Nutrition in COVID-19, working in partnership

UNICEF COVID-19 NGO Briefing

Thursday 25 June 2020

2.30pm-3.30 pm GVA
Agenda

Nutrition in Emergencies, UNICEF’s response to COVID-19 *(60 mins)*

**Moderator: Luc Chauvin, Chief, Interagency and Humanitarian Partnership Section, Office of Emergency Programmes, UNICEF Geneva**

1) **Introduction and updates**
   - Luc Chauvin *(5 mins)*

2) **The COVID-19 emergency, coordinating UNICEF’s Nutrition response and partnership** *(15 mins)*
   - Saul Guerrero Oteyza, Nutrition Specialist, Programme Division, UNICEF New York,
   - Stefano Fedele, Global Nutrition Cluster Coordinator, Office of Emergency Programmes, UNICEF Geneva

3) **Working in Partnership in nutrition: sharing experience of UNICEF country office and partners in nutrition** *(15 mins)*
   - Tewoldeberha Daniel, Nutrition Specialist, UNICEF Kenya & Valerie Wambani, Programme Manager, Kenya Red Cross Society

4) **Q + A session** The panel will take questions from the floor *(25 minutes)*
A Crisis Like No Other:
Coordinating UNICEF’s Nutrition response and partnership
during the COVID-19 emergency

Stefano Fedele, Global Nutrition Cluster Coordinator, Office of Emergency Programmes, UNICEF Geneva
Saul Guerrero Oteyza, Nutrition Specialist, Programme Division, UNICEF New York,
Global Nutrition Cluster (GNC)

46 global partners representing INGOs, research and development groups, academic institutions, UN agencies, donors, individuals and hundreds of national NGOs at the national level.

**GNC Strategic Priorities**

- **Supporting operational delivery** of national Nutrition specific coordination mechanism, for emergency preparedness and response.

- **Strengthening capacity** through national/regional and global platforms to reduce risks, be more risk informed and deliver more effective and people centered responses.

- **Advocating and influencing for more effective and timely sectoral coordination** supporting national efforts, as part of the international humanitarian response, to meet the needs of affected populations

**GNC response top COVID 19 Pandemic**

- **Strategic priorities remain same** but COVID 19 Nutrition coordination prioritized.

- **Focus countries expanded**: About 30 pre-COVID to 63 in GHRP.

- **Remote operation support** increased for both guidance and capacity building.

- **Enhanced collaboration** with UNICEF Programme Division to strengthen national Nutrition coordination prior-to and after crisis.
Remote support
The GNC-CT currently includes 6 Helpdesks who can provide fast and highly specialized support to countries.

Helpdesk: One-on-one calls, webinars

- Coordination, David Rizzi, drizzi@unicef.org
- Inter-cluster, Danka Panchova, dpanchova@unicef.org
- Nutrition Information System, Victoria Sauveplane, vsauveplane@unicef.org
- Information Management, Shabib Al Qobati, salqobati@unicef.org
- Nutrition in Emergencies Technical, Yara Sleir, ysleir@unicef.org
- Cash and voucher assistance, Andre Durr, andurr@unicef.org

In-country support
The GNC-CT provides in-country support through deployments.

- Rapid Response Team Deployment, Anteneh Dobamo, adobamo@unicef.org
- Standby Partners Staff Deployment, Lauren Cheshire, lcheshire@unicef.org
- Technical Rapid Response Team Deployment, Ben Allen, ballen@internationalmedicalcorps.org
- Global Technical Assistance Mechanism for Nutrition (GTAM) Roster, gtamroster@unicef.org
- UNICEF internal surge and stretch assignments, Anteneh Dobamo, adobamo@unicef.org

Capacity development
The GNC-CT can organize or provide support for training and capacity building actions at country, regional and global level, for different profiles and capacity levels.

Trainings include:
- Information Management
- Coordination Awareness
- Inter-cluster training for nutrition outcome
- Harmonized Training Packages
Contact: Anteneh Dobamo, adobamo@unicef.org

- Nutrition Cluster Coordination training, Danka Panchova, dpanchova@unicef.org
- Mentoring program, Anteneh Dobamo, adobamo@unicef.org

Guidance and tools readily available online, including but not limited to:
1. Coordination and information management toolkits
2. Coordination and information management checklists
3. Nutrition in emergencies technical checklists

Checkout the website: http://nutritioncluster.net/

The COVID-19 pandemic is limiting mobility in all countries therefore the GNC-CT will endeavour to limit all face-to-face interactions and increase the modalities and opportunities for remote support, for the foreseeable future.
From March 2020 onwards, we knew

We knew that this would be a crisis like no other, a global event affecting everyone/everywhere, over a significant period of time.

We knew that we had a responsibility to lead nutrition efforts, but could only do so effectively if we were able to leverage and work closely with partners including civil society and governments.

We knew that collaboration held the key to doing the right thing, at the right time and in the right way.

We knew that asking for help was not a sign of a weakness, but a sign of strength. So we started to talk to others, and from those conversations the key elements of our response emerged.
Understand the Impact

Adapt our Solutions

Coordinate our Response

Model the impact of COVID-19 on maternal and child nutrition

Track the effects on delivery of essential nutrition services
Understand the Impact

Model the impact of COVID-19 on maternal and child nutrition

Track the effects on delivery of essential nutrition services

Adapt our Solutions

Generate interim operational guidance

Coordinate our Response

Identify specific threats to children’s diets (e.g. BMS Code violations)
Nutrition Information Management, Surveillance and Monitoring in the Context of COVID-19

Brief No. 1

BACKGROUND & INTRODUCTION

To support implementers on how to prepare for and respond to the COVID-19 pandemic, a series of guidance briefs will be produced and updated as new information and evidence emerge. This brief is meant to provide information specific to nutrition information management, surveillance and monitoring in the context of COVID-19. A core set of specific indicators tracking COVID-19 and its impact on nutrition and performance will be made available in due course.

Malnutrition and other co-morbidities are considered a risk factor for people with COVID-19, due to a compromised immune system. Available evidence on COVID-19 indicates that children generally present milder symptoms than older groups, however, we do not know how food-related behaviors are affecting children. It is reasonable to assume that children are at higher risk of COVID-19 induced complications. Further, while the risk of COVID-19 complications may be lower for children from Europe and other countries, we do not know how it will affect children in regions where the prevalence of child malnutrition and micronutrient deficiencies is high, such as Africa with 6.4% (6.4-7.0) and South Asia with 18.1-19.3% of global malnutrition. The nutritional status of the population in these countries, i.e., prevalence of child stunting, wasting, and micronutrient deficiencies is also expected to deteriorate in the coming months due to the socio-economic impact of COVID-19.

As a nutrition community, we need to continue developing our understanding on practical solutions for data collection, interpretation, analysis and management of nutrition-related data for surveillance and monitoring nutrition status and relevant nutrition programmes in the context of COVID-19. Nutrition data and information need to be used to determine the nutritional status of populations. While recognizing the risk of COVID-19 and its impact on health, nutrition and child survival, nutrition information, the surveillance and monitoring of nutrition programme continue to be a priority. Exploring innovative approaches to collect vital information without unauthorized harm and provide adequate and timely information for response planning. Documenting these lessons and emerging evidence will be key to implementing the most appropriate and effective interventions.

MANAGEMENT OF CHILD WASTING IN THE CONTEXT OF COVID-19

Brief No. 5

(March 27th, 2020)

To support implementers on how to prepare for and respond to the COVID-19 pandemic, a series of guidance briefs will be produced and updated as new information and evidence emerge. This brief is meant to provide information specific to surveillance and programmes for the management of child wasting in the context of COVID-19, and it contains information that is not already available elsewhere. This brief does not cover water sanitation and hygiene (WASH) and COVID-19 related guidelines. Additional information on WASH and COVID-19 related guidelines is available in other briefs.

In the context of COVID-19, children with wasting (stunting, wasting and micronutrient deficiencies) are at risk of deteriorating their nutritional status, which in turn will affect their growth, development and disease susceptibility.

Indicators that are used to identify children with severe wasting (wasting and malnutrition) are used to monitor and respond to the impact of COVID-19 on the nutritional status of children. These indicators are used to identify children with severe wasting (wasting and malnutrition) and to monitor and respond to the impact of COVID-19 on the nutritional status of children.

KEY MESSAGES & Priority Actions

1. Intensify the public awareness, protection, promotion and support of appropriate and safe feeding for all breastfed and non-breastfed children and all approaches to include hygiene measures, key messages on COVID-19 symptoms, and infection prevention and control (IPC) measures.
2. Intensify pre-positioning (with a minimum buffer of stock of 2 months of essential commodities for nutrition programming) (e.g., FMN, RBV, Ready to Use Froth, fortified Blended Food, lipid-based Nutritional Supplements, Multiple Micronutrient Powders) and routine medical supplies at national, health facility and community levels to ensure availability of supply chain disruptions.
3. In food insecure contexts where commodities have limited access to adequate diets, scale-up prevention distribution of supplementary foods including FMN, fortified flour and micronutrient powders (e.g. fortified flours and micronutrient powder) to all households with children under the age of 2.
4. Intensify efforts to strengthen the capacity of mothers and caregivers to detect and monitor their children’s nutritional status using low-cost, low-resource tools including Rapid Assessment of Nutrition in Children (RANC) and other specialist tools, as well as potential adaptations to implement programs for complex cases in the context of COVID-19.
5. Intensify efforts to build capacity of community health workers to provide treatment for uncomplicated wasting at the community level, including training in tools for assessing uncomplicated wasting.
6. Strengthen real-time monitoring and surveillance systems for child wasting with the use of mobile technologies to inform rapid response options and allocation of resources.

INFANT & YOUNG CHILD FEEDING IN THE CONTEXT OF COVID-19

Brief No. 3 (Multi)

(March 30th, 2020)

The infant and young child feeding (IYCF) guidance brief is meant to provide information specific to infant and young child feeding (IYCF) in the context of COVID-19. This brief does not cover water sanitation and hygiene (WASH) and COVID-19 related guidelines. Additional information on WASH and COVID-19 related guidelines is available in other briefs. As a nutrition community, we will continue to develop our understanding on practical solutions to programming in the context of COVID-19. Documenting and disseminating these lessons and emerging evidence will be key to implementing the most appropriate and effective response to the IYCF in the context of COVID-19.

This brief consolidates recommendations on Infant and Young Child Feeding in the context of COVID-19. The recommendations align with WHO’s guidance on Home Care for Patients with COVID-19 having with children as per guidelines and management of contexts (17 March 2020), the Clinical Management of Severe Acute Malnutrition (SMA) when COVID-19 disease is suspected (13 March 2020) and clinical guidance on infant feeding in emergencies (2017).

KEY MEASURES and ACTIONS

Programmes and services to protect, promote and support optimal breastfeeding (early and exclusive) and age-appropriate and safe complementary foods and feeding practices should remain a critical component of the programming and response for young children in the context of COVID-19.

With increased risk of COVID-19 and isolated at home should be advised to continue feeding practices with necessary hygiene precautions during feeding.

Branching and coordination in the adaptation plans across nutrition, health, food security and agriculture, WASH, social protection and mental health and psychosocial support to focus on reaching infants and young children in the context of COVID-19.

Nutrition services delivered in support of national and other relevant protocols (such as WHO, UNICEF, UNICEF, and UNICEF guidelines) should prioritize the delivery of preventive services to mitigate the impact of the pandemic on young children’s diets and feeding with strong linkages to early detection and treatment of child wasting.

With the International landscape of market for breast-milk substitutes and subsequent WHO guidelines and standards (including, WHO 659 and 180 for the associated WHO guidelines on ending the inappropriate promotion of foods for infants and young children) in all contexts in line with the recommendations of the EC Operational Guidance.
Understand the Impact

- Model the impact of COVID-19 on maternal and child nutrition
- Track the effects on delivery of essential nutrition services
- Identify specific threats to children’s diets (e.g. BMS Code violations)

Adapt our Solutions

- Generate interim operational guidance
- Promote innovative solutions
- Preposition key commodities and supplies

Coordinate our Response

- Inter-agency Call to Action
- Launched weekly global coordination calls
- Established inter-agency Programme Adaptation Teams (PATs)
Working in Partnership:
UNICEF and NGO collaboration on nutrition during COVID-19
The Philippines Experience

Rene Gerard Galera (UNICEF) & Carleneth San Valentin (World Vision)
Working in Partnership: The Philippine Experience

The Challenge

• Disruption of both community-based and facility-based nutrition interventions and services
• Potential increase in acute malnutrition and stockouts of life-saving commodities in some areas
• Donations of breastmilk substitutes and consumption of inadequate and unhealthy diets low in essential nutrients and high in sugar, salt, and fat

The Opportunity

• Signed partnership with World Vision for UNICEF CPC8 Priority Provinces
• World Vision has the technical expertise and capacity to provide support to UNICEF CPC8 Priority Provinces
• Existing partnership with national government agencies, local government units, and media partners
Working in Partnership: The Philippine Experience

The Results & the Learning

• Online Trainings facilitated by partners from National Government Agencies:
  • **Milk Code**: 591 participants DOH/NNC NCR, Region 8, Region 9, and Provincial staff (Zamboanga del Norte, Samar, North Samar)
  • **Family MUAC**: reached 33 Provincial staff (Zamboanga del Norte, Samar, North Samar)
  • **MNIYCHN**: reached about 150 Provincial staff (Zamboanga del Norte, Samar, North Samar)
  • **IYCF and WASH messaging**: Reached 53,354 persons through local radio stations in Zamboanga del Norte
• **Online monitoring** of health and nutrition services
• **Logistics support to the Department of Health** in ensuring the availability of nutrition commodities (RUTF, RUSF and MNP)
The Kenya Experience

Tewoldeberha Daniel (UNICEF) & Valerie Wambani (Kenya Red Cross Society)
Working in Partnership: The Kenya Experience

The Challenge

- Reduced utilization of essential services resulting in decline in number of children accessing nutrition services
- Shortage of PPE, and the need for continued service provision while ensuring IPC (infection Prevention and control)
- Locust invasion – worst in 70 years in the midst of COVID-19 crisis

The Opportunity

- Improve access to services together: integrated outreach and roll out of simplified approaches (Family MUAC)
- Adjust programing in the context of COVID-19
- Improve two-way information flow: Engagement on RAPID PRO platform for risk communication and surveillance
Working in Partnership: The Kenya Experience

The Results & the Learning

- Integrated health and nutrition outreaches among distant and marginalized communities in six counties
- Roll out of family MUAC approach – empowering mothers to measure their children
- Orientation of CHVs and health workers on maintaining essential nutrition services in the context of COVID-19
- Joint development of RAPID PRO platform (m-Health approach) to facilitate both COVID-19 and locust risk communication
Q&A
Please type your question in the chat box so that panelists can answer.

Please raise your hand if you want to take the floor to ask our question.

If you take the floor, please introduce yourself, your Organization, and the country you are working and briefly state your question/comment.

Panelists

- Saul Ignacio Guerrero Oteyza, Nutrition Specialist, Programme Division, UNICEF New York,
- Stefano Fedele, Global Nutrition Cluster Coordinator, Office of Emergency Programmes, UNICEF Geneva
- Tewoldeberha Daniel, Nutrition Specialist, UNICEF Kenya
- Valerie Wambani, Programme Manager, Kenya Red Cross Society
- Rene Gerard Galera, Nutrition Specialist, UNICEF Philippines
- Carleneth San Valentin, Technical Manager for Health and Nutrition, World Vision Philippines
Next webinar

Thursday 2 July 2020  2.30 pm-4.00pm GVA/ 8.30am-10.00am NY

UNICEF’s Social Protection and Humanitarian Cash and Education response in COVID-19
Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join.  https://unicef.zoom.us/s/95570741316
Password: 747409

All webinar resources available on UNPP