Save the Children

Nutrition Program quality benchmarks in the context of Covid-19 pandemic

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INTRODUCTION

Quality Benchmarks are minimum standards for programme activities to ensure they are carried out following agreed processes and result in quality outputs and outcomes. Quality benchmarks are used to monitor program activities to ensure they are carried out as planned and result in quality outputs.

A" modified" quality benchmarks for the Covid-19 pandemic is being recommended for the following reasons:

- The ***safeguard of the*** health and safety of Save the Children and partner staff, beneficiaries and communities should be given priority during the **Covid-19** pandemic.
- To ensure that the work of Save the Children contribute to the reduction of transmission of **Covid-19.**
- **To ensure quality and lifesaving** nutrition services for the community while taking the necessary measures to protect staff and beneficiaries from Covid-19.
- **To ensure that women and girls have access to life-saving services to ensure the identification, mitigation and response for GBV.**

During Covid-19 the following recommendations should be ensured at each nutrition sites (OTP/SC/TSFP/IYCF)

- Screening established at the entrances to nutrition sites to reduce transmission of Covid-19. Screen all visitors for a fever and respiratory symptoms.
- People with sign and symptoms of Covid-19 referred/informed to go to the nearest Covid-19 screening center/health facility
- Visitors wash hands with water and soap for 20 seconds or clean hands with hand sanitizer before entering to nutrition site.
- Ensure that cleaning and disinfection procedures are followed consistently and correctly.
    - ✓ Thoroughly cleaning environmental surfaces with water and detergent and applying commonly used hospital level disinfectants (such as sodium hypochlorite) are effective and sufficient.
    - ✓ Clean surfaces (tables, chairs, doorknobs/handles, light switches, beds, toilets, bathrooms etc.) using soap and water and then disinfect the surface using available disinfectant solutions.
    - ✓ If equipment needs to be shared among patients ((e.g. MUAC tapes, stethoscopes, blood pressure cuffs and thermometers), clean and disinfect it between use for each individual patient (e.g. by using ethyl alcohol 70%)[1].

[1] https://www.who.int/infection-prevention/publications/decontamination/en/

- ✓ Follow the manufacturer's recommendations for use or dilution, contact time and handling of disinfectants.

- All nutrition staff are trained on Covid-19 (including but not limited to what is Covid-19, mode of transmission, sign and symptoms and how to prevent transmission) Personal Protective Equipment (PPE) available and used as per the SCI PEP guideline.

- All nutrition staff are training to properly identify GBV including IPV risks, handle safe disclosures and referrals. Identify referral services in advance.

- Position IEC materials related to GBV prevention and response services at nutrition screening desks and on walls of facilities.

- Distribute information on coping with stress and non-violent behaviors to men in the community to prevent GBV.

- Strict staff sickness policy implemented – staff to not attend work if sick.

- Followed adapted national guideline in the context of Covid-19 if available. If not use international recommendations.

- Pre-positioning (with a minimum buffer stock of 2 months) of essential supplies medicine and RUTF/RUSF.

- Safe, Gender segregated latrines with hand washing facility available.

Use of Personal Protective Equipment (PPE)

Types of staff	SCI Recommendation	SCI Provision
Staff providing direct clinical care at nutrition facilities.	Respirator mask (FFP3/FFP2/N95) Eye protection (goggles/face shield) Gown, Apron and Gloves.	Yes
Non-clinical and support staff at nutrition facilities, such as pharmacy staff, admin staff, ambulance drivers, cleaners and security guards. Programme and support staff and volunteers carrying out work in communities, who are unable to maintain social distancing 2m (6 feet) due to the nature of their work.	Medical mask – when close contact (within 2m/6 feet) is not avoidable. Gloves and gown – when direct contact and exposure to blood and or other body fluids is anticipated or likely, including during equipment and environmental decontamination.	Yes

Office-based staff. All other programme and support staff who are unable to work from home.	PPE not required. Staff must observe standard precautions. Staff should adhere to local requirements in countries where wearing face coverings in public is mandatory. In such settings, staff may use an improvised cloth mask	

Refer here the SCI PEP guideline for more detail information

Activity /Intervention	Quality Benchmark
Nutrition assessment and selection of sites	
Selection of sites	1. **Expansion of nutrition program or new program during Covid-19 pandemic is not recommended. Continue lifesaving nutrition service for the existing programs if SCI can implement all recommended mitigation measures. If not, sites should be closed/suspended**[2] 2. SCI participates in coordination mechanisms at relevant levels national, state and district level in line with office and government precautionary messages 3. Follow the government recommendation regarding meetings. It is advisable to avoid face to face meetings and better to do it by phone or video conference.
Nutrition Assessments	1. Follow the Adaptation Guidance for Nutrition Assessment issued by the Global Nutrition Cluster/National Government At the same time, 2. Suspend or postpone the survey unless it is critical/lifesaving. 3. If the assessment is critical, conduct visit maintaining social distancing (no touch, safe distance of 2meter). 4. Conduct visit outside in wide-open, well ventilated space rather than inside the household (without risking confidentiality). 5. Use remote gender analysis tool to ensure needs assessments are gender sensitive. Disaggregate data by sex and ensure both men and women are consulted within households with more than one adult.
Community mobilization for existing projects including household visits	1. All large gatherings should be avoided. 2. Limit household visit to lifesaving nutrition interventions only (active case finding, defaulter tracing, vitamin A and micronutrient supplementation etc.) 3. Strongly consider alternative approaches for awareness raising, information dissemination, and community engagement, child participation e.g. telecommunications, smaller groupings with safe distancing. 4. Conduct household visit maintaining social distancing (no touch, safe distance of 2m). 5. Conduct household visit outside in wide-open, well ventilated space rather than inside the household (without risking confidentiality)
	1. Mass screening is not recommended during Covid-19 pandemic.

[2] See SCI program adaptation document https://savethechildren1.sharepoint.com/what/humanitarian/SCDocuments/Forms/AllItems1.aspx?csf=1&e=ucvkrY&cid=02268207%2D5aa4%2D402f%2Dac5b%2D8be4ed03a5c0&RootFolder=%2Fwhat%2Fhumanitarian%2FSCDocuments%2FGlobal%20%2D%20COVID%2D19%2FGlobal%2FTechnical%20resources%2F01%5FTechnical%20Task%20Group%2F02%5FProgram%20Adaptations&FolderCTID=0x012000E48DD9A629F24B48B358EBAA77FA722A

Mass screening for acute malnutrition	2. Innovative methods like mother MUAC screening is better to reduce transmission of infection. Community health workers/community volunteers can train mothers how to take MUAC and check bilateral edema for their children. Training should follow the local government recommendations. Normally it is advisable to train 5-10 mothers per session. In the context of Covid-19, it is advised to have less number of mothers per session with appropriate infection control measures (social distancing and handwashing with soap and water).
Outpatient Therapeutic Feeding Programme (OTP)	
Site	1. Waiting area should be sufficiently big to avoid overcrowding and should have a shade and mats or benches for people to sit. 2. There should be adequate space to conduct anthropometric measurement, consultation, appetite test and distribution of Ready to use Therapeutic Food (RUTF). 3. Consider adapting the OTP site – providing services outside in a well-ventilated area, enabling social distancing between clients (2m). Temporary large tents can be utilized to increase capacity and distancing if required. 4. Water for drinking and handwashing for beneficiaries available (a separate one for staff). 5. Genders segregated latrines available.
Screening	1. There are at least 2 staff to do screening. OTP nurses consider using only MUAC and checking oedema to reduce exposure for Covid-19. 2. Maintain the recommended social distancing during screening (at least 2 meters between each client.
Physical examination, appetite test and treatment	1. OTP nurse trained on CMAM. 2. CMAM protocol and lookup tables available. 3. The OTP nurse take temperature and respiratory rate for all children with SAM. 4. Admission card and beneficiary card available and anthropometric measurements, temperature, respiratory rate, medication, amount of plumpy nut given recorded in the card. 5. Routine drugs are available (amoxicillin, deworming tablet sand vitamin A) and given to beneficiaries as per the IMAM protocol. 6. Appetite test done for all children (new cases and follow up cases) 7. Children who need other health services (e.g. vaccination) are referred to get the service 8. All outpatient treatment sites have a minimum of 03 staff – an outpatient nurse and screener. 9. Each mother/caretaker receive key OTP messages including messages on Covid-19 during consultation.
Recording and reporting	1. Registration book, tally sheet and reporting format available 2. Registration book, admission cards, beneficiary cards, tally sheets and reporting formats properly filled
Plumpy nut distribution	1. RUTF look up table should be displayed on the wall or the working table 2. RUTF distribution should be according to the look up table 3. Empty Plumpy nut sachets from previous distribution should be collected and appropriately disposed. 4. Supply reports filled in by outpatient staff on a daily basis.

	5. Normally beneficiaries receive RUTF weekly but in the context of Covid-19 pandemic beneficiaries can receive up to 1-4 weeks to reduce frequent movement and Covid-19 transmission. When no follow up is possible up to 8 weeks of RUTF can be distributed.
Equipment per OTP site	An OTP site should have the following Screening equipment in in proper working condition 1. At least 5 MUAC tapes 2. At least 2 weight Scales 3. At least 1 Height boards 4. At least 1 thermometer to take temperature 5. At least 1 timed watch/ "normal wristwatch" to check the number of respirations per minute
Inpatient Care/Stabilization Center	
Site	1. Consider adapting the SC site – providing services outside in a well-ventilated area, enabling social distancing between clients (2m). Temporary large tents can be utilized to increase capacity and distancing if required. If the SC room is big open the windows for ventilation and there should be at least 2-meter distance between each bed. 2. Ideally there should be waiting area, 3 rooms for phase 1, transition phase and phase 2. If there is lack of adequate space/rooms, transition phase and phase 2 can be together. In addition, there should be 1 room for milk preparation, 1 room for storage of RUTF and medicines, 1 room for staff 3. There should be at least 2 bathrooms (1 for female and one for male) 4. The SC should not be close to adult admission rooms for treatment of infectious disease such as TB. This is to prevent transmission of infection as the immunity of children with SAM is already compromised. 5. There should be adequate water for drinking, for mothers to take shower and for food preparation. 6. All inpatient treatment sites have a minimum of 1 SC nurse, 1 nutritionist and 1 medical doctor at any given time (minimum of 6 nurses, 2 nutritionists, and 2 doctor per stabilization center)
Physical examination	1. All staff working in the SC received training on inpatient management of SAM 2. IMAM protocol and lookup tables available 3. Registration book and admission card available and anthropometric measurements, temperature, respiratory rate, history and findings of physical examination, medication, amount of therapeutic food given recorded in the card 4. First and second line drugs available 5. Appetite test done during admission and before discharge to OTP 6. Therapeutic milk and drugs should be giving timely as per the schedule 7. Children take therapeutic milk from cup not from bottle 8. All mothers/caretakers are given advice and counselling on recommended IYCF practices including exclusive breast feeding and complementary feeding
Recording and reporting	1. Registration book, admission card, tally sheet and reporting format available 2. Registration book, admission cards, tally sheets and reporting formats properly filled
Equipment and supplies	The following equipment and supplies are available 1. At least 5 MUAC tapes 2. At least 2 weight Scales

	3. At least 1 Height boards 4. At least 1 thermometer to take temperature 5. At least 1 timed watch/ "normal wristwatch" to check the number of respirations per minute 6. Drugs, F75, F100 and plumpynut.
Targeted Supplementary Feeding Programme (TSFP)	
Site	1. Consider adapting the TSFP site – providing services outside in a well-ventilated area, enabling social distancing between clients (2m). Temporary large tents can be utilized to increase capacity and distancing if required. 2. Supplementary feeding programmes should continue if possible (distribution methods should be altered to avoid large gatherings). 3. Community health workers or community volunteers may be able to assist in distribution to affected households. 4. Water for drinking and handwashing for beneficiaries available.
Screening, Physical examination and treatment	3. There are at least 2 staff to do screening. TSFP nurses consider using only MUAC and checking oedema to reduce exposure for Covid-19. 1. Each site should have a trained nurse who prescribes treatment 2. Treatment should be done and recorded as per CMAM protocol 3. The TSFP site should have deworming tablets, vitamin A, measles vaccination as per the CMAM protocol. 4. Nurse should give caretakers feedback on the progress of their children
Recording and reporting	1. Registration book, tally sheet and reporting format available 2. Registration book, beneficiary cards, tally sheets and reporting formats properly filled
Distribution of supplementary food	1. Normally beneficiaries receive RUSF bi-weekly but in the context of Covid-19 beneficiaries can receive up to 2-4 weeks to reduce frequent movement and Covid-19 transmission. When no follow up is possible up to 4 months of RUSF can be distributed. 2. Supply reports filled in by staff in the TSFP on a daily basis;
Equipment	A TSFP site should have the following Screening equipment in in proper working condition 1. At least 5 MUAC tapes 2. At least 2 weight Scales 3. At least 1 Height boards 4. At least 1 thermometer to take temperature 5. At least 1 timed watch/ "normal wristwatch" to check the number of respirations per minute
Infant and Young Child Feeding (IYCF)	
Policies	1. Avoid soliciting or accepting donations of breast milk substitutes (BMS), commercial complementary foods, other milk products, bottles and teats. 2. Monitor presence and use of breast milk substitutes, bottles and teats.

Safe spaces/Sites	1. Consider adapting the IYCF corner/Mother Baby Areas – providing services outside in a well-ventilated area, enabling social distancing between clients (2 mt). Temporary large tents can be utilized to increase capacity and distancing if required. 2. There is private space for individual counselling. It should be a space with good air ventilation and that can provide for a discreet and private environment 3. IYCF corners/MBAs to be equipped with essential IYCF tools and equipment like counselling cards, toys (if space allows for children to play), TV and DVD player (if feasible) and samples of locally available complementary foods. 4. There are relevant IEC/SBCC materials on breastfeeding, complementary feeding, visible and accessible to mothers and caregivers
Individual counselling	1. Each IYCF corner/MAB to have at least 2 IYCF counselor and trained on IYCF. 2. Counsellors are informed on the IYCF recommendations during Covid 19 3. Counsellors have a copy of the Save the Children and/or WHO FAQ and Flow chart on how to support a mother/caregiver with a child less than 2 years that is Covid 19 suspected or confirmed 4. Registration book, tally sheet and reporting format available and used. 5. Counselling must be done by trained IYCF counsellors. 6. Counselling to be done in local language without jargon using IEC materials/IYCF booklet. 7. IYCF counsellor complete the full assessment checklist. 8. Proper documentation of the initial assessment and follow up assessment results.
Group Session/Mother to mother support group	1. Group sessions/mother to mother support group face to face meetings not advised during Covid-19 pandemic to reduce the risk of infection transmission. Review national guidance and discuss risks and mitigation measures. 2. Members of the mother support groups, may share relevant messages to their neighbors, maintaining social distance and practicing respiratory hygiene 3. IYCF messages aligned with Save the Children and WHO FAQ IYCF during the Covid 19 are available and disseminated 4. Disseminate key IYCF message using media (TV, Radio), Mobile SMS message, announcing with megaphone etc.
Trainings/meetings	
	1. Follow country guidance, government and cluster recommendations 2. Do not conduct meeting or training unless it is critical and is allowed by national, organizational guidelines 3. Face to face training is not the preferred method of training during Covid-19 pandemic. If possible, use methods of training like video conference 4. If the face to face meeting/training is critical and is allowed by Government, it should be conducted as follows: • Limit the number of people attending to ensure social distancing can be practiced. • Adjust venue for meeting to be in a bigger space to enable social distancing (2m) and good ventilation. • Ensure no-one with Covid 19 signs and symptoms attends (e.g. cough or fever or shortness of breath). • Strict staff sickness policy implemented – staff to not attend work if sick.