

**Lessons learned report**

*Lessons Learned capture key insights (or lessons) learned from a deployment through the collection and analysis of feedback. These analyze a situation, the framing conditions, and the specific elements that made the situation a success or failure.*

**Title of Lessons Learned:** Lessons learned from providing technical support through a remote support modality- a case of supporting the DRC nutrition cluster on implementation of the simplified approaches.

**Author:** Martha Nakakande

**Summary of Lessons:**

**Background:** The MoH in collaboration with the Nutrition Cluster decided to pursue the recommendation on simplified approaches outlined in the guidance manual. Given the lack of expertise in the country for the implementation on simplified approaches for the management of acute malnutrition, the Ministry of Health requested that Nutrition Cluster engage the GNC-TA formerly Tech RRT to support the process of designing the specific simplified approaches and support partners in implementing the chosen adaptations. The overall responsibility of the CMAM Adviser was to strengthen the delivery of the CMAM response through the provision of senior leadership, technical support and capacity building of partners (DRC TWG on IMAM, Nutrition Program (MoH), UNICEF, WFP and some NGOs) on simplified approaches to CMAM programming in the context of COVID-19 through remote support.

**Key Successes**

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| **Success** | **Detail/Contributing Factors** | **Limitations/Threats** |
| Timely completion of the consultation process | * Motivation by the nutrition cluster partners to implement the simplified approaches. * Support and push from UNICEF. * Existence of workplan that was agreed upon by all parties concerned with the process. | * Some of the partners did not fully participate in the process as they were not in agreement with certain aspects of the simplified approaches. * The consultation process would have had a strong community reflection had discussions with sample communities been included. This however as not possible due to movement restrictions in the country and the COVID-19 prevention measures at the time |
| Good collaboration between the advisor and the in-country team (supervisors and the nutrition cluster partners involved) | * The remote support allowed the participants time to continue their other responsibilities. Thus, giving them the liberty to avail time for the both engagement with the advisor and their own offices. From a participant: “it was interactive and allowed involvement of participants, flexibility in terms of time and was accessible anywhere.” * Effective communication and several open channels of communication with the advisor (email, WhatsApp, Skype, zoom) | None |
| Overall effectiveness of the remote support. Activities were completed and the piloting of the simplified approaches began in 2 health zones. | * The understanding that the support was contributing to continuity of nutrition programs in the areas of operation * Technology. Availability of internet and platforms such as Zoom, WhatsApp an skype. These were used to facilitate the consultation process; the training and all the support was communicated using these channels. * Adaptation of the remote support to the context allowed for all those involved to find it acceptable and accessible. This contributed to the active participation that was experienced. * Formation of a working group. A group constituting the cluster coordinator, member of the PRONANUT, the CMAM TWG and the selected IPs was formed to coordinate and engage in all activities and provide leadership, roadmap and engage in the activities (review of content, development of tools etc) * Active participation. There was active participation from all participants both during the consultation process, the training and this continued with the working group after the training. | Challenges related to lack of human contact. Challenges mentioned include; impersonal nature of the support thus inability to have spontaneous discussions, share information on the go, inability to carry out visits and provide onsite recommendations to identified problems. |
| In the context of COVID-19, the modality allows for continued support irrespective of the movement restrictions. | * Nutrition Cluster partners were able to fully engage in the consultation, training and additional support and have been able to implement the simplified approaches in 2 health zones-all of which were carried out remotely |  |

**Key Constraints and/or Challenges**

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| **Constraint/Challenge** | **Detail** | **Recommendation/Opportunity** |
| Inability to provide the support on ground thus provide an impersonal support | Due to travel restrictions, deployment into the country was not possible thus resorting to a remote support modality. | Presence on the ground in future to assess the implementation process and support the cluster to take corrective action.  The PRONANUT to ensure effective practice on ground as the training was not accompanied by any practical sessions or follow-up. |
| Poor internet connectivity and electrical power interruptions. | The internet strength in the DRC is generally poor and the availability of electricity is poor too and power cuts are frequent. In addition, some participants were at home using internet purchased out of their pockets and for some, it was cellular network whose internet is not strong. This affected transfer of information and during the trainings videos were not turned on, which would have contributed to more productive engagement. I too did face some internet interruptions occasionally. | * Create and share videos or recorded lectures as training tools that can be viewed off-line. * Requesting organizations should incorporate internet costs for participants that are using their out-of-pocket to spend on internet. * Factoring in potential time lost due to such challenges in the ToR. |
| Time constraints | Time to engage online is limited in comparison to when the advisor is on ground. Trainings were carried in 3 hourly sessions to accommodate the acceptable time limit for active engagement in comparison to if they were directly carried out and would take more than 3 hours | Review and agree on workplans with all participants and allow for flexibility during the remote support. |
| Remotely facilitated trainings come with challenges of focus, external distractions and lack of fellow participants support. | * For some participants, there was a challenge of following the presentations and discussions in case they had to move off the computer and thus reported that online training requires great focus. In a face-to-face training fellow participant can update each other. * Some participants are faced with distractions as they continue to do other activities on their computers or get other environment al interruptions thus affecting their concentration towards the training. | Communicate to participants the importance of working from a quiet room/environment with very little distractions. In addition, participants should be able to ask the facilitator to recap where necessary. |
| Extension of the remote support period | * The support period was extended for a much longer time that would have been warranted for an in-country deployment. This was attributed to internal delays for funding/resources allocation, key partners staff going for the Christmas break. | The requesting entity should be tasked to ensure that the Advisor is productively utilized during the extension and or communicated clearly when the advisors support would be needed during this period. |
| Lapse in communication and utilization of the advisor to provide remote support | * At some point during the extension period, there were no updates on what was going on in-country request for additional support and provision of support to the advisor to complete some tasks. This led to some delays in completing certain task |  |

**Conclusions/Way Forward:**

* Providing technical support via a remote modality is effective and should be seen as appropriate where resources are not sufficient to support an in-country deployment or travel is not possible. The support provided to the DRC nutrition cluster was successful as explained in the various reports and the material developed and used. Remote support gives an opportunity for services delivery to continue and allows staff to continue with office activities. Remote support comes with both benefits and challenges. Most challenges are anchored on the lack of human contact and internet connectivity.
* It is key that the implementing partners document their experiences and lessons learned during the implementation of the simplified approaches in the 2 health zones and other heath zones where the approaches will be expanded to. These should be shared both nationally and internationally.
* Remote support creates a sense of no urgency especially for the party receiving the support as compared to an in-country deployment where it is known that at a given date, the advisor will leave the country. This lack of urgency leads to prioritizing other activities and contributes to prolonging of the support period and delays in executing certain part of the ToR. It is therefore recommended that for all remote support, this likelihood is discussed and emphasized that both the requester and advisor adhere to the recommended timeframe.