Operational guidance on Nutrition Sectoral/Cluster Coordination in the context of COVID-19

Version 2.0 of 6th of April 2020
(see revision history in Annex 3)

As the number of countries at risk of a deterioration of the nutritional status of their vulnerable groups' due to COVID-19 increases, the GNC Coordination team (GNC-CT) will adapt the guidance and support provided for Nutrition Sectoral/Cluster Coordination, Inter-sectoral/Inter-cluster Coordination, and Information Management, to increase the relevance and flexibility of approaches to respond to the evolving challenges and opportunities.

The purpose of this document is to guide Nutrition Sector/Cluster coordination mechanisms at the national level on the adaptation of the core cluster coordination functions and working modalities, due to the COVID-19 pandemic. This document will be updated regularly to provide guidance based on the latest available evidence and information, based on two scenarios:

- **Scenario 1: No population mobility restrictions**
- **Scenario 2: Partial or full population mobility restrictions**

This document does not include specific guidance on Nutrition Programming as this is covered by additional resources issued by the Global Technical Assistance Mechanism for Nutrition (GTAM) available from GNC COVID-19 Resources.

Global Humanitarian Response Plan (GHRP) for COVID-19
The COVID-19 GHRP is a joint effort by members of the Inter-Agency Standing Committee (IASC), including UN, other international organizations and NGOs with a humanitarian mandate to analyse and respond to the direct public health and indirect immediate humanitarian consequences of the pandemic, particularly in countries that are already facing a humanitarian crisis because of conflict, natural disasters, and climate change.

The GHRP aims to ensure complementarity, synergy, gaps and needs identification, and coordinated response by complementing and supporting existing government responses and national coordination mechanisms. The GHRP indicates that at the national level the usual coordination mechanisms apply, and where a Humanitarian Response Plan (HRP) is implemented, the Resident Coordinator (RC)/Humanitarian Coordinator (HC) and the Humanitarian Country Team (HCT) will lead the response, with support from OCHA and the Clusters. WHO provides lead support and expertise on public health issues in consultation

with national authorities with a focus on measures to contain the spread of the epidemic and mitigate the direct and indirect effects of the outbreak on vulnerable population groups.

In countries covered by a refugee and migrant response plan, the existing coordination mechanism, like the inter-agency platform set up by IOM and UNHCR will be used. In countries without an HRP, the RC and the UN Country Team will support national efforts with technical leadership from WHO on public health issues. In some of these countries, emergency task forces which include UN agencies, Red Cross and Red Crescent Movement, NGOs and government agencies have also been set up to address preparedness and response to COVID-19. Even in countries without HRP establishing or strengthening existing national nutrition sectoral coordination mechanisms is expected to ensure nutrition programmes are better prepared for the direct and indirect impact of COVID-19 on the most vulnerable groups.

The GHRP includes population groups most vulnerable to COVID-19, including people with undernutrition and, in particular, children with wasting. Available evidence on COVID-19 infections indicates that children are as likely to get infected as adults, however, children have generally presented milder symptoms. While we do not yet know how it will affect children with wasting, it is reasonable to assume that they may be at higher risk of COVID-19-related pneumonia; although we do not yet know how it will affect children in South Asia and Sub-Saharan Africa where the prevalence of child wasting is 15% and 8%, respectively. As countries are rapidly developing COVID-19 response policies, weighing in the effects on public health and their economies, it is critical that they do not underestimate the potential impact of reduced COVID-19 suppression on a very large number of children and the future of their nations.

The GHRP is expected to be updated monthly. Additional guidance is expected to cover the following points:

- How can the Clusters/AoRs best contribute to WHO "Strategic Preparedness and Response Strategy" in different contexts?
- How can the eight pillars of the strategy be better unpacked for a multi-sectoral contribution to the secondary impact of COVID-19?
- How to revise the pre-existing HRPs at the country level to include the additional impact of COVID-19?
- How will any additional funding be channeled?

The GHRP is currently available in English. Abridged editions are also available in Arabic, Chinese, English, French, and Spanish.

Inter-Cluster Coordination Group (ICCG) at Country level

The Global Cluster Coordination Group (GCCG) has published following the suggested actions for in-country Inter-Cluster and Cluster Coordinators related to COVID19 response at the end of March.

- COVID19 is a standing item on ICCG and HCTs.
- Ensure each cluster has a COVID19 focal point.
- The ICCG links up with a national (government-led) response

- The ICCG is engaged in the development and implementation of the COVID19 Strategic Preparedness and Response plan.
- Sectoral/cluster coordination at the national and subnational level actively supports multi-sectoral National Health Emergency Coordination mechanisms.
- Clusters and partners assess and make sector-specific risk assessments and contingency plans to continue service delivery, including in cases where new emergencies arise while COVID19 is affecting the country.
- Populations at risk are identified, especially vulnerable groups (e.g. children with wasting, elderly, etc.) or persons who may be at greater protection risk.
- Clusters review the need for travel to attend coordination or capacity building meetings. Full use is made of technology to avoid exposure or transmission, as appropriate in individual contexts.

The GCCG highlighted the critical need for a multi-sectoral response and the essential role of ICCG in ensuring cross-cluster collaboration during health crises.

Regional Coordination

Cluster Lead Agencies and humanitarian partners with regional presence and capacities will continue to support existing coordination structures at national levels. The GNC-CT has been providing regular support to 23 Nutrition Clusters and 5 Sectoral Coordination mechanisms. To better respond to an increasing number of countries requesting guidance and support, the GNC-CT is working more closely with UNICEF Programme Division and other partners to ensure coherent and coordinated support to any country wishing to establish new coordination mechanism or strengthen the existing one to better prepare and respond to the additional impact of COVID-19 on Nutrition in Emergency (NiE) programming. Division of roles and responsibilities among GNC-CT, UNICEF-PD, and UNICEF regional Offices is presented in Annex 1.

Guidance for Sectoral/Cluster Coordination at the national and sub-national levels

The guidance below refers to "Cluster" functions but they also apply to nutrition sector coordination mechanisms.

Scenario 1: **No population mobility restrictions**	**Scenario 2 :** **Partial or full population mobility restrictions**
General considerations	
Establish a "COVID-19 and Nutrition Task Force" to guide the implementation and monitoring of programmatic measures to reduce nutrition-related mortality and morbidity as a result of COVID-19 impact on public health, economy and social aspects. Adapt the generic ToR for the Task Force, templates are available in English and French	
Ensure each cluster has a COVID-19 focal point who ensures communication between the "COVID-19 and Nutrition Task Force" and initiatives outside the nutrition cluster related to COVID-19.	
Ensure that all technical working groups (i.e. CMAM, IYCF-E, NIS/AWG) and cluster members have access to the latest GNC and GTAM programmatic guidance on COVID-19 as relevant to their scope of work and developed and are implementing risk mitigation and management measures for implementing partners.	

Scenario 1: **No population mobility restrictions**	**Scenario 2 :** **Partial or full population mobility restrictions**
Establish regular calls between national and sub-national cluster coordination teams to discuss COVID-19 measures and their implementation. Discuss what additional coordination support is required at the sub-national level and how the Nutrition and COVID-19 Task Force can support the implementation of their recommendations.	
Cluster Core Function 1. **To support service delivery** by: ▪ Providing a platform that ensures service delivery is driven by the Humanitarian Response Plan and strategic priorities. ▪ Developing mechanisms to eliminate duplication of service delivery	
• Pay special attention to cluster face to face meetings as they have the greatest number of participants attending. It is recommended to replace them with virtual meetings. • If face to face meetings cannot be avoided, establish the mitigation measures for the face-to-face meetings (see Annex 2). • Review all other clusters, Working Groups, and Task Force meetings, including bilateral and replace them with virtual meetings as much as possible.	• Conduct all meetings online or through conference services. • Use project collaboration software (MS Teams, Trello, WhatsApp or others) to replace meetings.
Cluster Core Function 2. **To inform the HC/HCT's strategic decision-making** by: ▪ Preparing needs assessments and analysis of gaps (across and within clusters, using information management tools as needed) to inform the setting of priorities. ▪ Identifying and finding solutions for (emerging) gaps, obstacles, duplication, and cross-cutting issues. ▪ Formulating priorities on the basis of analysis.	
Note: GTAM is currently developing guidance on NIS in the context of COVID-19. This section will be adapted once the guidance is finalized.	
Conduct nutrition-specific risk assessments to continue service delivery, including in cases where new emergencies arise while COVID-19 is affecting the country as per "Management of child wasting in the context of COVID-19" and "IYCF in the context of COVID-19" guidance documents.	
• Review Nutrition Cluster assessment plan and conduct risk-benefit analysis to agree on what assessments can be postponed/canceled/replaced with secondary data analysis. • For the critical assessments, discuss and agree on mitigation measures to be implemented to minimize transmission (see an example of mitigation measures in the "Management of child wasting in the context of COVID-19" and "IYCF in the context of COVID-19" guidance documents).	• Cancel all face to face assessments and replace them with secondary data analysis. For example, use GAM prevalence data from previous survey to estimate current prevalence, taking into account contributing factors. • If possible, use data collection via phone for non-anthropometric indicators (see Data Collection in Fragile States for more information).

Scenario 1: No population mobility restrictions	Scenario 2 : Partial or full population mobility restrictions
• Coordinate with the Health Cluster and other Clusters to minimize the number of assessments conducted. Explore the possibility of data collection by phone (see Data Collection in Fragile States for more information).	
Cluster Core Function 3. **To plan and implement cluster strategies** by: ▪ Developing sectoral plans, objectives and indicators that directly support realization of the overall response's strategic objectives. ▪ Applying and adhering to common standards and guidelines. ▪ Clarifying funding requirements, helping to set priorities, and agreeing cluster contributions to the HC's overall humanitarian funding proposals.	
Identify nutritionally compromised populations at risk (e.g. children with wasting, older people, etc.) and develop mitigation measures for the current response as per "Management of child wasting in the context of COVID-19" and "IYCF in the context of COVID-19" guidance documents.	
Coordinate the development of a contingency plan for the COVID-19 response (for scenarios with population mobility restriction) for nutrition interventions and nutrition supply chain as per available IASC, GNC preparedness planning guidance tools, adapt to the COVID-19 context as appropriate.	Adjust as needed and implement the contingency plan developed earlier.
Based on the analysis of the impact of COVID-19 on nutrition, revise the HRP 2020 as required.	
Engage with the Inter-cluster Coordination Group to regularly update the Global HRP for the COVID-19 response.	
Update Nutrition Cluster funding requirements to reflect additional needs for preventative and response measures related to COVID-19 and ensure the nutrition needs are included in the funding requests for Global HRP and engage donors to mobilize-allocate additional resources not included in the Global HRP. Scale up advocacy to ensure that donors do not reduce funding for ongoing programs.	
Cluster Core Function 4. **To monitor and evaluate performance by**: ▪ Monitoring and reporting on activities and needs. ▪ Measuring progress against the cluster strategy and agreed results. ▪ Recommending corrective action where necessary.	
Review nutrition on-site monitoring modalities and identify what needs to be done to be prepared to conduct monitoring remotely (using technology wherever possible i.e. through video camera, phone interviews, pictures, etc.)	• Review nutrition on-site monitoring modalities and explore possibilities to conduct monitoring remotely (using technology wherever possible i.e. through video camera, phone interviews, pictures, etc.). • In case of full population movement restrictions, all on-site monitoring to be conducted remotely using technology

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	wherever possible (i.e. through video camera, phone interviews, pictures, etc.).
In countries with high GAM prevalence (more than 5%), advocate to the Health Cluster and WHO to include data on nutritionally compromised groups (wasted children and PLW) to the WHO revised case report for confirmed novel coronavirus COVID-19 (currently it can be reported under "underlying conditions and co-morbidity – other", but adding an item on wasting should make the reporting more precise.	
Review current programmatic data collection practices and identify what should to be done to implement no-touch data collection and reporting.	
Cluster Core Function 5. **To build national capacity in preparedness and contingency planning**	
Review all trainings and other capacity-building events, identify critical trainings and identify ways to conduct them through telematic channels. If remote communication is not possible, postpone them by at least 3 months, when we hope to have a clearer situation of COVID-19 trends.	• Cancel all face to face events unless specific permission is given by the UNICEF Representatives confirming criticality and urgency of the trainings before proceedings. • All trainings to be conducted online
Advice all cluster partners to undertake an online course from the WHO "COVID-19: Operational Planning Guidelines and COVID-19 Partners Platform to support country preparedness and response" available here	
Coordinate the adaptation of a COVID and nutrition training package for the cluster partners passed on the updated nutrition plans and programmatic guidance for COVID (see links above). Ensure that it can be delivered online or/and use the "notes" on the PowerPoint slides to provide all necessary information.	
Cluster Core Function 6. To support robust **advocacy** by: ▪ Identifying concerns and contributing key information and messages to HC and HCT messaging and action. ▪ Undertaking advocacy on behalf of the cluster, cluster members, and affected people	
Develop and disseminate to media the Joint Statement on COVID-19 and infant and young child feeding (Generic template is available here).	
Develop and distribute advocacy messages on COVID-19 and nutrition (i.e. children with SAM and COVID-19, breastfeeding and COVID-19). Attention: usual distribution channels might not work, review them and select appropriate channels to be able to reduce a risk of transmission.	Develop and distribute advocacy messages on COVID-19 and nutrition (i.e. children with SAM and COVID-19, breastfeeding and COVID-19). Only use remote distribution channels (radio, TV, etc.)
Advocate to the HCT and ICCG for special attention to the nutritionally vulnerable populations (i.e. children with SAM, PLW with acute malnutrition, PLW with acute malnutrition, older people, etc.) in line with the cluster risk analysis.	
Advocate to the HCT and ICCG for prioritization of the nutritionally vulnerable groups in the resource allocation to address COVID-19 epidemic	
Accountability and inclusion	

Scenario 1: No population mobility restrictions	Scenario 2 : Partial or full population mobility restrictions
Limit unnecessary exposure to the risk of contracting COVID-19 by the population and partners by limiting people's gathering, for example, replace focus group discussions with individual discussions or phone interviews, promote remote feedback mechanisms (i.e. hotline).	Promote remote feedback mechanisms (i.e. hotlines)
Advocate to ICCG, HCT and other clusters to conduct joint rapid behavior assessment to understand key perceptions, concerns and influences as related to COVID and modify nutrition communication accordingly.	
Include COVID-19 and nutrition-specific messages to all communications with the population. Review what channels for information sharing are most appropriate (i.e. only use remote channels as radio, TV, etc.)	
Review all nutrition programs through the GBV lenses using the GBV and COVID-19 resources	
Inter-cluster coordination	
Advocate to include COVID-19 as a standing item on inter-cluster WG meetings and HCTs.	
Advocate for ICCG to link up with the national (government-led) response.	
Actively support multi-sectoral national Health Emergency Coordination mechanisms.	
Advocate for the production of the country brief on the measures to be taken for humanitarian response in line with the evaluation of COVID-19 risk.	
While developing nutrition risk assessment, contingency and response plans, coordinate them with the Health, WASH, Food Security and other clusters as needed.	

Annex 1. GNC-CT and UNICEF Regional offices collaboration in support of Nutrition Sectoral/Cluster Coordination mechanisms, in COVID 19 contexts.

GNC-CT	GNC partners	UNICEF Regional Offices
Development and update of guidance and accompanied tools for Coordination of Nutrition in Emergencies in COVID-19 context	Development of guidance and accompanied tools for Nutrition in Emergencies and COVID (i.e. IYCF, CMAM, etc.) through the Global Thematic Assistance Mechanism for Nutrition	Support Country Offices to develop or strengthen Nutrition –specific coordination mechanisms as part of the CCCs. Close collaboration with the GNC-CT to ensure overall oversight and day-to-day support to the Country Coordination Mechanisms on the implementation of both programmatic and coordination guidance at the country level.

Annex 2. Risk mitigation measures for organizing face to face meetings and training

NOTE: It is recommended to avoid all meetings in person. If not possible, consider the below mitigation measures

For organizers

- Adhere to all regulations and guidelines from the government authorities.
- Establish a liaison or identify a point of contact with national health authorities. Check on their recommendation with respect to meetings in the context of COVID-19.
- The decision of proceeding with a meeting should be based on a risk assessment that should consider the national COVID -19 situation, the number of participants coming from COVID-19 affected countries, the nature of contact between participants and the age of participants among other factors. See WHO recommendations for additional criteria.
- For guidance on participation and involvement in the organization of mass gatherings in the context of COVID-19, please see WHO recommendations.
- Ask participants with any symptoms (fever, respiratory symptoms) to refrain from attending the meeting.
- As with any meeting, plan ahead to provide guidance for any participants who may become ill during the stay – including remaining in their hotels/places of stay, and where they can be referred if symptoms appear (e.g. local hospitals, health authorities).
- Provide hand sanitizers to all participants as part of the welcome package and ensure that enough amounts are distributed each day of the meeting.
- Brief all participants at the start of the meeting on basic hygiene measures to prevent COVID-19 and other respiratory viruses, and repeat briefings regularly (WHO COVID-19 Advice).
- Include advice on key prevention measures as part of the package of documents distributed at the meeting.
- Post flyers/posters on key prevention measures in the meeting facilities.
- At the start and end of the meeting, consider inviting all participants to a collective hand hygiene exercise (using the hand sanitizers provided), and make it a regular habit. Remember this is useful for the prevention of many other respiratory infections, such as the flu – and not just for COVID-19.
- Ensure that the meeting facilities are cleaned daily. In particular, door knobs, remote controls, and table surfaces should be disinfected with appropriate products on a daily basis at minimum.
- Provide enough space to all participants to avoid overcrowding in the meeting facilities.
- Ensure good ventilation of meeting rooms (often, just opening a window or turning on the AC is enough to reduce the risk drastically).
- Keep a list of all participants, and their contact information.
- If a participant is reported to have been diagnosed with COVID-19 during their stay or within 14 days of attending the meeting, follow local health authorities advice in informing other participants for monitoring of any symptoms for 14 days.

For participants:

- Masks are only recommended to be used by health workers and those with respiratory symptoms (coughing or sneezing). If you develop symptoms (fever, cough, sneezing) while traveling or at your destination, it is better to stay in your hotel room (self-isolation) and seek medical advice.
- Wash hands frequently (or use an alcohol-based sanitizer with at least 60% alcohol), and avoid handshaking.

Annex 3. Revision history

Version and publication date	Revisions
Version 1, 31 March 2020	Guidance released.
Version 2, 6 April 2020	Typos corrected. Links updated. Information related to sub-national coordination added. Core function 2 updated. Updates related to the revisions of the Global HRP. Updates to the chapter on the Global Cluster Coordination Group's messages.