



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?:

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

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