**Guidelines for Nutrition Service Delivery In COVID-19 Context**

## Version 1

## Final – 31st March 2020

**Summary of essential activities and measures for continued delivery of critical nutrition services in COVID-19 context**

**PRE-OUTBREAK PERIOD**

* + Orient all staff and CNVs on additional essential actions for protecting users and staff
  + Risk communication to raise awareness of communities on COVID 19 risks and mitigation measures
  + Pre-positioning of essential nutrition commodities and other required supplies and equipment
  + Establish sheltered/covered isolation area
  + Mount bigger sheds for spacious waiting areas
  + Training of mothers and provision with MUAC tapes for home MUAC measurements and self-referral

**OUTBREAK PERIOD**

A - IF NO POPULATION MOBILITY RESTRICTION

**1. Space and patient flow arrangement**

* **Entrance to the nutrition site**
  + Place handwashing facilities and have all users (including children) to wash their hands
  + Post information, like posters and flyers that remind patients and visitors on COVID-19 key messages
  + Temperature screening and isolation of patients and visitors with high temperatures
* **Waiting area**
  + Post information, like posters and flyers that remind patients and visitors on COVID-19 key messages
  + Ensure patients can sit with at least a distance of 1m from each other
  + Refer patients COVID-19 symptoms through the MOH COVID service delivery mechanisms
  + Conduct IYCF counseling taking COVID-19 contextual messages into consideration
* **Anthropometric screening**
  + Temporarily suspend use of weight and height measurements and use simplified admission criteria (MUAC and/or Oedema only) for both SAM and MAM
  + Clean and sanitize MUAC tapes after every use
* **Clinical assessment**
  + Temperature screening and isolation of patients and visitors with high temperatures
  + Take note of other flu-like symptoms and isolate patients exhibiting such from the rest
* **Dispensing Supplies and planning for next visit**
  + Provide two weeks ration for SAM children and four weeks ration for MAM children
  + Stretch the number of days for OTP/TSFP depending on number of beneficiaries and site capacity
  + Adjust appointments for beneficiaries to come at different days of the week
  + Plan for mobile services closer to the communities for large villages
* **Other considerations** 
  + Ensure frequent cleaning of the nutrition sites/areas

**2. Protection of service providers**

* + Set up hand washing area with adequate supply of hand washing solution (0.05% bleach solution)
  + Wear appropriate personal protective equipment (PPE)
  + Don’t touch eyes, nose or mouth with gloves or bare hands
  + Perform handwashing with soap and water at key moments
  + Mothers trained, issued with MUAC tapes and monitored to take MUAC measurements and self-refer in liaison with the CNVs

**3. Continued risk communication**

* + Post information, like posters and flyers that remind patients and visitors on COVID-19 key messages
  + Use of other available tools in liaison with the Risk Communication and Community Engagement (RCCE)

**4. Coordination**

* + Weekly admission data collection and review in hotspot areas
  + Weekly calls between the national nutrition cluster team and the sub national cluster
  + Continuous two-way communication flow where emerging issues at sub national level are escalated the national cluster timely and vice versa.
  + Joint data analysis and triangulation within the National Task Force

B - IF PARTIAL OR FULL POPULATION MOBILITY RESTRICTIONS

**1. Additional activities and measures**

* + Continued communication on COVID-19 key messages
  + Reduce frequency of follow up visits to once per month for children with uncomplicated SAM and MAM
  + Provide Monthly rations to the beneficiary
  + If all services are temporarily suspended, distribute RUTF/RSF for up to 8 weeks rations
  + CNVs to make close follow up of beneficiaries with history of weight fluctuations
  + Messages provided to caregivers not to share/sell RUTF/RSF
  + Mothers/caregivers take MUAC measurements and self-refer in liaison with the CNVs

**POST - OUTBREAK PERIOD**

* + Establish standard protocol of delivering nutrition services in static and outreach sites, including use of weight and height measurements
  + Intensify and scale up active case finding to identify and refer children and women with acute malnutrition.

**Introduction**

The Novel Coronavirus Disease (COVID-19) continues to spread in an unpredictable manner across the world. All countries around South Sudan have confirmed cases. The key measures for preventing the disease progress is observation of handwashing at key moments, as well as ensure physical distance between people. It is critical to ensure readiness of nutrition partners to continue nutrition service delivery while accommodating the preventative measures.

This document provides an overview of available guidance and tools on the COVID-19 to assist Nutrition in Emergencies (NiE) practitioners in integrating COVID-19 preparedness and response into humanitarian nutrition responses. Given the rapidly evolving situation, this brief **will be updated every 2 weeks** until further notice.

**Rationale and target of the guidance**

Malnutrition is one of the top nutrition-related causes of death in children under five worldwide; it is estimated that a child with severe acute malnutrition (SAM) or moderate acute malnutrition (MAM) is twelve or three times more likely to die than a well-nourished child, respectively.[[1]](#footnote-1) Pregnant women who are undernourished have a higher risk giving birth to children with low birth weight. It has been repeatedly shown that malnutrition in mother is a risk factor for a child’s nutrition status.

In South Sudan, there are about 38,000 deaths among under-five children annually, with 45% being attributable to undernutrition.[[2]](#footnote-2) The Food Security and Nutrition Monitoring System (FSNMS) Round 24 conducted in the lean season 2019 reports a prevalence of global acute malnutrition of 16.2% among under-five children, over the WHO threshold of emergency. This translates into an expected 1,770,861 people in need (PIN) of treatment for acute malnutrition in 2020, including 292,373 children suffering from severe acute malnutrition, 1,008,696 children suffering from moderate acute malnutrition and 469,792 pregnant and lactating women suffering from acute malnutrition.

Malnutrition exposes individuals, particularly children and women to infections while infection also contributes to malnutrition, which causes a vicious cycle. Children and PLWs that are well nourished also need to be prevented from being malnourished and from contracting infections. It is therefore critical to ensure uninterrupted delivery of preventative and life-saving nutrition services while at the same time ensuring that the vulnerable beneficiaries and the service providers are protected from the infection. Nutrition services are currently provided through more than a thousand nutrition sites across the country, about two thirds being imbedded into health facilities.

WHO recommends facilities, including nutrition centres, to apply standard precautions for all users as well as implementing additional precautions for any cases where COVID-19 infection is suspected. As part of WHO’s Occupational Health guidance, recommendations are available on the rational use of personal protective equipment (PPE) in facility and community settings in the context of COVID-19.

This guiding document to nutrition implementing partners recommends **additional essential actions and measures that need to be in put in place for ensuring critical services that address nutrition-related life-threatening conditions, such as management of acute malnutrition (for children, pregnant and lactating women, elderly and PLHIV/TB) and IYCF-E, while protecting users and service providers from contracting COVID 19 during outbreak**. Opportunities will be sought for an effective integration of the proposed actions and measures into the relevant pillars of the National COVID-19 Preparedness and Response Plan.

**Additional essential messages on Infant and Young Child Feeding in COVID-19 context**

* **Ensure all those engaged in the provision of nutrition services or COVID-19 response, are aware of and are sensitized on the importance of Infant and Young Child Feeding (IYCF) and the continued protection and promotion of breastfeeding.**
* **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 below:**
* Always wash hands with soap and water before and after contact with the infant.
* Routinely clean surfaces, which the mother has been in contact with, using soap and water.
* If the mother has respiratory symptoms, use of a face mask when caring for the infant is recommended, if available.
* Maintain physical distancing with other people and avoid touching eyes, nose and mouth.
* **Mothers should be supported to initiate breastfeeding within one hour of birth**
* **Mothers should exclusively breastfeed their children for 6 months**
* **At the age of 6 months, while continuing breastfeeding ensure timely introduction of adequate, safe complementary foods**
* **Mothers should continue with breastfeeding up to 2 years of age or beyond**
* **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 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.**
* **Provide breastfeeding counselling, basic psychosocial support, and practical feeding support to all pregnant women and mothers with infants and young children, whether they or their infants and young children have suspected, probable or confirmed COVID-19**
* **In situations when severe illness in a mother with COVID-19 or other health complications, prevents her from caring for her infant or prevents her from continuing direct breastfeeding encourage and support mothers to express milk and safely provide breastmilk to the infant, while applying appropriate hygiene measures.**
* If the mother is able to express breastmilk, the milk can be given to the infant using a cup with a wide mouth, or a cup and spoon.
* Using a bottle is not advised as it requires sterilization prior to each use and makes it more difficult for the baby to return to the mother’s breast
* **Enabled and support mothers to practice skin-to-skin contact, kangaroo mother care and to remain together and to practice rooming-in throughout the day and night, especially immediately after birth during establishment of breastfeeding, whether they or their infants have suspected, probable, or confirmed COVID-19.**
* **Parents and caregivers who may need to be separated from their children, and children who may need to be separated from their primary caregivers, should be referred to appropriately trained health or non-health workers for mental health and psychosocial support.**
* **Mothers and health workers 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**
* During an illness, breastfeeding infants need to breastfeed more often
* After an illness, babies need to be offered more food than usual, such as more frequent meals, to replenish the energy and nourishment lost due to illness.
* Mothers/caregivers should increase children’s fluid intake during illness (including by frequent breastfeeding)
* Mothers/caregivers should encourage the child to eat (for example by offering soft, appetizing, or favourite foods)
* After illness, mothers/caregivers should provide meals more frequently than usual and encourage the child to eat more
* **Caregivers and health workers should be counselled/ advised on the importance of healthy diets during complementary feeding13 and safe food preparation/ handling to reduce risk of transmission of COVID-19.**
* Parents should be supported to ensure that children 6-24 months of age are fed the minimum number of meals per day to ensure dietary adequacy and from at least 5 out of 8 food groups to ensure dietary diversity
* Mothers/Caregivers should avoid providing drinks or foods with low nutritional value, such as sugar-sweetened beverages, candy, chips and other foods high in sugar, salt and Trans fats.
* Before preparing or eating food, mothers/caregivers should ensure they implement the recommended hygiene practices such as handwashing with soap and regular cleaning and disinfecting of food preparation areas

**Additional essential actions and measures for nutrition service delivery in COVID-19 context**

**Phase 1 – Pre-outbreak**

Key activities involve:

* **Nutrition activities are to continue with enhanced protective and hygienic measures taken for Children, PLW, elderly (where applicable), and PLHIV/TB.**
* **Orient all staff and CNVs on additional essential actions and for protecting users and staff from contracting COVID-19**
* **Intensify pre-positioning of essential nutrition commodities (e.g. F100/75, Ready to use Foods, Fortified Blended Foods) at national, state, county, health facility/nutrition site in anticipation of supply chain disruptions.**
* **Maintain frequency of provision of preventive food supplementation to children and PLWs to once a month adhering to recommended hygiene and safety measures avoiding any mass groupings of people.**
* **Intensify preventive distributions of fortified flours and medium quantity-LNS in GFD/BSFP priority counties contexts for all households with children under two years.**
* **Mothers trained, issued with MUAC tapes and monitored for home MUAC measurements and self-referral in liaison with the Community Nutrition Volunteers**

**Phase 2 – Outbreak management**

**Scenario 1 – No Population Mobility Restriction**

| **Strategic area** | **Objectives** | **Activities** | **Service** | | | **Resource need** |
| --- | --- | --- | --- | --- | --- | --- |
| SC | OTP  TSFP | Com-  munity |
| Space and patient flow arrangement and treatment modalities | To prevent transmission of COVID through handwashing and physical distancing | * **When beneficiaries arrive at the entrance to the nutrition site**   + Place handwashing facilities (including soap and water) at the entrance to the nutrition site; all beneficiaries (including children) to wash their hands   + Post information, like posters and flyers that remind patients and visitors to practice good respiratory and hand hygiene   + Temperature screening using rapid thermometer guns of both children and caregivers; Isolate beneficiaries with high temperature from the group   + Where a thermometer gun is not available, sanitize the thermometer after every single use   + Encourage beneficiaries to avoid any form of physical contact   + Where possible, establish sheltered/covered area for beneficiaries that do not receive clearance at the body temperature check point, allowing beneficiaries to sit/stand at least one meter apart   + Ensure clean and safe drinking water is available – bucket with a tap   + Ask mothers/caregivers to bring their own cups for drinking water and for appetite tests (discourage sharing); and ensure cleanness before use   + Deploy more crowd control and queue management volunteers for entry point and waiting area to maintain the minimum acceptable distance between beneficiaries and between beneficiaries and nutrition staff * **At the waiting area**   + Mount bigger sheds to ensure beneficiaries can sit with at least a distance of 1m between them   + Conduct triage and expedite cases with complications   + Beneficiaries exhibiting COVID-19 symptoms with the COVID service delivery mechanisms set out by MoH/WHO   + Health Education specifically on COVID-19   + Post information, like posters and flyers that remind patients, visitors and service providers to practice good respiratory and hand hygiene. * **MIYCN Counselling**   + Print and laminate additional essential messages related to breastfeeding and complementary feeding in COVID-19 context, and join to the IYCF counseling cards   + Intensify the promotion and public awareness of infant and young child feeding practices (including breastfeeding and complementary feeding)     - As per current national guidelines and counseling tools     - Include additional essential messages related to breastfeeding and complementary feeding in COVID-19 context   + Include hygiene messages, key messages on COVID-19 symptoms and infection prevention and control (IPC) measures * **During screening:**   + Health/Nutrition workers to wash her/his hand or sanitize before and after taking every single beneficiary measurement   + Health/nutrition worker to wear face masks when taking anthropometric measurements   + Maintain a minimum distance of 1m between beneficiaries   + ***Temporarily*** suspend use of weight and height measurements and use simplified admission criteria (MUAC and/or Oedema only) to admit children for both SAM and MAM   + Clean and sanitize MUAC tapes after every use   + Mothers trained, issued with MUAC tapes and monitored for home MUAC measurements and self-referral in liaison with the Community Nutrition Volunteers   + Mothers to be advised to send the children to the nutrition site if they appear acutely malnourished for further advise and management * **During clinical assessment and management:**   + Reduce family member visits to primary caregiver only   + Increase physical space to at least two (2) metres between beds   + More temperature screening using a thermometer gun   + Where a thermometer gun is not available, sanitize the thermometer after every single use   + Take note of other flu-like symptoms and separate the beneficiaries exhibiting such with the rest   + Health and Nutrition Workers to wash their hands or sanitize their hands before and after making any physical examination/contact with each beneficiary and after handling beneficiary records/documents (including ration and treatment cards).   + Health/nutrition workers to use PPE as directed * **When dispensing Supplies:**   + Nutrition workers dispensing supplies to wash their hands with soap and water frequently   + Avoid all physical contact between the health/nutrition worker and the mothers/caregivers   + Repeat COVID-19 transmission prevention messages   + Maintain minimum of 1m between beneficiaries   + Organize rations (per beneficiary) ahead of the scheduled distribution   + Separate storage from the collection points where possible   + Provide hygiene kit for home use and sensitize caregivers and community members on proper handwashing including demonstration sessions * **When planning for next visit**   + Stretch the number of days for OTP/TSFP depending on the usual number of beneficiaries and nutrition site capacity (space, Human resource etc) by providing two weeks ration for Children SAM children and four weeks ration for MAM children   + Adjust appointments for beneficiaries to come at different days of the week and inform them well in advance through the nutrition volunteers   + Assign each village within catchment area when to visit the nutrition site to avoid crowding (inform them well in advance)   + For large Boma/villages, provide mobile services closer to the communities (observe recommendations highlighted above at the outreach site as with static nutrition site) * **Other considerations**    + Integrate Mental Health and Psycho Social Support (MHPSS). Ensure linkage with the Protection Cluster/Section for additional support   + Where the partner is not present, or partner is not in a position to continue with provision of nutrition services, implement Rapid Response Mechanism (RRM) in high priority locations (high GAM) and hot spot locations   + Avoid unnecessary mass gathering at any time   + Ensure safe disposal of wastes at the facilities and nutrition sites   + Ensure frequent cleaning of the nutrition sites/areas, add chlorine into cleaning water (0.2% chlorine solution). | x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x | x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x | x  x  x  x  x  x  x  x  x | * Tents * Office chairs * Sitting mats * Disinfecting materials * HR (Queue management, cleaners,) * Gun Thermometers * Batteries for thermometer (if applicable) * Handwashing facilities * Hand sanitizers * PPE * IEC materials on COVID-19 * MUAC tapes * Soap * Clean and safe water |
| Protection of service providers | To maintain workforce available for a continuous site and community level service delivery | * **Set up hand washing area with adequate supply of hand washing solution (0.05% bleach solution). Ensure linkage with the WASH and Health Cluster/sections for additional support** * **Where possible staff should wear appropriate personal protective equipment when screening patients at the triage station or when entering a room with a suspected or confirmed COVID-19 patient, following PPE guidance.** * **Provide medical masks to all patients exhibiting COVID-19 symptoms or reporting possible COVID-19 infection. Remind all patients to use good respiratory and hand hygiene.** * **Refer patients exhibiting COVID-19 symptoms with the COVID service delivery mechanisms set out by MoH/WHO** * **During clinical assessment:**   + Conduct more temperature screening   + Where a thermometer gun is not available, sanitize the thermometer after every single use   + Take note of other flu-like symptoms using a thermometer gun   + Nutrition worker to wash their hands with soap and water or sanitize before and after making any physical examination/contact with beneficiaries * **When dispensing Supplies:**   + Nutrition workers dispensing supplies to wash their hands with soap and water frequently   + Avoid direct contact with mothers/caregivers   + Avoid all physical contact with mothers/caregivers   + Repeat COVID-19 transmission prevention messages   + Post information, like posters and flyers that remind patients, visitors and health/nutrition workers to practice good respiratory and hand hygiene.   + Maintain minimum of 1m between beneficiaries at all times * **At any time**   + Don’t touch eyes, nose or mouth with gloves or bare hands   + Perform handwashing with soap and water at key moments     - 1. Before touching a patient     - 2. Before engaging in clean/aseptic procedures     - 3. After body fluid exposure risk     - 4. After touching a patient     - 5. After touching patient’s surroundings * **In communities**   + Stop mass gathering and privilege house to house approaches where possible   + Nutrition workers conducting house to house activities (MUAC screening and IYCF counselling) use PPE   + Where practical, post information like posters and flyers, that remind community members to practice good respiratory and hand hygiene.   + Use other appropriate and safe channels to remind community members to practice good respiratory and hand hygiene.   + Mothers trained, issued with MUAC tapes and monitored to take MUAC measurements and self-refer in liaison with the Community Nutrition Volunteers   + Mothers to be advised to send the children to the nutrition site if they appear acutely malnourished for further advise and management   + Whenever possible, deliver all treatment for uncomplicated wasting in the community via trained community nutrition volunteers or community health workers or other community-based platforms | x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x | x  x  x  x  x  x  x  x  x  x  x  x  x  x  x  x | x  x  x  x  x  x  x  x  x  x  x | * PPE * Light PPE |
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| --- | --- | --- | --- | --- | --- | --- |
| **Strategic area** | **Objectives** | **Activities** | **Service** | | | **Resource need** |
| SC | OTP  TSFP | Com-  munity |
| Support risk communication | To raise awareness of communities and service providers on COVID 19 risks and mitigation measures | * Health and nutrition workers and community volunteers’ orientation on COVID-19 related messaging and use of tools in liaison with the existing Risk Communication and Community Engagement (RCCE) response mechanisms and observe a distance of 1m between participants * Post information, like posters and flyers that remind patients, visitors and service providers to practice good respiratory and hand hygiene. * Sensitize beneficiaries of COVID-19 transmission and prevention messages * Health and nutrition workers and community volunteers to integrate sensitization of beneficiaries on COVID-19 transmission prevention messages * Health and nutrition workers and community volunteers to inform community about planned temperature screening, possible isolation and referral /a follow up by the local government or health official. | x  x  x  x  x | x  x  x  x  x | x  x  x  x  x | * Printing of RC material (Posters, Jobaids) * Megaphones * HR (more CNV) |
| Enhanced Coordination, surveillance and data management | To ensure a coordinated response and ensure partners are up to date and are provided with a platform to exchange good practices and share challenges | * Weekly admission data collection and review in hotspot areas * Weekly calls at sub national level: sub national cluster focal person to organize for a call with all implementing partners in each of the 10 hubs (10 states). Discussions to focus on pipeline and supply issues, challenges by partners, and access to services by beneficiaries * Weekly calls between the national nutrition cluster team and the sub national cluster * Continuous two-way communication flow where emerging issues at sub national level are escalated the national cluster timely and vice versa. * Joint data analysis and triangulation within the National Task Force. |  |  |  |  |

**Scenario 2 -** **Partial or Full Population Mobility Restrictions**

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| **Additional measures in case of population lock down**   * + Continued communication on COVID-19 key messages   + Reduce frequency of follow up visits to once per month for children with uncomplicated SAM and MAM   + Provide Monthly rations to the beneficiary   + If all services are temporarily suspended, distribute RUTF/RSF for up to 8 weeks rations   + CNVs to make close follow up of beneficiaries with history of weight fluctuations   + Messages provided to caregivers not to share/sell RUTF/RSF   + Mothers/caregivers take MUAC measurements and self-refer in liaison with the CNVs |

**Phase 3 – Post-outbreak**

Activities in this phase will consist of, mainly:

* **Establish standard protocol of delivering nutrition services in static and outreach sites (where these may have been suspended), including taking WHZ, Odema and MUAC measurements.**
* **Intensifying and scale up active case finding to identify children and women with acute malnutrition and admit them to treatment programme**
* **Re-establishing and scaling up integration of nutrition and other services including FSL, Health, WASH, and GBV risk mitigation**



1. Khara, T., & Dolan, C. (2014). Technical Briefing Paper: Associations between Wasting and Stunting, policy, programming and research implications. Emergency Nutrition Network (ENN), June 2014 [↑](#footnote-ref-1)
2. UNICEF (2017). State of the World Children. New York, UNICEF. [↑](#footnote-ref-2)