

SNS/BRCiS REVIEW STUDY

A synthesis review of opportunities for increased resilience focus, enhanced nutrition sensitivity and greater integration towards improved nutrition and resilience outcomes across DFID funded BRCiS and SNS consortia and partners in Somalia

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Executive Summary

SNS

SNS activities to date have been primarily focused on delivering nutrition specific interventions, namely management of acute malnutrition, promotion of IYCF, plus to some extent health and WASH intervention. Using the resilience framework in Annex 1. helps to illustrate where these current interventions fit when looking at the 'bigger picture' and where the opportunities arise for new areas of focus. Current activities clearly contribute to IR 3.2 Improved and sustained health, nutrition and hygiene practices under Objective 3 Improved and Sustained Human Capital. Applying this framework also illustrates opportunities within objective 2 through strengthening institutional capacity and systems and under objective 1, increasing access to secure financial services e.g through linking MTMSG with savings and loans schemes.

- a. Strengthened institutional capacity and systems and strengthening local health systems. Linking M2MSG/CHWs to DRR committees.
- b. DRR in IYCF - developing knowledge and practices that are risk informed and shock responsive e.g. what strategies to use during a drought - how to protect and promote optimal complementary feeding practices in the event of a drought. Strategies may be very context specific e.g livelihood zone. May be informed by NCA. E.g. In the event of drought, MTMSG targeted with cash transfers/vouchers linked to accessing milk from markets.
- c. Safety nets in IYCF - the use of cash transfers/vouchers to conditionally promote complementary feeding. Links with the above
- d. Financial services for women. Linking MTMSG with savings and loans.
- e. WASH not just hygiene promotion for individuals/groups but broaden the approach to engage at community level to promote CLTS, and addressing EED through pathways discussed in section X

1. Background

Somalia has one of the worst human development records in the world. High levels of poverty, poor education and low health and nutrition outcomes have been exacerbated by years of unrest, insecurity and protracted displacement. Malnutrition has continued to be a major concern particularly in South Central Somalia, with Global Acute Malnutrition (GAM) rates constantly above the emergency threshold of 15% over the last 10 years. Also, Somalia has been hit by some of the worst famines in recent times: for instance, in 2011 the malnutrition rates hit above 30% GAM in most areas of South Central Somalia. The insecurity related to unstable government since early 90's has made it worse: livelihoods have been shattered while a large part of the population has become internally displaced, suffering from a minimum choice of livelihoods to sustain their families. As new hopes for political stability have recently emerged, still much remains to be done. In particular, there is still the need to better understand the main causes of malnutrition so as to address them more effectively. In this context, humanitarian agencies continue to assist communities affected by persistently high GAM rates through support to nutrition, food security, and livelihoods, resilience-building and other programmes. To date, however, this has largely happened through "siloed" rather than integrated approaches. As persistently high rates of Global Acute Malnutrition (GAM) continue to be witnessed, there are growing calls for experimentation with more integrated assistance approaches and for gathering evidence on the same.

The British Department for International Development (DFID) has funded the BRCiS and SNS Consortia to undertake multi-year resilience and nutrition programming in South Central Somalia for 4 years (2013-2017). While both consortia have attained significant results, from the start (October 2013) their respective programmes were designed and have been implemented separately rather than in an integrated manner. Aside from a few Banadir districts, the two consortia share no areas of geographical overlap. Consequently, collaboration between SNS and BRCiS has been largely limited to the sharing of relevant information and learning. Opportunities to test the relative effectiveness of more integrated approaches and programmes have been minimal.

1.1. Rationale

In order to capitalize on their respective experience and build on the NCA Study findings (SNS 2015), the two consortia are committed to gathering evidence on possible synergies between nutrition and resilience programming, in view of developing a more integrated, joint approach and to inform more effective programming in the future. This study is intended as first stage joint SNS/ BRCiS research to highlight learning from analysis of BRCiS and SNS data to date, from key international literature and NCA Study findings, as well as from select Key Informants, to guide ways of integrating resilience and nutrition programmes in Somalia towards enhanced impact.

According to ToRs, the specific objectives of the review study were identified as follows:

- a) To document gaps, missed opportunities and relevant lessons learned from SNS and BRCiS to date, to recommend ways of integrating Nutrition and Resilience initiatives and strengthening impact moving forward (i.e. to inform a potential Phase 2 of SNS and BRCiS).

- b) To identify current BRCiS and SNS work and activities that present sound action research opportunities, towards strengthening integration and improving nutrition outcomes.
- c) For BRCiS and SNS subsequently to use the findings to inform potential BRCiS and SNS Phase 2 (beyond October 2017) proposals and plans, towards fostering greater integration between Nutrition and Resilience programmes and enhanced nutritional outcomes.

1.2. Methodology /Study Process

The study was conducted by a team of two consultants from the Centre for Humanitarian Change, Nairobi. It used a combined approach of a desk review and key informant interviews.

The desk review involved review and analysis all relevant reports, documents and data produced by BRCiS, SNS and other key sources, including DFID, as well as pertinent international literature regarding resilience approaches and nutrition sensitivity. Consortia specific documents reviewed included original proposals, baseline and subsequent survey reports, Quarterly Reports, log frames, case studies and annual reviews. A list of documents reviewed can be found in Annex X.

Face to face interviews with selected key informants were conducted to gather information on experience, lesson learning and potential opportunities from the perspective of BRCiS and SNS team members and cross check analysis from the desk review. A list of people consulted can be found in Annex X.

Findings from the desk review and key informant interviews are consolidated into this report, which is also informed by the experience of the consultants in the relevant fields. The report has been written to provide an overview of concepts of resilience, nutrition and nutrition sensitivity. It outlines the opportunities for increasing the resilience focus and mainstreaming nutrition sensitivity across activities of both consortia and partners, and providing a series of recommendations through the document. It uses an example resilience framework, adapted from a USAID Resilience Framework used in East Africa including Somalia. The framework is used to guide the discussion and bring a broader perspective to the identifying the opportunities for increasing focus, synergies and integration and enhanced nutrition and resilience outcomes.

1.3. Limitations and challenges

The desk review was extensive covering a broad range of reports and documents. It was apparent that there has been considerable lesson learning since the consortia's conception. However, the main challenge of the study was limited consolidated documentation on lesson learnt to feed into this review.

2. Defining Nutrition and Resilience

There are different definitions of resilience and what is understood by the terms resilience, nutrition and nutrition sensitivity varies. This section is intended to bring authors and readers on the same page as to the view of resilience, nutrition and nutrition sensitivity used by the authors throughout the report.

2.1. Resilience

Although there is no standard definition of resilience, there are common themes across the different donors' and NGOs' definitions. These are illustrated in the examples of different definitions given in Table X. Conceptual frameworks for resilience also vary between agencies but common concepts include: the multi-dimensional and multi-sectoral nature of resilience, requiring a more holistic approach, alongside the need to build capacities and manage risk.

Table X Donor and NGO Definitions of Resilience

Agency	Definition of Resilience
DFID	The ability of countries, communities and households to manage change by maintaining or transforming living standards in the face of shocks or stresses without compromising their long term prospects.
EU	The ability of an individual, a household, a community, a country or a region to withstand, to adapt, and to quickly recover from stresses and shocks.
USAID	The ability of people, households, communities, countries, and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth
ACF	'the capacities of people, communities and the systems on which they depend to resist, absorb, cope and adapt when exposed to a hazard or a set of hazards – while preserving, restoring or enhancing their food and nutrition security.' Core principles of working with communities, developing an integrated approach to working with partners, strengthening local and national institutions, aiming at impact and lasting solutions
CESVI	Couldn't find definition on web site
CWW	'the ability of all vulnerable households or individuals that make up a community, to anticipate, respond to, cope with, and recover from the effects of shocks, and to adapt to stresses in a timely and effective manner without compromising their long-term prospects of moving out of poverty.
IRC	Couldn't find definition on web site
NRC	No definition developed yet
Save the Children	Resilience is the ability to 'bounce back'. It means doing well against the odds, coping, and recovering. Resilience is the ability of individuals (including children) households and countries to resist, to adapt and to manage change by maintaining or transforming living standards in the face of shocks or stresses, without compromising their long term prospects

The common themes or components of resilience are described below and support the concept of resilience as an approach rather than a programme per se.

a. Shock/stresses - resilience to what

All definitions of resilience include the notion of shocks and stresses that are faced by individuals, communities and systems. Shocks tend to be one off events with an immediate damaging impact on livelihoods and contribute to increasing vulnerability and declining capacities over time. Stresses tend to be less severe and have long term impacts that weaken capacities and increase vulnerability over time. Regular shocks e.g heightened insecurity, drought, flooding, income loss, and constant stresses e.g illness, prolonged insecurity, heavy workloads for women are a perpetual feature of life in Somalia, particularly for the poor and vulnerable. As such the consideration of shocks and stresses is pertinent across all aspects of programming.

b. Levels - resilience of whom/what

Shocks and stresses are experienced at different levels: by individuals, households, villages, communities, livelihood group, infrastructure, countries and governments, systems and these levels are interconnected. For example, shock weather events will be experienced system wide by multiple households, villages, communities, regions and systems such as the health system (Covariate shock). While an income or health shock is experienced at the individual or household level (Idiosyncratic shock). Identification of resilience to what and for whom goes hand in hand with an analysis of the context specific shocks and stresses. Applying the concept that shocks are a constant feature and both shocks and stresses are experienced at different levels are crucial in ensuring a more effective impact of resilience programming.

c. Capacities

All definitions of resilience bring in the notion of the capacities of individuals or systems to deal, cope, adapt or transform in response to shocks and stresses. This may be the capacity of an individual/household to cope with the shock of pest infestation of their crops or the health centre's capacity to deal with a sharp increase in cases of diarrhoea or severe acute malnutrition. A key component of resilience programming is the building of capacities at all levels to prepare, prevent, respond and recover from shocks and stresses.

d. Livelihood Assets/Capitals

Definitions of resilience explicitly or implicitly refer to the notion of the assets or capitals that allow individual, households and communities to meet their basic needs. These assets or capitals are human, social, physical, financial, natural and political. Of particular importance in supporting resilience capacities in Somalia is social capital - the social resources and networks people draw upon to enhance their livelihoods. Three elements of social capital have been defined:

- i. *Bonding social capital* – describes ties between people in similar situations
- ii. *Bridging social capital* – describes distant ties of like people such as friendships, work colleagues
- iii. *Linking social capital* – describes the development of links outside the immediate similar circumstances and people.

These types of social capital have been likened to glue that binds the other livelihood assets and resilience capacities together. Community development committees can be seen to support all three types: bonding, bridging and linking social capitals. Social capital includes the family ties that bridge across rural - urban divides.

e. Resilience as a process and a capacity.

Most definitions include the notion of resilience as a complex and dynamic process, one that evolves according to the changing context and capacities of the environment, people and systems. Many definitions also include the idea that resilience is a capacity that the elements of a system can develop.

f. Emergency, Humanitarian and Development

A resilience approach can connect emergency, humanitarian and development programming. In emergency/humanitarian programmes ensuring a focus on building resilience capacities can connect the immediate response with longer term programming. In development programmes taking a resilience approach can increase the focus on individuals as well as systems, and provides the framework to include risk awareness and shocks/stresses responsiveness. Resilience provides a holistic approach to increasing the understanding that many people and communities not only face shocks such as drought but day to day life affected by shocks and stresses such as unemployment, health crisis, seasonal food insecurity that affect their ability to move out of poverty as well as deal with more major shocks.

g. Integrated/ synergised programming

Resilience is relevant to all sectors working in relief and development - health, livelihoods, education, infrastructure, governance, private sector, climate change - where shocks or stresses, risks and vulnerabilities constrain development. No one sector or discipline can address all the different elements of resilience. Synergised programming creates mutual benefits and removes the multi sectoral barriers and a resilience approach provides the framework for this.

h. Learning and adaptation

Another key component of resilience is the importance of learning and adapting. Learning can apply to learning from each other but also learning from real life processes and adapting the programme to changing contexts and environment and what is seen to work and what isn't, whilst incorporating the flexibility to adapt programmes to the learning to keep programmes relevant and appropriate. It requires collaboration between all actors at all levels: individuals, communities and systems to support local solutions to local problems.

In conclusion, if shocks and stresses are a constant feature for Somalia, experienced by individuals, communities and systems and affecting capacities across all walks of life, aiming to build assets across different domains, whilst learning from the process and adapting to changing environment and conditions in a collaborative way, then it follows that resilience should be an **approach** to integrated programming to be applied across all types of programme both vertically across sectors and horizontally across the continuum of emergency - humanitarian - development aid.

2.2. Nutrition

Malnutrition is a condition caused by excess, insufficient or an imbalance of energy and nutrients in the diet that affects ability to live a healthy life. As such, malnutrition encompasses both overnutrition and undernutrition. Undernutrition may be acute, also known as 'wasting' (low weight for height) or chronic also known as 'stunting' (low height for age) and includes micronutrient deficiencies. In many cases, children may suffer from all three types of undernutrition at the same time. Physiologically, children under five years of age and pregnant and lactating women are most vulnerable to undernutrition, which has serious consequences on their human development.

Individuals who are well nourished are more likely to: grow and develop properly; be less sick, less often; achieve more at school; earn more as adults; have children who survive and grow and develop well. In other words, individuals who are well nourished are more likely to be resilient. Conversely, individuals/households who are less well-nourished are more vulnerable to shocks and stresses and are therefore less resilient and in turn more risk of undernutrition, reducing their longer term resilience and development further. See Box X

Examples of the impact of shocks and stresses on nutrition outcomes and thus longer term resilience:

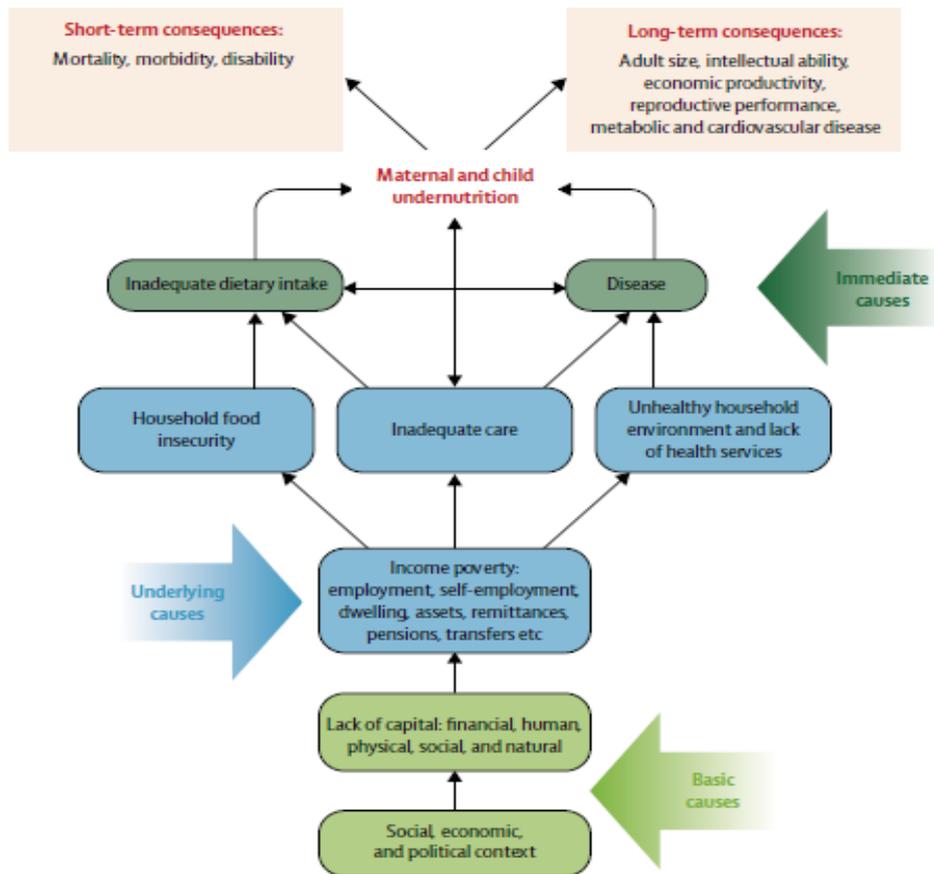
- Studies from the Gambia reveal that women who are pregnant during a hunger gap give birth to smaller babies.
- Longitudinal studies from Malawi have shown a seasonal variation in height gain among young children.
- In Ethiopia and Niger, children born during a drought are more likely to be chronically malnourished later in childhood than those who are not.
- The prevalence of chronic undernutrition has been found to increase among Bangladeshi children following flooding.
- It has been estimated that more than 20% of adult height variation in developing countries (the physical sign of having experienced chronic undernutrition in childhood) is determined by environmental factors, in particular drought.

Source: Abi Perry DFID Nutrition Disaster Resilience 2012

Causes of undernutrition

Figure X shows the causes of undernutrition may be immediate, underlying and basic. The pathways are complex and interdependent. They can vary geographically, over time and according to household's livelihood status. They are multi-sectoral, multi-level and multi-stakeholder. As such there are similarities with resilience frameworks described above. Causal pathways are the same for wasting and stunting, with different combinations of factors resulting in different manifestations of undernutrition.

Figure X. The UNICEF Conceptual Framework of the Causes of Undernutrition



Interventions to address undernutrition

Interventions that aim to treat or prevent undernutrition and promote good nutrition are broadly categorised as nutrition specific or nutrition sensitive.

Nutrition specific interventions aim to address the more immediate or direct causes of undernutrition. Examples of interventions considered nutrition specific are: management of acute malnutrition, promotion of optimum breastfeeding and complementary feeding practices, micronutrient supplementation for mothers and children, disease prevention and management (e.g. malaria prophylaxis, zinc therapy for diarrhoea) and WASH interventions.

Nutrition sensitive interventions or programmes address the underlying and basic causes of undernutrition (e.g poverty, food insecurity, education, women's empowerment and social status) through indirect but plausible pathways. Interventions such as agriculture, livelihoods, social safety nets, women's empowerment, education and early child development all contribute indirectly to improving nutrition outcomes.

The nutrition impacts of nutrition sensitive interventions can be enhanced by making them more 'nutrition sensitive' in the following ways:

- Incorporating specific nutrition goals and actions e.g including nutrition outcomes as indicators.
- Targeting the nutritionally vulnerable - pregnant and lactating women and children, especially those under two.
- Providing the delivery platforms for nutrition specific interventions, potentially increasing their scale, coverage and effectiveness. e.g IYCF promotion through village farmer groups
- Being delivered through nutrition specific interventions e.g mother to mother support groups for IYCF incorporating savings and loans schemes.
- Considering women and children (6-24 months) in the targeting, planning and design e.g targeting interventions to reduce workloads on women e.g. close and reliable water supply, to increase time available for care giving; increasing women's access to resources; balancing the trade off between increasing the involvement and empowerment of women vs reducing the time they have available to care for their children, promoting production of infant nutrition valuable agricultural products, consideration factors affecting infants access and utilization of promoted production value chains.

Evidence suggests that delivering a full package of ten nutrition specific interventions at 90% coverage can only address 20% of undernutrition in a population. This understanding has resulted in a major shift within the nutrition sector towards promoting increased efforts to scale up nutrition sensitive approaches to achieve greater impact on undernutrition. Globally this is supported by the Scaling Up Nutrition (SUN) Movement.

Integral to the increasing focus on nutrition sensitivity is the promotion of multi-sectoral approaches. As illustrated by Figure X, there is no one pathway to improved nutrition outcomes. The pathways are complex, interacting and multi sectoral. Therefore approaches to improving nutrition outcomes need to reflect this and coordinate and collaborate multi-sectorally. Intervening within one sector will limit effectiveness. For example, improving food security through agricultural interventions will not impact on reducing undernutrition if the same communities cannot access safe water, or continue with inappropriate hygiene and sanitation practices that result in diarrhoea and cause weight loss. Similarly, if women in savings groups have to spend large part of their earnings buying clean water or transport to emergency medical care they will not be able to reinvest savings in improved nutrition practices.

The importance of adopting a multi-sectoral approaches described above is a key similarity and linkage between nutrition sensitivity and resilience that can be built upon for mutual benefit and greater synergies. Other cross cutting similarities between a resilience approach and nutrition sensitivity include:

- Collaborative action with all stakeholders at all levels - individual through to systems
- Longer term and sustainable solutions
- Flexibility and responsiveness to deal with new shocks and stresses
- Empowering women and gender equality
- Learning from experience
- Equitable - supporting the most vulnerable groups

Therefore, adopting nutrition sensitive approaches will reinforce dimensions of the resilience approach, and vice versa. If increasing nutrition sensitivity increases nutritional impact then it follows that increasing nutrition sensitivity also increases resilience through improved nutrition outcomes. Nutrition sensitivity should therefore be considered as a cross cutting theme to be addressed in all consortia and partners approaches. Measures can also be taken to enhance the resilience of nutrition sensitive and specific approaches adopted.

A key component of the resilience of what/whom is levels. Thinking differently across these levels can benefit both programmes. To date, resilience building approaches within BRCiS have tended to be focussing mostly on building community capacities and food security/livelihood programming, with less attention to individuals. Mainstreaming nutrition sensitivity across its programmes can add the human/individual dimension to vulnerability and resilience building. For example, by looking beyond the impact of an intervention on households and communities to considering the programme impact pathways for effect of the intervention on mothers and/or the child's nutrition when designing interventions such as vegetable gardens or savings and loans.

The converse can also be said to be true, in that SNS nutrition specific programmes tend to focus on the individual and the more immediate causes of undernutrition e.g treatment of acute malnutrition. Taking a resilience approach can broaden the perspective to bring greater attention to the more underlying and basic multidimensional and system failures to be addressed in preventing undernutrition, addressing causality at all levels. By taking a community and systems wide view, nutrition specific and nutrition sensitive programming can improve resilience through strengthening human and social capital.

Furthermore, considering the interconnectedness of individuals, communities and systems, can bring greater coherence and a more holistic approach to both food security/livelihood, WASH, Shelter and nutrition programmes. For example, mother to mother support groups to address breastfeeding or hygiene promotion strengthen social capital and can become more resilient if they are associated with existing village structures or groups, rather than parallel structures. They are more likely to continue in the event of a stress or shock and rather than being focused on individual women needing to change her breastfeeding practices, considers the woman in the context of her family and the community.

3. Increasing Resilience Focus

Given the discussion above the authors have taken the view that resilience programming should be considered as an **approach** rather than an output as is presently the case in the BRCiS consortia. The implications of this view are that future ‘resilience programmes’ should ensure that resilience runs through all parts of their interventions.

RECOMMENDATION

- a) Future resilience consortia should design each of their outputs to address resilience,
- b) Consortia or partners who focus on nutrition specific programming (e.g. SNS) should design each of their outputs to use a resilience approach.

For the purposes of this report the authors have adapted a resilience framework to guide our work on identifying gaps and missed opportunities across the two consortia. The framework draws substantially from the authors work supporting USAID Resilience programmes in East Africa and Somalia. It is not intended as a recommended model for future programmes of the BRCiS and SNS partners, rather as a framework to structure the findings and recommendations of this report. The framework **(Annex A)** can be split into several components:

- i. Programme components,
- ii. Programme filters,
- iii. Cross cutting themes,
- iv. Consortia collective action themes and
- v. Learning agenda.

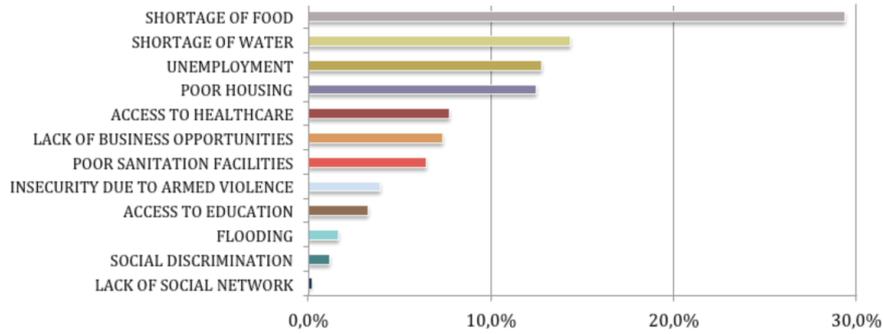
3.1. Resilience Programme Components.

3.1.1. Resilience to What?

The report framework suggest 14 areas of programming organised as intermediate result areas contributing to 3 objectives. The 14 areas are not exhaustive nor is it intended to imply that all 14 components are essential to develop an individuals’, households’, communities or systems’ resilience. Nevertheless, the example framework demonstrates that the ‘selected¹’ Phase 1 BRCiS areas of focus represent only a small number of the possible areas of focus. Furthermore the nutrition specific focus of SNS partners represents only a small part of one of the example resilience focus areas.

¹ The BRCiS Phase 1 selected 3 areas of focus; Livelihoods and Poverty Reduction, Water, Sanitation and Hygiene.

Graph 2 - Household Main Challenges



The BRCiS community baseline highlighted the household challenges (graph above). To a greater or lesser extent the BRCiS phase 1 is already working on:

- a) Shortage of food,
- b) Shortage of water,
- c) Unemployment,
- d) Poor housing,
- e) Lack of business activities,
- f) Flooding
- g) Social discrimination, and
- h) Lack of social network.

But the phase 1 programme has limited openings to focus on:

- a. Access to Health Care
- b. Insecurity due to armed violence
- c. Access to Education.

Equally a recent analysis of data from the Program to Enhance Resilience in Somalia (PROGRESS)² also worked with communities in Lower Shabelle (Afgoye), Baidoa and Gedo (Belet Hawa) to identify communities perspectives for priority programming. Consolidated results showed the following top 5 priorities:

1. Availability, access and quality of local health and education services,
2. Access to clean water for the HH,
3. Having tools for farming,
4. Participation in individual training,
5. Good nutrition in households.

In addition one of the central finding and recommendation of the Nutrition Causal Analysis, found across all communities studied was the need to increase access and integration of basic health, nutrition and WASH services. The high degree of overlap of priorities gives more certainty to suggest that phase 2 of a resilience programme should more explicitly consider how it can address the human capital (Objective 3) objective especially access to quality health and education services. The choice will obviously depend on the competencies and capacities of partners working within a resilience partnership. However, the majority of the phase 1 BRCiS partners have extensive experience of working on improving the access and quality of health and nutrition services in Somalia.

² CRS, Benadir Universities Somali Disaster Resilience Institute, Tulane University's Disaster Resilience Leadership Academy, SSWC, SADO, SOS Children's Village.

SNS presently focuses on nutrition specific programming as their contribution to the health system and in some parts of Somalia the same partners are also supporting the development of the Health System with other funding. Given the communities selected priorities and the partner organisations existing expertise, there would be significant opportunities in introducing a focus on increasing access and quality of health and nutrition services as an additional major output of a phase 2 resilience programme.

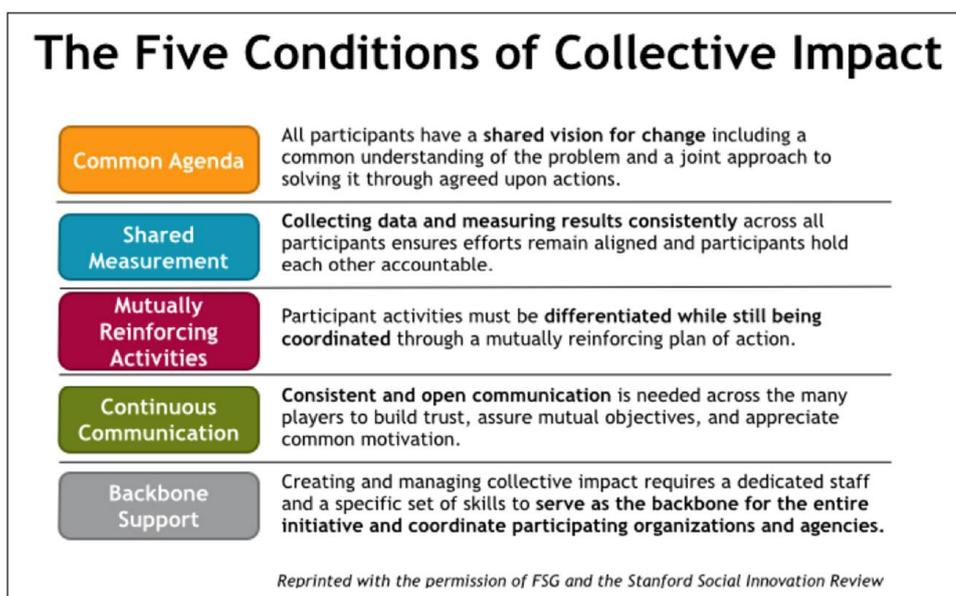
RECOMMENDATION

- a) Include 'Increasing access to and quality of sustainable health and nutrition services' as a selected output area in phase 2 of resilience programming.

3.1.2. Resilience of Whom?

A key assumption of resilience approaches is that by working together across sectors, dimensions (individual, household, community, system) and funding modalities (Humanitarian and Development) the synergies created will result in a more resilient population. In some cases it is argued that this is an essential element of developing resilience and without it achieving progress in resilience is impossible. Others argue that collective action will result in more effective, and efficient impacts on resilience capacities. As yet there is no evidence to discern the relative importance of collective action as compared to other elements of a resilience framework. Despite the lack of evidence for resilience approaches, evidence in many fields of endeavour indicate that working together better results in synergies which are greater than their parts.

Working together can take several forms and can occur at several levels of programming. Important aspects of working together includes joint vision, planning, mutually informed programme design and joint monitoring, evaluation and learning. An example of a framework for working together is the Collective Impact Framework as described in the diagram below:



All of these activities can occur independent of working jointly in the same geographic location. Joint geographic and demographic targeting is also assumed to be important to create the positive synergistic effects on resilience capacities. The present consortia, BRCiS and SNS, gave limited consideration to the optimising the potential synergies represented by the historic geographic positioning of their members.

If the assumption that working better together will result in better resilience programming then the next phase of the resilience approach should consider how the competencies of each partner can be best geographically combined to ensure the best representation of interventions that support³:

- a) Economic growth
- b) Strengthened institutions
- c) Human Capital

RECOMMENDATION

- a) Construct phase 2 'Resilience' consortia based on geographical targeting and select partners to create as holistic and context specific 'package' of sectors and interventions as possible.
- b) Attention should be given to ensuring that interventions supporting the human capital component of resilience are integrated into the consortia outputs.

Demographic targeting is also an important opportunity to create resilience capacity synergies. Targeting communities and ensuring that minorities, women, youth and marginalised groups are represented in community decision making and actions is an important aspect of ensuring that vulnerability and capacities are taken into account. Based on findings across all communities studied the NCA recommends ensuring the poorest and most vulnerable are prioritised. A clearer joint vision on the criteria for selection of the communities at the initiation of programme will reinforce the community approaches already used. Examples of criteria that might be used include:

- a) Communities that have historically experienced recurrent crisis,
- b) Communities that have chronically high levels of vulnerability,
- c) Communities where there has been a history of poor access to humanitarian aid,
- d) Communities that have a high proportion of marginalised groups.

RECOMMENDATION

- a) Agree on clear criteria for the selection of communities and targeted demographic groups to optimise the synergistic effects of working better together.

³ Whilst this formulation of the resilience objectives is drawn from the example framework it also has a basis in the present structure of the BRCiS programme. All 4 programme outputs in BRCiS contribute in different ways to the 3 objectives used as an illustration in this report.

Mutually informed programming, as a part of collective impact, is an important element in realizing the synergies of working together better. USAID uses a formulation, sequencing, layering and integration, to help visualise what this type of programming might entail.

Sequencing describes the concept of the development of resilience capacities being a dynamic process where progress involves changes in the focus for support as the resilience capacities increase (or decrease) and the context and environment changes. Sequencing of development interventions and funding streams can also be linked to sequencing of humanitarian interventions and funding streams either as part of a continuum from emergency to development or as a shock responsive or risk informed humanitarian contribution to protecting livelihoods and lives.

Layering describes the concept of the development of resilience capacities requiring a wide range and multiple layers of intervention and support. No one intervention or funding stream is capable to deal with the system wide issues related to resilience capacities. Based on the joint analysis layering involves targeting the same people and communities with several complementary interventions using the resilience approach. This approach has been discussed above in the section of demographic and geographic targeting.

Integration represents the concept of bringing the components of a resilience approach together to more effectively and efficiently achieve the vision and objectives of the resilience approach.

RESEARCH AND LEARNING

BRCiS has learnt many powerful lessons on how to sequence and layer their activities within communities. Yet it is difficult to find a consolidated overview of these lessons learnt (see learning section). Important issues to be examined include:

- i. How BRCiS funded activities implemented by one NGO are sequenced and layered in communities?
- ii. How are activities within BRCiS but implemented by different NGOs sequenced and layered? At present there seem to be only a few examples of BRCiS NGOs using complementary activities in the same communities.
- ii. How are BRCiS partners sequencing and layering their community activities funded by other mechanisms?
- v. How does humanitarian funding sequence and layer with 'resilience' funding? This is discussed further in the section on shock responsive programming.

3.1.3. The How of Resilience?

Through phase 1 BRCiS has learnt an enormous amount on what activities are best suited for the context in Somalia and how these activities support resilience activities. SNS did not explicitly use resilience as an approach within its nutrition specific focused programme. The following are some recommendations on adaptations to the BRCiS approach to resilience that might be added to the lessons learnt in phase 1. Recommendations for a nutrition specific programme to use a more resilient approach are included below and in the section on nutrition sensitivity.

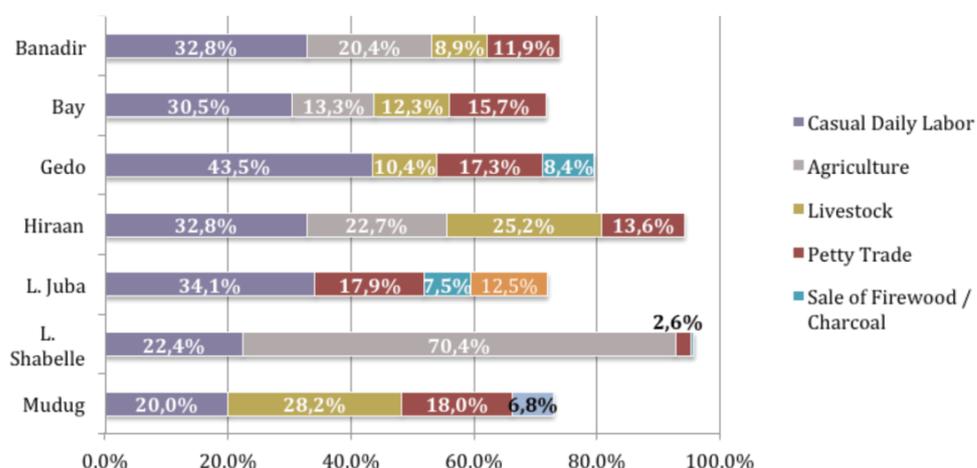
The BRCiS community baseline conclusions suggests a BRCiS focus on;

1. Improving incomes should be a key priority, with a particular attention to;
 - a) Increasing the number of members of the households contributing to household income,
 - b) Improving access to productive inputs,
 - c) Providing training in vocational and business skills,
 - d) Providing support to new businesses.
2. Promoting food production at small scale i.e. Household level.
3. Access to credit.

The NCA supports a focus on each of these areas, especially on improving incomes: “limited access to income across the assessed communities’ impacts significantly on their ability to meet their basic needs, including for health care and education”. The NCA goes on to state that “across all locations and communities access to income is significantly linked with higher household nutritional status”. SNS quarterly reports consistently refer to “weak livelihoods/inadequate income as the major challenge to adoption of optimal complementary feeding and the NCA links these observations to the need to scale up social support groups for mothers.

The report identifies casual labour as a major coping strategy (Graph 4 below). Whilst the above recommendations from the report are likely to increase the proportion of households gaining their income from agriculture, livestock, petty trade and entrepreneurship, it is likely that casual labour will remain a significant income option for the most vulnerable, asset poor and marginalized.

Graph 4 - Four Main Sources of HH Income per Region (% of HHs)



The more predictable the demand for casual labour the higher value it is. Equally in an environment where stresses and shocks are the, or one of the, biggest modulators of livelihoods, emphasis on sustainability of causal labour activities is important. Of particular importance is the risk profile of these work opportunities. For example agricultural casual labour has the same risk profile as agriculture production so a drought shock will have the same impact on on agricultural income as it will have for casual labour multiplying the effect of the drought on the community and the most vulnerable. Therefore, improvements in household's ability to optimise its casual labour income through

- Increased opportunities for **predictable** and **sustainable** causal labour opportunities. (Other options than food/cash for assets)
- Increased casual labour opportunities with a lower climatic risk profile i.e less agriculture/livestock oriented labour opportunities oriented

RECOMMENDATION

- Promote predictable, sustainable and lower climatic risk labour opportunities (i.e. employment opportunities not petty trade or entrepreneurship.)

Elsewhere in the baseline report it is noted that migration is the leading coping strategy for households in economic stress. The report notes several forms of coping strategies:

- Migration of one or more household member to urban areas for employment,
- Migration of one or more household members to agricultural areas for employment,
- Sending members to relatives' households for cost reduction and/or employment,
- Sale of productive assets,
- Child Labour.

The findings highlight the importance of social capital in coping strategy, in particular family ties, as resilience capacities. The report also reinforces the importance of the migration and accompanying urbanisation transition that is accelerating in the arid lands of East Africa. This observation suggests that programmes with a focus on intensified agricultural/livestock production and diversification of livelihoods strategies need to adapt to take into account migration and urbanization as an adaptive and transformative resilience strategy in Somalia.

Migration and migration issues have increasingly taken on political and security connotations but many studies in the region and the participatory baseline assessment have again demonstrated that migration is an accelerating and important process in the arid lands of East Africa. The transition process is associated with many negative impacts on rural and urban communities but is a process that will continue to accelerate, often encouraged by insecurity and rural shocks in Somalia. Resilience programmes should be adapted to promote the positive aspects of this transition. For example preparing youth to migrate through hard and soft skills training and urban based reception activities of new migrants.

The baseline report demonstrates that urban migrants, even rural drop-outs and IDPs, are likely to maintain strong family ties with rural areas either through reverse migration or seasonal migration or by spreading risk across the urban and rural parts of the household. Therefore, activities to increase the productivity and diversification of urban or rural livelihoods need to consider urban and rural areas as part of an interconnected system.

This is particularly pertinent for the areas where the SNS/BRCiS consortia presently focus. Due to insecurity, and access issues a significant proportion of the consortia caseloads are urban⁴ or peri-urban populations, even if classified as IDPs. For instance a value chain approach to milk production and marketing can link peri-urban areas of Beletwayne to urban areas, increase rural and urban incomes and promote employment opportunities. Or a proportion of cash transfers in urban areas are likely to be transferred to less accessible rural areas. Recognising that urban and peri-urban populations have important links to rural areas, including inaccessible areas, offers scope for extending the impact of resilience programmes.

RECOMMENDATION

- a) Use a rural/urban systems approach to programming. Recognising the importance of rural urban links and migration as an increasingly important coping strategy and livelihood diversification option for an individual and household.
- b) Establish and scale up activities to prepare rural youth for positive and resilient migration. Develop activities to support migrants (including IDPs) in urban areas.

As noted above a significant part of the BRCiS and SNS caseloads could be said to be urban or peri-urban populations. This includes IDPs, pastoralist drop-outs. In a large part the community development and livelihood support activities used in phase 1 by BRCiS and to a smaller extent by SNS are based on a long history of rural development in the arid lands. As a consequence many of the interventions are not suited for the new reality of migration, urbanisation and the lack of access to many rural areas. Whilst BRCiS and SNS have taken important steps to adjust rural programmes to urban areas there is still considerable potential to learn and adapt the resilience approach to urban environments.

⁴ Urban refers to conglomerations including rural trading centres, small towns and cities.

RECOMMENDATION

- a) Use phase 2 resilience programming to explore, learn and apply adaptations to rural community development approaches to an urban environment.

3.2. Resilience Programme Filters

The analysis framework being used to structure this report (Annex A) suggest that two programme filters should be applied: Risk Informed and Shock Responsive Programming and Nutrition Sensitive Programming.

3.2.1. Risk Informed and Shock Responsive Programming

The participatory identification of risks, vulnerabilities and capacities has been a successful innovation in Somalia initiated by the BRCiS consortia and other resilience groups. The approach has significantly improved the risk informed element of the activities implemented. The analysis has helped partners to discuss priority risk informed interventions with communities. The outcome of this process has led to detailed, participatory and carefully monitored resilience or DRR community plans. A summary of the types of activities selected are shown in the table below.

BRCiS Consortium			
ACTIVITY GROUPS			
#	Program	ACTIVITY GROUPS	No. of Activities per Activity Group
1	DFID	Campaign Animal Treatment	8
2	DFID	Campaign Sanitation / Wash Awareness	82
3	DFID	Cash for Work	81
4	DFID	Cash Grants For IGA/SHG	51
5	DFID	Cash Transfers Unconditional	70
6	DFID	CHWs / Hygiene & IYCF Promoters Recruit / Train / Equip	90
7	DFID	Community WASH Groups Establish / Train / Equip	38
8	DFID	Community-Based Disaster Management Committees (CBDMC) Establish / Train / Equip	95
9	DFID	Construction / Rehabilitation of Public Facilities	60
10	DFID	Construction / Rehabilitation of Sanitation Facilities	54
11	DFID	Construction / Rehabilitation of Shelters	34
12	DFID	Construction / Rehabilitation Water Sources & Reservoirs	64
13	DFID	Counselling On GBV & Link To Service-Providers For Victims	5
14	DFID	Develop Solid Waste Management System	4
15	DFID	Distribution of Livelihood Inputs	201
16	DFID	Distribution of NFIs	79
17	DFID	Early Warning / Early Action System	84
18	DFID	Flood Mitigation	32
19	DFID	Livelihood Training	131
20	DFID	Lobbying & Advocacy	14
21	DFID	Market Analysis	3
22	DFID	NRM Training / Implementation	47
23	DFID	Other Emergency Responses	45
24	DFID	Peace Building Training & Committees	34
25	DFID	Self Help Groups Establish / Train / Equip	60
26	DFID	Water Survey & Quality Improvement	49
Grand Total DFID			1515

Thus a very general overview of the risk informed resilience approach used by BRCiS might include two elements:

- a) Reducing Risk e.g. activities that can directly reduce the impacts of a shock e.g. flood defences, and
- b) Reducing Vulnerability e.g. increased household income, training on intensifying household agricultural production, and improvement of the environment for income generation e.g. rehabilitation of market related infrastructure.

The authors found less evidence of how activities are themselves 'shock proofed'. For example BRCiS has made considerable progress in developing community capacities to prepare for shocks but in the event of a shock how resilient are these community capacities? Evidence from other resilience programmes in Somalia and Ethiopia demonstrate the risks of not shock proofing your activities. In one area of Somalia a resilience organisation had supported several communities to set up Village Development Committees and agree on village DRR plans. However, when the drought arrived the members of the committee were so busy coping with the impact of the drought that they were not available and/or able to lead the community in their response to the drought. A successful Village Savings and Loans (VSLA) programme in Somalia areas of Ethiopia was scaling up and was demonstrating concrete improvements in household and community resilience capacities. As the recent drought started to impact however, the VLSA experienced a credit freeze because managers felt that risks of default were too high during the drought, resulting in an absence of credit at the moment of highest need. Both organisations are now examining how to ensure that their activities are shock proofed.

Other examples discussed during the KILs with SNS partners were the degree to which the CHW and IYCF are risk informed and shock proofed. The IYCF and CHW programme has been scaling up and is using the NCA as guidance to attain improvements in exclusive breast-feeding and complementary feeding. Materials used, behaviour change techniques and issues to be addressed are increasingly context specific. However, there is less evidence of these methodologies being adapted to the risk environment in Somalia. Assuming that in many parts of the SNS interventions zones drought, floods and insecurity are likely to be 3 of the most common shocks, it is unclear how the IYCF approach being used is supporting caregivers to manage these shocks e.g. what are the best strategies for complementary feeding during a local drought. It is also unclear how the IYCF support groups and CHW led support activities are themselves resilient to drought, flood and insecurity e.g. if insecurity or floods force short term movements of mothers and children how do the CHW, OTP and mother support groups manage these temporary displacements?

The NCA seasonal calendars demonstrate seasonal peaks in incidence of acute watery diarrhoea and acute respiratory tract infections, malaria season and relationship with increased SAM admissions. A resilient nutrition programme could investigate how to reduce the impact of these KNOWN seasonal effects on nutrition outcomes? Not only in approaches to absorb increases in admissions (e.g. establishing the CMAM approach in health facilities) but putting in place prevention measures in anticipation e.g. distribution of bed nets, scaling up diarrhoea prevention and treatment, hygiene

**Examples of risk proofing
IYCF interventions against
insecurity**

SCI IYCF activities run by the community health volunteer who is paid incentives through his mobile phone. In the event of insecurity, as long as the community stay within SCIs operational area, the CHW can continue to be paid and the programme continues to run.

promotion at specific times. Through this approach to embed risk reduction in operational procedures and in partnership agreements the programme promotes resilience in an extremely changeable environment. Ensuring interventions have a built in responsiveness that they continue to protect and promote nutrition in the event of a shock or stress. One of the main shocks to programme delivery in Somalia is insecurity resulting in lack of access by the programme staff and/or the mobility of the community in response. Risk proofing CMAM and IYCF interventions to minimise interruptions through insecurity requires strengthening community engagement, building capacities of communities and collaboration with communities to maximise what can be delivered in the absence of programme staff.

An interesting observation, reported on in the BRICS baseline report, the TANGO baseline survey for the USAID NGO resilience partners and in the PROGRESS reports, is that in general communities do not consider conflict/violence related insecurity to be a significant shock factor/challenge in their lives. Only 8.8% of migrant households (approx. 30% of total households) stated that they had moved because of insecurity. Households ranked insecurity due to armed violence 8th out of 12 factors that they considered to be their main challenges (only 3.9% of respondents). The report suggests that this observation might be due to the nature of the Somali conflict that only has an indirect effect on households through disruption of infrastructure, services and economic processes. In other words insecurity is a stress in the lives of the clients of the BRCiS households. Yet in quarterly reports insecurity is often quoted as being a shock affecting BRCiS and SNS programmes. It appears that the insecurity most affects the logistics e.g. delivery of supplies, oversight e.g. supervision (NGO and independent) and training activities. Both observations, insecurity as a stress for communities and insecurity as a shock for NGOs, argue for risk informed designs of interventions. Programme managers should be routinely asking how the most insecurity do affected parts of NGOs programmes become more flexible and provide alternative approaches in the case of insecurity. Programme managers should also be asking how their interventions in supporting the increasing economic development, governance and leadership structures and developing human capital are reducing the impact of the stress of insecurity on their lives e.g. Conflict resolution capacities for community governance groups, mobile community based health services.

RECOMMENDATION

- a) Ensure activities to develop individual, household community and systems resilience capacities are themselves resilient.

Both the BRCiS and SNS consortia have incorporated elements of shock responsive programming through the use of mechanisms such as the immediate relief and humanitarian assistance component of BRCiS output 4, the IRF funds and crisis modifiers.

The programme vision described in the proposals and log-frames use a formulation similar to the one used in the Baseline Report, as follows:

“BRCiS consortium directly addresses shocks and stresses, by working on three levels:

- 1. Address the effects of the shock directly through immediate humanitarian/emergency interventions;*
- 2. Reduce the duration of the shock through the immediate response and the long term approach;*
- 3. Reduce the impact of the shock through the immediate response and the long term approach.”*

Whilst this configuration represents a significant step forward in connecting emergency/humanitarian assistance with resilience/development assistance the authors have found it difficult to discern a clear vision on exactly what are parameters of the approach to connecting the “immediate response and the long term approach”. The sectoral areas of intervention between emergency and resilience/development have many significant overlaps but there do not yet appear to be a consolidation of lessons learnt in this area. Neither do there appear to be simple theories of change or impact pathways that connect the two areas of programming.

Output 4 of the BRCiS programme states that ‘the consortium approach to humanitarian approach focuses on injecting cash into the existing market system’. The consortium proposes three modalities for a cash injection:

- i. Cash transfer programming (Cash or vouchers),
- ii. Credit injections – support to traditional lenders during the hunger gap and shocks that overwhelm capacities,
- iii. Return packages – cash grants for IDP returnee,

Yet in the proposal there does not appear to be a discussion of the linkages between triggering of these activities and the non-humanitarian activities going on in the same communities before, after and sometimes during the shock or exceptional seasonal response. KIIs indicated that there has been some innovation in making these linkages more explicit and in developing a synergised (humanitarian and development) approach to the use of social safety nets. Both Kenya and Ethiopia have developed safety net systems that link emergency and development activities, with agreed triggers, targeting criteria, distribution modalities and linked transfer amounts. The Kenya programme originated from innovative NGO programmes. Equally the proposal also details approaches to develop the asset base and return on assets, including:

- i. Urban livelihoods activities,
- ii. Self-help groups – includes a discussion on savings of the groups being a safety net.
- iii. Farmer Fled Schools,
- iv. Livestock interventions, and
- v. Pastoralist Field Schools.

Again these activities do not appear to be conceived with a strong perspective of how they can be risk informed, yet lessons have been learnt on how this might be done on the ground.

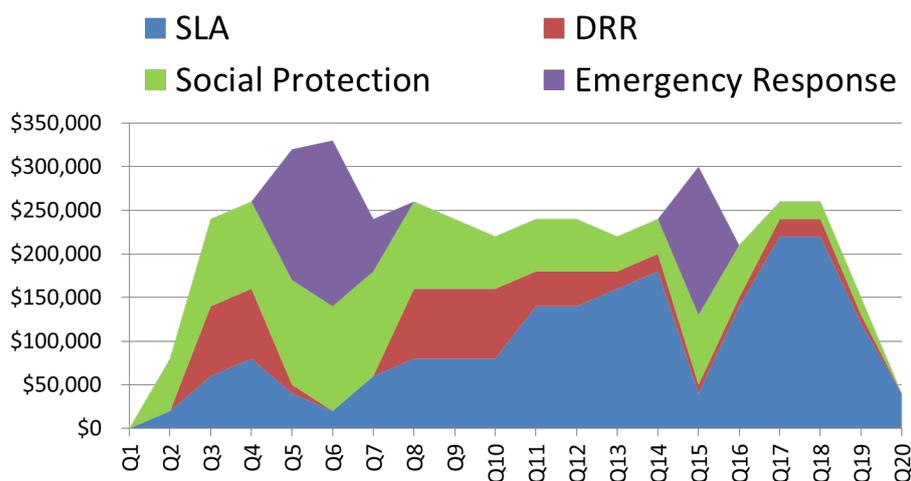
RESEARCH AND LEARNING

Important lessons have been learnt about how to link emergency/immediate response and the longer term approach, yet it is difficult to establish what are the consolidated lessons learnt for the future. Issues to be investigated include:

- i. How have emergency/immediate responses been adapted to reinforce and/or not damage approaches to develop resilience capacities?
- ii. How have resilience/development approaches been adapted to sequence, layer and integrate immediate/emergency response activities.
- iii. How have the resilience activities changed the need for immediate/emergency responses?

One element of linking immediate and longer term interventions has been described using the graph below which shows a model of phasing in and out of funds based on contextual circumstances. Using this approach would require clear and simple thresholds/triggers to trigger the start and end of use of the intermittent funds (in this example DRR and emergency response funds). It would also require triggers to indicate the need for scaling up and down of continuous funding (in this example SLA and social protection funds). Whilst DFID has provided significant support to FSNAU to develop such a trigger system for the IRF the system relies on a macro view of needs and need for a response e.g. GAM levels over 30% and is useful for the level of decision making needed by a donor e.g. call for proposals for IRF funding. BRCiS and SNS partners have spent a considerable amount of time and effort in having a more meso and micro perspective of the context and capacities of individuals, households and communities.

Context specific NGO specific triggers, particularly for slow onset emergency needs, could support the triggering of the use of crisis modifiers and targeting of IRF funds at community level. At the same time this would strengthen the links between the immediate response and the longer term approach.



The new approaches represented by resilience are challenging organisations and individuals to do things differently after many years of doing things in more or less the same way. Formal mechanisms even at a local level are one method of facilitating this change. Establishing triggers for scale up and scale down of different, but connected, funding

modalities could help to address the observed inertia of some parts of the resilience/development AND humanitarian/emergency programmes.

RECOMMENDATION

- a) Establish simple local level triggers to activate scale up and scale down of emergency and longer term funding according to changes in context and shocks.

3.2.2. Nutrition Sensitive Programming

As discussed above nutrition programming is important for a resilience approach because a person, household or community with a good nutritional status is more resilient. Equally for a nutrition programme a resilient person, household or community is likely to have a better nutritional status. This report reflects on the issue of nutrition in two ways

- i. How can BRCiS type programmes become more nutrition sensitive?
- ii. How can SNS programmes contribute to resilience?

The report has already recommended that future work on resilience and nutrition be combined under one overarching programme using a resilience approach, with nutrition (specific and sensitive) interventions being incorporated under a resilience framework (see annex a for example).

In this case the questions becomes:

- i. How can the resilience approach be more nutrition sensitive?
- ii. How can nutrition specific programmes contribute to a resilience approach?

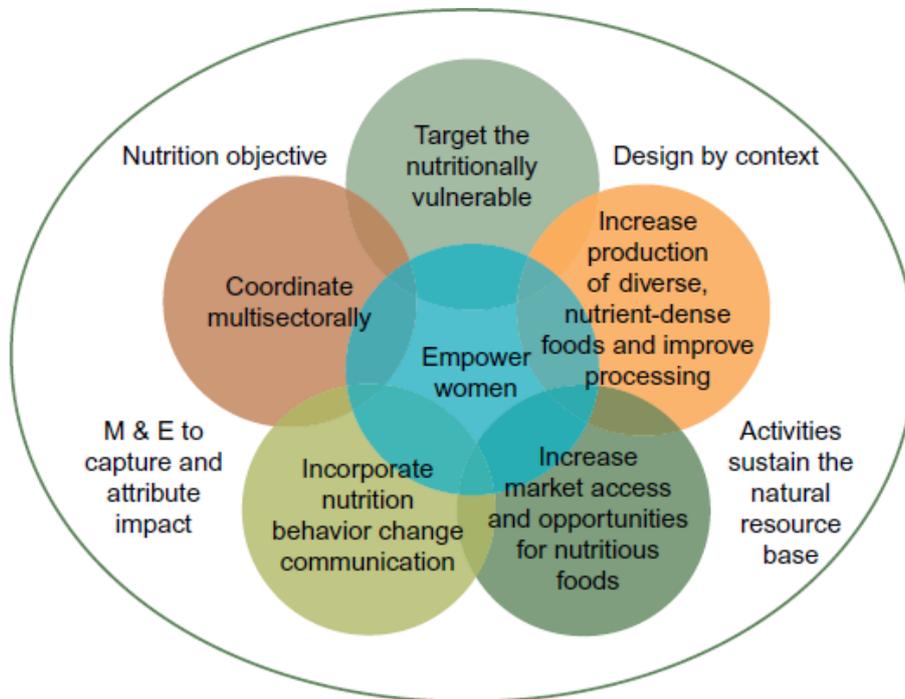
3.2.2.1. A More Nutrition Sensitive Resilience Approach.

A significant proportion of the present BRCiS programme concentrates on intensifying agricultural and livestock production to improve food security. Two of 5 outcome indicators are related to food consumption and household diversity scores. However, there are no specific theories of change (or programme impact pathways) to describe how interventions to increase food security and resilience will improve nutrition, particularly nutritional status of women and children under 2 years. In practical terms, how does the food security/livelihoods proportion of a BRCiS style programme aim to ensure that improvements in food security (HDDS and HFCS) translate into prevention of undernutrition?

RECOMMENDATION

- a) Include nutrition status indicators at impact level of a programme implementing a resilience approach.

Figure X. Key guiding principles to strengthen the nutrition impact from agriculture programmes and investments.

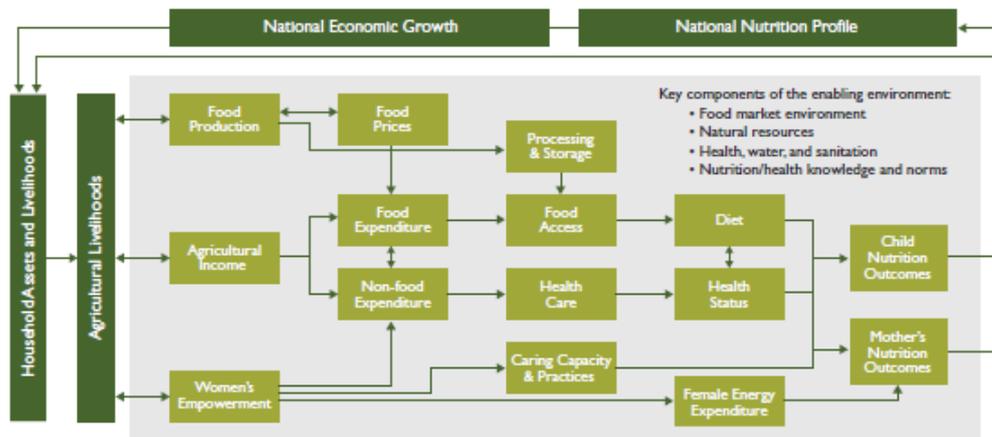


The guiding principles demonstrate that to a great extent all of the interventions required to make food security programming nutrition sensitive already exist in the BRCiS programme. The principal missing element is the inclusion of nutrition in the vision, planning and project design within each of the BRCiS type outputs. This would involve including a vision for food **and** nutrition security contributing to developing resilience. Using nutritional analysis such as the NCA, nutrition surveys etc combined with food security analysis to plan and target sequenced and layered activities. This approach reinforces the earlier recommendation to include nutrition (and health) in an overall programme using a resilience approach.

RECOMMENDATION

a) Include nutrition (and health) in the programme processes from vision to mutually informed activities and ME&L activities.

Figure X Conceptual Programme Impact Pathways links agriculture and nutrition, and could be adapted to apply to livestock production. The figure illustrates the programme impact pathways through which agriculture improves nutrition outcomes to be considered when designing interventions. Seven pathways are considered, parts of all seven can be found in phase 1 BRCiS programming.



Adapted for Feed the Future by Anna Herforth, Jody Harris, and SPRING, from Gillespie, Harris, and Kadiyala (2012) and Headey, Chiu, and Kadiyala (2011).

1. Agriculture as a source of food.

Production → Consumption.

2. Agriculture as a source of income to affect food purchase.

Income → Food Purchase

3. Agriculture as a source of income to affect health care purchase.

Income → Health Care Purchase

4. The link between market access and food prices.

Food Prices → Food Purchase

5. Women's own nutritional status due to workload changes.

Women's Workload → Maternal Energy Use

6. Women's ability to manage the care, feeding, and health of young children given their time constraints.

Women's Time Use → Care Capacity

7. Women's socioeconomic status and ability to influence household decision making and intra-household allocations of food and other resources.

Women's Control of Income → Resource Allocation

Many of the issues represented in the figure were highlighted in the NCA e.g. women's workload and time and women's empowerment. Some aspects of the SNS IYCF programme also deal with issues raised in the diagram.

Programme adaptations to link the food security and nutrition objectives do not necessarily require food security staff to become experts in nutrition nor do nutrition experts need to be experts on intensifying agricultural production. However, understanding the pathway on how food security results in the other nutrition security is extremely important. As discussed above this understanding needs to be embedded in a resilience approach or food security/livelihoods programme in a variety of ways. Of particular importance are the integration of indicators used to monitor the programme by both technical sectors.

Box x. Community Connector in North West Uganda

Empowering women through increasing access to financial services through cash crop production whilst at the same time supporting women to prioritise use of increased income on improved diets, WASH and health care:

- After one year, instead of one set of frontline workers assisting mothers in better understanding of how to manage finances and another set of workers responsible for helping families improve IYCF, WASH and health, programme now ensures packages of interventions delivered through one cohesive set of messages
- Recognised staff do not need to become experts in all sectors to communicate key messages from different sectors.
- Considered impact on women's time and labour on care practices in design and implementation.
- Recognised that working primarily with groups that existed before the activity often excluded the most vulnerable households, including nutritionally disadvantaged and female headed households.

Whilst HDDS and HFCS are standard food security outcome measures they tend to assume that improved household food consumption and diversity will result in improved consumption of a more diverse diet by women and children. The fact that the Somalia IPC Food Security map is almost never the same as the Somalia IPC Nutrition map indicate that simply improving food security will not automatically improve nutrition status.

Simple globally accepted indicators for women's dietary diversity scores (wDDS) and Minimum Acceptable Diets (MAD) for infants are available and do not represent the need for a new data collection methodology for food security monitoring and surveys. Examples of benefits of including these measures include:

- i. Understanding the challenges associated with increases in agricultural production translating into improvements in mother's and children's consumption would allow food security activities to consider:
 - a. The impacts of chosen value chains on women and children's consumption patterns,
 - b. How household decisions are made to use increased income from increased agricultural production to improve the health and nutrition care of women and children. Does one value chain result in more health and nutrition related expenditure? E.g. market crops that provide income that is traditionally seen as women's income.
 - c. How agricultural production value chain programmes affect the time and workload and empowerment of women.
- ii. Likewise, a joint food security and nutrition understanding of these challenges can inform a context specific behaviour change communication strategy reinforcing the value chain and women's issues incorporated in the food security programming. For example any BCC needs to be associated with access to markets to improve diet diversity among children⁵.

⁵ Hirvonen K, Hoddinott J, Minten B and Stifel D. Children's diets, nutrition knowledge and access to markets. IFPRI, EDSI, Ethiopia Strategy Support Programme Working Paper 84. February 2016

RECOMMENDATION

- a) Include nutrition (and health) indicators in food security/livelihood log frames. In particular include wDDS and MAD for infants.

Lessons learnt from research and implementation of approaches to address the issues raised by the Milk Matters study need to be urgently scaled up and out.

Lesson learning from Milk Matters

Studies in Ethiopia and Uganda demonstrated communities recognise the importance of milk for their children's health and nutrition.

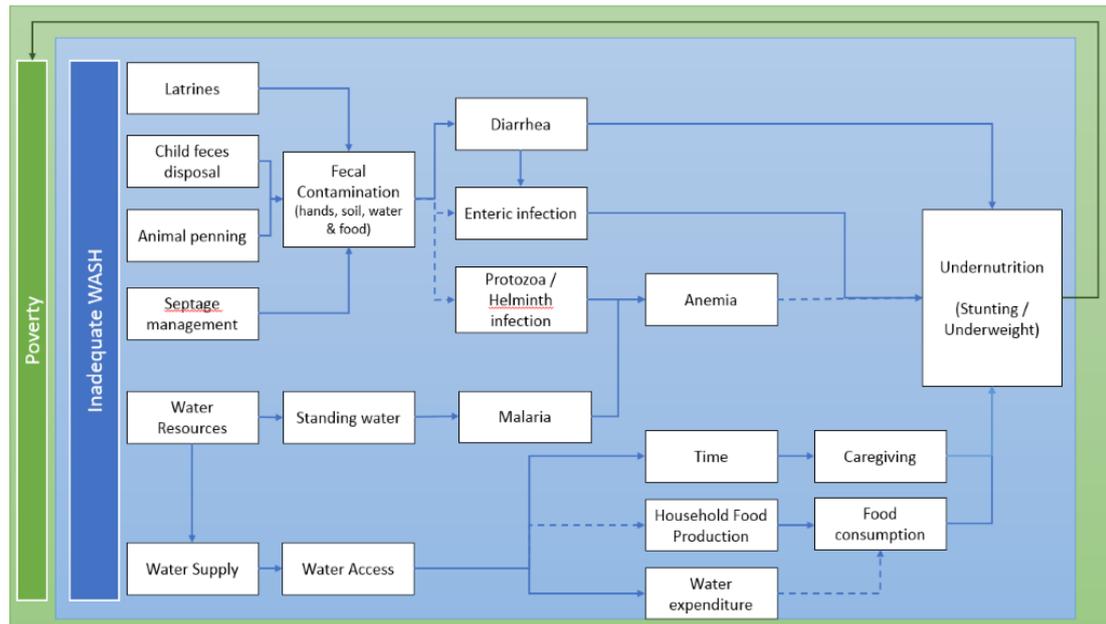
- Seasonal lack of milk recognised as primary factor behind child malnutrition. When available, young children consistently prioritised to receive milk at the expense of other family members consumption.
- Targeting support to milking animals that stay close to women and children proved to be a cost effective way of protecting nutrition status of children during stress of dry season or shock of drought.
- In Ethiopia, women had more free time as did not have to search for pasture for small number of milking animals in their care and/or for looking for food to fill the gap left by lack of milk for their children. During dry season these activities typically take up considerable time.
- Interventions protect critical assets of households during dry season/drought - higher survival rates among suckling calves and perceived higher reproduction rates.

RECOMMENDATION

- a) Scale up and out context specific activities to improve the sustainable access and utilization of milk for children aged 6 to 24 months.

WASH

The same process can be applied to BRCiS WASH activities. Figure X illustrates the programme impact pathways linking WASH and nutrition to be considered when designing interventions.



Existing BRCiS WASH activities can be made more nutrition sensitive through the following approaches:

- Including explicit nutrition objectives and indicators in the programme M&E. An example would be to include incidence of diarrhoea in the outcome or output indicators or women's time to collect water.
- Targeting the nutritionally vulnerable/areas of high malnutrition with water development systems.
- Supporting development of sustainable Multi Use Water Systems targeting drinking water and water for livelihood/food production.
- In dry land areas one of the biggest burden on workloads of women is fetching water. As indicated in the pathway scheme above, this limits time available for care giving. Bringing water closer to the household and ensuring it is a multi-use system can have a major impact freeing up time for improved care practices and hence nutrition. BRCiS proposal narrative includes this issue as an objective but the log-frame does not measure if this objective is achieved nor if this time is translated into more care time with the child.
- Activities for improved sanitation - adopting CLTS (if not already) for open defecation free villages and targeting areas of high population density - the denser the population the denser the open defecation and the larger the impacts on health and nutrition.
- Hygiene promotion and training addresses all pathways above, including disposal of child faeces, animal penning and standing water, as well as contamination of water containers, IYCF - breastfeeding, hygienic complementary feeding (food contamination), safe food handling and protected eating spaces. (If doesn't already) see also Community Connector in North West Uganda Box X

RECOMMENDATION

- a) Include a PIP for WASH and Nutrition into all aspects of programme planning, design and implementation with particular attention to modifying indicator sets to monitor steps of the PIP.

3.2.2.2. Nutrition Specific Resilience Approach.

Recommendations in this section of the report should be seen in the light of this reports major nutrition related recommendation: incorporate nutrition (and health) into the resilience consortia approach. The argument has been made that human capital is an essential part of the resilience approach. Presently missing elements of the human capital work area in the BRCiS phase 1 programme are health/nutrition and education. Many SNS and BRCiS contributing partners have technical expertise in health and nutrition and implementing these programmes in Somalia. In this light, many of the recommendations made above concerning strengthening the resilience approach can apply to the future nutrition component of resilience.

The SNS funding mechanism represents many innovative approaches to addressing some of the lessons learnt before, during and after the Somali Famine. Technical nutrition innovations include the increased focus on IYCF and prevention of acute undernutrition and an increased focus on community based programming through community health workers. Phase 2 of a nutrition related programme should now incorporate the major shifts represented by the use of the resilience approach in Somalia. It is now time to make these changes. In general terms this means using a systems approach to defining the vision and programme design for nutrition. This report suggests that the resilience approach can provide the framework and boundaries of what this systems approach might look like.

RECOMMENDATION

- c) Use a systems approach to planning and programming for nutrition in Somalia.
- d) Use the resilience approach as a framework for defining the nutrition system and its boundaries.

Implications of this recommendation include considering nutrition programming to be a cross-cutting intervention. Construction of the log frame should move away from vertical consideration of issues such as acute and chronic undernutrition, prevention and treatment and/or breast feeding, IMAM and micronutrients. Important cross cutting considerations could include:

- a) Integrating nutrition specific (and health) activities into a vision of strengthening human capital,
- b) Strengthening institutions, systems and governance.
- c) Increasing nutrition sensitive programming.
- d) Using risk informed and shock responsive approaches.

In an effort to increase and sustain availability, access and utilization of health and nutrition services nutrition activities in Somali will be faced by two general contexts:

- i. Geographic areas where reconstruction and strengthening of a Government led health system has been initiated and is ongoing e.g. Mogadishu.
- ii. No Government health system exists. Health services availability consists of a network of private health and NGO health and nutrition health service providers.

In the first areas nutrition stakeholders should be focused on transiting from substituting for government led services e.g. human resources, logistics etc towards further developing a programme that supports the development of government services. This approach will be complicated by the complex and often contradictory health sector support to the government led health system, but is nevertheless essential in developing a resilient approach for human capital. In the second area the focus will be on community and local level health services (including coalitions of INGOs, LNGOs and private service providers) governance and management. This vision is already included in the SNS I output 4.

SNS appears to have struggled to achieve all of its objectives formulated in Output 4. This may have been partially due to programme priorities; funding allocated to this output represented only 2.2% of the entire budget (many of the issues were cross cutting and so have been supported by funds from other budget lines). SNS proposed that they would support *'Health Systems and community structures (including local partners) strengthened to deliver nutrition services and respond effectively to crises'*. They stated that they would do this by strengthening the system in four ways:

- i. Setting up a strong community health worker structure. In addition to providing community based preventative, promotional and referral services the CHWs are also intended to support community activities such as mother support groups and community health committees. This element has seen the setting up of extensive CHW structures.
- ii. Training of health facility staff on the detection and treatment of acute malnutrition and promotion of optimal maternal nutrition and child feeding practices. (partial nutrition specific package). This element has also achieved many of its goals. However it is not clear how these activities are part of a larger basic health package (EPHS) and the gains from training will be sustainable in the future. Partners have struggled due to the complex health sector assistance environment (JHNP etc.).
- iii. Strengthening local partner capacity.

- iv. District/ local authority level – Supporting existing local authorities and districts , facility staff, CHWs and local partners (where applicable) in each region to establish emergency response plans. In the notes from latest revision of the Log frame July 2016, under output indicator 4.1 it was noted that previously emergency preparedness plans were developed at organisational/programme level but in the future SNS partners will be working towards co-developing District- level Emergency Preparedness Plans through Cluster and other mechanisms.

Despite the extremely complex environment for basic services in Somalia and the complex and contradictory system of investing in health system strengthening, these activities continue to be of the utmost priority if programmes are to learn the lessons of the famine and to contribute to a more resilient Somalia. Suggested priorities in these areas include:

- a) Development of local health governance mechanisms including public (if available), private, civil society, health facilities and community stakeholders to lead and manage local facility based health services and CHW services.
- b) Strengthening local partners AND private sector health service providers to deliver nutrition services. Agencies such as ADESO, Oxfam and SAACID all have extensive experience of strengthening of local partners capacity that can be further applied in the nutrition contribution to resilient health systems strengthening.
- c) Developing district/local level health systems should build on the intention to capacity to develop emergency response plans by adapting the surge model approach to health facilities services such as outpatients services and IMAM services.

These efforts in phase 1 have set the scene for much greater progress in phase 2.

RECOMMENDATION

- a) Build on phase 1 progress in developing local health systems governance and management.
- b) Where possible shift from **substituting** for Somali led health services etc to approaches to **support** local health systems.

A specific additional area of future focus concerns nutrition contribution to objective 2 in the example resilience framework (Annex A). Objective 2 concerns the strengthening of institutions, systems and governance. In a context such as south and central Somalia institutions, systems and governance are often absent or very weak. An absence of even basic elements of government systems in many BRCiS and SNS areas has led partners to struggle to address this area of the resilience approach. BRCiS has focused on developing community governance structures capacity and systems with a particular focus on DRR, safety nets and some focus on entry level Natural Resource Management activities.

SNS programmes have focused on establishing a system of community health workers and increasingly on developing women’s support groups for IYCF. Support to the health system from health facility upwards is discussed above. Phase 2 will require more attention to integrating these community based institutions into wider community and local governance institutions. The BRCiS baseline study found that

- Most communities have committees. The most common types are elders, women and youth committees.
- Most respondents (72.7%) see their communities as effective in solving disputes among community members. The capacity to solve disputes is directly proportional to the existence of functioning community committees.

SNS committees to support IYCF have potential not only to improve infant feeding practices but also to contribute to a wide variety of elements of the resilience approach as described in the baseline report:

- Supporting (the formation of) community committees can help improve: a) the community capacity to solve disputes among its members; b) increase community security; c) improve access to basic services (e.g. education)
- Supporting relevant associations of community members can help: a) improve community capacity to assist households in need; b) reduce social discrimination

Equally linking CHWs and health and nutrition related community committees to health facilities governance systems (created by INGOs, private sector and/or government) is also an important element of developing community and health system resilience. The EPHS and Somali Health System policy and the Joint Programme for Local Government (JPLG) all describe the elements of linking community health and facility health governance systems. In many areas of programming these first steps in governance and institution building may be very rudimentary but experience has shown that time and again it is these rudimentary systems that ensure that health and nutrition systems can continue during conflict, drought and famine.

BRCiS has important experience and lessons learnt in developing DRR community capacities. SNS phase 1 has the ambition of ensuring DRR and preparedness capacities for nutrition at community and facility level (even at local administration level). Phase 2 nutrition programmes should look to strengthen these approaches and link and learn from the BRCiS experiences in this area of objective 2 in the example framework.

RECOMMENDATION

- a) Integrate IYCF support committees and groups into wider community development efforts to build community governance, and institutional capacities.
- b) Learn from and integrate BRCiS experience in developing DRR and emergency preparedness capacities at community and local governance level.

As discussed earlier this report has recommended that activities represented in objective 1 of the example framework (Food security/livelihoods and economic development) and other elements of objective 3 (WASH, Shelter and Vocational skills etc, Human Capital) should use a more nutrition sensitive approach. The NCA also recommends that SNS should advocate for a more nutrition sensitive approach. If the recommendation to include nutrition within a resilience approach in future is accepted then the role of the nutrition specialists and nutrition specialist organisations is to provide advocacy and technical support to the other partners in the resilience approach to ensure that both nutrition specific and sensitive activities are applied in a holistic fashion.

RECOMMENDATION

- a) Nutrition specialist organisations should ensure that nutrition sensitive and specific activities are integrated into the resilience approach.

4. Learning and Adaptation.

A future indicator for a resilience approach should also incorporate the notion of the impact, outcome, output, process and input being sustainable. For example a BRCiS outcome indicator is as follows:

30% decrease in Coping Strategy Index (CSI).

This indicator is planned to be collected in the baseline and end line survey i.e. twice over 4 years. Using this cross sectional approach to measure the impact of the programme has considerable risks. If there is no calibration of the survey result for CSI to take into account the context and environment during the 4 years or during the period of the surveys. i.e. if the baseline or end line survey is conducted during a particularly good or bad period of the 4 year programme or the 4 year programme happens to correspond to an overall reduction in climate based or security based shocks the CSI results it will be difficult to comment on any changes in CSI. The accompanying risk to organisations advocating for continuation of the programme and investment is obvious.

In order for this indicator to reflect a resilience approach it could be adjusted as follows:

10% decrease in CSI every year and maximum increase of 5% during the year.

Or, 10% sustainable decrease in CSI every year.

Using an indicator such as this example requires

- i. More regular collection of data i.e. at least once a year at the same time.
- ii. Collection of data during shocks. e.g. during dry season, flood.

Shock linked data collection would require data to be collected at non-regular periods triggered by early warning signs of a shock. Climatic triggers could be used in rural areas and IDSUE triggers investigated in urban areas.

Using such an approach to data collection would directly link the indicators to both an underlying development of resilience capacity (i.e. yearly decrease of 10% in CSI) related to the adaptation and transformation capacity of a community or system. At the same time a shock period measurement of CSI would give an immediate context specific perspective of how a community or system resilience capacities are absorbing the shock impact whilst at the same time how the process of adaptation and transformation is progressing.

This approach applies to all level of indicators: e.g. an SNS output indicator:

Average MUAC on admission to OTP \geq to 110 mm.

Can be adapted to be similar to the following:

Average MUAC on admission to OTP \geq to 110 mm with a minimum of 105 mm.

Including the issue of sustainability or variability of an indicator throughout a year allows the agency to monitor how contextual conditions are impacting on an indicator. In the case of average MUAC on admission, an indicator that reflects the quality of the referral system, a shock such as a flood or insecurity might be expected to affect the referral system through reduced access to CHW and services. Decreased access to referral services and treatment services resulting in increased lateness in admissions and a decrease in the average MUAC on admission. 105 mm is a suggested minimum target but historic data cross analysed with known shock periods can give a more context specific view of where thresholds should be set.

Theoretically the amount of variability of an indicator should also decrease (very unlikely to be eliminated) over the 4 year period of a programme. In the next phase of a resilience approach data may not be available to set appropriate targets for change but data collected through phase 2 can be monitored to test this hypothesis. An example CSI indicator would then be:

Average MUAC on admission to OTP \geq to 110 mm with average monthly MUAC admissions of \leq 105 mm less than 5% of the time.

These suggestions indicate that the monitoring system will need to move from a reliance on cross sectoral surveys to one that is more reliant on surveillance systems and with samples that can be ore locally applicable e.g. livelihood zone/type.

RECOMMENDATION

- a) Log-frame and monitoring indicators should include a sustainability/variability element. Whereby the indicator monitors progress towards a developmental goal AND the impact of the context on the variability of this progress indicator. The aim of the programme being to maintain the individual to system developmental progress and make this progress more resilient.
- b) Develop a surveillance system approach to monitoring with samples that are more representative of context e.g. livelihood zone/type.

The recommendations above have several implications for the monitoring and evaluation of the future programme. If nutrition (and health) services are added to a human capital part of a wider resilience approach then nutrition indicators will also need to be added to the log-frame and monitoring tools. A simple transposition of the SNS indicators will not adequately address the issue of nutrition using a more resilience approach.

Examples of indicators for nutrition that may be added to a wider approach include:

Impact.

Severe Acute Undernutrition prevalence maximum 3.5%, with a 4 year average of 2.5%.

Given the long and short term objectives of a resilience approach it would be appropriate to include a measure of chronic undernutrition as a nutrition impact indicator. Evidence, some of which is summarized above, would indicate that this indicator would also need to be described taking into account the likely impacts of shocks i.e. how variable are the stunting rates in the target populations.

If the inclusion of nutrition in a resilience approach were to occur, nutrition indicators would also need to become more nutrition sensitive. For example the BRCiS indicator for WASH:

Number of households provided with new/improved drinking water source.

Might become

*Proportion of households, with **children under 2**, with new/improved **sustainable** drinking water sources. (Sustainability might include water point breakdowns but also access to water in terms of time and distance)*

A WASH nutrition sensitive output indicator might become:

Average time taken/distance travelled to collect drinking water (optimum distance/time and maximum distance/time period of time access to water is above the target maximum distance and time).

Both example indicator take into account a view of resilience and the question of nutrition. Nutrition is taken into account because of consideration of under 2 children and women (time to collect water).

RECOMMENDATION

- a) Include nutrition indicators at impact and outcome level of a combined resilience approach consortia.
- b) Make livelihoods and food security indicators nutrition sensitive with particular attention on the effect of an intervention on women and children under 2.
- c) Make nutrition (specific and sensitive) indicators 'resilience friendly'.
- d) Include this nutrition sensitive/specific approach in all indicators from the programme log-frame to the community DDR plans and community early warning systems.

5. Cross Cutting Objectives

As discussed above the specific inclusion of women and women's empowerment in the next phase is key both to ensuring an increased impact on resilience capacities but also for increased nutrition sensitivity in the programmes. This issue was highlighted by the DFID Gender Review, BRCiS commended for recognising needs of women and minority groups in community engagement - focus groups & individual discussions, but recommended the need for greater inclusion at all stages of the programme cycle and a more rigorous approach, especially in relation to shocks and stresses. 'partners to demonstrate more strategic approach in considering gender equality in programme design'

Approaches geared towards addressing practical gender needs include:

- a) Contributions to lowering time and labour burdens for household provisioning – with a particular focus on improving conditions for fetching water.
- b) Improving women's income streams and livelihoods.
- c) Contributions to improving nutrition and food provisioning, focusing both on strengthening purchasing power and on social norms about distributing food within the household
- d) Promoting women's representation on community level action committees and otherwise involving women in planning and undertaking adaptation activities.
- e) Seeking to engage men and community leaders in discussions about changing discriminatory social norms, behaviours associated with poor nutrition outcomes.
- f) Increasing women's access to agricultural/livestock extension, land resources and credit.

Projects currently target gender needs in terms of targeting women and children as more vulnerable to malnutrition but less focused on transforming gender power relationships. SNS have invested in trying to engage men in father support groups and met with challenges. There is a need to be realistic about what can be achieved in patriarchal society when unequal gender power relations underpin the male identity. The programmes need to continue working on developing a better understanding of what is actually required in specific contexts to develop an equitable and supportive environment in which women are empowered to make decisions. Inclusion of a view that puts the father mother pair within a wider lens of the community and roles and responsibilities, empowerment of women within this context may also prove to be an area to expand research and activities.

There is a need to place gender/women's empowerment as central to the project's ToC this will help unpack the plausible pathways. Specify the ways in which gender transformations will contribute to household and/or community resilience. Women's representation on planning meetings, introduction of labour saving innovations. But must acknowledge the huge challenges to trying to transform gender norms in Somali culture whilst not 'giving in' to them e.g BRCiS research which pointed to the need for 'women to be included in the decision making process of beneficiary selection and verification despite strong opposition from traditional structures'. Programmes also need to acknowledge the potential negative consequences e.g increasing women's engagement in economic activities has been shown to result in their household and family responsibilities falling on a female relative or their oldest girl children, whether or not there is a male available at home. Thus the positives of increasing engagement of women may have negative consequences on others in terms of girl's ability to go to school and increasing women's time burden.

6. Potential Areas For Future Research

The successful implementation of the first phase of the SNS and BRCiS programmes have raised a wide range of questions for action research. This paper cannot list all the potential areas for future research but has included some examples in the text above and collated some inputs from interviewees below. Overall the authors feel that future research should focus on:

- i. Research that learns how interventions that are risk informed and shock responsive best build resilience capacities that result in positive improvements in resilient development indicators.
- ii. Research that learns about how nutrition sensitive interventions can improve the nutritional status, dietary diversity, and women's empowerment of clients for the programme.

Examples of these types of research would include:

Nutrition Programming

- i. How do seasons affect complementary feeding and breastfeeding?
- ii. Develop a deeper understanding of women's time usage and workload and how this impacts on children's nutrition and women's empowerment.
- iii. Seasonality and shock related dietary habits, food availability etc. How this has changed with displacement, urbanization and rapid increase in imported foods, particularly in urban areas, but also in rural areas where agriculture has been adopted and reliance on animal products has reduced.
- iv. A trial monitoring the impact of women's savings groups on household food and nutrition security and empowerment.
- v. *To be completed during report presentation.*

Resilience Programming

- i. How have establishment of community development committees of BRCiS influenced/affected communities?
- ii. *To be completed during report presentation.*

Potential areas of research emerging from the NCA include those below, however there is a question as to whether the output from these research topics would best be implemented in future BRCiS and SNS programming.

- i. Investigate early marriage in more depth – who practices this, why and what are the drivers/potential barriers. Examine from the perspective of the different parties involved – the girl, her mother, her father, and the future husband. Potentially other key people e.g. if grandparents or uncles are influential in the process
- ii. Investigate child spacing – how this is understood, what knowledge adolescents have of biology/RH, the role of religion, acceptable practices, men's and women's aspirations, beliefs and practices.
- iii. Divorce – investigate societal and individual attitudes, religious guidance, current practice and existing mechanisms of marriage counselling etc (the NCA found that divorce is strongly linked to child malnutrition because so many girls get married and

have children so young, don't know how to be married and so the husbands leave them after just a few years.)

- iv. In general, how to engage more and better with religious leaders and academics to leverage the positive messages around health, hygiene, child spacing, etc that exist in the Qu'ran.

ANNEX A. – Example Resilience Framework.

