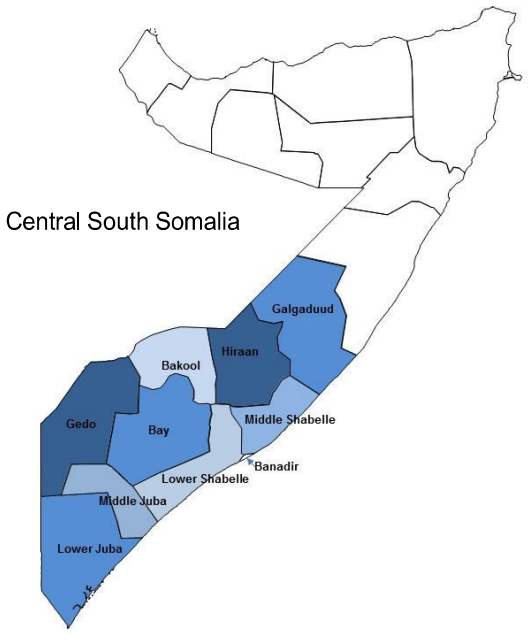
Background

The nutrition cluster has been operational in Somalia since 2006 following the HCT recommendations to activate the cluster system in order to effectively coordinate the humanitarian crisis in the country. The nutrition cluster coordinates a network of 141[1] active partners of which close to 80% are national NGOs - most of whom are based in South Central Somalia. The Nutrition Cluster rapidly increased in size following the 2011 famine response with membership composing of government, national NGOs, international NGOs, UN agencies, civil society, donors, and observers. This had created a rapid scale up in geographic coverage of nutrition services in Central South Somalia. Due to the time critical lifesaving nature of the response, opening of new service delivery points was driven by need and access opportunities rather than a strategic planning process with a clear rational basis for planning of the geographic coverage for both facility based and mobile/outreach nutrition services. While the goal for expansion of coverage of treatment services was attained during the famine response; geographic coverage was not adequately optimised, inefficiencies in service provision were noted in a number of areas, and cases of duplication and overlap of services were quite widespread. Moreover there has been inconsistencies and lack of clarities on the number and where about of existing emergency nutrition service delivery sites which became more complex from time to time.

Accordingly as a follow up of the first consultative meeting held in Nairobi with all cluster partners during 12th – 13th January, 2015; that lay foundation for the cluster road map plan besides outlining concrete action point for rationalization plan II. This had subsequently strengthened the need for finalizing rationalization plan II by the end of May 2015 on the cluster wide quarter one action review meeting held in Nairobi on 30th March – 2nd April 2015. This meeting had also given the mandate for the cluster coordination (as part of cluster core function) and it's SAG to lead the process alongside MoH. Hence after a total of 12 consultative meetings held during the months of April - July 2015 in various locations including at regional level, the Somalia rationalization plan has been officially endorsed and released under public domain in September 2015.



However few challenges remain unsolved besides emerging realities, new developments, change in programming and/or issues that need further consideration such as accountability to affected population. The critical and unresolved issues include the actual 4W map/service delivery facilities mapping and service plan. Though the later will pave way for smooth transition of the cluster to sector it can only be done/built upon the 4W map. Hence **Emergency nutrition service delivery sites geotagging/mapping project** is initiated by nutrition cluster upon the consultation and unanimous agreement of all its partners.

Emergency nutrition service delivery sites geotagging/Mapping

Geotagging is the process of adding geographical information to various media in the form of metadata. The data usually consists of coordinates like latitude and longitude, but may even include bearing, altitude, distance and place names.

Key Objective

Emergency nutrition service delivery sites geotagging main objective is to validate, consolidate and strengthen the existing capacity of emergency nutrition units across Somalia to the overall emergency preparedness response towards resilient and sustainable development.

The project will undertake focus on understanding risks and generating risk information that will be used in the formulation of comprehensive IMAM (Integrated Management of Acute Malnutrition) Service coverage/expansion development plans. One of the requirements for risk analysis is a georeferenced database of SCs, OTPs, MCH buildings/structures and mobile site areas that will be overlain with the administrative and GAM (Global Acute Malnutrition) rate maps to produce the coverage and risk maps.

The purpose of the survey is to identify access, capacities and gaps in the whole nutrition Cluster across Somalia mainly in South Central Zone in order to inform better response by the cluster, MoH and development stakeholders. The survey will function as a foundation/base to the service plan that would be rolled out by the CLAs (Cluster Lead Agencies), MoH (Ministry of Health), and is intended to give a valuable overview for the planning and scale up of IMAM.

Scope of Project:

The AIMWG lead - (PROFESSIONLA INDEPENDENT FIRM) will be in charge of encoding and consolidating data gathered by the Site Coordinating Teams (SCTs) through defined report forms. It will ensure the quality and timely provision of support to the SCTs on management of data and reports.

1. Lead in the preparation of field survey kits for enumerators;
2. Collect, compile and consolidate IMAM sites data (including coordinates) from the field into project databases (MS Excel).
3. Geotagging of all IMAM sites and other emergency nutrition service delivery elements using available vector data, GPS coordinates and possible photos;
4. Conduct field validation of geotagged elements in coordination with local government and/or non-governmental officials;
5. Encode data from the report forms of SCT members following the defined template of 4W map.
6. Ensure the accuracy, quality and completeness of encoded data.
7. Gather relevant secondary data, convert and consolidate to digital map format.

Location: The overall aim is to map all nutrition service facilities in the country which is allegedly about 2,200 as per the 2011 information which has been kept in the 4W data though it is known they are less than 1000 and this project will verify the actual number. However most important part of the mapping is to reach the areas that are most difficult to access and where facility mapping has never been conducted. The highest priority locations should therefore be set according to level of difficult access. This is because from the existing secondary datasets it seems concentration of facilities lie mainly in urban centres and inaccessible/hard-to reach areas.

Partnership and project management

The project will be led by Nutrition cluster and will be co-lead by the MoH. A task force of UNICEF, WFP, MoH and cluster partners will develop the assessment tools and make the necessary prioritizations in terms of scope and location. An advisory group of cluster partners will provide technical support to the task force. Sub groups in each region lead/co-led by local cluster focal points will ensure the regional focus and participation in the implementation of the project.

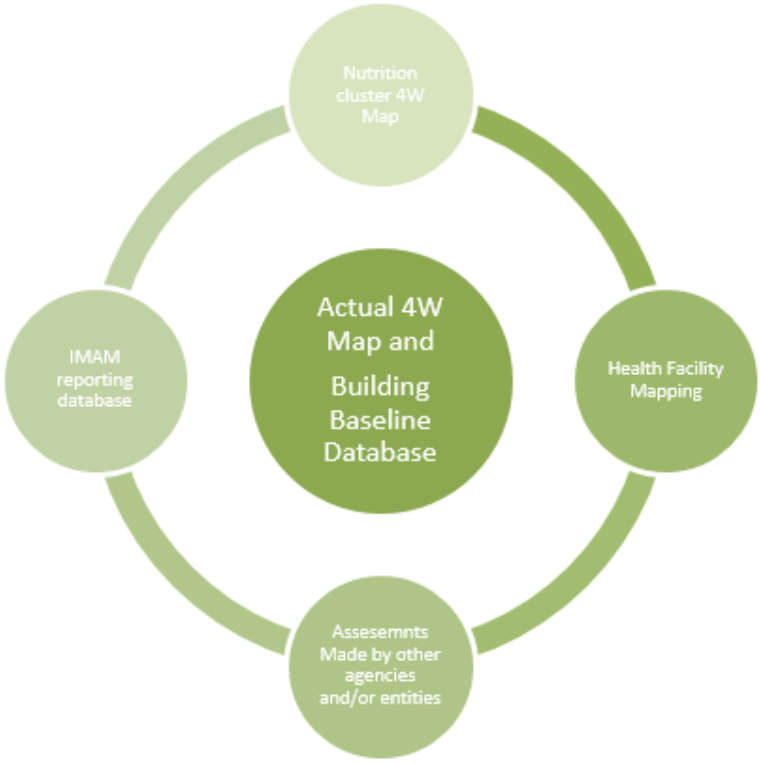
Data collection

To ensure the validity of the data and to avoid that the results are contested an independent consulting entity will conduct the data collection and the analysis of the data. The consulting agency will be using a standard tool developed by the cluster, and data collection will be done using mobile technology and the digital platform.

Secondary data review

The project work should start with consolidating all available information from previous surveys, and valid sources of information including;

1. Nutrition cluster 4W map
2. IMAM database
3. Health facilities and IDP mapping
4. Data from assessments done by nutrition cluster partners
5. Relevant data from assessments and surveys done by other clusters.



Funding

The funds for the survey will be provided by UNICEF Somalia - Nutrition Section and WFP Somalia Program.

Activities and timeline

- A workshop for task force of MoH and cluster participants will be held in Nairobi to prepare for the survey including finalizing the assessment tool and methodology.
- An advisory group set up in Nairobi will prepare draft tool, budget and other preparatory documents before the workshop, and provide technical guidance throughout the process.
- The selection of consulting agency for the data collection and analysis will be done by UNICEF with the support of the cluster advisory group.
- The data collection should take place from December 2015 to March 2016.
- The analysis should be finalized and result available by May 2016.