REPORT ON TRAINING OF KEY DRC NUTRITION CLUSTER PARTNERS ON THE SIMPLIFIED APPROACHES.

LOCATION: REMOTE (VIRTUAL) ENGAGEMENT

TRAINING DATES	
Group one	15th to 17th July, 2020
Group two	21st to 23rd July, 2020
Group three	28th to 30th July, 2020

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Introduction

In December 2019, China declared an epidemic caused by a new coronavirus (SARS-CoV-2), called Coronavirus disease 2019 or COVID-19. To date, all continents are affected with the epidemic. Given the severity of the situation, the Executive Director of the World Health Organization (WHO) declared on January 30, 2020 this epidemic "a public health emergency of international scope" (USPPI), then since March 11, 2020 as a pandemic.

Like other African countries, the Democratic Republic of Congo (DRC) was under-prepared to deal with the COVID-19 pandemic. Despite the preventive measures put in place, the country was affected as of March 10, 2020. From this day to May 16, 2020, the country has recorded 1,455 cases with 61 deaths. Currently (May 18, 2020) 7 provinces are affected (City of Kinshasa: 1,356 cases; Kongo Central: 72 cases; Haut-Katanga: 11 cases; North Kivu: 8 cases; South Kivu: 4 cases; Ituri: 2 cases and Kwilu: 1 case). The provincial city of Kinshasa remains the epicenter of the epidemic.

To respond to the spread of the epidemic, the Ministry of Health (MoH) through the national nutrition program (PRONANUT) in collaboration with the Nutrition Cluster developed and disseminated throughout the country a guidance manual[1] (April 2020) providing recommendations for adjustments that can be made in routine nutrition programs (including in and outpatient treatment of acute malnutrition in children under 5, IYCF-E, and treatment and prevention of malnutrition amongst pregnant and lactating women). The manual gives practical guidelines to minimize the risk of nutrition programmes becoming sources of transmission for COVID-19.

This guidance manual goes into further detail in different areas of programming in a series of annexes (anthropometry, wasting, messages for health staff and communities and IYCF-E). The annex on wasting recommends that Integrated Management of Acute Malnutrition (IMAM) programmes could integrate further adaptations to treatment of acute malnutrition to reduce opportunities for transmission of COVID-19. The adjustments include community-based (such as Family MUAC and behaviour change communication for IYCF-E) and initiating simplified approaches by volunteers in areas where it is possible, and resources are available. Simplified approaches include a range of modifications to the standard IMAM approach such as the use of mid-upper arm circumference (MUAC) as the main criterion for admission, follow-up and discharge, expansion of the MUAC cut-offs, adjustment to the quantity of RUTF given, treating both SAM and MAM under OTP, use of volunteers to treat uncomplicated SAM, and reduction in the frequency of follow ups.

The MoH in collaboration with the Nutrition Cluster decided to pursue the recommendation on simplified approaches outlined in the guidance manual. Through a consultation process with the MoH

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[1] Manuel d'orientation sur la Nutrition et la pandémie de COVID-19 en République Démocratique du Congo, 1 Avril 2020, République Démocratique du Congo Cluster Nutrition et Ministère de la Santé Publique et les annexes

and cluster members, a set of adaptations was agreed upon to make a   package of simplified approaches for the management of cases of acute malnutrition. These adaptations are proposed for implementation in the selected health zones (Gombe, Binzo, Bonza Meteo, Manono and Nyankunde). After the consultation process, a training on the adaptations was carried out.

Objectives of the training

The **overall objective** of the training was to build the capacity of key nutrition cluster partners on the simplified approaches that will be implemented as recommended in the DRC manual on prevention and management of acute malnutrition in the context of COVID-19.

The **specific objectives** were to ensure that participants:
– Have a clear understanding of what the simplified approaches are.
– Appreciate the advantages and constraints associated with the simplified approaches.
– Know the research that has been carried out about the simplified approaches and where they have been implemented.
– Understand the implementation process of the selected package of the simplified approaches.
– Know the key monitoring aspects of the various adaptations

The **expected outcome** of the training was to ensure effective transfer of information and knowledge on the selected adaptations, to have implementers that are confident and competent to pilot the simplified approaches in the selected health zones to ensure continuity of CMAM services in the context of COVID-19.

Participants

There were 28 participants of whom 22 were male and 6 were female.   Six of the 28 participants were from the UN (UNICEF and WFP), 11 from the various partner organizations that are to engage in the implementation in the 5 selected zones and 11 from the MoH (PRONANUT, CMAM and IYCF technical working groups and IMCI). The table below shows all the participants.

Table 1: List of participants for the trainings

#	Name	Function	Organisation/institution/ Cluster
1	Kalil SAGNO	Nutrition Cluster coordinator	Coordination Cluster Nutrition
2	BUMBA N'LOSI Nono	President of the CMAM Technical Working Group	GTT PCIMA -RDC
3	Viviane Malemba	Head of rehabilitation services.	PRONANUT

4	Georges Alain Tchamba	Focal point for the prevention and management of acute malnutrition.	UNICEF
5	Patrice BADIBANGA	Nutrition Specialist	PAM
6	Moussa ISSA	Nutrition Programme Manager	INTERSOS
7	Fidèle Ilunga	IMCI director	Programme National IRA
8	Kévin PELLE	IMO cluster nutrition	GTT-SIN
9	Moise KABONGO	Nutrition officer	Bureau UNICEF région Ouest
10	Vanessa Cimpaka	CMAM TWG member	GTT PCIMA- RDC
11	Kambale Sabuni Damien	Head of Communication Division	PRONANUT
12	Rosette Mbanza Tshiende	Emergency Nutrition focal point.	UNICEF
13	KENGE Eunice	Deputy Nutrition Technical Advisor	ADRA
14	Odon Timi Timi	Nutrition Specialist	PAM
15	MUHINDO KYUSA Macky	Nutrition Specialist	ADRA
16	Norbert BAYA	Nutrition Cluster	PRONANUT
17	Tusuku Toussaint	chef de division des interventions	PRONANUT
18	Daouda Mbodj	Nutrition Coordinator	COOPI
19	Pascal	Nutrition Coordinator	FONLIV
20	Annie MITELEZI	President of the IYCFE Technical Working Group	GTT-ANJE-U
21	Beatrice Kalenga Tshiala	Deputy Director	PRONANUT
22	Marie Petry	Health and Nutrition Coordinator	ACF
23	Matenda Mulonda Kalalu, Jeff	Health and Nutrition Coordinator	SCI
24	Emmanuelle Mbuyi	Head of Nutrition	SDC
25	Bienvenue Muntu	Focal point-Nutrition	MDA
26	Constant Mopaya Mbavumoya Shabani	Ituri Nutrition Cluster Coordinator	Coordination cluster Ituri
27	Jungkeun LEE	Nutrition PAM	PAM
28	Dr. Bruno	Director	PRONANUT

Training methods

All the three groups trainings were carried out virtually using mainly Zoom in addition to googledocs. The zoom break-out rooms, white boards and chat function were used to engage the participants in active small group discussions and paired conversations. PowerPoint presentations were shared via the zoom main room to provide more information, re-affirm and/or clarify what as shared in the discussions. During the zoom calls, all participants were encouraged and reminded to keep their videos on where possible during all the sessions. Participants were encouraged to share experiences and ask as many questions as possible. A pre and post-test were done to determine the level of knowledge about the approaches. Recapitulation of the sessions the following day helped to remind the participants what was discussed in the sessions of the previous day. Additional discussions took place in the WhatsApp group that was created for coordination and communication during the consultation process.

Scope of the training

The training took a total of 9 days for the three groups with each group having 3 hourly sessions every day for 3 days. The first day for each of the groups trainings began with introductions, setting the pace for the training, expectations from the participants and a presentation on the overall objectives of the training.

Day 1 was an overall introduction to the approaches- what they are, goal, importance and background. The content was:

- – Definition of the simplified approaches
- – Examples of the simplified approaches
- – WHO directives on the simplified approaches
- – The overall goal of the simplified approaches and advantages
- – Ongoing concerns
- – Example of key studies (comPAS, optiMA and some on use of CHWs) on some of the adaptations and their results.

Day 2 and 3 consisted in-depth discussions of each of the adaptations in the package that was agreed upon during the consultation. The adaptations are:

The selected adaptations:

- – Family MUAC
- – Use of MUAC and Oedema as the criteria for admission, follow-up and discharge
- – Combined treatment of SAM and MAM as one program
- – Use of a single product (RUTF) for the treatment of both SAM and MAM
- – Modification of the amount of RUTF provided not based on weight (SAM cases 2 sachets and MAM cases 1 sachet per day)

- Reduced frequency of follow-up visits
- Use of CHWs to treat acute malnutrition without complications including medical treatment

Content included what should be done win the context of COVID-19 based on the national guidance, the toolkit for CHW community-based treatment of uncomplicated wasting for children 6-59 months in the context of COVID-19 Version 1.0, June 2020 and experiences from South Sudan and Kenya.

At the ed of the presentations on each adaptation, participants were divided into groups to further discuss any other prerequisites in addition to what had been proposed by the taskforce (during consultation). Content on each adaption was:

- Definition
- Why the adaptation should be considered
- Advantages
- Challenges
- Considerations before, during and after training and or orientation.
- Key considerations in the context of COVID-19
- Monitoring, reporting and quality assurance.

Note: For the mother-MUAC approach, the PowerPoint presentation contains a sample training content for a complete family MUAC training in the field.

Limitations

This being a virtual training, some challenges were encountered. The challenges were treated as and when they occurred to ensure 6na overall smooth training. These included:

- For some of the participants, internet connectivity was poor and so they were all not able to keep the videos on- Keeping the videos on was one of the ways to engage participants. (participants were allowed to turn off video where applicable)
- Some of the participants faced disruptions during training as they were not in "alone" spaces e.g. some were in shared offices, home with other family members and background noises. were in shared offices. (participants were requesting to try as much as possible to train in convenient places and or reduce interruptions).
- Limited understanding of the platforms for example during one of the recapitulation sessions, a participant deleted content that was in the googledocs. (The co-host provided a basic review of how to use the key zoom features and what to do in the googledocs)
- Delays to join the zoom room, thus leading to delayed start of the sessions (participants were reminded at the end of each day's training to join early and reminders were shared in the WhatsApp group too)
- Delays to join breakout rooms. This was either due to poor connection or participants simply not joining. (the host followed up on the participants and additional time was allowed to compensate for lost time).

Conclusion

The trainings ended successfully and the participants appreciated the training with overall 96% of the participants scoring as "very satisfied" and "satisfied" (Very satisfied (score of 5) =26%, Satisfied (score of 4) =70% and somewhat satisfied (score of 3)= 4%). The participant in general mentioned the training to be timely and necessary. The evaluations report that that objectives were clearly defined, and the training was well-organized. Most participants mentioned that the information will be used during the implementation and monitoring. Time allocated for the training and allowed for questions had mixed Reponses. The aspects liked about the training was the discussions on all the adaptations especially the family MUAC and the use of CHWs to treat acute malnutrition at community level and the training methodology. Participants mentioned liking the group work, presentation skills, discussions and sharing of experiences. Results from the training evaluation and the pre and posttest per region are in the table below.

Note: Only 23 participants responded to the training evaluation.

Table 2: Results from the evaluation and pre and posttest.

Aspect evaluated	Score
Overall satisfaction with the training	Very satisfied =26%, Satisfied=70% and somewhat satisfied= 4%.
Clear definition of the training objectives	Very satisfied =39%, Satisfied =61 %
Context organization and ease to follow	Very satisfied=26%, Satisfied=61%, somewhat satisfied=13%
Sufficiency of time allocated	Very sufficient=22%, Sufficient=48%, Somewhat sufficient=22% not nearly sufficient=4%, Not sufficient=4%
Sufficient time to ask questions	Very sufficient=4%, Sufficient=70%, Somewhat sufficient=17% not nearly sufficient=4%, Not sufficient=4%
Pre and Post test results	Pre-test: 53% Post-test: 69%