



CAADP

Comprehensive Africa Agriculture Development Programme (CAADP)

East and Central Africa Regional CAADP Nutrition Program Development Workshop

Nutrition Country Paper – Somalia

DRAFT

February 2013

This synthesis has been elaborated in preparation for the CAADP workshop on the integration of nutrition in National Agricultural and Food Security Investment Plan, to be held in Dar-es-Salaam, Tanzania, from the 25th to the 1st March 2013.

The purpose of this Nutrition Country Paper is to provide a framework for synthesizing all key data and information required to improve nutrition in participating countries and scale up nutrition in agricultural strategies and programs. It presents key elements on the current nutritional situation as well as the role of nutrition within the country context of food security and agriculture, including strategy, policies and main programs. The NCPs should help country teams to have a shared and up-to-date vision of the current in-country nutritional situation, the main achievements and challenges faced both at operational and policy levels.

This work document will be further updated by the country team during the workshop.

General sources used to produce this document

The tableau below suggests a list of sources to consult when completing the NCP. This list has been completed with country-specific documents (e.g. national policies, strategic plans) that are available in your country.

| Sources | Information | Lien internet |
|-------------------------|---|---|
| CAADP | Signed Compact / Investment plans / Stocktaking documents / Technical Review reports if available | http://www.nepad-caadp.net/library-country-status-updates.php |
| DHS | DHS Indicators | http://www.measuredhs.com/Where-We-Work/Country-List.cfm |
| FANTA | Food and Nutrition technical assistance / select focus countries | http://www.fantaproject.org/ |
| FAO | Nutrition Country Profiles | http://www.fao.org/ag/agn/nutrition/profiles_by_country_en.stm |
| | FAO Country profiles | http://www.fao.org/countries/ |
| | FAO STAT country profiles | http://faostat.fao.org/site/666/default.aspx |
| | FAPDA – Food and Agriculture Policy Decision Analysis Tool | http://www.fao.org/tc/fapda-tool/Main.html |
| | MAFAP – Monitoring African Food and Agricultural Policies | http://www.fao.org/mafap/mafap-partner-countries/en/ |
| OMS | Nutrition Landscape information system (NILS) | http://apps.who.int/nutrition/landscape/report.aspx |
| REACH | REACH multi-sectoral review of existing data on the nutrition situation, programmes and policies | <i>When available</i> |
| ReSAKKS | Regional Strategic Analysis and Knowledge Support System | http://www.resakss.org/ |
| UNICEF | Nutrition Country Profiles | http://www.childinfo.org/profiles_974.htm |
| | MICS: Multiple Indicators Cluster Surveys | http://www.childinfo.org/mics_available.html |
| WFP | Food security reports | http://www.wfp.org/food-security/reports/search |
| Others | | |
| National Sources | National Micronutrient and Anthropometric Nutrition Survey, 2009 | |
| | National policies: <ul style="list-style-type: none"> - Six Pillar Policy of the Federal Government of Somalia - Somaliland National Development Plan - Puntland Five Year Development Plan - The Revised FAO Strategy for Somalia - Somali Nutrition Strategy - The Essential Package Of Health Services | |

I. Context – Food and Nutrition Situation

| General Indicators | | Sources / Year ⁱ |
|--|------|-----------------------------|
| Population below international poverty line of US\$1.25 per day | | |
| Under-five mortality rate (per 1,000 live births) | 135 | MICS (2006) |
| Infant mortality rate (per 1,000 live births) | 86 | MICS (2006) |
| Primary cause of under-five deaths ⇒ Rate of death due to PNEUMONIA | | WHO (2008) |
| Maternal mortality rate /100 000 live births | 1044 | MICS (2006) |
| Primary school net enrolment or attendance ratio | 23% | MICS (2006) |
| Primary school net enrolment -ratio of females/males | 0.8 | MICS (2006) |
| Agro-nutrition indicators | | Sources/Year ⁱ |
| Cultivable land area (1000 ha) | 1045 | FAO (2005) |
| Access to improved drinking water in rural areas | 9% | UNICEF(2008) |
| Access to improved sanitation in rural areas | 13% | MICS (2006) |
| Food Availability | | |
| Average dietary energy requirement (ADER) | -- | |
| Dietary energy supply (DES) | -- | |
| Total protein share in DES | -- | |
| Fat share in DES | --- | |
| Food Consumption | | |
| Average daily consumption of calories per person | -- | |
| Calories from protein | -- | |
| Calories from fat | --- | |

Economic Development

Livestock and agriculture are the mainstay of the Somali economy, accounting for around 50 percent of the gross national product (GDP). Despite the lack of regulation and government protection – and the civil conflict, natural disasters and fierce competition from highly advanced economies such as Australia and Argentina – Somalia's livestock exports have doubled in comparison to 1990 levels. **Somalis worldwide provide more than USD1bn in remittances back to Somalia each year – more than the international community provides in aid.** Somalia has enormous natural resources. It has two as yet untapped rivers. It has eight million hectares of cultivable land. The 3,000km coastline is the longest in Africa, with numerous marine resources. **The country possesses huge deposits of uranium and other precious minerals. Last but not least, Somalia has substantial reserves of oil and gas.** Exploratory drilling has recently begun in Puntland. Somalia has a modest industrial sector, based on the processing of agricultural products.

Geography, population & human development

Somalia is situated in north eastern Africa, on the Horn of Africa along the Gulf of Aden and Indian Ocean. The climate is mainly arid to semi-arid conditions with **regular droughts, occurring moderately every three to four years and severely every seven to nine years.** An estimated 65 percent of the population is living in rural areas. Nomads and semi-pastoralists, which are dependent upon livestock for their livelihoods, make up a large portion of the population. Competition over natural resources (including land, forests, water, energy and marine resources) is mainly perpetuated by inter group inequalities. According to the Human Development Report for 2012; competition for natural resources has been a persistent factor in igniting and sustaining clashes among clans and militia groups.

A large portion of Somalis live abroad due to the war and famine that have plagued the country. Somali has been without a central government since 1991. **Only 23 percent of school age children are attending primary school** and of those only 4 percent complete primary school. In urban areas, 41 percent of children attend school while in rural areas attendance is only estimated at 12 percent. Gender disparities exist and only one in four women are literate.

Food Security (food availability, access, utilization, and coping mechanisms)

Main indicators of the food insecurity situation, food accessibility (quality and quantity), diversity, food access, utilization

Overall, around 80 percent of Somali households rely on natural resources for their livelihoods, making them highly vulnerable to environmental factors and shocks. Even in good years, the local production of mainly sorghum and maize does not meet the food demands of the population. Somalia is only able to produce 40 percent of its cereal requirements. Food security varies wildly by area, season and according to climatic, political and economic factors. Generally, the southern part of the country is considered to have higher potential for food security compared to the northern part mainly due to the two perennial rivers and potential for irrigation; however; insecurity and conflict have affected the realisation of this potential. It is estimated that one out of five harvests in Somalia is a partial failure and one in ten a complete write-off. Dry weather in Somalia affects crop production, water resources and pasture availability. The UN described the year 2011 as the worst humanitarian crisis in the world, drought and conflict left more than four million people at risk of starvation in Somalia; 1.05 million people still need humanitarian assistance across the country.

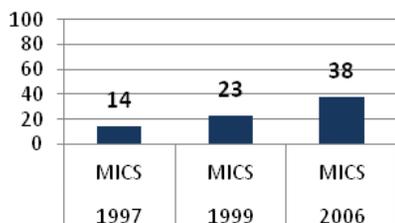
Dietary diversity is generally poor, specifically related to poor knowledge and eating habits. Diet consists mainly of cereal (maize or rice), oil, sugar, seasonably variable access to milk and occasional access to meat. Vegetables and/or fruit are rarely consumed. Patterns differ for pastoralist populations for whom milk makes more significant contribution to the diet. Poor food diversity coupled with the current economic crises and lack of knowledge on diet contributes to the narrow food groups and poor utilization of locally available food sources.

Main causes of malnutrition in your country related to economic vulnerability and food insecurity

- Reoccurring drought and seasonal floods - affect crop and livestock production
- Recurrent conflict and civil insecurity which have resulted in civilian displacement and restriction of internal and cross border trade flow
- Chronic macroeconomic shocks, such as the persistent ban of livestock export and lack of employment opportunities, affect investment in productive sectors like crop and livestock.
- Small scale, traditional farming systems are not benefitting from new technology and inputs.
- Poverty
- High rates of stunting caused by widespread food insecurity and poor diet diversity

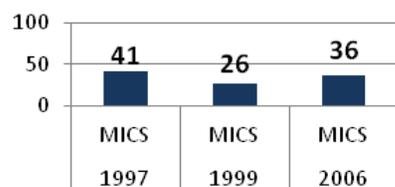
STUNTING TRENDS

% children <5 years of age stunted
NCHS Reference Population



UNDER-WEIGHT TRENDS

% children <5 years old underweight
NCHS reference population



Stunting and underweight prevalence by gender, residence and wealth status

| Indicator (WHO Standards) Source: MICS 2006 | Gender | | | Residence | | | Wealth quintile | | | | | |
|--|--------|--------|-----------|-----------|-------|-----------|-----------------|----|----|----|--------|-----------|
| | Male | Female | Ratio m/f | Urban | Rural | Ratio u/r | 1 Poor | 2 | 3 | 4 | 5 Rich | Ratio r/p |
| Stunting prevalence | 43 | 41 | 1.0 | 32 | 48 | 0.7 | 52 | 52 | 47 | 32 | 25 | 0.5 |
| Underweight prevalence | 33 | 30 | 1.1 | 20 | 38 | 0.5 | 42 | 42 | 36 | 23 | 14 | 0.3 |

| Agro-Nutrition Indicators (continued) | | Sources/Year ¹ |
|---|---------|---------------------------|
| <i>Nutritional Anthropometry (WHO Child Growth Standards)</i> | | |
| Prevalence of stunting in children < 5 years of age | 38% | MICS (2006) |
| Prevalence of wasting in children < 5 years of age | 11% | MICS (2006) |
| Prevalence of underweight children < 5 years of age | 36% | MICS (2006) |
| % Women (15-49 years) with a BMI < 18.5 kg/m ² | 21,8 % | NMANS ¹ (2009) |
| Prevalence of obesity BMI > 30 kg/m ² | No data | NMANS (2009) |
| - Children under 5 years old - Adults | 26,9% | |

Nutritional Situationⁱⁱ

The malnutrition among children under 5 years of age is a significant public health problem in Somalia with some variations by zone and livelihoods system. Rates of wasting in Somalia for the period 2001-2011 have generally remained at critical levels with a national median rate of 16.2 percent. An estimated 215 000 under five years of age are acutely malnourished out of which 45 000 are severely malnourished. Underweight reported a national median rate of 24.0 percent, while stunting over the same period reported a national median rate of 23.0 percent which is alert level for chronic malnutrition. The MICS (2006) survey found that children from rural areas and children of uneducated mothers are twice as likely to be underweight. Children from rural areas are also more likely to be stunted or wasted than other children. In addition the NMANS survey (2009) found that almost 21.5 percent of the women were underweight, while about 14.0 percent were overweight and 6.7 percent were obese. These figures suggest a significant energy deficiency in women in Somalia.

Acute malnutrition is especially a huge public health problem in South and central Somalia and is largely attributed to the prolonged conflict. The northern regions account for less of the burden of undernutrition partly due to relative political stability that has provided space for interventions other than direct humanitarian assistance. The Riverine and Agro pastoral groups suffered the highest median rate of all of 3 forms of malnutrition, while the pastoral showed the lowest median rates except for the urban populations. Seasonally, malnutrition rates vary in a similar pattern even in different livelihood groups, increasing from *Jilaal* to the *Gu* period when it at its peak then falling to the lowest levels in *Hagaa* seasons with peaks in *Deyr*. *Gu* and *Deyr* are wet seasons thus record higher levels of acute and chronic malnutrition in Somalia. The start of *Gu* and *Deyr* also mark the beginning of cultivation period and therefore coincide with the hunger period, which tend to have increased odds of malnutrition.

¹ National Micronutrient and Anthropometric Nutrition Survey

| Agro-nutrition indicators (continued) | | Sources/Year ⁱ |
|---|-------|---------------------------|
| Infant feeding by age | | |
| Children (0-6 months) who are exclusively breastfed | 5,3% | NMANS (2009) |
| Children (6-9 months) who are breastfed with complementary food | 15% | UNICEF (2006-10) |
| Children (9-11 months) who are using a bottle with a nipple | -- | |
| Children (20-23 months) who are still breastfeeding | 26,8% | NMANS (2009) |
| Coverage rates for micronutrient supplements | | |
| % Households consuming adequately iodized salt (\geq 15ppm) | 3,9% | NMANS (2009) |
| Vitamin A supplementation coverage rate (6-59 months) | 24% | MICS (2006) |
| Vitamin A supplementation coverage rate (\leq 2 months postpartum) | 9% | MICS (2006) |
| Prevalence of anemia among pre-school children | 59,3% | NMANS (2009) |
| Prevalence of anemia among pregnant women | 49,1% | NMANS (2009) |

Infant feeding/Maternal health

In Somalia, the NMANS (2009) survey found most indicators of infant feeding were poor. **Exclusive breastfeeding levels are very low and only 5.3 percent of Somali children age 0-6 months are exclusively breastfed.** Breastfeeding should continue for the first two years of life and in Somalia 26.8 percent of children are still breastfed at 20-23 months old. In the MICS (2006) survey, it was found that girls were more likely to be exclusively breastfed than boys (14 percent versus 8 percent). Complementary foods should be introduced to the infant at 6 months of age, however **just 12% of children 6-11 months of age are receiving the recommended number of complementary feedings.** A good indicator of a mother's health and nutritional status is the weight of her baby at birth. Data on birth weight is not routinely collected in Somalia, however the MICS 2006 asked mothers their perception of the size of their infant at birth. For the last child born, 27% of mothers reported that their infant was "very small" or "smaller than average" at birth. Mothers

Micronutrients

In the MICS survey (2006), it was found that **vitamin A supplementation reached 24% of children under 5 years old.** For children between 6-11 months of age only 18% of them received Vitamin A supplementation whereas more than 25% of children 24-59 months received Vitamin A supplementation. For women who gave birth in the previous two years before the MICS, 9% of mothers received Vitamin A supplements post partum. The level of wealth of the family as well as the level of education of the mother affects the coverage rates, **with 19%** of women from the richest wealth quintile benefitting from Vitamin A supplementation. The NMANS (2009) shows that the prevalence of anaemia in children 6-59 months is a serious public health concern, with an overall prevalence of 59.3% (54.8-63.6), and that there is a significant difference between Urban and Rural settlements with children

in rural settlements having risk of developing anaemia 50% more than their counterparts in the Urban settlements. In the same survey, adequate levels of iodine in salt are only reported for 3.9% of those households that had salt available for testing.

Main linkages between malnutrition and disease

- Acute malnutrition showed significant associations with any diseases and with individual common child illnesses.
- Children who were ill had 1.37 times greater risk of being acutely malnourished than those who were not

Main linkages between malnutrition, care and socio-cultural issues

- Low rate of exclusive breastfeeding; mothers supplement breast milk with water.
- Inadequate feeding practices for infants and young children
- High rate of micronutrient deficiencies
- Cultural practices and beliefs

II. Current strategy and policy framework for improving food security and nutrition

Specific strategies, policies and programs currently in place in the food and agriculture sector to improve nutrition

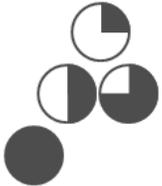
What are the most relevant policy documents and strategic plans (i.e. policies, strategies and action plans related to nutrition, food security, agricultural development, sustainability, etc.) related to food and nutrition security? How is food and nutrition security addressed in these plans? Are they operational?

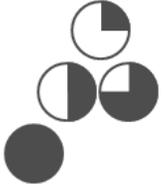
Objectives and main activities: What main nutrition sensitive activities are mainstreamed in the different strategies and policies?

Budget: What budget allocations have been made? Any specific line dedicated for food and nutrition security?

Key points: Is nutrition included as an objective of agricultural policies and/or national development plans? If there is a separate Nutrition Policy or Programme, what involvement is there from agriculture? For each policy, illustrate the level of importance, the level of mainstreaming of the nutrition component, the linkages between nutrition and agriculture, the implementation or not of activities and recommendations, the impacts...

| Strategy / Policy | Reference Period | Objectives and main components | Budget / Donor | Stakeholders | Key points | Integration of Nutrition |
|---|------------------|--|----------------|--|---|--------------------------|
| STRATEGIC FRAMEWORK | | | | | | |
| Six Pillar Policy of the Federal Government of Somalia | 2012 | <p>Overall objective: To outline a public policy framework that sheds light on the top most priority issues to alleviate the suffering of the citizens and lay strong foundations for building reliable and functioning state institutions.</p> <p>The Six pillar policy revolves around the following priorities:</p> <ul style="list-style-type: none"> • Stability – supremacy of the law and good governance - in order to create an enabling environment by focusing on security, judiciary and good governance. • Economic recovery – livelihoods and economic infrastructure – creating gainful employment opportunities, reconstructing the national economy based on principles of free market and private ownership, supporting the agriculture sector for improved food security, rehabilitating basic economic infrastructures and eradicating poverty through pro-poor investment policies. • Peace building – social reconciliation through building bridges of trust – the main aim is to facilitate social reconciliation through dialogue at local and national levels. • Service delivery – health, education and environment – public service delivery was grounded in Somalia, so the government now | | All cooperating partners working with the government in Somalia. | Though not explicitly mentioning nutrition as the main focus; the six pillar policy recognises the role of good health and food security which are important ingredients to achieving improved household and national nutritional status. | |

| Strategy / Policy | Reference Period | Objectives and main components | Budget / Donor | Stakeholders | Key points | Integration of Nutrition |
|---|------------------|--|--|--|---|---|
| | | <p>aims to guarantee primary health care, improve educational facilities and policies as well as protect the environment through appropriate laws.</p> <ul style="list-style-type: none"> • International relations – building collaborative relations and polishing the national image – in order to sustain the recovery process, the government will focus on improving diplomatic, economic and trade relations with neighbouring countries and beyond. • Unity and integrity of the country – striving together for a better future – specifically this focuses on the re-integration of the semi autonomous regions in the northwest and east of the country. | | | | |
| Somaliland National Development Plan | 2012-2016 | <p>To accelerate the development of the agricultural sector:</p> <ul style="list-style-type: none"> - Building the institutional capacity of MoA, - Establishing research centres, - Developing training and extension programs, - Improving agricultural support services, - Promoting sustainable agricultural and land management methods, - Promoting commercial farming, and - Improving the coordination of the sector programs and activities. <p>To tackle the main obstacles hampering the development of the livestock sector:</p> <ul style="list-style-type: none"> - Strengthening institutional capacity of the Ministry in terms of facilities, equipment and human resource development, - Establishing research and training centres, - Introducing extension programs, - Improving veterinary service delivery systems - Developing livestock export infrastructure, and | The budget for the three sectors is USD55 million. | Somalis in diaspora, regional institutions, INGOs, private sector, UN agencies as well as bilateral and multilateral donors. | Overall, nutrition is an inherent factor across all sector development plans. | <p><i>Country point of view : Fill with one of the following symbol :</i></p>  |

| Strategy / Policy | Reference Period | Objectives and main components | Budget / Donor | Stakeholders | Key points | Integration of Nutrition |
|--|------------------|---|----------------|---|------------|--|
| | | <ul style="list-style-type: none"> - Strengthening monitoring and evaluation of program. <p>To take lead in the development of the fisheries sector through providing leadership, investing in the infrastructure as well as developing the right policy and regulatory framework:</p> <ul style="list-style-type: none"> - Developing appropriate fisheries policies and regulations for the industry, - Strengthening the institutional capacity of the Ministry of fisheries, - Establishing cold chain facilities from producing ports to consuming markets, - Building fish markets in the main urban centres to promote consumption, - Setting up training and research facilities, - Promoting fish exports to key importing markets, - Supporting and promoting the fish processing and canning industry, - Promoting fish farming and aqua culture, - Rehabilitating local fishing ports, - Establishing marine sanctuaries and fish restocking programs. | | | | |
| Puntland Five Year Development Plan | 2007 - 2011 | <p>Long term development goal of the productive sectors to enhance the livelihood opportunities of the population</p> <p>Main Outcomes:</p> <ul style="list-style-type: none"> - Improved food security, despite the fragility of the environment. - Improved livelihoods and food security. - Environment and biodiversity protection and management of marine and coastal resources. - Improved and sustainable agricultural management practices. | | Government ministries, INGOs, UN agencies and donors. | | <p>Country point of view : Fill with one of the following symbol :</p>  |

| Strategy / Policy | Reference Period | Objectives and main components | Budget / Donor | Stakeholders | Key points | Integration of Nutrition |
|---|------------------|---|--|--|--|--|
| AGRICULTURE | | | | | | |
| The Revised FAO Strategy for Somalia | 2013 - 2015 | <p>Overall objective:</p> <ul style="list-style-type: none"> - to improve livelihoods and food security in Somalia through building resilience, developing institutional capacity, strengthening policy support and cross border integration and enhancing information management that feeds into appropriate decision making by the authorities. <p>Sub-Programmes:</p> <ul style="list-style-type: none"> - Resilience Sub-Programme – the FAO’s resilience programme is based on the acknowledgement that repeated short-term humanitarian interventions have failed to support households’ and communities’ resilience to repeated shocks, and that a paradigm shift towards longer-term support is needed. - Capacity development for key government institutions - the capacity development sub-programme is aimed at creating an enabling environment to enable government structures/ministries and other institutions related to the productive sectors to deliver their respective key functions effectively within their mandates. - Policy support and cross border integration - building on past experiences, lessons and alliances with key technical and development partners, FAO intends to support the Somali government to enhance and strengthen its engagement by facilitating dialogue and ensuring a strong representation at regional level. - Information analysis and management - the information system sub-programme aims at providing timely and accurate information for decision makers | <ul style="list-style-type: none"> - The overall programme budget is estimated at USD443 million. | <ul style="list-style-type: none"> - The main stakeholders include the relevant government ministries, key UN partners (WFP and UNICEF), NGOs and academic institutions where relevant. | <ul style="list-style-type: none"> - Nutrition is highly considered across all sub-programmes however, nutritional information for decision making and programme designing forms the foundations the information sub-programme. | <p>Country point of view : Fill with one of the following symbol :</p>  |
| FOOD SECURITY | | | | | | |
| The Food Security Strategies and Policies cannot be separated from the development as well as the Agriculture Policies/Strategies of the country. | | | | | | |

| Strategy / Policy | Reference Period | Objectives and main components | Budget / Donor | Stakeholders | Key points | Integration of Nutrition |
|---|------------------|---|----------------|--|--|--|
| NUTRITION | | | | | | |
| Somali Nutrition Strategy | 2011-2013 | <p><u>Main goal:</u> to contribute to improved survival and development of Somali people through enhanced nutritional status</p> <p><u>Outcomes:</u></p> <ul style="list-style-type: none"> i) improved provision of quality services for the management of acute malnutrition; ii) sustained quality nutritional surveillance and analysis of nutrition information to inform appropriate and rapid responses; iii) improved knowledge, attitudes and practices regarding infant, young child and maternal nutrition; iv) improved availability, accessibility and coverage of micronutrients and de-worming; v) increased redress of underlying negative practices through awareness and commitment to effective action across other sectors vi) improved capacity and means in country to make effective nutrition responses | | <p>Ministry of Health</p> <p>UN agencies</p> <p>International and local NGOs</p> | | <p>Country point of view : Fill with one of the following symbol :</p>  |
| HEALTH & SOCIAL PROTECTION | | | | | | |
| The Essential Package Of Health Services | 2009 Ongoing | <p>The EPHS consists of :</p> <ul style="list-style-type: none"> -four levels of service provision -ten health programmes -six management components | | | <p>Core program includes:</p> <ul style="list-style-type: none"> Promotion of maternal nutrition Promotion of neonatal nutrition Care after birth Promotion of young child nutrition Nutrition screening Nutrition – micronutrient supplements Reduction of anaemia Nutritional support for adults and children with chronic disease | <p>Country point of view : Fill with one of the following symbol :</p>  |

Institutional execution framework linked to food security and nutrition

Which are the institutions responsible for, and participating in the design and implementation of FNS policies and programmes?

Currently, the Federal Government with the support of different partners is in the process of developing the capacity of different national institutions and departments to take leading roles in designing and coordinating the implementation of all government policies and programmes. Considering years of institutional breakdown; the process may take long time to bear expected fruits. However; government partners have been playing proxy roles in the designing and implementation of food security and nutrition programmes in Somalia. Such initiatives include the formation of a technical working group to start a preparatory process of the institutional capacity development programme in Somalia. The objective will be to set up policy and technical bodies for informed policy-decision making on food security matters.

Main entities in charge of implementing the food and nutrition policy framework

What types of support structures, institutions, programmes, initiatives exist at central and community levels to strengthen household FNS (formal, non-formal, traditional etc.)? Anchorage, Main ministries involved, role and responsibilities, coordination mechanisms (task force, core group, cluster...)

Despite years of conflict, Somalia has one of the most vibrant partner network across all productive sectors. As one way of coordinating the implementation of both humanitarian and long term support; the partners forms clusters that oversee respective technical pillars. These include the Nutrition Cluster, the Food Security Cluster and others. Clusters comprise the UN specialised agencies, the civil society and the NGOs working in Somalia.

Main technical and financial partners

Role, responsibilities, coordination...

Multilateral development partners

UNDP, WHO, UNICEF, UNFPA, FAO, UNIDO, UNTAD and IFAD support the implementation of health, nutrition, childhood development, agriculture, economic development, and other programs.

WFP, UNHCR and OCHA provide financial and technical assistance for humanitarian activities.

World Bank (WB) provides financial (loans and grants) and technical assistance
EU/ECHO,

Bilateral development partners

United States Agency for International Development (USAID) is involved in health, nutrition and childhood development programs and provides financial and technical support.

Danish International Development Agency,
Italian Cooperation Agency,

Norway/NORAD,
IUTLD,
GAVI,
UK/DFID,
Japan/JICA,
China Development Assistance,
Global Fund).

Local & International NGOs

Disaster prevention/management structures

What are the disaster prevention/management structures in place at central and local levels? Do these operate effectively? What more can be done?

At the central/federal government a National Disaster Management Agency (NDMA) was established. The regional administrations have also established drought management agencies/authorities, NERD and HADMA respectively. Other regional states (such as Galmadug, Jubaland or Azania State, Shabelle, Benadir and so on) are in the process of being formed or operationalized and already directly interface with the international community.

Adherence to global /regional initiatives linked to nutrition

What global/regional initiatives is the country adhering to in order to promote food and nutrition security? Is it of any value to IP implementation?

What institutions exist at regional level that promote FNS and could be of value to IP implementation?

Without central government for a long time; Somalia has not been able to fully integrate itself at regional and global levels. This lack of proper representation at that level has contributed to Somalia missing out on promoting beneficial food and nutrition security policies. It is envisaged that with the new federal government in place; such gaps will be filled in order to allow Somalia actively participate and embrace global and regional initiatives.

Analysis of on going process within nutrition-linked regional and international initiatives

(Ex : Reach, SUN, CAADP...)

- *Without central government for a long time; Somalia has not been able to fully integrate itself at regional and global levels. It is envisaged that with the new federal government in place; such gaps will be filled in order to allow Somalia actively participate and embrace global and regional initiatives.*

III. Analysis of current and future country nutritional actions & perspectives

Institutional framework & funding

Main evolutions in terms of institutional framework, linked with nutrition and main trends in terms of financing mechanisms

Main food and agriculture programmes and interventions being implemented to improve nutrition in the different sectors (health, agriculture, food security,...)

Description and analysis of these main activities (mainly the ones mentioned above in the institutional framework) Emphasize multisectoral initiatives, Classify according to main levels and axis to address malnutrition

Consideration of nutritional goals into programs / activities related to agriculture and food

Analysis of the Mainstreaming Nutrition in different sectors, and at the institutional level

Main population groups targeted & localisation

Analysis of the targeting mechanism / What is the scale in which those programmes and interventions are being implemented at national level, provincial or district level?

Monitoring & Evaluation mechanisms

Description of the monitoring & evaluation mechanisms, main indicators collected and used (multisectoral approach)

Trends in under-five and infant mortality rates and nutritional status indicators will be monitored through MICS and FSNAU nutrition surveillance data. FSNAU KAPS 2007 and the National Micronutrient and Anthropometric Nutrition Survey 2009 have provided valuable baseline information on a number of key indicators.

Data collection mechanisms:

- FSNAU surveillance data provides valuable, quality information on a range of indicators
- MICS is planned to be repeated after 3 years;
- Implementing partner reports
- the Health Information System, which has been of low quality and irregular but for which there are ongoing efforts to improve quality through simplification of reporting forms, training, analysis and regular feedback.

Coordination mechanisms (public-public, public-private, technical and financial partners)

Analysis of these mechanisms, and suggestions of improvements

Main management and technical capacities at the institutional level

*Managerial capacities of line ministry staff at national, provincial and district levels?
Technical capacities of Ministry staff and agriculture service providers and R&D sector?*

Main issues at stake to improve the mainstreaming and scaling-up of nutrition at the country level and regional / international level, taking into account sustainability

Success factors, challenges, main priorities

Definitions

| | | | |
|---|---|---------------------------------|---|
| Acute hunger | Acute hunger is when the lack of food is short term, and is often caused when shocks such as drought or war affect vulnerable populations. | Multi-stakeholder approaches | Working together, stakeholders can draw upon their comparative advantages, catalyze effective country-led actions and harmonize collective support for national efforts to reduce hunger and under-nutrition. Stakeholders come from national authorities, donor agencies, the UN system including the World Bank, civil society and NGOs, the private sector, and research institutions. |
| Chronic hunger | Chronic hunger is a constant or recurrent lack of food and results in underweight and stunted children, and high infant mortality. “Hidden hunger” is a lack of essential micronutrients in diets. | Nutritional Security | Achieved when secure access to an appropriately nutritious diet is coupled with a sanitary environment, adequate health services and care, to ensure a healthy and active life for all household members. |
| Direct nutrition interventions and nutrition-sensitive strategies | Pursuing multi-sectoral strategies that combine direct nutrition interventions and nutrition-sensitive strategies. Direct interventions include those which empower households (especially women) for nutritional security, improve year-round access to nutritious diets, and contribute to improved nutritional status of those most at risk (women, young children, disabled people, and those who are chronically ill). | Severe Acute Malnutrition (SAM) | A weight-for-height measurement of 70% or less below the median, or three standard deviations (3 SD) or more below the mean international reference values, the presence of bilateral pitting edema, or a mid-upper arm circumference of less than 115 mm in children 6-60 months old. |
| Food Diversification | Maximize the number of foods or food groups consumed by an individual, especially above and beyond starchy grains and cereals, considered to be staple foods typically found in the diet. The more diverse the diet, the greater the likelihood of consuming both macro and micronutrients in the diet. <i>Source : FAO</i> | Stunting (Chronic malnutrition) | Reflects shortness-for-age; an indicator of chronic malnutrition and it is calculated by comparing the height-for-age of a child with a reference population of well-nourished and healthy children. |
| Food security | When all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. | Underweight | Measured by comparing the weight-for-age of a child with a reference population of well-nourished and healthy children. Reflects a recent and severe process that has led to substantial weight loss, usually associated with starvation and/or disease. |
| Hunger | Hunger is often used to refer in general terms to MDG1 and food insecurity. Hunger is the body’s way of signaling that it is running short of food and needs to eat something. Hunger can lead to malnutrition. | Wasting | Wasting is calculated by comparing weight-for-height of a child with a reference population of well-nourished and healthy children. Often used to assess the severity of emergencies because it is strongly related to mortality. <i>Source : SUN Progress report 2011</i> |
| Iron deficiency anemia | A condition in which the blood lacks adequate healthy red blood cells that carry oxygen to the body’s tissues. Without iron, the body can’t produce enough hemoglobin, found in red blood cells, to carry oxygen. It has negative effects on work capacity and motor and mental development. In newborns and pregnant women it might cause low birth weight and preterm deliveries. | | |
| Malnutrition | An abnormal physiological condition caused by inadequate, excessive, or imbalanced absorption of macronutrients (carbohydrates, protein, fats) water, and micronutrients. | | |
| Millennium Development Goal 1 (MDG 1) | Eradicate extreme poverty and hunger, which has two associated indicators: 1) Prevalence of underweight among children under five years of age, which measures under-nutrition at an individual level; and, 2-Proportion of the population below a minimum level of dietary energy consumption, that measures hunger and food security, and it is measured only at a national level (not an individual level). <i>Source : SUN Progress report 2011</i> | | |

Acronyms

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| ASARECA | Association for Strengthening Agricultural Research in Eastern and Central Africa |
| AUC | African Union Commission |
| BMI | Body Mass Index |
| CAADP | Comprehensive Africa Agriculture Development Program |
| CILSS | West Africa Regional Food Security Network |
| CIP | Country Investment Plan |
| COMESA | Common Market for Eastern and Southern Africa |
| CORAF | Conference of African and French Leaders of Agricultural Research Institutes |
| DHS | Demographic and Health Survey |
| EAC | East African Community |
| ECOWAS | Economic Community of West African States |
| FAFS | Framework for African Food Security |
| FAO | Food and Agriculture Organization |
| IFAD | International Fund for Agricultural Development |
| IFPRI | International Food Policy Research Institute |
| JAG | Joint Action Group |
| MICS | Multiple Indicator Cluster Survey |
| NAFSIP | National Agriculture and Food Security Investment Planning |
| NCD | Non-communicable Disease |
| NCHS | National Center for Health Statistics, Centers for Disease Control & Prevention |
| NEPAD | New Partnership for Africa's Development |
| NPCA | National Planning and Coordinating Agency |
| PRS | Poverty Reduction Strategy |
| REACH | Renewed Efforts Against Child Hunger |
| REC | Regional Economic Community |
| SGD | Strategic Guidelines Development |
| SUN | Scaling-Up Nutrition |
| UNDP | United Nations Development Program |
| UNICEF | United Nations International Children's Emergency Fund |
| USAID | United States Agency for International Development |
| WFP | World Food Program |
| WHO | World Health Organization |

ⁱ Correspond à l'année réelle d'application de l'indicateur, et non à l'année de l'enquête réalisée

ⁱⁱ En 2006, les normes de références pour les mesure anthropométriques ont été modifiées : passage des normes référence NCHS aux normes référence OMS. Ainsi, pour comparer les évolutions entre avant et après 2006, il est nécessaire de comparer des données selon les normes de référence NCHS.