Somali Nutrition Cluster
Integrated Famine Prevention Package: Somalia country actions

Global Nutrition Cluster Annual Meeting
10-12th October, 2017
Geneva, Switzerland
Somalia Humanitarian Context - Risk of famine persists

Humanitarian needs:
- Life-threatening needs among displaced and other crisis-affected communities and lack of access to basic services
- Protection needs of civilians
- Needs of people living hard-to-reach areas
- Livelihood needs and weakened resilience

Key drivers of humanitarian crisis:
- Climate
- Conflict
- Lack of protection

Refugee returnees | Access challenges

Trends in humanitarian needs and outlook for 2018
Somalia Humanitarian Context - Risk of famine persists

New displacement due to drought since November 2016 (cumulative)
Somalia Humanitarian Context - Risk of famine persists

Number of AWD/Cholera cases and fatality rates decline
Somalia Humanitarian Context - Risk of famine persists

Key Figures

• **6.2 million** people are in need of humanitarian assistance

• **905,000** people displaced due to drought since Nov 2016

• Nearly **77,360** AWD/cases in 2017, incl. **1,157** deaths

• More than **16,000** suspected cases of measles in 2017

• About **1.2 million** burden of acute malnutrition
Malnutrition levels followed a **deteriorating trend** in recent years, with a steady increase in number of malnourished children and number of IDP sites with malnutrition rates >15% GAM.

At national level, **median prevalence of acute malnutrition** has steadily **deteriorated** from 12% GAM in 2014 to 17.4% GAM in late 2017.
**Somalia Humanitarian Context - Risk of famine persists - MALNUTRITION**

- GAM prevalence increased to 17.4%; SAM prevalence 3.20% - 388,070 acutely malnourished and 87,250 SAM (point prevalence estimate).
- Translates into need/burden of **1.2 million acutely malnourished** children (231,829 SAM)

Data analysis 2007-2016: acute malnutrition trends in Somalia **persist at GAM/SAM emergency threshold**, with **further deterioration**. No **significant variations** in malnutrition prevalence over years (p>0.05).

Current significant deterioration in malnutrition situation among IDPs and host communities due to;

- **High morbidity** (disease incidence e.g. AWD, measles), low humanitarian support, poor child feeding and caring practices.
- **Partners perspective**: food insecurity, limited health service availability (poor EPI coverage), increased morbidity, poor health seeking behaviour, and difficulty in accessing clean water supply are drivers.

**Persistent continued complex emergency** that is resulting from continued conflicts, displacements, drought and disease.
Somalia Cluster Objective

CLUSTER MISSION

Aims to strengthen the coordination & capacity of all nutrition actors in Somalia to deliver quality & sustainable emergency nutrition services bridging development.

STRATEGIC PRIORITIES

Improve nutrition status and access to nutrition services for emergency affected populations through predictable, timely, effective and at scale response thereby enhancing resilience.

- Strengthen lifesaving preventive nutrition services for vulnerable population groups
- Improve equitable access to quality lifesaving curative nutrition services
- Establish integrated nutrition programs between and across relevant sectors
NUTRITION CLUSTER ACHIEVEMENTS IN 2017 (Famine prevention) – 1.3 Million Beneficiaries Reached

899,715 beneficiaries reached with preventive programs till End May 2017
Integrated programming pre-Rome

The Integrated emergency response concept has been developed by health, WASH and nutrition clusters presented to and endorsed by HCT in late March 2017.

34 Integrated Emergency Response Teams (IERT), each consisting of 1 Doctor, 2 Nurses, 1 Midwife and 1 Community Health Worker have so far been identified, trained and deployed jointly by FMoH, WHO, SCI, UNICEF and IOM.

Teams deployed to hotspot regions including Banaadir, Lower Shabelle, Bay, Bakool, Mudug and Gedo in the first pilot phase of IERTs deployment.

In addition to already existing outbreak control strategies, IERT showed very good progress on containing AWD/Cholera outbreak in some of the most affected regions in the country with highest CFR.

Both cases and deaths due to AWD/Cholera dramatically reduced in hotspot regions like Bay, Bakool and Gedo where a total of 25 IERTs were deployed.

The three clusters together with FMoH are now working on improving IERTs linkages with AWD/Cholera task force and development of operational guide, SOPs and monitoring tools. The second phase of IERTs deployment is being planned to address the immediate lifesaving needs of IDPs in Bay/Benaadir and vulnerable communities in disputed areas of Togdheer (Buhodle) and Socotaleh under the NGO umbrella.

**AWD Cases in regions where IERT are deployed**

**Next Steps**

1. Development of IERT Monitoring and evaluation framework
2. Production of locally available translated technical standards
3. Use of mobile tablets to enable real-time reporting, mapping and analysis of functioning and outcomes

For additional information, contact: Dr. Mohamed Osman Mohamed "Nasim"-IERT Coordinator-Nasim114@gmail.com
Integrating programming Post-Rome

Somalia IERT Services Delivered, May to July 2017

- **# of People reached with Health Education**: 54,363
- *** Health/Medical Consultations**: 49,861
- **Total children screened**: 24,217
- **Referrals**: 4,171
- **SAM/Malnutrition with Complication**: 3,259

20 Districts in 4 regions

Somalia IERT Services Delivered, May to June 2017

<table>
<thead>
<tr>
<th>Month</th>
<th>Banadir</th>
<th>Lower Shabelle</th>
<th>Mudug</th>
<th>Gedo</th>
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<td>1,453</td>
<td>4,419</td>
<td>3,640</td>
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Banadir, Lower Shabelle, Mudug, and Gedo
Country action plan

- **Joint response analysis** and **identification of priority areas** for integrated responses
- **Mapping** ongoing & planned responses & **gap identification** in priority areas
  - Revision of response plan
  - Mutual partners
  - Consortium
- **Targeting and platform/joint criteria** - SCOPE, Common Registration
- **Nutrition sensitive programming**
- Engage **WASH cluster and Health cluster** on the integration plan
Country action plan

- Expand the scope of the current IERT to include FS related responses
- **Strengthen linkages** - WASH, FS, Nutrition and education response
- Multiple use of water at household level
- Develop **priority interventions** aligned with **seasonal** calendar across the Nutrition, WASH, Health and FS clusters in an integrated manner
- Advocate for **Multi-sectorial HRP at HCT level** based on lessons learnt
- **Capacity development** of partners
- Ensuring **centrality of AAP, protection and GBV mainstreaming**
- **Financing** of joint programming
Post Rome Actions - Country buy-in & overall progress

- **Global Meeting** lead by EDs in Rome – 25/26 April 2017/Global call for action - May 2017

- Somalia Lead agencies, partners and ICCG **consultation** with development of **plan of action** (POA) – May 2017

- **Somalia IERT and FSN Initiative** – May 2017
  - De-briefing partners; lead agencies (UNICEF, FAO and WFP); ICCG on the initiative
  - Success in securing SHF funding to implement the IERT – WASH, Health and Nutrition

- Somalia **Nutrition Cluster and Food Security Cluster** (FSC) finalized **plan of action** and shared with three lead agencies (attached)

- Somalia **Nutrition Cluster and FSC** work on **joint priority areas** with help of FSNAU

- The **FSC** consolidate the protocol and package of **Integrated Emergency Response Team** (IERT) in Somalia to complement the ongoing initiative of the IERT of three clusters (attached)

- Current allocation of SHF (**12 million**) predominantly for support of the IERT where food security cluster component integrated into the three cluster initiative
Progress - Overall

- De-briefing partners, De-briefing of the three lead agencies (UNICEF, FAO and WFP), De-briefing of the initiative with successful outcome of moving forward success on funding of SHF towards implementing IERT – WASH, Health and Nutrition.

- The Somalia nutrition and FSC finalized the plan action and shared to the three lead agencies (attached).

- The Somalia nutrition and FSC have been working on the joint priority area with help of FSNAU.

- The FSC consolidate the protocol and package of Integrated Emergency Response Team (IERT) in Somalia with ongoing initiative of the IERT of the three clusters.

- The current allocation of SHF (12 million) predominantly aligned in line of IERT where food security cluster component integrated into the three cluster initiative.
Progress – specific on IERT

Objectives: To ensure access to integrated lifesaving health/WASH/Nutrition services to vulnerable and most affected communities in rural areas and villages of Somalia.

Defined key components/packages

Defined reporting, M&E frame

Clear linkage with existing systems and coordination

Standard guidance for CD and implementation

So far deployment of over 53 team, five organizations, etc...

FS and education to be integrated soon
Challenges

- Protocol, standards and quality assurance (M&R)
- Capacity for multisector integrated approach
- Resources mobilization
- Common accountability and results framework
- Sensitivity to organizational mandate versus collective approach towards integration
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<th>Category</th>
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It is possible to implement multi-cluster integrated response and possible to prevent famine.

Donors and lead agencies support is crucial.

Government buy in and IPs commitment is determinant.
Next steps

 |_| Inclusion of FSC and Nutrition packages
 |_| Building on consortium and/or creating local - BRiCS
 |_| Presentation of the integrated response approaches, plan, map and affected population and ways forward to joint SAG meeting for review and endorsement.
 |_| Establish oversight committee from the three lead agencies that guide and
 |_| Joint response analysis/gaps of Nutrition cluster ad FSC in priority area one and identify possible partners that can fill the gaps
Global asks

- Need to change agencies/partners narrow focus to wider perspective in an integrated manner
- **Continuous** follow up, monitoring and support
- Keep it as a **standing agenda** in famine prone countries
- **Documentation** of lessons learnt and development guidance for scale up efforts
Acknowledgements

Global Food Security and Nutrition clusters
Somalia Ministry of Health and Humanitarian Affairs
Somalia ICCG and OCHA
Somalia UNICEF, WFP, WHO, FAO, IOM and Int’l/Local partners implementing IERT
Affected population