Somali Nutrition Cluster
Integrated Famine Prevention Package: Somalia country actions

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Somalia Nutrition Cluster Structure

**Nutrition Cluster Team**

**Samson Desie** - Cluster-Coordinator  
sdesie@unicef.org; samson.desie@gmail.com  
Mogadishu: +252 617924174  
Somaliland: +252 633678558  
Kenya: +254 708155229

**Naema Hirad** - Deputy Cluster-Coordinator  
nnaema.hirad@wfp.org  
+252 619964796  
+254 711946561

**Abdullahi Nur Aden** - Nutrition Specialist  
anaden@unicef.org  
+252 619993999  
+254 729271966

**Sarah Oteri** - Information Management Officer  
soteri@unicef.org  
+254 724558961

**Mohamed Biely** - IM Specialist  
mbiely@unicef.org

**Dr Ahmed Jama** - MoH  
drahme63@gmail.com  
0634300240

**Mohamed Sh. Abdilahi** - UNICEF  
mshabdilahi@unicef.org  
0634211135

**Abdirahman Ahmed Muse** - SCI  
Abdirahman.Muse@savethechildren.org  
0907790240

**Said Mohamed Waraabe** - MoH  
warabe@gmail.com  
0907796835 / 0907721499

**Mohamed Isse Mohamud** - UNICEF  
mimohamoud@unicef.org  
0907797825

**Ahmed Dahir Ali** - CESVI  
nutritionssomalia@cesvioverseas.org  
0907780840

**Mohamed Hareed** - SRDO  
sdrrfro_org@yahoo.com  
0907780395

**Mohamoud Jama** - SCI  
Jama.Mohamoud@savethechildren.org  
+252907752925

**Abdinasir Ibrahim Ahmed** - MoH  
cabdinasa10@hotmail.com

**Ali Hassan Maalim** - ACF  
fieldco-hu@so.missions-acf.org

**Abdiwali Mohamed Mohamud** - UNICEF  
ammohamud@unicef.org

**Abdulrahman Ibrahim Abd** - Swisso-Kalmo  
baynutritioncluster@gmail.com  
0615486688

**Dahir Mayo Muktar** - SOS  
daaahir.mayow@gmail.com  
0615010005, 0619670000

**Muhuba Gedi** - CARE  
muhuba.gedi@care.org  
0617800879

**Ahmed Asayr Haji Mohamud** - MoH  
ljmnomoh@gmail.com  
0618459226

**Ali Mohamed** - WARDI  
musiliini2003@yahoo.com

**Hashim Adan Jelle** - CWW  
hashim.jelle@concern.net  
0618949046

**Osman Abdilahi Nur** - TUOS  
towfiqorg@hotmail.com; towfiqfng@hotmail.com  
0615684840

**Osman Abdilahi Mohamed** - CPD  
osman.abdilahi@cpd-africa.org  
+252618900550

**Mohamed Alasow** - MoH-BRO  
m.alasow10@gmail.com  
0611562618

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**Contact**  
Samson Desie - National Cluster Coordinator (samson.desie@humanitarianresponse.info)

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Sept. 2017  
Sources: Somalia Nutrition Cluster Partners  
Contact: Samson Desie - National Cluster Coordinator (samson.desie@humanitarianresponse.info)
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.
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).
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

899,715 beneficiaries reached with preventive programs till End May 2017
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 taskforce 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/Banadir and vulnerable communities in disputed areas of Gedo (Buhodie) and Sooq (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

For additional information, contact: Dr. Mohamed Osman Mohamed "Nasim"-IERT Coordinator- Nasim114@gmail.com
Integrated 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

**Somalia IERT Services Delivered, May to June 2017**

- May, 38,166
- June, 74,912
- July, 22,793

**20 Districts in 4 regions**

**Banadir**
- May: 1,453
- June: 3,090
- July: 1,178

**Lower Shabelle**
- May: 1,771
- June: 3,675
- July: 1,178

**Mudug**
- May: 1,796
- June: 3,047
- July: 432

**Gedo**
- May: 3105
- June: 9,202
- July: 1,265

**Districts**
- 20 Districts in 4 regions

**Referrals**
- May: 17
- June: 51
- July: 304

**Children screened**
- May: 260
- June: 280
- July: 29

**Integrated programming Post-Rome**
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 ICCG on the initiative with successful outcome of moving forward success on funding of SHF towards implementation of IERT – WASH, Health and Nutrition.

- The Somalia nutrition and FSC finalized the joint priority area with the help of FSNAU.

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

- The current allocation of SHF (12 million) is predominantly aligned with the IERT where food security cluster is integrated into the three cluster initiative.
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 teams, 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

- WASH: 35.9%
- SHELTER AND NFIS: 14%
- PROTECTION: 15.5%
- NUTRITION: 39.6%
- LOGISTICS: 41.8%
- HEALTH: 44.8%
- FOOD SECURITY: 54.4%
- ENABLING PROGRAMMES: 51.7%
- EDUCATION: 37.5%
- SHELTER AND NFIS: 0%
- CCCM: 4.4%

54.4% funded

US$1.1bn overall funding to Somalia in 2017
of which US$820.3m appeal funding received
of the US$1.5bn requested
US$680.6m 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 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
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Affected population