

Best Practice on Using the Cluster Approach at the Field Level
IASC Global Nutrition Cluster: Somalia
In preparation for the pilot CSLT, 26-30 March 2007
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Country/emergency where the best practice was used:

Somalia, mainly the South and Central Somalia

Cluster: Country Nutrition Cluster - Somalia

Cluster lead agency and name/email of cluster coordinator:

UNICEF Somalia

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Background: Unique emergency situation in Somalia

Somalia, and the South and Central in particular, has experienced chronic and complex emergencies in the past 15 years. The protracted nutrition crisis has been linked to extreme humanitarian conditions that are triggered by multiple and sequential shocks (sometimes overlapping shocks, e.g. conflict during drought period and conflict during flooding). These shocks have torn the resilience fabric of the Somalis, resulting to increased nutritional vulnerability across wealth and livelihood groups. Due to these protracted nutrition crises and the impact of the multiple shocks, humanitarian agencies have had difficulties in delineating the impact of the various shocks on nutrition. The security situation combined with a lack of a central government control makes the challenges even greater. Operations are managed from neighbouring Kenya. There are regular drawbacks in programmes' outputs and outcomes.

Despite these challenges, humanitarian actors are still engaged and determined to make a difference. The cluster approach to humanitarian response coordination was introduced in early 2006. Below are summaries of the challenges, best practices and some of the achievements in the past year.

Challenges and constraints encountered in the nutrition cluster implementation (and some strategies/effort employed/adopted to overcome them [in brackets])

In the course of the implementation of the nutrition cluster approach in Somalia, the following are some of the challenges, constraints or issues in need of clarification:

- **Clarity and reality of the “provider of last resort” concept:** This is a concept not well understood by many of the stakeholders and it was found not easily achievable in the Somalia context where there is limited human capacity, security, funding and challenging logistics. (Effort/Solution: Cluster members have made an effort to interpret the concept in the effort of gap filling. The “provider of the last resort” was advocated for interventions in inaccessible areas. It provides training and supports national NGOs with a potential to operate and ensures that adequate support [financial, technical and supplies] is available to agencies intending to implement programmes.)
- **Insecurity:** Limited access to vulnerable population in need of life saving humanitarian assistance. Support to district level coordination is not implemented due to inaccessibility. (Effort/Solution: Advocacy for improved security with national organisations from these areas. National NGOs are identified, trained and financially supported. Effort to provide coordination

support being made, to enable district level coordination of the intervening agencies – with or without INGO or the cluster coordinator.)

- **Limited funding:** Agencies depending on Consolidated Appeals or CAP funds (<http://ochaonline.un.org/cap2005/webpage.asp?MenuID=8168&Page=1357>) and short-term funding are constrained as they can neither expand programmes nor make medium/ longer term programme commitments. Further, most national NGOs do not meet existing criteria for funding and therefore do not easily access funding. **(Effort/Solution:** With the available improved nutrition surveillance information, prioritization of the limited fund to areas of critical nutrition situation has been done. A core-group from the cluster has been formed to assist in the proposal review and prioritization. Financial appeals have been made to support the ongoing programmes and to facilitate implementation of the proposed contingency plans. Provider of the last resort determining that funds for the critical emergency nutrition programmes is provided, although sometimes at the expense of other programmes areas/activities.)
- **Limited capacity in-country:** Agencies with capacity to undertake emergency nutrition programmes are too few and their expansion potential is limited due to access and lack of long term funding to support qualified staff and programmes expansion. National NGOs lack technical capacity to run programmes. However, the national NGOs have community presence and a good network. **(Effort/Solution:** Advocacy for improved security and long term funding on-going. National NGOs potential explored and training to some is conducted to improve skills in programme implementation. On the job training is undertaken – with the need and cost of temporarily removing national NGOs staff from insecure areas for training and working closely with them as they learn after training.)
- **The cluster implementation guidelines came in too late.** **(Effort/Solution:** The country cluster coordinator and the stakeholders interpreted and applied the guidelines as they understood them with limited support.)
- **Agency versus cluster achievement or attribution:** It is difficulty in distinguishing achievements purely associated with the cluster implementation in isolation of what the agencies are doing in response to the situation. Some agencies indicate that with or without coordination input, some programme activities would have taken place hence should not be included in the cluster achievement. **(Effort/Solution:** Be transparent about what is expected and then ensure documentation of effort and negotiate attribution. Long term implementation of cluster activities need to be mainstreamed in agency efforts so perhaps not a long term issue.)
- **Initial scepticism over Cluster initiative:** Some agencies are/were sceptical on close association with the UN and its associated initiative. The cluster approach is perceived by a few agencies as a “UN concept” being imposed on the humanitarian community and likely to turn NGOs into implementers of UN programmes/initiatives. Within the first three months of cluster implementation, appeal to NGOs to expand the nutrition programme was interpreted as a push to NGOs to intervene in insecure areas. Some NGOs indicate to have been running programmes in Somalia before the introduction of the cluster approach and they have experience in undertaking assessment, developing programmes and implementing without much involvement on extra coordination issues. *(However, it is notable that some of these organisations have occasionally consulted the cluster coordinator to avert programme duplications and improve inter-agency coordination in the programmes areas.)* **(Effort/Solution:** Agencies have been continually involved and kept informed on the cluster approach, progress and plans. They have continually been sharing plans and reports. The few agencies that have been reluctant to embrace the cluster approach concept seem to be gradually appreciating the equality in

partnership and the entire cluster approach process. Participation, joint ownership, accountability and partnership ensures the network is sustained and relevant.)

- **Cluster coordinators authority:** A position of Coordinator has no authority within the host agency or outside the host agency. There is no formal communication hierarchy between cluster coordination and the agencies yet the cluster coordinator is expected to facilitate arbitration between agencies. **(Effort/Solution:** Agency senior management needs to get “buy-in” from an organizational and professional point-of-view. Staffing should be re-examined to ensure appropriate placement in the lead agency and systems in place for maximum flexibility and response. Current policy is limited in dealing with the Cluster approach in agencies with inert or static policies and procedures.)
- **Lack of standard guide:** for cluster group’s Terms of Reference, expected performance indicators for the cluster and handling of arbitration in case a particular agency goes against the groups’ programme implementation recommendations. **(Effort/Solution:** Cluster Terms of Reference and cluster work plan have been developed and there is a draft of agreed nutrition programmes objectives to guide the stakeholders programme operations.)
- **Monitoring and evaluation of the emergency nutrition programmes impact is difficult.** There is limited documented impact due to the multiple and sequential occurrence of shocks which cause major drawbacks on programmes. The impact might look insignificant but it is could be implicitly great (e.g. relatively low mortality rate recorded during the crisis). The discrepancy between outcome or output indicators and impact indicators is due to the outstanding macro issues like insecurity, poverty, childcare, market factors etc which need to be addressed; however some of the issues are beyond the nutrition cluster scope. **(Effort/Solution:** Clearer guidance and willingness to explore reporting to meet multiple objectives both operationally and for advocacy purposes.)
- **Minimal engagement in communication between cluster coordinator and local authorities and government.** Somalia has the special situation where the Government structure is not yet established in all administrative levels. There is a lack of responsibility on behalf of the government. **(Effort/Solution:** Currently, agencies are encouraged to broker discussions with line ministries, as a consensus on how to go about it is sought at the cluster level.)
- **Type of partnerships between agencies influence implementation:** Some relationships being contractual agreements, particularly UN and NGOs affect the partnerships. These agreements are reported to miss a component of capacity building for implementing agencies. Partnerships are mainly fund related. Issues of excess bureaucracy of sponsoring agencies have been associated with delays in programme commencement and some desperation. **(Effort/Solution:** Advocacy for consideration of capacity improvement for potential partners by the “provider of the last resort” has been made. Fast track system of Programme Cooperation Agreement processing and supplies dispatch has been implemented by the UNICEF “Provider of the last Resort” to reduce delays in programme commencement.)
- **Many field based staff lack seniority** to make decisions on behalf of the agency, hence some deliberations in the field do not always lead to immediate action, pending consultation with respective agency’s Nairobi office. **(Effort/Solution:** Through advocacy, some agencies are delegating some field level responsibilities to programme staffs based at the programme sites to make decision during the coordination.)
- **Weak or non-existent data for decision making:** Lack of accurate population estimates in Somalia, thus using rough estimates of population sizes in planning.

- What are the key triggers for action: Inquiry by some of the cluster members “when does the cluster approach get triggered in a country”. The issue may need to be considered in the future guideline revisions.

Somalia nutrition cluster implementation best practices

- **Provider of the last resort role:** Considering prevailing insecurity, limited agency capacity and limited funding, therefore, it is difficult to easily access all nutritionally vulnerable populations in insecure areas. However some support was extended in delivering the role of the “provider of the last resort” by UNICEF. This includes:
 - The nutrition cluster, and UNICEF and the Nutrition Cluster Coordinator in particular, strongly advocated for inclusion of the fortified blended food in the general food distribution done in the emergency affected areas. Negotiations with the food aid agencies were done and the blended food ration which is part of the food basket has increased from 2.5kg (March/ April 2006) to 10kg/household/ month (November 2006) in most of the areas.
 - Strong advocacy to improve access to programme areas has been spearheaded by the UNICEF leading to airlifting of some nutrition supplies and personnel using helicopters and triggered discussions with Kenyan authority to allow nutrition/ humanitarian supplies transported overland to Somalia.
 - Potential for national NGOs operating in insecure areas was identified in the intervention gap filling. Three agencies (AMA, SAF and DMO) have been identified, trained and have received support from UNICEF to implement selective feeding programmes activities in the insecure areas. Many more agencies are under consideration.
 - Financial resources for the highly vulnerable areas were ensured despite overall shortage of resources. Proposals from national organizations, which do not meet the application criteria, yet have potential to improve coverage, were considered under larger organization’s proposal e.g. National NGOs projects were considered as sub-projects in the UNICEF CAP 2007 project.
 - The Nutrition Cluster Coordinator provided technical support to the agencies designing emergency nutrition response
- **Mapping of capacities and activities:** Compilation of the various intervention programmes into a matrix (by agency and by geographical area) and mapping the activities to facilitate intervention gaps identified. Reference to the nutrition vulnerability mapping has made it easier to identify priority areas with intervention gaps.
- **Coverage and impact analyses:** Nutrition assessments are undertaken to assess the coverage of the intervention programmes in the respective areas. The numbers of malnourished children by district/ region are usually estimated based on the best estimates of malnutrition levels and population size. The number of children admitted and rehabilitated in the selective feeding programmes against the rough estimates in need of rehabilitation have progressively increased from 6000 in March 2006 to about 19,000 (40% of about 50,000) in November 2006. This increase is due to expansion of programmes to highly vulnerable areas as well as increased coverage in relatively stable populations. Indications of improved nutrition situation was recorded following the nutrition interventions and relatively improvement of some food security indicators e.g. Berdaale District in Bay Region.
- **Building on the existing coordination mechanism** rather than establishing a new system: understanding the existing coordination mechanisms (SACB nutrition working group) and introducing the additional responsibilities (IASC Nutrition Cluster responsibilities) without

overburdening members with meetings was essential. Same stakeholders (UN, INGO, LNGO, Red Crescent and some donors) are participating and are fully involved.

- **Nutrition Cluster Coordinator is purely dedicated to cluster coordination only.** The cluster coordinator is not inclined to any agency's program or focus area. [Conversely this independence limits bearing of any authority that would hasten the intervention decision, e.g. cannot approve funding or commit the organization for any responsibilities even in times of staff shortage within the organization.]
- **Nutrition Cluster Coordinator has technical and contextual knowledge of the Somalia nutrition situation** (plus the region) as well as nutrition programming. Cross border issues are well considered in the Somalia coordination process.
- **Development of working Nutrition Cluster Terms of Reference** (draft which is currently being ratified). Different agencies have further assumed various key commitments within the group's activities e.g. FSAU leading in nutrition assessment, UNICEF providing essential nutrition supplies etc. The Terms of Reference promotes inter-agency and multi-sectoral situation assessment as well as joint review of the analysis and recommendations.
- National NGOs that have potential, but do not meet criteria for applying funding are identified, supported and involved in appeal processes (CAP, Flood Response Appeal etc). If the national NGO has a credible project which can fill some intervention gaps and the project happens to be consistent with the cluster objectives in the priority areas, the project is considered as sub-project of another credible organization. For example, four projects from four national NGOs [AMA, SAF, Green Hope and CAS] were submitted for CAP 2007 funding as UNICEF sub-projects.
- **Resource mobilization for the cluster:** The 2007 CAP and the Flood Response Appeal projects proposals were presented under the Nutrition Cluster umbrella. The nutrition cluster developed the overall objectives, identified the priority geographical area and complemented other humanitarian efforts.
- **Consultation with a core group:** A core group of volunteer technical members from active agencies assists the Nutrition Cluster Coordinator in reviewing proposal submitted for funding to HRF and CERF. They also assist in reviewing draft Terms of Reference, Cluster work plan etc. This review enhances coordination, ensures the project addresses priority areas and objectives as identified by the cluster, averts funding of non complementing or competing projects and gives credibility to the projects after technical clearance.
- **Advocacy** for inter-cluster collaboration in programme implementation even in a complex emergency to address both emergency concerns (life saving programmes) and non emergency programmes. Nutrition cluster representation in other cluster meetings is ensured, to fully address the underlying causes of malnutrition. Currently, there are inter-cluster coordination meetings where nutrition cluster issues are also presented by the Nutrition Cluster Coordinator.
- **Integration of cross cutting issues:** The cluster response plan for the CAP 2007 underscored consideration of early recovery issues in the projects through promotion of long term and short term programme strategies. The proposed projects were also expected to be sensitive to marginalized communities and marginalized members of the households.
- **Decentralization of coordination:** Early recognition of the gap between programme sites coordination issues and the Nairobi's (policy level) coordination led to the decentralization

move that is bridging the information gap. District level coordination meetings in accessible areas have been held. Representatives of the local authorities are sometimes participating in some Somalia level meetings. Similar meetings will be supported to take place in some of the insecure areas where some national NGOs are operating in.

- **Availability of an effective early warning information system** providing regular update of the information and therefore facilitating resource prioritization
- During the onset of the drought and the commencement of increased humanitarian response, “time-bound nutrition cluster response plan” (e.g. 90 day Nutrition Cluster response plan; 120 day Nutrition Cluster response plan) were developed. They facilitated close monitoring of progress made on the various proposed projects in the nutritionally vulnerable areas, on monthly or fortnight basis.
- **Updating the Humanitarian Coordinator (HC):** The Nutrition Cluster Coordinator provides a monthly progress report on humanitarian response to the HC, shares minutes of all the coordination meetings and represents the nutrition cluster in the Inter-Agency Standing Committee meetings (chaired by the HC). Regular updates on the expected programme case load, coverage and gaps are shared with the IASC and this facilitates prioritization of resources and determination of priority advocacy issues. Further, the Nutrition Cluster Coordinator provides the nutrition cluster response progress and the challenges encountered through briefing in nutrition cluster meetings, inter-cluster meetings, through updates in the monthly OCHA Humanitarian Update and occasional contributions to the FSAU’s monthly Nutrition Updates.

Key successes/outputs

Through the cluster approach implementation in the emergency nutrition programme coordination, significant progress was noted in the course of 2006. Some of these include:

- IASC Nutrition cluster and the SACB/ CISS nutrition working group meetings were easily synchronized thus averting possibilities of overburdening stakeholders with meetings
- Regular field level (Somalia) coordination meetings in the highly vulnerable areas were held where intervention progress was closely monitored, implementation issues were addressed and integration with other sectors was promoted. Through this decentralization, gaps in programme issues and information sharing between Nairobi and Somalia have significantly reduced.
- Effective early warning and monitoring information readily available and its use in programming highly improved. Update on the nutrition situation and on the ongoing intervention was regularly done and information widely shared
- Major steps in standardization of the management of severe acute malnutrition protocols and reporting formats were made. The quality of the emergency nutrition activities improved especially with reference to appropriateness of the interventions and reporting. Data base for selective feeding programme data is being compiled.
- Documentation of intervention coverage and gap analysis was regularly done. The establishment of the selective feeding programmes in the accessible areas was achieved as per the plan (28 SFP sites opened between March and September 2006). The number of children admitted and rehabilitated in the selective feeding programmes against the rough estimates in need of rehabilitation have been progressively increasing despite access challenges and limited capacity, e.g. from 12% in March 2006 to 40% in November 2006. Mapping of agencies with nutrition programmes was done in the course of gap analysis.

- “Provider of the last resort” role: Despite the challenges in insecurity, limited agency capacity and limited funding UNICEF managed to advocate for inclusion of blended fortified foods in the general food distribution ration (10kg/ household/ month in most WFP operational areas). Airlift of nutrition supplies by helicopters was also done through strong advocacy. The potential for national NGOs present in some insecure areas was explored by UNICEF and the Nutrition Cluster Coordinator and their potential partially exploited to reach the nutritionally vulnerable population. Project proposals targeting the highly vulnerable areas were prioritized and the necessary technical support was provided to NGOs undertaking response. Recognition of the local capacity to address gaps has harnessed confidence among cluster stakeholders and effort is underway to improve partnership between experienced agencies and those without field experience in the emergency humanitarian programmes.
- Promotion of integration of other sectors to complement nutrition response was initiated. This has been very successful in some relatively accessible areas of high nutrition vulnerability.
- About 73 national staffs have been trained on the management of moderate malnutrition; 13 of the trained staffs are from national NGOs operating in insecure areas with high nutrition vulnerability