

Nutrition Working Group/IASC Nutrition Cluster
Minutes of meeting held at 9:00 hrs, Monday May 5th, 2008
Kalson Towers, SSS Conference Room

Participants

Fatuma Abdirahman	ACF	Unni Silkoset	UNICEF
Elise Becart	ACF	Willis Ouma	UNICEF
Danka Pantchova	ACF	James Kingori	UNICEF
Jitske Brouwer	MEDAIR	Kamran Mashhadi	SSS
Claire Orengo	MEDAIR	Rosellyn Mullo	ECHO-RSO
Henrseke Hommes	MEDAIR	Muna Mohamed	UN-OCHA
Louise Masese	FSAU	Francesca Cerri	COSV
Abdirizak Nur	FSAU	Lucy Maina	IMC
Grainne Moloney	FSAU	Anthony Abura	WVS
Marijka Van Klinken	FAO	Laura Amolo	WVS
Erin McCloskey	Concern Worldwide	Baraza Aggrey	CARE
Nicoleta Buono	Italian Cooperation	Aden Dahir	SSG
Gemma Sanmartin	COOPI	Irene Bosire	Mercy USA
Mathieu Joyeux	UNICEF	Mohamed Abdi Maalim	APD

1. Introduction and background

The meeting commenced with self introduction of the members present. In total, 28 members from 18 agencies participated. The status of the action points from the April meeting were then reviewed (See back page).

Actions points from the May 5th, 2008 meeting

Action Point	Who	When
1. Follow up with food aid cluster on ration sizes, pipeline and basket	NWG Co-Chairs, other interested parties	Meeting planned in May date TBC – report back in the June 08 NWG/Nut Cluster
2. Task Force on IEC material roll out	FSAU, ACF, IMC, UNICEF, WFP, GHC	FSAU to circulate translated material by May 9 th for pilot test and feedback to next June NWG
3. Task force on CMAM	UNICEF, ACF, Concern, IMC, WVI, Medair	UNICEF to convene a meeting to discuss issues around new strategy for CMAM including reviewing Kenya material for scale up in May – report back in June NWG
4. Task fore on SFP guidelines review	UNICEF, Concern, WFP, ACF, WVI, IMC	Nutrition Cluster Coordinator to review global guidelines process and convene a meeting to identify possible ToR for consultant to update guidelines – May -report back in June NWG
5. Highlight concerns of very low measles and other vaccinations coverage to next EPI working groups – need to identify short term solutions for areas where acute malnutrition is high. To inquire EPI campaign report for Wajid.	Dr Kamran SSS Health Coordinator	Next EPI working group – feedback at June Nutrition Cluster/ Working Group Meeting
6. Highlight ACF concerns over lack of Kalazar drugs from WHO	Dr Kamran SSS Health Coordinator	Next Health working group – feedback at June NWG/NC meeting
7. Emergency Response Strategy scale up - using Plumpy-do2	UNICEF, and partners – UNICEF focal point for now Mathieu Joyeux (MJ)	Partners to continue following up with their HQ. MJ to continue liaising directly with partners on collaboration and to share concept note by May 9 th – feedback at June NWG/NC meeting
8. Baidoa IDP strategy	UNICEF, COOPI, ACF and DMO	Partners to meet – meeting to be called by Nut Cluster coordinator in May – feedback in June NWG/NC
9. Urban nutrition crisis response strategy	FSAU to contact interested partners	FSAU to call meeting on 2 nd week of May following regional meeting (8 th) to discuss monitoring and response strategy for Somalia urban centres
10. Clarification on El Berde nutrition crisis	IMC	IMC to review concerns of a localized area where due to clan conflict, limited access is severely affecting food

		insecurity and delivery of services. Feedback at June NWG/NC
11. Food aid agencies participation in the NWG/NC meetings (from April Meeting)	Cluster Coordinator, SHSC	Pursue with the food aid agencies on their participation in the NWG/NC meeting alongside other forums that require food aid cluster's input
12. NC/NWG work plan's activity definition	Cluster Coordinator/ Core group and any interested party	Further definition of the work plan activities and possibilities of budgetary implication of the activities to be done. A meeting on the same to be convened in the course of May; feedback in the June Meeting
13. Clarification on <i>SFP pipeline, distribution strategy and WFP's admission criteria</i>	WFP	From the April 2008 meeting
14. Severe malnutrition management in Baidoa hospital to be discussed (<i>can also be addressed under No. 8 above</i>)	UNICEF, COOPI,	MOH capacity to implement to be analyzed. ACF technical back up to the severe malnutrition management.

2. Situation Update

2 (a) Food security situation update:

Based on the latest development on local and imported commodities price increase, inflation, population movement to urban areas and the IDP crisis, a rapid urban assessment showed about 600,000 urban population to be affected and in need of various forms of aid. This represents close to 20% of the urban population. The total population therefore in need of humanitarian assistance increases to 2.6million from 1.8 million in January 2008. The harsh Jilaal season has compelled livestock movement to about 50km in search of pastures and water. In Elberde and other parts of Bakool, there have been reports of livestock death from a combination of disease and poor water and pasture. Based on these indicators, the southern pastoral livelihood has been categorized as Humanitarian Emergency (HE) in the IPC map.

In Central Regions, there have been low livestock prices (mainly due to the livestock's deteriorating body condition) and the population in not meeting minimum food needs. Sorghum, which is currently in use, is also not easily accessible due to the high prices. There were some localized rains in parts of the North in the month of May; hence the water crisis is slightly easing up. Notable is that 50% of the urban population is affected in Bossasso, Burao, Mogadishu and Galkayo, On the overall, there has not been a significant deterioration in the urban population nutrition status yet, but there has been a shift from rice consumption to sorghum, there has been an expenditure reduction on fuel, water and on non food items. More information will be available in the Food Security and Nutrition Brief in May.

A meeting was proposed for mid May for urban situation analysis and contingency planning, following the regional meeting on the same.

CARE Update: CARE International provided an update on the recent and planned activities which included the following. In the month of April, 1140MT was distributed in Mudug, 1560MT in Galgadud and 1200 in Galgadud IDPs. Additionally, 3800MT, 1500MT and 182MT were distributed in March through Food for Work in Hiran, M. Shabele and Gedo respectively. There was food looting in Gedo. The monthly ration consisted of 100kg cereals, 10kg pulses, 5kg CSB and 1.8kg of oil in Central regions while there was some difference in the cereal ration (75kg) in Gedo. Plans are underway to distribute 1300MT to 120,000 households but the food pipeline is not promising. In this regard, CARE has been in discussions with WFP for food loan. ICRC may take over food distribution activities in some of the CARE operational districts. It was noted that there will be a ration standardization meeting by the various food aid agencies in the coming days (either 13th or 14th May).

2 (b) Nutrition Situation Update

Elberde Nutrition assessment: FSAU, IMC and SRCS conducted a 2 stage cluster sampling nutrition assessment in El Berde District, Bakool Region, in April 2008. The results indicated a **Very Critical** nutrition situation with global acute malnutrition (GAM) levels of **24.1%** (18.5-29.7) and severe acute malnutrition (SAM) levels of **2.8%** (1.2-4.4). The crude and under five years mortality levels were below the alert cut off at **0.69** (0.01-1.39) and **1.08** (0.0-2.17), respectively. Previous nutrition results from Elberde showed GAM rates of about 17%, thus the latest results indicate a fast deterioration. The morbidity was high while the coverage for EPI services was low (about 30% for measles).

Meanwhile it was reported that the data collection for the ACF managed Wajid Nutrition assessment was completed on 5th May after a stint of few days of interruption due to insecurity. Initial indication of the data pointed at a deterioration of the nutrition situation.

The Addun and Hawd nutrition assessments as well as the Gedo assessment are scheduled for May 08.

2 (c) Health situation update

- There are discussions on the Essential Health Package under the Lot 3 EC funds. A blue print on the components will be discussed on 8th May 2008 in a mini workshop.
- Round 8 of the HIV/AIDS global fund is under discussions and a call for proposals will be announced.
- Reports of AWD in isolated areas continue to be received, though there is no outbreak yet, as tests have proven negative for cholera. A cholera preparedness plan for 2008 is under development. An integrated disease surveillance system is being rolled out in Somalia by UN-WHO. Further facility based management of meningitis is in need of improvement.
- ACF reported increased cases of kalazar in their Wajid facility yet there are no enough drug supplies.
- On EPI it is noted that from the nutrition surveys the coverage of measles and Vit A is low despite notable success in some programme specific EPI services, e.g. Polio coverage. ACF enquired on the EPI campaigns conducted in Wajid recently and requested feedback/report on the future plans for such campaigns from the EPI working group through Dr. Kamran.
- Update was provided by UNICEF on the Accelerated Child Survival and Development (ACSD) strategy status: This is a joint UNICEF/WHO programme to be implemented through child health days where measles, TT, micronutrient (Vit A), de-worming among others will be delivered. This will be population based strategy to overcome the facility's low coverage. The activity might be undertaken after September 2008. Based on this proposed timeline, the issue of urgency in the response to the current low EPI coverage was raised. SHSC (Dr. Kamran) to follow up with the EPI working group and provide feedback to the nutrition group.

3. Emergency Response Update:

ACF: Reported the increase in TFP and OTP beneficiaries in Mogadishu, with the programmes having 300 beneficiaries up from an average of 200-250 per month. Extra nutrition supplies will be requested to sustain the programmes. The MUAC screening in the Mogadishu IDPs recorded 30% and 4% for moderately and severely malnourished cases proportion, respectively. The wet feeding managed by Saccid/ WFP are running smoothly and quick screening indicated most of the children to be as well nourished using MUAC. In Dusamareb SFP, ACF has about 800 beneficiaries among whom 25% are pregnant and lactating women. There are 70 OTP beneficiaries in Dusamareb by end of April 08. It was noted that GFD has not been taking place in the Central Region (CARE activities likely to fill in the gaps). In Wajid, there are about 100 beneficiaries currently in the feeding programmes (OTPs and TFP) plus a number of kalazar.

Concern WW/GHC: Supports GHC in the OTP implementation in Gedo. There were general increasing trends in the cases admitted in the OTP sites in Gedo.

IMC: There has been a significant increase in the admission in most of the feeding programmes e.g. from 600 to 1000 beneficiaries in Beletweyne SFP. Reports of some populations in Atto and Waqshed villages of Elberde that do not access humanitarian services will be followed up.

WVS: WVS confirmed availability of partial funding for Tayeglow, Wajid, Bay (Baidoa and Burhakaba Districts), but the programme implementation awaits conclusion of the WVS-UNICEF PCA discussion.

APD: APD reported the number of beneficiaries for have increased from 900 to 1100 malnourished children in the Afmadow supplementary feeding programme.

On the overall, it was underscored to aim at providing the basic minimum package in a simple SFP implementation procedure. This should contain screening activities, disease treatment/ systematic treatment of beneficiaries, EPI services, blended food ration and possibly the family ration.

UNICEF: Update on the plumpy-doZ discussion was given with a note that recent bilateral discussion and contacts have aimed at getting commitment from organizations to implement the strategy. The strategy involves plumpy doZ distribution integrated with WASH, micronutrients and aquatabs. Different channels

of distribution/implementation will be used, both traditional (NGOs, CBOs) and non traditional (business people) and coupons/vouchers will be issued to individuals to get rations from some particular points. Plans are underway for a Concept Note draft and micro-planning exercise will follow later. Strong commitment is still being sought from agencies to participate in the implementation of this plumpy doz distribution alongside other complementary programmes (more details to be in the concept note).

Baidoa IDP nutrition crisis – response analysis: The nutrition situation of the Baidoa IDPs was noted to be equally or worse than that of the host population. It was noted that the last nutrition assessment recorded 19.3% in the Bay Region rural population and the intervention which were undertaken last year were short-lived despite the IDP issue persisting. In this regard, the health and nutrition concerns among the Baidoa IDPs were given special focus in the last field level nutrition coordination meeting in Baidoa.

Noting that the current nutrition services were not adequate to the Baidoa IDPs and the host population, two possibilities were explored on how to improve access of the moderate malnutrition management in Baidoa. These include: **Option 1:** Establishing additional SFP site at the IDP camps to reduce pressure on the current DMO managed sites. This would call for coordination of activities in the 2 sites (synchronize the 2 SFP sites activities). **Option 2:** Improve the existing SFP activity through sponsoring outreach services (mobile teams). The mobile teams would visit the IDP camps to undertake screening and referral of the malnourished cases; identify the referred malnourished cases with bracelets, provide health services etc. This would avert possible double registration of beneficiaries and would ease the case follow up. This strategy was preferred. A concept note detailing the discussions point will be drafted to guide the potential intervening agencies.

COOPI reported their intention to sponsor the Baidoa Hospital and would consider emergency nutrition programme. It was however noted that TFG's MOH and UNICEF have been holding discussions on severe malnutrition management within the hospital; hence a meeting for COOPI, UNICEF, MOH and possibly ACF was proposed.

IEC materials: The IEC materials under review have been updated with the various comments having been received. The materials have been interpreted into Somali and English and the agencies that provided comments will be requested to further pilot test the revised document.

Other issues discussed/follow up

- SMART: The SMART guidelines are under a global review and will be piloted again in Somalia in the coming months. New aspects of the SMART will also be considered in the Somalia Nutrition Assessment guidelines. The SMART meeting report from the global meeting held in Rome on April 6-8th will be shared when available. It was reported that some SMART and ENA software experts will be visiting Somalia programmes (FSAU) in September hence they can provide some country level support
- ACF announced the departure of Elise Becart from ACF Somalia. Members were grateful to Elise contribution to the nutrition activities in Somalia. She is replaced by Danka Pantchova in her duty as Nutrition and Medical coordinator at ACF.
- NIE piloting in May-June 08

Action points from the March 31st 2008 (Status updated on 5th May 2008)

1. Meeting on Friday, April 4th, 2008, to review UNICEF's emergency strategy – **Done**
2. Emergency response/coordination meeting specifically on central regions – **Not done but issues addressed in other forums (cluster specific contingency plan under preparation for entire S&C)**
3. IEC materials:
 - a) FSAU in collaboration with UNICEF, to translate the IEC materials and present draft in the May 5th NWG/Cluster meeting – **Done. Translated to Somalia and English and to be circulated later. A task force on this has been formed for review and piloting.**
 - b) Concern Worldwide to follow up on the CMAM training materials from Kenya materials to review availability & appropriateness for adaptation to Somalia – **Done and the materials have been cleared for adoption in Somalia**
 - c) The NWG/NC to review existing/develop a comprehensive IEC strategy/guidelines on behavioral change in collaboration with UNICEF (*from March 2008 meeting*) – **UNICEF is recruiting a consultant to pursue strategy development.**
4. Nutrition Cluster Coordinator to follow up on the following:

- a) The HSC for regular health situation update in the NWG/Cluster meeting - **Ongoing**
 - b) The Food Aid cluster meeting scheduled for April 8th, 2008 for
 - Clarification on *SFP pipeline, distribution strategy and WFP's admission criteria*. **Not Done**
 - *Invite Care & ICRC to update the NWG on GFD plans & nutrition activities*, following reports from IDP in these areas that they have not received any food for 3 months. **Done and to be included in the mailing list and informed on the cluster meetings.**
 - To confirm whether Elbur and Eldeere are currently targeted with General Food distribution as there has been no recent distribution. **GFD confirmed and initial focus is IDP then the host population to be considered later.**
 - c) The possibility for the HSC/Global Fund providing information to partners on how to access malarial treatment for Somalia, given the different protocol in neighbouring Kenya and Ethiopia and hence the lack of such drugs in these countries. **Issue under consideration by malarial WG**
 - d) Develop a timeline to *finalize and roll-out Supplementary Feeding Program guidelines*. **On-going, task force identified to pursue the issue.**
 - e) Re-circulate the 'NWG/Cluster Work plan' for partner input by April 11th, 2008 (**Done**); Discuss whether a different format (*such as a log frame*) outlining specific activities and timeframe may be more useful. **On-going**
5. The NWG/Cluster core group to meet on minimum package for agencies working on nutrition in Somalia (**Done**), in addition to presentation of proposals by consultancy team on review for MCH in Somalia. **Ongoing and UNICEF has a consultant to do so.**
6. Circulation of map highlighting the distribution of caseloads of acute malnutrition – once incorporated with n values. **Done in meetings**
7. Revision and circulation of Nutrition Assessment Tool (attached) – FSAU **Done**
8. Suggestions for the improvement of NWG/Cluster meeting structure – FSAU/UNICEF
- a. Request agencies to attend meetings and address upcoming issues, through developing a ToR with a code of conduct so the meeting is not just about information sharing but agencies also take this forward. **The NWG/NC has a TOR and the SSS is reviewing the code of conduct for the various working group's adoption.**
 - b. Action points to be forwarded to members early – and in the text of an email separately from the minutes, given the time it takes to share and finalize the minutes is too long (**On-going**)
 - c. Staying focused on the agenda – and being time bound on topics (**On-going**)
 - d. Monthly update on Somalia selective feeding programme indicators to be provided by Cluster coordinator while referring to caseload distribution map (**On-going**)
 - e. Members to propose monthly technical discussion based on a presentation/ paper which will be allocated a time slot, one topic per meeting, can be a new area of interest or share experience of interventions (**To be done**)
 - f. Develop clear action plans specifying who is responsible, and timeline at the end of each meeting (**On-going**).
 - g. Feedback on the Nutrition in Emergencies workshop held in Hanoi-Vietnam: FSAU to circulate the Hanoi presentation (**Done**); More information on this available on www.unsystem.org/scn and the Lancet series available on www.global nutrition issues.org
9. Nutrition assessment guidelines to be updated based on the outcome of the SMART guidelines meeting to be held in Rome in April 2008 (**On-going and one of the task force issues**).

The next meeting to be held on June 3rd, 2008, between 1.30am – 1.30pm at SSS Kalson Towers