

Somali Nutrition Cluster Integrated Famine Prevention Package: Somalia country actions

Global Nutrition Cluster Annual Meeting

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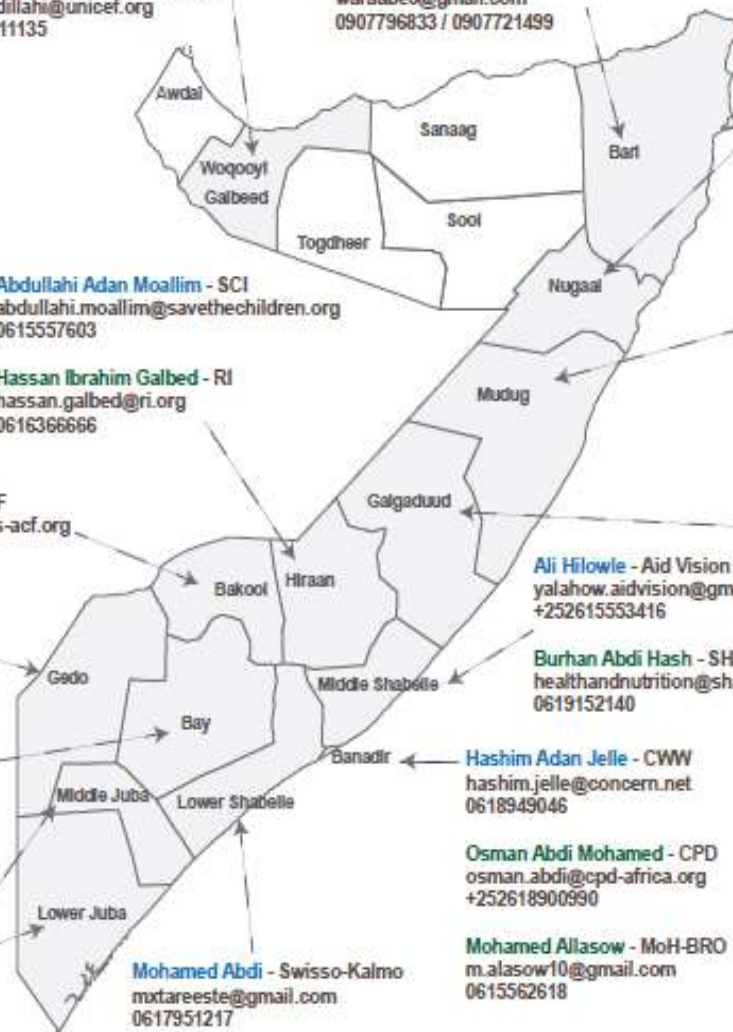
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■ Region Chair-Person
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Somalia Humanitarian Context - Risk of famine persists

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

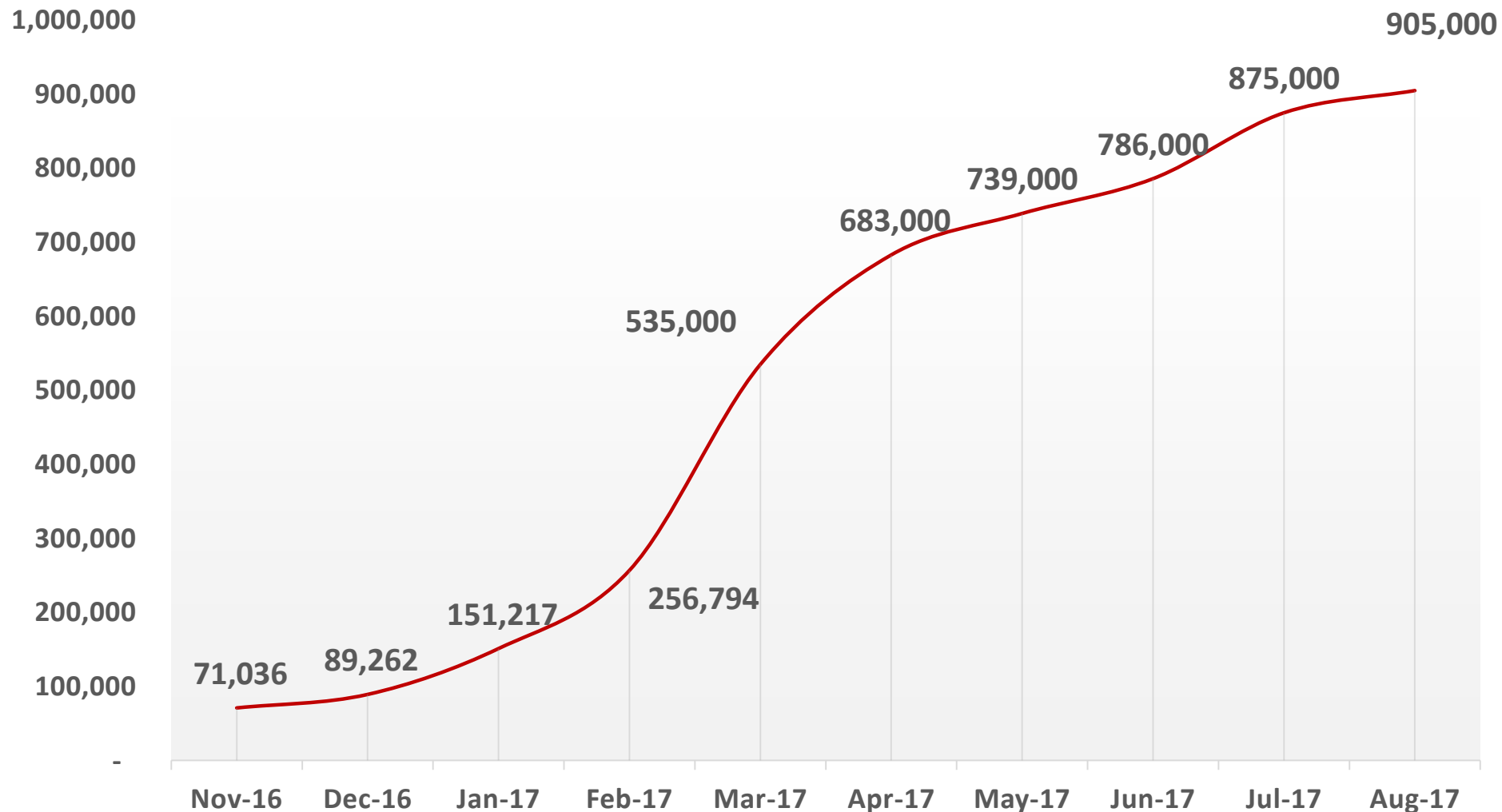
Refugee returnees | Access challenges

Trends in humanitarian needs and outlook for 2018



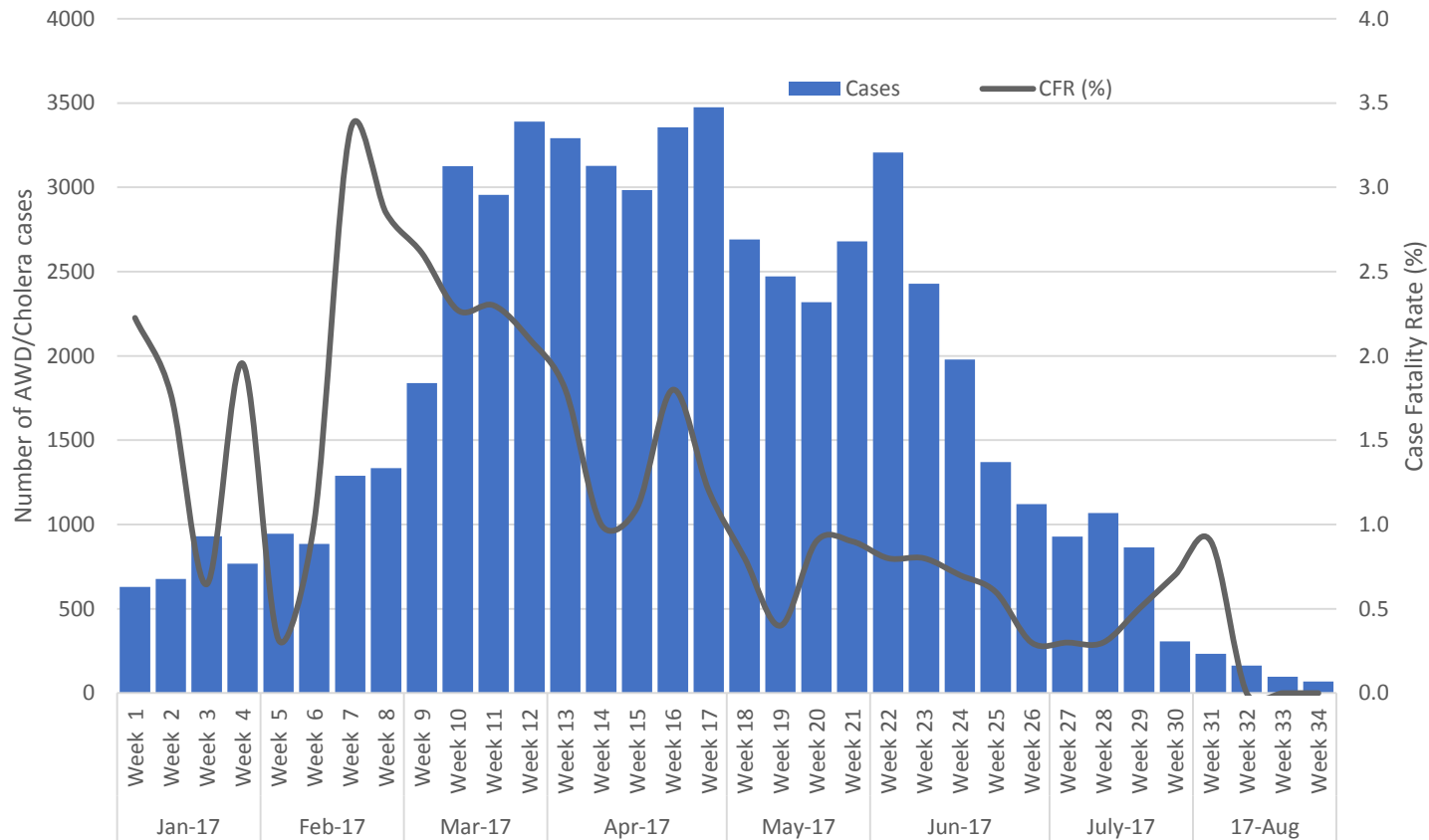
Somalia Humanitarian Context - Risk of famine persists

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

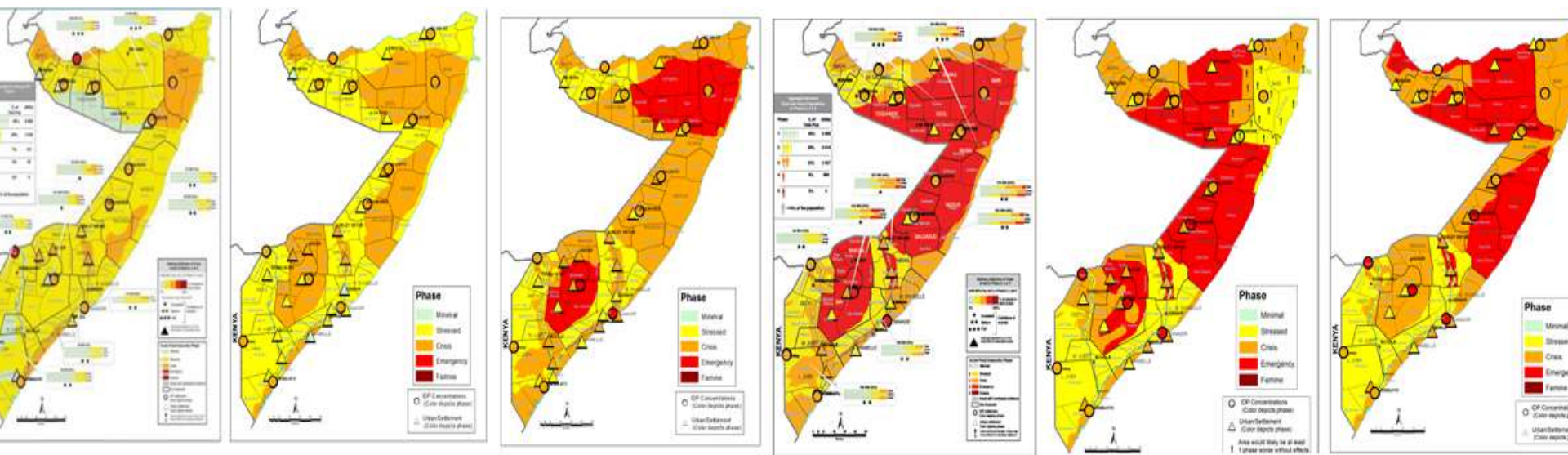


- Nearly **77,360** AWD/cases in 2017, incl. **1,157** deaths
- More than **16,000** suspected cases of measles in 2017
- About 1.2 million burden of acute malnutrition



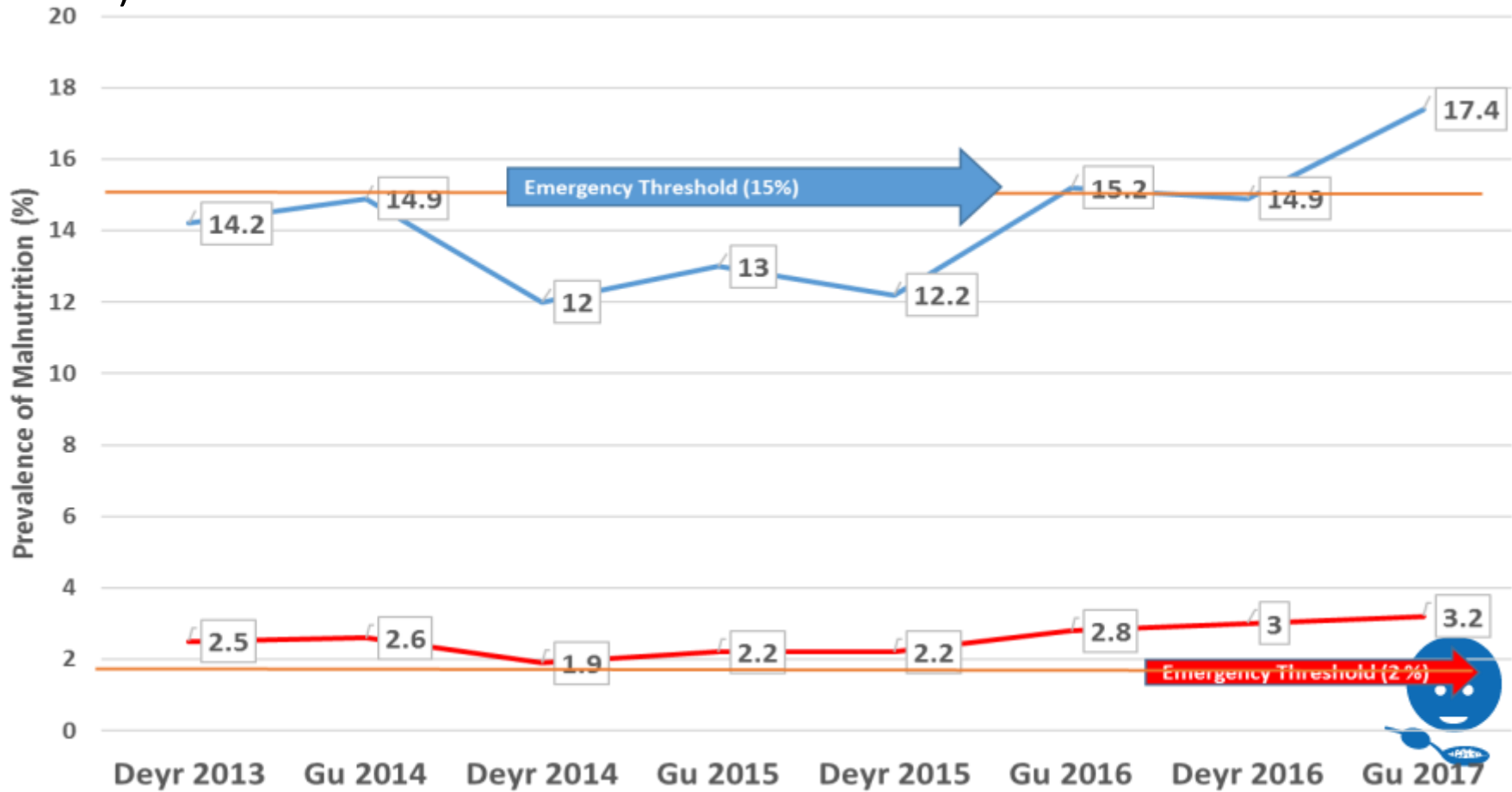
Somalia Humanitarian Context - Risk of famine persists - **MALNUTRITION**

- 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)



Somalia Humanitarian Context - Risk of famine persists- Widespread acute malnutrition continues to persist across Somalia.

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

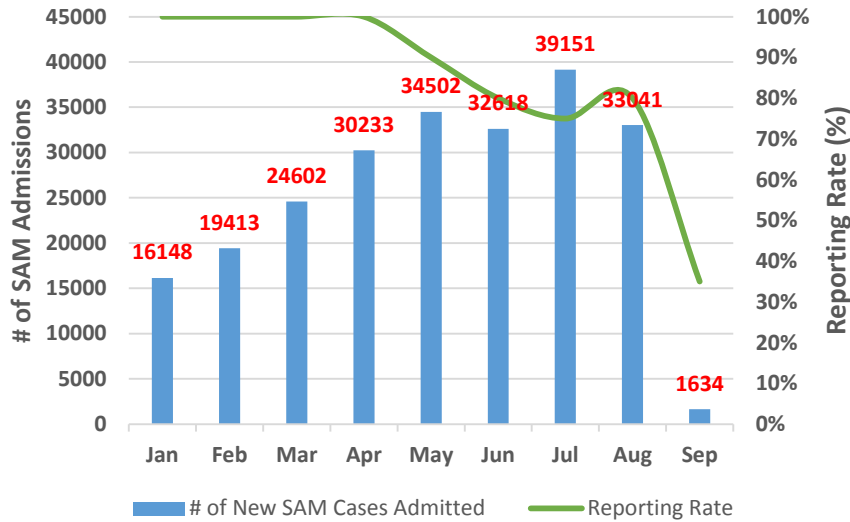
STRATEGIC PRIORITIES

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

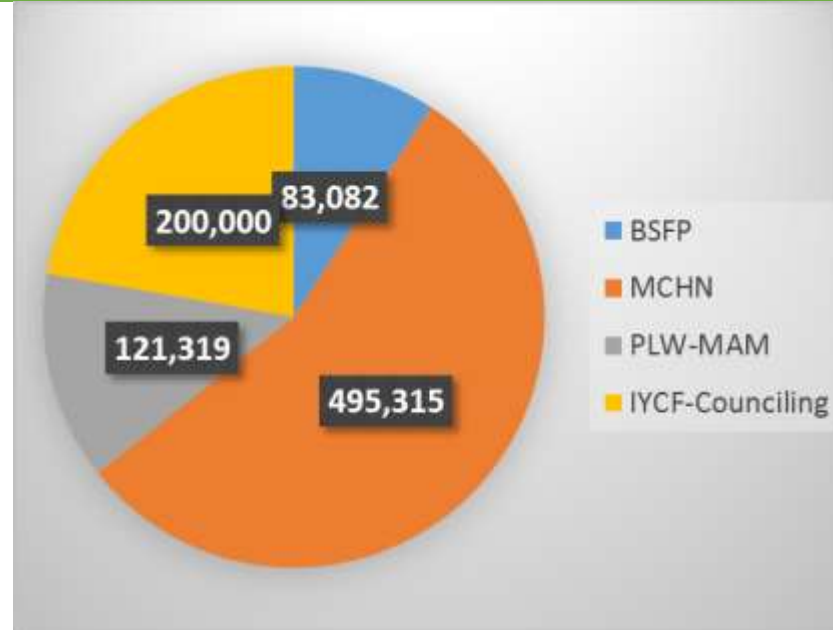
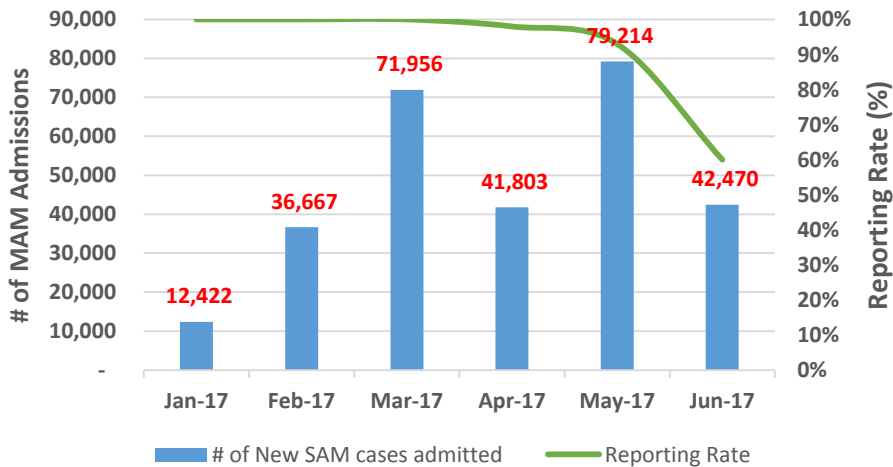
- 🧠 Strengthen lifesaving preventive nutrition services for vulnerable population groups
- 🧠 Improve equitable access to quality lifesaving curative nutrition services
- 🧠 Establish integrated nutrition programs between and across relevant sectors

NUTRITION CLUSTER ACHIEVEMENTS IN 2017 (Famine prevention) – 1.3 Million Beneficiaries Reached

231,342 - Severe Acute Malnutrition Admission



284,532 - Moderate Acute Malnutrition Admission



899,715 beneficiaries reached with preventive programs till End May 2017



Integrated programming pre-Rome



Somali Federal Republic
Ministry of Health & Human Services



HEALTH
CLUSTER
SOMALIA



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 Banadir, 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/Benadir and vulnerable communities in disputed areas of Togdheer (Buhodle) and Sool(Taleh) under the NGO umbrella

44189 Health & Nutrition services delivered

10679 children screened for malnutrition

3768 hygiene kits distributed to families

4641 AWD consultations

31594 reached with health & hygiene education sessions

Next Steps

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

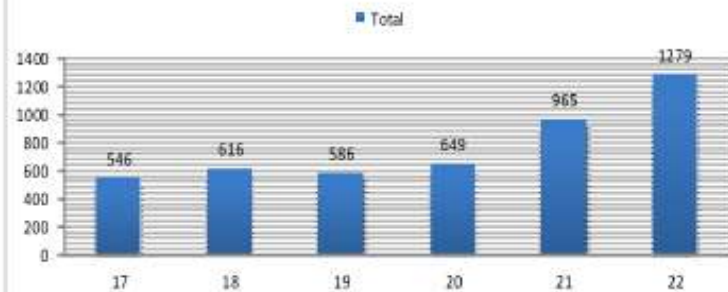
Integrated Emergency Response Teams (IERTS)

For life saving Health, WASH & Nutrition interventions
Report 1:Week 17- Week 22

AWD Cases in regions where IERT are deployed



AWD Consultations by epi week

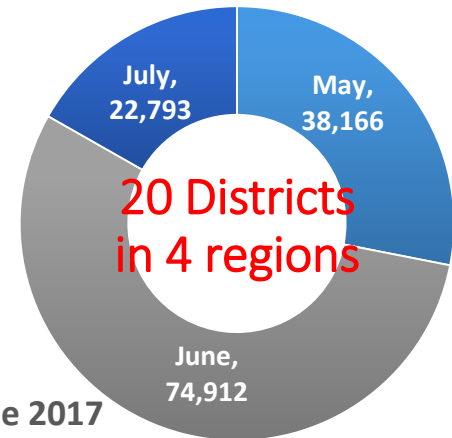
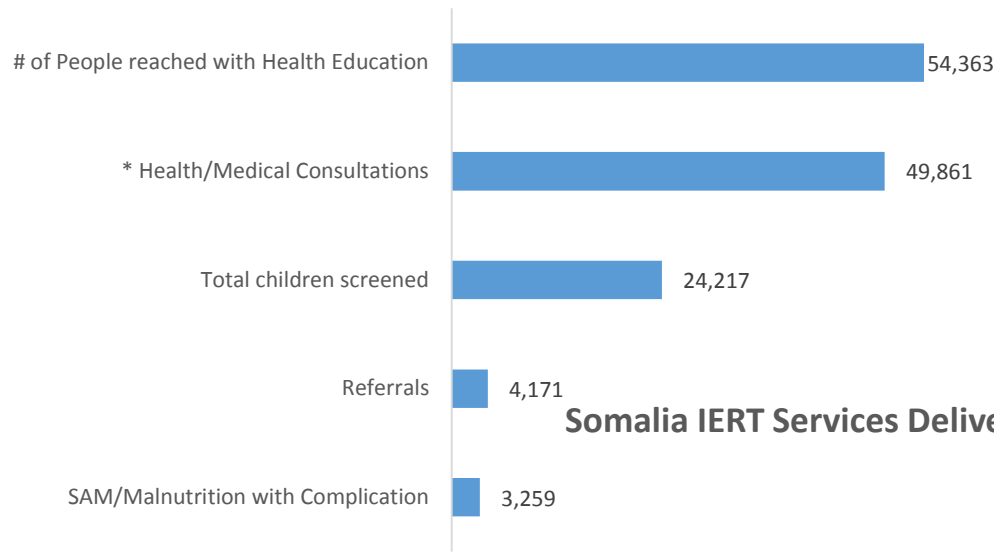


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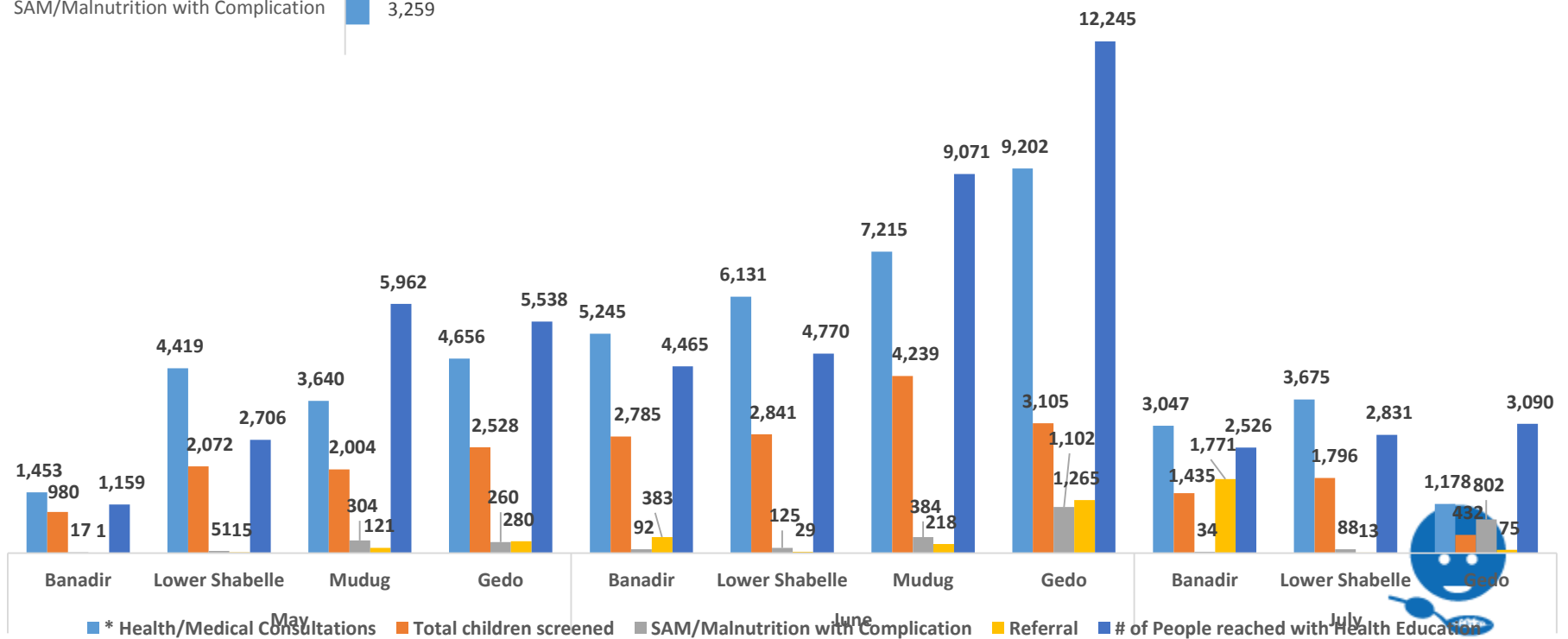


Integrated programming Post-Rome

Somalia IERT Services Delivered, May to July 2017



Somalia IERT Services Delivered, May to June 2017



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

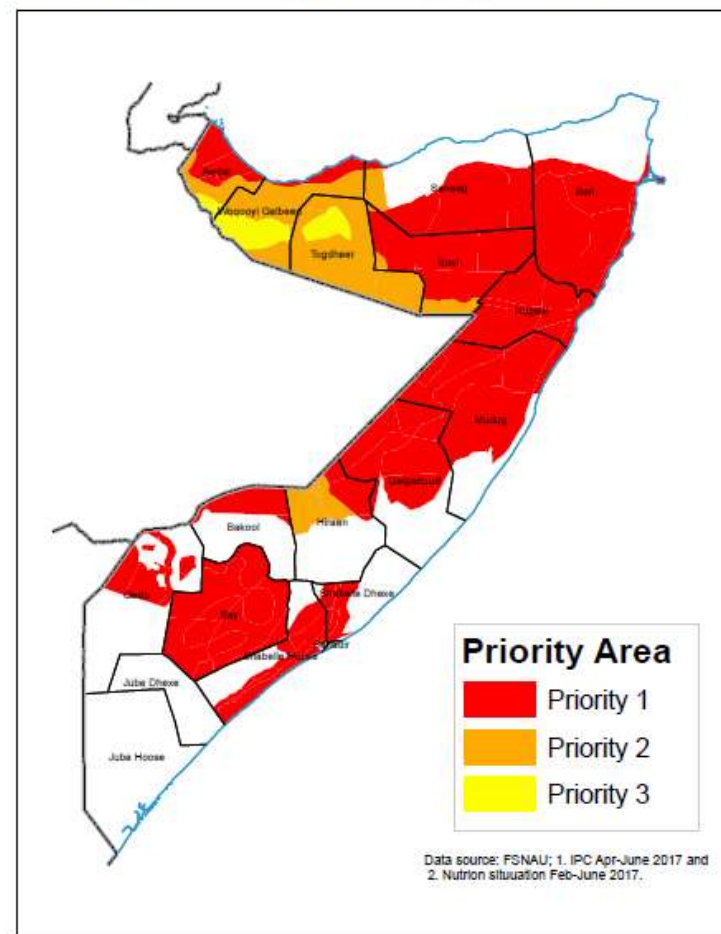
- **Global Meeting** lead by EDs in Rome – 25/26 April 2017/Global call for action - May 2017
- Somalia Lead agencies, partners and ICCG **consultation** with development of **plan of action** (POA) – May 2017
- **Somalia IERT and FSN Initiative** – May 2017
 - De-briefing partners; lead agencies (UNICEF, 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 (UNICEF, FAO and WFP), De-briefing of successful outcome of moving forward success on funding of SHF towards inter IERT – WASH, Health and Nut
- The Somalia nutrition and FSC finalized to the three lead agencies (attached)
- The Somalia nutrition and FSC have been priority area with help of FSNAU
- The FSC consolidate the protocol and the Emergency Response Team (IERT) in the ongoing initiative of the IERT of three
- The current allocation of SHF (12 million line of IERT) where food security cluster the three cluster initiative

SOMALIA: IPC FOOD SECURITY AND NUTRITION PRIORITY AREAS



Progress – specific on IERT

Integrated Emergency Response Teams (IERT) for lifesaving Health, WASH and Nutrition

2 April 2017

Background

Health

- In Somalia, the current AWD/cholera outbreak has affected more than 20,317 with over 469 deaths (CFR=2.3%).
- More than 51% of these cases are in one (1) region – Bay and over 90.6% in five (5) regions of Bay, Bakool, Gedo, Benadir, and Lower Shabelle.
- Weak health system capacity and limited partners' presence on the ground (Insecure areas) has also compromised the quality of case management.
- In Bay and Bakool regions, above 65% of affected communities are rural/IDP communities which had limited access to basic health services.
- Most of the current functional health facilities are located within urban and accessible areas in Bay, Bakool, Gedo, Lower Jubba and Middle Jubba.
- The outreach services are extremely limited and almost in-existent in some districts which have reported high AWD/Cholera cases/death.

WASH

- Depletion of water sources, lack of sanitation facilities and inaccessibility has led to sharp increase in AWD cases particularly in Bay, Bakool, Banadir, gedo and lower Shabelle.
- In Bay and Bakool regions, above 65% of affected communities are rural/IDP communities which had limited access to basic health and WASH services.
- Water prices have increased beyond the reach of many, hence they result to use of unsafe water increasing their risk of AWD/Cholera infections.
- Limited WASH partners' presence on the ground in insecure areas has also compromised provision of WASH services beyond the urban areas.
- Inadequate quantity and quality of water due to drought across the country, and inaccessibility due to ongoing conflicts remain the major drivers of this outbreak.

Nutrition

- Nutrition situation is dramatically deteriorating in most places of the country than originally anticipated.
- 45,280 Severe Acute Malnourished (SAM) cases have been admitted since January till Mid-March; while 50,963 Moderate Acute Malnourished (MAM) cases reached during the same period. Similarly, 14,365 malnourished pregnant and lactating women (PLW) have been served with lifesaving therapeutic services.
- This makes the total malnourished beneficiaries reached as part of nutrition cluster pre-famine scale up plan to be 110,526 while the total beneficiaries under therapeutic program currently is 230,233 cases – the highest ever of all times in the same period.
- Comparison of malnourished cases admitted to treatment service during same period of last year with this year indicates over 200% admission overall with the top five admission areas being Kismayo, Afogye, Luuq, Bardera and Daynile for SAM while Galkayo, Weyanweyn, Jona, Baldoq, and Lisanod are top five district for MAM admission.

Objectives

The KEY objective of these team is to ensure access to integrated lifesaving health/WASH/Nutrition services to vulnerable and most affected communities in rural areas and villages of Somalia.

🗣️ 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

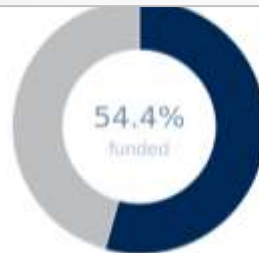
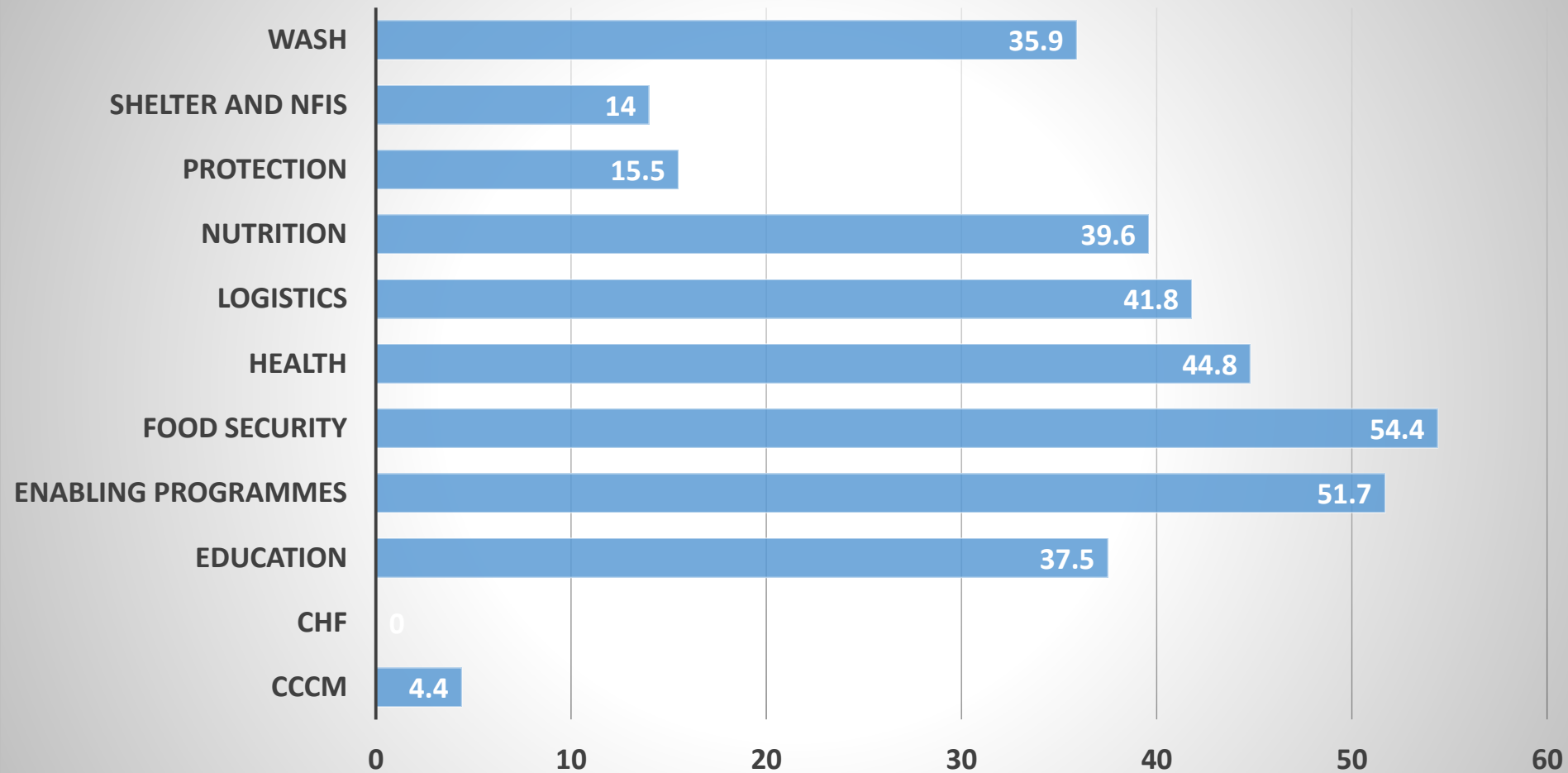


Challenges

- 🧠 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



Somalia 2017 HRP Funding



US\$1.1bn overall funding to Somalia in 2017

of which US\$20.3m appeal funding received of the US\$1.5bn requested

US\$898.6m still needed to fund this response plan/appeal



Context & lessons learned

- 🧠 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 and 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

