2022 CLA CASE COMPETITION

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Case Title:

Crisis Modifier Fund (CMF): means to minimize damages and safeguard well-beings

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Organization: USAID:Transform Health in Ethiopia

Somali drought response through CMF, mobile health service. Photo Credit: USAID Transform HDR Activity field team in Somali region

Summary:

USAID Transform Health in Developing Regions (T-HDR) is an Activity co-created with the Ministry of Health of Ethiopia to address the health inequity based on evidence during the end of the MDG period. The 2016 demographic health survey revealed stark health outcomes disparity among the different regional states of the country, mainly in pastoralist dominated regions, Afar and Somali. These regions are characterized by poor health outcomes and the health system has been challenged by recurrent shocks like flood, drought, disease outbreaks and inter-communal conflicts.

USAID Transform HDR is a five-year health development Activity aimed to increase availability of and access to high impact maternal and child health services with health system strengthening initiatives. Though the Activity designed to operating in areas where recurrent shocks are common, mitigation resources are not included to minimize their negative effects on implementation and gains the Activity would make. This prompted subsequent discussion platforms with USAID mission during the first two years of the Activity on how to deal with such shocks and their after effects. The Activity under the Mission's adaptive management received amendment to include 'Crisis Modifier Fund' (CMF) mechanism to address the potential risks due to shocks.

The CMF has been cushioning the Activity from the recurrent shocks the regions have been experiencing and contributed to minimize the negative impacts on availability of uninterrupted health care services, damage on human lives and ultimately safeguard the investment made. In the process it was learnt that collaboration among development and humanitarian partners improved coordination and efficient use of resources.

Which two subcomponents of the Collaborating, Learning & Adapting (CLA) Framework are most reflected in your case? Please reference them in your submission.

- Internal Collaboration
- External Collaboration
- Technical Evidence Base
- Theories of Change
- Scenario Planning
- M&E for Learning
- Pause & Reflect
- Adaptive Management
- Openness
- Relationships & Networks
- Continuous Learning & Improvement
- Knowledge Management
- Institutional Memory
- Decision-Making
- Mission Resources
- CLA in Implementing Mechanisms

1. WHAT: What is the general context in which the case takes place? What organizational or development challenge(s) prompted you to collaborate, learn, and/or adapt?

Ethiopia has been a priority country to development and humanitarian assistances by bilateral and multi-lateral organizations including NGOs for past several years. USAID is one of the major development and humanitarian partners to the Government of Ethiopia. It had provided considerable support in the country's success in attaining health-related MDG goals, mainly child mortality, mortality from communicable diseases and reduction in maternal deaths. The decline was not uniform across the country that prompted USAID to support the co-creation of an Activity, Transform Health in Developing Regions as part of the national Transform Health Program Assistance to address health inequity. The Activity was designed to contribute to the Ethiopia's health sector transformation plan, 2016-2020 and implemented in four developing regional states of the country – Afar, Somali, Gambella and Benishangul Gumuz. These regions, as to the 2016 national health survey, had disproportionately high maternal and child deaths.

The beginning of this Activity, May 2017, coincided with a recent recovery from a protracted and devastating 2016-17 acute cholera outbreak in Somali regional state followed by intercommunal conflicts with huge internally displaced people, Afar regional state recovered from flood, and Gambella experienced sporadic conflicts. The regions were repeatedly experiencing disease outbreaks. For instance, there had been barely a week on the National Epidemic surveillance reporting weeks, 2014-2017, without an outbreak report from one of these regions – could be malaria, cholera, severe acute malnutrition, measles and even an imported wild polio case. The long and porous borders with Somalia, South Sudan, Djibouti, Eritrea and Sudan also make these regions vulnerable to different shocks.

Despite the vulnerability and risks these regions face, the health systems' capacities are limited to either reduce the risks or absorb the different shocks – flood, drought, conflict, and outbreaks of diseases. Ironically, T-HDR, was not up to this level by design to respond to such calamities when they happened. Several humanitarian organizations have contributed to such shocks without long lasting capacity building for the future to adapt and absorb them. Moreover, little was on the development and humanitarian nexus.

2. WHY: Why did you decide to use a CLA approach? Why was CLA considered helpful for addressing your organizational or development challenge(s)?

Amref Health Africa, Ethiopia office, had been implementing EU funded a resilience project in Afar and other pastoral community in Ethiopia that had a crisis modifier mechanism to deal with emergencies. Operating in pastoral communities both in Ethiopia and Kenya, Amref has been pursuing and nurturing adaptive management and collaboration with individuals and organizations to attain its mission. The first six months of the Activity cast more light on the extent of vulnerabilities and risks these regions are exposed. Besides, it was the first health development Activity for USAID in these specific regional states other than the more prevalent humanitarian assistances.
This experience helped us to justify to USAID for a flexible risk-informed and shock responsive approach to minimize the negative effect of such shocks on the well-being outcomes and health system. The Health Team at the USAID mission office in Addis Ababa demonstrated very flexible and adaptive management to understand more on the context of these regions and support solutions to maximize the investment outcome by minimizing the negative impact of the risks and shocks the Activity could experience. The USAID mission created different platforms where IPs could come together to share experiences and learnings to improve resilience and pave ways for the 'Journey to Self-Reliance'. In one of these platforms, we had a chance to portray how we envisioned to address resilience under a topic, 'Partnering to Building Resilient Health System in DRS'. Along with different high impact maternal and child health interventions, we brought the concept of Crisis Modifier mechanism that could be used to modify the negative impacts of shocks. Towards the end of the 2nd year of the Activity, we submitted our proposal to get permission from USAID for a CMF mechanism to respond to shocks the regions might face collaboratively with other implementing partners.

3. How: Tell us the story of how you used a collaborating, learning and/or adapting approach to address the organizational or development challenge described in Question 2.

USAID is one of the oldest and major health development partners to the Ministry of Health of Ethiopia that demonstrated its commitment by supporting the Health Sector Transformation Plan (2016-2020) by co-creating Health Transform Project. To address health inequity, disparity of health outcomes among regions, USAID through Transform HDR Activity is committed to increasing access to high quality maternal and child health services, more women using family planning methods, and strengthening the health system of the developing regional states in the country. These regions, Afar and Somali where the Activity engaged in more districts, are predominantly pastoralists. During the first few months, the Activity engaged in – selection of districts in consultation with respective regional state health bureaus, additional risk analysis and mitigation plan to emergencies with inventory of resilience capacity, and the step by step consultative meetings with USAID on resilience and journey to self-reliance. It has helped us, in addition to existing facts, in designing alternative mechanisms to address or be part of solution to the recurrent shocks – flood, drought, inter-communal conflicts, locust infestation and public health emergencies - these regions have been exposed. Here, the adaptive leadership and management at the USAID mission played a significant role to flexibly agree on the Crisis Modifier mechanism, made modification on the cooperative agreement and allocate funds for the purpose in 2019.

The overall goal of this CMF is to support the resilience capacity of health bureaus of the developing regions to absorb and adapt to shocks within the scope of the Activity, and protect essential maternal and child health services as well the Activity's investment. The Implementation guide was prepared in consultation with the USAID team. The guide indicates the potential shocks and the necessary steps to initiate and trigger the CMF. The identified and agreed steps included – description of the types of shock, the magnitude and extent of the shock, its downstream effects, resource mapping (this includes potential collaborative IPs), request for support from the affected regional health bureaus, and possible interventions to respond to the shock with an indicative budget.

So far, in the past three and half years since the CMF mechanism was effected, twelve responses for variety of shocks were triggered and financed. Six of the responses were for the outbreak of diseases such as measles in children, cholera and COVID-19 while the remaining five were for conflict-induced displacement, prevention of outbreak of diseases, and post-conflict recovery with the recent Somali drought response. The responses have included mobilizing the community for household level health promotion to reduce the risk of outbreak of diseases, supporting an additional surge of health workforce, improving health facility readiness for emergencies, availing additional supplies, and ensuring health care services reach displaced communities. These packages vary depending on the type, magnitude and location of the shocks. The Activity managed to coordinate our efforts with other development and humanitarian IPs to create a synergy for efficiency. Here the flexibility of the USAID management helped the response to accommodate needs that needed their decision. The Activity has collaborated with UNICEF when emergency health kits are required. The CMF in addition to the trust and confidence building roles it played between technical assistance provider, USAID T-HDR, and the affected regional health offices, several well-being outcomes have been registered. Among the list – it was able to reduce occurrence of cholera outbreaks as in the case of Afar's flood incident; minimize markedly the risk of deaths and complications during the outbreaks of cholera and measles in Afar and Somali regions; reached thousands of women and children with mobile health services at IDP sites; decreased the burden for additional health services of host communities due to IDPs, and supported the Afar region in its effort to recover from the armed conflict that caused massive disruption of health services.

4. ORGANIZATIONAL IMPACT: How has collaborating, learning and adapting affected your team and/or organization? If it's too early to tell, what effects do you expect to see in the future?

Amref Health Africa has been implementing health development projects through donors ranging from private to multi-lateral aid organizations in several parts of the country addressing community felt health and development challenges. The regional and sub-regional health offices and beneficiary communities are the primary stakeholders. The organization forged good working relationship and partnership in health project design and implementation through years. Amref has been collaborating with these health offices to reach the marginalized and hard-to-reach communities. The introduction and implementation of the CMF mechanism in the USAID Transform HDR widen its reach and impact on the health system and the beneficiaries. Even if it was not there at the outset by design, it was learned that flexibility and adaptable management could help mend and adjust to context to make a timely corrective decision. Amref has also learned that programs should be designed with a detailed risk analysis and depending on the geographic location, ecosystem, security and stability situation to have in place a risk management mechanism to deal with and reduce the impact of unavoidable risks and emergencies. With only 7% of the entire Transform HDR investment, the CMF had a comparable effect to the investment on the different health interventions implemented to improve access and quality of maternal and child health services as it tried to safeguard this investment. We believe such experiences will harness the emerging flexible and adaptable leadership and management to increase the efficiency of external support in the journey to self-reliance

5. DEVELOPMENT IMPACT: How has using a CLA approach contributed to your development outcomes? What evidence can you provide? If it's too early to tell, what effects do you expect to see in the future?

A friend in need is a friend indeed. A development partner is a partner that exists to support, facilitate support or carry out specific tasks within the agreed framework to improve the health outcomes in partnership with the technical assistance recipient. During such emergencies and when multiple downstream effects of the shock challenge technical assistance, government partner health offices often reach out to both development and humanitarian partners. In this context, USAID Transform HDR has coordinated and facilitated support to regions that are often vulnerable to and at risk of emergencies/shocks. The initial scope of the Activity under the cooperative agreement didn’t include response/support to emerging emergencies or shocks. Two major CLA approaches bridged this nexus between humanitarian assistance needs and safeguarding the investment made by USAID T-HDR Activity – adaptive management and collaboration for efficiency.

The CMF mechanism has become monumental to increase and fostering this nexus. It was able to supported the regions in COVID-19 and non-COVID-19 outbreaks of diseases and other shocks. To mention a few – supported WASH and IPC related materials, supplies and training to targeted health facilities; capacitated community volunteers to disseminate health promotion messages and disease/event surveillance in the community; capacitated district public health emergency management; improve availability and skills of the health workforce to respond to outbreaks of diseases; and provided maternal and child health supplies and medical equipment
In summary, the crisis modifier fund results from a risk-informed and shock resilient programming supported by adaptive management and collaborative efforts to protect healthcare services continuity and safeguard investment, improving the resilience capacity of the health system and well-being outcomes of beneficiaries. Health development activities should include designing risk modifying mechanisms and mapping potential collaborators to coordinate response and recovery efficiently.

6. ENABLING CONDITIONS: How have enabling conditions - resources (time/money/staff), organizational culture, or business/work processes - influenced your results? How would you advise others to navigate any challenges you may have faced?

The success of introducing crisis modifiers is the result of adaptive leadership and management both at donor and IP levels. Understanding the environment we are operating in, and the modifiable risks by coordinating efforts and available resources is critical in safeguarding the investment and minimizing the negative impact on well-being outcomes. The development-humanitarian nexus is a good platform for coordinating efforts and increasing synergy for efficient use of resources and obtaining good results in health development projects. The readiness and capacity of health partners like government sub-national health program coordination offices is another challenge that system strengthening projects should also emphasize.

Transform HDR has mainly been working on the response, but the recovery part of emergency response should be part of crisis modifying mechanism and humanitarian assistance projects. The needs for assistance during such emergencies and the timely availability of resources of the scale are often heavy on development partners until additional resources are mobilized through humanitarian aid. Some of the troubles are beyond the human and structural capacity of the crisis modifier mechanism. So, it is pretty advisable to incorporate a crisis modifier mechanism as a project management tool to address expected and unexpected emergencies that could negatively impact beneficiaries and safeguard development investment.