

# **Module 4**

## **Case Studies**

## Case Study No. 1 – The Gatekeeper

We were able to set up the supplementary feeding station at the village health clinic. It had the biggest yard in the village, surrounded by a live fence. We pitched the temporary tent just inside the gate to the compound. When we first arrived to set up the station, a crowd of women started collecting, curious to see what we were doing. Many of them had children that were seriously malnourished. As they saw the delivery truck pull up to the yard, they became more restless, surging forward, hoping to be first in line to have their children weighed and admitted to the program.

“Get away!” yelled Mr. Kiugu, the old gatekeeper, dressed in a faded military uniform. As he yelled at the women, he brandished a leather whip, and cracked it in the air. “Back, back!” he yelled. The crowd of women parted before him, as he grabbed one of them by the arm and threw her and her baby into the dust outside the fence. “Go away, you baby looks fine!” He stood in front of the gate, and continued to crack the whip. “You,” he called out to one of the women cowering in front of him, “You and your baby can go in.” She disappeared inside the compound.

Question: Identify the violations of rights.

## Case Study No. 2 – The Missing Person

I was registering people for the feeding program. I sat at a bench and marked the names of mothers who came in with their children, one by one. During my break, I went for a walk around the village. I chanced to see a poor woman carrying her malnourished child. “Why aren’t you at the feeding station?” I asked her. She looked at me and shook her head.

“The one at the clinic? No, that’s for the Kikuyu people,” she said. “I am a Luhya.”

“Who told you it was for the Kikuyus?” I asked. “It’s for everyone in the village.”

A policeman was walking by at that moment. “You don’t have to concern yourself about her,” he called to me. “She’s crazy! She has people to take care of her.” He walked up to us. “You don’t need food, do you?” he said to her, his eyes fixed on her eyes.

“No, sir,” she said. “Sorry, sir.” She walked carefully away.

Question: Identify the violations of rights.

Case Study No. 3 –

The long line of men and women had snaked through the yard of the feeding station all morning. As there were no trees in the yard, many of the mothers were seated on the ground with their children, fanning them with leaves.

Ngugi, our project Administrator, had been registering people underneath the terrace of the health center. He was drinking a Coke that he had on the table, as he slowly copied down each recipient's information in his methodical manner. He leaned back on the bench and stretched his arm up to look at his watch. "Time for lunch!" he sighed, and yawned. Without finishing with the person at the desk in the middle of registering, he got up and walked off, taking his Coke with him. The people in the yard watched him walk away.

Question: Identify the violations of rights.



## SUCCESS STORY

# Community Mobilization for Child Nutrition

**Through USAID-funded programs, Malawi is helping rehabilitate malnourished children**



Mr. Simoke volunteers his time at the out-patient therapy clinics where he teaches other parents about nutrition and options for treating children for malnutrition.

*Through support by USAID, Mr. Simoke stresses the importance of male caretakers in the community and has helped make the community-based therapeutic care (CTC) program a credible and trusted system of care in his community.*

Photo: Margaret Khonje, Management Sciences for Health

Three-year-old Grace Simoke was a bouncy toddler until December 2005 when she developed a fever and signs of malaria. Weeks later, Grace's condition worsened when frequent vomiting and loss of appetite left her weak and swollen. Her father, Mr. Simoke, was discouraged by friends from using western medicines, which were thought to cause further harm. For six months, Grace was kept at home because her parents believed the hospital would worsen Grace's illness.

As Grace's condition deteriorated, Mr. Simoke made the difficult decision to take her to the USAID-funded outpatient therapeutic program (OTP) at a nearby hospital. The OTP is part of a newly developed community-based therapeutic care (CTC) program, which provides severely malnourished children with Plumpy Nut peanut butter, a ready-to-use food fortified with essential vitamins, minerals, fats, and calories. Plumpy Nut production in Malawi is the result of a USAID Global Development Alliance project and has been highly successful thus far. Approximately 80% of malnourished children fully recover as a result of Plumpy Nut therapy. The OTP also provides parents with nutritional education on early detection of malnutrition and how to provide their children with nutritious food year round.

At the health center, Mr. Simoke realized that the nutritional program was helpful, not harmful. Mr. Simoke quickly became an advocate of the program in his village. For the next five weeks, he returned to the clinic every Tuesday to replenish his daughter's supplements and learn more about malnutrition, how to detect it, and what the available treatment options are.

Community mobilization is just one component of the holistic, CTC program that is being implemented under USAID to increase the demand of nutritional support in Malawi. In districts where malnutrition rates are very high, entire networks of community members are receiving training and education on nutrition. By expanding the knowledge beyond the health center, children have a better chance of being identified earlier for nutrition programs. With USAID funding, over 1,200 volunteers in the region have been trained on how to identify children with severe and moderate malnutrition and how to manage the children's treatment at home.

Prior to the introduction of the CTC program, a limited number of children were able to access the nutritional rehabilitation units in their districts. Access to the units was limited because they were geographically inaccessible to communities and the programs were too time intensive for most families to commit to. Since the start of the CTC program 4870 children have benefited.

A year later, Grace is a healthy little girl full of energy, but she is not the only person who has benefited. Today, Mr. Simoke is a CTC volunteer who has helped make the program a credible system of care in his community available to everyone.





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FROM THE AMERICAN PEOPLE

## SUCCESS STORY

# Program Saves Malnourished Children

**USAID-funded outpatient therapeutic program provides parents with options to keep their children healthy**



Photo: Margaret Khonje, Management Sciences for Health

Mwangodana's mother feeds her Plumpy Nut, or Chiponde, as it's known in Malawi. Plumpy Nut is a ready-to-use food, enriched with nutrients, used to treat children for malnutrition.

*Providing parents with an outpatient therapy option for treating their children for malnutrition relieves parents of the burden of traveling long distances, leaving other children with neighbors or friends, and exposing their children to illnesses once at the clinic.*

Just over a year ago, two-and-a-half year old Mwangodana came to her local health center with her mother; she was weak and suffering from malnutrition. After reviewing her symptoms, the medical assistant on staff immediately registered Mwangodana for the center's outpatient therapeutic program (OTP) for malnutrition. The district of Salima in central Malawi, where Mwangodana lives, has some of the highest rates of malnutrition in the country. Luckily for Mwangodana, she and her family now have access to an OTP in her community. Today, with support from USAID, nutrition programs have been decentralized to local health facilities, providing families with much greater access to care and treatment for malnutrition.

Although malnutrition has been a challenge in Malawi for decades, nutrition programs have traditionally been in hard-to-reach locations and have required patients to be admitted for long periods of time. This approach placed a great deal of stress on families who could not travel long distances to nutrition rehabilitation clinics or be away from home for weeks at a time. To address this, Management Sciences for Health, in partnership with District Health Management Teams, local organizations, and with support by USAID, has helped five districts decentralize their nutrition programs from one hospital location to 60 local health centers. Health staff at each location has received updated training on how to identify cases of malnutrition, prioritize referrals based on need, and register children with severe malnutrition but without complications to an OTP which can be implemented at home.

At each health center, parents now have access to up-to-date resources and instruction on how to treat malnutrition at home with the use of Plumpy Nut peanut butter, a ready-to-use food fortified with essential vitamins, minerals, fats, and calories. Plumpy Nut production in Malawi is the result of a USAID Global Development Alliance project and has been highly successful thus far. Approximately 80% of malnourished children fully recover as a result of Plumpy Nut therapy. Shifting treatment for malnutrition from a formal, time-intensive nutritional program to an OTP relieves parents of the burden of traveling long distances, leaving other children with neighbors or friends, and exposing their children to illnesses at the clinic.

In each health center providing OTP, MSH provided staff training on how to examine and classify stages of malnutrition while educating and mobilizing communities to identify malnutrition early. Health staffs were also provided resources to pass on to parents and non-health staff who act as an extension of the health community. Teachers, social welfare workers, religious leaders, and local farmers are all receiving education and information on how to detect and treat malnutrition. By broadening education to larger circles of within the community, early identification and referral of malnourished children becomes more successful.

Subsequent follow-up visits to Mwangodana's local health facility showed steady progress for her. With this new approach, nearly 75% of the Salima population has access to nutrition services, compared to 28% under the traditional approach. Mwangodana and over 4800 more children have combated malnutrition thanks to programs like this one.



## Protecting Vulnerable People in Relief Situations: *Training and Discussion*

## Workshop Introduction

- Purpose: To familiarize Project Staff with the concepts of protection in humanitarian settings and their application to the project context.
- Module 1: Introduction to Protection
- Module 2: Situation Analysis and Protection Assessment
- Module 3: Protection Planning
- Module 4: Responding to Protection Issues
- *Deliverables:*
  - Plan for protection assessment of project environment
  - Project activity plans with protection elements
  - Increased staff knowledge on how to respond to protection issues in the field

## Module 1

# Introduction to Protection

## Module 1: Introduction to Protection

- Defining Protection
- The Aspects of Protection
- International Humanitarian Law
- The Protection Framework
- Summary & Questions
  
- *Learning Objectives:*
  - Understand protection in humanitarian contexts
  - Understand International Laws governing protection
  - Understand the protection aspects & framework



## Module 1: The Aspects of Protection - Safety

### Safety

- From Injury
- From Coercion
- From Abuse

Provide a context of safety for project activities



## Module 1: The Aspects of Protection - Dignity

### Dignity

- Respect
- Self-esteem
- Entitlement

Treat relief recipients as people entitled to respect and aid



## Module 1: The Aspects of Protection - Integrity

### Integrity

- Honesty
- Accountability
- Commitment

Relief recipients deserve to be treated fairly and with integrity



## Module 1: The Aspects of Protection - Empowerment

### Empowerment

- Ability
- Self-Reliance
- Knowledge

Relief recipients have the right and ability to make decisions over their own relief



## Module 1: International Humanitarian Law

### Geneva Conventions & Additional Protocols

- Right to Life
- Right to legal personality
- Prohibition of torture, slavery, and degrading or inhumane treatment or punishment
- Right to freedom of religion, thought and conscience



## Module 1: International Humanitarian Law

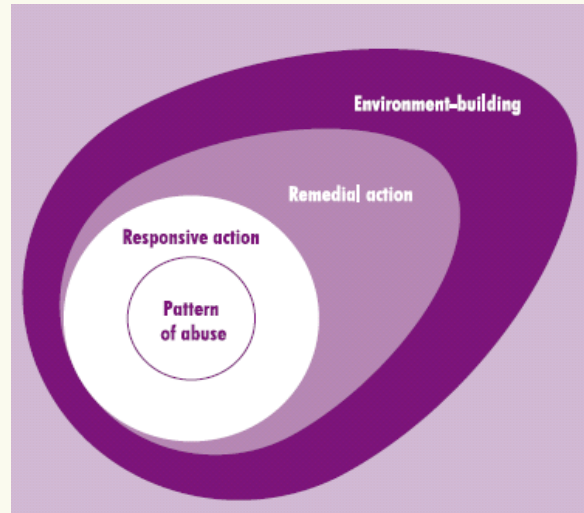
### Who is responsible?

- States
- Mandated Special Agencies
  - Int'l Red Cross
  - High Commissioner for Refugees
  - High Commissioner for Human Rights
- Non-Mandated Agencies



## Module 1: Protection Framework

- Responsive Action
- Remedial Action
- Environment-Building Action



## Module 1: Key Points

- What is Protection?
- Safety, Dignity, Integrity, Empowerment
- Legal guarantees: Life, Legal Personality, Prohibitions, Freedoms
- Framework: Responsive, Remedial, Environment-Building

## Module 2

# Situation Analysis and Protection Assessment

## Module 2: Situation Analysis and Protection Assessment

- What is a Threat?
- Introduction to Group Exercise: Protection Assessment
- Group Exercise: Protection Assessment
- Report-Outs from Group
- Summary
  
- Learning Objectives:
  - Identify specific threats to rights in environment
  - Understand questions to consider in protection assessment



## Module 2: Situation Analysis and Protection Assessment

- What is a Threat?

Brainstorm on possible definitions & examples



A condition within the environment that could have a negative effect on the rights of the population in need.

## Module 2: Situation Analysis/Protection Assessment

Key Questions for Information Gathering/Protection Planning  
(Checklist B)

- Nature, scope, of protection issues
- Who is most vulnerable?
- What are the patterns or motives in the protection issues?
- Who is responsible for protection issues?
- If confronted, what would perpetrators do?

## Module 2: Situation Analysis/Protection Assessment

### Assignment

- Answer the questions on Checklist B
- Discuss process for information gathering on these Protection issues

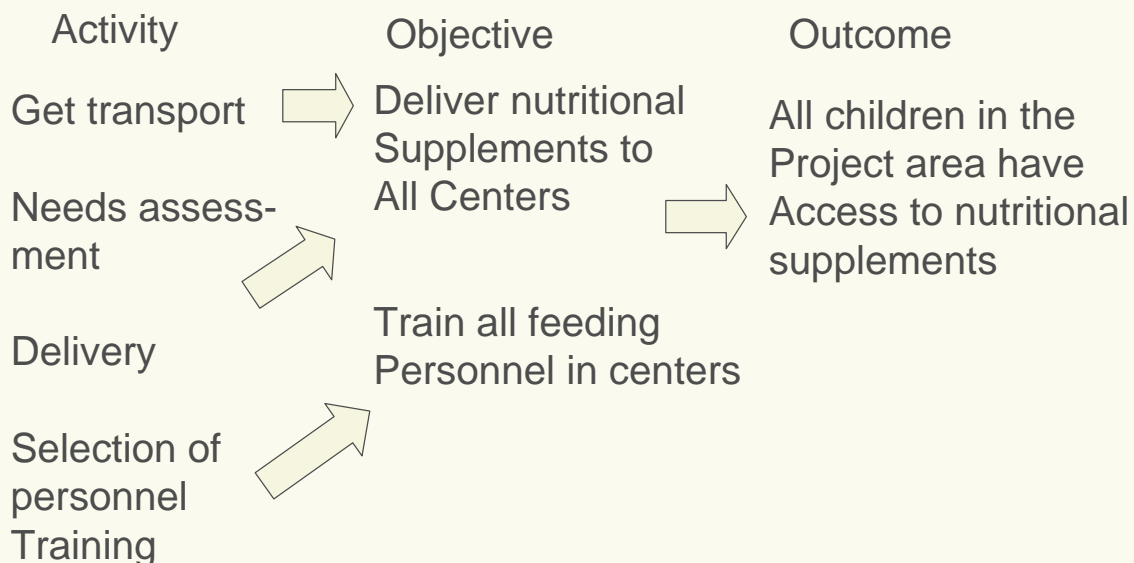
## Module 3

# Protection Planning

## Module 3: Planning for Protection

- Activities, Objectives and Outcomes
- Introduction to Group Exercise: Building Protection into Project Activities
- Group Exercise: Building Protection into Project Activities
- Report-Outs
- Summary
  
- Learning Objectives:
  - Understand Protection elements in Activities and Outcomes
  - Review and revise project activities

## Module 3: Building in Protection - Example



Module 3: Planning Protection Activities - Example

Activity	Objective	Outcome
Get transport	Deliver nutritional Supplements to All Centers	All children in the Project area have Access to nutritional supplements
Needs assessment	Assure that recipients are included in the implementation of the needs assessment	
Delivery		
Selection of personnel Training		

Module 3: Planning Protection Activities - Example

Activity	Objective	Outcome
Get transport	Deliver nutritional Supplements to All Centers	All children in the Project area have Access to nutritional supplements
Needs assessment		
	Train all feeding Personnel in centers	

### Module 3: Planning Protection Activities – Example

Activity	Objective	Outcome
<b>Get transport</b>	Deliver nutritional Supplements to	All children in the Project area have
Needs assessment	Assure that local transporters are awarded contracts	nutritional s
Delivery	Personnel in centers	
Selection of personnel		
Training		

### Module 3: Protection Activities - Example

Activity	Objective	Outcome
Get transport	Deliver nutritional Supplements to	<b>All children in the Project area have</b>
Needs assessment	All Centers	<b>Access to nutritional supplements</b>
Delivery	Assure that traditionally underserved groups are included in distribution	s
Selection of personnel		
Training		



## Module 3: Planning Protection Activities - Exercise

- Break into groups
- Choose five project activities
- Review potential threats to beneficiary rights in these activities
- Review potential opportunities for enhancing safety, dignity, integrity and empowerment
  
- Return to plenary for report-out

## Module 3: Planning Protection Activities - Summary

- Each activity, objective or outcome can be structured to enhance one or more aspects of protection for the recipient population
  
- When building in protection elements to activities, be realistic

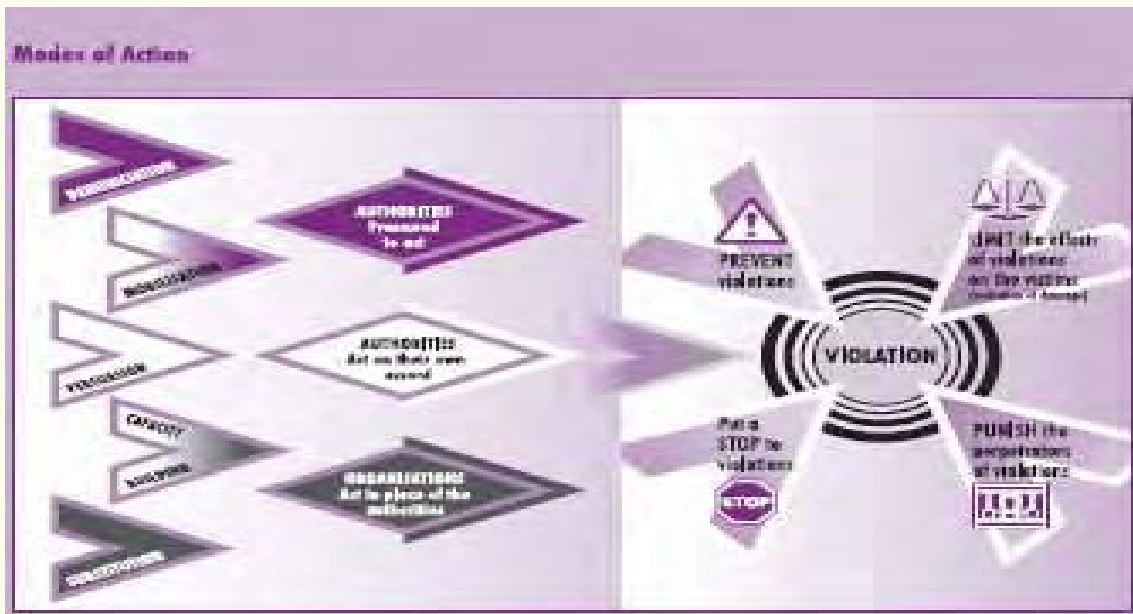
## Module 4

# Responding to Protection Issues and Incidents

## Module 4: Responding to Protection Issues and Incidents

- Modes of Action Framework
- Discussion: Sample Incidents/Case Studies
- Report Back
- Conclusion
  
- Learning Objectives:
  - Understand the different modes of action when faced with rights violations
  - Understand when to use different response styles when faced with rights violations

## Module 4: Responding to Protection Issues and Incidents



## Module 4: Responding to Protection Issues and Incidents

Discussion: Sample Incidents/Case Studies

*Instructions to Group:* Take a case study and answer the following questions:

What mode of action would you use to support the protection of these people's rights?

To whom would you address this mode of action?

What are the negative consequences? For the people?  
For yourself? For the Project?

## Module 4: Responding to Protection Issues and Incidents

### Summary

- The Five Modes of Action
- Response and the Consequences of Response
- Other conclusions from the Discussion

## Conclusion

### Key Points

- Safety, Dignity, Integrity, Empowerment
- Act at Response, Remedial and Environment-Building Levels
- Assess the situation, then plan for protection
- Build protection elements into existing activities
- Protect by denunciation, mobilization, persuasion, building capacity, and substitution

*Closing the gap between*



*what is known about public health problems*



*and what is done*

*to solve them*

