Enhanced Responses to Nutrition Emergencies

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CONCERN worldwide

PILOT PROGRAMMATIC PARTNERSHIP

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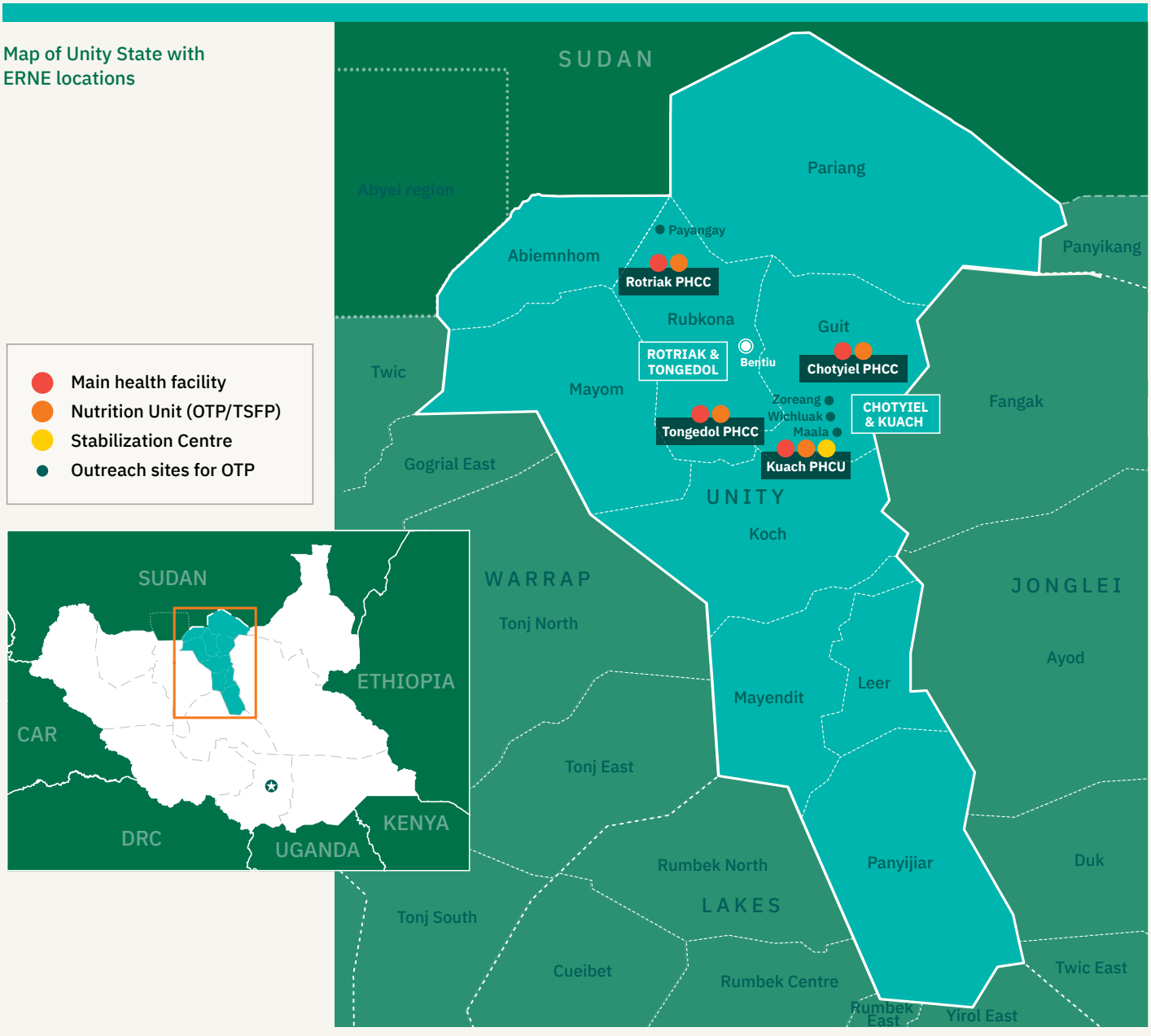
STEPS TOWARDS INTEGRATION OF NUTRITION, HEALTH AND WASH IN SOUTH SUDAN

A case-study from Unity State

APRIL 2023

Map of Unity State with ERNE locations



Introduction

South Sudan has some of the worst health indicators in the world,[1] and the vast majority of the population lacks access to essential health services, safe water, and sanitation. As of January 2023, South Sudan is considered a 'Hunger Hot Spot of Highest Concern.'[2] Above normal rainfall for the fourth consecutive year in 2022 led to prolonged and unprecedented flooding, with devastating impacts for communities.[3] Humanitarian access and violence against humanitarian workers are also serious challenges in South Sudan. Enhanced Responses to Nutrition Emergencies (ERNE) is a thee-year programme (2020–2023) to reduce morbidity and mortality linked to malnutrition in children under five, across five countries in sub-Saharan Africa.[4] The programme targets those most nutritionally vulnerable in some of the poorest and fragile areas with high rates of malnutrition and gaps in health system capacity. In South Sudan, the ERNE programme is implemented in Unity State, in Guit and Rubkona counties. Unity State is characterized by insecurity due to armed inter-communal violence and geographical barriers to access, exacerbated by the flooding.

In Unity State, the ERNE programme supports government health teams and communities to plan and deliver essential health and nutrition services to strengthen the health system. This includes supporting State Ministry of Health to steps towards improved integration of nutrition and health in three health facilities. This case-study outlines the approach to integration used by Concern, the challenges encountered, and the key lessons learned.

The importance of integration: *The Basic Package of Health and Nutrition Services in Primary Health Care* (Ministry of Health, updated July 2011)[5] and the National Health Policy 2016–2026 provide the operational reference for implementing the Health Sector Development Plan. Governments, Donors, United Nations agencies, and non-governmental organisations increasingly recognise the importance of considering nutrition within health interventions and moving away from vertical nutrition programming. However, despite Nutrition Cluster advocacy efforts for integration of nutrition programming as part of routine health services, this remains a huge challenge in fragile contexts such as South Sudan where, traditionally, Community-based Management of Acute Malnutrition (CMAM) has been delivered through stand-alone nutrition units attached – or not, in some cases – to a health facility (HF). The nutrition unit implements Outpatient Therapeutic Programme (OTP) and Targeted Supplementary Feeding Programmes (TSFP) and may include a Stabilization Centre (SC).[6]

1. Source: *World health statistics 2022: monitoring health for the SDGs, sustainable development goals.* See page 77 for overview of South Sudan's health indicators.
2. This category includes hotspots already with populations in Catastrophe (IPC/CH Phase 5), as well as hotspots at risk of deterioration towards catastrophic conditions. This category also includes hotspots with Famine or Risk of Famine. See *FAOWFP early warnings on acute food insecurity: October 2022 to January 2023 Outlook*.
3. According to the South Sudan Humanitarian Needs Overview 2023, since July 2022, an estimated 1 million people were affected by severe flooding in 36 counties across South Sudan (the ERNE programme area in Unity State is among the worst affected areas). People have been forcibly displaced repeatedly due to multiple compounding shocks. The ongoing flood response is hampered by renewed violence and insecurity, inaccessibility due to impassable roads, broken bridges, flooded airstrips, the lack of air assets, the lack of critical core pipeline supplies and funding constraints.
4. The ERNE programme countries are DRC, Ethiopia, Niger, South Sudan and Sudan. For more information on the programme, visit *https://www.concern.net/knowledge-hub/ERNE*
5. For an overview, see *Essential Package of Health Services Country Snapshot: The Republic of South Sudan*
6. For more information on the integration of resources and actions to manage severe wasting and nutritional oedema in children – including detection, referral, treatment and follow up – into the functions of public health systems, see *Integration of Severe Wasting Services Into Health Systems, Scale Paper* from the Concern CMAM 2021 Virtual Conference.

Overview of Concern nutrition and health intervention, Unity State: Concern supports health system strengthening (HSS) in close collaboration with the State Ministry of Health (SMoH) and the respective County Health Departments (CHDs). At the HF level, the ERNE programme in Guit County supports Chotyiel Primary Health Care Centre (PHCC) and – for nutrition and WASH support only – Kuach Primary Health Care Unit (PHCU). In Rubkona County the ERNE programme initially supported Tongedol HF but relocated the support to Rotriak PHCC in early 2022, as Tongedol HF was completely destroyed by flood waters. Its destruction followed nearly six months of work by the County Health Department (CHD) and Concern to rehabilitate the facility and occurred only a few months after it had become operational. In addition, the ERNE programme targets three sites with nutrition outreach activities. The sites are located in Kuach PHCU catchment area, where Concern's outreach nutrition workers conduct screening and treatment of wasting and/or nutritional oedema.[7]

The three nutrition units presented several challenges for integrating wasting services into routine health services, including access challenges and siloed approaches which limit opportunities for sectoral interactions and create inefficiencies in service delivery. The three outreach sites provided screening and treatment of malnutrition, and Concern opted to increase access to OTP for hard-to-reach areas.

Previous Rotriak Health Facility and Nutrition Unit, Rubkona State, Unity State, February 2023.

Photo: Lucy Lafferty/ Concern Worldwide

Current, semi-permanent Rotriak Health Facility and Nutrition Unit, renovated under the ERNE programme. Unity State, April 2023.

Photo: Gatkuoth Matai/ Concern Worldwide

7. Henceforth, the term 'wasting' is used to refer to wasting and/or nutritional oedema

Learning objectives and methodology

This case-study outlines Concern's approach to integrating nutrition and health in Unity State, South Sudan, under the ERNE programme and presents the challenges and lessons learned from the experience. The case-study aims to answer the following questions: **1)** What factors inhibit integrated health and nutrition service delivery in Unity State? **2)** What practical steps has Concern taken to move towards integration at the Health Facilities covered under ERNE, and what is the outcome of these steps? and **3)** What factors enable integrated health and nutrition service delivery in Unity State, South Sudan?

Concern developed a '*Matrix of Integration of Health and Nutrition and WASH Objectives and Activities*' to describe the activities aimed at increasing integration, to track the progress of the activities and to capture what Concern is learning about the challenges and opportunities for integration. The matrix was updated by the Concern field team each month, and was a key source of information for this case-study. Key informant interviews with CHD staff at nutrition units and health facilities in two locations (Chotyiel and Rotriak) also provided useful insights.

1. What factors inhibit integrated health and nutrition service delivery in Unity State?

1.1 Accessibility challenges

Unity is among the states hardest-hit by unprecedented floods over the past years in South Sudan. Roads are often impassable, and reaching Chotyiel, for example, takes on average 7–8 travel hours on water using a canoe or 3–4 hours using a motorized boat. The flooding of Chotyiel and Rotriak PHCCs impacted **access to healthcare, the capacity to deliver in-service training and supportive supervision, and the ability to bring in medical supplies or transfer patients needing emergency treatment**.

Transporting nutrition and medical supplies by canoe, Bieh Docking station heading to Chotyiel, Unity State, November 2021.

Photo: Dr Marko Makuei Stephen/Concern Worldwide

1.2 Siloed management of Primary Health Care services

For the past decades, NGO-delivered OTP and TSFP have operated in parallel to other essential child health services. Given the shortage of resources and limited government capacity to recruit additional staff and pay incentives, there is a strong reliance on external partners for staff recruitment and supervision, in-service training and provision of incentives to government health workers. Furthermore, health workers may not be willing to screen children for wasting because this task is not part of their job descriptions or responsibilities. During key informant interviews, some health staff complained about this additional workload, which increases further when there is a high caseload in the HF.

1.3 Fragmented medical and nutrition supply at all levels

In South Sudan, due to the limitations of the broader national system in terms of human and financial capacity and infrastructure, external partners largely fund and manage the supply chain for health products and Ready to Use Therapeutic Food (RUTF). **This creates a fragmentation of medical and nutrition supply and is a major challenge to delivering integrated services at HF level**. Figure 1, below, illustrates the complexity of the medical and nutrition supply in the ERNE-targeted health facilities.

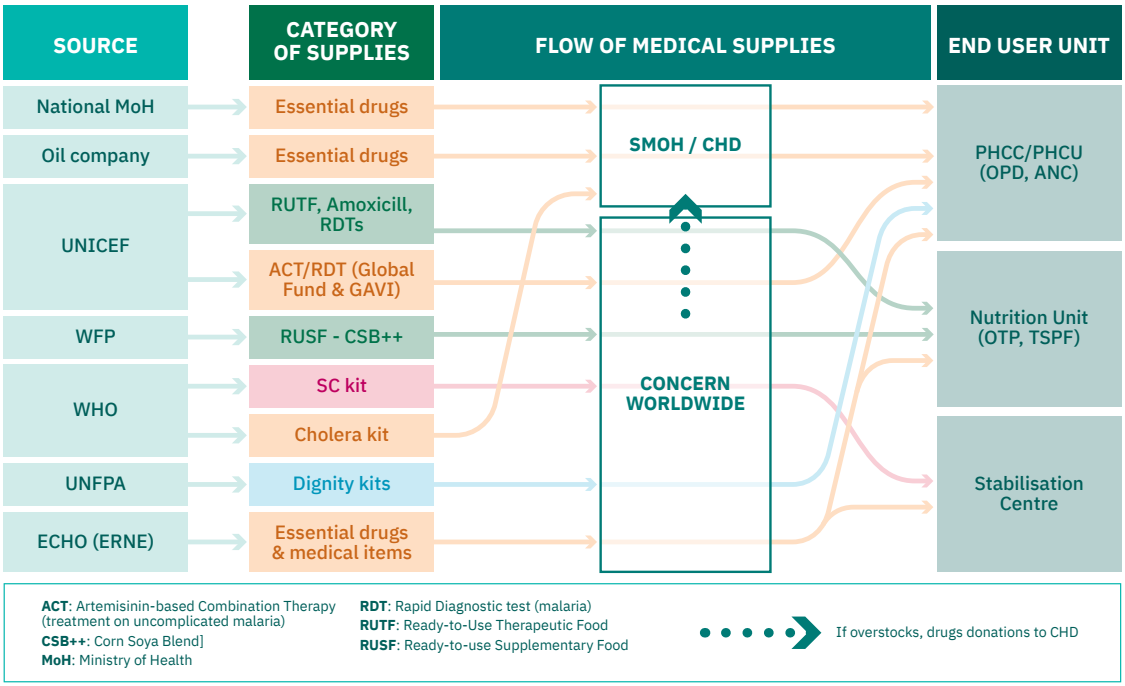


Fig 1. Overview of medical and nutrition supply flows in ERNE targeted health facilities, Unity State[8]

1.4 Resource-limited setting for Health Management Information System (HMIS)

Monitoring of wasting programmes has been managed within vertical, NGO-delivered systems. As part of the integration process, Concern promotes the collection and reporting of wasting data to CHDs. However, lack of transportation and budget for canoe hire, human resources, and supplies (e.g. photocopy papers) have limited the collection of weekly reports at the facility level. Concern agreed, with Guit CHD, to send CMAM data monthly via email. **This helps the CHDs to select relevant nutrition indicators and share them as part of District Health Information System (DHIS) reporting.**

1.5 Donor decisions that pose risks to gains made from nutrition and health integration efforts

There is a need for effective coordination among donors/UN agencies to ensure there are detailed consultations with partners on their operational strategies on integration, which can be used to inform decisions regarding the allocation of resources for both health and nutrition programming. **Donors/UN agencies should take the issue of integration into consideration when allocating sites for nutrition programming, so that partners who have made advancements in providing integrated support are enabled to continue and strengthen those efforts.**

8. Based on discussions with CHDs and generated by Concern Health and Nutrition teams, Unity State.

1.6 Coordination across different sectors takes time, and NGOs planning to support integration must ensure internal structures are also integrated

At the Concern level in Bentiu Field Office, there are separate Program Managers (PMs) for Health, Nutrition and WASH interventions. Currently, the nutrition staff are under the Nutrition PM, the Health Coordinator and Pharmacist are under the ERNE PM, and the WASH Officer is under the WASH PM. In the past months, despite competing priorities, significant efforts took place to increase complementarities and synergies.

The ERNE experience also highlighted gaps in integrated medical and nutrition supply chain management within Concern. The existence of parallel oversight (e.g., PM for nutrition commodities and Pharmacist for Essential Drugs) is not ideal and can create fragmented ownership, duplication of effort, and unclear process for addressing stock-outs.

As integration is also a new concept for Concern in Unity, a shared understanding of what integration means and its guiding principles across the three sectors will further strengthen the impacts of integration efforts in Unity State.

2. What steps has Concern taken to move towards integrating Health, Nutrition and WASH in Unity State, and what did we learn?

2.1 Steps taken towards integration at the health facility level and lesssons learned

Set up of the health facilities and nutrition units in programme locations

The upsurge of conflict in Unity State in 2014 required the rapid expansion of services for the early detection and treatment of children with Severe Acute Malnutrition (SAM), leveraging a network of international and national organizations to implement scale-up through OTP sites. At that time, due to the limited infrastructure in the existing health facilities, OTP sites were built either next to a PHCU or PHCC or as a stand-alone facility. In the case of ERNE programme locations: the nutrition unit (OTP/TSFP) in Chotyiel is in a separate construction, next to the HF (approximately 50 metres distance); In Kuach PHCU compound there are three separate buildings – the main building is for outpatient departments (OPD), vaccination and ANC[9] (supported by Cordaid), the second is for OPT/TSFP and the third contains the Stabilization Centre. Health workers in the HF are under Government payroll and receive support from Concern, based on the 2019 MoH's Harmonization Incentive Scale. Staff and Community Nutrition Volunteers (CNVs) working in the OTP/TSFP, SC and outreach sites were recruited by Concern and are under Concern payroll.

Steps taken

Drawing on the WHO's Health System Strengthening (HSS) framework[10] and Action Against Hunger's guidance note on HSS,[11] Concern opted to focus on a bottom-up HSS approach and created a matrix outlining basic actions that could be taken to foster a culture of integration between health and nutrition services. Given that achieving and maintaining

9. Antenatal Care
10. The WHO Health Systems Strengthening framework consists of the following "building blocks": Service Delivery, Health Workforce, Health Information Systems, Access to Essential Medicines, Health Systems Financing, and Leadership and Governance.
11. See *https://www.actionagainsthunger.org/app/uploads/2022/09/Action_Against_Hunger_HSS_Approach_Summary_2017.pdf*

WASH services in health care facilities is critical for universal quality health coverage and infection prevention and control (IPC), WASH was included. The matrix also considered the vital element of community involvement and demand-side factors, recognising the intricate nature of integration. A summary of the matrix activities, learning and outcomes is presented in Table 1, below. Originally for Chotyiel, Kuach and Tongedol, the matrix later dropped Tongedol (permanently closed due to the floods) and included Rotriak.

Table 1. Summary of matrix for Integration of Health and Nutrition and WASH – based on Health System Building Blocks (HSBBs) – and key learning

HSBB	SPECIFIC OBJECTIVES, ACTIVITIES AND OUTCOMES
Leadership & Governance	**Objective:** To ensure nutrition is seen and accepted as an integral part of health service delivery by County Health managers. **Activities:** • Meeting at CHD and facility level to discuss with SMoH partners about the key aspects of health and nutrition integration and to ensure a joint understanding of key integration activities, such as nutrition screening and referral. • Joint monitoring and supervision using structured tools. **Outcome:** The SMoH and CHD in Unity fully endorsed mainstreaming wasting prevention and treatment into the routine health services package, which translated into an agreed joint action plan. **→ Key learning: Even in a fragile context, it is possible to involve county-level MoH, foster a culture of ownership and identify activities that the health authorities can support.**
Health workforce	**Objectives: 1)** To ensure health and nutrition staff have sufficient skills and capacities to prevent, treat and manage wasting. **2)** To encourage collaboration and shared responsibility among health and nutrition staff. **Activities:** • Joint training for both HF and nutrition unit staff (iCCM[12], CMAM[13], inpatient management of medical complications, IYCF[14]), highlighting the practical ways of collaboration. • Establish two-way screening and referral pathways between nutrition centre and HF, including a tracking system. • Establish mechanisms to support each other during increased caseload in either malnutrition or other morbidities, in part by piloting the CMAM surge approach. **Outcome:** During interviews with nutrition and facility health staff, it was clear that their perception as being two distinct entities is changing – they noted that they are working as one, and working for the same community to bring a common positive outcome/result. This shifting culture must be supported by partners, to continue to develop and to be sustainable. **→ Key learning: 1) The location of services and staff in the same compound can facilitate integration by creating opportunities to meet and share information. 2) Health staff need to be adequately trained, have practical experience in the management of wasting and understand when to screen for wasting (e.g., during child and curative consultations, ANC and vaccination).**

12. Integrated Community Case Management
13. Community-Based Management of Acute Malnutrition
14. Infant and Young Child Feeding

Service delivery

Objective: 1) To ensure health and nutrition services are provided from the same compound. **2)** To ensure WASH in HFs is considered one of the essential pillars for safe and efficient service delivery. **3)** To address workloads through task sharing.

Activities:

- Remove the physical boundaries (fences) separating health and nutrition services.
- Assess and address gaps in WASH infrastructure and systems within the HFs with the involvement of the entire HF team, using WASH FIT (Facility improvement tool)[15]and support gender-segregated latrines, water harvesting (in Rotriak only), Wash'Em[16] stations, placenta pits and incinerators.
- Integrate health and nutrition screening services and referral pathways at both facility and community levels.
- If there is an increased caseload at the HF, ensure 1 CNV[17] is seconded to HF for screening of all under-five patients in the OPD. 5) Establish an M&E system to track referrals from the various departments.
- Piloting of CMAM Surge in Chotiyel in coordination with nutrition and health facility staff and CHD.

Outcome: As per the recommendation and request of SMoH, Concern completed the fence construction in Kuach, which included both the HF managed by CORDAID and the OTP/TSFP and SC managed by Concern. Now both nutrition and health facilities are in the same compound. Removing the physical barrier facilitates complementarity and support.

→ Key learning: 1) Establishing, strengthening, and monitoring a referral mechanism within the health facility is necessary to increase opportunities for integration. 2) The Surge approach has the potential to increase the ability to respond to peaks, whether in child wasting or other child illnesses. 3) iCCM was not part of the planned activities but Concern recommends this as a good approach for future programming – integrating the iCCM approach during nutrition outreach could provide additional opportunities to address the most important causes of child illness and death.

Medical and Nutrition Supply

Objective: 1) To strengthen the medical and nutrition supply chain and to ensure that nutrition supply is considered a part of the broader medical supply chain.

Activities:

- Technical support to HF on stock management, including using stock cards to plan and request necessary supplies in a timely manner.
- Map out the list of medical supplies and nutrition commodities from different sources to fill the systematic treatment gaps at HF/OTP and Stabilization Centre. Include systematic treatment (Mebendazole, ACT[18], etc.)
- Identify gaps and solutions to support the continuity of case management.

Outcome: Understanding the various medical and nutrition supply flows helped to better anticipate needs and offered opportunities for greater integration between the health and nutrition services.

→ Key learning: Future health and nutrition projects could benefit from a comprehensive mapping of all supply flows at the design stage. Understanding the flows across the different levels may help to tailor an integration strategy at the HF level, to identify priorities in supply chain management, and to effectively help prevent stock-outs.

15. WASHFIT is a WHO / UNICEF practical guide for improving quality of care via water, sanitation and hygiene that includes an assessment tool and process for developing a quality improvement plan with each health facility. See https://www.who.int/publications/i/item/9789241511698
16. Wash'Em is a one-week process for designing behaviour change programmes, using 5 rapid assessment tools.
17. Community Nutrition Volunteer
18. Artemisinin combination therapy (anti-malarials)

Health Management Information Systems (HMIS)	**Objective: 1)** To ensure the CHD has ownership of nutrition data. **Activities:** • CHD to provide a template to the nutrition unit to collect weekly reporting. • CHD to collect weekly data from each unit based on the template provided. **Outcome:** Nutrition staff are reporting to CHDs using the standard template. **→ Key learning: Empowering the CHD to input nutrition data in the Nutrition Information System is crucial in building ownership.**

2.2 Steps taken towards integration at the community level and lessons learned

Set up at community level in programme location

The Boma Health Initiative (BHI) is the entry point for all community level health and nutrition in South Sudan. The Boma Health Teams comprise three CHWs supported by Home Health Promoters (HHPs) to deliver services at the household level. Usually, the ratio of HHP is one per 30–40 households in densely populated areas (urban), or two HHPs (one woman and one man per village) in sparsely populated areas (rural). Within the BHI, CHWs are responsible for providing a range of primary healthcare services, including screening for malnutrition and referring for further care with the assistance of HHPs. Additionally, many NGOs, including Concern, employ CNVs to carry out nutrition-specific activities. The CNVs are directly managed by the NGOs and have limited coordination with the BHI team.

Steps taken

Concern, with MoH implementing partners, identified the need to integrate child health and nutrition services at the community level. The priority is to ensure that nutrition outreach workers are viewed as an additional support system to the primary health care (PHC) outreach mechanism. The key steps included delivering a joint child health and nutrition training package for the CNVs and CHWs and adjusting the roles and responsibilities for an effective two-way SAM/MAM referral mechanism. While trying to figure out ways to coordinate community outreach structure and streamline activities of the CHWs and CNVs according to the BHI, Concern also scaled up Family MUAC approach to ensure that parents are screening their children and know where to bring them for further assessment. Concern also ensured that the curriculum of mother and father support group reflects the content of the Community Health Promotion package of the BHI. Scaling up, however, was not possible due to constant flooding in Unity State over the course of the ERNE programme. This prompted Concern to take a holistic approach, aiming to address the most important causes of child illness and death. Box 1 outlines the key lessons and recommendations emerging from this experience.

Box 1. Lessons and recommendations for the integration of child health and nutrition at the community level

- Support the MoH Boma Health Initiative (BHI) for more effective integration of health and nutrition at the community level.
- Adjust the roles and responsibilities of the current outreach system supported by Concern. This can be done by providing additional training to the Boma Health Teams on nutrition education and counselling and including CNVs in outreach activities.
- Consider expanding the scope of outreach sites to provide comprehensive child health services (i.e., prevention and treatment of wasting, iCCM and vaccination).
- Undertake a mapping exercise to identify community support actors in the target areas. This is essential for effective service delivery, leveraging resources and preventing duplication of efforts.
- Since a child's nutritional status is closely linked to the nutritional status of the mother before, during and after pregnancy, assess the feasibility of supporting the prevention of malnutrition in women and adolescent girls during outreach.

People wait for the arrival of the Concern team in Chotyiel, a settlement surrounded by flood in Guit County, in Unity State, in November 2022.

Photo: Ed Ram/Concern Worldwide

2.3 Facilitating integration through CMAM surge and lessons learned

Under the ERNE programme, CMAM Surge[19] was piloted in Chotyiel PHCC. Nutrition unit and HF staff received practical training in August 2021 on the approach. Staff from the HF were engaged to ensure that information regarding morbidity trends (e.g., malaria, diarrhoea) could be compared with wasting trends. In addition, it was important to understand the HFs capacity, alongside the nutrition units so that a joint action plan for managing seasonal spikes in malnutrition could be developed.

Concern and HF staff reported that the CMAM Surge approach played an important role in creating a system of coordination between health and nutrition staff – monthly meetings were organized where information was shared regarding nutrition admissions, child health consultations, and capacity changes.

A formalized support structure – the Surge action plan – was agreed by the CHD, HF in charge and Concern for times when additional assistance is required.

In October 2022, there was an influx of patients to Chotyiel due to the flooding and the neighboring HF becoming inaccessible. According to the Concern field team and HF staff (SMoH) interviewed for this case-study, as a result of the Surge threshold being crossed and action plan being in place, Chotyiel was prioritized with the CHD and more MoH staff from the neighboring HF were reallocated than would otherwise have been the case.

3. What factors enable integration at state, national and global level?

3.1 Commitment at the state, national and global level

The integration of the early detection and treatment of child wasting within PHC is a health sector priority as embedded within the South Sudan Basic Package for Health and Nutrition Services (BPHNS), and the human resources for health.[20] At SMoH and CHD levels, there is strong will to engage with and support integration, including the appointment of a Health & Nutrition focal point.

19. More information on the CMAM Surge approach can be found here: *https://www.concern.net/knowledge-hub/cmam-surge*
20. A Nutrition Assistant is included in the BPHNS human resources.

Donor agencies are increasingly encouraging integration processes into their multi-year funding, and the UN Global Action Plan (GAP) has committed to supporting child survival and development and accelerating progress on the wasting-related Sustainable Development Goals. **All these efforts represent opportunities for broader child health programming, especially when reflected in funding decisions.**

3.2 Service provision in the same compound

In both Rotriak and Chotyiel PHCCs, having services no longer physically separated influences the way of working and facilitates coordination and communication between the outpatient departments (OPD) and the OTP and TSFP services. It also minimises fragmentation among the health and nutrition staff and facilitates continuity of care. Furthermore, as opposed to the previous long distances between PHCCs and stand-alone nutrition units, service users are now able to access multiple services, which could reduce direct and indirect costs and opportunity costs to women and children. Overall, this change may result in improved access to a broad range of services, increased satisfaction of patients, and ultimately increased demand for services.

3.3 Integrated support

CMAM and Integrated Management of Newborn and Child Illness (IMNCI) protocols and screening equipment are now available at both HF and nutrition unit level. The IMNCI protocol includes screening, treatment and referral of malnutrition cases.[21] In-service CMAM training of existing health workers is also an important aspect of integration. It strengthens the knowledge and capacity of health workers to better identify and treat malnutrition in cases when children often with other co-morbidities present to OPDs. The CMAM training received by the health workers and the availability of MUAC in the health facility enables them to perform screening and to refer cases to the nutrition unit for further investigation and eventual treatment.

Mothers and Children attending nutrition services at Rotriak Nutrition Unit, Rubkona State, February 2023.

Photo: Lucy Lafferty/ Concern Worldwide

"There is better sharing now. For example, when we run out of soap on the health side (for handwashing), we know we can get it from the nutrition side. It was also good that the training brought together staff from both sides (health and nutrition). It means that both sides know how to screen and how to refer patients to the other side"

– Key informant interview with Gatleak Mut Riak, Health Facility Incharge, Rotriak

21. Guideline on Integrated Management of Newborn and Childhood Illness, South Sudan, July 2019.

3.4 Mapping and monitoring referral flows within health facilities

Recording and documenting referral cases is a key way to monitor the level of integration.

Over the duration of the ERNE programme, health and nutrition teams were trained on the importance of screening and referring to services at the nutrition unit or health facility or to higher levels of care if indicated (e.g. to Stabilization Centre for complicated SAM cases). Once familiar with the referral pathway between the services, a referral register with slips and box-files were given to the health facility and nutrition unit to support the process. This increased awareness among the health and nutrition staff on the importance of cooperation, and increased referrals from both sides.

A total of 327 referrals between the health facility and nutrition unit were recorded during the August 2022 to January 2023 period (at both Chotyiel and Rotriak PHCCs). In both facilities the greatest number of referrals was from the OPD under-five services (in the health facility) to the nutrition unit (OTP and TSFP), 37% and 36% respectively. There were also referrals from ANC to the nutrition unit in Rotriak (23 referrals to date).

CNVs were also trained, and 75 pregnant women were referred to ANC at the HF during the reporting period. The variations between facilities are perhaps explained by rotation of staff and highlights the need to continuously reinforce the importance of referral pathways between services. This activity illustrated the **opportunity to increase access to a combination of treatment and prevention services. These services are crucial to protecting the health and well-being of both mothers and children.**

> *"On the nutrition side, we have some target groups that we use now to refer to the health side. The first group are malnourished children with an illness – pneumonia, malaria, and so on. The second group are pregnant women with no ANC card. We refer them to ANC to receive vaccination and ANC. The third group are children who are not responding to the nutrition programme. We check first to see if there is food sharing or another problem, and if the child is still not responding, we refer the child to the health side for a medical examination. The fourth group are children with no vaccination, who we also refer to the health side."*
>
> – key informant interview with Gabriel Luoy, CMAM Nurse, Chotyiel Nutrition Unit

3.5 Enhanced links with WASH in health care facilities

Under ERNE, Concern addressed the WASH gaps at the HF level and promoted community interventions focusing on the first 1,000 days of a child's life. Overall, 1,067 households – of children admitted to nutrition units – received Baby WASH items (coloured baby cups, mats for children to play on, baby potties, soap and handwashing stations), and education sessions on clean and safe environment for children and prevention of water borne diseases. Both interventions (rehabilitation of basic WASH services and Baby WASH) required **significant involvement from the WASH team and close integration with maternal and child health and nutrition components and teams**.

4. Summary of lessons learned from efforts to integrate nutrition and health in Unity State under ERNE

4.1 Even in extremely fragile contexts with major constraints across health system building blocks, a move towards greater integration of preventing and treating wasting and providing health services is still possible and should be supported and encouraged

Concern's experience in Unity State under the ERNE programme, shows that even in extremely fragile contexts, there are opportunities for integration within the health system. The lessons presented in this case-study illustrate that integration can increase opportunities for comprehensive health care at the health facility and improve the capacity to address the broader health needs of children. A contextualised bottom-up approach, assessment and planning are essential to identify practical opportunities to ensure that the health system can deliver integrated health, nutrition and WASH services more efficiently. The feasibility of integration must be considered so that health facilities are adequately supported.

4.2 Consolidated and coordinated efforts across all health system building blocks are needed

To be most effective, integration requires a high level of coordination across services and sectors and an adequate staffing structure to avoid silo management and programming. The inclusion of WASH in a health and nutrition programme must encourage joint programming, create a shared understanding of the common goal and outline a realistic budget, timeline and roles and responsibilities for each output. Furthermore, the integration of wasting prevention and treatment into routine health services needs to be embedded into the policies and strategies of not only the MoH but all stakeholders, including donors, UN agencies, INGOs and other implementing partners. The role of community structures such as the Boma Health Initiative and Community Health Workers can play an important role, if their capacity to deliver comprehensive health service packages including nutrition is increased. CMAM Surge could provide a framework to support with sharing of routine information and mutualising resources during periods of increased demands.

4.3 Health workers are vital to the success of integration efforts within the ERNE programme

The buy-in of frontline health workers, which went beyond Concern's expectations, was vital to ensuring success of the integration approach. It is, therefore, essential to foster ownership and provide comprehensive support to all health and nutrition staff to ensure they share a common goal and work together effectively.

> *"Before the integration work began, staff in the health facility did not know how to screen children for malnutrition. Now they are screening children for malnutrition systematically and referring them to the Nutrition Unit."*
>
> – Key informant interview with Stephen Mathok Diu, Nurse for OTP/TFSP, Rotriak Nutrition Unit, February 2023

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