

Nutrition Information Management, Surveillance and Monitoring in the Context of COVID-19

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BACKGROUND & INTRODUCTION

To support implementers on how to prepare for and respond to the COVID-19 pandemic, a series of evidence-based guidance briefs will be produced and updated as new information and evidence emerges. This Brief is meant to provide **broad recommendations** specific to nutrition information management, surveillance and monitoring in the context of COVID-19. A core set of specific indicators tracking COVID-19 and its impact on nutrition program delivery and performance will be made available in due course.

Malnutrition and other co-morbidities (for example HIV, tuberculosis) are considered a risk factor for complications in people with COVID-19, due to a compromised immune system.¹ Available evidence on COVID-19 infections, indicates that children generally present milder symptoms than older groups; however, we do not know yet how it will affect wasted children. It is reasonable to assume that such children are at higher risk of COVID-19 related complications.² Further, while the relative risk of COVID-19 complications may be lower for children from Europe and/or high income countries, we do not yet know how it will affect children in regions where the prevalence of child undernutrition specifically wasting and micronutrient deficiencies is high, such as Africa with 6.4% (5.4–7.5) and South Asia at 14.3% (10.4–19.3) of global acute malnutrition.³ The nutritional status of the population in these countries - including the prevalence of child stunting, wasting, and micronutrient deficiencies - is also expected to deteriorate further in the coming months due to the socio-economic impact of COVID-19.

As a nutrition community, we need to continue to develop our understanding on practical solutions for the sustained collection, interpretation, analysis and management of nutrition-related data for surveillance and monitoring of the nutrition situation and relevant nutrition programmes in the context of COVID-19. Nutrition data and information are critical to determine the nutritional status of populations. While recognizing the risk of COVID-19 being transmitted during data collection of nutrition information, the surveillance and monitoring of nutrition programmes should continue where possible while exploring innovative approaches to collect vital information without causing any unintended harm and provide adequate and timely information for response planning. Documenting and disseminating these lessons and emerging evidence will be key to implementing the most appropriate and effective responses in the face of this pandemic.

1 Action Against Hunger COVID-19: The Impact of the Outbreak <https://www.actionagainsthunger.org.uk/blog/coronavirus-impact-outbreak> accessed 23 March 2020

2 UNICEF and Global Nutrition Cluster (2020) [Risk of COVID-19 complication in children affected by wasting](#).

3 UNICEF, WHO, World Bank (2020) [Joint Child Malnutrition Estimates 2020 Edition](#)

KEY MESSAGES & PRIORITY ACTIONS

Maintain Physical Distancing and Use Alternative Ways for Data Collection:

1. In line with overall guidance to limit the spread of COVID-19 calls for minimal physical contact, avoid data collection activities that involve close contact between individuals. This includes mass screenings, household visits, population-based surveys (i.e. coverage, SMART, MICS, DHS, etc.) that involve in-person interaction until coordination mechanisms or governments deem safe to do so;
2. Map out existing digital platforms and data systems, connectivity and their use across the country to determine which platforms could be easily adapted for remote data collection and reporting of nutrition-related data during COVID-19 pandemic;
3. Initiate necessary discussions with Ministries of Health, national sector/cluster coordination bodies and possibly the private sector such as Mobile Network Operators on the use of remote data collection procedures (i.e. web-based surveys, phone calls) to capture information from communities and caregivers on the monitoring of children's nutritional status and identification of undernourished children;
4. Initiate efforts to build capacity of community health workers to collect nutrition data on malnutrition at the community level using virtual training methods on no-touch assessments, mobile data collection or web-based surveys as examples;
5. Initiate discussions on potential options to track the number of undernourished children and other vulnerable population groups in the context of COVID-19, for example using mobile technology for interviews or sharing self-screening data through SMS etc.;

Ensure Coordination of Nutrition Information Activities:

6. Maintain a national nutrition information working group⁴ if already in place in collaboration with the Ministries of Health and national sector/cluster coordination bodies to provide coordinated leadership regarding nutrition information, surveillance and monitoring activities. If one does not exist, ensure key nutrition indicators are integrated into Health information working group discussions. This working group should work closely with all stakeholders to address arising information needs and challenges, provide technical oversight, ensure compliance with recommended guidance and implement innovative methods to ensure data and information is easily available for decision making. This should be done with links between regional and global partners to maintain technical standards and provide dissemination and exchange of data and information;
7. Continue to ensure participation with existing Nutrition in Emergency fora, Nutrition Cluster meetings, Health and Food Security Cluster meetings, disease surveillance working groups, HMIS working group, national COVID-19 coordination team, etc. to ensure that nutrition information needs are well integrated into all processes;
8. Coordinate with relevant systems (Food, Health, WASH, Education and Social Protection) on the utilization and aggregation of nutrition-related data;
9. Building on the existing nutrition monitoring framework, the NIS TWG⁴ or equivalent should develop a workplan for the collection, analysis and reporting of additional nutrition indicators related to monitoring COVID-19, indicating required resources;

Maximize Utilization of Existing Data and Information Systems:

10. Ensure the continued utilization of existing nutrition information available from previous population-based representative surveys, coverage surveys, facility-based surveys, sentinel sites and administrative data into a centralized database to facilitate its utilization for trend analysis, situation analysis, triangulation with relevant sectors;

⁴ Nutrition Information System Technical Working Group [NIS TWG Generic ToRs](#).

11. Conduct or update nutrition situation analyses with existing data and information to understand the nutritional status of the population or specific vulnerable groups, existence and performance of current programmes. This analysis will be useful for nutrition programmes to identify and prioritize programme needs, determine critical data gaps, and avoid duplication of efforts;
12. Discuss with Ministries of Health and national sector/cluster coordination bodies on increasing the use of data from sentinel sites and other relevant routine systems that are already in place (i.e Disease Early Warning Systems – DEWS, Health Management Information System – HMIS, Famine Early Warning Systems Network – FEWS NET);
13. Limit establishing new indicators that will be neither easy to collect nor interpret. Build on existing indicators that are already collected in existing systems making adaptations as needed. Consider using other indicators as a proxy for required information needs;

Make Information and Reports Relevant and Easily Accessible:

14. In consultation with stakeholders, consider information needs and adjust reporting frequency as required. The adapted reporting processes should capture the required nutrition-related data and information based on the evolution of COVID-19 at country-level;
15. Make nutrition data easily available and shareable for all stakeholders using various means- reports, dashboards etc. where information is presented in a simple and clear manner.

POTENTIAL ADAPTATIONS TO NUTRITION INFORMATION MANAGEMENT, SURVEILLANCE AND MONITORING IN THE CONTEXT OF COVID-19

With disruption in routine data collection through population-based surveys and other nutrition assessments during the time of “physical distancing”, there will be a need to find innovative ways of tracking the number of cases of malnutrition and monitoring service delivery. This includes providing support to maintain the functioning of the routine data systems (e.g HMIS, sentinel sites), and explore the applicability and use of mobile technology, web-based surveys or e-health platforms.

Existing, relevant nutrition information still serves as a valuable input for nutrition situation analyses and potential contributing factors/predictors in the context of COVID19. It is essential to have knowledge of the nutrition situation in your context, the key contributing factors, existing programmes and their performance and coverage. As data collection options become limited due to physical distancing measures, historical trends and the most recent programme data can be used as proxy indicators to inform on interruption of key nutrition services and project programme needs. This information is critical in planning and implementation of programmes. Consider the latest data available on the following areas and ensure it is easily accessible to all:

(i) Nutrition Outcomes: prevalence of wasting, stunting, overweight, micronutrient deficiencies etc.

(ii) Contributing Factors: infant and young child feeding practices, dietary intake (Minimum Dietary Diversity, Minimum Meal Frequency) for children, morbidity, access to health and WASH services, household food security, feeding and care practices etc.

(iii) Existing programmes and available data: point coverage and performance data of nutrition and related programmes, i.e. CMAM data, IYCF counselling, immunization, micronutrient supplementation, social protection, etc.

The table below gives a summary of general recommendations for consideration in the context of COVID19. These recommendations must be used in line with in-country guidelines issued in relation to COVID19. Where there are no mobility restrictions in place, preparatory measures should be considered. When partial or full mobility restrictions are in place, these adaptations should be made.

	No Population Mobility Restriction	Partial or Full Population Mobility Restrictions
Routine Systems (data collection at facility- and community-levels, surveillance)	<p>(a) Provide additional support to the HMIS (and the routine nutrition information within it) to ensure the continuation of functioning of the system, this may include remote/virtual training, supporting additional capacity for data reporting at facility-level and beyond.</p> <p>(b) Ensure data sharing and its utilization are done between sectors, platforms and routine systems (aforementioned EWS, HMIS, sentinel sites). Explore the use of innovative methods for reporting and information sharing to avoid using a paper-based process.</p> <p>(c) Share resources and guidance on secondary data analyses and its utilization.</p>	<p>(a) Where applicable, ensure monitoring and tracking of nutrition service delivery such as SAM admissions using innovative approaches e.g mobile technology.</p> <p>(b) Identify relevant indicators that have been collected systematically over time and use them as a proxy to monitor the disruption of nutrition services.</p> <p>(c) Continue to provide remote support to routine information systems (i.e. HMIS, sentinel sites, etc).</p>
Surveys, assessments	<p>(a) Suspend all household-level/population-based surveys in line with government directives put in place;</p> <p>(b) Initiate discussions to explore the use of innovative ways to collect proxy or nutrition-specific data through mobile technology, web-based surveys and other applications using non-conventional methods that limit physical interaction;</p> <p>(c) Increase in-country capacity to analyze and utilize secondary data trend and situation analyses.</p>	<p>(a) Suspend all household-level/population-based surveys in line with government directives put in place.</p> <p>(b) Explore phone/web-based surveys to collect critical nutrition information.</p>

KEY CONSIDERATIONS ONLY FOR CIRCUMSTANCES/CONTEXTS WHERE COUNTRIES DETERMINE THE NEED TO COLLECT DATA THROUGH IN-PERSON INTERACTIONS (CONTRARY TO AFOREMENTIONED POINTS)

All necessary precautions must be enforced to avoid potential transmission of COVID-19 between the data collectors and communities. For household visits, screenings, anthropometric measurements, a specific training on necessary Infection, Prevention and Control (IPC) measures⁵ should be conducted and include the following steps:

1. Make sure any data collectors stay at home when presenting any COVID-19 symptoms;
2. Thoroughly wash the anthropometric equipment – with soap⁶ for height boards and electronic scales (to avoid the use of Salter scales & hanging pants) and with chlorine⁷ for MUAC tapes after every use and between measurements;
3. Ensure physical safe distance as per recommendations of separation between mothers/caregivers and their children until their measurements can be taken;

⁵ WHO (2020) Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. Interim Guidance, March 13th 2020 (World Health Organization p. 5)

⁶ Instructions for making soapy water in [English](#) or in [French](#).

⁷ Instructions for making wash solution using 0.05% chlorine solution in [English](#) or in [French](#).

4. Ensure data collectors wear masks⁸ and gloves when taking measurements. If masks are not being used, then data collectors should cover their mouth and nose with flexed elbow or tissue when coughing or sneezing, and they should dispose of used tissue immediately;
5. Re-consider the positioning of the data collectors when reading the measurements (i.e. to read the measurement from behind the individual whilst MUAC measurements are being done to potentially reduce risk of droplet exposure);
6. Train data collectors on how to practice IPC measures when taking measurements;
7. Thoroughly disinfect or wash (for at least 20 seconds) the data collectors' hands/gloves between measurements;
8. Disinfect frequently-touched surfaces and objects.

Data collectors can also consider using this opportunity to train the mothers/caregivers on how to take MUAC measurements of their children; the MUAC tape would then be given after measurements to facilitate any eventual referral or general monitoring of their children's nutritional status.

NEXT STEPS

- 1) Organization of a specific webinar dedicated to this brief with the following asks for countries:
 - Technological options to be considered for nutrition information management, monitoring and surveillance in the context of COVID-19;
 - Identification of priority areas for support and any outstanding issues relating to nutrition information based on feedback from countries;
 - Potential proxy indicators to assess the nutrition situation during this pandemic.
- 2) Dissemination of recommended core set of COVID-19 related indicators to monitor at country-level.

8 WHO (2020) [Advice on the use of masks in the context of COVID-19](#)

USEFUL RESOURCES AND GUIDANCE

1) KEY DATA RESOURCES:

Type of Data	Name	Sources
Population Surveys	UNICEF Nutrition Databases	https://data.unicef.org/topic/nutrition/child-nutrition/
	UNICEF-WHO-The World Bank Joint Malnutrition Estimates	https://www.who.int/nutgrowthdb/estimates/en/
	UNICEF Multiple Indicator Cluster Surveys (MICS) Surveys	https://mics.unicef.org/surveys
	Demographic Health Surveys (DHS) Surveys	https://www.statcompiler.com/en/
Programme Data	UNICEF Nutridash	https://www.unicefnutridash.org/
	State of Acute Malnutrition	https://acutemalnutrition.org/
	The Global BreastFeeding Collective	https://www.unicef.org/breastfeeding/
	Global Database on the Implementation of Nutrition Actions (GINA)	https://www.who.int/nutrition/gina/en/

2) USEFUL GUIDANCE

Global Nutrition Cluster

- [Coordination](#)
- [GNC Information Management Tool kit](#)
- [Nutrition In Emergencies](#) – with briefs from the Global Technical Assistance Mechanism and Technical Rapid Response Team, Wasting, IYCF-E and Health and Nutrition Facility and Systems Management
- [Cross-cutting and other sectors](#)
- [Other COVID-19 guidance](#) – Medical and COVID-19 case management; Protection, Gender & GBV, Disabilities; Food, livelihoods, cash; Sensitization & IEC Materials

Updated Survey Guidance in the Context of COVID-19

- [Standardized Monitoring and Assessment of Relief and Transitions \(SMART\) Methodology](#)
- [Multiple Indicator Cluster Surveys \(MICS\)](#)
- [SPHERE Standards](#)

Additional Guidance

- [District Health Information Management Systems \(DHIS\)](#)
- [Global Nutrition Monitoring Framework](#): Operational Guidance for Tracking Progress in Meeting Targets for 2025
- [IPC Tools and Classification for Acute Malnutrition](#)
- [Management of Severe Acute Malnutrition in Children: Working Towards Results at Scale](#)
- [Nutrition Information Systems Review](#) by Action Against Hunger UK with a particular focus on innovations that support collection, analysis and dissemination of nutrition data
- [UNHCR's Standard Expanded Nutrition Surveys \(SENS\)](#)
- WHO [Indicators for assessing infant and young child feeding practices](#)