Enhanced Responses to Nutrition Emergencies

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CONCERN worldwide

PILOT PROGRAMMATIC PARTNERSHIP

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RETHINKING RESPONSES TO CHRONIC HEALTH AND NUTRITION EMERGENCIES IN FRAGILE CONTEXTS

Experiences and learning from the Enhanced Responses to Nutrition Emergencies (ERNE) Programme (2020–2023)

Online Event Report

23–24 MAY 2023

Photo: Concern's Early-Child Development Officer Mahamadou Boubakar helps healthcare staff at the Concern-supported intensive nutritional recovery centre (CRENI) at Tahoua Hospital, in Niger carry out an initial assessment of 13-month-old Nana-Aicha who is severely malnourished. *© Darren Vaughan/Concern Worldwide*

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Foreword[1]

by David Regan, Chief Executive Officer, Concern Worldwide

We are all connected by our concern to address global malnutrition. In a world of plenty, the fact that 75 per cent of acutely malnourished children do not currently receive the treatment they need is shocking and unacceptable. As a sector, we share a collective responsibility to do so much more to prevent and treat malnutrition.

As part of our response to the rising level of malnutrition, Concern developed the Enhanced Responses to Nutrition Emergencies (ERNE) programme, in partnership with the EU's humanitarian aid directorate (DG ECHO). Over the past three years, this multi-country programme has combined life saving emergency health and nutrition treatment with shock responsive approaches, cash transfers, and community resilience building. ECHO funded this new model of multi-sectoral nutrition response under a "Pilot Programmatic Partnership" (PPP). The intention of that pilot was to prevent and address malnutrition at scale. Concern is delighted to have been one of the four ECHO partner INGOs to have worked on this initiative. ECHO must be commended for turning commitments into action and for breaking from the traditional model of humanitarian funding. Three years ago, it was courageous and difficult to commit to a multi-annual strategic partnership with the aim of increasing efficiency and effectiveness of humanitarian aid. The multi-annual structure for partnership remains a key challenge today. The approach taken by ERNE is a practical example of ECHO's commitments under the Grand Bargain, as the aim of the PPP is to increase funding efficiency by reducing the administrative burden, thereby leaving more available to assist people affected by crisis and also to promote greater funding certainty and flexibility in the humanitarian response.

ECHO provided 30 million euros in funding over a three-year period to support the ERNE programme. The partnership between Concern and ECHO has piloted and tested new approaches to improve humanitarian responses to chronic health and nutrition emergencies in fragile contexts. These approaches have resulted in greater efficiencies and continuity of programming. Over three years the programme has supported 1.2 million people with life-saving health and nutrition services. Over 100,000 children under five have recovered from acute malnutrition thanks to the CMAM approach. A tremendous achievement, particularly in the context of a programme which seeks broader systemic and institutional change.

It is good news that ECHO decided to retain the programmatic partnerships within the Humanitarian Implementation Plans (HIPS). These HIPS will draw on the collective learning from Concern and the other PPP participants' experiences. ERNE has demonstrated that longer-term partnership approaches between donors and implementing agencies, in full consultation with all stakeholders, especially the affected communities, significantly reduces the potential impact of a hunger crisis in an area. Multi-year funding for humanitarian programmes makes a real difference to the lives of programme participants who live in complex contexts, dealing with multiple shocks that cannot be neatly packaged into one-year programme funding cycles. Partnerships across sectors, particularly government and humanitarian actors, is essential to prevent crisis, respond and learn, and to create sustainable programmes which work for, and benefit communities, to whom we are ultimately accountable.

Pilot programmes are meant to be studied. This event is a day of dialogue and learning, and I hope, a renewed sense of energy and optimism that together the sector can do much more to prevent and treat wasting, particularly with ingenuity, innovation, courage, accountability and collective commitment that was demonstrated by the Concern team and all the stakeholders. To all who contributed to the ERNE programme and to this day of learning and reflection – thank you for your commitment and dedication.

1. This forward is based on the "Opening Remarks" given by David Regan, Chief Executive Officer (CEO) of Concern at the start of the event on May 23rd, 2023.

Acknowledgements

Concern Worldwide acknowledges the financial, strategic and technical support of our partner, the European Union's humanitarian directorate (DG ECHO) under the Pilot Programmatic Partnership (PPP) which has made the ERNE programme and this final learning event possible.

We also thank: the Ministries of Health in DRC, Ethiopia, Niger, Republic of Sudan and South Sudan for their ongoing collaboration with Concern's programmes; our global partners, Red Cross Climate Centre (RCCC) and Sonke Gender Justice; our Niger consortium partners, ACF and COOPI; our local partners in the Republic of Sudan, SAWA and MAARIF, and the communities in each of the ERNE programme areas. Finally, we thank all presenters and participants who brought such a wealth of lived experience and insights to this event.

Context – Challenges to ensuring child survival and good nutrition in fragile contexts[2]

It is estimated that of all infants under six months, 21% are wasted, 20% are underweight and 17% are stunted. Only 25% of wasted children receive adequate care. These children are at increased risk of death, disease, poor growth and sub-optimal development. This affects their future well-being as well as the prospects of the societies that they live in. Furthermore, a billion women are malnourished, and in some countries, malnutrition amongst women and girls has increased by 25% in the last two years.

The drivers of malnutrition in fragile countries include conflict, poverty and climate change, as well as gender norms. The situation is worsening given the current overlapping global crises of conflict, climate change, the economic fallout of the COVID-19 pandemic and the global rise in food prices. The situation is particularly acute in Sub-Saharan Africa where the prevalence of malnutrition and the rate of child mortality are higher than any other region in the world.[3] Despite significant commitments to reduce child stunting and wasting prevalence by 2030 under the Sustainable Development Goals, many fear targets in this region will not be met.

Some of the challenges for humanitarian actors in responding to the malnutrition crisis include lack of time, resources and longer term funding which would enable more focus to be placed on identifying systemic causes and responses that would more quickly and sustainably reduce the load. There is also a tendency to bypass national actors and fragile national institutions. Coordination and implementation are siloed and programme designs tend to be short-term and too often driven by the imperative of tangible, attributable results.

Funding is insufficient and very mobile. Humanitarian funding no longer meets the cost of half of humanitarian needs. Costs are increasing, and with competing crisis and geopolitical agendas, funding is reducing in critical humanitarian theatres, not least the fragile states of Sub-Saharan Africa.

Humanitarian and development actors are still too separated. Despite the rise of the nexus and the acknowledgement that for the people we serve this difference between the humanitarian and development context is immaterial, agency team designs and donor funding mechanisms are too separated in structure, thinking and response. Development actors don't work well in fragile states. Humanitarian actors do not build national institutions as part of life saving emergency response.

Costs are increasing. There are the additional costs of compliance from risk-weary and risk-wary donors and head offices. Access constraints have increased as threats increase and the

2. This is an adapted version of the remarks given by Nigel Tricks, Chief Executive Officer, Emergency Nutrition Network (ENN) at the event.
3. *https://www.globalhungerindex.org/trends.html*

burden of risk mitigation increases with them. Rising prices of essential materials and inputs, many of which have to be imported from afar, maintained dependency whilst increasing the cost of care and response. Ever expanding protracted caseloads, notably of, but not limited to displaced people, that fall under humanitarian remits that require developmental durable solutions. And the growing cost of agencies seeking to maintain their competitive advantage at the expense of a more networked, less geographically centred approach.

This is a perhaps simplified view of just some of the challenges and they are not unique to child survival and nutrition, but they do seem to find their extremes in this part of the sector. As I share these challenges, I must stress that I also believe that there are exciting solutions to match them.

Event overview

From 2020-23, Concern implemented the *Enhanced Responses to Nutrition Emergencies* (ERNE), a three-year, multi-country programme which aimed to reduce undernutrition in children under five and pregnant and lactating women (PLW). The ERNE programme took a new approach to addressing cyclical health and nutrition crises in fragile contexts. Combining lifesaving emergency health and nutrition treatment and cash transfers with shock-responsive approaches and community resilience building, the programme sought to improve the efficiency and effectiveness of emergency nutrition response. Concluding in May 2023, the ERNE programme benefitted 1.2 million people in vulnerable contexts in DRC, Ethiopia, Niger, Republic of Sudan and South Sudan.

ERNE was implemented under a unique “Pilot Programmatic Partnership (PPP)” with the EU’s DG ECHO. The PPP comprised a strategic learning component which ran under Result 5 of the programme and culminated in this international learning event. The Revised Orientation Guide for the comprehensive ‘Surge Approach’, which combines CMAM Surge and Health Surge tools to support the management of acute malnutrition or other childhood morbidities, was launched at the learning event.

Objectives

The objectives of this event were to:

- Share results, experiences and lessons learned from the ERNE programme
- Promote and inform debate within the wider humanitarian community on the best approaches to supporting emergency nutrition responses

Expected outputs

- A summary report synthesising the key discussions at the event and emerging learnings is produced
- Recommendations on how the humanitarian community can best support health and nutrition responses in fragile contexts are developed
- Stakeholders are sensitized on the updated Surge approach orientation guide and rationale for the changes

Participants

The event was attended by 140 practitioners, health ministry officials, donors and technical/ academic experts in the fields of health, nutrition and food security from 33 countries.

Learning Event Process

The event was organised over two days from May 23rd – May 24th, 2023. It sought to bring out the learning through:

- Presentations by Concern Staff and Technical Advisors involved in the ERNE Programme
- Voices from the Field – experience sharing from ERNE programme staff based in-country
- Interactive discussions in breakout rooms
- Panel discussion with subject matter experts

Tuesday May 23rd:

- *Session 1: Towards a new model of emergency nutrition response.* This session provided an overview of the innovative ERNE programme model and an introduction to the main results and overarching learning to date.
- *Session 2: Challenges and promising approaches to building more resilient health systems in fragile contexts*. This session focussed on the health and nutrition components of the ERNE programme, presenting learnings structured around five main challenges which were identified during the implementation of ERNE. The session included interactive breakout sessions designed to support discussion of three of the challenges:
  - ~ Breakout Session 1: Improving service access
  - ~ Breakout Session 2: Integration of nutrition and health services
  - ~ Breakout Session 3: Ensuring nutrition supplies

  The objective of these sessions was to agree on one or two key recommendations and to detail any key considerations for the recommendation. During the sessions, learning was shared from ERNE programme countries DRC, Ethiopia, Niger, Republic of Sudan and South Sudan.
- *Session 3: Which approaches can help anticipate and prevent nutrition crises?* This session focussed on tools and approaches used in the ERNE programme to prepare for, anticipate and respond to shocks, such as Early Warning Systems and CMAM Surge. Experiences and examples from ERNE programme countries Ethiopia, Niger and South Sudan were shared.
- *Session 4: Panel discussion – How can we further strengthen emergency health and nutrition responses in fragile contexts?* This final session brought together a panel of experts to discuss what can and should be done to tackle the critical challenge of responding to health and nutrition crises in the world's most fragile countries, taking into account the shifting global context and ever-increasing humanitarian needs.

Wednesday May 24th:

- *Session 5: Way forward for the Surge Approach (CMAM and Health) - Launch of revised guidelines*. This session provided an overview of key learning generated within the ERNE programme and via the Global CMAM Surge Technical Working Group and the West Africa CMAM Surge Taskforce which has informed revision of the Surge guidance documents. An introduction to the guide and updated tools and resources was provided.

Learning from the ERNE programme

The following key learnings from the programme were shared and discussed during the event sessions:

1. Health and Nutrition

Health and nutrition system capacity varied greatly between and within the ERNE contexts. In addition, the ERNE contexts themselves evolved significantly over the three years. Concern found that supporting health systems strengthening within these fragile contexts was critical to improving the delivery of nutrition services.

1.1 Conflict and acute periods of displacement (eg. during floods) can have a dramatic impact on access to health and nutrition services. Delivery methods need to be flexible to meet the needs of the vulnerable population.

Communities in all five ERNE countries experienced different types of conflict and displacement, but these were particularly severe in South Sudan and Ethiopia in 2022. In South Sudan, devastating floods greatly impacted delivery of services at static facilities, forcing Concern and other partners to mobilise services and bring them to where people were able to settle. In Ethiopia, Mobile Health and Nutrition Teams (MHNT) have been part of the government service delivery protocol since 2004 for hard-to-reach populations. In the past few years, they have been scaled-up to offer services for highly mobile populations affected by drought or conflict. Providing mobile services, whether as part of routine outreach or in response to an acute event, can be a valuable strategy to ensure access to essential services.

1.2 Many institutional barriers to the integration of nutrition into health services persist, despite SAM management being included in most primary health care packages in fragile contexts. Identifying and planning for these barriers needs a contextualized approach.

While donors like ECHO and BHA are supporting delivery of the full essential health and nutrition package in their responses, in some contexts funding streams and in-kind supply chains for nutrition and health remain markedly siloed. For example, in South Sudan the Health Pooled Fund resources health services while UNICEF and others fund nutrition services. While the integration of services for the management of moderate wasting remains a significant issue, the discussion in the breakout session focused on SAM integration, and how SAM treatment and health services are seen as one package, or not. In South Sudan, systemic barriers to integration persist, however simple steps taken at a local level can bring services closer together. In Niger, the Surge approach represented a good opportunity to engage in a broader analysis of the health system and look for opportunities to unite health and nutrition actors and activities.

1.3 Despite significant interest and investment in nutrition supply chains, they remain largely fragmented and often unreliable. Last mile delivery remains particularly problematic and needs to be addressed to ensure service continuity.

The current system mostly relies on UNICEF providing Ready-to-use Therapeutic Food (RUTF) directly to the government authorities, often at Health District level. Onward forwarding to health facility level is managed through a mix of systems depending on the context. WFP provides Ready-to-use Supplementary Food (RUSF) largely through the same method. Distribution of these specialized nutrition products through the Ministry of Health (MoH) is the ideal method, however District Health authorities often lack resources to support last mile delivery. Case studies from the ERNE Programme in Sudan and Ethiopia demonstrated a need for improved monitoring of RUTF and RUSF at health facility level in order to ensure sufficient supplies. In addition, the case studies show the need to find ways to better coordinate and leverage support from UNICEF, WFP, MoH and supporting NGOs. Certainly, a clearer definition of roles and responsibilities from global to site distribution level is required in each context.

2. Early Warning Early Action

Within ERNE, Early Warning, Early Action (EWEA) was part of Pillar 2 which focussed on building preparedness and local capacity to respond. It was one of two "shock-responsive" approaches that were implemented within the programme, the second being CMAM Surge (see further below). The intention was to strengthening capacity at community level to anticipate shocks that could have an impact on food security and malnutrition and linking to national early warning systems where they were already in existence (primarily in Ethiopia and Niger). The programme was designed to provide cash transfers to vulnerable households based on early warnings of crises to help reduce negative coping strategies in order to prevent or mitigate the impacts of these potential crises on household nutritional status.

It must be noted that the EWEA approach did not reach its full implementation potential during the lifetime of the ERNE programme, in part due to the severe shocks that occurred in some of the countries (especially the outbreak of conflict in Northern Ethiopia and unprecedented flooding in South Sudan). As a result of these shocks, the programme pivoted to focus on largescale emergency cash transfers affected by these crises which took time and resources away from EWEA. The EWEA approach was also new in several of the countries (DRC, Republic of Sudan and South Sudan) and proved difficult to operationalise at scale within the limited timeframe of the programme. Nevertheless, out of a total of 28 cash responses that were implemented in the programme, 8 of these were considered "early actions" and some interesting learning emerged from the experiences:

2.1 Building capacity of the system to take earlier action requires coordinated analysis and localized early action plans.

For an EWEA system to be nutrition-responsive, it needs to incorporate indicators and actions which address the contextually-relevant drivers of wasting – and those will likely vary within a country and between seasons, making it a complex endeavour. In Niger, the experience of sequencing cash support to vulnerable households at different points (ie. Pre-lean season and during the lean season) demonstrated the need for coordinated analysis of season and context to understand the drivers of vulnerability to intervene before a deterioration. Responsibility for early actions is still very externally focused though communities are often able and willing to take ownership for some actions. Finally, the localization of the analysis and the triggering of actions is critical. Bringing it down to a local level could be a game-changer in addressing wasting in fragile contexts. Often, systems that funnel data upwards to have analysis done at a meso level, miss out on the nuances of vulnerability experienced by specific communities. Systems need to have the flexibility to identify and activate responses at a local level to prevent critical deterioration.

2.2 We need to make better use of information gathered through the system.

While many information collection systems exist, we need to make sure that the right information is being collected and brought together at the right time for decision-making. In some cases, there remains a disconnect between data collection actors and those that have the authority to trigger actions, this inhibits efficiency of the system. In South Sudan, inclusion of contextualized health and nutrition indicators into a community-based multi-hazard risk monitoring system helped to refine the understanding of the situation. However, establishing multi-hazard risk monitoring systems has been a complex endeavour in some areas, as it often deviates from how traditional government ministries operate. It helped to inform the cash-based response. In Ethiopia, creating a joint health, nutrition, and EWEA seasons and events calendar help programmers to better understand how needs change over the year and enabled them to sequence their support to maximize the anticipatory action. An additional point is that information being collected needs to be able, at some point, to provide enough clarity of need to trigger action and inform decision-making. Local ownership of the data is critical to promoting local decision-making and action.

2.3 We need to ensure better communication between the implicated systems.

There are several coordination systems operating at different levels, but they do not always communicate effectively or at all. The sequencing of actions is also a critical component of success and coordination plays an important role in that. In Niger, internal coordination was strengthened through monthly round table discussions promoting joint analysis. This helped to inform whether or not early action was required. External coordination as part of the Surge approach in Niger, particularly engaging with key community stakeholders, supported resource mobilization from local sources to build capacity of the health system. This has ensured ownership and commitment to the identified Surge actions which support resilience of the health system to deal with times of increased caseloads.

3. The Surge approach

Experiences and learning on the Surge approach were presented on Day 2 of the event. These informed revision of the Surge approach guidance document which was also shared. Key learnings included:

3.1 Expanding the Surge Approach beyond nutrition has relevance for healthcare workers.

In Burkina Faso, the Surge Approach was extended to encompass all morbidities affecting young children. Nutrition services are integrated into the child health package at health facility level, and these health services are often overwhelmed periodically due to increases in malaria or diarrhea cases. This compromises the quality of both nutrition and health services. Implementing a more holistic Health Surge model allowed health facilities to recognize how service demand was impacting the workload of health facility staff and permitted a vast array of actions to be triggered as needed. Assisting this process is the fact that health records are digitized at the health facility level and therefore consultation numbers can be updated and tracked in real-time. The experience shared from Burkina Faso illustrated how an SMS-based system linked to the digitized records in some areas of the country, was helpful for immediately alerting when thresholds were passed promoting better communication and earlier action. Additionally, experience has shown that since the Surge approach aims to improve healthworkers understanding and interaction with their data, it thus often supports quality improvements in HMIS reporting.

3.2 Engaging various community stakeholders is an essential process to ensure sustainability of the Surge approach.

It is essential to establish clarity on roles and responsibilities from national to community level. Community members need to be involved from the very beginning of the process as their engagement is critical to information sharing and mobilizing local support during peak periods. The experience shared from Mali illustrated how various community-level actors such as area leaders, and community nutrition committees were involved from the start – the establishment of the season and events calendars, and understanding the drivers of wasting. In addition, they were made aware of how thresholds were established and triggered. Involvement of these stakeholders has permitted stronger preparedness and mitigation actions at community level, as they can organize activities such as cooking demonstrations to promote diversified diets, or wasting screening campaigns when they see an increasing trend in admissions or a change in the situation. Critically, the community can support the mobilization of resources for surge actions during peak periods through the various means at their disposal (eg. Local budgetary processes, diaspora remittances, etc.). Additionally, involving community members in the process improved relations between the community and the health workers.

3.3 Applying the Surge approach in particularly fragile contexts requires more flexibility on the extent to which all the elements of Surge are implemented.

Contexts, such as Somalia, which have many actors providing direct implementation of health and nutrition services, it was not initially clear what the value of the Surge Approach could be since delivery normally requires strong district level engagement. The first step was to evaluate how the tools used in the Surge Approach could complement and improve routine nutrition service delivery. The team found that the seasonal/events calendar and the setting of thresholds were appreciated by health staff so that they could understand the impact of increasing consultations on workload. Additionally, the Surge Approach tools helped to enrich the monthly health facility meetings by inviting a wider variety of stakeholders who could share up-to-date contextual information, improving communication and preparedness. In particularly fragile contexts, or where the health system is fractured, a more staged and deliberate implementation approach, allowing for many opportunities to pause and reflect, ensured that the approach could be adapted as needed. The added value of Surge may vary between contexts.

3.4 Integration of the Surge approach into national protocols creates opportunities for resource mobilization, inclusion in health facility planning processes, and integration into the capacity development curriculum for CMAM.

Integration of CMAM Surge into the national protocol in Niger was achieved through a strategic series of steps. The national level taskforce helped guide the process. Since there were several partners implementing the Surge approach, a national level workshop helped to harmonize the tools, and was an important step to facilitate integration; subsequently questions to review implementation were integrated into the MoH nutrition supervision checklist. This guided the strategy to bring Surge to scale was developed and validated. An advocacy document outlining the added value of integrating the Surge Approach into the national CMAM protocol was present by the Taskforce to the MoH and other decision-makers such as a Steering Committee guiding revision. The proposal was accepted and the Surge Approach included in the revised national protocol.

4. Programmatic Partnership

4.1 The Programmatic Partnership approach enabled more flexibility in response, while improving administrative efficiencies and supported the consolidation of technical and operational capacities.

The strategic added value of the programmatic partnership approach quickly became obvious during this pilot phase. The innovative PPP allowed stakeholders to understand and document the consequences of having multi-year and multi-country partnerships. It was a tumultuous three years with Covid-19 restrictions and humanitarian disasters such as severe floods, which meant that teams were not necessarily able to implement as per the original programme conceptualization. However, the *flexibility* which was purpose-built into the PPP design, allowed the operational teams to pivot as necessary between direct implementation of lifesaving interventions and rapid response mechanisms, to more strategic systems strengthening support. The three-year timeframe permitted the *testing of concepts* like Health Surge and anticipatory actions which generated a lot of valuable learning. In addition, the longer timeframe allowed operational partners to *consolidate technical and operational capacities* at the local level and to generate more continuity in staffing, partnerships and implementation gains than shorter-term cycles allow. The PPP setup also generated administrative efficiencies through consolidated reporting and by reducing the burden of re-applying annually for HIP funding.

Key questions raised during the event

What next for Programmatic Partnerships?

The 2023 HIPs saw the programmatic partnership model offered in the standard package of support that an operational agency could apply for. This funding stream offers appropriate flexibility for partners to maximize response. ECHO is committed to continued learning as to how the model works as part of regular partnerships. More donors need to come on board with funding multi-year approaches in fragile contexts.

How can we better leverage stakeholder support and improve operational efficiencies?

It is critical to recognize the added value of different stakeholders in a response. An important piece of strengthening health systems in fragile contexts is ensuring adequate human resource planning as well as securing adequate financing of services. These are pieces of MoH support for which most NGOs are not adequate resources. Donors and UN agencies should seek to support these governance pieces, and NGOs whose strengths lie more at local level, can better focus their capacity and resources. Conversely, NGO partners also need to revisit their role in nutrition and health service support. Health sector support in fragile contexts has waned over the last few years, which critically affects the delivery of nutrition services. Stakeholders need to leverage existing nutrition financing to strengthen the health system, so as not to compromise sustainability of the existing investment. The UN and donors such as ECHO can be the broker, identifying best practices and learnings and scaling them throughout and between country systems. Finally, in protracted crises, partnerships need to be developed between humanitarian and development donors, as traditional humanitarian donors may not have all the instruments required to support an efficient and effective response.

How can we better support the prevention of nutrition deterioration in fragile contexts?

There is a standard focus on lifesaving investment in fragile and conflict affected countries, leaving a gap in the funding of prevention interventions which are critical to support the resilience of vulnerable communities. Our standard tools for the prevention of malnutrition – namely behaviour change communication interventions, are not fit-for-purpose in the acute crises that we are seeing in places such as the Horn of Africa. We need approaches that improve access to nutrient dense foods, either in-kind or through social protection systems which increase a household's ability to purchase foods when markets are functioning. Counselling can then have a place in supporting the selection of appropriate nutrition dense foods.

How can the financing of Surge action plans be sustainably and effectively achieved?

The financings of Surge action plans remains a key area of interest for stakeholders who are implementing the Surge approach. To date, this process has looked different in different contexts. Involving a wide variety of stakeholders when establishing Surge action plans supports accountability for those actions when they are triggered. It is especially important to involve the key structures responsible for the management and supervision of the health facility – often a health facility management/community committee and a district-level health management team. Also critical are community committees and leaders, as well as the diaspora. Surge actions, when implemented, need to be monitored to ensure that resources are committed and mobilized when required. However, in areas that experience acute fluctuations in health facility consultations which overwhelm health workers, there may be insufficient resources and too many competing priorities in national and/or local budgets to accommodate needs. Additionally, it links in with health system policy issues such as HR policies which support health worker mobility. The financing of Surge action plans is a key component which hits at the overall sustainability of the Surge approach and it would benefit from a deeper look into best practices and challenges.

Recommendations

The event provided the opportunity for participants to discuss and build on some of the key recommendations for strengthening health and nutrition responses in fragile contexts which emerged from the ERNE programme learning component. The below recommendations were endorsed and best practices and key considerations to implement them were put forward in the Session 2 Breakout Sessions.

Recommendation 1: Plan for mobile services in contexts where displacement is likely or static facilities may be damaged or inaccessible due to conflict. Have a clear strategy on when and where mobile services should be activated and scaled down; the standard packages of services and staffing; and the budget required.

Best practices and considerations for implementation:

- Mobile services should be for exceptional circumstances and expectations around their permanence should be managed.
- Plan to strengthen static services alongside provision of mobile services, as they are often required in places where the health systems is already fragile.
- They should be organized in a way so as to not drain professional capacities from static facilities.
- A transition period and a clear plan with triggers for scaling down mobile services is required.
- Use seasonal calendars to better predict peak needs where mobile services may be required, it can shorten the response time.

Recommendation 2: Promote integrated funding streams and coordination for health and nutrition services.

Best practices and considerations for implementation:

- Need to be more specific about which health services nutrition should be integrated with; as well as which vulnerable groups are going to be targeted.
- While an actor or donor may prefer to intervene on nutrition, if routine health services are inadequate, they need to be addressed in tandem to see sustained results in the reduction of morbidity and mortality.
- Traditional nutrition actors need to better articulate and quantify gaps in the health system.
- Once able to define the needs we will be better able to advocate and communicate for them and make joint funding the more obvious and palatable option.
- If, institutionally, service delivery leadership is fractured/not integrated, then it will be difficult to ensure activities themselves are.
- There needs to be an integrated framework for coordination at a higher level which will enable more systemic change.
- The integration of concepts needs to be viewed more holistically – avoid them being siloed into certain protocols, instead aim for incorporation into all relevant documents.
- Nutrition actors need to be opportunistic and deliberate in integration. Ensure that when health protocols or strategies are being updated, that nutrition actors have a voice in the room.

Recommendation 3: Develop practical action plans to guide integration at health facility and district level, particularly in contexts such as South Sudan, where services for health and nutrition remain quite siloed

Best practices and considerations for implementation:

- The practical plan of action should be embedded within a comprehensive understanding of the current level of integration of nutrition in the health system.
- If integration is a continuum, it is important to situate yourself on that continuum and develop goals with milestones which can inform the practical plan of action. Milestones should include low-hanging fruits and some mid- to long-term goals.
- SNFs are big and bulky products and present a logistical challenge for even strong health systems, this will likely remain a challenge for some time. Protocol simplification and a move to a unique SNF for treatment may alleviate some of the stress.
- Nutrition supplies including medicines are provided through different supply chains making forecasting and monitoring a continual challenge.

Recommendation 4: Strengthen nutrition supply chains at all levels and commit to addressing significant pipeline breaks.

Best practices and considerations for implementation:

Transport

- It is important to consider the capacity of the government in emergency settings and have a realistic approach to what they can achieve; this is especially true if the government is part of the active conflict.
- A one-size-fits-all approach is unlikely to be successful and transport arrangements are likely to be context specific and will need to consider challenges imposed by the seasons. Options discussed include traditional methods (donkey, horses, canoes), current means (motorbikes, cars), or future innovations (solar powered vehicles, drones).
- Contracting private companies to deliver key nutrition supplies has shown progress in some places, such as DRC. These companies focus on hard-to-reach and isolated communities through monthly deliveries. Other countries have focused on using community mechanisms – both locally and via the diaspora.
- Efforts should focus on strengthening the government's ability to either provide for, or contract for, last mile delivery. Stakeholders should advocate to the government to ensure a sufficient budget is allocated for logistics. When the government does not have the resources, then external support should be channelled into reinforcing their capacity to deliver.

Monitoring

- Simple and contextualized tools are needed to improve communication in the system, such as the stock monitoring system in Kenya using SMS alerts.

Financing

- Supporting government financing of essential supplies is a critical step to long-term supply stability.
- Once countries can finance their baseline needs, other stakeholders can focus on offering supply surge support.

Recommendation 5: In fragile contexts, focus on building strong and resilient health systems for nutrition.

Best practices and considerations for implementation:

- It is important that stakeholders have a common understanding of health systems strengthening and which approaches work best in fragile contexts, so that resources can be maximized.
- A strong analysis and deep contextual understanding are critical to designing appropriate support for strong and resilient health systems.
- In most fragile contexts there is a need to support development of *leadership and coordination* within the health system but also between health and other key sectors such as social protection.
- Fragile contexts require the intentional development of human resource policies that support staff mobility to fill gaps in times of increasing needs. The Surge approach is a supportive tool to understanding fluctuating needs and to create and implement appropriate actions, particularly with respect to staffing needs.
- Operational partners must shift their perspective from parallel initiatives to more district-wide support. It is critical that stakeholders commit to supporting whatever fledgling government capacity exists.
- To support development of effective nutrition and medical supply systems, stakeholders can implement the recommendations of the supply chain maturity assessments[4]

4. https://www.unicef.org/supply/unicef-supply-chain-maturity-model

Side Event: Way forward for the "Surge" Approach

Since the first CMAM Surge pilot in Kenya in 2012, a wealth of experience and learning across a variety of contexts has been generated. Concern has supported several learning reviews and evaluations of the CMAM Surge Approach in order to inform adaptations of the approach as well as investment in scale-up. The ERNE programme presented an opportunity to advance institutionalisation of the Surge approach and to test a pivot to a more holistic "Health" Surge. Learning on the Surge approach was analysed and used to adapted the available guidance material. The key changes to the guidance materials were presented as follows:

Structure

The overall structure of the manual changed so as to make its operationalisation more strategic:

- One orientation guide will now replace the previous two documents – Facilitators Guide and Operational Guide
- **Section 1. National engagement**: Looks at national engagement in order to better understand appropriateness and feasibility of the Surge approach for the context.
- **Section 2. Health district involvement**: Structures the role of the Health District in support facilities to set-up and manage the Surge Approach
- **Section 3. Implementation at a health facility level**: tools to support health facility staff to improve their preparedness and response capacity
- **Section 4. Community engagement**: tools to identify and engage community leaders
- **Section 5. Additional support materials**: which are there for reference but are not required for implementation.

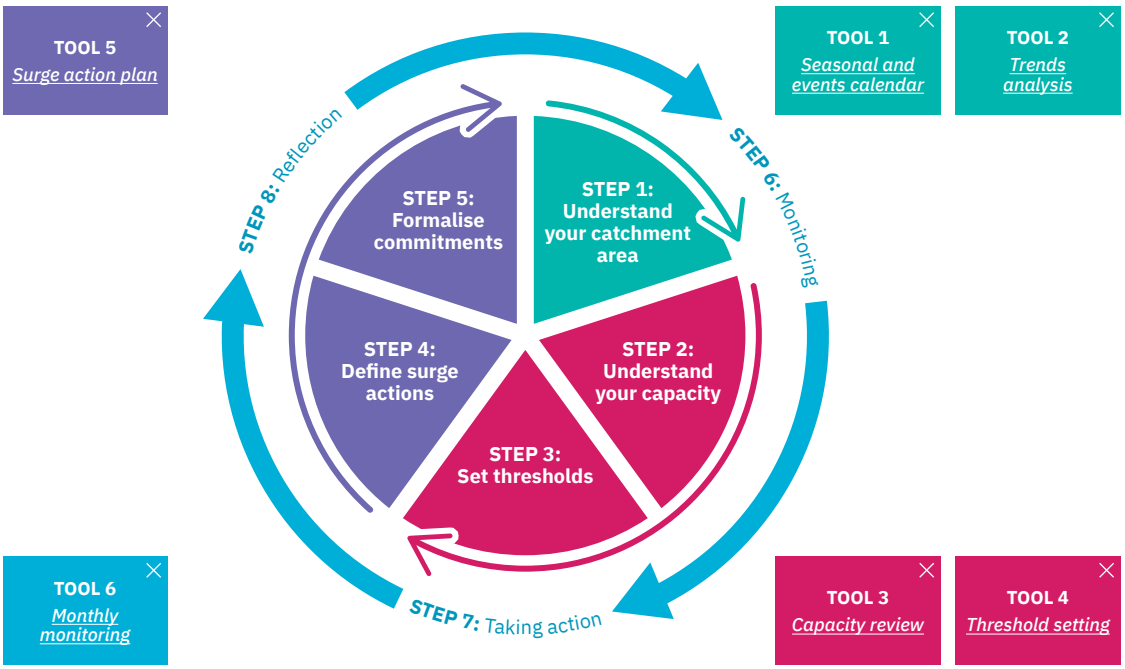

Figure 1: Surge diagram

The Surge steps have remained the same however the diagram (Figure 1, above) was revamped to highlight the cyclical nature of the approach. The inner segments outline how to implement the approach and the outer rings focus on monitoring and taking action. It reinforces the need for a continuous review of the catchment area in order to maintain a real-time understanding of context. This should feed into an understanding of capacity and if there is a need to revise available and needed resources. The steps that are interlinked are colour coded.

Tools

Based on feedback from implementing partners, the tools have been refined, reduced, and simplified.

- There are now 8 tools as opposed to 18 in the original guide. In the diagram above, they are **colour coded** to respond to the steps they are used with.
- They are designed to be **multi-purpose and flexible**. For example, the seasonal and events calendar can be used to document and analyse historical contextual trends which impact the number of children presenting at a health facility. This same tool can also be used to monitor consultations in real-time. That way health workers can understand how the context is likely to affect consultations in the coming month and it can improve preparedness.
- The tools are also built so that they have **value when used in isolation** from the rest of the Surge process, as in some cases the only step required is building health worker understanding of their context and its effects on wasting and morbidities.

All the tools are available online to be downloaded, adapted, and printed (if necessary). Concern encourages all Surge actors to adapt them to suit the context. The tools are also available in a zip folder so that they can be downloaded all at once and used offline. To download the guidelines and tools, please go to the CMAM Surge website: *https://www.concern.net/knowledge-hub/cmam-surge*

Conclusion

The multi-sector, shock-responsive model implemented under the ERNE programme has generated extensive practical learning and holds significant promise as a means of supporting more effective health and nutrition responses for vulnerable communities in fragile contexts. Programme learning showed that for nexus programming in fragile contexts it is vital to adopt simplified and agile tools and approaches and to have a strong underpinning of flexible, multi-annual funding.

Building resilient health systems is critical to effective nutrition response and this requires substantial, long-term investment as the needs are very high in many fragile contexts. Much greater integration of health and nutrition responses should be promoted on a range of levels including coordination mechanisms, needs assessments, protocols and funding streams but practical action plans can also help foster integration on a local level. Implementing anticipatory, shock-responsive approaches such as CMAM Surge and nutrition-sensitive early warning systems can support nutrition and food security outcomes and there is great potential to create further linkages between these approaches to better address prevention and strengthen responses within nutrition programming.

Due to limitations in the ERNE programme design and the pilot funding modality as well as contextual and operational challenges, a rigorous examination of the efficacy of the programme theory of change as a whole was not possible. Further trialling, testing and research building on the ERNE experience would be beneficial to refine and adapt the concept.

Further Information and Event Recordings

For further information on the event and to access the session recordings, please go to *https://www.concern.net/erne-nutrition-health-event*

Enhanced Responses to Nutrition Emergencies

JUNE 2020 – MAY 2023

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