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USAID Acute Malnutrition Programming in the Democratic Republic of Congo: Observations, Recommendations, and Learning Facilitated Learning Activity

Executive Summary

Background

USAID Advancing Nutrition facilitated a learning activity in spring and summer 2019 to strengthen collaboration among U. S. Agency for International Development (USAID) implementing partners working to reduce acute malnutrition in the Democratic Republic of Congo (DRC). After designing and conducting this multi-stage activity with USAID's Office of Food for Peace (FFP), the USAID DRC Mission, and the USAID Learning and Knowledge Management project, we recommend three primary actions stakeholders should consider to support ongoing coordination and collaboration of co-located partners:

- Renew and strengthen organizational participation in existing coordination mechanisms at the provincial and health zonal levels.
- Support coordinated supervision and capacity-strengthening for local partners.
- Facilitate local dialogue, planning, and follow-up to resolve acute malnutrition continuum of care problems, starting with workshops at the provincial level followed by engagement with a variety of local coordination mechanisms.

The learning activity included a desk review to inform a scoping visit in early May and a facilitated workshop with national stakeholders in early June. The full report on the activity—

- examines implementation of the continuum of care for acute malnutrition among USAID partners in DRC
- offers short-, medium-, and long-term suggestions for FFP and mission consideration
- reviews learning from the overall activity.

Note that findings and recommendations from the June workshop are included in a separate report, focused on stakeholders' proposed strategies to strengthen coordination across the continuum of care.¹

Findings

During the field visit and workshop, we identified seven broad challenges to collaboration:

- limited co-location of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) prevention, treatment, and support
- service gaps along the continuum of care, such as a lack of trained staff, nutritious food products, medicines, and referral follow-ups
- inconsistent partner capacity with respect to planning, monitoring, and reporting
- inability of development and emergency response implementing partners to react and adapt their approaches and strategies in response to changing conditions on the ground
- underlying food insecurity
- weak enabling environment for nutrition

¹ Plans for co-location of the World Food Program (WFP)/United Nations Children's Fund (UNICEF) activities were delayed until April 2019, and at the time of the scoping visit most co-location plans had not yet been implemented.

- technical approaches that are implemented inconsistently, leaving gaps along the continuum of care.

Key points of learning from this activity:

- **Coordination through co-location must include highly localized information-sharing.** Partners reported that available data are often unreliable, and analysis/interpretation can be weak, which constrains planning. The inconsistent quality of monitoring, reporting, surveillance, and evaluation systems limits the effectiveness of feedback loops and other better practices such as supportive supervision for frontline health workers.
- **Integrating multiple coordination platforms may be more effective than focusing on a single platform.** Partners said that creating parallel mechanisms is neither sustainable nor cost effective. While the Nutrition Cluster system is important, it is activated and deactivated based on humanitarian need. More permanent structures, such as those led by local government, can be strengthened and used to mitigate specific challenges to improve quality and consistency of coordination efforts.
- **Capacity-strengthening must be ongoing, not a one-time process.** Experienced partners reported that on-the-job coaching and mentoring and short on-site briefings are more effective and less costly than group training and should be widely instituted. If traditional training events are planned, partners recommend that such trainings aim to avoid duplication, have a strong practical component, and build on existing knowledge, especially participant experience with acute malnutrition. Assistant nurses, who manage nutrition services in many facilities, are an important target for support. Pre-service training for nurses and doctors needs stronger community management of acute malnutrition (CMAM) components and intern and trainee programs should be encouraged.
- **Complex humanitarian crisis environments require flexibility in applying emergency and development approaches to planning, programming, and coordination.** Partners reported that emergency and development programs' timelines and approaches are infrequently aligned with the needs of DRC's rapidly changing context. For example, conflict and population movement can cause a sudden shortfall of services and supplies, making it difficult to meet acute malnutrition needs over the long term. This may be exacerbated by government objectives, targets, mandates, and budget restrictions that do not prioritize emergency nutrition. Meanwhile, in areas of active conflict, multi-year emergency programming is costly, resource-intensive, and rarely strengthens local capacity to respond to underlying problems. Additionally, it can disrupt salary scales, increase local product and service costs, exacerbate local conflict through perceived inequities, and create long-term support expectations. As FFP ventures into more multi-year programming in unstable areas, traditional development program demands should be flexible enough to respond to emergency nutrition needs in a complex operating environment.

Recommendations

Recent planning, capacity strengthening, and coordination efforts by USAID implementing partners in DRC have provided operational information that will improve testing solutions and learning in fiscal year 2020. All partners expressed strong interest in enhancing coordination to support positive effects on nutritional outcomes. Accordingly, USAID should encourage WFP and UNICEF to:

- Review grant and sub-grant terms to enable problem-solving within sub-award structures (explore further budget line item amount and/or category flexibility).

- Consider combining or adapting traditional emergency and development activities, encouraging mixed approaches. For example, emergency programs could work more closely with local structures in complex environments and consider two- or three-year timeframes for activities. Development programs could better integrate acute malnutrition service strategies and competencies among their implementing partners.
- Hold USAID implementing partners accountable for intentional, planned, and facilitated coordination of and collaboration between programs, ensure timely issuance of local partner agreements, and align activity goals across organizations, especially in complex emergencies.

Our recommendations for stakeholders focus on improving ongoing coordination efforts and technical quality, as summarized below:

1. Intentional co-location of SAM/MAM support is essential but often ineffective.
 - USAID’s Mission in DRC should leverage the experience, analysis and coordination mandate of the Nutrition Cluster, engaging directly in cross-donor prioritization process to ensure geographical alignment and complementary scopes of work to improve co-located program coverage at provincial, zonal, and sub-zonal health levels.
 - FFP and the mission should clarify expectations for co-location and program alignment among partners through pre-award, award, and post-award documentation.
2. There are substantial gaps along the continuum of care due to logistics and supply chain challenges; start dates and program periods do not align or are of short duration, and underlying circumstances change frequently. USAID and implementing partners should take the following actions to reduce gaps:
 - Food for Peace should require revised analyses from implementing partners—including updated survey data, additional localized implementation and technical capacity assessment and planning, and population inputs—to substantiate upcoming activity extensions and/or implementation adjustments.
 - FFP and the mission should require stakeholders to monitor the alignment of implementation periods across partners working in the same health zone.
 - FFP and the mission should help partners identify opportunities to build acute malnutrition programs, services, and coordination into program oversight and implementation functions, and ensure adequate personnel and funding.
3. Staff, supervision structures, planning, implementation, and reporting capacity vary among partners and hinder consistent implementation of the care continuum. The mission should:
 - Strengthen and increase the frequency of joint-activity supervision by implementing partners.
 - Encourage strategies to strengthen and diversify capacity-building across donors and projects (e.g., the USAID Integrated Health Program [IHP], World Bank, Department for International Development [DFID], and in-country universities).
4. Development approaches can be inflexible; emergency approaches complicate long-term efforts.
 - The mission should use DFSA mid-term evaluations to document partner contingency planning, risk assessment, and degree of responsiveness to changing contexts.
 - FFP (and/or partners) should consider further adjusting grant/agreement (and/or sub-award) terms to allow for rapid program adaptation where the local situation changes and ensure contingency plans are applied when needed. This will help problems related to geographic access, transport blocks, and sudden changes in weather, markets, and migration. Include targets and enhanced budget line-item flexibility accompanied by justification analysis.

- FFP and the mission should clarify expectations for co-location and program alignment among United Nation partners as well as DFSAs, considering short- and long-term impact and sustainability goals. Negotiate funding agreements with specific reference to these.
 - FFP and the mission, in collaboration with local health system facilities and structures, should define and test program options to better address complex humanitarian-development operating contexts. This effort should document challenges and successes in response to acute humanitarian needs while supporting local health systems and consider cross-project and donor linkages between IHP, World Bank, DFID, and USAID. FFP should encourage or require WFP and UNICEF to reconsider support in DFSA operational areas and/or develop a “transitional” package of support to local health system operations.
 - FFP and the mission should encourage complementary operational budgets so awardees and sub-awardees can avoid gaps in the continuum of care. FFP and the mission should require comprehensive planning and feasibility studies before implementation (pre- or post-award).
 - FFP and the mission should consider security risks and potential for increased program effectiveness in the medium to long term with a greater reliance on local partners.
5. Underlying food insecurity negatively affects SAM/MAM outcomes and needs greater attention.
- FFP and the mission should document intervention approaches the DFSAs are using to reduce chronic food insecurity and model those that succeed for scale-up and replication by local organizations.
 - The mission should establish points of engagement with new World Bank food security support plans and determine areas of potential collaboration.
 - FFP and the mission should consider and incorporate longer-term strategies for improving household diets and food security into other sector investments and programs.
6. The policy and economic environment, along with logistic and human resource infrastructure gaps, do not support nutrition. To collaborate on filling gaps, the mission should:
- Promote the use of multiple platforms to facilitate collaboration, especially at the provincial level and including the Nutrition Cluster system, Scaling Up Nutrition, and Ministry of Health structures.
 - Involve IHP, World Bank, supply chain projects, and government in supply chain pilots and encourage WFP and UNICEF to develop joint local transport arrangements to improve alignment and efficiency in the medium term.
7. Technical approach changes could positively affect implementation along the continuum of care.
- The mission should encourage WFP and UNICEF to explore, fund, and test alternative approaches to improve alignment, efficiency, and effectiveness of local partners, such as:
 - FFP and the mission should consider the use of adaptations to SAM identification and treatment protocols combined with greater MAM-prevention support based on implementing partner strategic analysis of conditions at the provincial and health-zone level.
 - FFP and the mission should increase inclusion and funding of local infant and young child feeding (IYCF) initiatives to prevent acute malnutrition based on complementary foods from local ingredients and supplement CMAM with a robust IYCF and food security approach.

- The mission should encourage the Nutrition Cluster to focus on coverage and high-quality data while pilots on simplified protocols and cost-effective products are underway.
- FFP and the mission should support nutrition causal analysis and/or other assessment methods to help partners design effective acute malnutrition-prevention strategies.
- FFP and the mission should require realistic transition plans before project implementation to ensure lasting value to local health systems and community structures. The mission should continue to discuss current challenges related to procuring ready-to-use therapeutic foods and sustaining pipelines over a longer term. Also consider whether FFP grants for UNICEF local and regional purchase and in-kind support might allow (further) blending of product sourcing and distribution from different donors to increase logistic flexibility and efficiency. This would require intra-donor discussion.

Next Steps

We expect to conduct another learning activity to increase understanding and capacity to support collaboration, especially in provinces and health zones. Ensuring the full continuum of care for SAM/MAM requires strong prevention and treatment services and adequate planning, staffing, and product access. Supportive supervision and strong coordination among partners are also essential.



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