



## 2022 Drought Response: Action Against Hunger, Somalia's Experience

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*Hosted by the Nutrition subgroup*



## Speaker and Moderator



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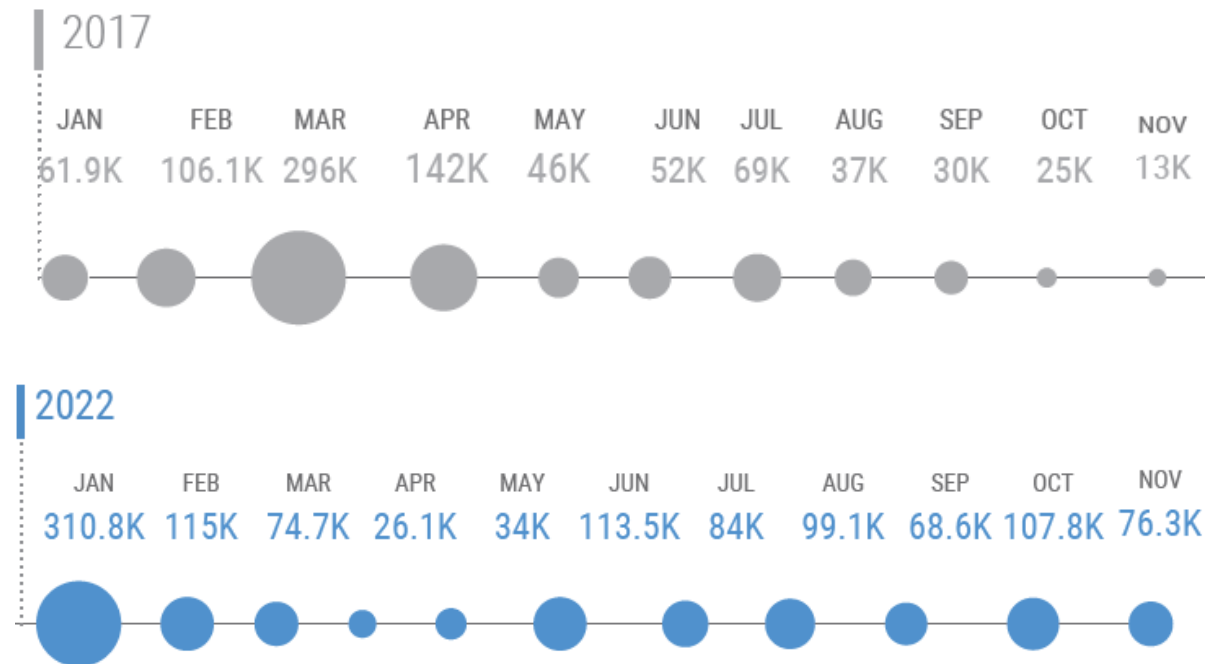
# Outline

- **Somalia Humanitarian Context,**
- **Health & Nutrition Cluster System,**
- **Somalia Nutrition Policy & Guidelines.**
- **Action Against Hunger, Somalia Presence,**
- **ACF Nutrition Technical Capacity**
- **Supportive Interventions: Drought Response Packages**
- **ACF Nutrition Trend Comparison 2021, 2022, & 2023**
- **Preventive Measures In Place**
- **Partnership & Coordination: Integrated First Line Response Pilot,**
- **Impact of CHW in Emergencies,**
- **Role of Key Stakeholders**
- **Challenges & Mitigation Measures,**
- **Lesson Learnt,**
- **Our Donors.**

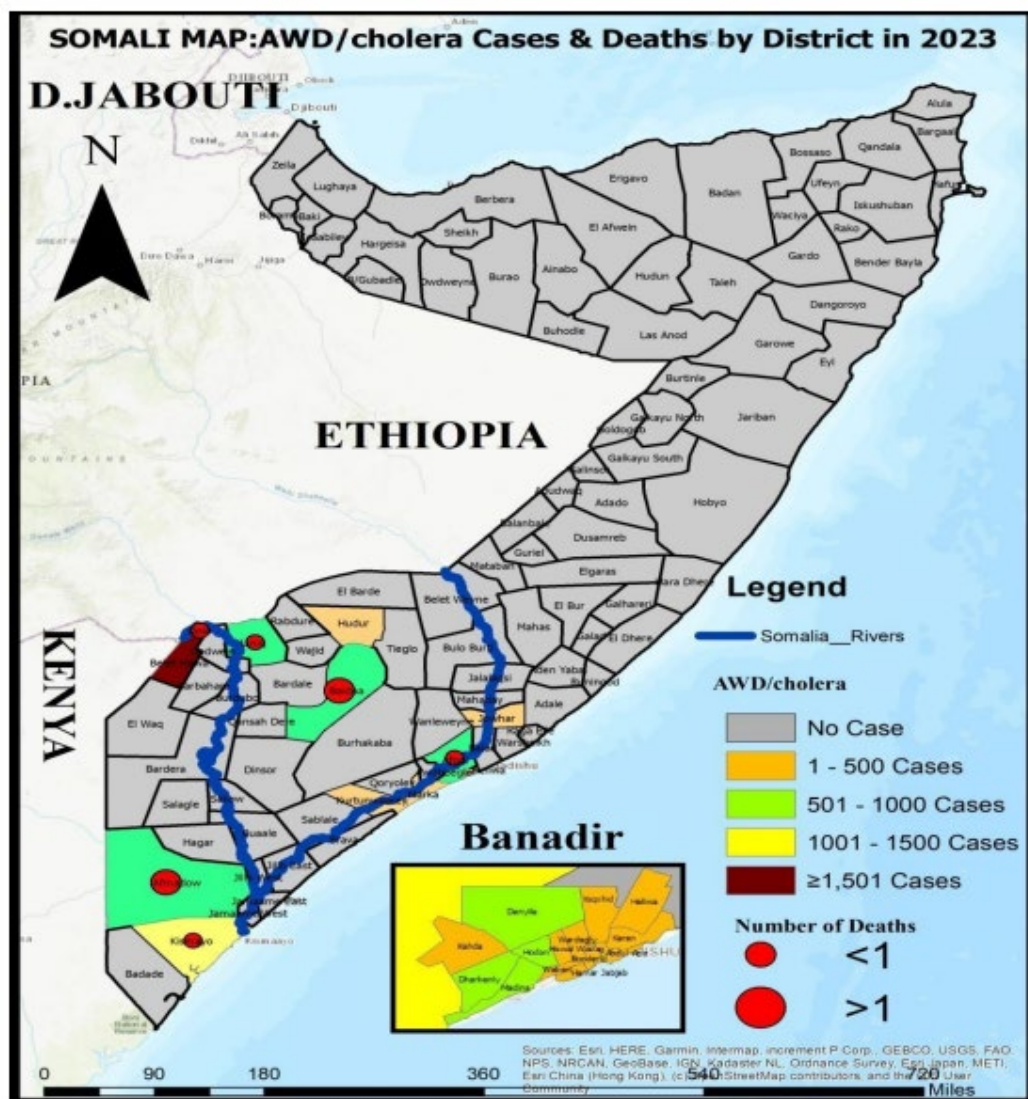
# Somalia Humanitarian Context

- Fragile health system & institutional capacity.
- Over **1,266,050** were displaced in 2022. **86.45%** and **10.81%** were due to drought and conflicts, respectively.
- More than **1.8 million** children suffer from acute malnutrition including **477,700** who are likely to be **severely malnourished**
- **Four in 100 Somali children die during the first month of life, eight in 100 before their first birthday, and 1 in 8 before they turn five.**
- Climate Induced Drought following fifth consecutive rainy fail ure.
- National level Global and Severe Acute Malnutrition (FSNAU February 28, 2023)
  - **GAM rate: 15.4%**
  - **SAM rate: 2.6%**

Comparison: 2017 & 2022 Trend of Drought-Driven Internal Displacement





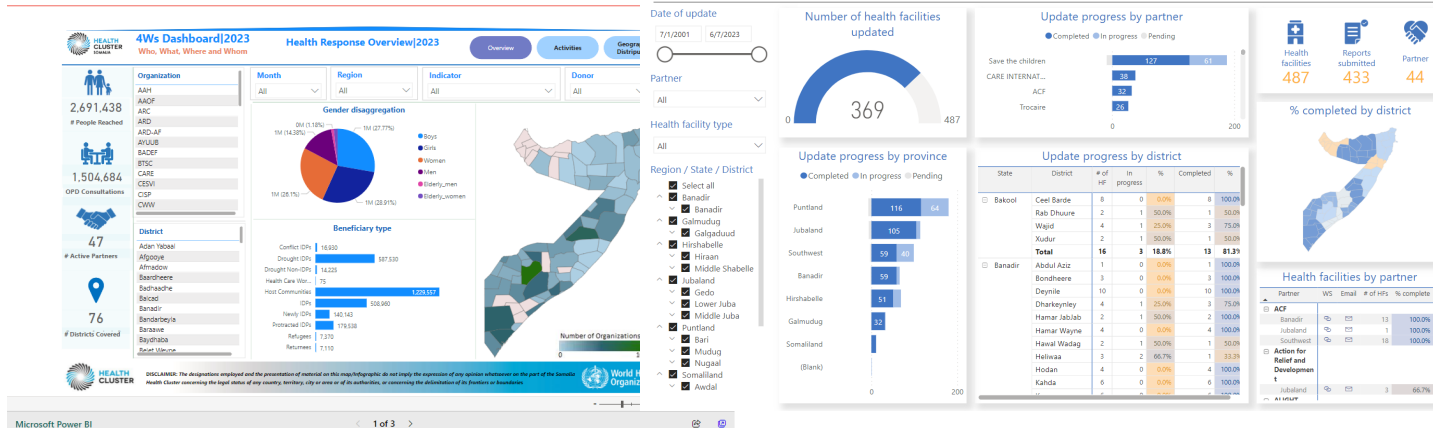


Cont...

- Fragmented donor support and majority of services provided by NGOs/private sector.
- Limited reach of Humanitarian Intervention in some parts because of Insecurity due to presence of None State Actors
- Recurrent Disease Outbreaks e.g. AWD/Suspected Cholera, Measles
- In Bakool, Bay, Banadir, Lower Shebelle, Mudug, and Gedo, assessment showed, key health issues, suspected malaria **(30%)**, diarrhea **(20%)**, and acute respiratory infection **(15%)**

District	GAM		SAM		Data source
	Baseline	Endline	Baseline	Endline	
Hudur	19.1%	16.5%	4%	3.5%	ACF SMART
Wajid	15.9%	11.2%	3%	1.9%	ACF SMART
Elbarde	24%	29.5%	3.6%	8.4 %	ACF SMART

## 4Ws Health Live Dashboard | 2023



## Nutrition services provided | Overall Beneficiaries Reached

[January 2023 - April 2023]

**1.4M** Overall People reached

**204,675** SAM Admission

**441,387** MAM admission (child...)

**160,844** MAM admission (PLW)

**685,379** IYCF Counselling

**606,094** BSFP Reached

**23,944** MCHN Reached

**95,041** MNP Reached

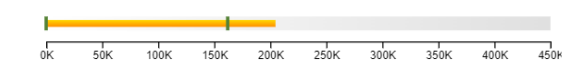
**154,097** Vitamin A Reached

**1.4M** Overall People reached

### SAM U5 Children Admission

| 0.46M SAM Annual Target (2023)

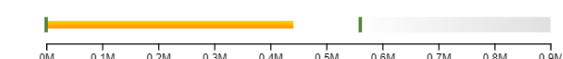
**205K** 44.10%



### MAM U5 Children Admission

| 1.27M MAM Annual Target (2023)

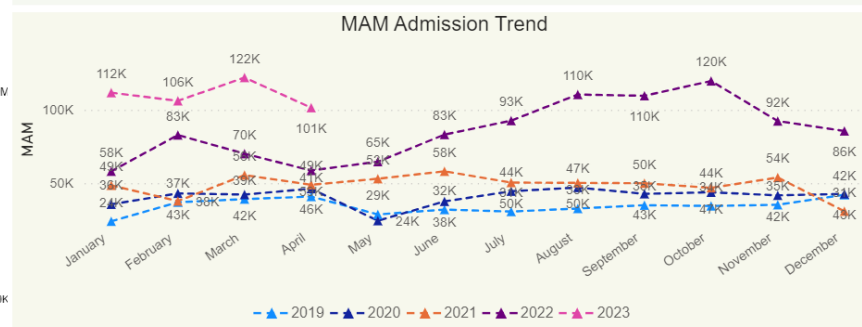
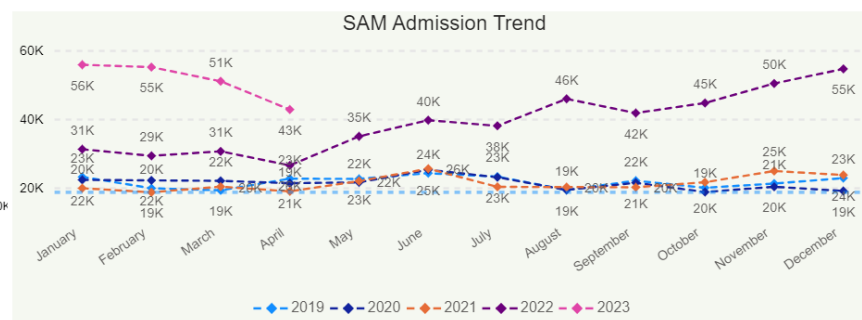
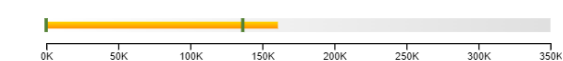
**441K** 34.70%



### PLW MAM Admission

| 0.4M PLW MAM Target (2023)

**161K** 39.95%



# Health & Nutrition Cluster System

- Bi-weekly and Monthly Coordination forums at different levels, including.

- National Level,
- State Level,
- Regional Level
- Working Groups

- Nutrition: MIYCN, IMAM, AIMWG

- Health: RH, Mental Health, EPI

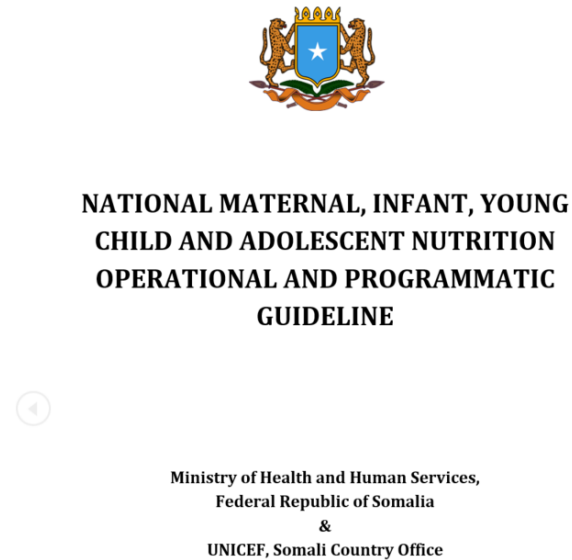
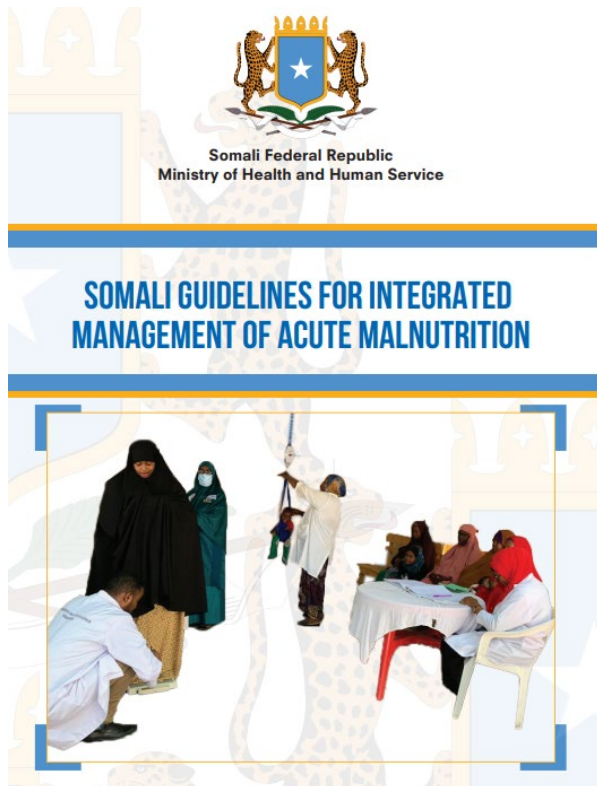
- Health System:

- Regional & District Health Management System,
- Area Based Coordination (ABC)

- Reporting:

- Nutrition: ONA,
- Health: ReportHUB
- HeRAMS
- DHIS2

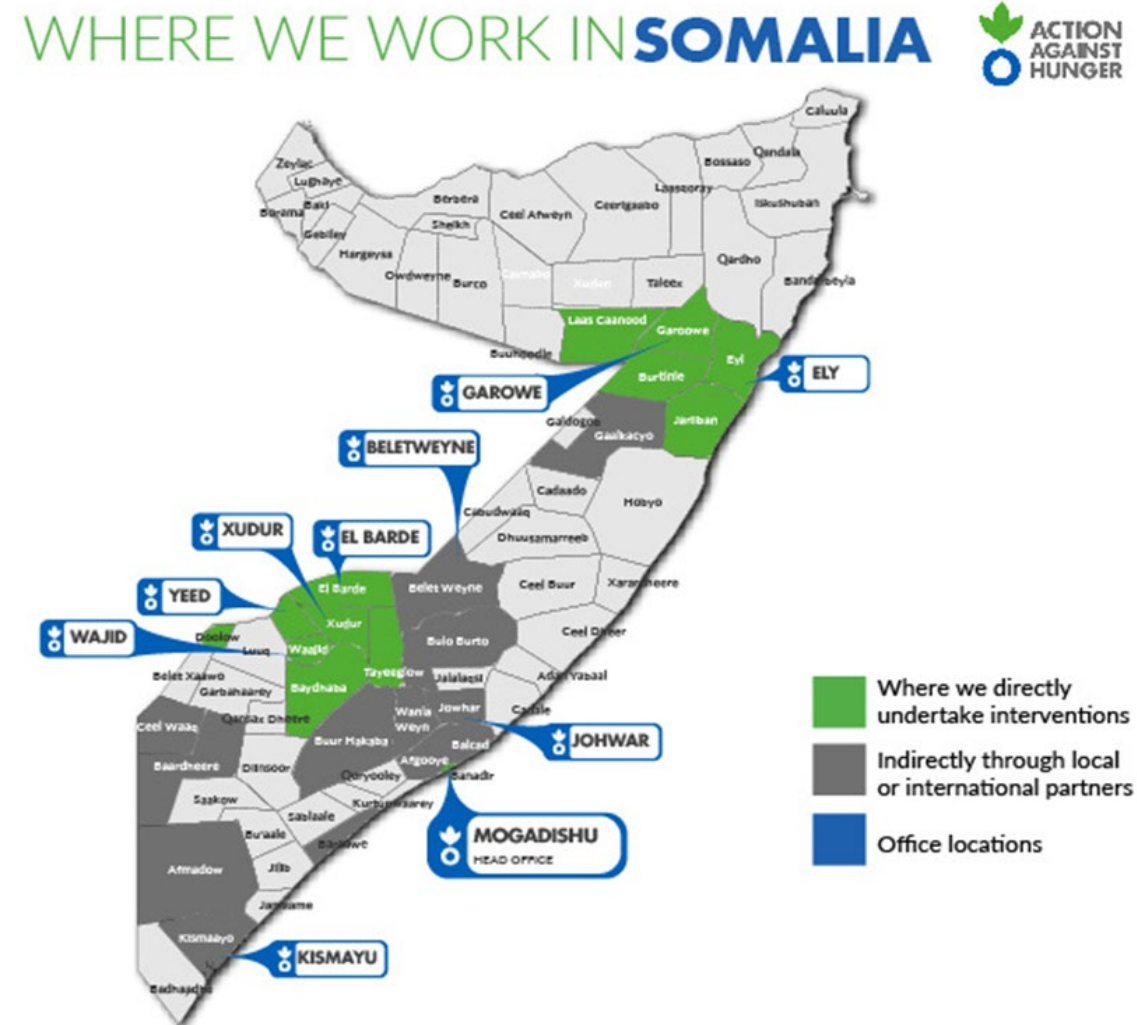
# Somalia Nutrition Policy & Guidelines.



March, 2023

# ACTION AGAINST HUNGER SOMALIA PRESENCE

- Started operations in **May 1992**
- **103** (96 National Staff, 7 International Staff) **69** Male, **34** Female.
- Action Against Hunger Support Includes
  - **1,133** Ministry of Health staff,
  - **361** CHWs ,
  - **24** DHMTs, & **3** RHO supported.
- Consortium membership (**BRCiS, SomRep, Caafimaad Plus, & COFRAU**)
- **5 Local Partners** (Aamin Ambulance, WARDI, Juba Foundation, Lifeline Gedo & ERDO)
- **39** fixed facilities (**8%** out of the total 487 facilities in the country) and **22** mobile teams supported.



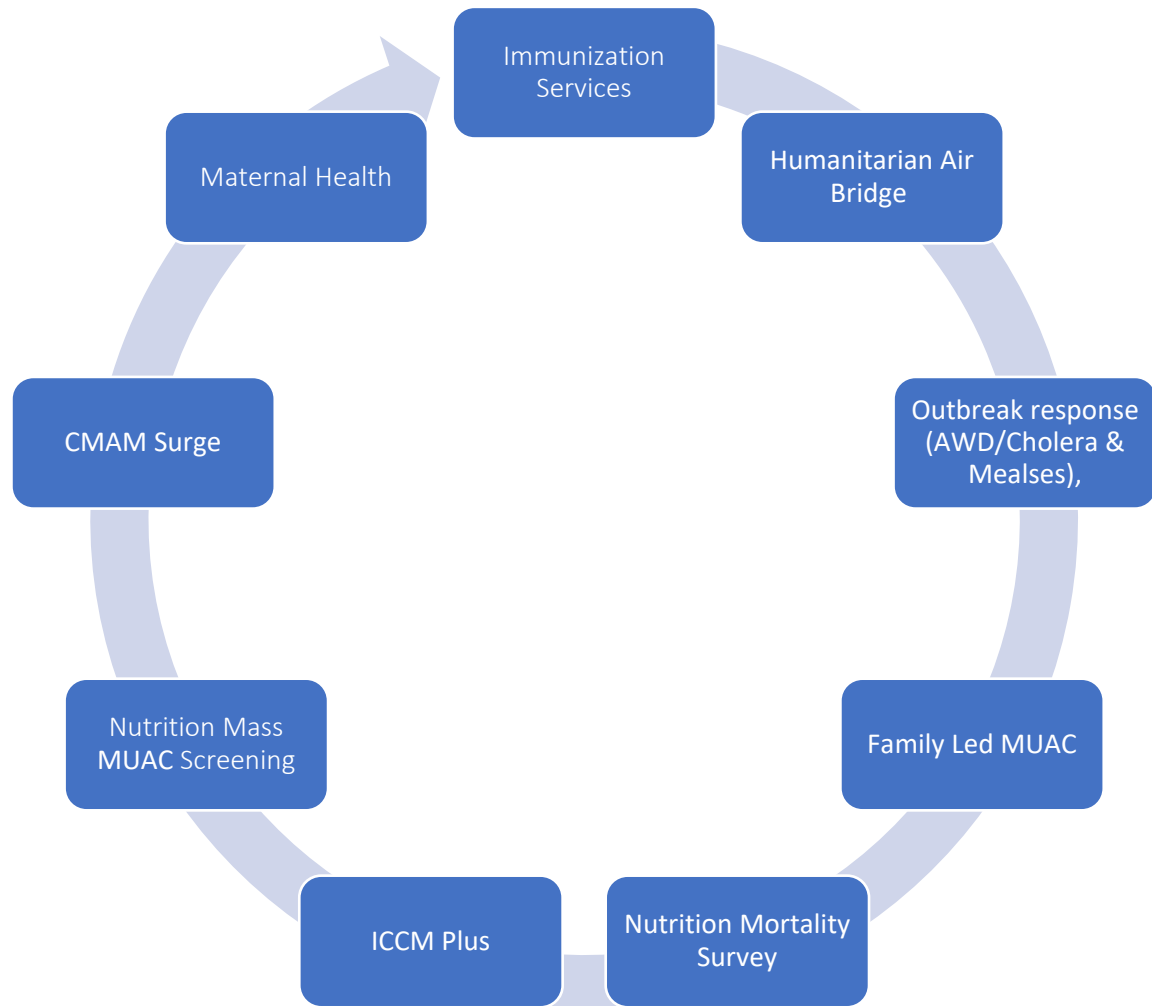




# Staff composition for Action Against Hunger Somalia – Nutrition Technical Staff.

- Head of Health & Nutrition Department,
- Nutrition & Health Information Management Specialist,
- Emergency Coordinator
- SBBC Coordinator
- SBCC Officers,
- Mental Health & Psychosocial Officer,
- Health & Nutrition Program Managers,
- Health & Nutrition Field Officers,
- Health & Nutrition Supervisors,
- SC Medical Doctors
- Nutrition Nurses,
- IYCF Promoters
- Nutrition Auxiliaries,
- Community Health Workers

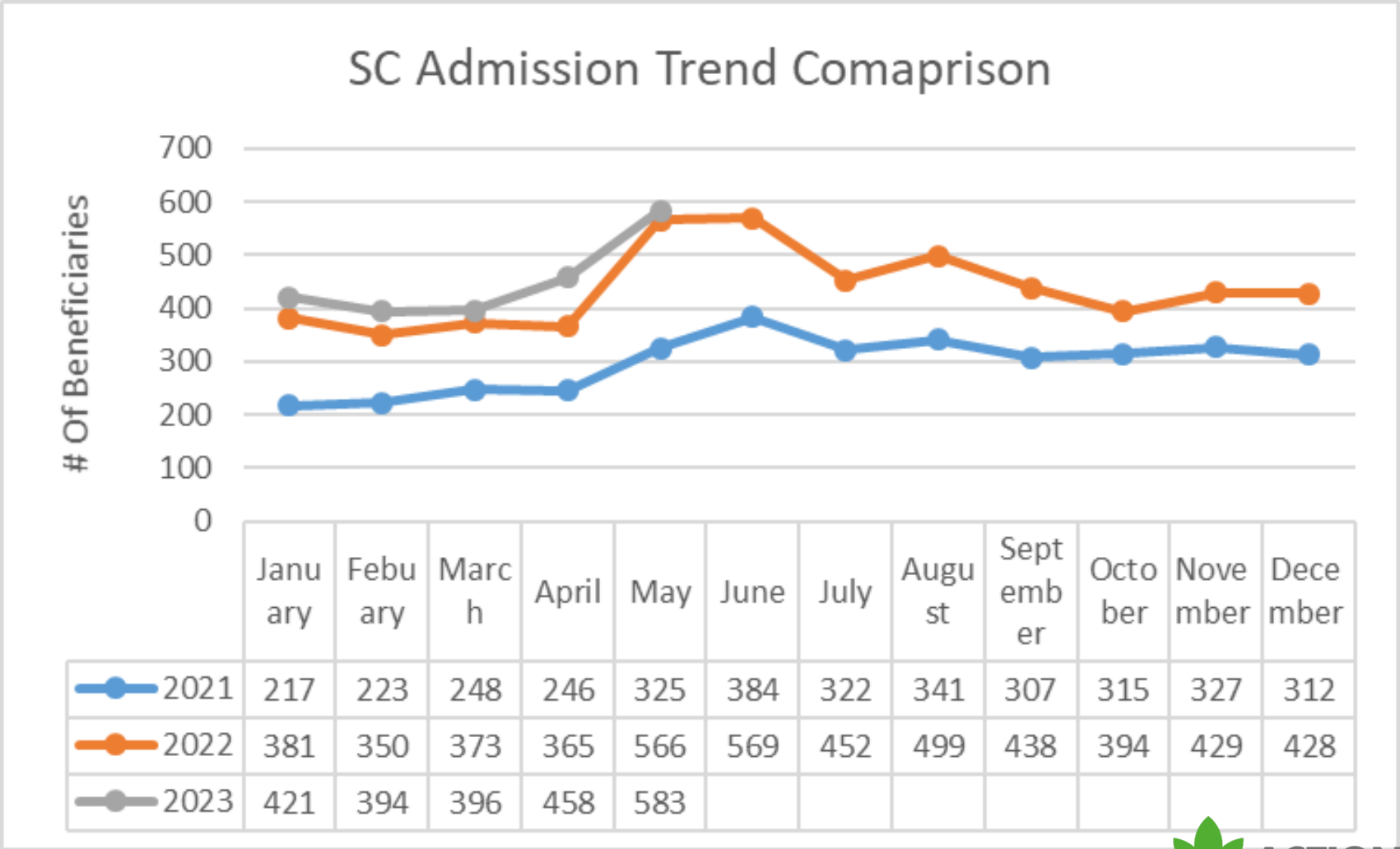
# Supportive Interventions: Drought Response Packages



# Nutrition Trends -

## 1. Stabilization Center - ACF

- An increase of 46.79% of admissions was recorded in January to December 2021 and 2022 across the 7-stabilization centers.
- Jan to May 2022 and 2023 comparison, SC admissions increased to 10.66%.



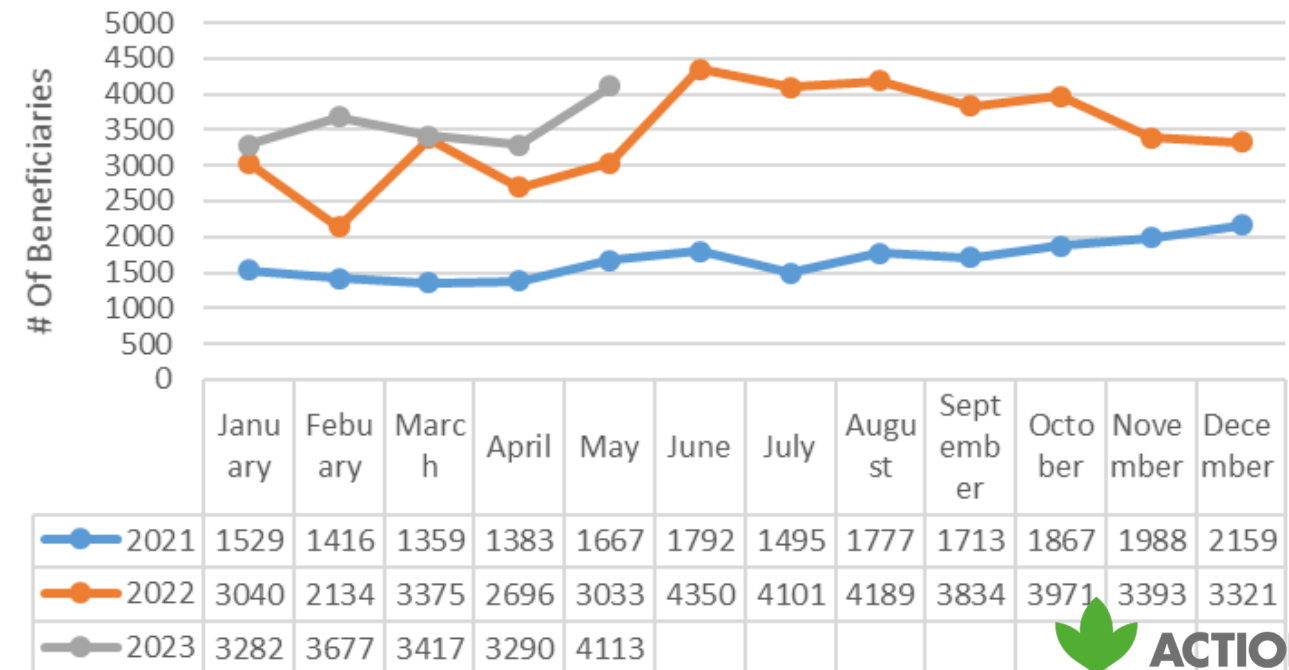


## 2. Outpatient Therapeutic Program Trend Comparison – ACF Sites

- An increase of 105.67% of admission was recorded in comparison of January to December 2021 and 2022 across the supported OTP sites.
- Jan to May 2022 and 2023 comparison, OTP admissions increased up to an increase of 24.52%
- Performance indicators of SAM treatment were above acceptable minimum Sphere standards, with a cure rate of 90.17%, death rate of 3.17%, non-respond 2.56% and defaulter rate of 4%.



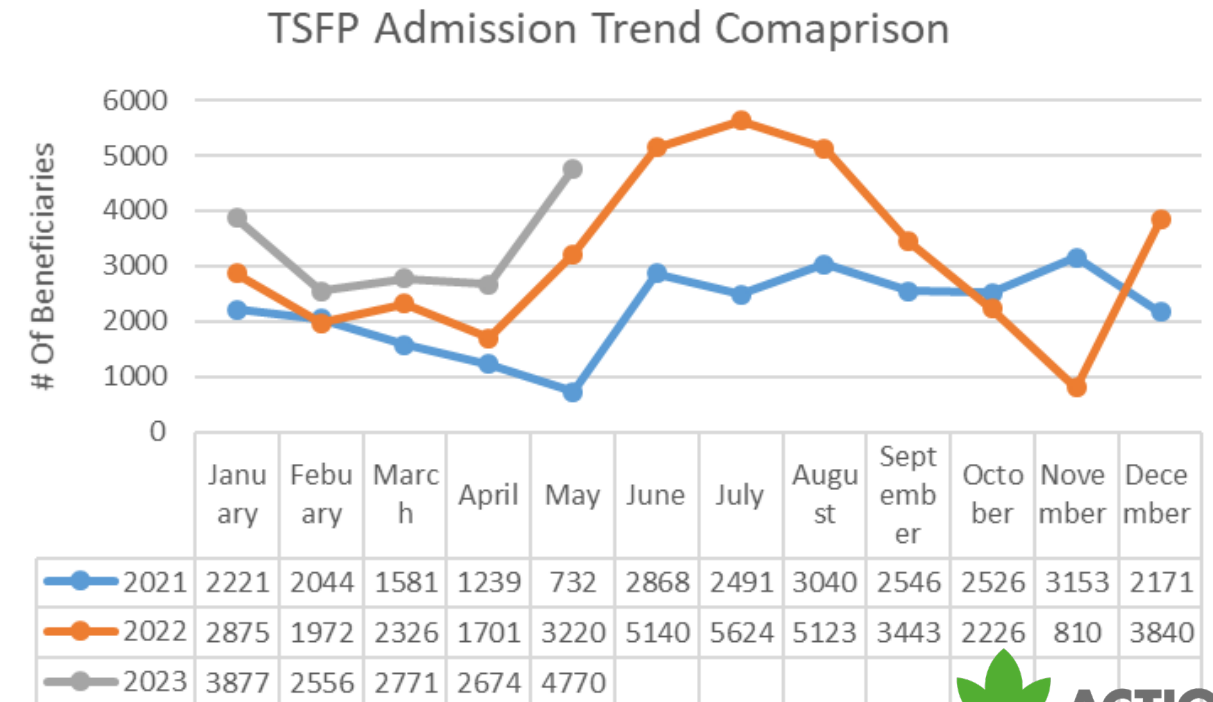
OTP Admission Trend Comparison





### 3. Targeted Supplementary Feeding Program Trend Comparison

- An increase of 67.37% of admission was recorded in comparison of January to December 2021 and 2022 across the supported TSFP sites.
- Jan to May 2022 and 2023 comparison, OTP admissions increased up to an increase of 37.66%
- Performance indicators of MAM treatment were above acceptable minimum Sphere standards, with a cure rate of 99.30%, death rate of 0.23%, non-respond 0.00% and defaulter rate of 0.47%.







# Preventive Measures In Place

- Distribution of High Energy Biscuits through UNICEF
- Vitamin A, Deworming, IFAS and Micronutrient supplementation – Routine programming.
- Fresh Food Voucher distribution,
- Maternal, Infant & Young Child Nutrition in emergencies (MIYCN-E) Promotion sessions.
- Integration of Health, WASH, FSL and Resilience programs into Nutrition.







# Partnership & Coordination: Integrated First Line Response Pilot

- Humanitarian Country Team (HCT) lifesaving innovation – 17 members and two standing invitees (7 UN agencies, 6 NGO, 1 NGO consortium Director, 1 ICRC, 1 SRCS, 3 Donors (ECHO, SIDA & FCDO)).
- The HCT decides on Humanitarian strategies, policies and priorities,
- DRC and ACF deployed a RRM in Tuugsoy IDP Site in Baidoa for 3 days to pilot a first line emergency assistance to new arrivals. (Pilot period: 15 – 17 October 2022)
- Targeted 100 HH [744 Ind]
- DRC provided Protection, Shelter, WASH, & MPCA, while ACF provided Health & Nutrition Services.
- Pilot findings presented to the Humanitarian Country Team for endorsement.

## IFLR Pilot Findings

- 519 under-five children were screened for malnutrition: 164 (31.5%) children with GAM.
- 29 children started their immunization doses,
- 249 outpatient consultations were provided.
- 8 protection cases identified & referred
- Timely MPCA Registration and distribution of shelter, hygiene improved new arrival status

## Way Forward



Inclusion of approach in HRP 2023.



Upscale of the approach across the country.



Development of guidance notes on first and second line response packages.





# Impact of Community Health Worker in Emergencies – Case Study Hudur Response.

- Cholera Outbreak, June 2022 in Hudur district – Bakool region following the prolonged drought.
- **42** CHWs in hard to reach locations and Cholera Hotspots in Hudur district, Bakool region – Somalia.
- Conducted comprehensive refresher training of 5 days on prevention, treatment, and control of cholera.
- Action Against Hunger supported on incentives for their work, supplies, IEC materials and refresher training.
- **1,495 (715 M and 780 F)** cases with mild symptoms were treated by the CHWs. While referring **106 (46 M and 60 F)** moderate cases to Hudur regional hospital.
- **13,000** aquatab were distributed to the HH in hard to reach.
- Cholera outbreak were contained in the district with in **3 months with zero fatality rate**. With treatment of **2,398** number of beneficiaries at community (**1601 - 66.8%**) and the CTC (**797 - 33.2%**).

# Role of Stakeholders in ACF's effort to address malnutrition in Somalia

- Provision of Nutrition supplies from UNICEF,
- Seconded staff from Ministry of Health that work with ACF at different levels to fight malnutrition as well as development of policies and procedures.
- Medical supplies from WHO.
- Community structures that work with ACF.
- Local NGO to reach areas controlled by Non state armed actors
- SUN Movement Leadership.

# Challenges

Access constrains due to insecurity some of the malnourished case arrive at nutrition treatment center at very late stage.

Most of the main internally displaced persons settlements across Somalia are on private land, - susceptible to forced evictions hence protracted displacement.

The strain on limited resources caused by the influx of drought displaced people into IDP camps in Somalia.

Insufficient access to clean water, sanitation, and hygiene facilities has heightened the risk of disease outbreaks, particularly cholera and measles, in camps for internally displaced people in Somalia.

# Lessons Learnt

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- First response line activation by NGOs is possible and lifesaving. Scalability is imperative and demands common systems for newly displaced, commodities available to distribution partners and referral system in place for service partners
- CHWs are the backbone of the health care system and can play an essential role in preventing outbreak e.g., cholera illness and death among medically underserved populations in areas controlled by the none state armed actors.
- Timely prepositioning of medical, nutrition and wash supplies is crucial for an effective and timely response to emergencies.
- Localization plays a key role in reaching the most vulnerable in areas not accessible to INGOs.



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# THANK YOU



[www.actionagainsthunger.org](http://www.actionagainsthunger.org)



# Connect with us

Engage with the **Nutrition subgroup co-chairs:**

- Akriti: [akriti\\_singh@jsi.com](mailto:akriti_singh@jsi.com)
- Adugna: [ayimam@actionagainsthunger.org](mailto:ayimam@actionagainsthunger.org)

Subgroup information, recordings and presentations from previous meetings and webinars are available on the subgroup page of the Child Health Task Force website:

[www.childhealthtaskforce.org/subgroups/nutrition](http://www.childhealthtaskforce.org/subgroups/nutrition)\*

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