

#### Adapting Child Nutrition Screening & Adaptations to Strengthen Communities and Health Systems during COVID-19

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#### Everyone must select a language!

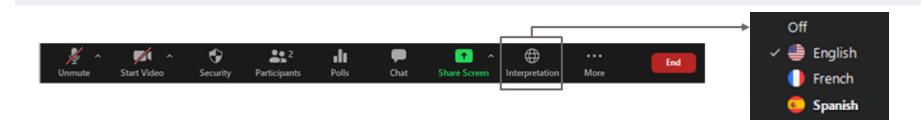
• Click "interpretation" at the bottom of your Zoom window and select English, French, or Spanish.

#### Chacun doit choisir une langue !

• Cliquez sur « interprétation » au bas de votre écran Zoom et sélectionnez anglais ou français.

#### ¡Todos deben seleccionar un idioma!

• Haga clic en "interpretación" en la parte inferior de la ventana de Zoom y seleccione inglés, francés o español.





## COVID-19 Adaptations to Strengthen Communities and Health Systems in Kenya

#### Lominito Lomoru

Health Systems Strengthening Advisor- USAID Nawiri Project

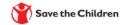
## **Overview**



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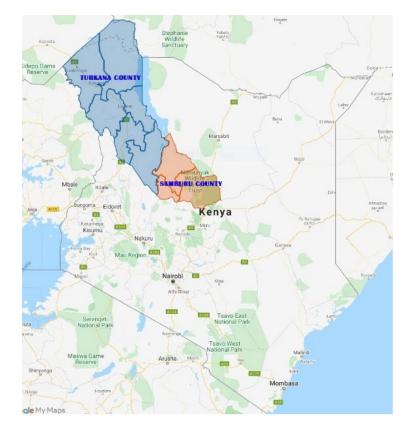
#### Agency:

The USAID Nawiri activity focuses on sustainably reducing persistent acute malnutrition in children under five years in *Turkana* and *Samburu* counties of Kenya.

## **Overview**

#### Context:

COVID-19 pandemic mitigation measures of social distancing, and low demand for health and nutrition Services for fear COVID-19 at perceived health facilities led to reduced nutrition screening of children and women. Equally, health facilities capacities was overstretched.





## **Overview**



#### Approach:

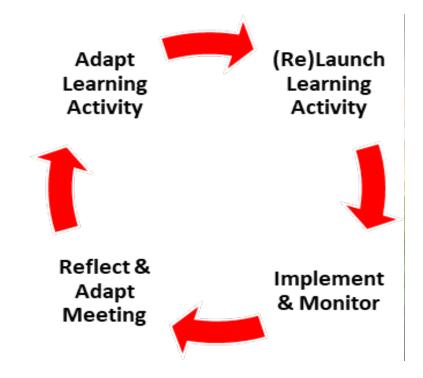
Nawiri responded by adapting and designing multi-level systems strengthening interventions to mitigate COVID-19 transmission while building health systems' adaptive capacity in the longer term.

#### **County level engagement**

In **collaboration** with community, government, and other implementing partners, the team designed interventions aimed to respond to COVID-19 at:

- Health facility,
- Community, and
- Household level.

Designed **Learning sprint approach** to guide activity implementation, monitoring, reflecting, learning and adapting.

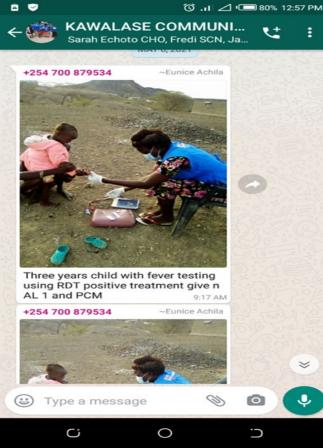


## Health facilities approach and adaptations



- Scaled up health facility capacity to respond to COVID 19 using the Integrated Management of Acute Malnutrition (IMAM) Surge Model.
- Coaching/mentoring Health Care Workers on data collection, analysis, decision-making to health facilities on the adaptation of the IMAM Surge Model at the facility level.

## **Responsive community health systems**



Community Health Volunteers/workers undertake critical role in helping households understand and correctly implement COVID-19 prevention measures and access health and nutrition services. Nawiri supported capacity building of community health volunteers by:

ΤΓΔİΠİΠG ΟΠ: Integrated community case management of childhood illnesses (iCCM) Community Management of acute malnutrition(CMAM), Use of family-led Mid-upper arm

circumference strap (MUAC), and COVID 19 prevention.

- Enabling Use of WhatsApp messaging, and
- facilitating Community mini-dialogue sessions



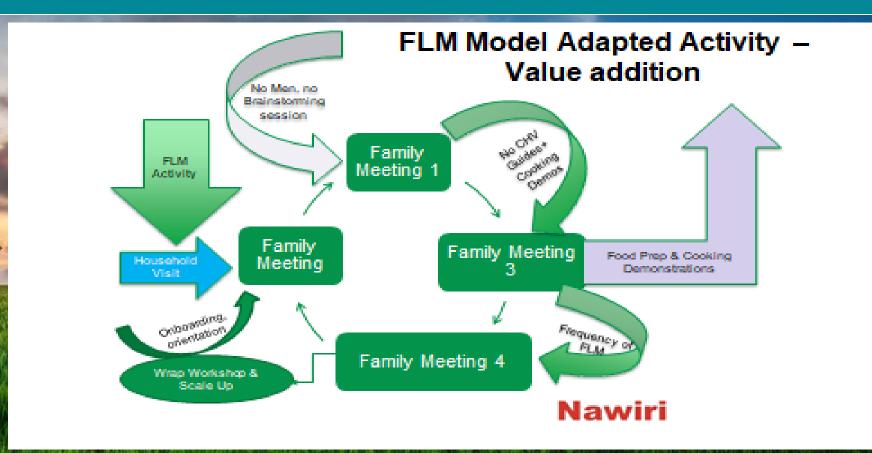
# Household level approach



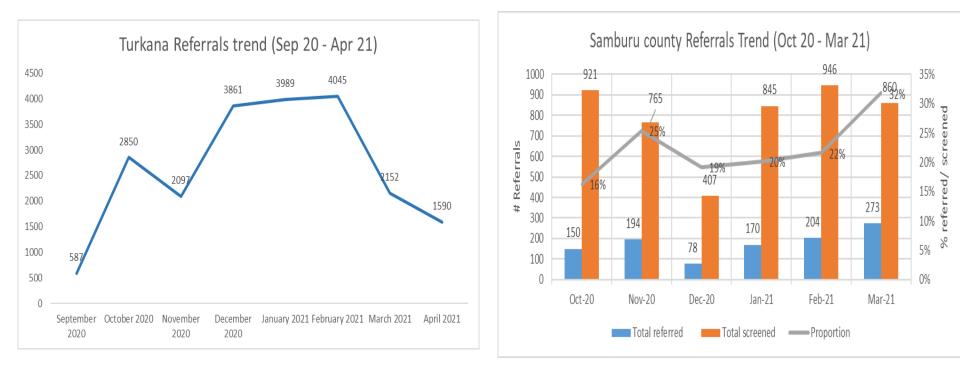
- Use of family-led Mid-upper arm circumference strap(MUAC)at household:(Family-led MUAC).
- Family-level meetings including fathers and men



#### Family meeting as adaptation for Family Led MUAC



## RESULTS







- 1. While responding to shocks such as COVID 19, it is key to **develop interventions that will address not only short-term effects of the pandemic but also long-term mitigation interventions** that will impact populations health, nutrition and livelihood status.
- 2. During implementation of response activities there is a need to **continuously assess** the situation, **reflect, learn** and **adapt**. Learning sprints mechanisms and multi-disciplinary committees will be useful.





## Thank you!

#### For more information, please contact:

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## Adapting Child Nutrition Screening During COVID-19 Lockdown

## **Graduating to Resilience**

#### Robinah Nannungi

Food Security and Nutrition Technical Advisor AVSI Foundation Graduating to Resilience, Uganda

## **About Graduating to Resilience**

- **Goal:** Extremely poor refugee and Ugandan households in Kamwenge district graduate from conditions of food insecurity and fragile livelihoods to self reliance and resilience
- **Budget:** \$36.7 million from USAID Bureau for Humanitarian Assistance
- Implementer: AVSI Foundation with Trickle UP and IMPAQ International
- Period: October 01, 2017 to September 30, 2024
  - Two cohorts and two refinement periods
- **Target:** 13,200 HHs (50% host / 50% refugee)
  - **Cohort 1 Target**: 6,629 participants and 37,585 members

## **COVID-19 Regulations**

 COVID-19 regulations, like the closure of non-essential shops and transportation limitations, threatened the food security and nutrition status of participants.



#### **Context Assessment**

- 88% of households took steps to prepare for COVID-19
- Of those, 98% said they did so by storing food



## **Remote Nutrition Screening**



## Collaboration

- Medical Teams International (MTI) trained Graduating to Resilience Program Officers
- Program Officers trained activity coaches and Government of Uganda Village Health Teams (VHTs)
- District Health Officer approved and supported the acquisition of over 4,600 MUAC tapes free of charge

## Implementing Family MUAC



#### Challenges

- COVID-19 regulations limited movement of staff
- Teaching participants to read the MUAC tapes

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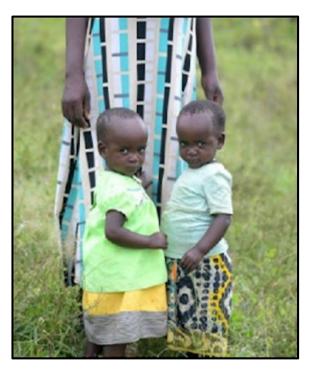
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#### Successes

- 30% reduction in SAM and MAM
- 94% of participants reported "extremely well" in meeting food security and nutrition needs
- No participants reduced meal portions for children six months to five years of age
- Participants continue monitor their children's nutrition status



Achieving and sustaining any development outcome depends on the contributions of multiple interconnected actors. - USAID Local Systems Framework

## Thank you!

#### To learn more, contact Robinah Nannungi: <u>robinah.nannungi@avsi.org</u>

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