

# USAID Advancing Nutrition Collaborating, Learning, and Adapting Highlight

## Adapting to the COVID-19 Pandemic

### Context

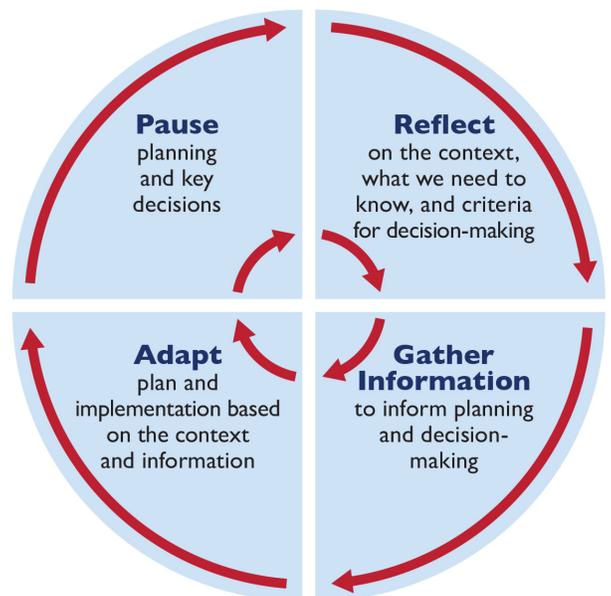
Like all projects and activities funded by the U.S. Agency for International Development (USAID), USAID Advancing Nutrition was caught off guard by COVID-19, which forced us to quickly reassess and adapt our programming as the pandemic spread across the globe. As the pandemic evolves, we continuously reflect on our activities and work plans to identify necessary pivots to continue delivering high-quality work while minimizing risk. USAID developed a framework for Collaborating, Learning, and Adapting (CLA) to support unanticipated challenges and it has been used throughout USAID-funded work for several years. Our use of the framework during COVID-19 has guided our efforts to pause, reflect, learn, and adapt based on the best real-time evidence available.

### Adapting in Real Time

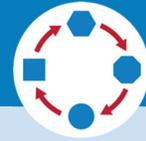
USAID Advancing Nutrition developed a CLA plan in the first year of the project, and it has guided our efforts to support adaptive management of our operational and technical components. In project years one and two, we developed staff awareness about CLA by engaging staff across teams to develop the CLA plan, hosting project-wide events to build awareness of CLA, holding small team meetings to discuss CLA and what it means in the context of our project, and implementing a CLA tracker to monitor use of CLA across diverse activities. We built on this strong foundation to quickly adapt to COVID-19.

We determined that COVID-19 required us to make both project-wide and country- and activity-specific adjustments. We are now implementing several new initiatives. We formed a COVID-19 Task Force to assess needs and provide guidance to support decision-making for the project and created several working groups to monitor emerging information, synthesize best practices for virtual engagement, and develop guidance for remote data collection. We have also adapted specific activities, including using new implementation and data collection modalities in the Kyrgyz Republic and working with UNICEF, WHO, and other global actors to adjust the technical content of counseling cards used by frontline workers to promote best practices and alleviate COVID-19 misinformation.

Figure 1. CLA in Practice



## Project-Wide Adaptations



### COVID-19 Task Force

In April 2020, we formed the COVID-19 Task Force with representation across project teams and seniority levels. The Task Force is assessing staff needs and needed adaptations, developing processes to support decision-making on adaptations, and providing guidance to the project. The Task Force developed online surveys to learn more about staff and country experiences, and created a set of COVID-19 work principles to support the shift to remote work.

### COVID-19 Working Groups

In May 2020, it became clear that teams across the project would have to adapt in similar ways, and we formed three working groups to support these common needs. One monitored and shared information on nutrition and COVID-19 as it emerged. A second synthesized best practices and supported the delivery of virtual events. A third synthesized guidance and considerations for remote data collection.



## Activity-Specific Adaptations

### Kyrgyz Republic Adaptations

The country team developed plans to shift all of its activities to remote implementation, from nutrition counseling to data collection. For example, the team adjusted its rural outreach approach, recruiting and training 900 activists through WhatsApp to provide virtual home visits. The team also shifted plans for the baseline survey with over 3,000 households from an in-person survey to a phone survey.

### Counseling Cards

We collaborated with UNICEF to rapidly adapt 10 infant and young child feeding counseling cards, and developed a recommended practices booklet for COVID-19. Reviewed by experts and tested in four countries, these provide tools for health care workers and others to use when counseling caregivers and families with suspected or confirmed COVID-19 cases. We also developed an adaptation guide for countries and widely disseminated the tools.



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### USAID ADVANCING NUTRITION

Implemented by:  
JSI Research & Training Institute, Inc.  
2733 Crystal Drive  
4<sup>th</sup> Floor  
Arlington, VA 22202

Phone: 703-528-7474  
Email: [info@advancingnutrition.org](mailto:info@advancingnutrition.org)  
Web: [advancingnutrition.org](http://advancingnutrition.org)

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