

Case Study 1B.

Somalia – Improved coordination of WASH and Nutrition for increased reach of hygiene services to vulnerable groups

Context

The prolonged conflict in Somalia has led to a protracted state of emergency. Children under five years in Somalia have experienced undernutrition for decades. The key immediate and underlying factors include poor dietary diversity, high disease prevalence, poor caring practices, poor access to healthcare and poor hygiene and sanitation services. Long-term trend analysis has shown that while acute undernutrition tracks with overall morbidity, the closest association is with diarrhea prevalence (FSNAU, Post-Deyr 12-13¹). In addition, when mapped, there is a close association between undernutrition and poor access to WASH services. High levels of open defecation, poor sanitation facilities and poor access and use of hygiene services contribute to high diarrhea prevalence. Acutely undernourished children are at heightened risk and episodes of diarrhea post-recovery from undernutrition can contribute to relapse.

A significant deterioration in the food security situation in 2011, coupled with large-scale displacements and limited humanitarian access to critical areas, led to a drastic increase in cases of acute undernutrition. In June 2011, a state of famine was declared in Southern Somalia with global acute malnutrition (GAM) prevalence exceeding 30% in most livelihood zones and a crude death rate exceeding the WHO classification of an emergency (= or >2/10,000/day). A massive displacement of population ensued as people moved from rural areas, which had no food or humanitarian access, towards certain urban areas. The congregation in urban areas put pressure on all services, in particular on Health and WASH. An AWD/cholera outbreak followed quickly.

Activities/Channels

At the time, due to the acute and protracted crisis in Somalia, coordination was taking place largely through the cluster system. In response to the famine, the Nutrition, Health, Livelihood, WASH and Shelter clusters came together to develop an Inter-Cluster Strategy for the Nutrition Crisis. The impetus of the strategy was the understanding that the causes of undernutrition are multifactorial and that working together had the potential for more efficient and significant results. The strategy has an activity matrix with the key interventions per cluster per intervention location (Nutrition site, transit center,

¹ Food Security and Nutrition Analysis Unit (FSNAU), Nutrition Analysis – Post Dehr 2012/13, Technical Series Report No. VI.49, Feb 2013

communities, etc.). In addition, there was a separate document guiding the roles and responsibilities of, primarily, the WASH and Health clusters, for the AWD/cholera response.

Results

The improved inter-cluster coordination led to enhanced identification of cross-sectoral opportunities for increasing the reach of certain interventions. The practical application for better coordination between WASH and Nutrition was evidenced by

Bladder tanks delivered to outpatient therapeutic program (OTP) sites to increase water access/storage at the sites

Mats distributed to OTP sites to provide clean spaces for carers and children waiting for services

Hygiene kits distributed to OTP beneficiaries and OTP sites

Water vouchers for OTP beneficiaries to allow them to access safe water from water vendors for free

Development and production of joint behavior change communication (BCC) materials to improve hygiene and sanitation promotion through nutrition sites and community programs

Improved coordination between the WASH and Nutrition clusters and UNICEF sections meant that around 1 million people were reached with the means to practice good hygiene through nutrition programs.

Lessons

- Structured and supported coordination between clusters did improve the number and type of joint actions
- Better coordination between the WASH and Nutrition sections at UNICEF had ripple effects and improved the way the clusters coordinated
- The cross-sectoral and cross-agency nature of the inter-cluster group, coupled with the frenetic pace of the famine response, made some activities more difficult to accomplish
- Documenting clear roles and responsibilities for actions improves their likelihood of being implemented, especially during an emergency response when there are significant time pressures
- Inter-cluster or cross-sectoral collaboration takes personal commitment and capacity. Key staff members within UNICEF and the cluster system took the time to learn and work cross-sectorally to achieve key actions
- A system to measure the impact of the coordinated actions should have been established from the planning stage
- Follow-up and monitoring of the joint WASH and Nutrition actions would have improved the program and likely the overall system