

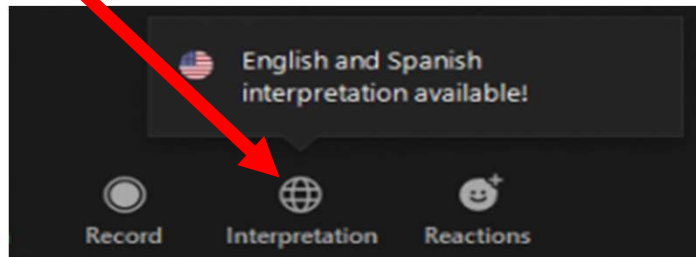
## Reaching the Unreachable:

Innovations in the use of mobile acute malnutrition treatment services to reach the last mile in disaster-prone and conflict-affected areas.

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يمكن الاستفادة من الترجمة الفورية عن طريق النقر فوق رمز الكرة الأرضية أسفل الشاشة.

## **Reaching the Unreachable:**

Innovations in the use of mobile acute malnutrition treatment services to reach the last mile in disaster-prone and conflict-affected areas

**September 20th 2023**

**8:30–10:00am EST**



## Webinar Working Group



## Supporting Donors



**Note:** This webinar is made possible by the generous support of all of our donors, however, the contents are the responsibility of the GNC Technical Alliance and the individual presenters and do not necessarily reflect the views of these donors.

**Delivery System for Scale:** Project (2022-2023) providing technical and coordination support to scale wasting treatment to high-priority focus countries of the USAID/BHA supplemental funding

**Webinar Objectives:**

- ✓ Highlight innovative approaches to extend the reach of child wasting treatment services to the last mile
- ✓ Share lessons learned and best practices



# Webinar Agenda

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Introduction of panelists

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Opening Remarks

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Presentations:

- Pakistan (Action Against Hunger)
- Somalia (Save the Children)
- Ethiopia (IRC)

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Q&A

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Closing and thank you

**Today's  
Facilitators  
and  
Presenters**



***Ellyn Yakowenko***

**Title:** Project Director, Scaling Nutrition

**Organisation:** International Rescue Committee



***Stanley Chitekwe***

**Title:** Chief of Nutrition

**Organisation:** UNICEF Ethiopia



***Eve Millerot***

**Title :** Research Officer in Health and Nutrition

**Organisation:** Action Against Hunger, West and Central Africa Regional Office



***Dr. Fatima Amin***

**Title:** Head of Department, Health and Nutrition

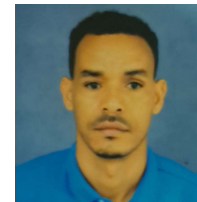
**Organisation:** Action Against Hunger Pakistan



***Adan Yusuf Mahdi- MPH, MBA.***

**Title:** Senior Nutrition Technical Specialist

**Organisation:** Save The Children Somalia



***Yemane Tsegaye Haile***

**Title:** Health and Nutrition Program Manager

**Organisation:** International Rescue Committee, Ethiopia

## Opening Remarks

**Stanley Chitekwe, Chief of Nutrition, UNICEF Ethiopia**

# Breaching the barriers to Wasting Treatment

By

ACTION AGAINST HUNGER (ACF) PAKISTAN



Pakistan is the 5<sup>th</sup> most populous country in the world with an estimated population of 240 Million (Census 2023)

It ranks 161 out of 192 countries in the human development index (UNDP HD Report)

Under 5 mortality rate of 63.3 per 1000 live births (UN Inter-agency Group for Child Mortality estimates)

**Action Against Hunger** is operational in Pakistan since 2005 and has benefitted over 17 Million persons since operations started.





National Nutrition Survey 2018  
showed undernutrition as a public  
health emergency in Pakistan

National Stunting rate over 40%

National Wasting rate over 17%

Provincial disparities were noted,  
with Balochistan and Sindh being  
most affected



# Additional Stressors

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Afghanistan conflict- Pakistan is home to over 1.4 million registered Afghan refugees with an equal number estimated to be unregistered

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COVID 19- Causing a major impact on the annual GDP and overall economic situation in the country

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Climate impacts including flooding in 2022- Affecting over 33 million persons and causing damages to infrastructure, agricultural land and livelihood

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Insufficient government health systems to identify and treat vulnerable mother and children suffering from undernutrition (wasting and stunting)

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Economic insecurity, inflation in food prices





Modalities  
For  
Immediate  
Response



Action Against Hunger conducted Rapid need assessment post flood and triangulated data from RNAs conducted by other development partner

Strategy was defined through analysis of major issues identified as barriers for Nutrition treatment

Localization of response as much as possible through engaging local partners

Need assessment also conducted for Afghan Refugees and Host population to identify major gaps, needs and challenges





Mobile Nutrition support through Mobile OTPs

Engaging communities for Micronutrient Supplementation

Integrating Primary Health care through Mobile Health Camps

Prioritizing beneficiaries for Multipurpose cash transfer (women headed households, households with children under 5)

Community based CMAM treatment by establishing Nutrition Care centers at Community Health worker level



### Selection of Facilities:

Coordination with the local government and Commissioner Afghan Refugees for selection of Health Care facilities that were:

- In catchment areas of Refugee Settlement
- Flood affected
- Had existing Gaps in Medical supplies and HR
- Absence of Nutrition services



## INTEGRATION OF SERVICE PROVISION



- Rehabilitation of Healthcare facilities
- Capacity Building of Healthcare staff
- Identification of Community Resource persons
- Provision of essential medicines, supplies & establishment of Labor rooms and point of care testing
- Provision of Primary health care, SRHR, Nutrition treatment, IFA supplementation, MHPSS services from each facility

## Challenges and Gaps:

Availability of trained staff for immediate response

01

02

Lack of contingency supplies and preposition of nutritional products and essential medicines

Coordination at District level and lack of preparedness for response

03

Damages infrastructure to including hospitals

04

## Solutions adapted:

01  
Localization and building capacities as an ongoing process

02

Framework agreements in place for supplies and logistics while improving local market for procurement

03  
Initial and ongoing coordination with District and Provincial Government

04

Adapt Health System Strengthening approach through coordination with Health Department



## Way Forward & Recommendations

Strengthening outreach and implementing family MUAC approaches

Placement of contingency stocks and anticipatory actions for CMAM

Capacity building of community health workers

Engaging Local partners and CSOs

Identification and strengthening Nutrition in emergency partners

Evidence generation for integrated interventions





**Thank you!**





**Save the Children**

# **Approaches to Nutrition Intervention in Hard-to-Reach Areas**

**Save the Children - Somalia**

**What is the nature of the fragile contexts that has impeded access for treatment**



CMAM integrated in the PHC facilities.

Mobile Nutrition team – Hard to reach areas where there is not health facilities.

Working with community health workers/ Nutrition Volunteers.

Family MUAC in all areas that we have mobile team intervention.

iCCM as lasting and Sustainable option of creating access to universal access to health services.

Community based IYCF programmes – M2M and F2F support group formation.

Capacity transfer to communities to screen & treat children.

**Save the  
Children  
Nutrition  
Intervention  
Approaches  
Hard to reach  
areas (MNT)**

What is the innovation and how was it developed?

**Increasing Mobile** teams' coverage to the new accessible and hard to reach communities

**MAMI care pathway** : integrating Management of small and nutritionally at-risk infants <6months & their mothers (MAMI) programme to H & N programmes in 8 regions. SC is the only organization implementing MAMI in the country.



What is the innovation and how was it developed?





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**Real Time supplies monitoring**

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**Constant support supervision and randomly perpetual stock checks**

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**How does the innovation address the following considerations**

**We have robust supply chain system – Total Inventory system – that captures all supplies movement from warehouse to the last mile.**

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**Contingency planning is always in place as we always procure buffer stocks to respond if supplies stock out happens.**

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**Signing accountability sheet from the beneficiaries upon receiving their nutrition supplies.**

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**Recollecting back empty sachets from the beneficiaries for accountability purpose and burring Infront of the community committees.**

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**90% of Save the Children Nutrition programmes are integrated into health system, which the rest of 10% will be fully integrated in the coming year.**

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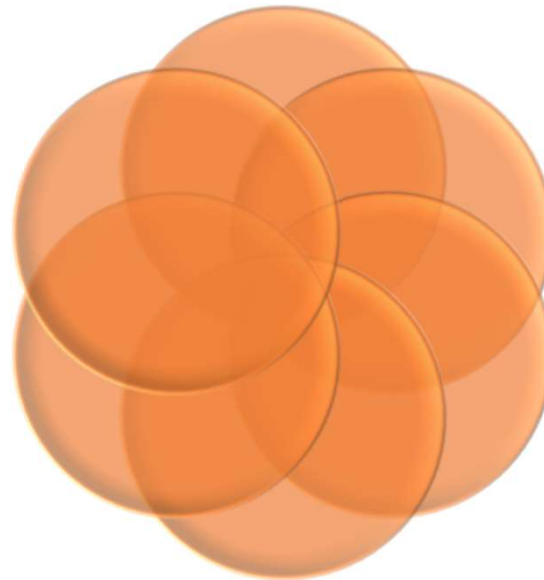
**Triangulation of the monitoring tools- registers, cards and stocks on hand to check whether supplies are matching each other.**

**What challenges were encountered in implementation and how they were overcome?**



Cyclical droughts & floods are common in Somalia, affecting programme implementation nutrition

Conflict and insecurity, making it difficult to operate in certain areas.



Limited infrastructure & connectivity in remote areas that can hinder the functioning of mobile nutrition programs

The logistics of transporting & storing nutrition supplies, especially in areas with poor infrastructure, limited storage space, supplies sensitivity

Limited financial and human resources can constrain the scale and effectiveness of mobile nutrition programs (Mobile Nutrition team – expensive though good option /sustainability )



**What challenges were encountered in implementation and how they were overcome?**

worked closely with local authorities/communities to ensure the safety of staff and beneficiaries

Remote monitoring and partnerships with local communities to reach

Hard to reach communities and provide support.

Layers Regular supportive supervisions – with MOH, Program team and MEAL team to ensure the quality of services

Robust supply chain management systems, including the use of local community warehouses to keep the safety of the supplies, while at same time communities contribute providing free of charge local stores , and distribution points

Train local healthcare workers to create jobs and maximize their impact of their programs while creating jobs in the community

Mobile technology for data collection and reporting.



**What  
recommendations  
would you give for  
other countries  
considering this  
approach?**

To conduct a comprehensive assessment to understand the specific challenges and Barriers.

Well-defined strategy that outlines the objectives, target community geographic coverage,

Collaborate with local communities, other, healthcare providers etc

Establish robust supply chain management systems

Implement a comprehensive monitoring system

Increase community health programmes ( ICCM & ICCM plus)

Feedback Mechanism



**Flexibility and Adaptability:** Be prepared to adapt the program based on changing circumstances, including emergencies, seasonal variations, and evolving nutritional needs.

**Transitioning certain program** components to local authorities or integrating nutrition services into existing healthcare systems for sustainability purpose.

**Advocate for long term funding** and support from government agencies, donors, and international organizations to ensure the long-term viability of the mobile nutrition teams to support the hard- to -reach communities.

**Document best practices, lessons learned, and success stories** to facilitate knowledge sharing and replication in other regions or countries.

**Data Digitalization:** All H/N are digitalized & stored in the cloud this improved our health and nutrition management system.

What recommendations would you give for other countries considering this approach?















**THANK YOU**

# **Extending life-saving health services to communities living in Tigray**

**International Rescue Committee - Ethiopia**



## Summary of the intervention

- Life-saving health services since April 2020
- **Coverage:** 15 Woredas in the Northwest Zone of Tigray
- **Approach:** Deployed 6 mobile health and nutrition teams (MHNTs)
- MHNTs provided direct services at non-functional health centers and outreach services at health posts 5 days a week

## Context

- 9 months into conflict in 2021, the prevalence of severe, moderate, and global acute malnutrition was very high (5.1%, 21.8%, and 26.9%, respectively)
- Tigray Emergency Food Security Assessment (June 2022) finds the situation has not changed with 29.4% of children being wasted, 5.8% being severely wasted using MUAC measurements
- This situation persists due to the existence of numerous interrelated barriers on both the demand and supply side, which limit access to services

Fragile context that has impeded access to deliver child wasting treatment:

- **Supply-side barriers** relate to service provision and include location of services, availability of personnel, supply shortage and security
- **Demand-side barriers** affect a household or community's ability to utilize services and include distance to services, cultural preferences (sharing and selling), education, and household resources

Recent report by World Food Program (WFP) described the food security situation in Tigray as worrisome, with 83% of households being food insecure and more than four out five households consuming inadequate diets.

# Selection of the approach

- Mobile treatment is helpful in identifying and accessing malnourished children and PLW in conflict-affected communities
  - Use local transportation (camel and donkey)
  - Mobilize communities, as appropriate, to offer local transport
  - 'Find and Treat' campaign as innovative approach to early treatment

## Screening children during find and treat campaign





## Using local transportation and community engagement



## *Challenges...*

Security

Lack of access to fuel

Access to cash problems

Supply shortage of therapeutic foods

Transportation

Damaged and looted Infrastructure

Broken health system and poor coordination and communication

*... and how we overcome them*

For security and fuel shortage - We encouraged strong community engagement, access negotiation and use of available local transportation

For supply shortage – We prioritized first IDPs and the most conflict-affected communities

For cash - We created strong community awareness and engagement to build a sense of ownership and shared responsibility

*How might  
this approach  
be expanded  
to scale  
further?*

- Adaptation of mobile approach to fit different contexts or needs
- Integration of mobile approach into existing systems or structures for sustainability
- Increase the size of the intervention sites to access more people
- Ensure adequate supplies are available



## Recommendations

- Delivering nutrition services requires strong collaboration and coordination among government, partners, and UN agencies
- Prioritize availability of adequate nutrition supplies, in line with the estimate of the actual target population
- WFP and UNICEF should work closely to ensure availability of nutrition commodities

# Q&A

**Next steps  
and closing!**

## Looking for support in Nutrition in Emergencies?

|   | <b>Type of supported needed</b>               | <b>Provider</b>                                    |
|---|---|--|
| 1 | I want remote or in-country technical support | GNC Technical Alliance                             |
| 2 | I want to hire a consultant directly          | GNC Technical Alliance Consultant Rosters          |
| 3 | I want quick technical advice                 | GNC HelpDesk                                       |
| 4 | I want peer support                           | <a href="http://www.en-net.org">www.en-net.org</a> |

Visit: <https://ta.nutritioncluster.net/> and click "Request Support"



# Where to find the Alliance



Publication: 25 Aug 2023

SEP 26

**“WHERE ‘EXCEPTIONAL CIRCUMSTANCES’ ARE NOT SO EXCEPTIONAL: A strategic approach to adapting the management of child wasting in emergency-prone contexts, including through the use of simplified approaches”**



Please fill out the brief webinar evaluation  
it will take less than 5 minutes  
*(it will pop up when you close the webinar)*