Lessons from Concern's Emergency and Development Nutrition Programming in West Nile

A Concern Worldwide Learning Paper

West Nile, Uganda, Photo by: Hilda Kawuki 2017

Picture of Princess Christine Opande, before and after treatment - one of the beneficiaries in the Concern-UNICEF emergency health and nutrition programme, Bidibidi Refugee settlement, Yumbe district. [Photo taken by Charlotte Nakate, Concern Emergency Nutritionist, February 2017]

Contents

Introduction

Supporting health and nutrition interventions in the West Nile region of Uganda has been an important part of Concern Worldwide's strategic programming for 2016 – 2020. Concern began programming in the West Nile region in February 2014, initially collaborating with Alliance 2015 partner, Welthungerhilfe, to support water and sanitation activities in Adjumani district. A month later, following continual outbreaks of violence in South Sudan, in partnership with the United Nations Children's Fund (UNICEF), Concern responded to the nutrition emergency in Kiryandongo district and 3 West Nile districts (Arua, Koboko and Adjumani) by supporting Integrated Management of Acute Malnutrition (IMAM) through capacity strengthening for detection, treatment and prevention of acute malnutrition in both refugee and host communities.

Following a successful first phase in programming in 2014, Concern's support continued into phase two (May 2015 to December 2015) incorporating IMAM related activities into district plans, strengthening Health Management Information System (HMIS), supporting the functionality of the Village Health Team (VHT) component, and improvement of Infant and Young Child Feeding (IYCF) at health facility level. Nutrition research was also conducted in collaboration with the District Health Team (DHT), refugee settlement workers and other stakeholders in host and refugee communities. By April 2016, Concern's partnership with UNICEF culminated in a fifteen-month project to scale up effective, integrated sanitation/hygiene, health and nutrition interventions across refugee and host populations. Particular emphasis was placed on women of reproductive age, young children and infants.

The project operational areas included six districts in the West Nile region (Arua, Koboko, Adjumani, Moyo, Nebbi and Yumbe) and one district located in the Mid-West region: Kiryandongo. Within the target regions, of the seven districts, six were refugee hosting districts[1]: **Arua** (Rhino Camp and Imvepi refugee settlements); **Koboko** (Lobule/Waju refugee settlement), **Adjumani** (Mungula I and II, Alere, Maaji Site I, II and II, Maaji B, Oligi, Mireiyi, Pagirinya I and II settlements, **Yumbe** (Bidibidi refugee settlement), **Moyo** (Palorinya and Morobi settlements) and **Kiryandongo** (Ranch 37 and Reception centre) refugee settlement.

Approximately 2,500,648 beneficiaries in the host population and 2,500,648[2] in refugee populations were initially targeted, later scaled up to the six aforementioned refugee receiving districts in response to the new influx of refugees. The programme coordinated with district personnel to scale up health and nutrition screening at eight border entry points, and scaled up integrated health and nutrition screening[3] in settlements, including the rapid expansion of the Outpatient therapeutic care (OTC) programme and Inpatient therapeutic Care (ITC) services in Yumbe, Moyo and Arua districts.

Given Concern's experience of supporting emergency nutrition response, and maternal and child nutrition in this context, it is worthwhile to reflect on lessons learned to inform future work for district and national led approaches to improving nutrition. This paper draws heavily on lessons documented from a large number of end of project meetings held between Concern, district health officials and nutrition stakeholders.

1 Although Nebbi was not included as a refugee-hosting district, by virtue of being a neighbouring district to Arua, it harboured some of the burden of non-humanitarian supported asylum seekers/refugees within its town council. These asylum seekers/refugees were never officially considered as refugees but they did have an impact on the Nebbi health system, as cited by the outgoing district health officer (May 2017).

2 Since the July 2016 influx of South Sudanese refugees, an additional 20,000 children under five years and 2,500 pregnant and lactating women have been incorporated into Concern's maternal child health and nutrition programming.

3 In collaboration with medical partners - Medical Teams International (MTI) and Real Medicine Foundation (RMF).

Lesson 1: Promote Ministry of Health leadership

Working through government structures can be challenging (low staff commitment, high staff turnover, and high levels of bureaucracy) but yet is pivotal to ensuring the sustainability of emergency or development outcomes. Also, given the nature of government agencies it can take a while for new approaches or ways of working to embed. This implies that district engagement should be strong at the start of emergency interventions, given the short-lived nature of funding and relatively high turnover of implementing agencies.

From the inception of the Emergency Nutrition Response support programme, in partnership with UNICEF, Concern's coverage spread from four districts[4] in 2014 to seven in 2017. Three phases of programming reflected identified needs and an increasing influx of refugees during this period. At the time of Concern's exit in June 2017, the government structures at the districts level had started demonstrating increased involvement and ownership of the interventions.

In the six refugee hosting districts, evidence of strong district coordination between partners and associated integration of nutrition services in the emergency programming was noted between July 2016 and June 2017. For instance, district health officials were on hand at the start of the heavy influx to rapidly scale up human resource support using off-duty health workers within twenty-four hours. Health and nutrition screening activities were supported at over eight border entry points within South Sudan. In addition, health facilities supporting neighbouring refugee settlements were manned by district health workers, who conducted health and nutrition community outreach activities.

As the number of new refugee arrivals decreased, so did the emergency demands. At this stage, the districts were in a position to scale down the number of health workers supporting the emergency interventions. Similarly with requests for supplies of medication, micronutrients and nutrition therapeutic supplies gradually reducing, the district health teams were able to independently manage supplies with minimal support of international agencies and district implementing partners. Given that district support supervision was mandatory during the emergency, government were reliable and effective in monitoring key refugee sites, demonstrating an ability to demand improved services and report on their findings during each support supervision visit.

[4] These included: Arua, Koboko, Adjumani and Kiryandongo districts

Case study: Strengthening districts' health systems in Nebbi district

Prior to Concern intervention, Nebbi district - not a refugee hosting district - comprised of a small population of asylum seekers/refugees and had no previous exposure to nutrition development partner support. Since Concern's program focus concentrated on strengthening districts' health systems rather than direct implementation, initial district engagement was high. Concern supported Nebbi district in operationalising the district multi-sectoral nutrition coordination committee (DMNCC) - appointed by the Office of the Prime Minister - becoming the first of the seven supported districts to establish sub-county multi-sectoral nutrition coordination committees (SMNCC). This was further strengthened by Sub County nutrition leadership and advocacy, and the drafting of community-level action plans for integration of nutrition interventions.

Nebbi district also boasts one of Uganda's strongest community components for IMAM in the country, with close to 2,000 VHT members voluntarily working without incentives. This has improved Integrated Community Case Management (ICCM) of childhood illnesses and active case findings of Severe Acute Malnutrition (SAM). With an assurance of continued technical support on nutrition guaranteed by the incoming partner, AVSI, there is potential for sustainable impact. In addition, the DMNCC is advocating for additional support to scale up capacity building on IMAM in 23 health facilities; at community level through the VHT structure; as well as use of HMIS and DHIS nutrition data during planning at both district and sub-county levels.

This case highlights the potential to deliver paths toward sustainable service delivery in an emergency and non-emergency context through District local government leadership coupled with minimal support from external partners.

Lesson 2: Nutrition service delivery assessments and routine mentoring strengthen local government capacity

When faced with an emergency, such as the influx of refugees, local government is often ill-prepared to effectively manage the associated strains placed on existing systems and resources. Support is required in terms of funding, manpower and expertise to tackle common issues, such as; an increase in acute malnutrition, poor living conditions, poor hygiene and sanitation, and related diseases. This necessitates capacity building and support from agencies and donors. In West Nile and Kiryandongo, Concern worked with DMNCCs, health facilities and communities to strengthen their capacity to identify and manage acute malnutrition.

Initial orientation on the use of the nutrition service delivery assessment (NSDA) tool shed light on the issues preventing access to good quality services including; frequent change of staff at health facilities, inadequate tools and equipment, and poor quality improvement systems for nutrition services. The gaps identified by Concern were addressed by increasing training and mentorship, as well as advocacy for inclusion of nutrition in district plans, increased district ownership, and support to IMAM through the DMNCCs in all the seven districts. Successful outcomes were initiated by placing nutrition on the district agenda coupled with building the capacity of health workers and community workers.

Lesson 3: Strong community linkages is the foundation of integrated management of acute malnutrition (IMAM)

The management of acute malnutrition in Uganda has evolved over the years, informed by learning from the implementation of the management components, and in line with the World Health Organization (WHO) recommendations. The community component of IMAM protocol leverages community mobilization and involvement in the management process. Evidence has shown that community engagement is not only an invaluable component in the treatment of malnutrition, but also a key aspect in prevention. This is of critical importance in emergency and non-emergency settings alike. During the implementation of the emergency response, support was increasingly placed on refugee settlements, specifically to the seven districts that were experiencing a high influx of refugees in West Nile and Mid-West regions of Uganda, disadvantaging the host communities to a degree. For instance, the bulk of support tended to focus on health facilities that were serving the needs of the newly arrived refugees. The DMNCCs of six of the supported districts highlighted that a stronger community involvement program component would have gone a long way to improving nutritional status of children and mothers, in addition to adherence to treatment of SAM. This was visible in the noted improvement in IMAM performance in Nebbi demonstrating strength of community linkages, with VHTs working voluntarily, and an established SMNCC structure and multi-sectoral nutrition action plans (MSNAPs).

Lesson 4: Coordination is essential to emergency programming

Emergency response programs are largely dependent on the availability of aid from a multi-sectoral range of agencies and the response capacity of local government structures. The West Nile region of Uganda brought together many development partners including several nutrition implementing partners, each presenting a variety of approaches to improving the wellbeing of those fleeing South Sudan.

In order to maximize the resources available, avoid duplication and improve impact, there was a need to join efforts and ensure coordination of agency programs and approaches. Key observations during the emergency revealed the need to ensure that all nutrition data from implementing partners in refugee and non-refugee settings was complementary to reflect a true picture of the actual nutrition situation in the district, and subsequently the national HMIS and quarterly DHIS-2. Initial coordination by implementing partners was weak and required district health and nutrition focal persons to coordinate all partners to allow for a unified set of data from both refugee and non-refugee programming areas.

In February 2014, Concern collaborated with Welthungerhilfe to improve water and sanitation activities in Adjumani district. This partnership was largely successful as it resulted in achieving the planned activities – this was due to joint planning and regular communication. Over a period of two years, Concern also partnered with UNICEF to strengthen DLG capacity to manage information systems for acute malnutrition in both refugee and host communities in West Nile and Kiryandongo. During this period, over 36,000 beneficiaries were reached

through this service[5]. In addition, Concern collaborated with other nutrition implementing partners such as Action against Hunger (ACF) to operationalize DMNCCs and strengthen nutrition governance through systems capacity building. In Arua district, through CUAMM, Concern worked to support supervision and mentorship at health facility level to improve IMAM performance. In other areas, in collaboration with district local government health and refugee settlement implementing partners, Concern incorporated IMAM and related activities in district and sub-county plans, including strengthening the VHT structure for IMAM and increasing overall nutrition coverage for beneficiaries. Such collaborative efforts ensured full coverage of refugee communities.

This experience highlights that there is a need to increase partner support for IMAM programs for reduced malnutrition in children under the age of five years. With Concern leaving Uganda, collaboration with other agencies has secured a smooth transition of activities to CUAMM and AVSI, ensuring that the necessary support to the districts will continue.

Conclusion

Broadly speaking, the implementation of the Emergency Nutrition Response program in West Nile has been a success for Concern. Capacity building of district local government health workers continues to be a pre-requisite for more sustainable programming in the districts. Concern has demonstrated that it is possible for local government to own and sustain emergency response programs if empowered with the necessary knowledge and skills, working at both district and community level for maximum impact. Strong coordinated partnerships between implementing agencies led by district local government are imperative to ensure that reporting and coordination of services are well aligned.

Community linkages are necessary and important for both preventative and successful management of acute malnutrition. Although support to community linkages requires dedicated long term programming and funding, and a robust monitoring and evaluation system, the benefits of this type of programming are rewarding and ensure that the root cause of malnutrition are well understood and can be solved over time.

While there has been a premature exit of Concern from West Nile, the partnership with UNICEF in collaboration with the district local government, other nutrition implementing partners and stakeholders will ensure continuity of nutrition interventions.

References and content notes

To be added from all pages

Documents/resources you feel may be of use to the reader

[5] Source; Concern Worldwide Nutrition database, 2015-2017