

GNC-Technical Alliance Brief

Way forward for wasting programming in light of the evolving Covid-19 situation

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This brief is intended for decision makers and implementers who have made adaptations to programmes for child wasting because of COVID-19. It is to guide the decision on the ways forward for wasting programming considering the evolving Covid-19 situation, notably when to resume standard programming as per national guidelines.

The guidance "[Prevention, early detection and treatment of wasting in children 0-59 months through national health systems in the context of covid-19](#)" (UNICEF and WHO)¹ contains recommendations on how best to make adaptations to wasting programming in response to the COVID-19 pandemic. The priority of this guidance is to ensure that widespread wasting programming remains available to children in need despite the disruptions caused by the pandemic, given the known mortality and morbidity risk associated with wasting as a condition.

The adaptations mentioned in that guidance, although meant to be **temporary**, are recommended in the context of COVID-19 and are still relevant in several contexts affected by COVID-19 and should continue to be used as a reference for programmatic decisions.

If some adaptations have been made to wasting programming prior to the COVID-19 pandemic, or unrelated to the pandemic, this briefing note does not relate to those.

This briefing document is not a mandatory instruction but **a reminder of** what needs to be considered alongside **context-specific factors**.

Key messages

1- While the COVID-19 pandemic is ongoing and given that it's progression is not linear, adequate infection prevention and control measures (IPC) need to be put in place and maintained to keep teams safe especially where vaccination rates are low and exposure risks are high.

2- Adaptations to wasting programming because of COVID-19, as outlined in the UNICEF and WHO guidance, were intended to be temporary.

3- The nutrition sector should strive to support implementation of the following COVID-19 related IPC measures within nutrition services, such as:

¹ As well as other agency-specific and global guidance that complements UNICEF and WHO guidance

- Provide COVID-19 screening or triage at the health facility entrance or at other contact points, which may promote trust in the health and social care system
- Provide appropriate Personal Protective Equipment (PPE) in health facilities, including those that serve as stabilization centers, as well as other community-based centers
- Ensure access to soap, water and/or disinfecting solutions in health facilities and community outreach posts to ensure safety and hygiene of equipment
- Respect IPC and physical distancing measures in the health facilities and other community-based centers
- Organize training in collaboration with the health sector on IPC and MIYCN SBCC for wasting programme staff.

4- Conduct a 'do no harm' risk assessment and carefully consider the risk/benefit of removing each adaptation in each context.

5- Consultations with national ministries of health, nutrition agencies, including the health care force, community leaders and the people served is a critical step in ensuring accountability to the affected population while making these programmatic decisions.

6 - Monitor nutrition services availability and functioning through national HMIS to inform the decision to resume national protocols for wasting management.

7 - Some adaptations arising from the COVID-19 pandemic may have had beneficial side-effects on wasting programme coverage, acceptability or cost-effectiveness, and implementers are encouraged to learn and document wherever possible, based on evidence generated. It is also important to note whether they had a negative effect.

8 - The point at which it is safe to return to standard programming as per national guidelines will vary by context. The non-exhaustive list of criteria to consider before deciding to resume pre-COVID-19 programming is shown below – programmers are not expected to make decisions on their own, but with local and national health authorities in charge of the Covid-19 response:

- Covid-19 national/subnational number of cases
- Covid-19 vaccine access and coverage
- Access to health facilities and capacity to ensure routine services, including wasting services
- Infection and Prevention Control (IPC) measures are in place, including distancing measures, and Personal Protective Equipment (PPE) is available to programme staff
- Resumption of community level visits and screening by community health workers
- National public health policies and guidance related to COVID-19
- Community demand and utilization

9 - When resuming pre-COVID-19 programming:

- Engage with communities, ensuring their active participation so they are consulted on and aware of programme changes before they take effect

- Reassure staff regarding the reasons for, safety and expected benefits of programme changes – use a number of methods to do this such as group consultations, small group discussions and repeat regularly in the first few weeks of changes.
- Risk to child and others attending the programme may also change with new or emerging variants of COVID-19 and should be taken into account.

A SPECIAL NOTE ON IPC MEASURES FOR ANTHROPOMETRIC EQUIPMENT

WEIGHING SCALES

Mother-Child electronic scale: Must be cleaned and disinfected between each patient. Clean with soap and water, rinse and then disinfect with **0.1% chlorine** solution or Sulfanios (depending on which is more readily available). Clean all areas where the patient/caretaker has contact with the surface, be careful with the digital display to not get too much chlorine on it.

Salter scale : do not use the culottes/pants, instead secure a large basin to the hanging scale with plasticised rope which can be cleaned and disinfected. The basin must be cleaned and disinfected in between patients as well as the rope attaching the basin to the scale as patients often touch this

Infant scale: This must also be cleaned and disinfected (see above) in between each patient

HEIGHT BOARD

This must also be cleaned and disinfected (see above) in between each patient. (NB: height is only measured on admission and every 4 weeks)

MUAC

MUAC bracelets must also be carefully cleaned and disinfected (see above) between patients

This brief was developed by a sub-group of the Wasting Global Technical Working Group. For feedback on this brief or general queries, contact: technicalalliance@nutritioncluster.net and for technical support submit a request here: <https://ta.nutritioncluster.net/request-support>.