

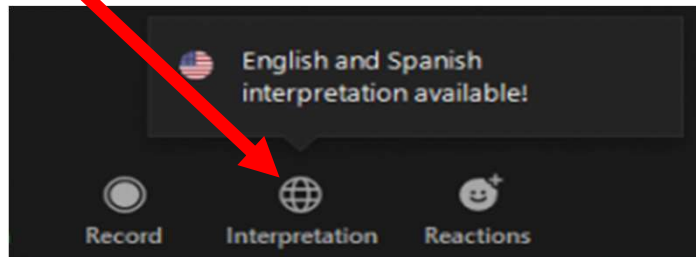
Delivery System for Scale Webinar Series

Where 'Exceptional Circumstances' Are Not So Exceptional

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

Delivery System for Scale Webinar Series

Where “Exceptional Circumstances” Are Not So Exceptional:
A strategic approach to adapting the management of child wasting in emergency-prone contexts, including through the use of simplified approaches

September 26th, 2023

2:30pm GMT+1/CET/Geneva



Webinar Working Group



Supporting Donors



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



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

Webinar Objectives:

- Highlight the work of countries who have established a more strategic approach to adapt the management of child wasting in exceptional circumstances
- Better understand, support and learn from their experience

Webinar Agenda

- Introductions
- Opening Remarks
- Country Experiences: Somalia & Nigeria
- Q&A
- Closing

Today's Speakers



Elyn Yakowenko
Project Director, Scaling Nutrition
International Rescue Committee



Simon Karanja
Nutrition Cluster Coordinator, Somalia
UNICEF



Grace Funnell
Nutrition Specialist, Child Wasting
UNICEF



Gabriel Ocom
Emergency Nutrition Specialist
UNICEF, Somalia



Martha Nakakande
CMAM/YCF-E Advisor
Technical Support Team, GNC Technical
Alliance
International Medical Corps



Solomon Atuman
Nutrition Coordinator
FHI 360, Nigeria



Opening Remarks

**Grace Funnell, Nutrition Specialist, Child Wasting,
UNICEF**

Adapting the Management of Child Wasting during Exceptional Circumstances

- According to the 2022 Global Report on Food Crises, a total of 42 countries are experiencing high levels of food and nutrition insecurity; 8 million children with severe wasting and 27 million children are living in severe food insecurity in 15 countries alone. In these humanitarian contexts, continued efforts for the early detection of children with wasting, and their management remain critical.
- Exceptional circumstances refer to a complex and/ or challenging context resulting in negative effects on treatment services or the target population. Whilst there is no specific set of criteria to determine an exceptional circumstance, there are number of contextual questions to consider such as accessibility of health services, deterioration of nutritional situation, resulting in increased rates of child wasting, unforeseen pipeline breaks, etc.

Adapting the Management of Child Wasting during Exceptional Circumstances

- The new WHO guideline on the prevention and management of wasting and nutritional oedema provides the ‘gold standard’ for wasting programming.
- In exceptional circumstances, and as part of a response to a time-bound acute emergency, some adaptation of standard protocols may be needed and will remain for emergency-only programming and services.
- The Simplified Approaches (e.g., simplified protocol), as is, are not part of the new WHO guidelines.



Adapting the Management of Child Wasting during Exceptional Circumstances

- The package referred to as ‘simplified approaches’ has been instrumental in testing new ways of delivering services to children and their families in a variety of contexts and allowing for continued delivery of life-saving services during emergencies and other challenging contexts.
- Many countries adapted one or more of these modifications as appropriate to their specific context during emergencies, such as the COVID pandemic, and a few have gone a step further by defining when to introduce certain adaptations to the standard protocol in national emergency SOPs.
- These efforts require close coordination with the MOH and key stakeholders at country level to define if, when, how to activate adaptations to the standard protocol.



Today we are here to learn from these experiences!



Somalia

Why was the strategy developed?

To address the following challenges:

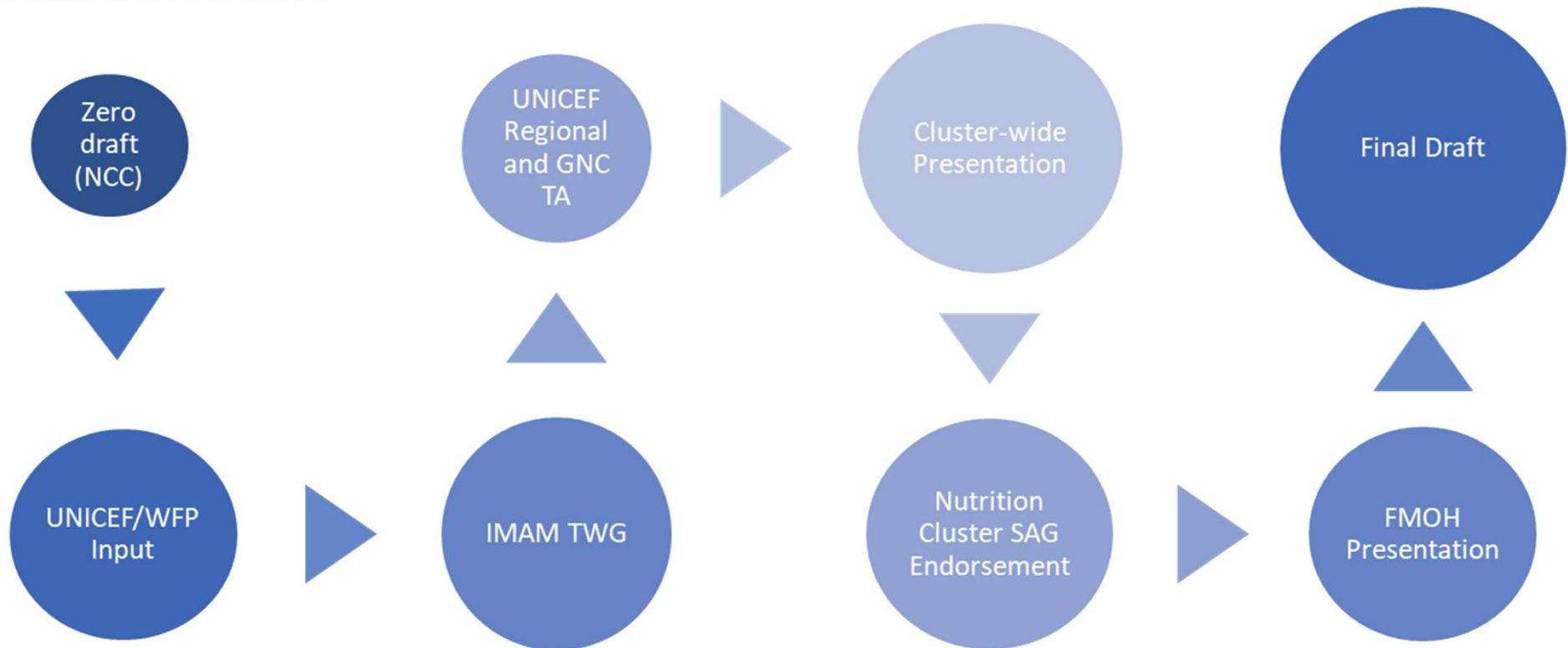
- Gaps in MAM treatment due to pipeline issues
- Difficulty extending services to hard-to-reach and/or rural areas
- Issues in ensuring continuum of care
- Scale up early detection and referrals

Why was the strategy developed?

Strategy could:

- Provide clarity on when and where (locations) to activate, as well as the most appropriate approaches
- Establish a systematic framework for the activation and management of supplies
- Develop systematic reporting channels and tools
- Guide on documenting lessons learnt and generate evidence

How was the strategy developed?



What does the strategy contain?

**Scenario for
Activation**

**Approaches to be
Adopted**

**Deactivation
Criteria**

What does the strategy contain?

Scenario for Activation	Approaches to be Adopted	Deactivation Criteria
<p>Scenario 1:</p> <p>Current national/regional pipeline break of nutrition supplies* for the treatment of MAM** or SAM for more than 2 months or absence of either OTP or TSFP services</p> <p>AND</p> <p>District with a GAM rate of $\geq 10\%$ with aggravating factors.</p>	<ul style="list-style-type: none"> Expanded Admission Criteria and Use of a Single Product for treatment of all uncomplicated cases of acute malnutrition in either OTP or TSFP Family MUAC 	<ul style="list-style-type: none"> National commodity pipeline breaks are resolved, and supply availability is assured for more than 6 months. Establishment of either OTP or TSFP sites in locations where expanded criteria were triggered as a result of an absence of either. GAM rates have reduced to $<10\%$ without aggravating factors

What does the strategy contain?

Scenario for Activation	Approaches to be Adopted	Deactivation Criteria
<p>Scenario 2</p> <p>Hard-to-reach and inaccessible locations</p> <p>AND/OR</p> <p>Lack of either SAM or MAM treatment services.</p> <p>AND</p> <p>Locations with a GAM rate of $\geq 15\%$ with aggravating factors.</p>	<ul style="list-style-type: none"> • Expanded Admission Criteria and Use of a Single Product for treatment • Reduced frequency of follow-up treatment: • Family MUAC <p>OR</p> <ul style="list-style-type: none"> • CHW-led treatment of wasting (integrated into iCCM) 	<ul style="list-style-type: none"> • Area has become accessible. • OTP and or TSFP established and operational for at least 3 months • GAM rates have reduced to 10-14% without aggravating factors • GAM rates have reduced $<10\%$ with aggravating factors

Overcoming Challenges (1)

CHALLENGE

RECOMMENDATION

1. Lack of timely and comprehensive nutritional data

Investment in a comprehensive surveillance system

2. The district-level data on Global Acute Malnutrition (GAM) is deemed to be unreliable

Surveys by UNICEF and Agencies to complement FSNAU assessments

3. Insufficient site-level RUTF/RUSF stock status to guide on activation decision making.

Improve on site level monitoring of nutrition supplies

4. Delay in formal approval of the SOPs by the FMOH - government bureaucracy

Capacity building for FMOH a

High-level advocacy to fast-track formal endorsements

Overcoming Challenges (2)

RECOMMENDATION

5. UNICEF's lack of a clear commitment to promote the single product RUTF - Concerns that UNICEF will bear the burden of raising cash for more resources (the MAM target is double the SAM).

- Target only critical areas
- districts with zero WFP presence
- UNICEF/WFP commitment to support the approach

6. Mismatch between MAM projected load and admissions. WFP targets 100% of the burden, but partners report more needs.

- In-depth analysis of programme vs. projection to refine caseload calculation

Insufficient basis for simplified techniques...Why is SP needed if WFP targets all MAM cases?

7. The absence of a comprehensive supplies monitoring system and concerns over the diversion of humanitarian resources

- advocate for investment in real-time monitoring

Overcoming Challenges (3)

CHALLENGE	RECOMMENDATION
8. WFP and UNICEF operational differences: nutrition partners choose Ready-to-Use Therapeutic Food (RUTF). WFP operates less flexibly than UNICEF.	Target one partner for both OTP and TSFP
9. Low technical capacity among cluster on the exceptional circumstances' approaches	Continuous capacity building for cluster partners
10. Lack of clear definition of "vulnerable MAM"	Provide contextual definition: <ul style="list-style-type: none"> - Location based - Anthropometric?

Overcoming Challenges (4)

CHALLENGE	RECOMMENDATION
11. The presence of a low-level field monitoring environment has led lead to fear of risk to aid diversion.	<ul style="list-style-type: none"> - No regrets approach - Robust remote monitoring strategies
12. Information management system doesn't include reporting of exceptional circumstances programming	<ul style="list-style-type: none"> - Define clear indicators - Develop reporting tools - MAM treated using RUTF should be reported to whom? Both UNICEF and RUTF

Where are we now?

- FMOH's provisional approval
- Three hard-to-reach districts formally implementing EAC – cluster endorsed, and UNICEF supported.
- Family MUAC roll-out not in scale

Looking Forward

Leverage on the following:

- IMAM scale-up framework development for 2024
- Proposed revision of National IMAM guidelines to incorporate the new WHO guidelines recommendations
- Increased UNICEF / WFP commitment
- Improve subnational coordination
- Planned rationalization – reduce fragmentation of services
- Migration to DHIS2 nutrition reporting
- GAP Framework



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Areas to Support



- Advocacy workshop targeting high level governments officials for endorsement and buy in.
- Immediate capacity building for all cluster partners
- Benchmarking with similar context successfully implementing the approaches
- Somalia contextual definition of “vulnerable GAM”
- Revision of the IMAM national guidelines (incorporate all aspects of the Exceptional approaches elements)
- Development of reporting tools to capture the exceptional circumstances approaches



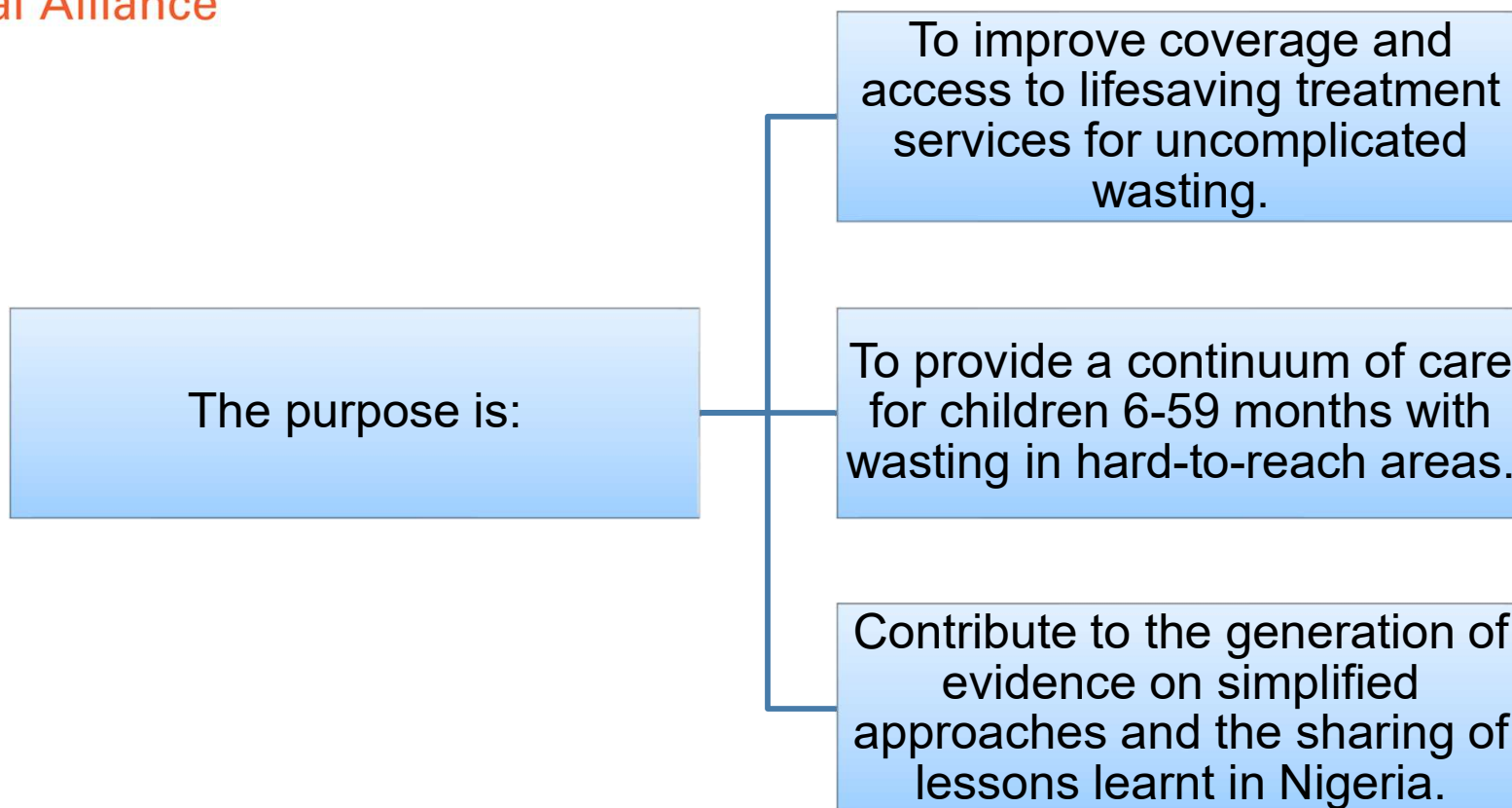
Nigeria

Why was the strategy developed?

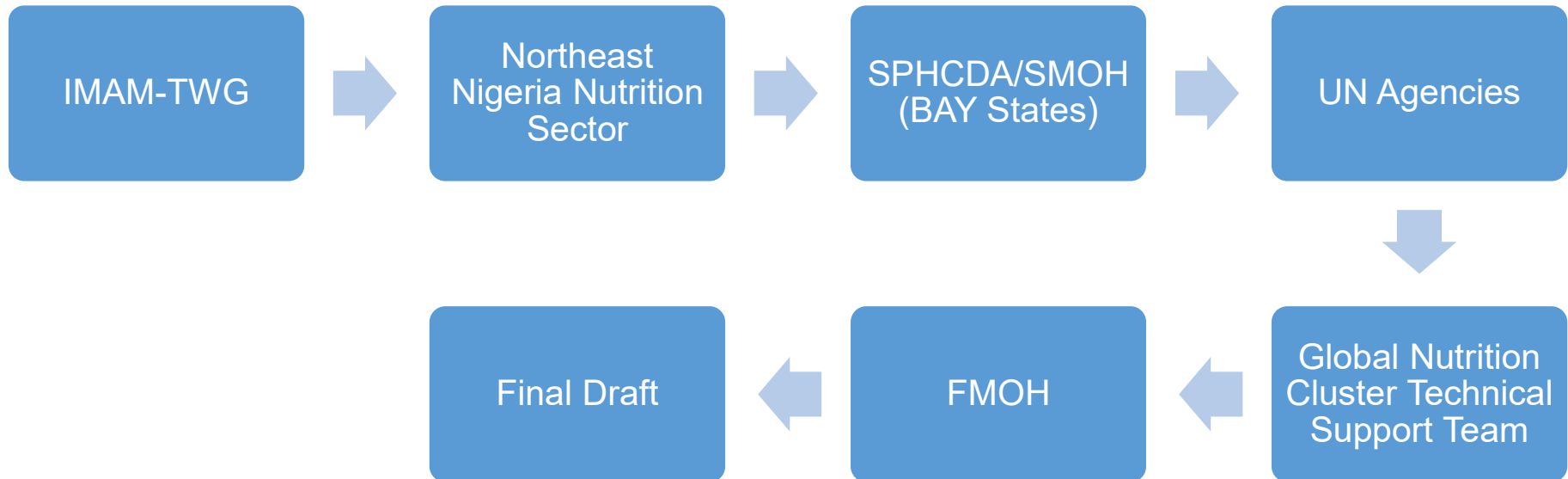
To address:

- Difficulty in the delivery of lifesaving treatment services in hard-to-reach areas
- The effects of the delayed scale-up of services.
- Low coverage nutrition services.
- Implementation challenges faced such as pipeline breaks, limited supervision, unavailability of health personnel, and limited capacity.
- Limited accessibility to existing health facilities
- Other exceptional circumstances as agreed upon by the nutrition sector

Why was the strategy developed?



How was the strategy developed?



What do the strategies contain?

Expanded MUAC admission criteria:
Systematic expansions of MUAC to include more children (12.5cm)

Use of a single treatment product.

CHW-led treatment of wasting:
Management of wasting by Community Health Workers (CHWs)

Reduced Frequency of Follow-up Visits (this operationally implies follow up every 2 weeks for SAM cases and 4 weeks for MAM).

MUAC and oedema only: Admission, treatment, discharge based on Mid-upper arm circumference (MUAC) and/or oedema

Family MUAC:
Engaging family members to screen and refer their children

What are the trigger conditions and which approaches/adaptations are outlined?

Exceptional circumstances/ Scenarios	Adaptation	Service Delivery Point
Pipeline Breaks (stockouts, delays)	<ul style="list-style-type: none"> • Single product for treatment (RUTF) • MUAC and oedema only • Family MUAC 	Health facility/hospital, Outreach/mobile clinic, community health post,
Hard-to-reach areas (poor accessibility for partners, no TSFP)	<ul style="list-style-type: none"> • CHW-lead treatment • Reduced visits frequency • MUAC and oedema only • Family MUAC • Single product for treatment (RUTF) 	Health facility/hospital, Outreach/mobile clinic, community health post

What are the trigger conditions and which approaches/adaptations are outlined?

Exceptional circumstances/ Scenarios	Adaptation	Service Delivery Point
Human resources challenges	<ul style="list-style-type: none"> • MUAC and oedema only • CHW-lead treatment • Reduced visits frequency • Family MUAC • Single product for treatment • Expanded admission for MUAC 	Health facility/hospital, Outreach/mobile clinic, community health post, central location in the community
Poor services utilization	<ul style="list-style-type: none"> • CHW-lead treatment • Reduced visits frequency • Family MUAC 	Health facility/hospital, Outreach/mobile clinic, community health post, central location in the community



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Simplified Approaches Decision Tree



Prior to implementing the simplified approaches, the nutrition sector coordination desk together with SMOH, SPHCDA, UNICEF, WFP and IMAM TWG will ensure that:

- All partners, health and local authorities and community are aware of the simplified approaches. This can include information on what the simplified approaches are, why they are to be implemented in the area, the specific adaptations to be implemented, the target population, implications, and duration.
- There is operational technical capacity to implement the chosen adaptations and a support system in place to ensure capacity strengthening prior to and during implementation.
- The supplies necessary are available (RUTF, MUAC tapes, RUSF, routine medications, WaSH kits, data collection and reporting etc.) and sufficient and there is a buffer stock to cater for any changes in caseloads.
- There is a proper data collection, monitoring, and reporting system in place to ensure effective reporting on implementation, and documentation of lessons learned.

Areas of implementation and duration of Intervention

- Priority will be given to areas with IDPs (including returnees and those relocated).
- Other factors to consider include hard-to-reach areas with aggravating factors such as limited access to WASH.
- The implementation of the Simplified Approaches is a temporary strategy to save lives.
- The Simplified Approaches will be rolled out for a period of 3 to 6 months.
- The implementation of the Simplified Approach will be stopped immediately upon WFP, UNICEF, and partner's scale-up of OTP/TSFP and/or other malnutrition prevention and nutrition sensitive programmes leading to changes in the aggravating factors in the specified locations.

What challenges were encountered?

- Poor communication
- Unavailability of supplies
- Limited technical capacity
- UN Agencies differences in operation

Where are we?

- The SOP has been validated by the FMOH
- Operational in the NE-Nigeria
- Use of single product yet to be implemented

Q&A

**Next steps
and closing!**

Looking for support in Nutrition in Emergencies?

	Type of supported needed	Provider
1	I want remote or in-country technical support	GNC Technical Alliance
2	I want to hire a consultant directly	GNC Technical Alliance Consultant Rosters
3	I want quick technical advice	GNC HelpDesk
4	I want peer support	www.en-net.org

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

Where to find the Alliance

The image displays a composite of three screenshots from the website ta.nutritioncluster.net. On the left is the homepage, featuring the logo for the Global Nutrition Cluster Technical Alliance and a large banner with the text 'Techn Assist Nutrit Emerg'. The central screenshot shows a 'Request form' with the following fields: 'Name and Surname', 'Email Address', 'Type of Organization' (dropdown), 'Location' (dropdown), 'Region' (dropdown), 'Type of Enquiry' (dropdown), 'Request Urgency' (dropdown), 'Subject of Request', and 'Description'. On the right is a browser window showing a 'Request Support' button and a search icon.

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it will take less than 5 minutes
(it will pop up when you close the webinar)