Preventing Four Famines: Contextual Overview

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Context common to all countries: Yemen, North Eastern Nigeria, South Sudan and Somalia

Socio-political

- Drought Conflict/insecurity
- Access restriction
- Unemployment
- Dwindling oil production (Yemen)
- Lack of access
- Displacement/population movement,
- Influx of refugees into neighboring countries
- Breakdown of social services
- Non payment of salaries

Baseline - Nutrition situation

- High levels of stunting
- GAM above WHO threshold
- High prevalence of micronutrient deficiencies – Vitamin A, Anemia
- Sub optimal Infant and young child feeding indicators
- Low nutrition programme coverage
YEMEN: WASH Context

- Conflict and mass population displacement of 3.2 million people

- Out of which 1 million have returned sometimes to unsuitable WASH conditions.

- 14.5 million people without adequate drinking water, basic sanitation or hygiene measures.

- Water infrastructure damaged by conflict.

- Cases of cholera/AWD and malaria rising.
YEMEN: Health Context

- Yet about 80% of the nutrition services were delivered through health systems.
- Less than 45% of health facilities are fully functioning.
- At least 274 facilities damaged or destroyed.
- Healthcare workers salaries not paid last six-nine months.
- Chronic shortage of medications.
YEMEN: Health Context

- Two million children are at risk of diarrheal diseases – the second leading cause of mortality among children under the age of five years.

- Since October 2016, over 22,500 suspected cases of cholera with 106 deaths.

- Malaria risk is increasing.

- The Health Cluster only 4.5% funded for 2017.
Yemen: Population in Need of Nutrition services

- Current need 1.9 million Children with Acute Malnutrition
  - 1.7 Moderately malnourished children
  - 462,000 SAM
- 900,000 acutely malnourished PLW
- 950,000 in need of micronutrient supplementation
- 2.5 million children under two in need of IYFC-promotion, Support and protection services
Northeast Nigeria: The Situation from the Nutrition and Food Security Survey (November 2016)
Northeast Nigeria: WASH Context

• 3.8 million people with no access to safe water.

• 75% of water and sanitation infrastructure in conflict-affected areas has been destroyed.

• Displacement is putting pressure on host water systems in host communities.

• Water access as well as food access is a basic driver of the crisis in the arid lands.
Northeast Nigeria: Health Context

• One third of the 700 health facilities in the Borno have been completely destroyed.

• An additional one third are non-functional.

• Nearly 12 million people live in areas with inadequate health services and high rates of disease.
Northeast Nigeria: Health Context

• Functioning health facilities serving host populations under strain from the influx of displaced families.

• Ongoing measles and meningitis outbreaks despite campaigns.

• Human resource capacity is weak

• Four confirmed cases of polio in 2016.

• Insecurity impeding access to and delivery of preventative and curative services.
Northeast Nigeria: People in Need of Nutrition Services

- Currently almost 1.0 mln children with Acute Malnutrition
  - 450,000 SAM children
  - 506,856 MAM children

- 801,500 in need of micronutrient supplementation

- 1.04 million children under two in need of IYCF-E promotion, support and protection services
South Sudan: Acute Malnutrition
South Sudan: WASH Context

- Water access as well as food access is a basic driver of the crisis in the arid lands.
- 5.1 million people lack safe water, adequate sanitation and hygiene.
- 50% of water points in the country have been damaged or destroyed.
- Low water tables causing competition among people and animals, and overuse of water sources.
- Lack of adequate sanitation facilities and poor hygiene practices are spreading disease.
South Sudan: Health Context

• A cholera outbreak in June 2016 resulted in over 5,000 cholera cases and over 100 reported deaths.
• Reported measles outbreaks.
• Increasing rates of malaria.
• Insecurity inhibiting access to and delivery of preventative and curative services.
• Attacks on health workers and health centers.
• Attacks by armed groups on civilians.
• Large scale population displacement within and across borders.
South Sudan: Population in Need of Nutrition Services

- Current need 1,108,677 Children with Acute Malnutrition
  - 835,624 Moderately Acutely malnourished children
  - 273,624 severely Acutely Malnourished
- 339,053 acutely malnourished PLW
Somalia: Acute Malnutrition
Current situation and forecast

Gu2016 (6 Months Ago)

Current Nutrition Situation (January 2017)

Projected Nutrition Situation (February-April 2017)

Nutrition Situation GAM (IPC Ver.2)

- Acceptable (<10%)
- Average (10-14.9%)
- Severe (15-19.9%)
- Very Severe (20-29%)

- Intensive area livelihood
- CPI

Nutrition Situation GAM (IPC Acute Malnutrition)

- Acceptable (<10%)
- Alert (5-9.9%)
- Severe (10-14.9%)
- Critical (15-19.9%)
- Very Critical (>20%)

- Intensive area livelihood
- CPI

Global Nutrition Cluster

Somali Nutrition Cluster
Somalia: WASH Context

• Water access as well as food access is a basic driver of the crisis in the arid lands.

• Drought has had a devastating impact on most water sources.

• Declining water table – drying bore holes, increasing water salinity - similarities to famine in 2011 - declining

• WASH Cluster is currently funded for just 22 million or 26% of the $85 million required
Somalia: Health Context

• Major cholera/AWD outbreak in south central regions (28,408 cases as of April 23rd 2017)

• Reports of measles cases (campaign underway in Baidoa)

• Security limiting access for provision of both preventative and curative services
Somalia: Population in Need of Nutrition Services

• Current need 1,753,000 Children with Acute Malnutrition
  • 1.7 Moderately malnourished children
  • 462,000 SAM
• 900,000 acutely malnourished PLW
• 950,000 in need of micronutrient supplementation
• 2.5 million children under two in need of IYFC- promotion, Support and protection services
Nutrition Information System

• Need to review nutrition information systems and identify
  • Systems for generating data
  • Quality control
  • Technical capacity building
  • Clarity in roles and responsibility
  • Dedicated resource for nutrition information systems
  • Stronger Information management system between sectors and overlaying of data to inform
    • Prioritization
    • Integration
    • Join programming
  • Better sharing of nutrition and other data on refugees from the affected Famine Countries to neighboring countries
Why act now in an integrated manner?

Many famine situations have consistency shown that severe for insecurity and high levels of acute malnutrition are often time followed disease outbreak - leading to excess mortality.