Strengthening the Continuum of Care for Wasting Management through Coordination and Collaboration

Findings from Facilitated Learning in the Democratic Republic of the Congo: **Executive Summary**

USAID ADVANCING NUTRITION

December 2022

About USAID Advancing Nutrition

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, led by JSI Research & Training Institute, Inc. (JSI), and a diverse group of experienced partners. Launched in September 2018, USAID Advancing Nutrition implements nutrition interventions across sectors and disciplines for USAID and its partners. The project's multi-sectoral approach draws together global nutrition experience to design, implement, and evaluate programs that address the root causes of malnutrition. Committed to using a systems approach, USAID Advancing Nutrition strives to sustain positive outcomes by building local capacity, supporting behavior change, and strengthening the enabling environment to save lives, improve health, build resilience, increase economic productivity, and advance development.

Disclaimer

This report was produced for the U.S. Agency for International Development. It was prepared under the terms of contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. (JSI). The contents are the responsibility of JSI, and do not necessarily reflect the views of USAID or the U.S. Government.

Recommended Citation

USAID Advancing Nutrition. 2022. *Strengthening the Continuum of Care for Wasting Management through Coordination and Collaboration: Findings from Facilitated Learning in the Democratic Republic of the Congo: Executive Summary.* Arlington, VA: USAID Advancing Nutrition.

COVER PHOTO: ©2015 DAVID UTTLEY/SAMARITAN'S PURSE

USAID Advancing Nutrition
JSI Research & Training Institute, Inc.
2733 Crystal Drive
4th Floor
Arlington, VA 22202

Phone: 703–528–7474
Email: info@advancingnutrition.org
www.advancingnutrition.org

ACKNOWLEDGEMENTS

USAID Advancing Nutrition would like to thank the individuals from the Government of DRC, United Nations agencies, and implementing partners in Kasaï Central, Kasaï Oriental, Sud Kivu, and Tanganyika who engaged in this learning exercise and shared their experiences with us. We extend special thanks to the national- and provincial-level officials from Direction Provinciale de la Santé and Programme National de Nutrition and the health zone management teams from Cilundu, Kabeya Kamuanga, Kalehe, Kananga, Miabi, Mikalayi, Mubumbano, and Tshikaji, which planned and implemented these activities with us. We would like to also recognize the following organizations:

Adventist Development & Relief Agency (ADRA)

Amis des Personnes en Détresse (APEDE)

Action pour la protection de la santé humaine, animale et végétale (APROSHAV)

Catholic Relief Services

Caritas Kananga

Centre d'appui au développement rural et à la sécurité alimentaire (CADERSA)

Comitato Internazionale per lo Sviluppo dei Popoli (CISP)

Concern Worldwide

Congo nouveau prospère (CONOPRO)

Cooperazione Internazionale (COOPI)

Centres socio-educatifs de l'esperance compagnie de marie Notre Dame (CSEEC)

Food for the Hungry

International Rescue Committee

INTERSOS

Médecins d'Afrique (MDA)

Médecins du Monde (MDM)

Mercy Corps

Nutrition Cluster

Projet de Santé Intégré de l'USAID (PROSANI)

Save the Children International

Sud Kivu Value Chains Activity

Social Development Center (SDC)

United Nations Children's Fund

World Food Programme

World Vision

ACRONYMS

BHA	Bureau for Humanitarian Assistance
CDCS	Country Development Cooperation Strategy
COVID-19	coronavirus disease of 2019
DPS	Direction Provinciale de la Santé (Provincial Department of Health)
DRC	Democratic Republic of the Congo
GIBS	Groupe Inter Bailleurs de la Santé (Inter Donor Health Group)
IMAM	integrated management of acute malnutrition
MAM	moderate acute malnutrition
NGO	nongovernmental organization
PRONANUT	Programme National de Nutrition (National Nutrition Program)
PSNMN	*Plan Stratégique National Multisectoriel en Nutrition* 2016–2020 (National Multi-sectoral Nutrition Strategic Plan)
SAM	severe acute malnutrition
SMART	Standardized Monitoring and Assessment of Relief and Transitions
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WASH	water, sanitation, and hygiene
WFP	United Nations World Food Programme

EXECUTIVE SUMMARY

The Democratic Republic of the Congo (DRC) is one of 10 countries that make up 60 percent of the global burden of wasting in children under five (GAP 2021). Approximately 4.1 million children under five in DRC will experience wasting in 2022, with an anticipated prevalence of nearly 15 percent in some health zones (OCHA 2021a). Factors that drive wasting in DRC include acute and chronic food insecurity, communicable disease outbreaks, natural disasters, and ongoing security challenges. Numerous ongoing humanitarian responses in DRC are addressing both the acute and protracted crises arising from these factors.

DRC is also among the many countries where treatment for wasting is fragmented, with different actors supporting treatment of moderate wasting and severe wasting. Prevention approaches tend to be poorly defined and are not systematically integrated or linked with treatment components. At the start of 2022, 29 international nongovernmental organizations (NGOs) and 35 national NGOs were supporting nutrition activities in the country (DRC Nutrition Cluster 2022). Many additional actors are working to build resilience and implement important prevention and development-focused programs. Given all these factors, it is critical that **actors coordinate and collaborate to align services and activities, share information, and generate synergies across their individual efforts.**

OBJECTIVE

The U.S. Agency for International Development (USAID) Bureau for Humanitarian Assistance (BHA) and the USAID Mission in DRC asked USAID Advancing Nutrition to undertake a facilitated learning activity on purposeful co-location of nutrition partners in four provinces in DRC.

The objectives of this activity evolved over the course of our three years of work based on ongoing learning, the expressed needs of in-country nutrition actors, and limitations related to the coronavirus disease of 2019 (COVID-19) pandemic. Based on findings from the preliminary phase of work and in response to the COVID-19 pandemic, we developed a learning agenda with three objectives:

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

We used a collaborating, learning, and adapting approach throughout, adjusting our activities based on information gathering and learning and in response to COVID-19-related challenges. Our process can be grouped into three main phases, summarized in the following Activity Phases figure. In each phase, **we shared our learning with nutrition actors through interim reports as well as during site visits and national- and provincial-level Nutrition Cluster and health zone management meetings for validation,** input, and action.

Activity Phases

PHASE 1

Activity Design (2019)

- Desk review of national systems and structures
- National-level workshop
- Province visits and key informant interviews

PHASE 2

Subnational Consultations (2020)

- Development of a learning agenda
- Nutrition partner mapping
- Documenting existing coordination and collaboration actions and platforms

PHASE 3

Identifying Actions to Strengthen Coordination and Collaboration (2021)

- Review of the quality of wasting treatment services
- Development of coordination and collaboration action plans
- Action plan monitoring
- Validation of learning

PHOTO CREDIT: KATE HOLT/MCSP

Counseling is an important way to discuss good health, hygiene, and nutrition practices with caregivers in order to prevent wasting in young children.

We also worked closely with the Programme National de Nutrition ([PRONANUT]; National Nutrition Program) and the Direction Provinciale de la Santé ([DPS]; Provincial Department of Health), and in coordination with the national and provincial Nutrition Cluster coordinators.

FINDINGS, OBSERVATIONS, AND LESSONS LEARNED

Our three-year learning activity yielded a wealth of information about the role of coordination and collaboration in delivering a holistic continuum of care for wasted children. Coordination is not the responsibility of a single manager, official, or program, but requires clear roles and responsibilities for all involved. Many of the challenges identified are, in part, due to or exacerbated by **the lack of a functional multi-sectoral coordination platform** through which government, emergency, and development actors regularly engage.

We should be concerned not only with the lack of coordination and collaboration between actors supporting the wasting continuum of care; we should also **seek to strengthen multi-sectoral coordination and collaboration for nutrition more broadly**. Achieving these shared, multi-sectoral nutrition outcomes will strengthen the continuum of care for wasting, as so many nutrition programming elements overlap and share interdependencies. Additionally, focusing on wasting coordination and collaboration may reinforce the incorrect impression that wasting is a stand-alone, emergency activity, which can undermine efforts to strengthen its integration into the health system. Overall, without a clear platform to foster the participation of all multi-sectoral nutrition actors, coordination and collaboration will likely remain ad hoc, especially among emergency and development actors and non-health sector actors contributing to wasting prevention, and the continuum of care persistently fragmented. Below, we provide highlights of our findings, observations, and lessons learned on management of wasting services, planning, supply chain, and data and information sharing.

We found much room for improvement in the **coordinated management of treatment and prevention services**, including integration and coordination of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) treatment services, the extent to which prevention activities are coordinated with health facility–based treatment services, and internal and cross-project activity management and coordination.

Coordinated planning between nutrition actors on both the operational and technical aspects of implementation is integral to delivering a seamless, holistic continuum of care. Well-coordinated planning reduces duplication of efforts, creates service delivery efficiencies, and facilitates better and more equitable service coverage. Coordinated planning can also help ensure harmonization of approaches, preventing contradictory operational standards, like differing incentives for community volunteers that can lead to demotivation, and can reduce the risk of overloading community members with numerous, potentially competing demands on their time. However, the mix of long-term development programs and short-term emergency interventions add a layer of complexity to the planning process, making the need for good communication and coordination essential. The short-term, intermittent nature of emergency-funded support to wasting treatment services and the potential for termination of or delays in issuing contracts with local nutrition partners make consistent engagement between emergency and development actors challenging.

The implications of an unreliable **supply chain** are well known. When treatment is not available due to a lack of the necessary products, caregivers lose faith in health services and children's lives are at risk. The brief, intermittent nature of UNICEF and World Food Programme (WFP) contracts do little to support the goal of ensuring that integrated wasting treatment services—and required products—are reliably available at all health facilities, as articulated in the DRC's integrated management of acute malnutrition (IMAM) protocol. Contracts structured to meet the needs of acute emergencies cannot support the long-term delivery of integrated IMAM services.

The variety of processes used to plan and budget for last-mile delivery transportation requirements are complicated, especially for health zone officials, who in the eyes of communities are ultimately responsible for the availability of services. During interviews with health facility staff and health zone officials, there was no mention of a combined strategy for coordinated last-mile delivery of products among UNICEF, WFP, nutrition partners, and the health zones. They consistently cited misalignment of procurement estimates with actual needs as a challenge to supply chain planning that can cause friction between the health facilities and the communities.

Nutrition actors face many challenges to collecting, managing, integrating, sharing, and using nutrition **data** for decision-making. They rely on disjointed systems all along the continuum of care, and data quality was found to be poor along the data collection chain. SAM and MAM treatment services use different registers and reporting systems; national health and logistics information systems tend to focus only on SAM treatment, excluding MAM treatment and prevention elements; community-level screening and prevention activity data collection systems are not harmonized; and government, health facilities, and nutrition partners do not systematically exchange information. The absence of routine data and information sharing is especially problematic, as there is a general lack of information about wasting in general. The 2022 *Humanitarian Needs Overview* states that funding for Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys has been decreasing; the number of those conducted has declined approximately 50 percent each year since 2019 (OCHA 2021a).

RECOMMENDATIONS

The operating environment and nutritional needs in DRC are complex and will likely remain so for some time. Much of what we recommend will not happen quickly and may require systemic change at levels beyond what is achievable in DRC alone. Our work, however, seeks to underscore the dire consequences for children and families if things do not change. Coordination and collaboration must improve at multiple levels—between emergency and development actors, between NGOs and government, between sectors—to have any hope of turning back wasting in DRC. We urge nutrition actors in to DRC take these observations, lessons learned, and recommendations into consideration as they continue their work.

1. Recommendations for Government

Government ownership and leadership are essential for the activities along the wasting continuum of care to be scaled, integrated, and sustainable. While external support is required as long as government resourcing gaps remain, government officials retain an important role in directing and coordinating partner support to meet prioritized needs, reduce duplication of efforts, and capitalize on potential efficiencies.

Integrate nutrition coordination and collaboration activities into provincial and health zone annual plans

We recommend that government officials continue to embrace and scale up the nutrition coordination and collaboration action planning process in line with government-mandated multi-sectoral nutrition action planning efforts. To the extent possible, government contributions—either in kind or financial—to

implement the actions will be important to ensure sustainability and reduce the uncertainty that comes with reliance on nutrition partner support. We specifically recommend that the DPS prioritize the allocation and timely release of resources to PRONANUT to support these efforts, as good nutrition is central to so many other important health outcomes. Government entities should also consider innovative financing options to support coordination and collaboration for nutrition.

More clearly define the role of multi-sectoral nutrition committees and invest in strengthening their capacity

The *National Multi-Sectoral Nutrition Strategic Plan (Le Plan stratégique national multisectoriel pour la nutrition [PSNMN])*, which expired in 2020, mandated the creation of province- and territory-level multi-sectoral nutrition committees but did not define their roles and responsibilities well. The accompanying operational plan did not clarify roles and responsibilities for these entities either. We recognize these committees' potentially critical role in convening multi-sectoral nutrition actors engaged in both emergency and development activities. Without this shared space for dialogue, discussion, and coordination, progress toward the delivery of a holistic continuum of care for wasting will be impeded.

We recommend clearly articulating the roles and responsibilities of these committees vis-à-vis other existing nutrition coordination platforms, such as the Nutrition Cluster, in the forthcoming *National Multi-Sectoral Nutrition Strategic Plan 2022–2026*. We also recommend that adequate human and financial resources be allocated to establishing and strengthening these committees at provincial and territorial levels.

2. Recommendations for NGO Nutrition Partners

Many aspects of the wasting continuum of care depend on partner support yet are hindered by a lack of coordination between partners and government, and sometimes even within single projects or organizations. Nutrition partners—both local and international NGOs—must consider the potential consequences of operating in silos, and instead work to reap greater benefits by taking additional steps to ensure their activities are harmonized with other actors and truly align with government priorities and community needs.

Ensure coordination and collaboration are integrated into project work plans and activities

The recommendations for government actors cannot be fully realized—at least in the short term—without support from nutrition partners. We recommend that nutrition actors engage with the government in a meaningful and transparent manner to discuss where and how support needs can be integrated into project work plans. Too often, nutrition partners complete their work plans without consulting government authorities or other partners, meaning that opportunities to cross-leverage partner capacities or strategic advantage to improve nutrition programming may be missed. Both emergency and development partners should integrate coordination activities into their work.

Projects and implementing partners also need to support government entities, such as DPS and PRONANUT, in their convening roles. When providing capacity strengthening, logistical, and financial support, government partners should lead by calling meetings, developing and approving activities and action plans, and following up with agreed-upon next steps.

Strengthen multi-sectoral nutrition committees to convene nutrition actors working along the wasting continuum of care

If the multi-sectoral nutrition committees were strengthened, they would be an appropriate mechanism through which to convene the diverse group of actors supporting the wasting continuum of care. The Nutrition Cluster could share its emergency-focused information and plans, and representatives engaged in other sectoral coordination mechanisms could share similar updates to strengthen prevention programming. Participation in regular meetings through these committees, coupled with ad hoc engagement with other coordination bodies when there is an identified need around specific activities, would promote information sharing without nutrition actors becoming overloaded with meetings. Despite the clear advantages these multi-sectoral committees offer, however, few resources have been dedicated to their setup or capacity strengthening.

Our experience highlights the need for dedicated resources to facilitate coordination and collaboration so that these become routine ways of working at the province and health zone levels. Partners supporting this work should integrate transition planning for the financial support of multi-sectoral nutrition committee activities, such as routine meetings and supervision visits, into their work plans, clearly communicate them, and seek agreement from government actors from the outset. Ideally, financing to support multi-sectoral nutrition coordination would be included and financed through the annual province- and health zone–level action plans.

PHOTO CREDIT: KATE HOLT/MCSP

Child health visits are an important opportunity to screen children for wasting. Simplifications to treat wasting help to streamline the screening process—for example, using only MUAC tapes, like the one seen on the table here, to identify and enroll children.

3. Recommendations for UN Agencies and the Nutrition Cluster

United Nations (UN) agencies like UNICEF and WFP are crucial in the fight against wasting. In complex settings such as DRC, which include areas experiencing protracted ongoing crises and acute emergencies, the Nutrition Cluster also has an important role in coordinating nutrition actors that respond to the resulting needs. Given the important role of UNICEF, WFP, and the Nutrition Cluster—particularly regarding wasting treatment—we recommend ways to strengthen coordination and collaboration between UN agencies and with non-emergency actors.

Contract the same implementing partner to support all aspects of wasting treatment services and align award duration and cycles

The treatment aspect of the continuum of care is fractured, increasing the possibility that children will not receive lifesaving treatment due to poor operational and administrative coordination between UNICEF and WFP. As they recover, children should be able to seamlessly transition between outpatient services for SAM and supplementary feeding programs for MAM. This is challenging, however, when different implementing partners are contracted to support SAM and MAM services in the same health zone, especially when funding and contracting cycles are misaligned. Although co-location of services provided by different nutrition partners is better than not having services available at all, weak coordination leads to inadequate referral systems that put children at risk as they transition between services. Rather than continuing to prioritize co-location of UNICEF- and WFP-supported programming elements, which is still not optimal due to funding and targeting constraints, UNICEF and WFP should consider adopting more coordinated approaches, as used by the agencies in other countries. The most important first step is to work toward contracting the same partner to support both SAM and MAM services within a given health zone. UNICEF and WFP should also invest in strengthening the capacity of their local partners

to ensure they can efficiently and effectively deliver holistic SAM and MAM treatment.

In addition, UNICEF and WFP should work to harmonize their award durations and cycles with the ultimate aim of giving longer-duration awards to local partners. In a 2020 evaluation, WFP acknowledged the importance of its partners and flagged the need for more strategic long-term engagement with them to improve programming continuity. WFP has also suggested organizing internal planning sessions with partners to agree on activity and payment schedules and provide partners more support with expense and financial reporting (WFP 2020). Despite these recommendations, when new awards were issued in January 2021, they were standardized to a duration of only six months, with the option for a six-month extension. UNICEF awards also tend to be for a six-month period.

Add guidance on coordinating and collaborating with non-emergency actors to the Nutrition Cluster Guidelines for DRC

The Inter-Agency Standing Committee, which oversees humanitarian cluster activation, advises that cluster activation be based on an assessment of needs and time-limited (IASC 2015). Yet in DRC the Nutrition Cluster has been activated since 2006. The complexity of emergency response has changed dramatically in the past 10 years with the emergence of many more protracted crises layered with acute emergencies. It is important to determine if the current operating standards for cluster members align with operational realities.

The DRC Nutrition Cluster Guidelines were last updated in 2016. Because much has changed in terms of wasting treatment best practices and the implementation context, an update may be appropriate. While these guidelines already include information on multi-sectoral nutrition interventions, we suggest the inclusion of more information about how emergency actors can coordinate efforts with development actors. Many development actors screen and refer children to health facilities for wasting treatment. However, information sharing on these activities with treatment partners, who are often also Nutrition Cluster members, is virtually nonexistent. Likewise, Nutrition Cluster members do not actively inform co-located actors about disruptions to treatment services, nor do they work collaboratively to find appropriate, temporary solutions for communities in these circumstances.

4. Recommendations for Donors

Although our learning efforts have focused on USAID-funded work, all donors have an important role in ensuring that their projects and partners coordinate and collaborate. We have seen that co-location of projects does not always lead to effective coordination, collaboration, or even basic communication. Donors' technical guidance on and sometimes even facilitation of engagement among these entities may be required. However, the extent to which donors can hold their partners accountable for coordination and collaboration actions varies greatly based on the funding mechanism and the type of organization funded. In bilateral development awards, the donor is in a stronger position to influence the level to which its partners coordinate with each other, the government, and coordination structures. For emergency awards, which benefit from reduced reporting requirements under the Grand Bargain, the Nutrition Cluster may hold more sway over how these partners interact with other nutrition actors, as these accountability structures are stronger than what donors can impose. We present recommendations for emergency and development awards separately to help identify appropriate strategies for these different systems. We also highlight cross-cutting recommendations for donors to consider regardless of project type and funding modality.

Use the *GAP DRC Country Operational Roadmap* to guide coordination of wasting-related programming

The *GAP Country Operational Roadmap for DRC* was finalized recently. This document represents the prioritization of the government's and nutrition partners' actions to address the basic, underlying, and root causes of wasting by strengthening health; water, sanitation, and hygiene (WASH); social protection; and food systems. This plan, though not comprehensive of issues we highlight here, will facilitate coordination of donor programming priorities for wasting and nutrition more broadly. The Inter Donor Health Group (Groupe Inter Bailleurs de la Santé [GIBS]) is another platform that health and nutrition donors can leverage to better coordinate nutrition programming and financing. Donors should be mindful, however, that non-nutrition and non-health actors must be consulted to ensure support for a holistic prevention package.

Encourage, and when possible require, partner participation in and support for multi-sectoral nutrition coordination committees

Just as we recommend that government actors prioritize the continued scale-up of multi-sectoral nutrition committees

PHOTO CREDIT: KATE HOLT/MCSP

Women and children like the ones depicted here at a rural health clinic in DRC stand to benefit tremendously from better nutrition coordination and collaboration between emergency and development actors, between NGOs and government, and among sectors.

and ask nutrition partners to integrate capacity strengthening and leadership support activities into their work plans, we recommend that donors value and prioritize strengthening these committees as well. Dedicated funding, time, and resources are required to overcome the challenges facing their establishment and operationalization. Donors should encourage partners implementing multi-sectoral nutrition activities to include capacity strengthening and support to the committees in their work plans and to participate in them. A dedicated project or project work stream may be required to catalyze these efforts. While opportunities to provide support through emergency mechanisms will likely remain more ad hoc and somewhat limited, donors and multilateral agencies like UNICEF and WFP should, at minimum, plan support in close consultation with development partners to ensure their efforts are complementary, layered, and sequenced.

Identify opportunities for humanitarian-development nexus programming and financing in DRC

Enhancing engagement between humanitarian and development actors is a crosscutting commitment that is part of the Grand Bargain. While there is much rhetoric from both humanitarian and development actors about the willingness to work together, the ways to do so are less clear. Perhaps even less so is how to implement programs that span the humanitarian and development divide. Donors should work with each other, their implementing partners, and the government to strengthen and increase nexus programming opportunities in DRC, especially given that many operating areas fit this type of context.

The USAID Mission in DRC emphasizes humanitarian-development nexus contexts as a priority for integrated programming in its current *Country Development Cooperation Strategy (CDCS) 2020–2025*. However, there is little mention of the need for partners to coordinate and collaborate on integrating this purposefully into the Mission's programming. This is an opportunity for strengthening in the next iteration of the CDCS.

Emergency Programs

Emergency programs, given their need to be administratively nimble to ensure timely response to urgent needs, tend to have much lighter reporting requirements than development programs due to commitments under the Grand Bargain. Nevertheless, emergency actors should all strive to adhere to the principles of accountability outlined in the Core Humanitarian Standards and the Sphere Handbook. Emergency actors working in protracted crises need to consider how to work alongside development actors and local authorities and through existing systems (Sphere 2018). In the evolving emergency operating environment, some donors are beginning to embrace longer-term emergency funding packages.

Consider multi-year funding horizons for emergency programs

None of the emergency projects we examined as part of this work exceeded one year; most were six-month awards. These short, intermittent periods of funding are inappropriate for supporting integrated services and are detrimental to efforts to strengthen service quality and the health system as a whole. They also lead to gaps in service delivery and create a higher administrative burden for both the donor and local partners, adding complexity to planning processes.

There has been some innovation in this space globally, with multi-year funding increasing by 75 percent between 2016 and 2018 (Development Initiatives 2020). We recommend that donors explore more of these multi-year funding opportunities, including for local organizations, for use in DRC.

Development Programs

There are many opportunities for donors to integrate coordination and collaboration into their multi-year development programs. Because these programs often come with contractual agreements that allow substantial involvement and oversight, and more rigorous reporting, monitoring, and evaluation requirements, donors have an opportunity not only to suggest that coordination and collaboration be central to programs but also to hold them more accountable for these actions.

Plan for and integrate coordination and collaboration into every stage of the project cycle

The most effective way for donors to ensure that implementing partners engage in meaningful coordination and collaboration is to integrate them into every stage of the project cycle. Ideally, they are embedded within the project design and results frameworks. Planning for coordination and collaboration from the design phase and holding partners accountable through routine monitoring and project evaluations will help systematize these aspects within and across projects. Donors should consider the following entry points to strengthen coordination and collaboration.

1. Consult internally and with other donors when designing co-located projects.
2. Promote common objectives and results frameworks for key activity areas
3. Encourage co-located development projects and partners to consult with each other during workplanning.
4. Make coordination and collaboration a core component of project evaluations.

Strengthen follow-up, reporting, and data sharing requirements for development projects that conduct community-level screening

Many development projects have integrated screening for wasting into their community-level activities. Small changes to reporting requirements for these programs could prompt a shift in ways of working that could strengthen the community and health facility linkages needed to ensure a holistic continuum of care for wasting.

At a minimum, donors should consider requiring or encouraging projects doing screening to report the number of children seeking services or enrolled at the health facility following a referral. Reporting on referral completion would not only prompt development partners to engage directly with health facilities on wasting treatment, but would also create a valuable information-sharing opportunity with health facility staff. To strengthen reporting mechanisms further, donors should consult with the government and the Nutrition Cluster to identify a common set of wasting-related indicators for partners to report on.

REFERENCES

Development Initiatives. 2020. *Multi-Year Humanitarian Funding*: *Global Baselines and Trends*. Bristol, UK: Development Initiatives.

DRC Nutrition Cluster. 2022. "20220128 4W Collecte JAN-FEV." Unpublished internal document. Accessed February 10, 2022.

GAP (Global Action Plan for Child Wasting). 2021. *DRC Country Roadmap*. New York: United Nations. https://www.childwasting.org/the-gap-framework.

IASC (Inter-Agency Standing Committee. 2015. *Reference Module for Cluster Coordination at Country-Level*. Accessed August 25, 2022. https://interagencystandingcommittee.org/iasc-transformative-agenda/iasc-reference-module-cluster-coordination-country-level-revised-july-2015

OCHA (Office for the Coordination of Humanitarian Affairs). 2021a. *Aperçu des besoins humanitaires République Démocratique du Congo: Cycle de programme humanitaire* 2022. New York: United Nations/OCHA. https://reliefweb.int/report/democratic-republic-congo/r-publique-d-mocratique-du-congo-aper-u-des-besoins-humanitaires-3

Sphere Association. 2018. The *Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*. 4th ed. Geneva: Sphere Association. www.spherestandards.org/handbook

WFP (World Food Programme). 2020. *Evaluation of Democratic Republic of the Congo Interim Country Strategic Plan 2018–2020 Evaluation Report*. Vol. I. Rome: WFP Office of Evaluation.

USAID ADVANCING NUTRITION

Implemented by:
JSI Research & Training Institute, Inc.
2733 Crystal Drive
4th Floor
Arlington, VA 22202

Phone: 703–528–7474
Email: info@advancingnutrition.org
Web: advancingnutrition.org

December 2022

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

This document was produced for the U. S. Agency for International Development. It was prepared under the terms of contract 7200AA/ 8C00070 awarded to ISI Research & Training Institute, Inc. The contents are the responsibility of ISI and do not necessarily reflect the views of SAID or the U.S. Government.