



## The Strengthening Nutrition Security in South Central Somalia (SNS) Consortium<sup>1</sup>

### Learning Brief 4<sup>2</sup>

#### Learning from Four Years of SNS Consortium IYCF Experience

November 2017

Since November 2013, the Strengthening Nutrition Security in South Central Somalia (SNS) Consortium has been providing services to prevent and treat acute malnutrition in Bakool, Banadir, Bay, Hiran, and Lower Shabelle regions of Somalia. Across all SNS programmes, preventive programming has focused on working with community leaders and mothers to implement quality Infant and Young Child Feeding (IYCF) counselling and support services. Given operational and funding realities, SNS has worked with key stakeholders using minimal resources to systematically implement a range of IYCF initiatives.

Poor IYCF practices among Somali families remain a major contributor to high rates of acute



malnutrition, morbidity and mortality. At the inception of the SNS Consortium late 2013, IYCF indicators in SCS were among the worst in the world. Only 17.4% of mothers initiated breastfeeding in the first hour after birth, the prevalence of exclusive breastfeeding was extremely low at 2.8%, and only 34.9% of mothers continued to breastfeed up to the recommended 24 months.<sup>3</sup> Worldwide, the critical immunity to diseases provided by optimal breastfeeding is particularly important in preventing excess mortality. This is even truer of the SCS context,

where vaccination rates remain notably low. For four years, SNS teams have made concerted efforts to tackle significant IYCF challenges and actively promote stronger practice across Consortium locations.

Somali women's roles continue to evolve, as they increasingly take on greater household decision-making and income generation responsibilities (traditionally male roles) to support their families. As the 2015 SNS Nutrition Causal Analysis (NCA) confirmed, new and evolving pressures often place greater

<sup>1</sup> The SNS Consortium is funded by the UK's Department of International Development and led by Save the Children Somalia. It includes Action Against Hunger (AAH/ ACF) and Concern Worldwide (CWW) as consortium members.

<sup>2</sup> The SNS Learning Briefs aim to present key learning of wider relevance through the collation and analysis of experience on critical issues during the life of the SNS Consortium (October 2013 to October 2017).

<sup>3</sup> National Micronutrient & Anthropometric Nutrition Survey (2009, FSNAU).

demands on women's time, which directly impacts on household IYCF practice. Husbands, grandmothers and Traditional Birth Attendants (TBAs) also heavily influence child feeding behaviors at home. While much advice is supportive, some deeply held socio-cultural beliefs and norms are detrimental to the optimal growth and development of infants and children. Examples include giving honey or water and sugar to newborns and not breastfeeding for the first three days due to the common belief that colostrum is "dirty". The scale of challenges relating to IYCF in Somalia are not to be underestimated.

For the past four years, SNS IYCF initiatives have included training Community Health Workers (CHWs), Community Nutrition Volunteers (CNVs) and other programme staff to oversee effective IYCF services, including individual counselling and hygiene promotion at household and facility levels, with families of children enrolled in CMAM<sup>4</sup> programmes. The set up and active support of Mother/ Father Support Groups (MSGs and FSGs), Mother to Mother Support Groups (MTMSGs) and Care Groups, has fostered sustained community engagement and reinforced IYCF messaging. Fathers, grandmothers, TBAs, Religious and Community leaders have been integrated into these initiatives.

### **Key SNS Consortium Learning from IYCF Experience**

Two widely known challenges presented by nutrition prevention and IYCF work in prolonged humanitarian contexts have been confirmed by SNS Consortium experience. Notably, the highly complex and long-term nature of social and behavioural change necessary for optimal IYCF in Somali contexts, and the challenge of systematically and meaningfully capturing progress (early signs of impact). Critical to this (as with all such prevention efforts) is *the impossibility of ever knowing exactly what/ how much poor practice (and resulting negative impact) was averted, i.e. what acute malnutrition didn't materialize, at least partly as a result of SNS prevention programmes*, and meaningfully capturing contributions toward impact in a field affected by multiple factors and underlying drivers, over which any programme can only have limited control. Given these qualifiers, we highlight below key SNS learning from sustained efforts to strengthen IYCF in SCS, through diverse, complementary initiatives.

#### **1. Exploit existing opportunities to engage diverse influencers at all levels (includes community and facility) as agents of change**

##### **i. Mothers**

SNS experience has shown mothers (peers) to be a vital resource in community-level IYCF promotion, particularly through semi-structured MSG and MTMSG mechanisms. Support Group graduates often demonstrate the commitment and potential to roll out key IYCF messages within their neighborhoods, families and communities and support other mothers on the same. Supporting mother IYCF "champions" and leaders over time has proven valuable. At the same time efforts to create enabling environments conducive to stronger IYCF practice must continue, e.g. to link vulnerable mothers and community members with wider development and resilience programmes (see under 6 and 8 below).

##### **ii. Traditional Birth Attendants (TBAs)**

TBAs, often the earliest non-family contact with new mothers in SCS, can powerfully influence positive IYCF practice from birth onward. Throughout implementation, SNS teams have prioritized

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<sup>4</sup> Community Management of Acute Malnutrition

strengthening TBA capacity in recognition of this. In SCS TBAs remain a key pillar of the nascent health system, with much potential to promote stronger IYCF moving forward. SNS has over time equipped numerous TBAs with IYCF counselling and support skills and (in partnership) provided delivery kits and baby kits, to help improve early initiation of and exclusive breastfeeding. TBAs have also been trained on how to identify acute malnutrition using MUAC<sup>5</sup> tapes, to screen and refer children with SAM<sup>6</sup> to nearby facilities. Some TBAs are lead mothers who use their IYCF knowledge and skills and ensure referrals to health facilities for immunizations and growth monitoring.

### iii. Fathers

Although still challenging, the growing involvement of fathers in SNS IYCF initiatives has shown that men generally listen best to other men. Concerted efforts to engage fathers should seek to involve respectable male leaders, e.g. respected fathers of young children or male CHWs, to widen the engagement of fathers. Community committees and local village administrations can also be good mechanisms through which men can be engaged over time.

As fathers remain key household decision makers in Somalia, lasting, positive behavior change is unlikely if their support is not secured. SNS experience shows that when fathers understand the meaning and content of key IYCF messages, they are generally supportive of positive change in and beyond their own households. Over time, their greater participation in related initiatives is recommended to foster lasting commitment to strengthened IYCF at community levels.

SNS experience has shown the benefits of adapting programme timing to access men when they are generally available (fit their schedules). As they are typically preoccupied with income generation activities during day times, negotiating FSG meeting times and frequency is important; possibly over weekends, for example, which demands programme flexibility and dedicated staff and community level personnel. Consortium experience shows that when fathers have been engaged for some time, they become more open to learning about and supporting their wives' IYCF practice. Opportunities to promote *nutrition sensitive approaches* across sectors and initiatives should build on this learning.

### iv. Religious and community leaders and local committees

The involvement of *sheikhs* (religious leaders) in disseminating IYCF messages appears to have a significant positive impact. Over time, some *sheikhs* have become IYCF champions due to the trust and legitimacy they hold in communities. For example, incorporating *sheikhs* into FSGs has increased the numbers of fathers engaged, as these sheikhs have reached out to other fathers and community members. Some religious leaders have fostered holding FSG sessions immediately after Friday prayers which has widened participation, especially in rural parts of Bay, Bakool and Hiran.

SNS experience shows that engaging local *sheikhs and* Quranic teachers can boost and widen the uptake of positive IYCF practices. During World Breastfeeding Week (WBW) 2017, a local *sheikh* enthusiastically explained the value of Islamic teachings to breastfeeding, quoting relevant verses, e.g. Surat Al-Baqarah (Verse 233): "*Mothers may breastfeed their children two complete years for whoever wishes to complete the nursing [period]*".

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<sup>5</sup> Middle and Upper Arm Circumference tapes, to screen for malnutrition

<sup>6</sup> Severe Acute Malnutrition (SAM)

Through SNS, local authority personnel have also spread IYCF messages in their communities. E.g. during WBW in Hiran, local officials took part in WBW events, appealing to community members to adopt stronger IYCF practices, emphasizing the benefit to community health.

Some Community/ Project Implementation Committees established by SNS partners have proved beneficial in terms of having local committees responsible for collaboration with nutrition and IYCF teams. Over time, this helps foster community commitment and support for related programmes. As local legitimacy and trust are vital in contexts of prolonged insecurity, such gatekeepers can prove critical to programming success. In SNS, for example, such committees have helped convince fathers of the importance of IYCF promotion and Support Groups and tackled tricky issues facing IYCF counsellors. This has fueled increased father participation, e.g. in Hiran where FSG membership increased from 22 to 146 fathers one quarter.

## **2. Nurture mutual trust and respect**

Effective IYCF promotion and counselling requires confidence, patience, trust and respect for intended beneficiaries in all service providers (staff and volunteers). Such relationships demand effort and time to nurture and are facilitated by longer-term programming like SNS, where trust has been established. Successful initiatives also require solid IYCF knowledge and competencies, including negotiation and counselling skills, to catalyze positive, sustainable change (based on understanding rather than coercion) at individual and community levels. This implies recognizing such competencies in all categories of personnel involved.

## **3. Create supportive and safe environments where questionable norms can be challenged**

Anecdotal evidence suggests that many SNS IYCF initiatives provide forums where caregivers feel free to raise and challenge some dominant but questionable socio-cultural beliefs and practices. This is seen in Support Group IYCF knowledge and behavior pre- and post-participation test scores, as well as through structured feedback and discussion. As social and behavioral change processes are inevitably long-term and related socio-cultural beliefs deeply rooted, efforts to create safe spaces for discussion need to be sustained, along with related support, to catalyze positive lasting change.

## **4. Adopt and promote community/ audience friendly approaches and tools**

Small, frequent and repeated key IYCF messages, in appropriate and diverse formats (i.e. everyday Somali/ local language audio or verbal messages, with appropriate Somali visuals if possible) can influence the knowledge and practice of mothers, fathers and others. SNS experience has demonstrated that regular, sustained participation in-group promotion sessions with peers and respected community members, fosters visible behavior change and a sense of empowerment among beneficiaries (mothers in particular). In common with all community-level work in such contexts, resources and tools used should be as simple, attractive and accessible as possible to intended audiences. IYCF Somali local radio talk shows and interviews, aired twice weekly, have proved effective in terms of uptake and reaching wider audiences; interactive programmes have encouraged listeners (including SNS beneficiaries) to call in with questions. Another success story has been the engagement of Baidoa comedians, whose story telling and drama has catalyzed wide interest in key IYCF messages.

## 5. Support dedicated parents and personnel (official and unofficial)

Having dedicated personnel (e.g. IYCF Counselors, midwives, Village Health Workers, etc.) to oversee and support all IYCF activities at nutrition/ health facilities and in communities has proved important under SNS. With nurse-in-charge support, all SNS facility teams have been able to provide the necessary on-the-job training (OJT) for IYCF counsellors at nutrition sites, who in turn cascade their learning in respective communities.

Supporting locally renowned midwives and TBAs to be IYCF Counsellors and Lead Mothers (of Care Groups and Support Groups) under SNS has increased the uptake of optimal IYCF practices. E.g. in Hiran, where a much appreciated IYCF counsellor and TBA, trains Support Group members in different villages. She has influenced many fathers to join FSGs. In Mogadishu, a TBA turned midwife enjoys similar respect, with many TBAs -- now MTMSG leaders -- revealing how much they have learned from her. In SNS (and similar) vulnerable locations which generally lack effective services, such highly regarded persons can become powerful agents of community change.

## 6. Actively promote more holistic *Nutrition Sensitive Approaches*, by strengthening collaboration and integrated, cross-sectoral programming

Building on its NCA Study findings (SNS & WFP, 2015), SNS has sought to strengthen integration between IYCF initiatives/ partners and those in other sectors (health, WASH, resilience, food security and livelihoods (FSL) in particular). E.g. Concern's SNS IYCF teams have worked closely with livelihood teams to integrate IYCF messages into routine Self-Help Group (SHG) meetings, to widen reach and maximize opportunities to improve the nutritional status of children under five. IYCF promotion among SHG members is a positive example of what strengthened collaboration between different sectoral teams can achieve. In other SNS programmes, nutrition and WASH teams collaborate to distribute soap to IYCF beneficiaries and educate them on hygiene, while IYCF counsellors capitalize on WASH gatherings to promote optimal breastfeeding. Health colleagues have targeted Pregnant and Lactating Women (PLW) with mosquito nets and educated them on optimal IYCF. Other Consortium examples include linking FSG members with BRCiS resilience consortium Food Security and Livelihood initiatives in Hiran and Bay. This has strengthened father commitment to IYCF Support Groups underway in both regions and widened the reach of critical IYCF and WASH message promotion during the 2017 emergency. Following notable community interest, SNS teams have exploited all opportunities to integrate IYCF messages into their wider work on a sustained basis. In such ways, opportunities to promote *nutrition sensitive approaches* are being exploited without additional resources, as feasible.

SNS experience confirms the urgent need for sustained, multi-sectoral *nutrition sensitive* approaches to effectively prevent malnutrition. In the 2017 emergency period, SNS CMAM programmes witnessed increased relapses (to acute malnutrition) upon discharge, stemming from widespread drought-related household food insecurity. The only way to effectively avert this is to support vulnerable households and communities with complementary food security/ resilience programmes (includes cash transfers, food vouchers and food distributions etc.), income generating activities, social protection, WASH, and other support over time. Consortium partners confirm the benefits of engaging CMAM beneficiaries in WASH activities, witnessing positive outcomes in Hiran and

Banadir.<sup>7</sup> DFID's IRF facility, which significantly supported SNS scale-up during 2017, has presented further opportunities for more integrated, multi-sectoral approaches (e.g. encompassing FSL, WASH, health and nutrition initiatives), towards better CMAM treatment outcomes. Moving forward, SNS teams will actively promote more holistic programming.

## **7. Strengthen capacity at all levels over the long term**

As social and behavioral change processes which lie at the heart of IYCF initiatives encompass long term generational change, they demand concerted effort and a commitment to *sustain* capacity development at team and individual levels, in facilities and communities. The human resource implications are significant, including for IYCF leaders and champions to seek and provide every day on-the-job Training (OJT) opportunities to ensure the necessary quality technical support to CMAM, IYCF and other nutrition-sensitive programme personnel, across sectors.

## **8. Incentivize positive change**

SNS experience has highlighted the positive impact that even low cost, minor incentives can have on committed IYCF personnel. Mechanisms to motivate and recognize beneficiary mothers/ families and volunteers who improve their IYCF practice, including linking such beneficiaries with Emergency Cash Transfer, Resilience or other Non-Food Item (NFI) programmes, have been appreciated. Examples include distributing palm leaves to MSG members to weave mats, baskets, and fans that are sold for income to buy food, and the distribution of baby kits to pregnant women to help encourage early initiation and exclusive breastfeeding.

## **9. Support vulnerable, isolated communities through mobile services**

Engaging mobile teams wherever possible (security-wise) has given many catchment populations in volatile areas, far from static facilities, access to essential (and otherwise inaccessible) life-saving nutrition programmes. A key lesson from the 2011 and 2017 Somalia drought-related emergencies is the need for services to be provided as close to places of origin and residence as possible, for vulnerable groups. It is when the most vulnerable are forced to travel long distances to reach the nearest life-saving services, that weakened children often die from acute malnutrition. Under SNS, for example, ACF's sustained support for mobile nutrition teams in Kahda district (of notably high IDP caseloads) has undoubtedly saved many lives. Although mobile teams are relatively costly and their work often dangerous in SCS locations where they are most needed, such services are critical.

## **10. Promote IYCF in Emergencies (IYCF-E)**

IYCF-E initiatives should build firmly on existing IYCF team strengths and programmes. In 2017, SNS IYCF-E initiatives have included immediately upscaling community mobilization/ active case finding; ensuring timely referrals to suitable facilities/ teams, as necessary; the active, wider promotion of optimal IYCF especially exclusive breastfeeding, continued breastfeeding and complementary feeding; creating 'Mother and Baby Friendly' spaces where feasible, especially in IDP contexts; and collaborating closely with other service providers towards ensuring access to complementary WASH, health, food security, income generation, and resilience resources for the most vulnerable. SNS IYCF

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<sup>7</sup> SCI and ACF Quarterly report April-June 2017

personnel supported the active roll out of key IYCF messaging, through other teams. At policy level, SNS remains active in designing and supporting the Somali Breast Milk Substitute (BMS) Code.

To address significant drought-triggered population movement, SNS teams in Banadir positioned CHWs at strategic IDP entry points around Mogadishu (including Kahda and Lower Shabelle), to quickly identify and refer on infants and young children in need of urgent treatment. This strategy resulted in the timely screening and referral of all new arrivals, to avoid worsening deterioration and more costly SAM treatment cases.

In 2017, SNS IYCF teams received IYCF-E refresher training to strengthen their drought response and seized opportunities to train wider teams on IYCF basics. SNS teams arranged key stakeholder meetings (with existing Care Group members, lead mothers, community volunteers and camp leaders) to help ensure that all appropriate persons received key IYCF-E information and support. Routine IYCF counseling continued under SNS to help avoid the dangers of Breast Milk Substitute (BMS) distributions, which typically escalate in emergencies. As part of the wider Nutrition Cluster initiative, SNS teams were encouraged to report violations of the draft Somali BMS Code in a timely manner.