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Promoting a Continuum of Care for Wasted Children

Lessons Learned from the Democratic Republic of Congo

Photo credit: David Utley

SPEAKERS

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WEBINAR OVERVIEW

- Opening remarks: USAID
- Overview of USAID Advancing Nutrition's work in DRC
- Summary of findings on coordination and collaboration
- Results from analysis of the last mile ready-to-use therapeutic food supply chain
- Key takeaways from across our work
- Closing remarks: USAID

MENTIMETER POLL

When you think about a continuum of care for wasted children, what are the most critical activities or interventions that need to be in place?

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OPENING REMARKS

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USAID ADVANCING NUTRITION'S WORK IN DRC

USAID ADVANCING NUTRITION IN DRC

Initial objective:

Bring nutrition partners together to identify opportunities and a path forward to collectively achieve improved nutrition outcomes.

2019	2020	2021	2022	2023
Co-location of nutrition partners: Design phase Desk review National-level workshop	**Learning agenda on coordination and collaboration along the continuum of care** Province-level consultations Participation in coordination mechanisms	**Synthesis of coordination and collaboration learning** Health zone-level nutrition action plans Documentation of learning	**Ready-to-use therapeutic food last mile supply chain analysis** Design and start of data collection Interviews, warehouse visits, stock record reviews	**Learning activity on blanket supplementary feeding** Evidence review, secondary data analysis, and interviews

DRC CONTEXT

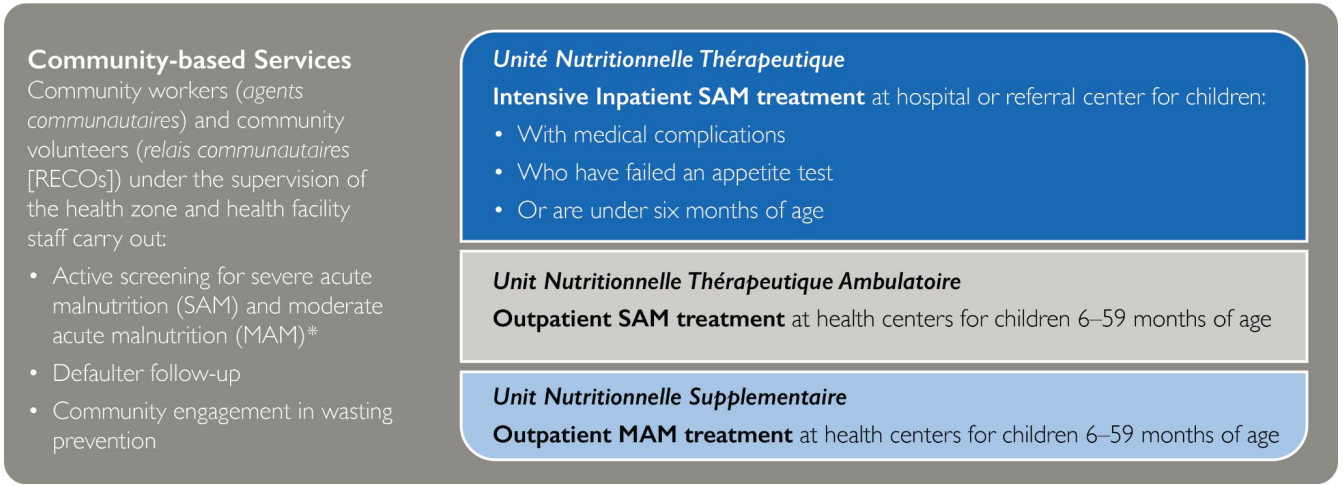
- DRC is 1 of 10 countries that make up 60 percent of the global burden of wasting in children under five
- As of December 2022, the World Food Program (WFP) estimated that 26.4 million people are food insecure
- There are an estimated 2.8 million children with moderate wasting and 887,334 children with severe wasting
- Contextual challenges vary, but include—
  - natural disasters and communicable disease outbreaks
  - poor infrastructure
  - insecurity caused by armed groups and inter-community/ customary tensions
  - host to refugees from conflict in neighboring countries.

Photo credit: Gwenn Dubourthoumieu

UN (United Nations). 2021. *DRC Global Action Plan on Child Wasting Country Roadmap*. New York: UN. https://www.childwasting.org/the-gap-framework
WFP (World Food Program) 2022. "Emergency Dashboard Democratic Republic of the Congo December 2022." Accessed June 1, 2023. https://reliefweb.int/report/democratic-republic-congo/democratic-republic-congo-emergency-dashboard-december-2022
Integrated Food Security Phase Classification (IPC). 2022. République Démocratique du Congo: Analyse de l'insécurité Alimentaire Aiguë et de la Malnutrition Aiguë de L'IPC Juillet 2022–Juin 2023. https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_DRC_Acute_FoodInsec_Malnutrition_July2022Jun2023_Report_French.pdf

DRC PROGRAMMING OVERVIEW—TREATMENT

- Ongoing/protracted emergency context
  - Nutrition Cluster has been activated since 2006 and is operating throughout the country
- Range of humanitarian partners supporting severe and moderate wasting treatment, as per the country's *National Integrated Management of Acute Malnutrition Guidelines*



DRC PROGRAMMING OVERVIEW—PREVENTION

Mix of USAID-funded humanitarian and development/resilience programming supporting wasting prevention activities from across offices and bureaus:

- Development/Resilience Food Security Activities (DFSAs/RFSAs)
- Integrated Health Program (Programme de santé intégré [PROSANI])
- Feed the Future livelihoods and value chain programming
- Non governmental organization (NGO) humanitarian partners
- Support to UNICEF and WFP for nutrition-related activities outlined in the DRC Humanitarian Response Plan
- Breakthrough ACTION
- USAID Global Health Supply Chain Program—Technical Assistance

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COORDINATION AND COLLABORATION

COORDINATION AND COLLABORATION

Learning Agenda Objectives:

- Document partners' experiences collaborating to deliver the continuum of care for wasting.
- Identify and pilot actions to strengthen coordination and collaboration.
- Develop recommendations for how to strengthen collaboration to deliver the continuum of care for wasting.

CHALLENGES RESULTING FROM POOR COORDINATION

- **Wasting treatment service are fragmented:**
  - Using Nutrition Cluster mapping data for 90 health zones, we found only two where the same partner was supporting treatment for both severe and moderate wasting
  - Lack of coordination between facility- and community-based services, especially referral follow-up

- **Prevention activities are not optimally coordinated:** Both within individual projects and between projects

CHALLENGES RESULTING FROM POOR COORDINATION

- **Lack of information sharing:** Parallel data systems, lack of sharing between government and partners, siloing between emergency and development actors

- **Platforms for coordination of multi-sectoral actors are underutilized:**
  - Multi-sectoral coordination platforms exist but are under supported and largely non-functional
  - Some development actors participate in Nutrition Cluster meetings but unclear if this is the right platform for broad, multi-sectoral participation

HEALTH ZONE COORDINATION AND COLLABORATION ACTION PLANS

- Selected health zones in Kasaï Oriental (3) and Sud Kivu (2) for more in-depth coordination and collaboration support.
- Brought together government officials, implementing partners, and United Nations (UN) entities to identify root causes of wasting management challenges and develop action plans to address them.
- Supported stakeholders to undertake periodic monitoring of the plans through health zone follow up visits.
- Although the implementation of the activities in the action plans was mixed, the act of bringing together actors to discuss challenges and solutions did lead to other improvements in coordination and collaboration.

DOCUMENTED IMPROVEMENTS IN COORDINATION

- **Joint planning increased**
  - Health zone management team, NGO partner, and WFP discussed how to manage wasting admissions during an ready-to-use supplemental feeding (RUSF) supply chain break
  - Partners coordinated infant and young child feeding (IYCF) in emergencies activities in overlapping implementation areas to ensure complementarity rather than duplication

DOCUMENTED IMPROVEMENTS IN COORDINATION

- **More partner engagement with government**
  - Development Food Security Activity (DFSA) partner began inviting government officials on supervision visits
  - Signed a memorandum of understanding with Division Provinciale de la Santé (Provincial Department of Health)

- Coordination and collaboration action planning processes **brought together emergency and development actors**
  - Rekindled conversations between Feed the Future and DFSA partners in Sud Kivu


Questions?
Photo credit: Kate Holt MSCP

Photo credit: Gwenn Dubourthoumieu

ANALYSIS OF THE READY-TO-USE THERAPEUTIC FOOD (RUTF) SUPPLY CHAIN IN KASAÏ ORIENTAL AND NORD KIVU

ACTIVITY OVERVIEW

Objectives:

- Examine the degree to which the four different supply chain pipelines in the DRC can deliver RUTF as per the "six rights" of a well-functioning logistics system
- Document what factors may be contributing to differences in pipeline performance.

Mixed methods: Key informant interviews, warehouse visits, and stock record review

The Six Rights of Logistics

1. the RIGHT goods
2. in the RIGHT quantities
3. in the RIGHT condition
4. to the RIGHT place
5. at the RIGHT time
6. for the RIGHT cost

RESEARCH QUESTIONS

- What are the **different supply chain pipelines** in use in the selected provinces; how are they structured and how do they differ?
- What are the **costs** associated with each pipeline and what drives differences in key costs?
- How does **supply chain performance**, as measured by stock availability at the last mile, differ across the pipelines?
- What are **key challenges** to product availability identified by key informants working in each pipeline and how do they differ across pipelines?

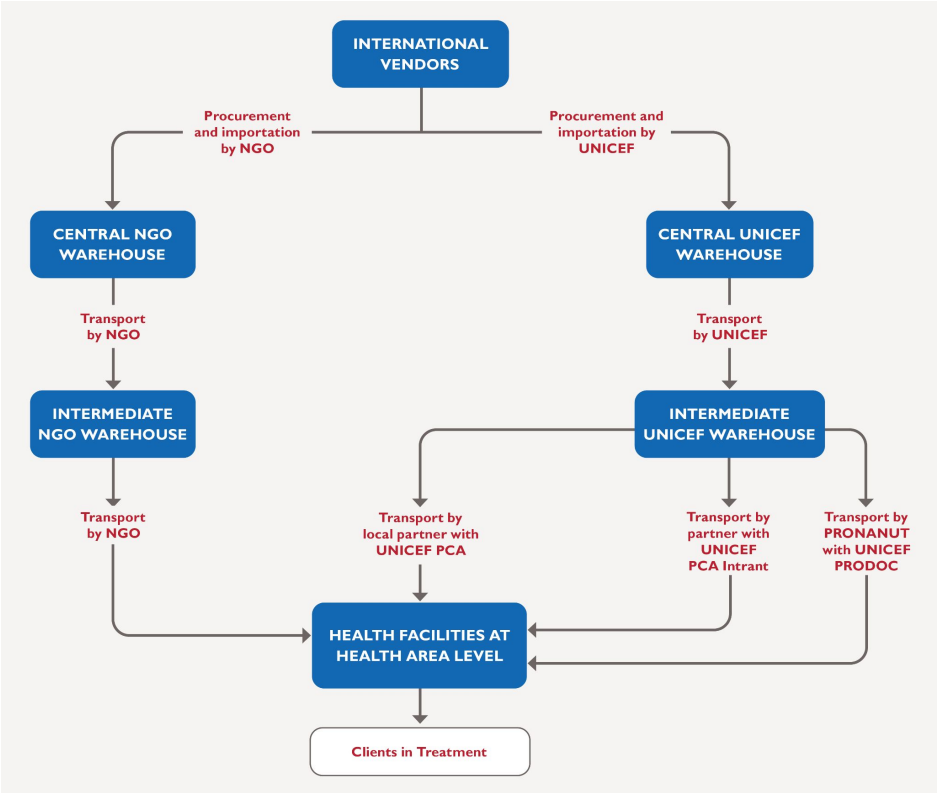
PIPELINE TYPES

Four types:

- UNICEF
  - Programme Cooperation Agreement (PCA)
  - PCA Intrant
  - Programme Document (PRODOC)
- NGO-led with USAID direct financing

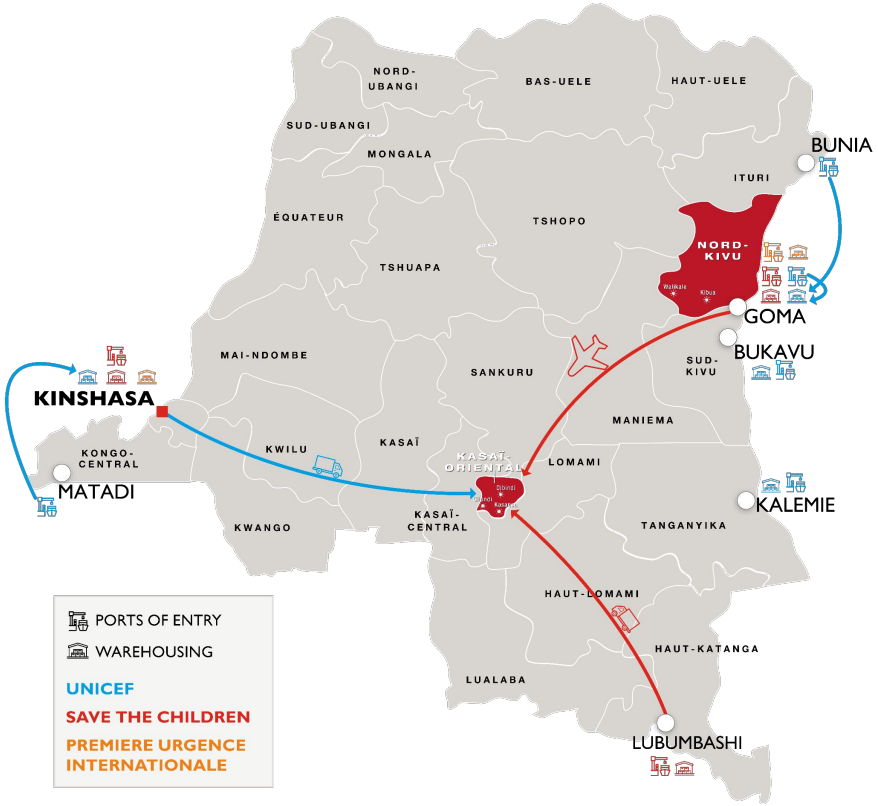
Supporting entities:

- Social Development Center
- Heal Africa
- Programme national de nutrition
- Save the Children, Première Urgence Internationale



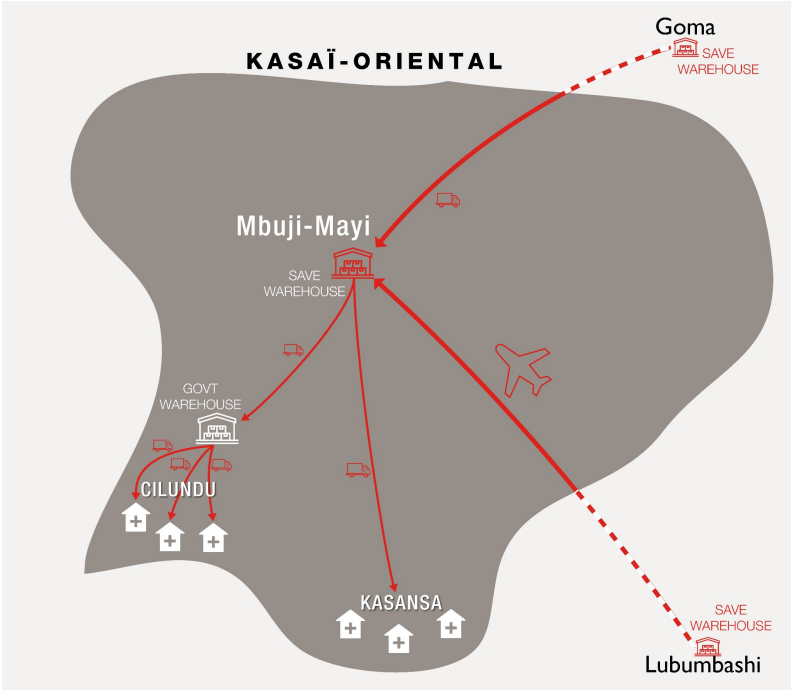
KEY FINDINGS—PIPELINE STRUCTURE

- **Importation challenges for non-UN actors**
  - Six months to arrive to port from abroad
  - Blocked at the border for three to four months
- **Government and health facility staff generally did not feel engaged in RUTF planning**
  - Lack of communication about targeting
  - Outdated information
- **Health facilities generally did not feel their orders were respected**
  - Notable exception in Cilundu, where health zone level warehouse is used for interim storage before delivery to facilities



KEY FINDINGS—PIPELINE STRUCTURE

- Variation in secondary warehousing:
  - partner use of own health zone warehouse before onward distribution
  - direct from province capital to health facilities
  - partner use of government health zone warehouse before onward distribution.
- Warehousing structure influences delivery frequency and transportation method
- Seasonal challenges, especially with poor road infrastructure.



KEY FINDINGS—PIPELINE PERFORMANCE

Indicator	Kasaï Oriental			Nord Kivu			All Health Zones
	Cilundu (NGO Procurement)	Dibindi (PCA)	Kasansa (NGO Procurement)	Goma (No partner support)	Kibua (NGO Procurement)	Walikale (PRODOC)	
Facilities with stock cards that show stockout in previous six months[1]	3/5	5/5	1/4	1/1	3/3	5/5	78% (18/23)
Stocked out on the day of the visit	0/5	2/5	2/5	3/3	2/3	0/5	35% (9/26)
Have records that indicate the facility has less than one month of stock left (including 0)	3/5	5/5	5/5	3/3	3/3	5/5	92% (24/26)
Percentage of time for which the facility had records over the previous six months showing that it was stocked out (range)	3–7%	15–72%	31%	37%	15%–61%	11%–41%	--

1. Out of facilities with updated stock cards

KEY FINDINGS—COST DRIVERS

- High level of **variability in delivery schedules and transportation methods** used meant we could not cost the last mile transportation for the different pipelines.
- Type of transportations varied:
  - 4x4 vehicle most common
  - Air freight availability limited and usually cost prohibitive
  - Boats, motorbikes, bicycles, and carrying on foot reported, especially during rainy season
- Most partners delivered supplies all the way to the health facilities: When this did not occur, facilities mentioned collecting RUTF as part of other tasks.
- None of the key informants mentioned the cost of RUTF as a challenge: Challenge was framed at a **general lack of funding** for adequate wasting treatment coverage.

OPPORTUNITIES FOR STRENGTHENING THROUGH IMPROVED COORDINATION

- **Involvement of government and facility-level staff in targeting and planning**
  - Improved transparency in sharing targeting decisions
  - Making use of health zone and facility level data to improve targeting accuracy
- **Expanded role for the Nutrition Cluster in RUTF supply coordination**
  - Already supporting ad hoc lending of stock between partners
  - Formalize ongoing efforts to monitor stock levels; coordinate a shared pool of buffer stock
- **Advocate in coordination with health systems actors for improved infrastructure and potential supply integration**
  - Improved warehousing and road infrastructure is essential and benefits multiple sectors
  - Could couple an assessment of government supply chain readiness for RUTF integration with a broader system assessment


Questions?
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WHAT IS NEEDED TO STRENGTHEN THE CONTINUUM OF CARE?

A CHANGE IN PERSPECTIVE

- **Wasting management objectives overlap with broader nutrition and health systems strengthening efforts:**
  - Improved IYCF and water, sanitation, and hygiene behaviors; access to health services; and health system infrastructure will all help reduce wasting caseloads and improve quality of treatment for those who still need it.
- **Global Action Plan on Child Wasting is a step in the right direction:**
  - Emphasis on multi-sectoral, systems-level approaches

Kate Holt MSCP

Tanya Martineau, Prospect Arts, Food for the Hungry

Kate Holt MSCP

USAID

COORDINATION WITH OTHER SECTORS

- **Use multi-sectoral nutrition platforms for joint planning, discussion, and information sharing:**
  - **Governments** should invest in the coordination structures mandated in their multi-sectoral nutrition policies and plans.
  - **Implementing partners and donors** must recognize the long-term investment needed to make these platforms effective.
  - In settings with protracted crises, an **expanded role for the Nutrition Cluster** as a link between emergency and development actors may be appropriate.
- **Stronger coordination and alliances with health systems strengthening actors:** Some key elements (e.g., warehousing and transportation infrastructure) are critical to improved nutrition service delivery but not the sole responsibility of the nutrition sector to address.

IMPROVED TARGETING

- **Accurate caseload estimates** are critical for commodity procurement and planning; geographic prioritization:
  - Investment in routine Standardized Monitoring and Assessment of Relief and Transitions surveys
  - Routine data quality improvement (District Health Information Software-2)
  - Improved coordination with government and facility-level counterparts
  - Revisit how caseload estimates are calculated.
- **Transparency in decision-making**: Systematic information sharing between government, partners, and donors about target setting, constraints, and tradeoffs

Photo credit: Gwenn Doubourthoumieu

PURPOSEFUL CO-LOCATION OF ACTIVITIES

- Discussion within and between **donor agencies** about planned activities and potential for complementarity:
  - Integrate linkages into the projects at the design stage.
  - Make coordination part of reporting and evaluation requirements.
  - Encourage joint work planning and results areas, as appropriate.
- UN agencies and international NGOs should support local partners to have technical capacity to deliver both severe and moderate wasting treatment.
  - Facilitates a smoother transitions between services
  - One solution to begin streamlining the number of actors working in a given area

CLOSER COORDINATION BETWEEN EMERGENCY AND DEVELOPMENT ACTORS IN PROTRACTED SETTINGS

Continue shift towards more harmonized emergency and development programming cycles:

- Longer emergency funding horizons from donors to implementing partners and UN agencies are becoming more common
- Not necessarily trickling down to all implementing partners (e.g., UNICEF and WFP still operating on one year maximum timelines for many activities)
- Longer-term funding of emergency activities facilitates better coordination with development actors


Questions?
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CLOSING REMARKS

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Thank you!

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