

Annex 4

COMMUNITY NUTRITION SUPERVISION CHECKLIST IN THE CONTEXT OF COVID-19

Introduction

This supervision checklist was developed to be used in the context of the Covid-19 pandemic to provide remote support to community agents implementing/supporting nutrition programs. The supervision checklist should be modified/adapted to suit the local context, programming, and needs to align with current government protocols on mobility, gatherings and meetings, social distancing, respiratory hygiene and other relevant recommendations for health and community workers. The checklist may be reduced or modified to remove sections that are not relevant or to streamline the tool for maximum utility.

Objective: This checklist is intended for use in community-based programs to complement the routine supervision tools used by the program to monitor and support quality of community nutrition activities. This checklist is not meant to replace functioning existing tools but to ensure appropriate monitoring of context specific issues during the Covid-19 pandemic, which may not be considered in previous materials.

The intended user of the checklist is any *community agent* implementing or supporting community nutrition programs, such as Community Health Worker, Village Health Worker, Community Nutrition Volunteer, Lead Mother, Support Group Leader, Community Leader, etc.

Instruction how to use the checklist

The field nutrition staff will complete the checklist and share it with the supervisor/nutrition advisor who will provide remote technical support.

The data can be recorded and shared using the most convenient and available technology for example smart phone using the kobo application, through cellphone SMS or calls, or when no other technology is possible or feasible a paper based system according to the context and the specific situation can be used. The data can also be recorded on paper and picture of completed checklist/ scanned checklist can be shared with the supervisor.

The nutrition advisor with the teams will agree on which application is easier and accessible to use in the specific context.

Data will be collected each month from each implementation site and shared with supervisor/nutrition advisor (frequency of data collection may vary depending on the context). The team can adopt and use the full checklist and/or only selected sections as needed and as responsive to the specific programmatic and contextual priorities.

Nutrition supervision checklist

Region/province/state: _____ District: _____

Name of Community/Village: _____ Name of Community agent: _____

Name of supervisor: _____ Date of visit: _____

Activity	Yes/No	Comment
Community Engagement		
Community agents are trained on Covid-19 (e.g. what is Covid-19, mode of transmission, sign and symptoms, and how to prevent)		
Community agents are oriented on key nutrition messages during Covid-19		
Community agents are trained to encourage access to routine essential services e.g. vaccination		
Community agents are oriented on GBV and IPV detection and referral during Covid-19		
Community leaders (traditional, religious, elders) are oriented on Covid-19		
The community agent provides regular feedback to the leaders on the nutrition situation in the community		
The community agent discusses with leader importance of protecting breastfeeding in Covid-19 context by monitoring and reporting inappropriate promotion of BMS in the community		
Community agent has discussed key nutrition recommendations during Covid-19 with community leaders		
Breastfeeding during Covid-19		
Complementary feeding		
Sanitation and hygiene		
Maternal nutrition		
Micronutrient supplementation		
Family lead MUAC/screening and referral		
Community leaders (with help from agents) has integrated information on how to prevent Covid-19 into existing communication platforms on health and nutrition		
New information campaigns addressing Covid-19 include nutrition messages such as continue breastfeeding, IYCF recommendations, maternal nutrition and screening for malnutrition etc.		
Community agent and leaders work with the closest health facility to make referrals of sick or suspected sick members of their communities, and beneficiaries are informed on prevention measures during transport to facilities		
Counter referrals are made to the community agent to support family in self-isolation and monitoring/follow-up		
Modified / Small Group Education/Support Session		
If community group is still allowed to meet under government guidelines, the timing, location, and size of meeting have been adapted to ensure any government recommended social distancing measures		

Meeting site is well ventilated, clean, and conducive to social distancing (e.g. outside, spacious)		
Meeting site is disinfected before and after meeting		
Number of participants is limited in accordance with national guidance (e.g.10)		
Participants encouraged to sit at least 2 meters apart		
Community agent and participants are wearing masks if required		
Photo of meeting area for participants from 5 meters away (Ask permission of people before taking photos)		
Handwashing station with soap or hand sanitizer is available and all participants requested to wash hands at arrival and departure		
Photo of hand sanitation station		
Community agent provides up to date information on Covid-19 including signs and symptoms, vulnerabilities, and prevention measures such as handwashing		
Community agent have relevant IYCF/Nutrition materials/counselling cards/IEC with relevant messages related to Covid-19		
Community agent emphasizes importance of good nutrition practices during Covid-19		
Breastfeeding during Covid 19		
Complementary feeding		
Maternal nutrition		
Micronutrient supplementation		
Sanitation and hygiene		
Family lead MUAC/screening and referral		
Community agent encourages participants to go to health facility or self-isolate at any signs or symptoms of illness in anyone in their family/compound, in accordance with government guidance		
Household Visit		
Community agent is aware of family composition, including potential presence of elderly, sick or vulnerable members and takes measures to avoid them		
Community agent conducts the visit within the compound but not entering the house, while maintaining confidentiality		
Community agent washed or sanitized hands before entering and after leaving compound		
Community agent follows government guidelines on social distancing and respiratory hygiene (e.g. wears mask, gloves when required) inside and between compounds		
Community agent asks to see handwashing station to verify presence of clean water and soap		
Community agent provides up to date information on Covid-19 including signs and symptoms, vulnerabilities, and prevention measures such as handwashing		
Community agent encourages family to go to health facility or self-isolate at any signs or symptoms of illness in anyone in their family/compound, in accordance with local government guidance		
Community agent identified potential cases of malnutrition in under 5/FEFA and encourage family to go to health facility to confirm the nutritional status		
Community agent emphasizes importance of good nutrition practices during Covid-19		

Breastfeeding during Covid 19		
Complementary feeding		
Maternal nutrition		
Micronutrient Supplementation		
Sanitation and hygiene		
Family lead MUAC/screening and referral		
Community agent can identify women with infants under 6 months that are having infant feeding/breastfeeding problems and provide support or link them to existing counsellors [in person, remote]		
Community agent is able to train families in using MUAC and oedema assessment to their children under 5 years of age		
Community agent has an adequate supply of MUAC tapes to provide to the caregiver / household		
Community agent is doing ICCM (including wasting non complicated cases treatment) according national guidelines		
Community agent does visual assessment of infants under 6 months for signs of wasting, and caregivers asked if they have any concerns (i.e. recent weight loss, not gaining weight, lack of appetite.)		
Infants under 6 months are checked for oedema		
If concerns identified, infants under 6 months should be managed as per national protocols		