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Lessons from Health and Nutrition-Related Interventions During Crisis to Inform Future Responses

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What have we learned from the World Bank response to crisis situations in the past decade? This note presents nine lessons from nutrition projects that supported interventions in crisis situations between 2009 and 2019 with the objective of informing the ongoing COVID-19 crisis response. These projects included components responding to natural disasters (floods, droughts, cyclones, and so on), epidemics (Ebola, Avian influenza), human disasters (such as fragility and conflict situations), and crises such as the global food and financial crisis.

Methodology

The Independent Evaluation Group identified the lending portfolio of nutrition-related projects between FY08 and FY19 in its recent evaluation of the World Bank support to reduce child undernutrition.[1] The nutrition portfolio comprises 282 projects. This crisis response exercise reviewed closed nutrition projects to identify interventions addressing crisis situations. The Independent Evaluation Group identified 38 closed projects across health, agriculture, social protection, and water sectors, which addressed a range of urgent needs related to nutrition determinants (such that dietary intake, maternal and child health, and access to food and care, health, and water). Special attention was given to the underlying factors explaining projects' results. Thus, success and challenge factors were extracted from Implementation Completion and Results Reports, Implementation Completion and Results Report Reviews, and Project Performance Assessment Reports of the projects. These factors were qualitatively reviewed to identify aggregate lesson areas across projects that could help inform future crisis *responses.* About three-quarters of the projects had crisis interventions in the original project design, and the remaining projects added the crisis support during implementation through restructuring or additional financing.

1 World Bank. Forthcoming. *The World Bank's Support to Reducing Child Undernutrition. Independent Evaluation Group*. Washington, DC: World Bank.

Findings

The following discusses lessons from the experience of projects that supported nutrition interventions in crisis situations (box 1).

Box 1. Lessons to Address Nutrition in Crisis

i. Intensifying nutrition interventions during crisis is best done using existing community platforms.

ii. Expanding social safety nets has helped protect households with young children, in terms of access to caregiving resources and nutritious food.

iii. Ensuring adequate human and financial resources during the crisis is critical to sustaining delivery of essential nutrition services and to prevent deterioration.

iv. Existing community platforms are a good vehicle to communicate positive behaviors in crisis, such as those related caregiving of children, the use of essential services, and sanitation.

v. Contracting nongovernmental organizations to engage with local government has been effective in reinforcing the delivery of intervention packages in communities.

vi. Innovations to deliver nutrition interventions have been successfully tested during crisis, and learning from these has informed systems improvements during the recovery stage.

vii. Integrating agricultural approaches (such as home gardens) in emergency interventions has contributed to building resilience against food insecurity.

viii. Measuring beneficiary feedback helps address bottlenecks and improve implementation.

ix. Measuring the results of nutrition interventions during the epidemic and recovery stages is important for accumulating learning on what works.

Lesson 1. Intensifying nutrition interventions during crisis is best done using existing community platforms. In Benin, the Krygyz Republic, the Lao People's Democratic Republic, Madagascar, Nepal, and Senegal, existing community-based nutrition and health platforms were used to intensify nutrition interventions. This involved beneficiaries—especially local leaders and women—in the diagnosis, planning, monitoring and evaluation, and implementation of crisis interventions. It also had the added benefit of strengthening the institutional capacities of existing coordination structures in districts and communities and in networks of frontline workers. The community platforms and groups were already organized with support networks and empowered with the trust of community members. The crisis interventions leveraged these networks to ensure appropriate processes for delivering interventions. In Madagascar and Nepal, the role of women living in target

communities was important in ensuring the success of nutrition interventions, and interventions had the longer-term benefit of raising the status of the women in their families and communities.

Lesson 2. Expanding social safety nets has helped protect households with young children, in terms of access to caregiving resources and nutritious food. Emergency interventions in the Kyrgyz Republic, Madagascar, Senegal, and Togo used safety nets to enhance food availability in households and reach vulnerable children. In Senegal, the nutrition project used the existing community-based nutrition program and its monitoring system to track the benefits of safety nets to young children. In Madagascar, the social protection program enhanced the availability of nutritious food, support to income generation and assets for the family, and advice to households with children from nutrition agents. The social protection program had the advantage of a large network of trained staff with a constant presence in communities and mechanisms to reach vulnerable households. In El Salvador, during the financial crisis, social protection was important in safeguarding the health, nutritional, cognitive, and social outcomes of young children living in the poor and violent urban slums.

Lesson 3. Ensuring adequate human and financial resources during the crisis is critical to sustain delivery of essential nutrition services to prevent their deterioration. The ongoing commitment and financing of government nutrition programs during crisis is a key factor to avert a worsening situation and ensure the availability of services, especially for poor people and most vulnerable. During crises, health and nutrition projects in Madagascar and Central African Republic were restructured to support preserving services and arresting their further deterioration. This was achieved through well-timed analytical work, proactive dialogue with government, and the use of data on the situation. The experience of the Afghanistan Health Emergency project points to the importance of health services having funds for recurrent costs (personnel, drugs, materials, supervisions, and other operating costs) to ensure ongoing functioning during a crisis.

Lesson 4. Existing community platforms are a good vehicle by which to communicate positive behaviors in crisis, such as those related caregiving of children, the use of essential services, and sanitation. A focus on positive examples of practices already adopted can be an effective entry point for discussion. Senegal's nutrition program reveals the importance of having precise messages on behaviors, built on positive examples. The Togo (pilot cash transfer) and Madagascar (supports to community-based nutrition) experiences reveal the importance for behavior change of well-designed monitoring and evaluation, which involves more systematic identification and prioritization of targeted behaviors. Togo's experience also highlights the importance of evaluating the effect of behavior change interventions on the adoption of behaviors as a tool for learning and fine-tuning approaches. The Benin nutrition project identified factors for effective communication,

including those that align with local culture, values, and beliefs; overlap with powerful motivations (child health and survival); are achievable and relatively easy to act on; are frequently reinforced and supported by local leaders; and achieve demonstrable results.

Lesson 5. Contracting nongovernmental organizations (NGOs) to engage with local government has been effective in reinforcing the delivery of intervention packages in communities. The Central African Republic Health System Support Project finds that NGOs make it possible to deliver a flexible, well-prioritized package of health services efficiently and cost-effectively even in a difficult, deteriorating security situation. NGOs had a comparative advantage in forging alliances and agreements with local leaders and adapting to specific local situations. This was also seen in Mali and Madagascar. Key considerations for the design of the NGO contracts were the need to transfer learning to develop government capacity, the exit or continuity plan for when the World Bank project closed, and the use of performance-based measures.

Lesson 6. Innovations to deliver nutrition services have successfully been tested during crisis; learning from these has informed systems improvements during the recovery stage. The testing of innovative approaches to delivering services can lead to new and improved models for local services. This learning can support emergency interventions and identify which innovations to adopt over the longer term to improve systems. Some emergency projects test and compare service delivery by NGOs and the government, facilitating learning and informing improvements in delivery mechanisms, outreach, and contract management (for example, El Salvador emergency recovery and health project and Afghanistan health sector emergency project).

Lesson 7. Integrating agricultural approaches (such as home gardens) in emergency interventions has contributed to building resilience against food insecurity. Somalia's emergency drought project combined emergency support with interventions to restore agricultural and pastoral production. The evaluation of the Tajikistan agriculture and water management project points to the need to combine short-term income support with medium-term support on agricultural productivity to address rural food security and policy reforms. The Senegal nutrition enhancement project developed more than 1,300 backyard gardens to provide households with some resilience to food insecurity. In the Central African Republic and Niger, not combining emergency aid with support to agriculture and food production approaches is seen as a missed opportunity to link humanitarian interventions with long-term development needs.

Lesson 8. Measuring beneficiary feedback helps identify bottlenecks and improve implementation. Projects in the Kyrgyz Republic used beneficiary assessments to understand service quality from the perspective of the population, not just patients. A rapid assessment tool was used to

identify those disproportionately affected by the crisis, reach out to such families, and improve program oversight. In Senegal, a survey was used to inform the expansion and intensification of community-based nutrition activities in districts in which the impact of the food crisis and drought were mostly felt. The Afghanistan health emergency project experience monitored service access by poor people through surveys of patients and households. The Togo pilot cash transfer project monitored beneficiary access to safety nets through a well-designed results framework, with clear data collection sources.

Lessons 9. Measuring the results of nutrition interventions during the epidemic and recovery stages is important for accumulating learning on what works. Projects stop measuring results after the epidemic or do not measure results of epidemic interventions. The reasons for this include (i) the challenges of measuring prevention and emergency preparedness, especially when there is no epidemic outbreak; and (ii) the small share of epidemic interventions integrated into a project relative to the cost of the entire project. The Guinea social safety nets project reports limited results of its Ebola support. A similar challenge is seen in other projects addressing epidemics, for example, in the Arab Republic of Egypt, Malawi, and Senegal. Conversely, the Nicaragua community and family health project used monitoring and evaluation to show how the project interventions helped prevent a rise in the number of dengue and chikungunya cases and related mortality over several years.

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