



Somalia
Nutrition
Cluster

Lessons learned in Somalia Nutrition Cluster

Exercise conducted by the Global Nutrition Cluster

Synthesis Report

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1. Executive summary

This report summarizes the best practices and lessons learned by the Somalia nutrition cluster during the nine years of its existence. It looks at the cluster's working arrangements around the key coordination functions while at the same time highlights the challenges the cluster experiences, especially with the security and funding constraints that the Somalia humanitarian response has been experiencing. The report also describes the growth of the nutrition cluster from just a subsidiary of the food security cluster to one of the key clusters that the humanitarian country team relies on for its advocacy and messaging. The Somalia Nutrition cluster responsibilities are aligned around supporting service delivery to ensure alignment with the Somalia humanitarian country team (HCT) strategic priorities and the development of mechanisms to eliminate duplication in service delivery. Nutrition service delivery in Somalia is guided by the Somalia Nutrition Strategy and the Basic Nutrition Services Package (BNSP) which is centered on a holistic life cycle approach (combining treatment and promotion), including management of acute malnutrition. These strategic documents have been endorsed by all nutrition cluster partners. The nutrition cluster uses the Somalia Strategic Response Plan (SRP) planning and review process to ensure alignment of partner projects and service delivery strategies with the cluster's strategic response plan and priorities.

Secondly, the Somalia nutrition cluster plays a key role in informing strategic decision-making of the HC/HCT for the humanitarian response by conducting needs analysis in consultation with partners. To this end the nutrition cluster has been using the Inter Cluster Working Group (ICWG) platform effectively to ensure that strategic priorities, concerns, recommendation for the nutrition cluster are adequately voiced for the attention of the humanitarian country team (HCT). In order to support decision making and influencing efforts, the nutrition cluster has in place a systematic and data driven process for seasonal nutrition situational analysis and response planning during and in-between the Deyr and Gu seasons through data generated by the bi-annual food security and nutrition assessments.

Thirdly, the nutrition cluster supports planning and strategy development by producing sector plans, objectives, indicators directly supporting HC/HCT strategic priorities, ensuring the application and adherence to existing standards and guidelines and clarifying funding needs, prioritization and cluster contributions to HC funding considerations (e.g. CAP/Flash Appeal, ERF/CHF, CERF). The Somalia nutrition cluster's 2014 strategic response plan is a continuation of the three-year (2013-2015) CAP strategic response plan which seeks to provide an integrated life-saving and resilience strengthening assistance to people affected by the protracted crisis in Somalia. Advocacy has been a key area of focus for the nutrition cluster in view of the protracted nature of the humanitarian crisis in Somalia by identifying concerns to contribute to HC and HCT messaging and action, and by undertaking advocacy activities on behalf of cluster participants and the affected populations. The nutrition cluster uses the ICWG platform effectively to flag issues and concerns that require the HC/HCT attention. In addition the cluster coordinator routinely schedules meetings with the HC to update on the cluster activities and have detailed discussions on issues of concern. In addition the nutrition cluster has a dedicated website for information sharing and advocacy.

Monitoring and evaluation remains challenging in Somalia in particular in central and southern regions of the country because of conflict and access constraints. The cluster maintains stabilisation centre (SC) / outpatient therapeutic programme (OTP)/ targeted supplementary feeding (TSFP), infant and young child feeding (IYCF), nutrition hygiene, health promotion (NHHP) databases to monitor and report on the implementation of the cluster strategy and results. The cluster level output indicators which are based on the SRP monitoring framework are monitored more frequently through the humanitarian dashboard which is submitted to OCHA on a monthly basis.

Somalia is prone to many hazards which include floods, drought, and conflict induced displacements. Therefore the nutrition cluster periodically undertakes contingency and preparedness planning to ensure there is adequate response capacity when emergencies occur. With support from ECHO, the nutrition cluster together with the WASH cluster has developed a joint emergency preparedness and response/contingency plan which is expected to sustain the capacity of Government and other humanitarian actors to prepare and respond in an effective and timely manner when emergencies occur. Enhancing the capacity of Government, civil society and local communities is an area that the cluster is investing in and this will be linked to resilience building measures in emergency prone areas. As part of its rollout of Nutrition in Emergencies regional trainings the nutrition cluster has been developing the capacity of government MoH, disaster management agencies and other nutrition cluster partners in nutrition emergency preparedness and contingency planning.

2. Methodology

This document is a product of existing cluster resources and the institutional memory within the coordination and CLA teams. It's a live document and will continually be reviewed based on future experiences.

3. Background

Child and maternal under nutrition in their acute and chronic forms remain an enduring problem in Somalia and the burden is high. Micronutrient deficiencies amongst young children and women of child bearing age are widespread. The prevalence of anemia, iron and vitamin A deficiency have been found to comprise severe public health problems according to WHO thresholds. The prevalence rate of anaemia in children 6 – 59 months is 59.3 percent¹ and is similarly high in women of child bearing age with 49.1 percent of non-pregnant women anaemic. Vitamin A deficiencies are also very high with prevalence rates of 54.4 percent in women while 33.3 percent of children 6-59 months are affected. Somalia also has some of the worst infant and young child feeding (IYCF) indicators, with prevalence rates of exclusive breastfeeding in children less than 6 months at 5.3 percent. Timely introduction of complementary foods at 6-8 months is also very low with a prevalence rate of 17.1 percent².

In the past few years, the typical country-wide median prevalence of Global Acute Malnutrition (GAM) in Somalia has been significantly higher than the international emergency threshold of 15%. Data from 2001-2009 shows that median GAM rates have remained at Serious (10 to <15%) or Critical (15 to <20%) levels (WHO Classification 2000), with a national median rate of 16% (240,000 children under five). The acute malnutrition long term trend analysis map highlights prolonged and protracted acute malnutrition situation for children 0-59months, pregnant and lactating women in all districts of Bay, Bakool, Hiran regions and also parts of Lower Shabelle. These regions have a high concentration of nutritional vulnerabilities.

The FSNAU Post Gu 2014 nutrition analysis, reveals a sustained critical nutrition situation in the country with a GAM rate of 14.9% and SAM rate of 2.6%. An estimated 218,000 children under the age of five are acutely malnourished (nearly one in seven children under five) – a seven percent increase since January 2014. This figure includes 43,800 children suffering from severe acute malnutrition who face an even higher risk of morbidity and death. Population groups with Global Acute Malnutrition (GAM) rates exceeding 15 percent are of major concern and are found in urban parts of Bari Region and rural

¹ FSNAU National Micronutrient and Anthropometric Survey, 2009

² FSNAU National Micronutrient and Anthropometric Survey, 2009

parts of Hiraan, Bay, Bakool, Lower Shabelle, Gedo, East and West Golis of Wuuqooy Galbeed, Sanaag and Bari regions. The analysis also shows that the prevalence of acute malnutrition is Critical (GAM>15%) among Mogadishu, Dhobley and Kismayo internally displaced people (IDPs) in the South region, Dhusamareb in Central and Galkayo and Garowe IDPs in North East.

The post Gu 2014 Integrated Food Security Phase Classification (IPC) analysis indicate that an estimated 1,025,000 people will be in Crisis and Emergency (IPC Phases 3 and 4). This figure represents a 20 percent increase since January 2014. Internally displaced persons (IDPs) continue to constitute a majority (62%) of the people in Crisis and Emergency (IPC Phases 3 and 4), followed by rural (27%) and urban (11%) populations. The populations in Emergency and Crisis (IPC Phases 4 and 3) require urgent lifesaving humanitarian assistance and livelihood support between now and December 2014 to help meet immediate food needs, including urgent nutrition and health support for the acutely malnourished, particularly children. Additional interventions will be required to protect livelihoods and build the resilience of communities against future shocks. The food security situation of over 2.1 million additional people remains fragile and is classified as Stressed (IPC Phase 2). This group of households may struggle to meet their minimal food requirements through the end of the year, and they remain highly vulnerable to shocks that could push them back to food security crisis if no appropriate support is provided.

The high levels of under nutrition in Somalia contributes substantially to the high morbidity, mortality and overall disease burden while also depriving young children of the opportunity to achieve optimal physical and cognitive development.

The nutrition cluster has been operational in Somalia since 2006 following the HCT recommendations to activate the cluster system in order to effectively coordinate the humanitarian crisis prevailing in the country in view of the weak capacity of the transitional governments to lead and coordinate effectively the humanitarian responses.

4. Cluster Management Arrangements

The nutrition cluster coordinates a network of 141³ active partners of which close to 80% are national NGOs - most of whom are based in South Central Somalia. The Nutrition Cluster rapidly increased in size following the 2011 famine response with membership composing of government, national NGOs, international NGOs, UN agencies, civil society, donors, and observers. The core national nutrition cluster coordination team consists of a Nutrition Cluster Coordinator, P4, FT; an Information Manager, P3, TA; a Data Entry Clerk, GS4, TA (all based in the UNICEF Somalia Support Centre (USSC) in Nairobi, Kenya); and a Cluster Support Assistant based in Mogadishu, GS6 TA. In addition the cluster has an NGO co-chair (currently CAFDARO) who supports the Cluster Coordinator in day to day coordination functions. Since the 2011 famine response the nutrition cluster coordination function has had on an irregular basis a temporary deputy cluster coordinator function e.g. short term secondment arrangements from INGO and WFP.

To facilitate strong coordination, the cluster has an established regional coordination mechanisms supported by a network of 30 regional nutrition cluster focal points (chair and co-chairs) drawn mostly from local partner NGOs. The regional coordination mechanisms are supported by UNICEF programme staff who sometimes double hat as nutrition cluster co-chairs in some of the regions particularly in the northern regions of Somaliland and Puntland.

³ This figure is bound change based on funding availability.

The work of the nutrition cluster in Somalia is guided by the Strategic Advisory Group which provides overall strategic direction, vision and guidance to the nutrition cluster. The membership of the SAG is drawn from various constituencies including the UN, INGOs, LNGOs, key clusters such as Health, WASH and Food Security. Furthermore various technical working groups have been established e.g. IMAM, IYCF, Capacity Development, Assessment and Information Management technical working groups. The table below summarizes the functions, memberships and effectiveness of the respective working groups.

Working Group	Key functions	Membership	Meeting Frequency and effectiveness
Strategic Advisory Group	<p>Provides strategic direction, vision and guidance to the nutrition cluster. Ensures that effective nutrition cluster</p> <p>Support the development of nutrition cluster strategy, work plans, contingency plans and capacity development plans</p> <p>Monitors and review the nutrition cluster progress against work plan targets at mid-year and end of year.</p> <p>Ensure that there is transparency in the prioritization of project for Common Humanitarian Funding (CHF) and consolidate Appeal process (CAP)</p> <p>Ensure Cluster lead agency upholds its responsibilities as highlighted in the cluster ToRs</p>	<p>MoH, 3 UN (UNICEF, WFP, FAO), INGO, 3 LNGOs, 2 observers, other clusters opted as and when necessary</p>	<p>Meets once a quarter, but this is being reviewed to once every two months in view of constraints placed by the shifting of the national nutrition cluster coordination meetings to Mogadishu</p> <p>SAG needs to have a more structured agenda instead of being issue driven in order to effectively influence the strategic direction of the cluster as well as the sector</p> <p>Could play a strategic role in shaping and influencing the cluster positioning within the emerging sectoral coordination mechanisms</p>
Assessment Information Management WG (AIM)	<p>Support IM for Planning and coordination</p> <p>Supports IM for needs assessments – provides guidance on assessment planning, design and implementation and validation of assessments and surveys.</p> <p>Support IM for monitoring of nutrition response</p>	<p>UNICEF, WFP, FAO, INGOs, LNGOs, MOH*</p>	<p>Meets once a month and is chaired by FSNAU. Is the most active working group and is very instrumental in biannual assessments and validation of individual agency survey results.</p> <p>It has started to actively explore use of technology for development</p> <p>TORs exist however AIM working group needs to better align its work with the Health Systems Analysis Team (HSAT) which coordinates knowledge management and information sharing to guide both policy making and strategic planning in the Somali health sector.</p>

IYCF WG	<p>Provides overall guidance to implementation and monitoring of the Somali IYCF Strategy and Action Plan as well as technical advisory support to the cluster chair.</p> <p>Ensures the Strategy and Action Plan are on track by engaging in yearly micro-planning and ensuring monitoring and evaluation of activities and objectives.</p> <p>Advises and support IYCF capacity needs assessments and capacity building initiatives.</p> <p>Reviews and support dissemination of technical updates on IYCF to relevant stakeholders.</p>	UNICEF, WFP, FAO, INGOs, LNGOs, MOH*	<p>Started off with good momentum with regular quarterly meetings however the meetings have become irregular and a focused and predictable agenda for the group has somehow declined over the years.</p> <p>Needs to be strengthened to include stronger participation of government counterparts and to also to be more closely linked with wider sectoral agendas.</p>
IMAM WG	<p>Provides overall guidance to implementation and monitoring of the IMAM programme as well as technical advisory support to the cluster chair.</p> <p>Advises and support IYCF capacity needs assessments and capacity building initiatives.</p> <p>Reviews and support dissemination of technical updates on IYCF to relevant stakeholders.</p> <p>Undertakes IMAM Guidelines review to ensure they are up to date and in line with global guidance.</p>	UNICEF, WFP, FAO, INGOs, LNGOs, MOH*	<p>The nutrition programme is centred on IMAM activities. Most of the technical IMAM discussions take place within the main cluster coordination meetings.</p> <p>The working group has been meeting on an ad hoc basis and does not have a structured workplan and agenda. The group requires reviving and strengthening.</p>
Capacity Development WG	<p>Discuss and recommend capacity Development strategies Identify main capacity development needs and develop a consolidated and costed multi-year training plan.</p> <p>In consultation with other working groups prepare capacity assessment tools to be used in future impact assessments for nutrition training and support. Design/Develop a database of all nutrition trainings conducted.</p>	UNICEF, WFP, FAO, INGOs, LNGOs, MOH*	<p>Was instrumental in the Capacity assessment, however has not been meeting on a regular basis. WG lacks a predictable and focused agenda even though it has clear ToR.</p> <p>WG has been affected by the shift of the main cluster coordination meetings from Nairobi to Mogadishu.</p> <p>WG needs revival and strengthening.</p>

Until November 2013, the cluster national coordination meetings were being held on a monthly basis in Nairobi - Kenya, but this was later centralized in Mogadishu upon the insistence of the newly established government. The Mogadishu meetings are co-chaired by a national Cluster Support Assistant based in Mogadishu based in Mogadishu and Federal Government of Somalia (FGS) - MoH representative. There are also 14 monthly sub-national cluster meetings at regional level mainly

chaired by voluntary local NGOs. These hubs are located in strategic geographical locations, mainly taking into account accessibility and in some regions administrative boundaries. Due to security restrictions, senior level international staff are unable to participate in the Mogadishu meetings (including the Nairobi based coordination team). This limits strategic engagement of all stakeholders in the coordination effort and often slows the decision making process, especially when immediate feedback /actions are required. However, to sustain such deliberations at Nairobi level - where majority of the NGOs, UN agencies and donor head offices are located, the coordination team convenes either SAG, TWGs or region specific meetings on a regular basis in which critical issues are discussed and key decisions are made. These are then ratified during the Mogadishu meetings.

Coordination mechanisms in Somalia continue to evolve reflective of the changing political and governance arrangements in the country. A mechanism for coordination in the health sector has been for many years under the overall “Coordination of International Support to Somalis”. It was reformed in 2010 and for the past three years the mechanism pursued an approach based on health systems strengthening and the principles of aid effectiveness (IHP-like). It included efforts from all partners to increase country ownership, mutual accountability and a focus on results. Coordination between the zonal health authorities and respective Ministers of Health has been important for progress in health such as, the establishment of the joint health and nutrition JHNP, the definition of the Health Sector Strategic Plans (HSSPs), a common M&E framework being defined and the increasing collaboration with the humanitarian response.

The Somali Health Sector Coordination reform process in 2010 introduced a constituency-based structure; based on strong links between Nairobi and the country level and development of clear health authorities’ coordination functions. A technical committee, the Health Sector Committee (HSC), and a policy level body, the Health Advisory Board (HAB), are formed by representatives of five constituencies: Somali Health Authorities (chairing), Somali non-state actors, UN agencies, international NGOs and Donors. Technical working groups, in Nairobi and at country level, involve different actors, based on commitment and technical competence, and who feed the agenda of the HSC and HAB structured on the six HSS building blocks. The coordination mechanism performs functions of information sharing, links among the constituencies, facilitation of dialogue within constituencies – within the three Somali zones – and their contribution to the HSC and HAB, overall technical and policy dialogue for health sector development. The nutrition cluster participates in the HSC and updates from the cluster is a standing agenda item in the HSC meetings which are held on a quarterly basis. The HSC has a rotational chair drawn from the three Somali zonal health authorities. The Director General of the zonal health authorities chairs the meetings. The HAB is also chaired on a rotational basis by the Minister of Health from the three Somali zonal health authorities. While nutrition sectoral issues have been integrated into the health sector coordination mechanisms, the interface between the health sector and cluster is still blurred. On the other hand the development assistance coordination mechanisms build around the New Deal and the Somali Compact are still evolving.

Transitions in nutrition coordination continues to be influenced by wider changes in the health sector coordination and increased leadership of the Government in the coordination process. While in the northern regions of Somaliland and Puntland, a sector approach in health under the leadership of the Government is slowly taking shape, progress has been slower in Central South Somalia because of capacity gaps and lack of highly qualified personnel within Ministry of Health. Transition from humanitarian coordination to sector coordination arrangements has also been challenged by an active conflict in Central South regions where there is a large concentration of humanitarian needs and the Government is a party to this conflict. Towards the end of 2013, the Somalia Humanitarian Country

Team undertook a mapping of current cluster modalities and transition to line Ministry coordination. However there is acknowledgement that the pace of transition to Government led coordination will take some time because of the protracted nature of the emergency in Somalia and the inadequate coordination capacities within Government sector ministries. Therefore the nutrition cluster remains the single most important emergency response coordination mechanism in the country. The nutrition cluster continues to work closely with the zonal health authorities to capacitate for coordination responsibilities

Within the vision of the health sector coordination, nutrition is viewed as a sub-sector with nutrition activities being coordinated under a nutrition working group arrangement. This discussion is still evolving and has not been finalised in Central South Somalia. However it is likely that nutrition emergency preparedness and response activities will be coordinated under the nutrition working groups, a sub sector of the health sector coordination.

Best Practice and Lessons Learned:

- Holding regular SAG, TWGs, and/or regional based meetings in Nairobi to sustain high level discussions with key decision makers is one of the lessons learnt in keeping the nutrition agenda alive
- Having dedicated regional cluster coordination focal points helps ensure good coordination amongst various stakeholders at the sub national level
- Transition to Government led sector coordination cannot happen overnight in contexts characterised by protracted humanitarian crisis and weak government institutions. It needs to be a gradual process supported by a good capacity development strategy for eventual handover. Continued HC/HCT advocacy is critical to ensure independence and neutrality of the clusters is respected
- In a context characterised by NGO competition for resources and operational space, the ability of the nutrition cluster to be a neutral and honest mediator and broker is crucial in maintaining credibility of the cluster
- The cluster has managed to conduct cluster performance evaluations in 2012 and 2013. The evaluations have been used to reflect on and improve cluster performance and recommendations from the evaluations have been taken into account in development of nutrition cluster work plans for subsequent years in order to address gap areas and to further reinforce good practices.
- Close coordination between the Nutrition Cluster and UNICEF nutrition programme is critical in order to ensure alignment between sectoral and cluster coordination priorities. In Somalia the coordination mechanisms continue to evolve reflective of the changing political and governance arrangements in the country and the UNICEF Nutrition Section is closely involved in the sectoral approaches and joint programme development being pursued by the health sector.

5. Core function 1: Supporting service delivery

Nutrition service delivery in Somalia is guided by the Somalia Nutrition Strategy and the Basic Nutrition Services Package (BNSP) which is centered on a holistic life cycle approach (combining treatment and promotion), including management of acute malnutrition. These strategic documents have been endorsed by all nutrition cluster partners. The nutrition cluster uses the the SRP in project development process to ensure alignment of partner projects and service delivery strategies with the cluster's strategic response plan and priorities. As part of its guidance note to partners, the cluster has built into the CAP project scoring criteria a requirement considerations for duplication. At any stage during or after vetting if it is understood that a project duplicates another project, the nutrition cluster CRC will not accept the project. The nutrition cluster therefore encourages coordination amongst partners working the same areas to iron out any potential duplication and rationalize programme plans. In the event that there is a potential for duplication the cluster gives priority to the already

existing cluster partner with active programmes and in the 4W matrix/database. In addition, CAP projects are scored higher if there is a clear integration of BNSP activities in the CAP project sheets. The cluster uses its 4W matrix (Who does What and Where and When) and SC/OTP/TSFP, IYCF, NHHP databases on a monthly basis to track admissions and performance indicators by site. These tools and analysis generated from them is used in cluster meeting discussions at both national and regional level to identify potential overlaps, duplication and /or gaps in nutrition services.

In an attempt to maximize programme coverage, the cluster relies on regular assessments to inform partners and donors on which interventions need to be scaled up or down depending on the prevailing nutrition situation and in which priority locations. Though achieving 100% coverage has been a challenge - partly due to resource constraints and access limitations occasioned by the volatile security situation in some parts of the country, the cluster employs a number of strategies to bridge this gap. Most of the national NGOs have the capacity to access areas that are normally hard to reach for UN agencies and INGOs. The main issue has always been the weak capacity of some of these organizations to implement quality programmes and in some instances it's really difficult to monitor their activities. To address this, the cluster encourages partnerships between INGOs and LNGOs which enables transfer of skills to the local NGOs. To this effect a sizeable number of INGO's are already implementing through LNGO's and as such building their capacity. This also helps in resource mobilization for some regions that are ordinarily only covered by national NGOs but would face challenges in getting funds from institutional donors.

During the famine response in 2011, the Somalia Nutrition Cluster achieved rapid scale up of nutrition services across the country in order to deal with the increased caseload requiring nutrition services. However as the situation gradually improved in subsequent years, the size of the nutrition programme became disproportionate to actual needs and in many cases the number of nutrition sites were too many for the given caseload and nutrition situation in the respective regions while in other cases there were overlaps of IMAM services with some areas "over served" while others were relatively "underserved". Therefore in 2013, the cluster embarked on a consultative programme rationalization process to agree on district service plans for delivery of nutrition interventions and through this process, recommendations were made for selected partners to deliver services in each district based on their comparative advantage. Though a very tedious exercise, the nutrition cluster programme rationalisation has ensured that interventions are approved by the cluster based on the SRP priorities and also eliminates duplication hence minimizes wastage of resources. Presently the cluster delivers emergency nutrition interventions through 1,116 TSFP sites, 197 BSFP sites, 864 OTP sites and 30 SCs.

With the emergence of development oriented Joint Health and Nutrition Programme (JHNP) in some regions of Somalia, the nutrition cluster closely coordinates with JHNP and takes into account the Essential Package of Health Services (EPHS) service delivery plans in rationalizing and planning nutrition services in areas covered by JHNP. This helps to avoid duplication and gaps in service delivery across the various nutrition programmes.

Best Practice and Lessons Learned:

- As a good practice, the cluster continues to encourage partnerships between INGOs and LNGOs which allows transfer of skills while at the same time ensuring checks and balances in the quality of programmes.
- Regular trainings in emergency nutrition principles which is informed by an in-depth capacity assessment has enhanced the knowledge of partners on the best practices in nutrition interventions in emergency situations and also equipped and improved their familiarization with the Global Nutrition Cluster Harmonized Training Package on Nutrition in Emergencies.
- A consultative process for nutrition service planning and rationalisation of services is important in order to build ownership amongst stakeholders on the service plans. This helps prevent duplication whilst ensuring service gaps are well covered based on local realities.

6. Core function 2: Informing HC/HCT decision making

The nutrition cluster in Somalia has been using the Inter Cluster Working Group (ICWG) platform effectively to ensure that strategic priorities, concerns, recommendation for the nutrition cluster are adequately voiced for the attention of the humanitarian country team (HCT). The Inter Cluster Working Group (ICWG) is operational and meets regularly at the national level, convened by OCHA. The inter-cluster coordinator who operates between Mogadishu and Nairobi has a team which acts as the secretariat to the ICWG. The HCT meets on a regular basis and among other things they also discuss the concerns of the ICWG members and feedback is mostly provided. The HC also calls for *ad hoc* meetings with the ICWG members and this has always been an opportunity for the cluster coordinators to provide updates. The strategic response plan is guided by the inter-cluster priorities which eventually determines funding priorities for the different clusters. Nutrition information has for a long time been used as a key indicator for the prevailing humanitarian situation – an advantage that the cluster strategically uses in influencing key HCT decisions. The ICWG recently established a *triggers* working group in which three nutrition indicators were included, which are to be monitored on a quarterly basis and used to forecast the possible scenarios which are equally deliberated at the HCT level. Sharing of action points and minutes of the HCT meetings has improved significantly, more so within the UNICEF led clusters. The nutrition cluster has in place a systematic and data driven process for seasonal nutrition situational analysis and response planning during and in-between the Deyr and Gu seasons. The assessment process is coordinated through the Food Security and Nutrition Assessment Unit (FSNAU) which conducts bi-annual food security and nutrition assessments throughout the country with involvement of nutrition cluster partners at various stages of the assessment and analysis process. This helps ensure credibility in the assessment process, a common situational analysis and avoids duplication of efforts. In areas where FSNAU survey teams cannot access, the nutrition cluster mobilises local NGO partners to conduct MUAC assessments in order to ensure some level of understanding of the nutrition situation. These assessments are complemented by regular joint assessments organized by OCHA on a regular basis - especially in the newly liberated areas where access has somehow improved. The outcome of these assessments are then used in estimating needs, contingency planning and for projection of resource requirements to enable a comprehensive nutrition response. Based on findings from the seasonal assessment, the nutrition cluster engages in joint planning and formulation of priorities with the critical nutrition sensitive clusters i.e. food security, WASH and health to develop joint contingency and response plans.

Best Practice and Lessons Learned:

- As a best practice, the cluster to continue advocating for joint assessments by agencies operating in the same area, results of which are vetted by the Assessments and information Working Group (AIMWG) to limit duplication of assessments and ensure that the results are acceptable and used widely.

- Having a common nutrition situational analysis linked to a clear analytical framework and response planning is important to ensure credibility of the analysis and for avoiding duplication of efforts.
- Regular dialogue with the HC/HCT is important to ensure nutrition priorities remain on the agenda and having an evidence based situational analysis process helps in ensuring priorities are informed by actual needs.

7. Core function 3: Planning and development of the strategy

The Somalia nutrition cluster's 2014 strategic response plan is a continuation of the three-year (2013-2015) CAP strategic response plan which seeks to provide an integrated life-saving and resilience strengthening assistance to people affected by the protracted crisis in Somalia. The 2014 nutrition cluster strategic response plan projected 756,000 people to be in need of nutritional support. Of this number, the nutrition cluster targeted provision of nutrition services to 660,000 people. The total resource requirements for implementation of the cluster response plan was estimated at \$99 million. The three year SRP was developed through a consultative process conducted with various stakeholders across the three zones of Somalia. The review of the strategic plan is on a yearly basis and the cluster through SAG ensures participation of members at the regional level. Development of the cluster strategic plans are influenced by situational analysis generated through the bi annual Gu and Deyr food security and nutrition assessments. These assessments are used to generate, adjust and make projections of caseload targets for the nutrition cluster.

The overarching strategies in the cluster plans are derived from the Somali Nutrition Strategy, IYCF Strategy and Action Plan, Micronutrient Strategy and Action Plan and the Basic Nutrition Services Package (BNSP). The Cluster uses a variety of response strategies to best match the vulnerable populations being treated. The main target beneficiaries are boys and girls, 6-59 months, pregnant and lactating women. The cluster focuses on basic life-saving activities as well as resilience building activities. For curative services, partners use mobile and fixed sites (SC/OTP/TSFP) for service provision. In pastoral communities, mobile nutrition services are deployed along migratory routes to best serve the population mainly in the northern zones.

In addition to the international guidelines, the cluster uses the Somalia national IMAM guidelines/protocol and response plan indicators. The 3W matrix (Who does What and Where) SC/OTP/TSFP database is used on a monthly basis to track admissions and performance indicators by site.

Best Practice and Lessons Learned:

- Having a three year strategy but also allowing for flexibility in revising targets and funding estimates helps in covering gaps as well re-prioritization based on the present situation.
- It is important during transitional periods for the nutrition cluster to be actively engaged in dialogue around sector wide approaches to ensure good positioning of the cluster in emerging coordination arrangements.

8. Core function 4: Monitoring and Evaluation

Monitoring and evaluation remains challenging in Somalia in particular in CSZ due to access constraints. Whenever possible, field missions are organized in CSZ, to meet with partners and monitor implementation and in inaccessible areas the cluster partners rely on third party monitoring

mechanisms. Monitoring tools and systems have been put in place in each zone to identify gaps in partner performance and reporting, as well as identify opportunities for improving capacity building and programme quality. The cluster maintains SC/OTP/TSFP, IYCF, NHHP databases and monitors progress of programme implementation using SPHERE standards for the treatment of acute malnutrition, including cure rates, defaulter rates, death rates, non-respondents rates, amongst others. The cluster level output indicators which are based on the SRP monitoring framework are monitored more frequently through the humanitarian dashboard which is submitted to OCHA on a monthly basis. At the operational level, the nutrition information system provides greater details on projects, including regional and district level breakdowns of targeted beneficiaries and outcome indicators. These are shared regularly at the AIMWG and feedback provided on a monthly basis during the cluster meetings. These are also circulated to the cluster membership and any corrective measures are communicated to individual agencies.

Organizations which have the capacity to conduct surveys i.e. SQUEAC are encouraged do so with technical support from the AIMWG and thus are able to establish their individual programme coverage.

The reliability of data on response reported in standard reporting and monitoring tools is enhanced through third party monitoring. UNICEF, WFP and OCHA (for CHF) uses this to monitor partner projects in inaccessible areas to ensure that guidelines and protocols are adhered to. In areas where access is less challenging, field supervision is the primary monitoring tool. Feedback from beneficiaries is actively sought and acted upon. In partnership with the UN Somalia Risk Management Unit (RMU), screening of partners' capacity and reliability was thoroughly conducted and the feedback is currently the selection of partners.

The 2013 cluster performance evaluation results showed that the cluster met its mandate (core functions) and of ensuring accountability to affected populations through national response to humanitarian emergencies. Partners felt the cluster also largely met its mandate of clarifying the division of labour among organizations and helped define their roles and responsibilities within the different technical areas of emergency nutrition response.

Whilst great work has been done in Somalia crises, further work is necessary in strengthening the understanding of the cluster role amongst partners to ensure roles, responsibilities, accountabilities and standards are understood and adhered to and respected by all partners.

Best Practice and Lessons Learned:

- Including a standard presentation during cluster meetings on the best and worst performing partners in reporting has greatly improved reporting rate and quality – up to 90% up from about 30% in 2011/12.

9. Core function 5: Preparedness and contingency planning

With support from ECHO, the nutrition cluster together with the WASH cluster has developed a joint emergency preparedness and response/contingency plan which is expected to sustain the capacity of Government and other humanitarian actors to prepare and respond in an effective and timely manner when emergencies occur. The contingency plan references how by who and when action should be initiated based on the scenario trigger indicators and intervention trigger indicators. Development of the plan has been closely coordinated with the Government disaster management agencies to ensure alignment of the plans with national disaster preparedness and management strategies and plans.

Development of the preparedness and contingency plans was a highly consultative process. The plan is based on a desk review, consultative and validation workshop, cost modelling and mapping exercise. Key hazard trigger indicators and threshold values were identified by participants from the consultative and validation workshops and were verified by the relevant experts from the existing early warning systems like SWALIM and FEWSNET. The document also outlines the nutrition and WASH interventions that require collaboration between partner agencies and these are: - community acute water diarrhoea (AWD) through mobilisation, training, counselling and promotion of nutrition, hygiene and health; Distribution of hygiene and sanitation kits; and Awareness raising/early warning.

As part of its rollout of Nutrition in Emergencies regional trainings as a product of the 2011 capacity assessment⁴, the nutrition cluster has been developing the capacity of government MoH, disaster management agencies and other nutrition cluster partners in nutrition emergency preparedness and contingency planning. In coordination with the Inter Cluster Working Group (ICWG), the nutrition cluster regularly conducts joint contingency planning exercises with some of the key clusters e.g. food security in response to early warning information and alerts on the food security and nutrition outlook. The joint contingency plans have been a useful tool for advocacy to the HCT.

Best Practice and Lessons Learned:

- Development of joint sectoral preparedness and response plans minimizes duplication and takes into account both nutrition specific and nutrition sensitive aspects. Can also be used in joint resource mobilization.

10. Core function 6: Advocacy

The nutrition cluster has in place a systematic and data driven process for seasonal nutrition situational analysis and response planning during and in-between the FSNAU *Post Deyr* and *Post Gu*⁵ seasons. The cluster uses findings from these seasonal assessments to contribute to the HC/HCT messaging and action on nutrition needs in the country. The nutrition cluster uses the ICWG platform effectively to flag issues and concerns that require the HC/HCT attention. In addition the cluster coordinator routinely schedules meetings with the HC to update on the cluster activities and have detailed discussions on issues of concern.

The cluster regularly contributes to the OCHA led inter-agency assessment reports in which nutrition response is included in the subsequent interagency position papers i.e. the 2014 three months operational plan. This strategy has been instrumental in highlighting nutrition as a key lifesaving intervention which has to be prioritized during any humanitarian response. In addition the cluster regularly contributes to various SITREPs ensuring that the nutrition issues remain on the humanitarian agenda.

The cluster also convenes special meetings of the Strategic Advisory Group (SAG) and donors, with the main aim of outlining the nutrition funding and supply pipeline situation as well as to strategize on key issues for the cluster. In the recent past, some of the issues discussed during such meetings include: - Joint advocacy on priorities and needs; Joint strategic engagement in capacity development efforts; Coordinated planning of district caseload targets and mapping of resources to avoid duplication of efforts amongst different programmes; Joint needs identification and prioritization of areas where

⁴ The capacity assessment was conducted for partners and government. A capacity development strategy is to be developed in 2014/2015.

⁵ FSNAU conducts biannual assessments which are widely used by the clusters, the HCT and donors in decision making.

cluster members should focus their efforts; Supply pipeline management and alternatives for cluster partners.

Through the interagency platform, the cluster has been very instrumental in advocating for the pooled funding mechanisms by providing analysis of the nutrition situation and highlighting the possible outcomes if nutrition interventions are not prioritized. So far up to \$7M has been allocated for nutrition response within the CERF and CHF funding mechanisms in 2014.

The nutrition cluster regularly produces and widely disseminates a quarterly nutrition cluster bulletin which highlights key issues pertaining to the cluster and other cross sectoral considerations.

Having all the information available on the humanitarian.hr website as well as a cluster specific twitter handle, have also been critical media for advocacy and dissemination of information.

Best Practice and Lessons Learned:

- Cluster and donor meetings are very beneficial e.g. one held in March 2014 in which ECHO stepped in to cover some of the funding gaps for the nutrition programme supply pipeline.
- Regular dissemination of cluster bulletins and position papers is an important practice to ensure that the nutrition cluster needs and priorities remain on the agenda.