

# Nutrition in COVID-19, working in partnership

UNICEF COVID -19 NGO Briefing

Thursday 25 June 2020

2.30pm-3.30 pm GVA

**unicef**   
for every child



A GLOBAL NGO NETWORK  
FOR PRINCIPLED AND EFFECTIVE  
HUMANITARIAN ACTION

**SCHR**

Steering Committee for  
Humanitarian Response



# 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
- Rene Gerard Galera, Nutrition Specialist, UNICEF Philippines & Carleneth San Valentin, World Vision Philippines

### **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,



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.

# GNC-CT Support to Countries



## 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](mailto:drizzi@unicef.org)

Inter-cluster,  
Danka Panchova [dpanchova@unicef.org](mailto:dpanchova@unicef.org)

Nutrition Information System,  
Victoria Sauveplane [vsauveplane@unicef.org](mailto:vsauveplane@unicef.org)

Information Management,  
Shabib Al Qobati [salqobati@unicef.org](mailto:salqobati@unicef.org)

Nutrition in Emergencies Technical,  
Yara Sfeir [ysfeir@unicef.org](mailto:ysfeir@unicef.org)

Cash and voucher assistance,  
Andre Durr [andurr@unicef.org](mailto:andurr@unicef.org)

## In-country support

The GNC-CT provides in country support through deployments.

Rapid Response Team Deployment,  
Anteneh Dobamo [adobamo@unicef.org](mailto:adobamo@unicef.org)

Standby Partners Staff Deployment,  
Lauren Cheshire [lcheshire@unicef.org](mailto:lcheshire@unicef.org)

Technical Rapid Response Team Deployment,  
Ben Allen [ballen@internationalmedicalcorps.org](mailto:ballen@internationalmedicalcorps.org)

Global Technical Assistance Mechanism for Nutrition  
(GTAM) Roster,  
[gtamroster@unicef.org](mailto:gtamroster@unicef.org)

UNICEF internal surge and stretch assignments,  
Anteneh Dobamo [adobamo@unicef.org](mailto: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](mailto:adobamo@unicef.org)

Nutrition Cluster Coordination training,  
Danka Panchova [dpanchova@unicef.org](mailto:dpanchova@unicef.org)

Mentoring program,  
Anteneh Dobamo [adobamo@unicef.org](mailto:adobamo@unicef.org)

**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.**

## 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/>



## 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

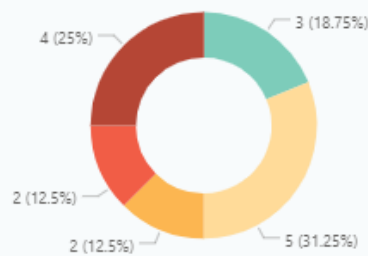
Track the effects on delivery of  
essential nutrition services

## What is the approximate current level of COVID-19 related disruption in existing nutrition services nationally, including drop in coverage and service use?

7  
CO responses

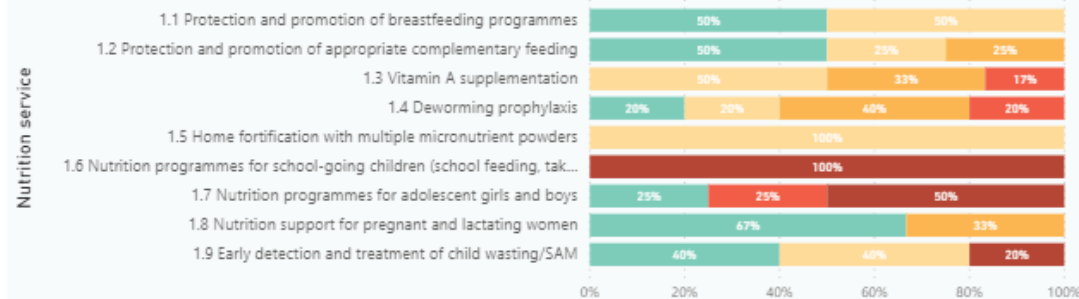
Percentage of countries reporting a drop in coverage of at least one nutrition service

● <10% drop ● 10-25% drop ● 25-50% drop ● 50-75% drop ● 75-100% drop

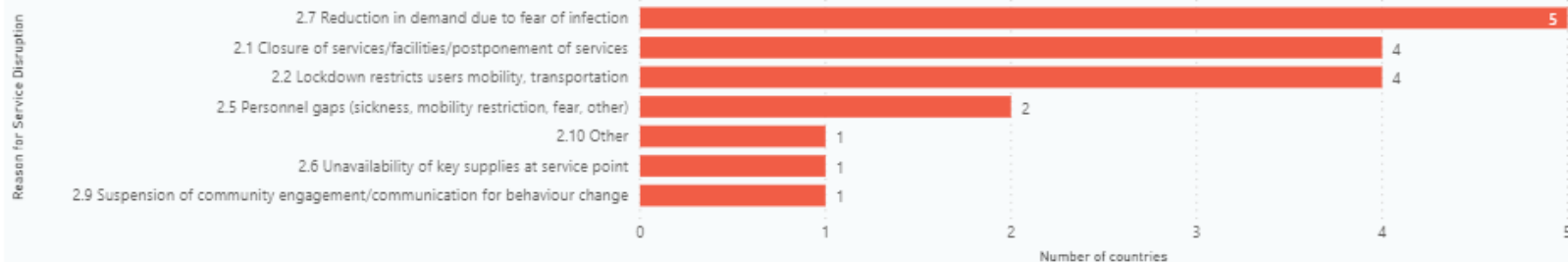


Drop in coverage (disruption) by nutrition service

● <10% drop ● 10-25% drop ● 25-50% drop ● 50-75% drop ● 75-100% drop

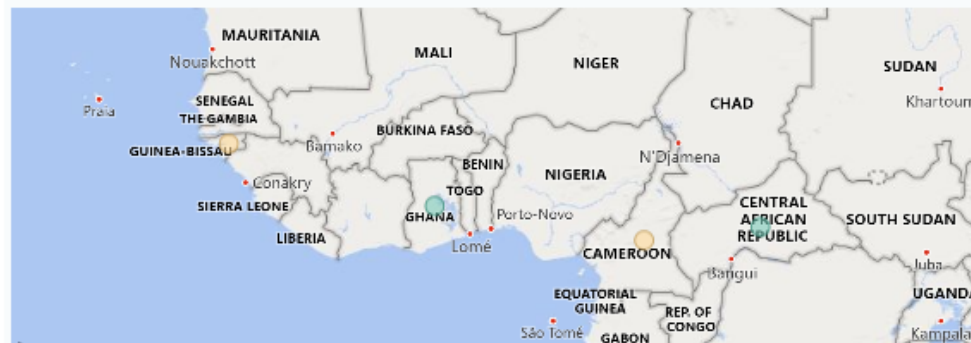


Number of countries per reason of service disruption



Drop in coverage by country and selected nutrition service

● <10% drop ● 10-25% drop



Select nutrition service to see drop in coverage in map

- ☒ 1.1 Protection and promotion of breastfeeding programmes
- ☐ 1.2 Protection and promotion of appropriate complementary feeding
- ☐ 1.3 Vitamin A supplementation
- ☐ 1.4 Deworming prophylaxis
- ☐ 1.5 Home fortification with multiple micronutrient powders
- ☐ 1.6 Nutrition programmes for school-going children (school feeding, t...
- ☐ 1.7 Nutrition programmes for adolescent girls and boys
- ☐ 1.8 Nutrition support for pregnant and lactating women
- ☐ 1.9 Early detection and treatment of child wasting/SAM

Data collected: April 30 to May 15, 2020



## 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

## Coordinate our Response

# 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 evidence-based guidance briefs will be produced and updated as new information and evidence emerges. This Brief is intended to provide **broad recommendations** 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 programmes and performance will be made available in due course.

Malnutrition and other co-morbidities (for example HIV, tuberculosis) are considered a risk factor for people with COVID-19, due to a compromised immune system.<sup>1</sup> Available evidence on COVID-19 infection indicates that children generally present milder symptoms than older groups; however, we do not know yet how many children are at higher risk of COVID-19 related complications. It is reasonable to assume that such children are at higher risk of COVID-19 related complications. Further, while the relative risk of COVID-19 complications may be lower for children from Europe and/or countries, we do not yet know how it will affect children in regions where the prevalence of child undernutrition is high, such as Africa with 6.4% (5.4-7.5) and South Asia with 10.4-19.3% of global acute malnutrition.<sup>2</sup> The nutritional status of the population in these countries - including prevalence of child stunting, wasting, and micronutrient deficiencies - is also expected to deteriorate further in coming months due to the socio-economic impact of COVID-19.

As a nutrition community, we need to continue to develop our understanding on practical solutions for data collection, interpretation, analysis and management of nutrition-related data for surveillance and monitoring of nutrition situation and relevant nutrition programmes in the context of COVID-19. Nutrition data and information are critical to determine the nutritional status of populations. While recognizing the risk of COVID-19 being a barrier to data collection of nutrition information, the surveillance and monitoring of nutrition programmes should continue where possible while exploring innovative approaches to collect vital information without causing unintended harm and provide adequate and timely information for response planning. Documenting and disseminating these lessons and emerging evidence will be key to implementing the most appropriate and effective responses in the face of this pandemic.

## MANAGEMENT OF CHILD WASTING IN THE CONTEXT OF COVID-19

Brief No.1  
(March 27<sup>th</sup>, 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 every ten (10) days as new information and evidence emerges. This Brief is meant to provide information specific to services 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 wider mitigation and response measures available in other guidance. As a nutrition community, we will continue to develop our understanding on practical solutions to deliver programming in the context of COVID-19.

Documenting and disseminating this guidance and emerging evidence and lessons will be key to implementing the most appropriate and effective responses in the face of this pandemic. Please share your questions and programmatic adaptations with us:

English : <https://www.en-net.org/forum/31.aspx> French : <https://fr.en-net.org/forum/31.aspx>

### KEY MESSAGES & PRIORITY ACTIONS

1. Intensify the public awareness<sup>1</sup>, protection, promotion and support of appropriate and safe feeding for all breastfed and non-breastfed children and use all opportunities to include hygiene messages, key messages on COVID-19 symptoms, and Infection, Prevention and Control (IPC) measures<sup>2</sup>.
2. Intensify pre-positioning (with a minimum buffer stock of 2 months) of essential commodities for nutrition programming (e.g. F100/75, Ready to Use Foods, Fortified Blended Food, Lipid-based Nutrient Supplements, Multiple Micronutrient Powders) and routine medicinal supplies at national, health facility and community level in anticipation of supply chain disruptions<sup>3</sup>.
3. In food insecure contexts where communities have limited access to an adequate diet, scale-up preventive distribution of Specialized Nutritious Foods (e.g. fortified flours and Medium Quantity-LNS) for 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-literacy/numeracy tools including Mid-Upper Arm Circumference (MUAC) tapes<sup>4,5</sup>.
5. Initiate necessary discussion with Ministries of Health and national coordination platforms/nutrition clusters on context-specific simplifications of treatment protocols for child wasting<sup>6</sup>, including simplifying anthropometric criteria, dosage and distribution schedules of Ready to Use Foods (RUFs) and other specialized nutrition foods, as well as potential adaptations to inpatient management for complicated cases in the context of COVID-19.
6. Initiate efforts to build capacity of community health workers (CHWs) to provide treatment for uncomplicated wasting at the community level<sup>7</sup>, including training on low/no-touch assessment, simplified treatment protocols, remote supervision and key messages on COVID-19<sup>8,9</sup>.
7. Strengthen real-time monitoring and surveillance systems for child wasting with the use of mobile technologies to inform response options and allocation of resources.

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

Brief No. 2 (v1)  
(March 30<sup>th</sup>, 2020)

To support implementers on how to prepare and respond to the COVID-19 pandemic, a series of evidence-based guidance briefs will be produced and updated every ten (10) days as new information and evidence emerges. This 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 wider mitigation and response measures available in other guidance. 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 responses in the face of this pandemic.

This brief consolidates recommendations on Infant and Young Child Feeding in the context of the COVID-19 pandemic. The recommendations align with WHO's interim guidance on *Home Care for Patients with COVID-19 presenting with mild symptoms and management of contacts* (17 March 2020), the *Clinical Management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected* (13 March 2020) and *Interim guidance on infant feeding in emergencies* (2017).

### KEY MESSAGES AND PRIORITIES

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.

Mothers with suspected or confirmed COVID-19 and isolated at home should be advised to continue recommended feeding practices<sup>1</sup> with necessary hygiene precautions during feeding.

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

Actions through relevant systems (Food, Health, WASH, and Social Protection) should prioritize the delivery of preventive services to mitigate the impact of the pandemic on young children's diets and wellbeing with strong linkages to early detection and treatment of child wasting.

Full adherence to the International Code of Marketing of Breast-milk Substitutes and subsequent WHO resolutions (including WHA 69.9 and the associated WHO Guidance on ending the inappropriate promotion of foods for infants and young children) in all contexts in line with the recommendations of IYCF Operational Guidance.

Donations, marketing and promotions of unhealthy foods - high in saturated fats, free sugar and/or salt - should not be sought or accepted.

## 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)

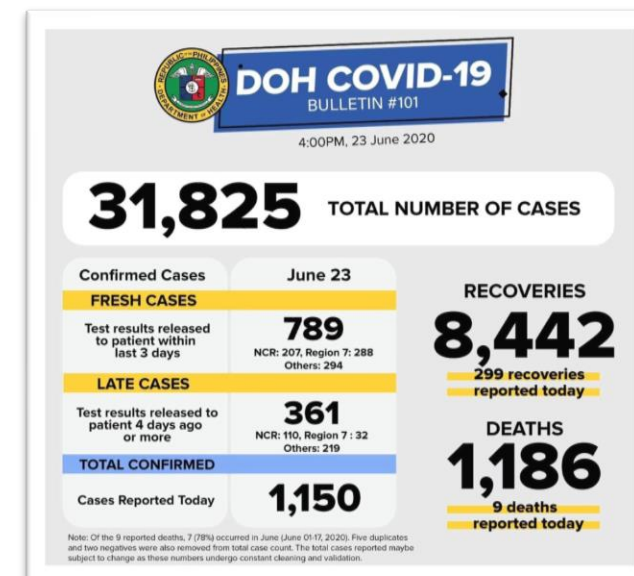
# Working in Partnership: The Philippine Experience

## 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*



### COVID-19 HUMANITARIAN RESPONSE PLAN PHILIPPINES

MAY 31, 2020 REVISION





# 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)



First Family MUAC TOT – 19 June 2020



Community level Online Milk Code Training

UNICEF COVID -19 NGO Briefing

# The Kenya Experience

Tewoldeberha Daniel (UNICEF) & Valerie Wambani (Kenya Red Cross Society)

# Working in Partnership: The Kenya Experience

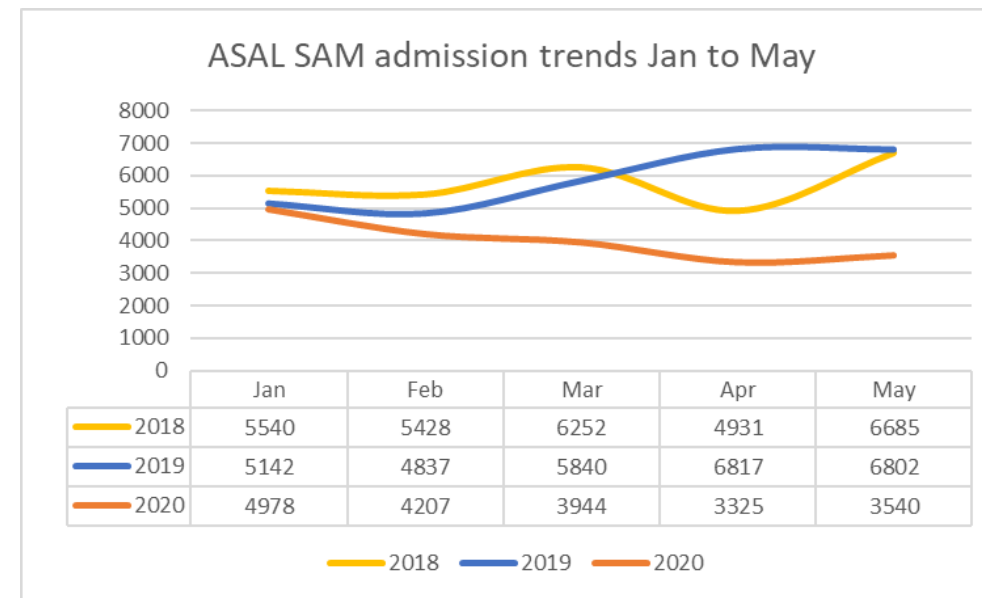


## The Challenge

- *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 programming 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*



Kalkacha CU – Self referral at Hola referral hospital

# Q&A

## Q+ A(25 mins)

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.

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### 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/j/95570741316>

Password: 747409

*All webinar resources available on UNPP*

<https://unpartnerportalcoo.zendesk.com/hc/en-us/sections/360008793473-COVID-19-Resources>