

A Collaborative Approach to Nutrition Assessment, Counseling, and Support in DRC

Nutrition plays a vital role in reducing morbidity and mortality among people living with HIV. A healthy diet can help people living with HIV adhere to treatment and better manage symptoms. In the Democratic Republic of Congo (DRC), FANTA and two other USAID projects, Livelihoods and Food Security Technical Assistance II (LIFT) and Applying Science to Strengthen and Improve Systems (ASSIST), are collaborating on a three-pronged effort using nutrition assessment, counseling, and support (NACS)—a client-centered approach to delivering nutrition services to people living with HIV—as the organizing framework to help the Ministry of Health (MOH) integrate nutrition into routine HIV care and treatment and connect clients to livelihood services.

Under this collaboration, which began in 2013, FANTA provides technical assistance and resources for implementing NACS at health facilities; LIFT helps connect NACS clients to economic strengthening, livelihoods, and food security services in the community for further support; and ASSIST helps facilities improve the quality of NACS implementation. The projects planned their efforts jointly from the start to ensure that each area of expertise was well covered in training, materials, and support. Essential to NACS implementation is the projects' close partnership with the MOH and Implementing Partners from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), with the projects providing resources and advice to strengthen the ministry's capacity to lead the integration of NACS into health services. Using a NACS facility readiness checklist developed by FANTA, the MOH and the USAID Mission in DRC selected 15 health facilities in Kinshasa and Lubumbashi to be learning sites for NACS integration into HIV care and treatment. An assessment of the selected facilities' readiness for implementing NACS revealed that training for service providers, job aids and supportive materials, and equipment were needed. The three projects jointly designed a NACS training protocol and provided the necessary materials. FANTA provided scales, measuring boards, mid-upper arm circumference tapes, and cooking demonstration kits for the facilities to take anthropometric measurements and provide nutrition education to clients. The projects then helped the MOH conduct the training.

- FANTA's training focused on strengthening the competencies of health care workers to address



A NACS coach shows a process diagram to help staff at a health facility in Kinshasa identify issues with implementation. (Photo by Aimee Nibagwire, FANTA)

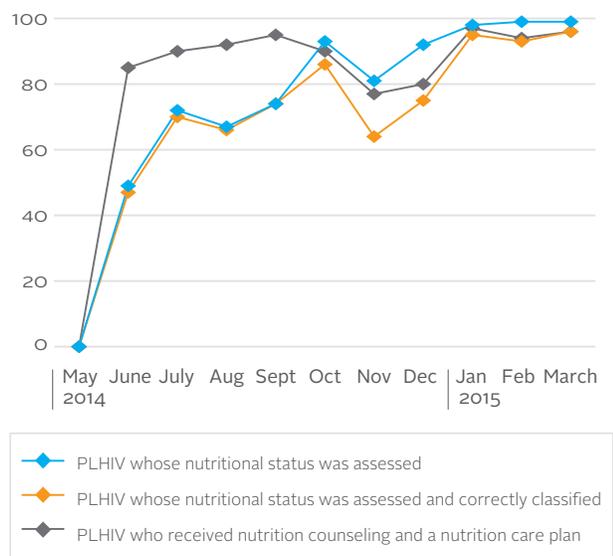
the nutrition needs of people living with HIV and strengthening the MOH's capacity to lead the integration of NACS into HIV care and treatment services.

- ASSIST's training focused on quality improvement to address weaknesses in NACS services delivery.
- LIFT's training focused on building the capacity of NACS providers to use a bi-directional referral system between facilities providing NACS and economic strengthening and food security service providers in the community.

Results: Increased Nutrition Assessment and Counseling

At the end of the first NACS training in May 2014, FANTA and ASSIST helped the MOH and the facilities set up internal and external coaching teams to support facility staff using well-tested quality improvement methods and tools. The internal coaches were frontline NACS service providers from the 15 health facilities selected for NACS integration. The internal coaches met regularly to explore ways to improve their work processes. The external coaches were technical experts from the MOH and the projects. They met with the internal coaches monthly to help address operational and technical issues with NACS implementation.

Figure 1. People Living with HIV (PLHIV) Who Received Key NACS Services at 12 Facilities



Because collecting, analyzing, and sharing data regularly were critical to identifying problems, the MOH required the facilities to collect data on the implementation process daily and report the data to the MOH monthly. Using a database developed by ASSIST, the MOH compiled the information monthly and shared it with the projects and the coaching teams to gauge the facilities' performance.

The facilities began implementing NACS soon after the training in May 2014 and have had notable gains. As shown in Figure 1, between May 2014 and March 2015, the percentages of people living with HIV whose nutritional status was assessed and correctly classified jumped from 0 to 99% and 96%, respectively, at the 12 facilities that reported results. Similarly, among people living with HIV whose nutritional status was assessed at the 12 facilities, the percentage who received nutrition

counseling and a nutrition care plan increased from 0 to 96%. In addition, the percentage of HIV-infected pregnant women whose nutritional status was assessed at the 12 facilities rose from 0 to 94% in that period. A PEPFAR Site Improvement through Monitoring System (SIMS) evaluation found that implementation of nutrition activities at a sample of 5 out of the 15 facilities met or exceeded expectations.

Results: Increased Linkages to Economic Strengthening and Food Security Services

Referrals and linkages to economic strengthening and food security services aim to positively impact nutrition and health outcomes for NACS clients. Clients identified through nutrition assessment and counseling were given referrals to available services, such as village savings and loan associations and food assistance provided by the World Food Programme through its partners. Through these referrals, clients have accessed food assistance in the form of corn-soy blend, vegetable oil, and pulses (i.e., grain legumes like dry beans and lentils) and joined village savings and loan groups. Strong collaboration and coordination with government programs, global partners, PEPFAR partners, and local organizations in Kinshasa and Lubumbashi played a key role in linking services.

Next Steps

The MOH, FANTA, LIFT, and ASSIST are continuing to collaborate to address persistent problems with data quality, counseling skills, bi-directional referrals, and other issues identified during review of health facility data and to better support PEPFAR's new emphasis on improving engagement, adherence, and retention in care and treatment among people living with HIV. In addition, buoyed by the results in Kinshasa and Lubumbashi, the MOH, the three projects, and the PEPFAR Implementing Partners are exploring ways to expand NACS into other facilities to support the care and treatment of people living with HIV throughout DRC.



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