



Civil Society Network

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COMMON POSITION PAPER BY SOMALILAND CIVIL SOCIETY ORGANIZATIONS FOR SCALING UP NUTRITION



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INTRODUCTION

On October 8, 2026, the Somaliland Civil Society Network for Scaling Up Nutrition (SL-CSN for SUN) hosted its 2026 Annual Symposium at the Mansoor Hotel, Hargeisa - Somaliland. Operating within the framework of the Global and Somaliland SUN Movement, the event gathered diverse stakeholders to determine and agree on priority, practical steps for advancing nutrition across Somaliland.

The insights and outcomes from this gathering were synthesized into a unified Common Position Paper and Call for Action, which reflects the combined contributions of 33 civil society organizations, including local and international organizations, community-based organizations, women's and youth networks, professional associations, and the media.

II. RATIONALE

Good nutrition is one of the key foundations for the development of a healthy and productive population. Well-nourished people are less likely to become ill or prematurely die, and are more productive and better able to learn. Achieving good nutrition, particularly among children, adolescents and women, is associated with important short and long-term health, educational and economic benefits.

Situational analysis of data from Somaliland over the past two decades indicates that undernutrition is a significant and enduring public health problem and a major factor in the failure to meet national and global goals on hunger, child health, maternal mortality, gender equality and education. Rates of acute and chronic malnutrition have remained persistently high throughout Somaliland regions. According to SLDHS 2020, **21%** of under-five children in Somaliland suffer from chronic malnutrition (stunting), permanently altering their cognitive and physical potential. Sool and Sanaag have higher odds of stunting (**35%**). According to FSNAU projections for 2026, the cumulative number of under-five children with acute malnutrition is estimated **257,940**, which includes **172,440** children with moderate acute malnutrition, and **85,500** children with severe acute malnutrition). Furthermore, according to UNICEF micronutrient survey 2019, among of

women of child-bearing age, **47.2%** are affected by iron deficiency anemia, **35%** are deficiency in folic acid (Vitamin B9), and **37%** are deficient in cobalamin (Vitamin B12), driving a cycle of intergenerational malnutrition. Similarly, nearly half of children and adolescents in schools (**46%** and **49%**) are affected by iron deficiency. Moreover, prevalence of vitamin A deficiency is very high among <5 children and school-age children (**34.4%** and **37%**) respectively. Only **9.3%** of children aged 6–23 months receive the recommended minimum diverse diet. Only **9%** of children 6 to 59 months have access to Vitamin A supplementation, whereas only **6%** of pregnant women receive iron-folic supplementation. Similarly, only **6%** of children between 6 to 59 months are treated against intestinal worms.

Poor dietary diversity continues to drive malnutrition in Somaliland. According to WFP Cost-of-Diet Analysis in Somaliland, a nutritious diet is **7.7 US\$** per day per household. A nutritious diet is 3.5 times more expensive than an Energy Only Diet. There are inequalities in consumption. About 2/3 of the Somaliland population are unable to meet the minimum nutrient requirements (i.e., 2200 Kilocalorie).

Furthermore, diet-related non-communicable diseases are on the rise. According to SLDHS, about 7% of Somaliland population has at least one chronic disease. The most commonly reported chronic diseases are blood pressure (**41%**), diabetes (**19%**), kidney problems (**9%**), and heart diseases (**7%**). Furthermore, about **34%** among women are overweight, whereas, approximately **9%** are obese.

The cumulative effects of malnutrition persist across generations leading to severe growth retardation in subsequent generations. Evidence of inter-generational malnutritional cycle have already been observed in Somaliland. Addressing this triple burden of malnutrition (undernutrition, micronutrient deficiencies, and overweight), as well as the increasing diet-related non-communicable diseases requires a comprehensive policies, legislations, strategies and programs, which supports both demand for healthy food and its supply.

OUR COLLECTIVE DEMAND AND CALL FOR ACTION

The Somaliland Civil Society Network for SUN is deeply concerned that malnutrition affects a sizeable number of Somaliland population particularly among children under-five, adolescent girls and pregnant and lactating mothers, other marginalized groups and people living in hard-to-reach areas thus presenting a serious public health and socio-economic concern through increased disabilities, cognitive and learning deficits, and noncommunicable diseases later in life.

In the light of this, the Somaliland Civil Society for SUN do hereby present a common position paper to hold the Government, Donors, UN, and Private Sector account to their commitments. Through this declaration, we call upon the Government, Donors, UN, and Private Sector to:

1. To the Government: Lead with Political Will and Increase Domestic Funding

- Increase Budgetary Allocations: Ring-fence and increase the national budget line for nutrition-specific and nutrition-sensitive sectors to meet the target of minimum (10%) annually.
- Reactivate the Multisectoral Nutrition Platform under the Office of the President to ensure effective multi-sectoral coordination across all nutrition-specific and nutrition-sensitive sectors of Somaliland.
- Scale up high-impact nutrition-specific interventions to address the immediate causes of undernutrition because these are the best value for money.
- Introduce high-impact nutrition sensitive interventions across a range of sectors including education, agriculture, livestock, fishery, water and sanitation, social protection and gender and ensure that they deliver nutrition results. Nutrition sensitive interventions can reduce the stunting by two-third.
- Implement low-cost and high impact nutrition-specific and nutrition-sensitive interventions in schools to positively impact the lives of children and adolescent girls in schools.
- Implement work-place policies that safeguard pregnant and lactating mothers from economic and employment vulnerability during pregnancy and breastfeeding, guaranteeing at least six months of paid maternity leave, and a dedicated spaces for breastfeeding.

- Regulate the marketing of breastmilk substitutes, unhealthy foods, beverages and other products to enable parents, families and communities to provide babies and young children with adequate, healthy and nutritious diets, so that children can realize their right to adequate food and nutrition “RtAFN”;

2. To Development Partners (Donors/UN): Align, Sustain, and Predict Funding

- Provide unrestricted, targeted funding split between nutrition-specific and nutrition-sensitive interventions.
- Scale up high-impact nutrition-specific interventions to address the immediate causes of undernutrition because these are the best value for money.
- Introduce high-impact nutrition sensitive interventions across a range of sectors including education, agriculture, livestock, fishery, water and sanitation, social protection and gender and ensure that they deliver nutrition results. Nutrition sensitive interventions can reduce the stunting by two-third.
- Appoint a lead “convener” to streamline communication, minimize duplication, manage multi-donor trust funds, and interface directly with civil society and government focal points.
- Transparently report pledges, disbursements and expenditures, allowing civil society to monitor whether donor pledges actually translate into tangible results.

3. To the Private Sector: Innovate Responsibly and Invest Ethically

- Produce affordable, high-quality, unadulterated, safe, nutrient-dense, and wholesome foods.
- Commit to responsible marketing and cease the aggressive and misleading marketing of breastmilk substitute products, ultra-processed foods, and sugar-sweetened beverages, especially to infants and children.
- Implement workplace policies that support breastfeeding rights of working mothers, including paid maternity leave and dedicated breastfeeding spaces for breastfeeding mothers.
- Leverage the private sector's consolidated supply chains to fortify staple foods, to enable the public consume high-quality and safe food, fortified with essential vitamins and minerals.



Our Commitment as Civil Society

The Civil Society Network for Scaling Up Nutrition pledges to:

- Hold leaders accountable through transparent budget tracking and independent monitoring.
- Mobilize communities to drive demand for nutrition services and promote behavioral change at the household and community levels.
- Generate robust data and evidence to help policymakers, development partners, and private sector scale up high-impact nutrition-specific and nutrition-sensitive interventions.

Conclusion

We call upon the Government, Development Partners, and the Private Sector to urgently coordinate efforts, increase financial investments, and implement evidence-based interventions to scale up nutrition-specific and nutrition-sensitive interventions nationwide. By honoring our shared responsibility for scaling up nutrition, we will end the suffering caused by malnutrition (stunting, wasting, micronutrient deficiencies, overnutrition) and deliver the collective promise we made through the SUN Movement to leave no one behind.

Mutually Agreed and Endorsed by the Under-Named Organizations.

