Nutrition-Sensitive Diet in Somalia

Somalia NUTRITION CLUSTER

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Background

The scale of the humanitarian cash interventions in Somalia makes a plausible case that cash transfers can, and in some cases do, impact upon Nutrition by improving dietary intake and access to food. The case study: "*Documentation of experiences using cash and voucher assistance (CVA) for nutrition outcomes in Somalia"*, presented and discussed with the Somalia Nutrition Cluster (SNC) members on the 8th of July 2020 pointed positive indications, but overall limited evidence on the impact of cash transfers in the nutrition sector. As discussed with SNC in the July webinar, the lack of documentation is almost certainly due to the lack of CVA in the health sector and also the minimum expenditure basket (MEB) covering only the basic needs' of the population. However, as conferred during the webinar, there is evident potential and a handful of promising examples whereby cash could complement supplementary feeding and outpatient therapeutic programmes. It exists several ways in which the relationship between cash interventions and Nutrition can be explored and further documented.

Need assessments, which are not always the basis for most programming in Somalia, is obligatory so that agencies can adequately understand the causes of malnutrition. Where prolonged hunger is caused by an inadequate diet or deteriorating health through loss or lack of income and livelihoods, there may be a justification for using cash. If interventions are based on specific causal analysis with inclusion of robust monitoring on how economic vulnerabilities affect the causes of malnutrition, the likely impacts on Nutrition can be understood, even if they cannot be precisely proven. However, since CVA is not used with the explicit objective of improving nutritional status, this analysis is missing. Given the overabundance of examples highlighted in a study commissioned by the inter-agency in 2018[1], the modality is shown as a direct contributor to improving access to food security, particularly the use of multipurpose cash assistance (MPCA)[2]. CVA also plays an integral part in supporting other essential needs, such as household NFI, school fees, health care and debt repayments, all of which generate important benefits, and may indirectly contribute to nutrition outcomes. Therefore, the main objectives of the SNC are to explore the links between CVA impact on food access, dietary diversity and Nutrition.

[1] Somalia Cash 2018 evaluation, < https://www.calpnetwork.org >

[2] Other cash modalities such as cash for work as well as cash-plus are amongst the modalities that contribute to food purchases.

Introduction

Economic access is one of the most significant barriers to achieving a nutritious diet, particularly in rural areas across Somalia. Somalian meals consist of mainly staple commodities (maise, sorghum, rice, wheat and pasta), oil and, with limited consumption of nutritious foods, such as fruits and vegetables. The majority of the Somali population consumes more frequently an energy-based diet because of their affordability and accessibility[3]. It consists primarily of starchy carbohydrates and minimum nutritional values. A healthy and balanced meal globally costs approximately six (6) times more to purchase compared to an energy-based diet. According to the World Food Programme (WFP): *Fill the Nutrition Gap,* the cost of diet is roughly seven (7) dollars per day per household in Somalia. Because a nutritionally dense food is not affordable to the majority of the population; as a result, their health is impacted with hidden hunger, iron deficiency anaemia and vitamin A. Despite large volumes of CVA activities[4], the prevalence of Global Acute Malnutrition (GAM) continues to be reported as a serious factor affecting the overall health of the Somali population. The median (GAM) prevalence has remained severe or between (10–14.9%) for the past three consecutive seasons (13.1% in 2019/20 Deyr, 13.8% in 2019 Gu and 12.6 % in 2018/19 Deyr). According to a Food Security and Nutrition Analysis Unit (FSNAU) study on malnutrition cases in Somalia, 53.9% of children under 5 suffer from anaemia. One-third of children have iron deficiency anaemia (IDA) and vitamin A deficit, increasing their risk of infection and mortality. IDA among women is also in excess of 30%, increasing the risk of low birth weight babies and birth complications (Somalia Micronutrient Survey 2019). Over half the women in the FSNAU study suffered from Vitamin A deficiency, while 49.1% pregnant women and 46.6% non-pregnant women of reproductive age suffered from anaemia and contribute to perpetuating the cycle of malnutrition as malnourished girls as they are at higher risk of giving birth to infants who are small for gestational age and/or of low birth weight.

Somalia Minimum Expenditure Basket

The Minimum Expenditure Basket (MEB) in Somalia represents a set of essential food items representing 2,100-kilocalories per person per day. It consists of four sub-baskets (two baskets cover the rural and urban towns in the North West) and the other two, cover the rural and urban towns in the rest of the country[5]. The CVA transfer packages are calculated by adding the market value of the basket items, and finally, by subtracting the income, livelihood or other incomes and assets from the total amount, known as the gap analysis[6]. The current MEB covers an average of seventy per cent of the estimated "normative" minimum expenditure in food, which constitutes mainly of starch and cereals. It does not reflect the more diverse diet that vulnerable populations purchase in the market. The expenditure patterns show that CVA is spent on a broader and more expensive list of food items comprising of

[3] Research Gate, July 2017, < https://www.researchgate.net/publication/322265301>.
[4] CVA targets in the majority of vulnerable households and supports their access to food, and additional immediate needs.
[5] Food security and Nutrition Analysis Unit, <https://reliefweb.int/report/somalia/somalia-market-update-may-2020-update-issued-june-16-2020>.
[6] Minimum urban food and non-food expenditure basket MEB is relatively compared to the average income levels of the urban poor, to evaluate food access. Changes in income and expenditure patterns are analysed with expenditure gaps then subtracting total cost from the MEB to come up with a final transfer amount.

pulses, meat, and vegetable[7]. It is also reported that the sale of food rations to purchase other alternative food and address different needs are also common amongst the beneficiary population. Moreover, the majority of rural households that receive cash assistance does not have access to maternal-child health and Nutrition (MCHN), and other feeding programmes[8], yet the selection criteria utilised by many partners include households with the most vulnerable, such as elderly, families with more than two children under two (2) years, pregnant or lactating, households that have lost their livelihoods etc. These households are at significant risk of suffering from different forms of malnutrition and are susceptible to diseases. According to the Cash working group (CWG) June 2020 market dashboard, the full MEB is set between sixty-eight (68) USD in Lower Shebelle and hundred and twenty-seven (127) USD in Galgaduud. The two locations represent the lowest and highest values. Furthermore, the recommended MPC transfer values for the respective locations are sixty dollars (60) USD and a hundred and ten dollars (110) USD. Evidence shows that cash assistance lasts less than a month on average, consistent with the fact that food ration last from 13-22 days across IDP settlements. In larger households, the amounts are utilised more quickly, and it is enough to cover all basic needs[9]. Though with cash and voucher assistance, beneficiaries are in a position to buy more food, the reality is that most households used emergency coping strategies and contract new debt to acquire food for their families. Moreover, the food that is purchased is not sufficient to provide essential micronutrients, which are vital to healthy development, disease prevention, and wellbeing.

The rationale for the Nutrition-Sensitive Diet

In considering the best approaches to mainstream nutrition-sensitive diet into the design and implementation of CVA, the Somalia nutrition cluster (SNC) activated a *CVA in Nutrition task-force (TF)* to develop a nutrition-sensitive MEB. The SNC acknowledges that CVA and Safety-net (SN) programmes are not designed to address malnutrition. However, by considering alternative nutrition-sensitive actions tailored to support vulnerable populations accessing their nutrition need, the impact of CVA or SN can be maximised to support nutrition outcomes. This purpose of a nutrition-sensitive MEB is twofold: building the knowledge and capacity of using CVA within the cluster and advocating for the upcoming Somalia MEB revision to consider the food that is rich in micronutrients.

To improve Nutrition through CVA and SN programmes, understanding the drivers of malnutrition and its relation to cash and safety-net transfers is necessary. Such an analysis is provided in the case study for Somalia, whereby details of available evidence are also provided in support. There is a great deal of proof on the variety of immediate contributors to Nutrition. In contrast, research that identifies solutions to the underlying causes of malnutrition is more recent as a result of the successful results obtained by conditional cash transfers. They concluded that to reach their full potential, the programmes needed to have a better-defined set of nutrition actions grounded in programme theory. Nutrition sensitive cash programming is recommended to improve nutrition outcomes in a vulnerable

[7] Somalia Cash 2018 evaluation, < https://www.calpnetwork.org >

[8] The access to health and nutrition facilities varies across Somalia, with rural populations having limited access because they are not informed about the availability of services and supplements (reported by 21 per cent and 18 per cent of households respectively), the facilities are too far away (15 per cent), or they struggle to register to get assistance (12 per cent), HNO 2019, <www.ochasomalia.org>

[9] Evaluation of the 2017 Somalia Humanitarian Cash-based responses, Cash and Learning Partnership, <calpnetwork.org>

population. Since the current MEB does not reflect the nutrition requirements of members needing a diverse meal: such as breastfeeding mother, children aged 6-23 months and other groups requiring a diet rich in micronutrients that supports developmental growth and overall health, the SNC tasked the CVA TF to develop a nutrition-sensitive MEB. This MEB be paired with Social and Behaviour Change messages (SBC) educating the vulnerable communities on the need for a healthy balanced diet for a productive and resilient life and ultimately increasing access to nutritious food.

The cluster wants to continue learning, analysing, and mapping existing CVA tools, appropriateness of different mechanisms and good practices in the sector within varying nutrition interventions during the sudden onset and protracted crises to further facilitate capacity building in Somalia.

The Nutritious Food MEB

The nutritious MEB is based on secondary information, as field-level consultations are limited due to COVID 19. Data from WFP surveys and multiple discussions with team members and stakeholders took place to decide the commodities in the food basket. The target location for this MEB is Banaadir (Mogadishu). The decision on the choice of location and commodities was based on their availability of information on the area and recent assessment of markets in Mogadishu. The food chosen was based on their nutritional value calculated using (NUTVAL), value for money and preference of the population group.

NUTRITIOUS FOOD Expenditures							
Item	**Measurement** Food: per person/per month kilos	**Price (USD)-average** (per KG)	**Rational**	**COST per Household:** Food cost: 1 person /per month	**COST per Household** Food cost: 6 people HH/per month	**Meets community priority / preference**	**Provided through in-kind**
Grain: RICE (grams)	2	3.00	Nutval calculation. Per person per month x number of people in average household	6.07	36.42	Yes	No
Legumes: BEANS, KIDNEY, ALL TYPES (grams)	5	2.00		10	60	Yes	Yes
Cereals : WHEAT FLOUR (grams)	9	1.20		10.8	60.48	Yes	Yes
Fat: OIL, VEGETABLE [WFP] (grams)	1	1.00		1.25	7.5	Yes	Yes
Condiments: SALT, NOT IODISED (grams)	0	1.20		0.75	4.5	Yes	Yes
Vegatable: LEAVES, DARK GREEN, e.g. SPINACH (grams)	3	1.50		4.5	27	Yes	No
Protein: MEAT (grams) e.g GOAT	1	4.00		4	24	Yes	No
Dairy: MILK, e.g. DROMEDAIRY WHOLE (litres)	0	2.00		4.2	25.2	Yes	No
Total				**40,85**	**245,10**	Yes	No

The methodology for constructing the nutrition-sensitive MEB above should be read from (left to right):

1. After the commodities were chosen based on their availability on the local markets, they were entered in NUTVAL to calculate their macro and micronutrients to form a basket of 2,100 Kilocalories.
2. The next step was calculating the commodities prices using WFP market monitoring data. The measurement is calculated on the amount of food a person requires per day, then per month before multiplying by six (6) to calculate for a Household of 6 people /per month.
3. The protein choices such as goat meat cost between four (4) USD per kilos to twelve (12) USD per kilos. Meat is an essential commodity in the diet of people in Mogadishu, albeit costly. Prices have also increased exponentially due to COVID19 affecting regular flights and movement of goods due to delays and border

closures. However, in an MEB design, this commodity might be replaced with other cheaper variation of protein-rich food such as chicken, fish or eggs etc. The importance in a dense nutrition diet is to keep a source of protein providing they remain appropriate for the target population.

4. For a holistic FOOD MEB approach, it is recommended to consult with the target population through focus group discussion to assess food preferences, consumption behaviour, cultural differences and items purchased at their local markets. However, due to Covid-19, the SNC was unable to conduct field surveys.
5. The Nutrition cluster will continue to work closely with the Cash Working Group (CWG). The SNC will provide technical guidance throughout the MEB revision process and will further support the development of sectoral cash packages that compliments nutrition activities, as well as determining criteria for a household to receive such assistance.

Conclusion

Under-nutrition is a multidimensional issue, and no single programme implemented in isolation will be sufficient to sustain a significant reduction in Somalia. However, cash and vouchers assistance (CVA) is increasingly recognised as an important strategy to accelerate progress in improving access to nutritious food as it addresses structural factors caused by poverty and social vulnerability. During the webinar in July, we learnt that the cost of nutritious food is expensive, not only in Somalia but also globally[10]. In addition, prices for the nutrient-dense foods in Somalia have increased due to COVID-19, conflicts; locust and other natural disasters, which contribute to impact spatially variable nutritious diets, than those energy-dense meals, low in micronutrient. The evidence from the webinar and from the field suggest that there are strong economic reasons why the population of Somalia consume little to no the nutrient-dense foods available on the market, as they simply cannot afford it.

Given that CVA directly increases household disposable income, and consequently if transfer packages were to consider nutritious food in the minimum expenditure basket, cash assistances may have a much bigger impact on household food security, and ultimately nutrition outcomes. As presented to the SNC, the nutritious MEB highlighted above cost 246[11] USD per month for a household of six people. This amount comes very close to WFP's *Cost of diet study*, which argues that a nutritious diet cost a national average of $6.96 per day for a family of six. At present, the highest transfer values for multipurpose cash (MPC) packages are set at 110 USD, and it is arguably not sufficient to meet humanitarian needs[12]. Therefore the SNC recommends partners planning to use CVA to increase nutritional impact, particularly for populations residing in stressed locations[13] (IPC 2 and up) to use a top-up amount of fifty-five dollars, (55) USD. The top-up amount covers market prices for the consumption of leafy vegetables and the cost of a protein source such as eggs and milk. This amount is applicable to all national locations where Nutrition partners have access. Although, this basket was designed for Banaadir populations', after a careful review of nutrition-dense commodities in other locations, the SNC has found similar rates as well as common preference vis-a-vis the three supplementary foods that constitute the top-up value. SNC decided to

[10] GNC developed various studies globally to evaluate the access to nutritious food. Information can be sourced in " Evidence and guidance note on the use of cash in Nutrition < https://www.nutritioncluster.net/resource_Evidence%20and%20Guidance%20Note>.
[11] In WFP, CoD study, a nutritious diet cost USD 208.80 per month for a HH of 6. The example given by the SNC is 37 USD more expensive as prices of vegetables, legumes and animal fat increased with COVID-19.
[12] The highest MPC values from the CWG monthly dashboard shows Galdaduud region at 100 USD per HH.
[13] Targeting is based on locations, but a vulnerability-based criterion validated by SNC is also accepted.

cap the amount at fifty-five dollars (55 USD) at a national level to support consistency in approach and assistance. The fifty-five dollars (55 USD) top-up will be effective from September 2020 until April 2021[14], or until the Somalia Cash Working Group (CWG) completes the revision of the MEB, and finalised the sectoral cash baskets. The SNC will communicate with their cluster members when this value ceases to be operational.

The top-up amount will complement MPC assistance and support vulnerable populations, in particular IDPs who are severely affected by the economic repercussions of lockdown measures, given their already precarious circumstances and heavy dependence on casual labour and/or external support (from host communities, authorities and humanitarian organisations) to meet their basic needs. All cash in nutrition programmes should be paired with SBC[15] messages and all pre-requisites for CVA appropriateness are applicable[16]. However, since cash alone is not sufficient to address nutrition deficiency, partners should carefully assess what other nutrition-specific programmes are suitable for the targeted cohort.

We know that the calculation of « MEB » is not an exact science. What we need is consensus based on the evidence in order to increase the purchasing power of vulnerable populations and close the gap on under-nutrition. If we want to improve nutritious food intake in Somalia, populations need to have access to quality food, as well as investing in sustainable food production and productive assets. The combination of those factors will improve household diet diversity and contribute to household food security. Vulnerable populations need fresh products that uphold good health, not accessing the bare minimum to survive, as this will keep them in poverty afflicted by under Nutrition. It is essential to start exploring policies that tackle the affordability of vegetables, legumes, fruits, and animal source foods in areas where food is insecure. In particular, identifying synergies between humanitarian, development actors and local producers where possible, and avoid undermining the local commodity mark. In addition, policymakers should assess the possibilities of reducing the cost, price and volatility of nutritious diets by taking steps to use seasonal prediction, and by improving the integration of markets particularly for vegetables and other perishable, nutrient-dense foods.

Recommendations from the Webinar

Cash is not a panacea, and it is also not the intention of the SNC to channel its entire programming to CVA. The SNC is interested in exploring approaches and thinking at ways where cash can be a suitable tool for increasing access to a diverse diet and possibly improved nutritional status. The main objectives are also to improve the systemic consideration of CVA as an important toolkit that can support complementarity between programmes and be a useful agent to impact Nutrition. A variety of CVA and market-based programming interventions can support nutrition outcomes. Based on the webinar by the Global Nutrition Cluster recommendations, the SNC will implement the following activities:

Short and medium-term interventions using CVA in Nutrition

[14] The Somalia CWG has confirmed that the tentative MEB review will start in October 2020.
[15] SBC combines elements of interpersonal communication, social change and community mobilisation activities to improve nutrition-sensitive behaviours and practices.
[16] CVA appropriateness and Feasibility Analysis< https://www.calpnetwork.org/toolset/cva-appropriateness/>

Nutrition-specific interventions using CVA to safeguard Nutrition	1. Engage more with partners on the documentation of emerging experiences and learning from nutrition responses with CVA components. 2. Support the Cash Working Group to discuss: Reporting, learning and dissemination, opportunities to integrate CVA modalities in the nutrition sector based on the upcoming evidence and guidance note, opportunities to improve nutrition sensitivity of household cash transfers, MEB and transfer amounts, etc. 3. Expand the use of nutrition-sensitive assistance cash programs with the use of an integrated approach that support improved ways of achieving affordability of a nutrition diet. 4. In close coordination with the FSC and other partners, consider promoting measures to improve the affordability of a nutritious diet in the context of Somalia. 5. Support nutrition partners to pair household cash transfers with SNF, especially in areas with limited availability of nutritious foods and high rates of acute malnutrition. 6. Invest in monitoring to better measure results and document lessons learned in using CVA for nutrition outcomes. 7. Review/ design national referral pathways to receive CVA to improve nutrition outcomes 8. Support the scale-up education and training for farmers using CVA and Market-based programming to diversify agricultural production at the household (vegetable gardens, livestock rearing)

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