



EMERGENCY NUTRITION PROGRAMMING RECOMMENDATIONS FOR COVID-19

Updated 1st April 2020

The purpose of this document is to provide recommended program adjustments for life-saving nutrition services including Community Based Management of Acute Malnutrition (CMAM) and Maternal and Infant and Young Child Nutrition (MIYCN) in the context of the COVID 19 emergency. These program adjustments are proposed for: Stabilization Center (SC), Outpatient Therapeutic Program (OTP), Targeted Supplementary Feeding Program (TSFP), identification and referral of acute malnutrition, and interventions aiming at the protection of adequate MIYCN.

This document is important for policy level advisors to advocate for the continuation of these life-saving services as well as to advocate for increased resource needs and/or technical pivoting for nutrition services in the context of COVID 19.

This document will also be used as guidance for front line staff on how to manage acute malnutrition in the context of the COVID 19 pandemic and protect MIYCN. The following program adjustments are recommended to strengthen infection, prevention and control of COVID 19, minimize risk to beneficiaries and staffs, and to ensure essential life-saving activities. These recommendations should be contextualized for each program area considering, local restrictions on movement, regional/zonal/woreda health structure, local practices, and community acceptance.

The recommendations below indicate adjustments to the revised Acute Malnutrition (AM) guidelines, recently endorsed by the Federal Ministry of Health, for general or more detailed guidance please refer to those AM guidelines.

Table 1: Activity Criticality Classification (based on UN Program Criticality Framework)

Activity	Classification
Stabilization Center	PC 1 = life-saving intervention
Outpatient therapeutic program (OTP)	PC 1 = life-saving intervention
Targeted Supplementary Feeding Program (TSFP)	PC 1 = life-saving intervention
Infant and Young Child Feeding in Emergencies (IYCF-E)	PC 1 = life-saving intervention
Screening	PC 1 = life-saving intervention
Community Sensitization	PC2 = life-sustaining intervention + those with potential impact on COVID-19

Activities to STOP immediately (temporarily suspension for an unknown period):

- Formal trainings, workshops, review meetings¹
- Large gatherings of more than 20 people (10 mother child pairs) at health facilities, MHNT sites, and TSFP sites
- Non-essential nutrition surveys and assessments
- Cooking demonstrations and large Mother-to-Mother Support Groups

¹ If Emergency coordination meetings are still facilitated: to adopt the necessary measures to limit the human-to-human transmission of the coronavirus i) use a room big enough to apply the recommended social distancing measures. If not, limit the number of participants to 15 persons max ; ii) record the meeting for those who can't attend; and iii) promote hand washing before entering the meeting room or provide hand sanitizer/ hydro-alcoholic gel.

The below recommendations may need to be adjusted to different phases of the COVID19 outbreak, i.e., different levels of restricted movement, or depending on the incidence or infection rate of COVID 19. The document will be updated on a regular basis.

Maternal, Infant and Young Child Nutrition:

- Advocate for continuing breastfeeding (regardless of COVID-19 status of the mother or the child) as the benefits of breastfeeding far outweigh risks
- Mothers should be counselled/advised to continue breastfeeding should the infant or young child become sick with suspected, probable, or confirmed COVID-19 or any other illness.
- As with all probable, confirmed or suspected COVID-19 cases, symptomatic mothers who are breastfeeding or practicing skin-to-skin contact or Kangaroo Mother Care (KMC) should practice respiratory hygiene, including during feeding (for example, if the mother has respiratory symptoms it is recommended to use of a face mask when near a child, if possible), perform hand hygiene before and after contact with the child, and routinely clean and disinfect surfaces with which the symptomatic mother has been in contact.
- Breastfeeding mothers with suspected COVID-19 infection and their infants are an exception to the recommendation to maintain a distance of 2 meters. However, these mothers should maintain physical distancing from other people (at least 1-2 m) and avoid touching eyes, nose and mouth.
- Infants born to mothers with suspected, probable, or confirmed COVID-19 should be fed according to standard infant feeding guidelines, while applying the necessary hygiene precautions listed above
- In situations when severe illness in a mother with COVID-19 or other health complications, prevents her from caring for her infant or prevent her from continuing direct breastfeeding, mothers should be encouraged and supported to express milk, infant can be fed expressed milk in a cup or spoon, not bottle, taking into consideration household hygiene guidance, breastmilk storage capacity, with an asymptomatic caregiver if the mother is too ill to breastfeed directly.
- If an alternate caregiver is providing expressed milk to the child, limit the number of alternate caregivers feeding the infant.
- Provision of specific guidance on age appropriate and safe complementary foods and feeding practices, using digital, broadcast and social media platforms, addressing some of the unique issues related to more limited access to quality foods due to restrictions in place.
- Integrate IYCF in different Food, Health, WASH platforms especially in food insecure areas where prevention of wasting among under 2 is a priority
- Monitor, report and address unsolicited donations of BMS
- Support and encourage pregnant women to continue attending to ANC & PNC services

Community mobilization and screening:

- Minimize crowd size maximum of 20 persons (meaning 10 mother-baby pairs), at a time and maintain social distance (1-2m)
- Provide handwashing facilities/hygiene materials
- **HWs/HEWs to wash MUAC tapes with soap while washing their hands between patients.** Gloves, masks, and PPE should only be used for symptomatic patients (who should not attend community screening events).
- Disseminate via print, audio and video public health messages specific to -19 ([See IEC materials from EPHI](#))
 - overall update on current situation according to reputable sources
 - advice on preventive measures, especially respiratory etiquette and hand hygiene practices;
 - information about disease signs and symptoms, including warning signs of severe developments that require immediate medical attention;
 - advice on self-monitoring for symptoms and signs for participants travelling from affected areas;

- advice about how to access local health care if necessary, including how to do so without creating a risk to healthcare workers;
- advice on reducing the spread of the virus, including social distancing (if healthy) and self-isolation if symptoms develop
- promote the importance of adequate maternal nutrition, infant and young child feeding practices for mothers with children under two, specifically exclusive breastfeeding for <6 month infants, continued breastfeeding and complementary feeding.
- Anyone who feels sick should not attend the OTP or TSFP day and send a family member instead.

Infection Protection and Control of COVID 19 for OTP, TSFP sites

Responsible: Community leaders, HW, HEW, FDA, HDA, other implementing parties

- Follow [FMoH/WHO recommendations](#) for precautions in health facilities and maintain close coordination and communication with woreda health officials.

Distancing at OTP, MHNT, TSFP site

- Manage patient flow and limit gathering size: encourage 2-meter distance between caretakers or patients admitted and patients/caretakers² waiting for consultation.
- Identify space adequate³ to allow staff, beneficiaries and stakeholders alike to keep the appropriate social distance of two metres. Do not allow crowding:
 - Inform beneficiaries to maintain two meters distance from each other throughout the provision process
 - Use lines or dots on the floor to indicate distance.
 - One-meter area around the HW, HEW, FDA, reception desk to be cordoned off (with a rope or tape). This is to ensure that the collection point is accessible to only one beneficiary at a time.
 - Discuss with local authorities⁴ to identify additional volunteers to support with crowd control on OTP and TSFP days. Ensure no physical harm or coercion to caretakers, children, or health workers
- Establish sheltered/covered area for beneficiaries that do not receive clearance at the body temperature checkpoint. The allocated area should be spacious enough to allow beneficiaries to sit/stand at least two meters apart from each other

Sensitization at OTP, MHNT, TSFP site

- Ensure that the health screening process covers the identification of signs and symptoms of COVID-19
- Increase hygiene promotion and IYCF-E counselling, print and distribute IEC materials. Make sure volunteer HDAs, HEWs are well sensitised and prepared to explain good hygiene practices to the community (handwashing with soap for at least 20 seconds, use of hand sanitizer and gloves, and covering mouth and nose with bent elbow when coughing or sneezing.)
- Disseminate key messages related to COVID-19, handwashing, cough hygiene, and IYCF-E. Recorded tapes or IEC materials can be used. If IEC materials are used, display it in a visible manner at the site
- Engage with community leaders at all levels in sensitizing the community on COVID -19 preventive measures

² To sensitize families to have only 1 family member/ 1 caretaker to accompany the SAM child to the health facility (to limit the number of persons at the health facility).

³ For example, HEWs can organize accordingly at the Health Post compound

⁴ HWs/HEWs are encouraged to work with the health Development Army staff to implement that at existing health facilities structures.

- As much as possible to limit the physical contact between health workers, provision staff and beneficiaries or between beneficiaries (social distancing).

Hygiene

- Health or Provision workers will be requested to stay home if they are not feeling well.
- **Make sure handwashing stations at OTP, MHNT, TSFP sites are functional and if not, set up handwashing area with adequate supply of clean water and soap or handwashing solution.**
- All implementing staff will be required to frequently and thoroughly wash their hands with soap and water for at least 20 seconds
- **All health workers and health extension workers to have the necessary protection materials (glove, masks, hand sanitiser/ alcohol etc.) and enough hygiene materials and supplies such as hand washing items, water, soap etc.**
- **If MUAC screening is done at the TSFP, HEWs/FDAs to wash MUAC tapes with soap while washing their hands between patients. Gloves, masks, and PPE should only be used for symptomatic patients (who should not attend public distributions).**
- Require all staff involved to wear disposable gloves to prevent direct hand contact with nutritious supplies
- Provision staff at the collection point will be instructed to place the nutritious supplies on a tarpaulin/table at the provision point and step back, permitting the beneficiary to collect the nutrition supplies without physical contact.

Operating OTP, MHNT, TSFP day

- Serve the beneficiaries as they arrive, avoid waiting for certain number of beneficiaries to arrive to start consultations.
- Upon arrival at the OTP, MHNT, TSFP, direct beneficiaries to the hand washing area and then to the temperature check area to have their body temperature assessed using a non-invasive thermometer which should be conducted by a health professional
- Beneficiaries cleared at the temperature check area are to be directed to the allocated area for MUAC measurement and registration
- If a beneficiary is detected to have a fever, they should be directed to a specified sheltered/covered area for a follow up by the health workers. Inform identified beneficiaries that they will receive SAM or MAM treatment irrespective of the results of the temperature test.
- Discourage older beneficiary caretakers (recipients > 60 years) or those with underlying health condition at OTP, MHNT or TSFP day. If this is not possible, their children should be prioritized for treatment and/or follow up.
- Following the collection of the therapeutic supplies or SNF, beneficiaries will be directed to exit the collection site and encouraged to depart the OTP or TSFP site Beneficiaries should not pass through the provision point more than once.

TFP (OTP/SC) support (SAM management):

- Establish 1 OTP day per week (if not already in place)
- Bi-weekly follow up visits (provide medicines and 2-week RUTF ration at a time)
- Provide hygiene materials (soap, water treatment chemicals, etc) to caregivers of SAM patients
- Inpatient care (Stabilization Center): strengthen respiratory infections management; separate children with suspected or confirmed COVID-19 and wasting from those without COVID-19. All

COVID -19 patients should be managed in the isolation centre and not in the stabilization centre. **Hence, to anticipate on such a situation to possibly happen in locations with high acute malnutrition and organize for the management of SAM with medical complications and Covid19 in the isolation centre.**

- Deliver CMAM services using recently revised Acute Malnutrition Guidelines to improve early detection and treatment; provide on-the-job orientation to HWs and HEWs that did not receive the training. It is strongly encouraged to support the HWs/HEWs in adopting the 10 main changes in the revised [AM guidelines](#) notably switching to new MUAC cut-off for admissions and discharge.⁵

TSFP (MAM management):

Preparatory activities by the woreda health, DRMC before the SNF provision date, health centre staffs and health extension workers (and NGOs support where they are available):

- Consider changes in frequency of TSFP or number of TSFP sites, as the provision of specialized nutritious foods (SNF) will be delayed by the adoption of these measures. Depending on local scenario adjustment from a 2- to 3-week provision to a 1-month provision maximum⁶ be considered.
- Woreda health and DRM authorities in collaboration with WFP determine the weeks of treatment provided to moderately malnourished children based on restricted movement regulations specific to each region.
- Ensure availability of adequate numbers of health extension workers (HEWs), health workers (HWs) staff and agents (FDAs) at SNF provision points.
- Agree the provision date and time limiting number of cases coming per day and per time (1 village per day or maximum of 20 persons (meaning 10 mother-baby pairs), at a time). FDAs will be responsible for disseminating the agreed number of cases to attend TSFP day
- Minimize crowd size at distributions by spreading TSFP days out over several days, staggering distribution times over the course of one day, or decentralizing distributions to sub-kebele level. TSFP supplies should be prepositioned if possible and distribution sites well organized.
- Provide hygiene materials (soap, water treatment chemicals, etc.) to MAM cases
- Discuss with local administrative and traditional authorities to identify, instruct and recruit additional volunteers to support with appropriate crowding approach on OTP and TSFP days in order to avoid any coercion risk.

Organize and clearly mark the allocated spaces at the provision site

- Reception point, measurement, registration point, collection point and exit to channel off traffic and allow for personal space of at least two meters between each beneficiary. Ensure that there are clearly marked entrance and exit points in the provision area.
- Following the collection of the therapeutic supplies or SNF, beneficiaries will be directed to exit the collection site and encouraged to depart the OTP or TSFP site. Beneficiaries should not pass through the provision point more than once. For HHs with MAM PLW and MAM child—to encourage cross checking of beneficiary lists to ensure that those HHs are given the ration of mother and child at the same time (to avoid them to have to return to the TSFP site later that day or the next day).

Organize SNF supplies ahead of the scheduled provision

⁵ For admission at OTP level: MUAC <11.5 cm (children 6-59 months); for admission at TSFP: MUAC 11.5 to <12.5 cm (children 6-59 months); children admitted based on MUAC to be discharge based on MUAC (MUAC ≥ 12.5 cm)

⁶ Any other adjustments than stated in this document should be discussed bilaterally and seek agreement with ENCU, FMOH and WFP.

- If not already prepositioned, offload the nutritious supplies into the temporary storage and organize supplies ahead of the scheduled provision.
- Separate storage from the collection points where possible.

On completion of TSFP day

- Ensure that the provision point (room/ area/ tarpaulin) is swept clean and sprayed with disinfectant (0.05% chlorine solution). Once dry, the tarpaulin should be folded away for storage/transportation. The broom may be used again after bleach spraying to remove any debris.
- Remove all tapes, ropes and signage.
- Clear hand wash station and remove/store hand washing solution.
- It is mandatory that all staff at the provision site perform hand sanitation and follow general hygiene practices.

Resources:

- 1) [Global Technical Assistance Mechanism for Nutrition: CORONAVIRUS DISEASE \(COVID-19\) Summary of Guidance for Nutrition in Emergencies Practitioners](#)
- 2) [IASC Interim Recommendations for Adjusting Food Distribution Standard Operating Procedures in the Context of the COVID-19 Outbreak](#)
- 3) [WHO COVID-19 Guidelines](#)
- 4) [Infant and Young Child Feeding in the Context of the COVID-19 Pandemic for Eastern, Central and Southern Africa](#)
- 5) [Child wasting management and Covid-19](#)
- 6) [IYCF programming and Covid-19](#)
- 7) [WFP Nutrition Covid19](#)