

Lessons in Collaboration from DRC to Address Acute Malnutrition Programming in Complex Settings

Learning from Experience: Fostering Collaboration along a Continuum of Care

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INTRODUCTION

In complex contexts like the Democratic Republic of Congo (DRC), delivering a holistic continuum of care for nutrition is both critical and difficult to achieve. In the DRC, the number of food insecure people increased from 7.7 million in 2017 to 13.1 million in 2018. The World Food Programme (WFP) estimated that in 2019, 25 percent of the population was at risk of hunger, and as many as 5 million children were at risk of acute malnutrition. Challenges to addressing nutrition include—

- ongoing civil conflict and high rates of displaced persons
- poor transport infrastructure
- limited health system capacity
- poor sanitation and hygiene practices
- limited water access and gender inequities.

Four of the most food insecure provinces: South Kivu, Tanganyika, Kasai Oriental, and Kasai Central, also have high rates of acute malnutrition. USAID responded with more than \$50 million for emergency and development nutrition programming for FY 2019 through WFP, UNICEF,



Catholic Relief Services, Mercy Corps and Food for the Hungry International. USAID sought a complete set of nutrition services through the strategic co-location of nutrition actors. We examined this experience and identified ways to support implementation by strengthening coordination and collaboration across stakeholders.

NEXT STEPS

USAID FFP increased co-location of development and emergency partners and provided new support to sub-national coordination mechanisms. In 2020, collaborative sessions for diagnosing gaps will extend to provincial and health zone levels, promoting information exchange and identification of

solutions across projects and programs. The ongoing activity includes staff to support existing coordination mechanisms and ongoing learning about the most effective methods for resolving complex challenges across organizations.

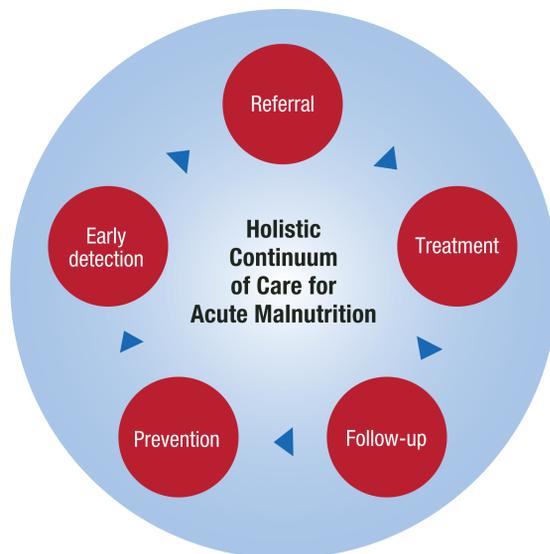
CONCLUSIONS

Collaboration and coordination can close gaps that limit the impact of services required to deliver the complete continuum of care for acute malnutrition.

PROCESS

USAID Advancing Nutrition and USAID took these steps to diagnose gaps in the continuum of care as a first step toward improved collaboration and to draw lessons from implementing agency experience:

- 1. Desk Review**—articulated a DRC-specific nutrition continuum of care and provided context analysis
- 2. Field Visit**—consulted stakeholders to understand their roles and levels of coordination and collaboration across mechanisms, including challenges and opportunities
- 3. National Workshop**—convened implementing partners and other stakeholders to—
 - establish a shared vision of roles within the nutrition continuum of care
 - identify programmatic linkages with potential to improve impacts
 - commit to coordinated and collaborative action



- identify concrete learning and recommendations to maximize benefits of co-location
- recommend actions to help support future co-location efforts.

LEARNING OUTCOMES

Multiple issues hampered effective reach and program impact, even while partners increased treatment of moderate and severe acute malnutrition (MAM/SAM). Partners identified specific challenges and solutions, with an emphasis on joint planning and delivery of programs and strengthening coordination mechanisms.

Key Issues:

- Co-location of partners was limited, due to changing priorities and misaligned program start/end dates, and collaboration was weak.

- Logistics and supply chain challenges created persistent gaps.
- Partner capacities for planning, implementation, reporting, and supervision varied greatly.
- Development approaches could be inflexible and emergency approaches complicated long-term efforts.
- Underlying food insecurity led to significant SAM/MAM relapse.
- Policy and economic environment alongside human resource shortages created barriers.
- Alignment of technical approaches along

the continuum of care positively affected implementation, including improved infant and young child feeding support.

Medium-Term Solutions:

- Strengthen data-based decision-making at all levels, especially quality data interpretation.
- Initiate joint annual planning, including mapping, advocacy, training, and supervision.
- Strengthen alignment of funding cycles through donor coordination.

- Establish provincial-level transport pooling for nutrition products.
- Establish strong coordination practices in provinces and zones that strengthen existing mechanisms.
- Support leadership for existing coordination mechanisms at the provincial level.
- Create province-specific coordination plans and conduct coordinated analysis of monthly data.
- Leverage local NGOs for coordination, as they often work across partners.