



Global Nutrition Cluster Partners' Call

Update on the situation in NE Nigeria, Somalia, South Sudan and Yemen

Summary of Key Points

Date: Friday, 30 June 2017,
Time: 15:00 – 16:30 Geneva time
Venue: via Skype for Business and phone links.
Chair: Josephine Ippe, GNC Coordinator
Participants: 44 participants, including global level partners, region-based UN agencies, three cluster coordinators from NE Nigeria, Somalia and Yemen

Agenda:

1. Opening remarks – Josephine Ippe, GNC Coordinator (5 min);
2. Presentation of Yemen Nutrition Cluster: Anna Ziolkovska – Cluster Coordinator, (15 min) followed by Q&A (partners, 15 min)
3. Presentation of NE Nigeria Nutrition Sector: Kirathi Mungai – Sector Coordinator, (15 min) followed by Q&A (partners, 15 min)
4. Presentation of Somalia Nutrition Cluster: Samson Desie – Cluster Coordinator, (15 min) followed by Q&A (partners, 15 min)
5. Closing remarks – Josephine Ippe, GNC Coordinator (5 min)

Yemen Update – Anna Ziolkovska, Nutrition Cluster Coordinator

For details, please see Yemen Cluster Presentation

Nutrition Situation Update:

- 18 million people are in need of humanitarian assistance of 27.4 million total population;
- 17 million people are food insecure with about 7 million in IPC Phase 4;
- High level of malnutrition:
 - 50% children under-5 have stunting;
 - 460,000 children U5 have SAM;
 - 1.7 million children U5 have MAM;
 - 1.1 million PLW are malnourished.
- 14.5 million people are in need of WASH services;
- 14.8 million people are in need of health services with only 45% of health facilities functioning;
- Cholera outbreak with more than 200,000 cases.

Nutrition Cluster Response:

- Cluster response has four objectives:

- Life-saving interventions focussing on treatment of acute malnutrition;
- Malnutrition prevention interventions;
- National/local capacity building interventions;
- Needs assessment/analysis and support to coordination.
- 2.6 million people are targeted by the cluster partners – of 4.5 million in need of nutrition services:
 - 323,218 children U5 targeted for SAM treatment;
 - 870,896 children U5 targeted for MAM treatment;
 - 552,000 PLW targeted for treatment of acute malnutrition;
 - 567,000 children 6-24 months targeted for MNPs supplementation;
 - 552,484 PLW targeted for iron/folate supplementation;
 - 251,343 children 6-23 months targeted for BSFP;
 - Almost 2 million targeted for IYCF-E.
- Cluster has 25 operational partners;
- 45% of total financial requirement of US\$182 million is funded, however the funding is mainly for supplies;
- Supply pipeline:
 - Challenges in importing supplies due to port capacities;
 - UNICEF has supplies for 2 months and more is in the pipeline;
 - WFP has supplies for the next 3 months and more to be procured.
- WFP has new strategy

Key Challenges:

- Gaps in Existing Health System:
 - Significant gaps of human resources in health facilities
 - Resource gaps to fully functionalize nearly half of the health facilities (only 45% are fully functional)
 - Gaps in health facility operational/running cost to scale up adequate services
 - Gaps in technical capacity to provide full range of CMAM and prevention services
- Human Resources:
 - Limited capacity of implementing partners and absence/poor health workforce
- Financial Resources
 - Underfunding - only about 45% of the NC response funded so far
- Additional constraints:
 - Access issues due to insecurity
 - Low availability of quality and timely nutrition data (2 SMART surveys done in 2017)

Support required from Global Partners:

- Donors – bilateral funding for operational cost (not only for supplies), with focus on CMAM and prevention, ensure exit strategy for projects, capacity building of MoH HWs and CHWs, screening and referral
- NGOs – strengthen HR capacity in country, with focus on the field, technical support, engagement with local NGOs
- UNICEF, WHO, WFP – technical support, strengthen HR capacity in country

Q&A and Additional Updates by Global Partners

Q: CDC – Is there a protocol for SAM children with cholera. Do you have an estimates for the number of the children with SAM and cholera and what are the mortality estimates?

A: Protocol exists and it complies with WHO but not distributed by the MOH. This will take place soon and capacity building is planned. CFR is around 1.0. No info on SAM children and Cholera

Q: OFDA – what does it mean for the “donor bilateral funding”?

A: As we are only 45% funded and majority is for supplies. Some partners have PCA/FLAs but not all operational costs are covered for which donor bilateral funding is required. Q: UNICEF – IYCF-E response for cholera and UN technical support in what areas?

A: No specific recommendations for Cholera apart from what exists. If there is a need for additional guidelines that will be discussed in July 2017.

On HR: UNICEF – bottleneck analysis of CMAM is required; WFP has only 2 nutritionists and WHO only has 1 nutritionist which is not enough for scaling up.

Q: When the IYCF-E mother support group guidelines will be revised? What products are used

A: WFP will use a different SNFs for BSFP, Plumpy Doz (*high in micro-nutrients*) for children, whilst women will receive Supercereal (same as for the PLW acute malnutrition treatment)..

The mother support group guidelines are already revised and awaiting the MoH signature.

North-Eastern Nigeria Update – Kirathi Mungai, Nutrition Sector Coordinator

For details, please see Nigeria Sector Presentation

Nutrition Situation Update:

- 3.4 million are in need of nutrition services in NE Nigeria:
- Nutrition and food security situation is precarious especially in hard-to-reach areas in the northern part of the State and in the south. A second round of FSNA is ongoing
- GAM increased in NE State and is between 10 and 14%; SAM is between 1% and 2%, but situation in newly liberated areas is more critical as population is coming back from the areas where there were no nutrition services.
- For details, please see Cadre Harmonise.

Nutrition Sector Response:

- Nutrition Sector response has two objectives:
 - Life-saving services for management of acute malnutrition for children (boys and girls 6-59 months) and pregnant and breastfeeding women through systematic identification, referral and treatment of acutely malnourished cases.
 - Prevention of under-nutrition for the vulnerable groups (children under the five and pregnant and breastfeeding women) focusing on infant and young child feeding in emergencies, micronutrient supplementation, and blanket supplementary feeding.

- Nutrition Sector targets a total 2.7 million people – a part of 5.1m people targeted jointly by Food Security and Nutrition Sectors, including:
 - SAM - 315,000;
 - IYCF-E – 731,335;
 - Vitamin A supplementation - 1.9 million.
- Sector has 19 operational partners. A total number of sector partners is 35, including donors and observers. Substantial increase in the number of partners. More partners in newly liberated areas.
- The coverage is increasing in both treatment and prevention, however, there are challenges in scale-up of CMAM services:
 - 2.1 million reached with Vit A supplementation (112%);
 - 338 thousand reached with MNPs (60%);
 - 84,409 reached with CMAM services (27%);
 - 142 thousand reached with IYCF-E services (19%).
- 54% of financial requirements funded with US\$60M received so far.

Key Challenges:

- Secondary displacement occasioned by flooding, returnees from Cameroon and relocations due to the inability of the Banki and Pulka IDP camps to hold more IDP's.
- Mobilize donors and partner with capacity to fund and implement rapid response or mobile emergency response teams as well as multi sector projects.
- The sector is challenged with capacity to provide inpatient care for severely malnourished with medical complications in newly liberated areas (qualified human resources)
- Lack of commitment from implementing partners to update funding status on financial tracking services FTS.
- Likelihood of increased insurgency attacks due to the vegetation overgrowth and limited movement of security forces affecting service delivery.
- Slow progress to achieving the sector targets on SAM due to inadequate service coverage, weak community nutrition component, sub optimal reporting and limited workforce from State in the areas with access challenges.
- CMAM progress below 30% of the target due to inadequate services coverage as well as the low health-seeking behaviour amongst the communities. Limited workforce from the State and partners

Support required from Global Partners:

- Support required from GNC or Technical RRT on finalizing the 2017- 2018 nutrition sector response / scale-up plan, current draft being reviewed by sector partners.
- Support the current stand by partner IM with GNC information management training for country clusters.
- GNC depending on availability technically support with the CCPM validation workshop scheduled 13th July 2017 and subsequent presentation of the action plan to CLA and HCT.
- Global partners with presence in Nigeria to support their technical staff to establish Mobile/ rapid response capacity in their response.
- Donors to ask partners whom they fund to reflect all contributions received through the FTS.

Q&A and Additional Updates by Global Partners

Q: ACF – Huge needs in terms of the health sector and there were no links between Health and Nutrition and Health was not getting much funds. What is currently happening with the links between H & N?

A: Health sector is facing challenging time, especially in mobilising resources. Overall, we don't have a lot of health partners and thus the health sector work closely with the Gov't and implementation only done by government which have limitations. HR is also a challenge. This also affects Nutrition as many nutrition services are provided at the level of Health facility. Josephine also emphasized that the funding should be balanced – health services should be equally well funded to be able to deliver integrated services.

Q: WHO – recent study on the causes of mortality 10,000 children are expected to die, including from malnutrition and mainly from malaria or combination. A joint action is planned to scale-up joint interventions.

A: Malaria prone areas receive LLITN and fit them on the beds

Q: WHO West Africa: what is the coverage of SAM with complications? Are you using the integrated activities?

A: 30% coverage for all SAM (84,000 in total). Kirathi will check and get back on the SAM with complications numbers. Link with Health on screening and referral. But if the funding is not available, then Health services and their integration with Nutrition won't be adequate.

Somalia Update – Samson Desie, Nutrition Cluster Coordinator

For details, please see Somalia Cluster Presentation

Nutrition Situation Update:

- Somalia is facing multiple vulnerabilities: drought, outbreaks, IDPs, etc.
- 739,000 new IDPs;
- 6.7 million people in need of humanitarian assistance (50% of population);
- 3.2 million people are in a crisis;
- GAM is between 15% and 30% with estimated 1.4 million children projected to be malnourished, including 270,000 severely malnourished;
- 4.5 million people are in need of WASH services;
- 45,000 AWD/Cholera cases and 9,800 cases of Measles.
- Increased pattern of admission into CMAM services throughout the country.
- A new Ministry of Humanitarian Affairs is established.

Nutrition Cluster Response:

- Nutrition cluster partners have been able to significantly scale-up the integrated response with Food Security Cluster, providing more than 352,462 acute malnourished children, including 129,169 with SAM (Double compared to last year same time), with lifesaving treatment, including using an integrated mobile team approach.

- Nutrition cluster partners have also reached an additional 434,433 women and children with nutrition preventive services, bringing the total of people reached since the start of the year to 786,895. This is the highest ever achieved in any given year in Somalia.
- The pipeline is healthy for now despite some delays in delivery of planned supplies by our SNS/IRF team and the cluster doesn't anticipate any pipeline break for the next two-three months (Jun-Aug 2017).
- Supply pipeline: the pipeline is "healthy" until the end of Aug 2017 and no breaks are expected until end 2017.
- Two rounds of funding for integrated services through local partners is being managed with US\$6.0 million in the first round and US\$11.0 million in the second round. The funds will go to local partners to implement an integrated famine prevention response packages which includes deployment of mobile (IERT) integrated emergency response team who deliver key packages of Nutrition, Health, WASH, Food Security and others .

Key Challenges:

- Collective accountability is weak, unnecessary competitive environment
- Surveys released without validation of the established system
- IM capacity of the cluster is stretched.

Support required from Global Partners:

- IM capacity (RRT or SBP partners deployment) is required. This had been provided for three months from SBP on Monday 3rd July

Q&A and Additional Updates by Global Partners

Q: WHO Afro – would like to know more about the nutrition surveillance and quality of in-patient care

A: Cluster had a very productive meeting with WHO and identified key challenges – nutrition surveillance mechanism at community level. WHO agreed to mobilise resources and build the nutrition surveillance for Somalia and the work is on-going.

Quality of services – is a bit weak and limited in terms of HR, facility structure, drug supplies. WHO agreed to support the quality assurance in SCs and build the capacity for SC. A joint quality assurance tool is developed by Health and Nutrition cluster with UNICEF, MoH and WHO included. The work is on-going in a right direction. Monitoring and quality assurance link <https://enketo.aws.emro.info/x/#YYYY>

CDC comment – we shouldn't be confuse nutrition surveillance which is not working properly always in situations such as in Somalia. The current system of periodic surveys is a better choice. IDSR and EWARN have limitation in unstable situation

Cluster response: this is part/an effort of building capacity and system which could be owned locally and sustain itself. Its all about scaling up and locally institutionalizing the good lessons we have including the FSNAU and other best practices.

Josephine – The exist surveillance system through FSAU works but the discussion seems to be on sustainable systems beyond the current one so perhaps country partners could discuss further the ways to strengthen the existing system.

Q: ACF – is there a need for RRT IM?

A: Somalia cluster used the services of the GNC RRT already. Looking into building a longer-term capacity. ToR developed to fast-track recruitment but it might take time. Any support for IM will be appreciated.

Q: UNICEF – What is your forecast for supplies up to end of 2017?

A: Already working on ensuring supplies beyond Aug 2017. DFID is indicating the support starting Sep

Wrap-up and Closing Remarks (Josephine Ippe, GNC Coordinator):

Somalia:

- The issue of completion and validation will be dealt with at the country level, but at global level – partners should emphasize with their country offices the existence of the system for validation of surveys and the need to strengthen/support the coordinated approach during such time of crisis which requires collective effort beyond individual organizations;
- IM capacity – we will look for additional solution and will discuss directly with the cluster. An advocacy is needed with UNICEF for funds for a dedicated IMO, including advocacy with the CLA Representative;
- A number of good ongoing initiatives – share the documents. Documents shared on the meeting includes Cholera and SAM treatment guideline (separately attached) and online platforms for other countries to learn from and adopt as deemed as necessary. Below is the link for those which had also been shared during live chat;

The Somali Nutrition cluster online features are an ONA built online platforms with triple purpose notably 1) baseline information for iMAM scale up plan to guide the next 3-5 years' nutrition works in Somalia, 2) monitoring, reporting and quality assurance platform. And 3) an AAP (Accountability to Affected Population) with an integrated SMS/IVR systems through over 10,000 confidential local contacts that had been collected/populated around all operational nutrition confirmed sites

Cluster's ONA Online platform

1. Mapping: <http://somnutritionsites.onalabs.org/> Password: **ncs**
2. Reporting: <https://enketo.ona.io/x/#YTVu> Somaliland: <https://enketo.ona.io/x/#YMKw>
3. Monitoring: <https://enketo.aws.emro.info/x/#YYYy>

NE Nigeria:

- Required support for the Technical RRT to finalise the development of the integrated scale-up plan – will reach out to the Tech-RRT Consortia;
- IM Training – we have a package and will discuss the needs with the Sector to take it further;
- CCPM validation workshop – if travel of the GNC-CT will be funded, we can provide support;
- Global partners need to increase technical presence and support on the ground, including RRM.
- Discussion with the Health sector on establishment of links with health interventions and on how to capitalise on RRM initiatives (Malaria treatment, etc)

Yemen:

- Emphasized the need for donors to provide support not only for supplies but for operational expenses (HR, etc);
- HR capacity – global partners, including UN agencies should make an effort to mobilise HR capacity considering limitation on the number of staff;
- WFP and WHO – request to increase the nutrition technical capacity, including for in-patient services;
- A follow up with UNICEF will be done on causal analysis that was requested.