Guideline for remote support on nutrition during COVID 19 pandemic version 1.0

Background

The Covid-19 pandemic has the significant potential to affect the quality and scale up of nutrition, health and other lifesaving interventions. The restrictions on mobility and recommendations on social distancing will affect the way we work in our nutrition programmes and measures are needed to mitigate the potential negative impact. The impacts of the pandemic on health, food, and economy will hit the most vulnerable groups the hardest. The pandemic is creating a shadow pandemic of gender-based violence and identification, mitigation and response services are vital and life-saving. Frontline health workers are likely to be stretched and pulled the hardest as health facilities struggle to maintain capacity. Deployment of international and national staff to improve the quality of nutrition program may significantly reduce or stop due to Covid-19 pandemic. Maintaining and supporting community-based interventions will be vital to protect our commitments in nutrition for the survive breakthrough. To do this it is critical to identify feasible and effective ways of working to implement nutrition programs.

One of the available options in situations when there is restriction of movements and access to affected populations and facilities is to provide remote support.

Remote Support

Remote support/work is working style that allows people to work outside of a traditional office environment[1]. Remote support becomes more important when it is not possible to visit field sites because of inaccessibility for example due to insecurity or there is restriction of movement due to health concerns like during the covid-19 pandemic.

Providing remote support is not new for Save the Children. There are many staff under Global Humanitarian Surge Platform (GHSP) and with members who are working from home and providing remote support. Humanitarian Surge Team (HST) are also providing remote support when they are not deployed. Save the Children has also experience in providing remote support when it is not possible to provide face to face support when there is no access because of insecurity like Afghanistan, Yemen, Syria, Somalia and other countries. Remote support can be a temporary, long term or permanent solution and may evolve and change according to the specific contexts and needs.

There is no 'one size fits all' strategies to provide remote support. To be successful, remote support strategies must be based on an analysis of the context and be developed over time and with the participation of field staff.

Remote support can be provided at different levels and the types of support may be different at each stage

- From Headquarter/Center to Regional offices

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[1] GoCoach Management Training Series: Remote Employee Management Training: https://zoom.us/webinar/register/WN_jYsLzZ_fSZGwegFhP6ddYw?utm_sq=gcrr403386&utm_source=linkedin&utm_medium=social&utm_campaign=gocoach&utm_content=owncontent

- From Center/Regional office to Country offices
- From Country office to Provinces/Zones
- From Provinces/Zones to Districts
- From Districts to Health facilities/communities

It important to note that this guideline and the tools (annexes) are intended for use primarily in the humanitarian nutrition interventions.

The purpose of this guide is to help nutrition advisors and managers to provide remote support for staff working at community/health facility level.

Objectives of this guidelines

1. To provide technical guidance and recommendations on remote support for nutrition during the covid-19 pandemic
2. To illustrate the essential steps needed to follow for effective remote support
3. To suggests links/additional resources on remote support/remote management and online trainings

Remote support for nutrition programmes in the context of Covid 19

Depending on the context and based on several considerations, like the availability and coverage of cellphone signals, internet, cellphones and the local capacity to adapt, the following is recommended. It is important to emphasize how the decision on which platform to use, will really depend on the context and the resources available:

1. **Suggested Resources/Equipment that may be needed for remote support [depending on the technology selected]**
   a. Mobile/landline phone service
   b. Camera/SMART phone with 12mp or more to take pictures from health facilities or communities
   c. Computer, scanner and printer
   d. Internet
   e. cellphone coverage
   f. papers and pens

2. **Recommended Steps to provide remote support**

Before starting to provide remote support the following will need to be agreed upon: Agree on the programs to monitor CMAM, IYCF-E, C-MAMI etc.

- Agree on what technology can be used
- Agree on quality benchmarks to monitor for each programme. Include specific life-saving GBV identification, mitigation and response.

- Procure needed equipment like computer, camera, SMART phone etc. if needed and allocate resources to maintain them at every level
- Agree on the frequency of meeting and means of communication
- Agree on types of documents to receive from field
- Complete a list of all field staff with contact address/phone number

Suggested steps to follow based on the agreement stated above to monitor nutrition programs

1. Nutrition/IYCF officers to complete the supervision checklist for each nutrition site on monthly basis (depends on the context) and share with supervisor/nutrition advisor. The documents may include (but not limited to)
   - The completed supervision checklist (via kobo, scanned or picture of the checklist)
   - Few pictures/ photos as indicated in the supervision checklist
2. Supervisor/Nutrition advisor review the completed supervision checklist for each nutrition site
3. Arrange meeting to discuss on the main findings
4. Conduct the meeting based on agreed means of communication
5. Based on the review supervisor provide feedback on what is going well and areas of improvement
6. Agree on action points with deadline
7. Supervisor provide continuous support based on agreed means of communication

Introduction to Annexes

Annex 1: Supervision checklist: The nutrition supervision checklist includes key activities considering restriction of movement and workload during the covid-19 pandemic. This should be used only during the covid-19 pandemic. In normal times, nutrition staff should use the detail standard nutrition supervision checklist for each component of the nutrition program (OTP/SC/TSFP/IYCF/CM). The supervision checklist will be completed by field staff (Nutrition officers) and shared with supervisor/nutrition advisor who provide remote support. 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). The supervision checklist is general guidance and can be adapted/modified based on the local context. If there is restriction/lockdown and the nutrition officers not able to visit the health facilities, data can also be collected via phone call.

Annex 2: Template to summarize findings from the supervision: Used to summarize main findings from the supervision (what is working well, what are the gaps, recommendations and action points with deadline)

Annex 3: Nutrition quality benchmark: 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. The nutrition quality benchmarks modified based on covid-19 context. The field nutrition staff should be oriented on the quality benchmark by the supervisor/nutrition advisor. The quality benchmark to be shared with all nutrition staff. The nutrition quality benchmark can be modified/adapted based on the local context.

Resources/trainings on remote support/remote management

- Monitoring and Accountability Practices for Remotely Managed Projects Implemented in Volatile Operating Environments: https://www.alnap.org/help-library/monitoring-and-accountability-practices-for-remotely-managed-projects-implemented-in
- Remote Capacity Strengthening in Syria for Better Child Protection (RISE): https://resourcecentre.savethechildren.net/library/remote-capacity-strengthening-syria-better-child-protection-rise
- Free online trainings on Covid-19 preparedness and remote working: https://trainingindustry.com/training-companies-offering-free-coronavirus-products-and-services/?utm_medium=email&utm_campaign=trainingindustry&utm_source=weekly
- Clinical management of rape and intimate partner violence survivors
- Developing protocols for use in humanitarian settings https://www.who.int/reproductivehealth/publications/rape-survivors-humanitarian-settings/en/

Annex

1. Supervision checklist
2. Template to summarize findings from the supervision
3. Nutrition quality benchmark