GNC-TA technical support on simplified approaches to DRC nutrition cluster

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OVERVIEW

• Simplified approaches recommended in the country guidance on nutrition programming during COVID-19
• No defined package of approaches to implement at the time
• No in-country technical capacity
• Technical support sought from the GNC-TA
• Agreed upon package included the Combined Nutrition protocol
• Proposed to pilot the simplified approaches in 5 health zones
OVERVIEW

Outcomes of the technical support

• Facilitated consultation on the various simplified approaches
• Reviewed program and survey data vs impact of the approaches
• Developed training materials on the selected approaches
• Carried out training for MoH and partners (28 participants)
• Supported the cluster in tailoring monitoring/data collection tools

Webinar to share experiences/lessons learned is in the pipeline
Key considerations before implementing the combined nutrition protocol

What did we look at to assess in-country capacity to implement the combined nutrition protocol?:

<table>
<thead>
<tr>
<th>Experience and program strategy</th>
<th>Existing organisational or individual experience with any of the simplified approaches; Contribution of the approaches to nutrition programming, justification/relevance.</th>
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</thead>
<tbody>
<tr>
<td>Health system structure for implementation</td>
<td>Existence of HCs, OTPs/TSFPs, functional Stabilisation centres, existing community programs</td>
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<td>Human resources</td>
<td>Technical capacity, existing community workers/volunteers platforms, ability to train, supervision, incentives</td>
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<tr>
<td>Supply chain/other operational aspects</td>
<td>Supplies availability, supplies movement, security, safety, lead time, contingency stock (national, regional, district, health facility level)</td>
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<td>Community engagement</td>
<td>Willingness, acceptance, safety of mothers/children, stigmatization issues, involvement of opinion leaders, community awareness</td>
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<td>M&amp;E</td>
<td>Data collection and reporting tools, ease of adaptability</td>
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<td>Integration and coordination</td>
<td>Coordination structures in place, ways of working for parties treating SAM and those treating MAM</td>
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LESSONS LEARNT FROM THIS EXPERIENCE

What worked well:

• Motivation/involvement by all cluster partners
• Good collaboration contributed to effective remote support
• Existence of the guidance on nutrition programming in COVID-19 to support the use of simplified approaches.
• Were able to reach all concerned parties via internet even when it was a period of limited physical movement/accessibility
LESSONS LEARNT FROM THIS EXPERIENCE

Challenges

• Some adaptations were not agreed to by some partners
• Consultation process did not include community (accessibility issues)
• Fears from partners on availability of supplies

Additional aspects to factor in:

• Availability of funding can help hasten the pilot process
• Not all adaptations are feasible for all contexts.
• Remote support has a wide reach if there is good internet, facilitation of the process and active engagement