Reaching the Unreachable

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

Webinar Briefing Note

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Introduction

Wasting is a life-threatening form of undernutrition in early childhood that increases a child's risk of death up to 12 times more than their well-nourished counterparts. Over the past 20+ years, there have been remarkable advancements in the treatment of child wasting, including the development of ready-to-use foods (RUFs), the community-based management of acute malnutrition (CMAM) approach, and more recently, a broad suite of program adaptations often referred to as simplified approaches.[1] Yet despite these advancements globally, child wasting continues to be heavily prevalent and alarmingly persistent, particularly in South Asia and Sub-Saharan Africa. In 2023 alone, wasting continued to affect approximately 45 million children under five worldwide[2] and amid the current food and nutrition security crisis, UNICEF estimates that in the 15 worst affected countries, wasting has increased at an unprecedented rate–with one additional child experiencing severe wasting every minute.[3]

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Meanwhile, the coverage of wasting treatment – i.e., the proportion of children eligible to receive treatment services in comparison to the number who actually receive that service – has remained stubbornly low, with only one in three children with severe wasting receiving the life-saving treatment they require. Coverage tends to be especially low approaching the 'last mile' (i.e., the last leg in point-of-service delivery) and the challenge is particularly dire in areas with limited humanitarian access (e.g., from either environmental or conflict-related insecurity).

In recent years, a variety of innovative approaches have been developed to increase coverage by extending the provision of child wasting services to the last mile. This briefing note is the result of a webinar organized by UNICEF, the International Rescue Committee (IRC), Action Against Hunger and Save the Children on behalf of the Delivery System for Scale project.[4] The webinar – "Reaching the Unreachable" – was organized with the generous support of the Global Nutrition Cluster Technical Alliance on September 20th 2023, with the goal of highlighting the experience of three INGO country programs in extending treatment for child wasting to the last mile through the use of mobile treatment teams in Pakistan, Somalia and Ethiopia.

1 For more information, visit the Simplified Approaches website.
2 Joint Malnutrition Estimates, 2023 Edition.
3 No Time to Waste, UNICEF 2022.
4 The Delivery System for Scale project was implemented from 2022-2023 by the International Rescue Committee, Action Against Hunger and Save the Children, with the support of UNICEF. The project provided technical and operational support to UNICEF country offices in high-burden countries, aiming to accelerate efforts to bring child wasting treatment to scale.

Strengthening delivery of child wasting treatment in challenging contexts

Opening Remarks

Stanley Chitekwe, Chief of Nutrition, UNICEF Ethiopia

Stanley emphasized the importance of continuous learning to strengthen the delivery of child wasting treatment through mobile teams, acknowledging that a large proportion of those children affected by child wasting worldwide reside in disaster-prone and conflict-affected contexts. He reminded the audience we already have a good understanding of why these children are not receiving the treatment they require; for example, their caregivers may lack awareness about when and where to seek treatment locally, lack resources to travel to health centers, or experience a high opportunity cost (e.g., loss of income) even if/when they know when and how to access care. As a result, one major factor limiting treatment coverage is the distance to the nearest point of treatment service delivery.

Disasters (e.g., flooding) and insecurity make access even more challenging and in resource-limited contexts with sub-optimal infrastructure and weak health systems, the role of the humanitarian community and Government partners is critical to find innovative solutions. He underscored that delivery of child wasting treatment through mobile nutrition services, in particular, is an example of such a solution, noting that Ethiopia's mobile health and nutrition teams (MHNTs) have been a critical component of the humanitarian response to the Northern Ethiopia crisis since November 2020. Because health facilities were damaged and most health workers were displaced by the conflict, MHNTs provided a critical operational alternative to service delivery, without which thousands of children would have gone without treatment for severe wasting. Stanley concluded by emphasizing the need to share country-level experiences – including what worked well (or did not work and should be reconsidered) – to other contexts.

Breaching Barriers to Wasting Treatment in Pakistan

Fatima Amin, Head of Department for Health, and Nutrition, Action Against Hunger Pakistan

Fatima explained that, with a child wasting prevalence of over 17%,[5] Pakistan has one of the highest malnutrition rates in the South Asia. The country is also home to more than 3 million Afghan refugees, most unregistered and in high-need for integrated health and nutrition interventions.

In 2022, devastating floods affected over 33 million people nationwide, with massive impacts on food and nutrition security. In response, Action Against Hunger ensured the continuity of service provision to wasted children through outpatient treatment via mobile teams and community-level screening and referral via community health worker (CHW) mobilization to maximize access to the treatment program. Meanwhile, in harder-to-reach areas farther from health facilities, CHW were trained and mobilized to lead treatment in specially equipped community centres. In parallel, Action Against Hunger also adapted an integrated package of interventions, including primary healthcare, multi-purpose cash transfers, micronutrient supplementation, and mental health to be delivered simultaneously at the point of service delivery.

Access was a major challenge, exacerbated by the lack of trained staff that could be used for immediate response at the start of the crisis. As a result, Action Against Hunger has emphasized the need for on-going capacity building of local staff, delivered in coordination with district and provincial government in disaster-prone regions, to build preparedness and increase the potential speed of response. In addition, in response to the observed gaps in the supply chain of nutritional commodities, Action Against

5 Pakistan National Nutrition Survey (2018).

Hunger has worked to mobilize framework agreements for supply provisions and logistics, as well as improve the local market for procurement. Finally, given damages to infrastructure (including hospitals), Action Against Hunger has adopted a wider, health systems strengthening approach, closely coordinated with the national Department of Health, to ensure continuity and integration of care, even in the face of a disaster.

Approaches to Nutrition Interventions in Hard-to-Reach Areas of Somalia

Adan Yusuf Mahdi, Senior Nutrition Technical Specialist, Save the Children Somalia

Adan identified a multitude of factors in Somalia that limit access to treatment – e.g., fragile health system, limited infrastructure, conflict, environmental issues and more. In response, Save the Children has developed an comprehensive package of interventions for hard-to-reach areas, including CMAM integration into primary healthcare facilities, delivery of treatment services through mobile nutrition teams, partnership with CHWs or nutrition volunteers, building community capacity to find and treat children (including through Family MUAC).

Of particular focus was increasing the mobile team's coverage into newly accessible and/or harder-to-reach communities, with emphasis on a care pathway that is inclusive of small and nutritionally at-risk infants (less than 6 months old) and their mothers. A joint mapping enabled site selection, which was facilitated with the agreement of community leaders. Meanwhile, joint supervision of the mobile team between Save the Children and local authorities (Ministry of Health and community leaders) ensured collective ownership and accountability. Security to the last mile was enabled with additional community support to the mobile team's movement plan and continual updates to the supply allocation plan ensured alignment between nutrition commodities and target beneficiaries. Finally, a nutrition supply and accountability sheet – signed by beneficiaries upon receiving supplies – strengthened trust and monitoring even at the level of the dispersed communities.

During the presentation, Adan emphasized the importance of partnership – both with local authorities and with the affected communities themselves – as a means of ensuring safety of staff and beneficiaries, facilitating real-time remote monitoring, and managing a robust supply chain for nutrition commodities. He also highlighted the benefit of building upon and bolstering local capacity, including through the training of local community health workers, which he noted not only creates jobs but also maximizes their potential local impact in these hard-to-reach areas.

Extending Life-Saving Health Services to Communities in Ethiopia

Yemane Tsegaye Haile, Health and Nutrition Program Manager, IRC Ethiopia

Yemane flagged that, in June 2022, the Tigray Emergency Food Security Assessment reported a dire nutritional situation – approximately 30% of children were identified as wasted and 6% severely wasted. He also noted that, despite humanitarian emergency efforts, the situation persisted 9-months into the conflict with very little improvement in prevalence numbers. Yemane identified both supply-side (e.g., location of services, availability of personnel) and demand-side barriers (e.g., cultural preferences, education) that impede access to child wasting treatment in Tigray, and explained that this is why IRC believed that mobile treatment was the best fit for providing emergency nutrition services in this context. The mobile team was well-adapted to move from one location to another using culturally-appropriate local transportation (such as camels and/or donkeys or mobilizing through the communities for alternative means of transport). This adaptation improved the security of staff in remote locations and also provided a means to overcome fuel shortages.

Nutrition teams were deployed at the time of humanitarian distributions to maximize the number children screened through the 'Find and Treat' campaign. However, given on-going nutritional supply shortages, internally-displaced and the most conflict-affected communities were prioritized. IRC emphasized that stakeholders must prioritize the availability of adequate nutrition supplies, in line with local estimates of the target population, and that UNICEF and WFP should work closely to ensure such availability to local treatment delivery teams. Through such collaboration and coordination among Government, partners and UN agencies, he expects a significant increase in screening and treatment coverage, despite delivery in such challenging contexts.

Digging into the Discussion: Q&A with Webinar Participants

After their presentations, the panellists from Pakistan, Somalia and Ethiopia fielded questions from the audience and engaged in a lively discussion to dig into the details of each of their experiences and lessons learned. Common emergent questions included how to handle management of the supply chain when providing services to the last mile, how to strengthen the capacity of community health workers to ensure continuity and quality of care to the last mile, and integration of child wasting treatment with other health services, especially primary healthcare services.

To this end:

- In Pakistan, Fatima explained that Action Against Hunger relied on building the capacity of local communities to securely maintain local stocks of nutrition commodities and medicines. Further, they use local markets to reduce delays and shortages of supplies, with close monitoring and preparation in the early phases of a response.
- In Somalia, Save the Children worked closely with local authorities and communities to ensure that mobile teams visited settlements at least one day per week, as well as to ensure the mobile team's understanding of the community's priorities so as to adapt services to their needs.
- In Ethiopia, IRC deployed the mobile health and nutrition teams in local health facilities in an effort to strengthen service capacity by providing incentives to local health workers, as well as required medications and medical supplies, when needed.

Summary

This webinar gave its audience the opportunity to hear specific examples from Pakistan, Somalia and Ethiopia, where implementing partners have deployed innovative means of 'Reaching the Unreachable' through mobile child wasting treatment delivery. Panellists from Action Against Hunger, Save the Children and the IRC explained that such approaches are multifaceted and must be adapted in context-specific ways; however, all three country-level experiences underscored the importance of being flexible and adaptable when circumstances change as well as working in coordination with local communities and authorities to build capacity and ownership.

A recording of the full webinar, including translation into English, Spanish, French and Arabic is available on the GNC Technical Alliance website here.

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