

NiE Coordination + Programming in the context of COVID-19

What was done, what we learned and recommendations

Chair : Megan Gayford

Presentation:	20 minutes
Group discussion:	20 minutes
Group discussion Feedback:	15 minutes
Wrap up:	5 minutes

GNC Technical Alliance's COVID Response

What was done + what we learned

The Alliances Response

Resources

- website launch April 2020, with COVID-19 resource page
- Contributed to development of COVID-19 technical briefs (Child Wasting, IYCFE, Maternal Nutrition, NIS, Food & Beverage Engagement)
- Webinars on Programming Adaptations in COVID-19
- ‘Alliance Conversations’ – Podcasts with program implementers

Technical support

- >10 country cluster for response or preparedness

Technical advice

- Coordinated and responded to questions (via Helpdesks, EN-NET)
- Consolidated Programmatic Adaptations to COVID-19 context



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What did we learn?

Challenges:

- High volume of technical questions, feedback loop for questions
- Outstanding technical issues, controversial issues
- Guidance not always applicable, or easily contextualized
- Limited multisector engagement – challenge in responding to questions that did not fit neatly within the nutrition sector



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What did we learn?

Recommendations:

- Guidance development should include more country level input to sense check and ensure it can be applied e.g. use of decision trees
- Establish processes for feedback loop
- Greater investment in preparedness (training, relationship building, support early action activities)
- Continue and improved engagement and communication with field countries (multi-lingual engagement) by The Alliance on services available
- Continue ensuring webinars, guidance and support is driven by the needs from the field



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GNC-CT: Supporting Coordination in the Context of Covid-19

What was done & what we learned

GNC-CT Supporting Coordination in The Context of Covid-19



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GNC-CT Response

The GNC response to COVID-19 :

- **Expanded support** : 29 HRP/emergencies to 65 GHRP countries.
- **Remote/digital support** : Redirected in-country and face to face support into remote modality

A range of initiatives and results:

- **Revamping the GNC website** : **325 + resources, 3000+ visits /month approx. 105 countries.**
- **Development of COVID-19 programmatic + coordination guidance** support provided to countries for contextualization + implementation : **70+% countries reported use of guidance and tools.**
- **Proactive Helpdesk Support** : **325 requests responded to from 37 countries.**
- **Frequent multi-lingual webinars** : **44 webinars in 2020 attended by 65+ countries**
- **Remotely conducted trainings, mentoring and e-Learning platform** : **31 mentees from 18 countries.**
- **Remote deployment of RRT, SBP, and TST advisors:** **2624 person-day deployed to 16 countries.**
- **Joint Support** by strengthened collaboration with UNICEF Programme Division and UNICEF regional teams: **11 regional calls attended by 43 countries from 6 regions.**

GNC-CT Supporting Coordination in The Context of Covid-19



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What did we learn?

- **Virtual platforms, facilitation skills and techniques** are vital for GNC-CT's support to countries.
- **Promoting using of tailored e-learning as means of capacity building.**
- **Knowledge management** vital to inform support to countries.
- More work on **Emergency Response Preparedness.**
- **Collaboration with UNICEF** programme division and regional teams enhances the GNC's ability to support **more countries before, during and after emergency.**

Myanmar : NiE Programming and Coordination in the Context of COVID-19



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Objective:

To ensure scale up and continuity of life-saving nutrition services in adherence with infection prevention and control measures during COVID-19 pandemic .

Important Action

- First COVID 19 cases reported in March 2020
- Activated NiE working group under Myanmar Nutrition Technical Network (MNTN) and set up weekly coordination meeting at national and sub-national level
- Adapted NiE guideline in the context of COVID-19: Simplified approach-Family MUAC/reduced F/U visit, Nutrition promotion month with IPC measures, pre-positioned supplies
- Virtual training on NiE guideline, cIYCF, IMAM, Cluster Coordination, EPR with support of GNC and GNC TA
- Facility Preparedness and readiness: Social distancing, personal hygiene, NiE response in quarantine center



Use of innovative multi-media for nutrition assessment and promotion:

- U-report to assess diet quality of young people: Crisis does not only lead to undernutrition but also overweight
- HealthyMeals4myfamily & MyFamilyRecipe: an exciting photo competition on Unicef Myanmar FB to improve dietary diversity
- MayMay application and GIF animated picture for nutrition promotion
- Integration with RCCE, MCCT program and related assessments



Key Achievements:

- IYCF & IMAM training: 300 nutrition service providers
- ToT Cluster coordination training: 31 senior level partner staffs
- Translated IYCF key messages in 90 languages and integrated with MCCT/RCCE to reach 286,000.
- IYCF counselling to 16,618 care givers (81% of annual target).
- Treatment of 11,258 children with SAM (136% of annual target)
- Micronutrient supplementation to PLW: 26,639 (70% of annual target)

Lesson learned:

- Strong coordination and collective understanding results in better achievement
- Integration with MCCT, RCCE give more visibility/funding/coverage
- Use social media, existing platform and partnership for better impact

DRC : NiE Programming in the context of COVID-19



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Introduction

Worrying nutritional situation:

- SAM = **2%** (MICS-Palu RDC, 2017-2018)

Health coverage problem

- SAM coverage in the DRC: **30%** (Nutrition Cluster report, 2020)

Discontinuity of wasting treatment

- 53% of projects address only SAM cases
- 17% of projects address only MAM cases
- 29% of projects address both SAM and MAM (rapport cluster nutrition, 2019)

New dynamic in the treatment of wasting

- ComPass study of IRC
- OptiMA study of ALIMA

Introduction

Adaptation of strategy to the COVID-19 pandemic:

- Maintain coverage rates and the quality of malnutrition treatment
- 3 adaptations to the treatment of malnutrition through the simplified approach
 1. Simplified dosage of RUTF
 2. Family MUAC Strategy
 3. Decentralization of treatment at the village level

Steps in implementing simplified approaches in the DRC:

- ✓ Online training in acute malnutrition case management simplified approach protocol, with Tech RRT (supported by The GNC Technical Alliance support team)
- ✓ Elaboration of acute malnutrition case management simplified protocol
- ✓ Pilot in 2 health zones (financed by UNICEF) (supported by the Alliance support team)

Lessons learned for CMAM simplified approach

Success factors

1. Treatment for wasted children in the community decreases the number of people in health centers and avoids the transmission of COVID-19
2. Family MUAC is well accepted in the community and is shown to caregivers as a means of monitoring their children's health
3. Staff appreciate the reduced workload associated with the simplified dosing and elimination of other anthropometric measures
4. With community-level care, caregivers do not have to travel to health centers which can be far away from their villages - overcoming the well-documented barrier of distance to the nearest health facility

Lessons learned for CMAM simplified approach

Challenges and limitations

1. Short duration of the pilot projects (5 months)
2. The reduced ability to conduct follow-up home visits due to movement restrictions has hindered community engagement and patient tracking.
3. Some children remained excluded from the program due to suspended use of WHZ as an admission criterion and there is no supplementation of children under 5 with MUAC between 125 mm and 130 mm
4. Many children's recovery, for their MUAC 120mm to reach the 125mm discharge cut-off, took a significant amount of time.
5. Difficulty of managing items in the community
6. Low geographic coverage of CACs when community site was used



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Recommendations

1. Plumpy doz supplementation of children under 5 with MUAC between 125 mm and 130 mm
2. Undertake cost-efficiency and cost-effectiveness study on the management of wasting with the simplified approach
3. Integrate family MUAC into other health system platforms
4. Ensure continued training in family MUAC and in the simplified approach
5. Design a monitoring and evaluation strategy for the simplified approach
6. Implement CACs in the community and not in the community care site

Perspectives

1. Organize a workshop to capitalize the IMAM simplified approach
2. Implement a second round of pilot projects for 14 months (financed by USAID-BHA and the DRC Humanitarian Common Fund), using lessons learned from the first pilot
3. Assess the cost-efficiency and cost-effectiveness of management of wasting through the simplified approach
4. Amendment of the national IMAM protocol



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Thank you

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Instructions for group discussions

- Time: 20 minutes.
- Participants will be assigned to breakout rooms by Anteneh.
- Assigned facilitators moderate the group discussion while at the same time taking note on the discussion on the PPT slide
- After the group discussion, facilitators will give feedback to the plenary

Group Facilitators

- Group 1: Martha
- Group 2: Alexa
- Group 3: Yara
- Group 4: Sona
- Group 5: Ben

Discussion Questions

Q1 : What are the operational needs and challenges that countries face in light of the pandemic- including the short term, medium term and longer-term needs?

(Write the group's response to the question here)

Q 2: How can the GNC-CT and the Alliance best continue to support/respond to the technical needs of countries?

(Write the group's response to the question here)



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