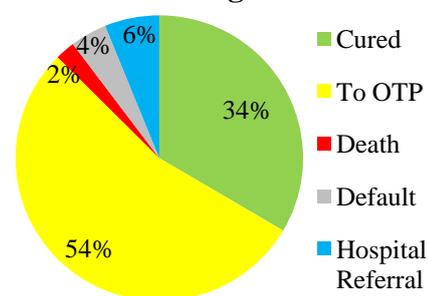
In 2011, SAACID began raising scarce private funds for the construction of a Stabilization Centre (SC) for the inpatient treatment of severely malnourished children with medical complications. Land was donated in Yaqshid District in a safe and easily accessible area for underserved communities throughout Mogadishu City. Construction began in April 2012, and after fifteen months of construction, fit-out, and training, the centre saw its first patient on June 22nd 2013.

To date the SC has treated 905 acutely malnourished children with medical complications. Seventy-three percent were new admissions, while 27% were referred from Outpatient Therapeutic Programmes (OTPs). Twenty-five percent of all admissions were malnourished children less than 6 months old, while 75% were children 6-59 months old.

Since the beginning of the CTC Programme in 2009, SAACID has consistently seen that the majority of admissions into the outpatient programmes have been female children at 55-57% of admissions. In comparison, of the 905 admissions into the SC to date, 48% were female children, and a very slight majority of 52% were male.

Discharge outcomes at the SC have been well within the international SPHERE standards of >75% cured. Eighty-eight percent of children admitted were cured and either sent home (usually in the case of children <6 months old) or referred to an OTP to continue with outpatient treatment. *See page 1 for photos of a patient before and after treatment.*

SC Discharge Outcomes



SAACID would like to express our most sincere appreciation to all the donors who helped make the SC a reality, and to the extremely dedicated SC staff that continue to tirelessly save the lives of Somalia's most vulnerable children every day.



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Terms

CTC	Community-Based Therapeutic Care
EPI	Expanded Programme of Immunization
FFW	Food-For-Work
IDP	Internally Displaced Person
In-charge	Number of active cases registered in the programme at a given time.
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MCHN	Mother, Child, Health and Nutrition
MMN	Multi-micronutrients (tablets)
MUAC	Middle-Upper Arm Circumference
NHHP	Nutrition, Health & Hygiene Promotion
OTP	Outpatient Therapeutic Programme
PLW	Pregnant & Lactating Women
RUSF	Ready to Use Supplementary Food
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Stabilization Centre (inpatient care for acutely malnourished children with medical complications)
SFP	Supplementary Feeding Programme
TB	Tuberculosis
WASH	Water, Sanitation and Hygiene
WCBA	Women of Child-bearing Age

References

- ¹ SAACID's CTC clinics operate on a weekly schedule, admitting and discharging children 5 days a week. Monthly figures cover either 20 or 25 operational days, depending on the number of weeks. Relative percentage +/- in admissions are then based on average daily admissions for that month compared to the previous month.
- ² See legend from graph of admissions by district on page 1 for abbreviations of district sites – *also see below*. SAACID operates the CTC Programme in 9 of Mogadishu's 16 districts.
- ³ Epidemiological weeks are used to demonstrate trends, due to the weekly schedule and the variation in operational days per month. *See Page 1 – Graph 1 below for further explanation on drop in caseload this month.*
- ⁴ % of outreach worker referrals admitted is calculated by dividing the number of successful admissions from referrals by the total number of SAM referrals respectively. The difference represents the error rate (measurements done incorrectly) and those that do not act on the referral.
- ⁵ EPI staffing is supported by the Collegiate Churches of New York. TB activities receive support from WVI, WHO and WFP. All other operations and supplies for the CTC Programme are supported by UNICEF.

Mogadishu District Clinic Abbreviations

**Those with an asterisk are the districts where SAACID-managed clinics currently operate.*

Karaan (KRN)*	Wadajir (WDJ)	Hamar-jajab (HJB)	Dharkeynley (DHK)*	Heliwaa (HLW)*
Hodan (HOD)*	Bondhere (BDH)	Shibis (SBS)	Deynile (DYL)*	Abdul-aziz (AZZ)
Yaqshid (YAQ)*	Shingani (SGN)*	Hamar-weyne (HWN)	Waberi (WAB)	Hawl-wadag (HWG)*
Wardhigley (WDL)*				

Photo Descriptions

Source: All photos by SAACID

Page 1 – Photo 1: SAM child admitted into the SC at the end of May 2014 with medical complications

Page 1 – Photo 2: MUAC measurement of SAM child

Page 1 – Photo 3: SAM child (also seen in Photo 1) after 5 weeks of treatment at the SC

Page 2 – Photo on left: IYCF session at the SC in May 2014

Page 2 – Photo on right: SC staff in May 2014

Descriptions of Graphs

Source: All data collected from SAACID CTC programme

Page 1 – Graph 1: The figure demonstrates the combined OTP/SC (SAM) admissions over the weeks of 2014, against the weekly discharges, along with a trend line of the active caseload each week (the number of OTP/SC in-charge). As explained in references ¹ and ³ weekly trends are used due to variation in the number of operational days each month. This month this graph also shows a major drop in the caseload in-charge from 3476 at the end of August (week 35) to 2842 at the end of September (week 39). Due to an RUTF supply breakage from UNICEF, SAACID tapped into a small reserve of RUTF, and implemented early discharge of cured SAM cases with MUAC of >11.5 and at least 5 visits (compared to the regular 2 month minimum length of stay (LoS) protocol) to preserve limited RUTF for those most in need until UNICEF was able to resupply. Regular discharge protocol has resumed.

Page 1 – Graph 2: The graph compares the figures from various CTC activities by district/clinic for the current month.