



NUTRITION SUPERVISION CHECKLIST FOR REMOTE SUPPORT IN THE CONTEXT OF COVID-19

Introduction

This supervision checklist is developed to be used during the Covid -19 pandemic to provide remote support for field nutrition staff. The checklist is not as detail as the standard nutrition supervision checklist considering restriction of movements and workload during the covid-19 pandemic. The supervision checklist can be modified/adapted based on the local context.

The standard nutrition checklist (OTP/SC/TSFP/IYCF) should be used in countries where there is no covid-19 pandemic or where covid-19 pandemic is under control. In this situation there may not be a need to provide remote support as the nutrition advisor /supervisor can visit nutrition sites to provide technical support.

It is recommended to use this checklist only when there is a need for remote support

Instruction how to use the checklist

The checklist will be completed by the field nutrition staff and to be shared with supervisor/nutrition advisor who will provide remote technical support. Data can be recorded using smart phone using the kobo application whenever feasible and possible. The data can also be recorded on paper and picture of completed checklist/ scanned checklist can be shared with the nutrition advisor. The nutrition advisor with his team will decided which application is easier and feasible to use in their context. Nutrition data will be collected each month from each nutrition site and shared with supervisor/nutrition advisor (frequency of data collection may vary depending on the context). Complete the checklist for available services only (for example if SC is not available in the health facility complete the section for OTP, TSFP, IYCF and community mobilization).



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Nutrition supervision checklist

Country: _____ Region: _____ District: _____ Name of Nutrition Site: _____
 _____ Name and position of supervisor: _____ Date of visit: _____

Activity	Yes/No	Comment
General		
Screening established at the entrances to nutrition sites to reduce transmission of covid-19. Screen all visitors for a fever and respiratory symptoms (Follow government guidelines and there is no stigma and discrimination for people with sign and symptoms of covid-19).		
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.		
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.		
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)		
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.		
Personal Protective Equipment (PPE) available and used as per the SCI PEP guideline.		
Respirator mask (FFP3/FFP2/N95) for aerosol generating procedures only		
Fluid resistant surgical masks (FRSM)		
Surgical/Medical mask		
Eye protection (face shield/goggle/glasses)		
Gown		
Apron		
Gloves		
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.		
Sex disaggregated latrines available in the site		
Waste collection and disposal system in place		



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Activity	Yes/No	Comment
Photo of the outside of the OTP/TSFP/SC/IYCF corner/MBA. Take from 10 meters away. At least one from outside and 1 from inside where applicable		
Seating /waiting area for caregivers-1 photo from 5 meters away. Ask permission of people before taking photos		
Photo of storage of RUTF/RUSF/Medicines		
OTP		
Minimum one medical/nutrition person on site		
Staff trained on OTP/CMAM		
Number of OTP days per week increased to reduce overcrowding of beneficiaries (based on government guidelines). Register the change in comment box (for example increased from 1 day per week to 3 days per week)		
The needed equipment, supplies and routine drugs are available at site		
RUTF/Plumpy nut		
MUAC tapes		
Weight scale		
Watch to count Respiratory rate		
Thermometer		
Amoxicillin		
Albendazole/Mebendazole		
Vitamin A		
OTP nurses started to use only MUAC and checking oedema (based on Government guideline if available) to reduce more exposure (when using height/length measurement) for covid-19.		
Availability of registration book, cards, tally sheets and reporting formats		
Registration book		
OTP cards		
Beneficiary cards		
Tally sheets		
Reporting formats		
Beneficiaries receive RUTF up to 8 weeks (depending on the adapted national guidance) to reduce frequent movement and covid-19 transmission		
Performance indicators (recovery rate, death rate and defaulter rate) are above the minimum standard indicated in the CMAM guideline.		
Recovery rate		
Death rate		
Defaulter rate		
Stabilization Center		
Minimum of 5-6 rooms (3 for admission, 1 storage of therapeutic food/medicine, 1 milk preparation, 1 for staff).		
At least 2 shower rooms (1 for male and 1 for female) available.		
The ward not close to other wards used for treatment of infectious diseases.		
There is good ventilation in the SC room and there should be at least 2-meter distance between each bed		



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Activity	Yes/No	Comment
The site has a minimum of 1 SC nurse, 1 nutritionist and 1 medical doctor at any time (minimum of 6 nurses, 2 nutritionist, and 2 doctor per stabilization center)		
Staff trained on Inpatient management of children with SAM.		
The needed equipment, supplies and medicines are available at site		
F75		
F100		
Plumpy nut		
Resomal		
MUAC tapes		
Weight scale		
Watch to count Respiratory rate		
Thermometer		
Amoxicillin		
Albendazole/Mebendazole		
Vitamin A		
Second line drugs		
NG tube		
Availability of registration book, cards, tally sheets and reporting formats		
Registration book		
SC admission cards		
Tally sheets		
Reporting formats		
Performance indicators (recovery rate, death rate and defaulter rate) are above the minimum standard indicated in the CMAM guideline.		
Recovery rate		
Death rate		
Defaulter rate		
TSFP		
Minimum one medical/nutrition person on site		
Staff trained on TSFP/CMAM		
Number of TSFP days per week increased to reduce overcrowding of beneficiaries		
The needed equipment, supplies and routine drugs are available at site		
RUSF/Plumpy sup/CSB++		
MUAC tapes		
Weight scale		
Thermometer		
TSFP nurses started to use only MUAC and checking oedema to reduce more exposure (when using height/length measurement) for covid-19.		
Availability of registration book, cards, tally sheets and reporting formats		
Registration book		
Beneficiary cards		
Tally sheets		



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Activity	Yes/No	Comment
Reporting formats		
Beneficiaries receive RUSF/supplementary food up to 4 months (depending on the adapted national guidance) to reduce frequent movement and covid-19 transmission		
Performance indicators (recovery rate, death rate and defaulter rate) are above the minimum standard indicated in the CMAM guideline.		
Recovery rate		
Death rate		
Defaulter rate		
Infant and Young Child Feeding		
Minimum 2 staff who trained on IYCF counselling available.		
Adequate space for the IYCF corner or a MBA including waiting area.		
Private space/room available for individual counselling		
Availability of registration book, booklets, tally sheets and reporting formats		
IYCF Registration book/Register		
IYCF booklet/Counselling cards		
Tally sheets		
Reporting formats		
Are Rapid and Full IYCF assessment conducted?		
Counselling conducted according to StC protocol: assess, analyze and ask?		
Counsellors uses listening and learning skills?		
IEC/SBCC materials on IYCF are visible in the center		
Are there specific IEC/SBCC materials with IYCF messages in the context of Covid 19 visible?		
Gathering are limited/not allowed in the context of Covid-19.		
Support group/care Group meetings are limited/not allowed in the context of Covid-19.		
Community Mobilization		
There are community volunteers and community volunteer supervisors under the catchment area of the nutrition site		
Are CVs and supervisors trained on CMAM/IYCF?		
Are the CVs and supervisors trained on Covid-19?		
Are the CVs and supervisors trained on GBV identification and referrals?		
CVs & supervisors have adequate MUAC tapes and referral slips		
CVs do active case finding, defaulter tracing and promote key message on IYCF?		
CVs refer malnourished children to nutrition sites?		
CVs refer cases of GBV & IPV to referral services?		
Disseminate messages on GBV prevention through community volunteers and supervisors.		
Information on covid-19		
Please add any observation/information on Covid 19 and the impacts on nutrition program		



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Activity	Yes/No	Comment