6. Use of Nutrition SBC approaches i.e. NIPP or Nutrition Sensitive Care Groups (NSCGs) in the context of COVID-19 22nd April V1.0

There is a risk of skewing the COVID-19 response too heavily towards health, risk communication and IPC. Whilst measures here are obviously essential, we must be mindful that the risk of death or disability from existing morbidities, could potentially far outweigh the risks associated with COVID-19. As such, where possible, social behaviour change programs should be adapted, using different approaches and/or platforms to maintain interaction and cultivate dialogue around key issues (modified to the context) alongside COVID-19 specific activities.

NIPP/NSCG: Social distancing precludes gatherings of more than (usually 10 people) for any length of time. As such, the usual delivery platforms we use, such as circles of 15 people, or community gatherings, will need to be temporarily suspended. However, it is still feasible and necessary to maintain community interactions, in order to reach target communities with lifesaving/life-sustaining risk communication and IPC messages. As such, any points of interaction for lifesaving/life sustaining services that will be maintained or established, can be harnessed to convey priority health, WASH, Nutrition, Food Security and Safeguarding messages. GOAL's approach to continued community engagement is through Community Led Action (CLA) neighbourhood units. Priority nutrition issues should be determined and integrated into CLA cascade mechanisms at appropriate times and in agreement with ACDP and sectoral heads. There will be several key issues upon which we will want to engage with communities, so it is important to only prioritise those that will support lifesaving or life-sustaining behaviours. These can either be informed by knowledge of the existing context or you can select relevant issues from the M-IYCF guidance note that focus on **protection, promotion and support for optimal breastfeeding, age appropriate safe complementary feeding and good maternal nutrition**. In addition to stimulating dialogue around key priority practices, it is also proposed that we use existing community networks (NIPP volunteers and NSCG hosts) to cascade the Family MUAC approach. Lastly, it may be necessary to use these networks to address myths or misconceptions that arise in the COIVD-19 context and also inform communities about service adaptations i.e. the establishment of new services, such as feeding programs, hygiene kit distributions or others.

Step 1: Review Delivery Platforms:

A. **Conduct an audit of NIPP/NSCG volunteers to identify those that can act as Community Outreach Agents (COAs),** to support existing or newly established platforms for community interaction, or as part of the CLA neighbourhood units (CLA mobilisers or CLA neighbourhood champions). This audit might involve assessing volunteers i) interest in transitioning and engaging in the CLA neighbourhood units/other platforms, ii) information on mobile phone possession and updated contact details, iii) training requirements etc.
B. **Identify existing or new communication channels/platforms that could reach the target audience** of families with pregnant-lactating women (PLW) and carers with children under 5. This may be through household visits, in small groups, or through community announcements, posting info' at functioning essential services i.e. food shops, markets, health facilities, water points, through mobile technology (smart phones, text), or through mass media (radio, video, television).
C. **Develop a short SOP** i) formalizing the selected delivery mechanism(s) ii) identifying key nutrition issues to be addressed (alongside other key sectoral messages), iii) agree on additional nutrition initiatives to be included (as appropriate) i.e. Family MUAC. Outline responsibilities of supervisors and COAs; communication channels; number and frequency of contact points. Note. Sectoral issues will change over time, thus it may be necessary to revisit community dialogues on a certain topic, depending on those that arise during the crisis. Given the current context and the restrictions applied, various adaptations could be considered including ideas suggested below:

Note on Purpose of delivery platforms: Follow-up meetings at neighbourhood levels could be used to engage communities to self-identify and refer cases and raise awareness around key nutrition issues in the context of COVID-19, while reinforcing IPC messages/practices. Ultimately, the COA should support their community to develop action plans focused on supporting lifesaving and life-sustaining behaviours. From a nutrition perspective, this would include dialogue around key M-IYCF practices, accessing CMAM, ANC/PNC, Delivery and Vaccination services, with a focus on PLW and children under five.

Option 1) COAs can either work with **within their neighbourhood unit, in small groups of caregivers, possibly mixed gender**, **or** go **house to house**, using IEC materials, whilst respecting social distancing and IPC measures. Simple, instructional IEC materials can also be used to demonstrate how to assess children/PLWs for acute MN whilst stimulating dialogue around key issues. This can be **implemented through the CLA neighbourhood units, or through separate platforms, either existing or new.**

Option 2) COAs can either work with **within their neighbourhood unit, in small groups of caregivers, possibly mixed gender**, **or** go **house to house**, using videos on tablets/phones (maybe on a selfie stick or placed somewhere temporarily) for individual HH members to watch, whilst respecting social distancing and IPC measures. Short instructional videos can be used to demonstrate how to assess children/PLWs for acute MN alongside the provision of key messages. Any videos produced would need to be translated, but guidance on narrative inclusions can be provided by PTT. This can be **implemented through CLA neighbourhood units, or through separate platforms, either existing or new.**

Option 3) COAs can conduct **remote one-on-one sensitisation** with caregivers or PLW, using mobile technology (phone, text) and/or mass media sensitisation, using social media, radio, video, television. This will require high access to mobile phones but may be more suitable to some contexts. This can be **implemented through CLA neighbourhood units, or through separate sessions.**

Option 4) For other contexts where the above is not thought feasible, please engage the TT for additional ideas.

Step 2: Through the mainstreaming of the **Family MUAC approach** in the adapted programming, intensify efforts to strengthen the capacity of mothers/caregivers of children under five to detect and monitor their baby's nutritional status – see Family MUAC guidance note. In addition, during COA interactions with the community, if new families/births are identified, where families don't already have MUAC tapes, provide clean tapes and orientate caregivers on how to use the tape, how to check for kwashiorkor and what to do if 'red' markers/bilateral pitting oedema are seen. MUAC tapes can also be distributed through facility-based services for new or existing beneficiaries.

Step 3: Agree on social distancing and wider IPC measures and develop SOP that should be implemented and adhered to through the adapted programming. This should include what PPE materials should be made available to all workers/volunteers engaged.

Step 4: Review existing prioritised NIPP/NSCG nutrition topics and agree on key lifesaving and life-sustaining messages/practices to be promoted. National/global Nutrition-IEC-COVID-19 materials may be available to use.

A. Using the existing session guide, prioritise a limited number of key issues to be discussed. These should be combined with key messages on COVID-19, infection prevention & control (IPC) at community and household level. Refer to GOAL IPC guidance. Country teams should consider their own context and the delivery platform, to ensure we have the opportunity to re-engaged communities on specific priority topics, designed ultimately to reinforce positive behaviours.
B. Review existing IEC materials, or materials adapted to the context of COVID-19.

Global guidance supports:

- **Messages and discussion that protect, promote and support optimal breastfeeding, age appropriate safe complementary feeding and good maternal nutrition**. Refer to M-IYCF guidance note.
- Lifesaving and life-sustaining behaviours including continued utilisation of primary health care services including **MAMI services, CMAM services, Antenatal Care and vaccination clinics**. Refer to MAMI guidance note and CMAM guidance note.
- **Cascading of Family MUAC**. Refer to Family MUAC guidance note.

Step 5: Identify any additional resources you might need for planned actions. These may be physical assets such as tablets, phones, training materials or implementation tools, such as simple checklists to guide COAs on engagement with families using different modalities of interaction. If it is planned to use CLA neighbourhood units to support community discussions around key issues, identify additional assets they might need i.e. travel per diems if they'll be covering wider areas than normal, mobile top ups if it's planned data will be communicated in this way, protective equipment (PPE), etc.

Step 6: Adapt the MEAL plan and tools for remote monitoring. Agree on activities to be monitored and key indicators to be used (refer to GOAL COVID-19 indicator bank). In line with the identified delivery platform and mechanism, adapt existing monitoring tools for remote monitoring as well as existing associated database.

Below is an infographic illustrating program adaptations for Nutrition Social Behaviour Change (SCB) programs including NIPP and NSCGs.

Infographic: Program Adaptations for Nutrition Social Behaviour Change Programs including NIPP and NSCGs

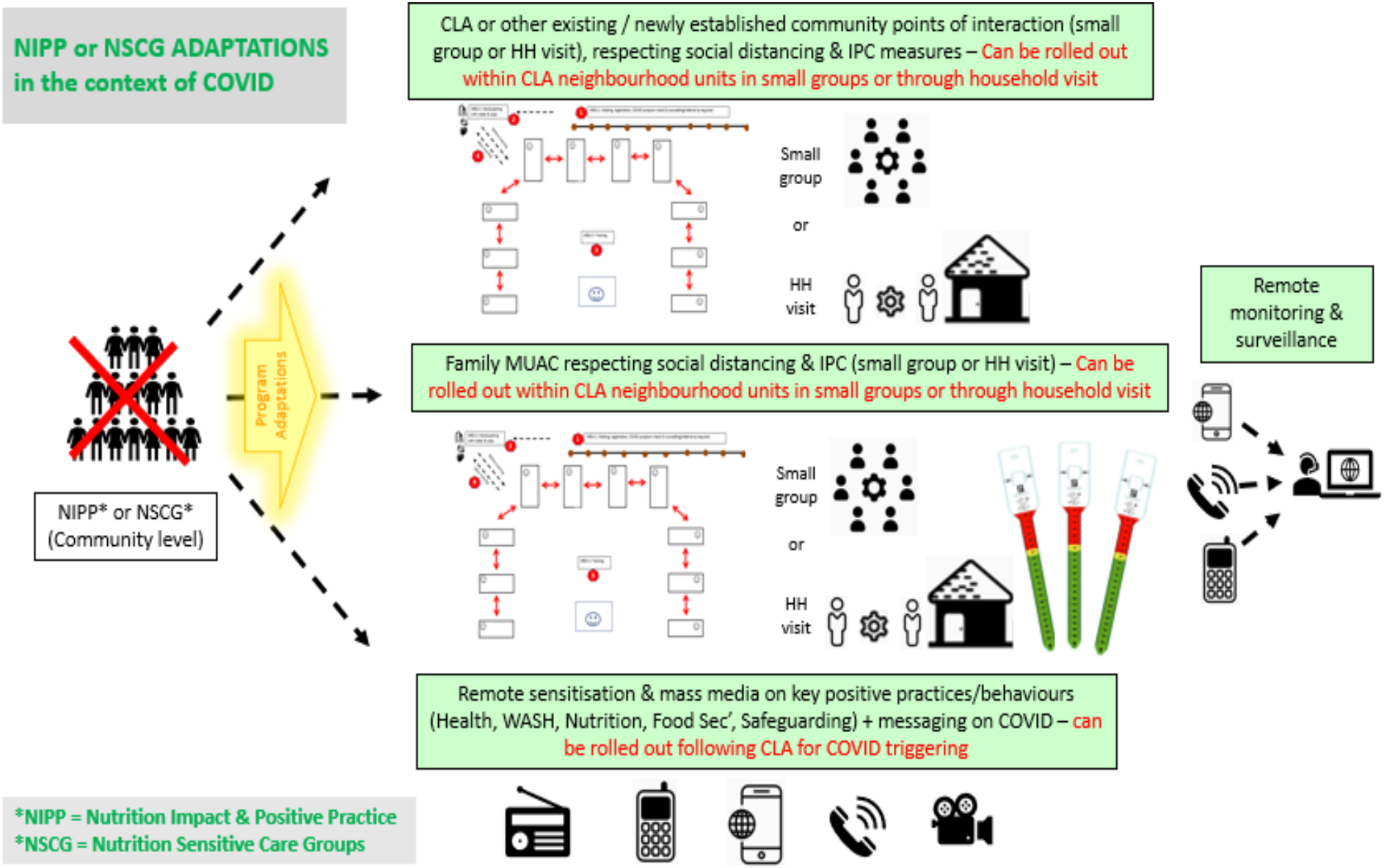

Illustration of the steps a team might work through, to use CLA neighbourhood units as a delivery platform to ensure maintenance of key M-IYCF practices in the context of COVID

Example of activity flow of adapted NIPP or NSCG programme through CLA neighbourhood units

1) Community Outreach agents (CLA promoters, NIPP/NSCG volunteers)

- Trigger nutrition community actions supporting lifesaving and life-sustaining nutrition behaviours
  - Use Nutrition action triggering tool to introduce and facilitate community discussions on priority issues

2) Supervisor (GOAL)

- In light of triggering, adapt Nutrition-IEC materials with key messages in the context of COVID
  Note: Global materials are under development
- In light of triggering, develop COVID adapted face-to-face session dialogue/counselling guide
- In light of triggering, develop COVID adapted remote dialogue/counselling guide i.e. using digital tech', mass media etc.

3) Community Outreach agents (CLA promoters, NIPP/NSCG volunteers)

- CoAs dissemination of key messages through adapted platforms & channels using (as appropriate):

Supervisor (GOAL)

- Supervise and monitor COAs activities remotely (phone calls)
- Review supervision & monitoring information & capture data in electronic form
  - COVID adapted remote *supervision* paper-based & electronic forms
  - COVID adapted remote *monitoring* paper-based & electronic forms

MEAL officers (GOAL)

- Review electronic supervision & monitoring data
- Capture data in database, perform analysis and disseminate data analysis summary