PTT Nutrition Guidance: Programmatic Adjustments in the context of COVID-19

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CMAM (SC, OTP, TSFP), BSFP, IYCF and MAMI programs plus the Family-MUAC are all considered lifesaving or life sustaining.

In the context of CV-19, it is likely that most programming will need to be simplified and/or adapted to reduce the risk of transmission and maintain staff safety. Below are recommended actions from the IYCF programming in the context of COVID-19 and Wasting programming in the context of COVID-19 guidance briefs collated by UNICEF (due to be updated every 10 days), the WFP Food Distribution SOP and WFP Guidance for Food and Nutrition Assistance

Recommended Actions	Yes/ No	If Yes, when?
1. Have you **received and read the latest guidance** from global sources, as shared by PTT and also available in the Coronavirus 2020 Teams folder "Nutrition Specific" guidance and "Nutrition & Food Security"? NB: only use those guides relevant to your programs		
2. Are GOAL involved in discussions with government and relevant clusters, concerning the **adaptation of global guidance to fit the national context** with subsequent modification of nutrition programming? i.e. this might mean using the simplified approach, using expanded admission criteria, adopting simplified approaches, changing how we work with CHWs, planning for wide-scale use of the Family MUAC approach, modifying our SBC approaches etc.		
3. If it has been produced, have you **received and read 'in-country'** guidance of programming in the context of COVID-19 based on adapted guidance?		
4. Have you **identified any problems with the country guidance that you'd like to raise with the PTT** on which you'd like support i.e. the omission of a key recommended global action, such as use of the Family MUAC approach, or how to ensure respiratory hygiene for BF ♀ with CV-19?		
5. Have you plans to **identify, understand and monitor peoples changing behaviours** in response to COIVD-19?		
6. **How are you planning on dealing with misinformation / myths surrounding COVID-19** i.e. breastfeeding in the context of CV-19		
Maternal Infant and Young Child Feeding (M-IYCF)		
7. Have you discussed **adaptations to M-IYCF programming** that will enable communication channels to be maintained at both health facilities and in the community i.e. using CLA? NB: Programs protecting, promoting and supporting optimal breastfeeding, age appropriate and safe complementary feeding and good maternal nutrition remain critical components of health programming due to the associated morbidity/mortality risks associated with poor practices.		

8. If it is planned to **use Community Health Workers (CHWs) in a different capacity), or new mobilisers/volunteers**, i.e. through CLA, possibly with a wider reach than they'd usually be expected to cover (increased travel), using mobiles to relay info' etc., have you considered and agreed on appropriate remuneration with MoH and the cluster?		
9. Have you agreed **how social distancing and IPC measures will be implemented** in adapted programming?		
10. Have you agreed **what PPE is provided** for staff/volunteers engaged in M-IYCF?		
11. Have you discussed and agreed with the global recommendation **that supports continued BF for mothers with suspected of confirmed CV-19** using IPC measures and respiratory hygiene?		
12. With the MoH and cluster working group, have you discussed and agreed on the **coordinating agency for breast milk substitutes** (BMS)?		
13. Have you discussed with other departments/sectors **how to improve referral pathways** inwards and also onwards to other services i.e. food security programs to support healthy diets, hygiene-san' initiatives, health or social protection services?		
For further programmatic guidance, please see GOAL's '1 – Maternal IYCF in the context of COVID' guidance brief		
Management of At-Risk Mothers & Infants (MAMI)		
14. Have you discussed whether the **Family MUAC approach using the MAMI-MUAC** can be cascaded to all, or as many HH's with pregnant women in T3 or with infants <6m?		
15. Have you discussed and agreed on steps to **simplify admission criteria**?		
16. Have you discussed and agreed on use of **simplified counselling and treatment protocols**?		
17. Have you discussed and agreed on **adapting beneficiary contact** i.e. reduced points of contact for less severe cases, using CHWs for community-based follow up respecting IPC measures?		
18. If it is planned to **use Community Health Workers (CHWs)/volunteers in a different capacity**, i.e. through CLA, possibly with a wider reach (increased travel), using mobiles to relay info' etc., have you considered and agreed on appropriate remuneration with UNHCR/ARRA?		
19. Have you **pre-positioned essential commodities** for IMAM, including code compliant BMS		
For further programmatic guidance, please see GOAL's '2 – MAMI in the context of COVID' guidance brief		
CMAM/IMAM (SC, OTP, TSFP, Outreach)		
20. Have you discussed whether the **Family MUAC approach** can be used to intensify efforts to strengthen the capacity of families to care for their own wellbeing and reduce the burden on MoH facility-based staff, CHWs/volunteers?		
21. Have you discussed and agreed to **simplify admission criteria's** for CMAM/IMAM programs i.e. simplifying anthropometric criteria to MUAC only?		

22. Have you discussed and agreed to **use an expanded CMAM approach**, combining SAM and MAM treatment in one program, using simplified RUF dosing?		
23. Have you discussed and agreed on **use of simplified treatment protocols** for out/ inpatients?		
24. Have you discussed and agreed on **simplifying dosage and distribution schedules** of Ready to Use Foods (RUFs) or other specialized nutrition foods i.e. from weekly to fortnightly/monthly beneficiary visits or having services run every day for fewer benfs, rather than 1 day per week?		
25. Have you **pre-positioned essential commodities** for CMAM programming (F75/100, RUFs, fortified blended foods, micronutrient powders etc.)?		
26. Have you discussed whether **CHWs could be allowed to provide treatment** of uncomplicated wasting at the community level, including training on low/no touch assessment, simplified treatment protocols, remote supervision and key messages on CV-19?		
27. If it is planned to **use Community Health Workers (CHWs)/volunteers in a different capacity**, i.e. through CLA, possibly with a wider reach (increased travel), using mobiles to relay info' etc., have you considered and agreed on appropriate remuneration with MoH and the cluster?		
28. Have you agreed **what PPE is provided** for facility-based staff and CHWs?		
29. Have you agreed and implemented **crowd limitations, spacing arrangements** for facility-based and/or community-based interactions i.e. using CLA?		
30. Have you discussed with other departments/sectors **how to improve referral pathways** in and also onwards to other services i.e. social protection services?		
31. Have you discussed how **real-time surveillance and monitoring of child wasting** can be strengthened i.e. using mobile technology to inform response options and allocate resources?		
For further programmatic guidance, please see GOAL's '3 – CMAM in the context of COVID' guidance brief. Also see '4 – FAMILY MUAC in the context of COVID'		
Blanket Supplementary Feeding Programs (BSFP)		
32. Have you discussed and agreed to **establish or expand preventative BSFP program** in food insecure contexts?		
33. If YES - Have you agreed **what PPE is provided** for staff?		
34. If YES - Have you discussed and agreed on **adapting distribution schedules** to account for crow limitations, spacing arrangements etc. using the WFP General Guidelines for Food & Nutrition Assistance in the context of CV-19?		
35. If YES - Have you considered as part of BSFP activities how you can **intensify public awareness, protection, promotion and support of appropriate and safe feeding** for all breastfed and non-BF children + use of hygiene messages, key CV-19 messages & IPC control measures?		

For further programmatic guidance, please see GOAL's '5 – BSFP, GFD or specialised foods in the context of COVID' guidance brief		
Nutrition Impact & Positive Practice (NIPP) or Nutrition Sensitive Care Groups (NSCG) NB: Once social distancing and broader IPC measures are in place, our existing SBC Nut' platforms cannot be maintained as are, but engagement can be maintained		
36. Have you discussed and agreed on **key positive practices that you would like to prioritise** for inclusion in GOAL's Community Led Action (CLA) approach?		
37. Have you discussed **alternative ways of cascading key NIPP or NSCG messages and positive behaviours** through community leaders using mobile tech' i.e. text messages, social media, radio etc.?		
38. Have you discussed **alternative ways of conducting monitoring of key NIPP or NSCG messages and positive behaviours** i.e. using mobile technology to inform response options and allocate resources?		
For further programmatic guidance, please see GOAL's '6 – NIPP-NSCGs in the context of COVID' guidance brief		