

**A guideline for engaging Civil Society Organizations (CSOs) in implementing the
“National Emergency Nutrition Plan 2022-2024”**

Fundamentally, NGOs are defined as “private organizations that pursue activities to alleviate suffering, promote the interests of the poor, protect the environment, provide basic social services, or undertake community development” (World Bank, 2010, p.1)

The term civil society refers “to the wide array of non-governmental and notfor- profit organizations that have a presence in public life, expressing the interests and values of their members or others, based on ethical, cultural, political, scientific, religious or philanthropic considerations. Civil Society Organizations (CSOs) refer to various organizations such as: community groups, NGOs, labour unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, and foundations” (World Bank, 2010, p 1)

Introduction:

This guideline refers to civil society organizations (CSO) collectively as; NGO’s, professional associations, community groups, labour unions, foundations, independent research groups, indigenous groups, religious social development organizations, community based organizations, foundations.

Worldwide, CSOs have played a critical role— often in the frontline of prevention, care and impact mitigation – in providing essential services where they are lacking and accessing marginalized and vulnerable communities not reached by government and also in filling the gap by complementing (ie: HIV prevention and care).

CSOs usually have valuable experience, expertise and resources to successfully carry out participatory community interventions (such as peer led community mobilization, community kitchen, food banks, etc.) that reach the difficult to reach, and can contribute to sustainable nutritional impacts during an emergency situation. PDHS, RDHS and particularly Medical Officers of Health are encouraged whenever appropriate to engage with CSOs, particularly local NGOs in implementing the National Emergency Nutrition Plan.

A well-chosen CSOs partner can contribute to the quality, sustainability and effectiveness of most of the proposals included in the Emergency Nutrition plan which may need new approaches and innovative practices being to achieve nutrition security of the serving community/population.

Community mobilization and empowerment are essential prerequisites to getting better outcomes for nutrition interventions. As CSOs have ability to additional focus on community empowerment and allocate a significant proportion of resources and efforts to the same, it is recommended to utilize their potential to support the emergency nutrition interventions and service delivery outlined.

Intended users of this guideline

This guide is prepared to facilitate the collaboration between government institutions and CSOs, particularly at grass root level including

- Provincial and district health staff
- MOH staff
- CSOs

Benefits of working with CSOs in the present context

- Allows wider outreach efforts under resource constrained situation.
- Enables organizations working in the local setting to participate in the solution-creating process.
- Their understanding of local issues, norms, and practices, and their understanding of local structures and power dynamics, can be effectively used.
- They may also have innovative abilities to assess the existing capacities of the community to maximize the outcome of health intervention.
- They are equipped to communicate appropriately via already existing networks. These networks can either be enhanced or act as doorways for additional networks to be put in place.
- CSOs are often made up of innovators who are willing to try out new, effective ideas and are more inclined to adopt experimenting mentality of trial and error.
- Working through CSOs is an effective means of building community ownership and ensuring a long-term institutional presence in the community beyond the desired time span of the plan. MOHs can inter-link mother support groups, Women's Societies, Death donation societies, temple/church/kovil, Mosque societies etc. and utilize those structures to implement proposals such as Cash management, Community screening for growth faltering/malnutrition status, Home Gardening, Community mobilization and empowerment in the plan too.
- Women, ethnic minorities and other marginalized groups do not always enjoy equitable representation in formal institutions. CSOs can make their voices heard.
- Negative impacts of the current crisis situation are far more severe than the usual nutritional issues experienced during past few decades. The poorest and most disadvantaged members (vulnerable groups) of society are often the most difficult to reach-living in remote or transient situations and support and collaboration with CSOs would enhance reaching out to identify these hidden target groups.

Recommended actions:

➤ Mapping the existing CSOs in your area

- A useful starting point would be to establish a database
- Collect data on below details
 - Name of organization and address
 - Legal status/registration number if any.: NGOs in Sri Lanka should be registered with National Secretariat for Non-Governmental Organizations. Registration status can be verified by accessing the data base-
<http://www.ngosecretariat.gov.lk/index.php?lang=en> , Registered as guarantee Limited organizations (parliament Act No.31 of 1980 as amended by Act No. 8 of 1998 / the companies Act No. 07 of 2007) , Registered with District Secretariat, Registered with Divisional Secretariat
 - Date of formation
 - Contact person and contact details
 - Specific areas of expertise or mandate
 - Type of activities they are implementing currently
 - health related experience (current and past 3 years)
 - Geographic coverage
 - special target groups /Impact group
 - Profile of CSO:
 - Present number of staff
 - Sources of funding and other support
 - Links with government and/or private agencies
 - Conflict of Interest (due diligence)

➤ Creating awareness on National Emergency Nutrition plan (2022 -2024)

National level NGOs active on Nutrition activities have been made aware of the Emergency Nutrition plan through the networks of Scaling Up Nutrition Peoples Forum (SUN PF). CSOs working in the local setting may need further awareness on the standards and guidelines (such as food baskets, meals, micro nutrient guide for home gardening, cash management module etc.) recommended in this Emergency Nutrition plan. You can disseminate the plan through a formal meeting or discuss when they contact you to inform them on the proposals in the plan.

➤ Screening of CSOs to work with

- Establish a team at each level for identification and effective engagement of CSOs that can work with the health sector.
- Subsequently this team can collectively review their planned contribution on implementation of the Emergency Nutrition plan and to provide necessary approvals and implementation support and guidance.

The team could be,

At PDHS level – Provincial CCP, MO/Planning, HEO

At RDHS level – CCP, MO/Planning, MOMCH, SPHI/D, RSPHNO, HEO

At MOH level – MOH, SPHI, PHNS

- Review the following documents /criteria in relation to CSOs

Essential Criteria	Yes/ No	Remarks
1. Availability of Registration certificate with registration number		
2. Availability of an Audit reports/ financial statements for the last year		
3. Avoid engagement with any CSOs working with industries who have conflict of interest Eg ; Tobacco /alcohol promotion /industry Breaching breast feeding code		

Establishing CSO relationship with the health sector

CSOs who are willing to work in the area should inform the respective activities to relevant MOHs and should establish close links with the field staff (PHI and PHM) and through them with the MOH.

➤ **Implementation**

Support CSOs to correctly target the needy population

- Formulate agreement on activities mentioned in the plan focusing on sharing technical knowledge and financial resources.
- It is very important In MOH areas with estate sector population, to coordinate with Estate and Urban Health Unit of Ministry of Health, Ministry of Plantation, PHDT etc. and facilitate CSO access to those communities in need.

Monitoring of the joint work plan

MOH will inform the relevant RDHS, District CCP or MOMCH for the technical assistance.

- Conduct field visits with CSOs to observe Emergency plan in operation and to check field staff's and beneficiaries' perceptions of the CSO operating environment
- Ensure active CSO participation by the MOH in the District committee / Divisional committee in order to witness progress review efforts of CSOs and to observe the direct results of a collaborated program in their area.
- allocate a prescribed time slot at the MOH Monthly Conference to relevant CSO to share progress and discuss solutions to rectify identified issues.

Points for concern

- Access to information- MOOHs should support CSO with relevant information for them to identify the priority problem and the communities to target. MOOHs should utilize their available data and any other surveys conducted locally to support the correct targeting of vulnerable groups where the emergency nutrition plan can be effectively implemented in collaboration with CSO. Joint use of this information will enable monitoring of outputs and assessing the outcomes.
- Personal data can only be shared subject to privacy conditions and should be done at the discretion of the MOH having established confidence that the information will not be misused and ethical considerations are followed protecting the beneficiaries.

(The community engagement may lead to useful empowerment where families may be supported to make their own assessments of nutritional status through simple measurements correctly instructed).

- CSO involvement in the ENP should not compromise on established health seeking behaviors of the MCH populations served through the routine MCH services.

Responsibility of health staff

- Identify a focal point for communication and agree upon the mode of communication at the RDHS office/ MOH office
- All staff should facilitate and respect the agreed upon activity plan with CSOs

- Staff should declare if they have conflict of interest on the proposed joint work with CSOs

MOH are advised to get prior approval from PDHS/RDHS of the proposed joint work plan. No financial agreements should be entered into without the prior approval of the superior administrative authority.

- Maintenance of regular coordination and communication with CSO partner every fortnightly at least and also at the monthly conference

Responsibility of CSO

- All CSOs supporting the emergency nutrition plan (2022-2024) should understand and follow the principles, guidance notes, key messages given by Ministry of Health and should in no way act to give different, harmful, non -conforming communication or promote any other products which can be counter -productive and nutritionally and overall health wise harmful.
- If there is a necessity to deviate from originally agreed action plan – prior discussion and agreement with MOH /health staff is recommended
- Maintenance of regular communication on the agreed modality & communication between the identified focal point and CSO partner every fortnightly at least
- Obtain prior consensus / agreement before publicizing the work done under the joint work plan in any printed / electronic material including any research/ advocacy materials / web stories. Use of case studies in publicity / advocacy documents can be permitted without any breach of privacy/causing any harmful effect to the parties concerned.
- They should not use their work to attract adverse publicities to the target population they are working on.