



SOMALIA NUTRITION CLUSTER

Bay/Lower-Shebelle Sub-National Nutrition Cluster ad hoc Meeting Minutes

(DMO, 19th OCT, 2017 / 10:00 a.m. – 12:45 P.m.)

Date	19 th Oct, 2017
Place/Venue:-	MOH-SWS hall Baidoa, Bay, Somalia
Meeting type:-	Bay and Lower-Shabelle Sub-National Nutrition Cluster Meeting

Meeting agenda

Agenda	Discussions
Welcome and introduction.	The meeting was opened with award of prayer by the chair of the cluster and thanked the participant for coming to the meeting and active participation despite busy schedules.
Review and endorsement of the last cluster meeting minutes and follow up on the action points	<p>Action point 1. Which was on capacity building: The cluster with the help of Abdiqadir Ali Ahmed Head of Nutrition SWS-MOH and UNICEF nutrition program officer Abdirazak Osman Hussein have initiated training of 100 individual from various organization carrying out nutrition services at University of Southern Somalia. More details on this can be shared if need arise. The cluster is also planning another training for two TOT for each active member of the cluster and after their training they are supposed to conduct on job training at their respective organizations. The cluster focal point and head of nutrition SWS-MOH will monitor if the TOT will be conducting what they are expected off.</p> <p>Action point 2. Social mobilization on satellite TV and Radio FMs as well as using louder speakers mounted on cars. The cluster focal point, the SWS regional nutrition head and SWS-MOH nutrition head had meet with the director of South west state TV channel (KGSTV) as well as that of the radio to get rough estimate of the cost of airing 15 minutes programme on Nutrition and Hygiene services. We also considered printing some t-shirts and caps for those who will be participating in the programme creation. Thus we come up with a rough estimate of 2500\$ to be shared among partners with active PCA or even other sources of funding and are carrying out nutrition services. All the partners accepted our proposal and approved the budget. This is a pilot programme that will be aired for a month and if it brings the desired objective then we are going to extend the period and add more content if need arise.</p> <p>Action point 3. Joint meeting of Nutrition, WASH, Health and FSL to agree on establishing a working group that would be tasked on child survival program. This is planned to happen Wednesday on 25th October, 2017. The outcome would be shared soon after the meeting.</p> <p>Action point 4. Strengthen the referral systems in town(Baidoa) The partners agreed to use the same referral form and we adopted the WHO referral form.</p> <p>Action point 5. Expanding of emergency Nutrition Hub in Baidoa. Sub-national cluster is hoping the national cluster will take up on this and give us feedback by end of Quarter three review meeting.</p> <p>Action point 6. Find ways to support Children, pregnant and lactating woman in the hard to reach areas. Ensure people get supported prior coming to the towns where they think services are available which will defiantly reduce the burden in the towns. We</p>
Key Nutrition services and Situation highlights:	<p>NEW Ways organization inputs:</p> <ul style="list-style-type: none"> • New Ways SC admitted 233 out of this 95 cured, in support of UNICEF • New Ways OTP, admitted 1,464 out of this 456 Cured, in support of UNICEF • Implementing IYCF programmes • New Ways, BSFP Programme admitted 4909 Under 3 children and 353 PLW,s in support of WFP



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- ✓ Operational Challenges and notable gaps
- ✓ Comparison of admissions in the past three months

- New Ways **TSFP** Programme admitted **2909 Under 5 and 1394 PLW,s** in support of **WFP** in order to obtain sustainability of the vulnerable communities of Barawe District of lower shabelle & the vulnerable communities were highly appreciating the support of **WFP**,
- **New Ways** implementing an **IERT** project in support of **SHF** is operational since October 2017 ensuring access to integrated lifesaving nutrition, health and WASH to the drought affected and vulnerable households among the IDPs and host community members in Barawe and qoryoley districts of lower-shabelle ,
Challenges & Gaps:
- The scale up of UNICEF is pending since April to date, therefore we highly recommend scaling up in order to tackle poverty hence Empowering the standard of the vulnerable groups.
- Theirs Presence of rural-urban Migration due to drought response.

DMO INPUT

- DMO** running **7 OTP** sites in Baidoa, **6** mobile and one fixed
- July **DMO** admitted **438**, On Aug, admitted **439** and September for **312** which sum up a total of **1189**,
- DMO On July admitted **22**, Aug admitted 11 and September for 5 that sum up total of **38** oedema cases
- DMO reported death for the past three month was 8 cases,
- **DMO OTP** on July admitted **306**, Aug **314** and September for **217** which sum up total of 867,
- DMO, TSFP** admitted **3480** beneficiaries for the past three month and cured 2085 beneficiaries
- DMO BSFP admitted **19393**, beneficiaries including Children under **U3** and Pregnant and lactating women,

Challenges & Gaps:

- DMO, lacking height measuring board that is an effective instrument hence to clarify criteria among beneficiaries,

SOS BAIDOA INPUTS:

- Conducting IYCF,
- Hygiene Community Promotion
- Mother to child planning activities
- Received MNSP, supply of 248 cartons, remaining only with 38 cartons, with the presence of dehydration,

Challenge & Gaps:

- **SOS**, doesn't have enough supply and lacks BSFP, while carrying out varieties of activities an instance Mother to child planning, IYCF, SOS is operational in Hanana & MCH Baidoa while lacking convey hence in accessible through by road unless any other alternative,

BTSC INPUTS:

- **1 OTP** which operates in three different sites during the month of July admitted **265**, August **214** and September **180** so far the OTP site is concerned according to the observation of BTC, the nutrition trend rate decreases ,
- Operating SC as volunteer during the month of July admitted 50, Aug 214 and September for 27,
- Burhakaba being one of the largest district in SWS is just served by BTSC's 3 OTP one fixed and two mobile which are not sufficient for the nutrition need of the town. Thus there is need for scale-up to close the gap in town.

Challenge & Gaps:

- **BTC**, Operating SC while admitting and referring to others partners with active PCA ,s as volunteer and lacking supply in order to serve human needs,

SAMA BAIDOA INPUTS:

SAMA has active PCA with UNICEF since January 2017 and runs 11 OTP sites outside of Baidoa town as well as two SC in Bay region one in Bay-haaw Hospital and another in Labaatunjerow site. Furthermore additional support from SHF in integrated emergency response teams (IERT's) runs 8 OTP sites in IDPs and villages since



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27 June 2017 (Health, Nutrition and Wash). During July-Sep 2017, 1214 SAM cases admitted to 8 OTP sites. IYCF and NHHPs awareness activities in sessions and in individual are ongoing well side by side with the treatment services.

Months	New admission	Date comparison
July	476	9 OTP Sites
August	467	9 OTP sites
September	474	11 OTP sites

Here names of 11 OTP sites

1. Labaatunjerow OTP Fixed UNICEF
2. Kurto UNICEF
3. Dubugaas UNICEF
4. Busul UNICEF
5. Sarmaan UNICEF
6. Abal UNICEF
7. Tagaal UNICEF
8. Jeelow SHF
9. Seydhelow SHF
10. Nebsoy SHF
11. Munaabir SHF

TWO SC

1. Bayhaaw hospital SC
2. Labaatunjerow center SC

The biggest gap that SAMA is currently experiencing in its coverage area is lack of access to TSFP and BSFP services for the <5 children and PLWs to ensure access to MAM services and scale up preventive activities among vulnerable children and mothers in our coverage areas. SAMA hereby requests and would appreciate WFP's support in this regard.

SCI

In collaboration with MOH-SWS and GREDO SCI operates in Berdale, and Horseed as fixed sites and mobile teams at Galgalweyn, Alatuk and tawakal 2 diinsor and during the month they reached through OTP=301 TSFP=910 PLW=128 and SC=39

In lower Shabelle we have 6 Sites for SNS and SNS plus through implementation of GREDO.

SCI experiences suspected cases of measles during screening, admission at both mobile sites and fixed site especially at the stabilization center. 50% of the patients are admitted with measles cases.

BHNC INPUT:

-Operating five health facilities in Baidoa, including Wadajir, Sheikh Asharow, Busjay, Goof-Gadud Burey, Buurdhuhunle and Bulajadid that were supported by UNICEF and the PCA have expired now, over 75 villages are under these facilities and had only Micro-nutrient supply from CCC

Challenge & Gaps:

- Absence of PCA, highly need humanitarian assistant as they are addressing humanity needs and referring patient to SOYDA

MOH-SWS/ WV INPUT

-Implementing 3 projects with World vision

-Previously implemented IERT, Project funded by SHF, ended at July 2017 served 4 OTP during their implementations an instance consecutively serving Darusalam and Towfiq the activities were mainly based on Screening activities in collaboration with DMO to extend up to Iisha and Baidoa

CCC INPUT

-Running OTP programs- Currently carrying out normal 3 fixed OTP, activities in Berdale, Horseed, Tosweyne, folfeyle, Daybo, Howlahagud, Jiromadsheikh and Habare ,

-Received 100 cartons RUFT, from UNICEF and trying to improve the malnutrition rate,



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GREDO inputs

- Operating 11 OTP, programs in Baidoa including Hawlwadaag, School qasaab, NoorIslam, Hunani, Dr ayuub, and finally berdalle,
- GREDO**, OTP in Baidoa admitted 309, TSFP ,654 and PLW 136
- Operated SC in Berdale with 27 admitted patients
- Conducting Nutrition Adult Education sessions while providing micro-nutrients assistance 5 schools in Baidoa Planing
- To open OTP sites with baidoa an specifically Towfiq
- Gredo OTP, in Walaweyn admitted 283, TSFP admitted 375, and 62 PLW, s
- During the month of September GREDO, admitted 216 TSFP, 273 BSFP and 34 Plw,

Challenge & Gaps:

- Due to in accessibility in terms of security Gredo is planning to re-operate their former sites and agreed to share the updates with the focal point

PASOS INPUTS:

- Conducting Screening on weekly bases,
- Referring children to active partners with the required supplements
- MOH provided Malaria kits supply- PASOS,

Challenge & Gaps:

- **PASOS** Absence of PCA,

BRF INPUTS:

- Conducting IYCF Community - based intervention in Berdale district by conducting, mother to mother support group, group session counselling, individual counselling home visit, and mobilization.
- Conducting Group sessions
- Conducting individual consultations, directly conducting this services and only received 3 cartons of supply

SOYDA

- Operating in Afgoye and koridor implementing Wash and Nutrition services and its mobile teams are conducting awareness through out

SWISS-KALMO

- SK have reported to the cluster that having 1 fixed OTP site in Baidoa Integrated with health and small components of WASH; the activities in the center are awareness on nutrition health and hygiene promotion (NHHP), Infant and young child feeding program (Individual, Group and promotion sessions).
- In the 1st and 2nd week of Oct- Sk team had screened a total of 1596 under five children where by 705 were male and 891 were female, admitted a SAM of 42 children and referred a MAM of 315. On the pregnant and lactating women we have reported that a screening of 524 and referred 65.
- In Baidoa there is shortage of supply and requested that if there is any partner who can support us with supply- {GREDO received 1000 cartons of plummy nuts and asked an official email from SWISSO- they number of cartons that we need the time we will return).
- SK requested systematic drugs and IEC materials from Bay-Lowershabele cluster.
- SK has 8 fixed sites, 3 SC's and 2 Mobile OTP sites in Lower-shabele that has all the nutrition components {SC, OTP and TSFP} integration with the health services. In these sites there is lack of WASH and it the challenge or the program from these facilities.
- In the Month of Sep SWISSO-Kalmo in Lower shabele had screened a total of 966 in 8 sites 5,310 were normal 1,170 were Moderate, 485 were SAM and 5 92 had been curely discharge from the program In the mean while there is no access problem our PCA has ended and there is a shortage of



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	<p>supply. Comparing to the previous month there was a decrease of 2% from Aug to Sep in admission and in screening.</p> <p>URRO INPUTS: -Operating in Qansaxdhere and Bullofur and its PCA expired on June 2017, during the month of September received supply of 200 cartons of Plumpynut and started distribution for the beneficiaries</p> <p>SARD INPUTS: -Operating 2 sites OTP in Burhakabo</p>
Knowledge/Experience Sharing Session	<p>Abdirazak from UNICEF mentioned that before applying SHF- projects its great honor for partners to inform UNICEF in order subject of supply to be considered.</p> <p>Also if partner is in apposition to access inaccessible areas he should be given that area and in return s/he should accessible area to the partner who gave him the in accessible area. That will promote working as a team and gaps will be minimal.</p>
Bay/Lower Shabelle most affected areas and coverage for strengthening the collaboration between Nutrition actors	<p>New Ways reported Bulamarer of lower shabelle region, highly need humanitarian assistant where the local vulnerable communities are lacking humanitarian assistance with high presence of Malnutrition and diseases.</p> <p>PASOS is carrying out screening and they are referring the screened children to BTSC OTP sites.</p> <p>Other areas Partners also agreed to hand over areas under their jurisdiction to provide nutrition services and cannot go to those areas due to security issues to partners who can access those areas and have PCA.</p>
Any other important business (AOB)	<p>There was no any other business discussed in the meeting and the next meeting will be On.....</p>



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Action points

S/N	Action points	Responsible	Time Frame / Status
1	Pending PCA for nutrition Cluster active members to be speed up	UNICEF	Next cluster meeting.
2	Member with Nutrition interventions in Baidoa agreed to forward their monthly distribution plan to the focal point to prevent double registration.	Nutrition cluster and MOH	effective from November

Meeting attendance

S/N	Name	Organization	Email/Contact
1	Abdiqadir Ali Ahmed	Head of Nutrition SWS	Cabdiuqadirc2@gmail.com 0615881825
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3	Mohamed Osman Yarow	BTSC	0615606799
4	Abshir Guudow Aadan	PASOS	0615661528
5	Abdirazak Osman Hussein	UNICEF	aohussien@unicef.org / 0615550106
6	Nasro Ali Ibrahim	SHAHRO	nasrojiijo@gmail.com
7	Abdifatah Ibrahim	Swisso-Kalmo	0615486688
8	Dr. Fartun Abdullahi Ali	SAMA	Samanutrition1@gmail.com
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10	Isse Mohamed Isak	SCI	Isse.isak@savethechildren.org /0615948535
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13	Mohamed Adan Abdi	ARD	0615503757
14	Maryam Sheikh Miiris	WVI	0617877937
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17	Abdullahi Ibrahim Mohamed	New Ways	Abdulahi.ibrahim@new.ways.org
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23	Abdirazak Bulle Ali	BHNC	Bhnc01@gmail.com
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Absent With A apology

S/NO.	Name	Organization/Ministry	Email/Contact
1.	SRC	SRC	
2	Abdullahi sheikh mirris	SHADA	

Absent Without A apology

S/NO.	Name	Organization/Ministry	Email/Contact
1.	SRCS	SRCS	
2	AYUB	AYUB	
3.	WARDI	WARDI	



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