COVID-19 PANDEMIC | IMPACTS ON NUTRITION AND TECHNICAL RECOMMENDATIONS
EASTERN AND SOUTHERN AFRICA REGION

Version #2
May 18th, 2020

Please note this guidance note is adapted from the Western and Central Africa Food Security and Nutrition Guidelines COVID-19, April 7, for the Eastern and Southern Africa Regional Nutrition Working Group.

*Cases in Eastern and Southern Africa, as of May 18th, 2020, (Johns Hopkins COVID-19 Tracker)

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INTRODUCTION

The COVID-19 pandemic is affecting more than 180 countries around the world, including in many contexts where humanitarian and nutrition programmes are being implemented. Given the modes of transmission and its rapid spread, this outbreak could affect, or is already affecting, ongoing operations across most of the 21 countries in the Eastern and Southern Africa region.

The purpose of this guidance therefore is to provide information, advice, and technical and practical guidance, to partners and implementors of nutritional programmes at country level, as well as to coordination teams, on the potential impacts of the COVID-19 outbreak on interventions. This will then assist in the preparedness and adaptation of response measures.

This brief complements the overall technical guidance that we have received from many actors on key thematic areas and offers a more operational vision of the necessary adaptation of the programmes. It is recommended to read this guidance along with the newly released technical briefs.

This document will be updated regularly, given the very dynamic and constant evolution of the pandemic globally and in Eastern and Southern Africa region. This update will be provided by the Regional Nutrition Working Group, based on new available evidence, programmatic briefs prepared by the global level, and best practices shared from the field.

This guidance brief is not a normative note, nor a collection of available evidence, nor a prospective analysis of the outbreak and its impacts in the region.

KEY MESSAGES

Nutritional interventions are considered lifesaving and are essential to protect, adapt and maintain as much as possible in the context of the Covid-19 outbreak, and in accordance with the «do no harm» principle.

- Although evidence is limited in terms of documenting the impacts of COVID-19 on the nutritional status of populations in the Eastern and Southern Africa region, it is anticipated that the pandemic will lead to an increase in levels of malnutrition in vulnerable households as follows:
  (i) An increase in food insecurity (closure of markets, fall in agricultural production, disruption of household economic activities/ income etc.)
  (ii) A deterioration in care practices (unavailability of mothers/caregivers - quarantine, death, etc. reduced access to safe water)
  (iii) A deterioration in health facilities capacities to provide services (curative and preventive activities), and consequently an increase in morbidities both driven by and leading to undernutrition.
- The pandemic will also likely impact the conditions for implementing nutrition programmes at all levels e.g. health facilities are at risk of increasing transmission if the appropriate measures are not put in place; supply chains for nutritional or preventive products may be disrupted; community gatherings and mass activities are not recommended, etc.)
- Nutrition programmes, through their wide presence in health facilities and communities, however can play an important role in the prevention and mitigation of COVID-19 transmission, in collaboration with WASH and health actors.
- The protection of health staff, implementing staff and implementing partners’ staff from COVID-19 is a priority.
- Programmatic adaptations exist, that are identified and can be implemented easily.
- Immediate actions should be taken to adapt Nutrition programmes and services with a view to minimizing the transmission of the virus as much as possible and supporting the continuity of malnutrition prevention and treatment services in general.
IMPACT OF COVID-19

Impacts on the nutritional situation, programmes and services

COVID-19 continues to spread unpredictably and exponentially around the world. As of May 18, 2020, approximately 21,132 cases of COVID-19 have been reported with 422 deaths across the 21 Eastern and Southern Africa countries¹.

In Eastern and Southern Africa, the current COVID-19 pandemic is a major threat to the nutritional status of children under 5 and their mothers, against the backdrop of a fragile context with multiple underlying vulnerabilities such as widespread household food insecurity, high levels of acute malnutrition, high incidence of childhood illnesses, chronic poverty and very poor health systems. This is further aggravated in insecure situations, that leads to the displacement of populations. In the Eastern and Horn of Africa region, WFP estimates that the current total of 20 million people who are food insecure in the region is likely to increase to between 34 to 43 million during the next three months due to COVID-19 and its consequences². For Southern Africa, the FNSWG has highlighted the already precarious food security situation with 45 million people food insecure and raises the increased risks of further deterioration that will be caused by the impacts of the pandemic.

The illustration below (graph 1) summarizes the anticipated impact of COVID-19 on the underlying and root causes of malnutrition as well as on programmes and services.

As the pandemic deepens across the region, health systems may no longer be able to meet the growing demand for treatment of acute malnutrition and ensure the provision of essential nutrition services to prevent malnutrition among women and children. In addition, preventive and curative services for other diseases (malaria, ARI, diarrhea, etc.) as well as services linked to sexual and reproductive health (SRH) could also be disrupted, constituting an additional threat to the nutritional status of children and pregnant and lactating women.

The supply chain could also be disrupted, and in particular the production of life-saving nutritional products (ready-to-use therapeutic food in particular), and its delivery to health facilities due to movement restrictions imposed by governments (interruption of air traffic, movement limitation, containment measures).

¹ Angola, Botswana, Burundi, Comoros, Eritrea, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, Somalia, South Africa, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe

² Impact of COVID-19 outbreak on livelihoods, food security and nutrition in East Africa WFP Regional Bureau Nairobi, 14 April 2020
Finally, the quality and diversity of food consumed by mothers and young children as well as feeding practices could also be negatively impacted.

This complex situation may perpetuate a vicious circle between the increased disease burden and widespread food insecurity leading to an increase in malnutrition and ultimately an excess in mortality among young children.

Consequently, it is essential to ensure continued access to key health and nutrition services for children and pregnant/lactating women, while reducing the risk of exposure to COVID-19 for these vulnerable groups.

**PRIORITY INTERVENTIONS AND RATIONALE**

As part of the response to the COVID-19 pandemic, the nutritional status of mothers and children under 5 should be protected through preventive and curative interventions. Nutrition, as a vital pillar of population health, should therefore be positioned within the center of preparedness and response measures to the current health crisis, and be prioritized in national response plans.

**Points to consider**

| i. | Nutrition interventions are considered lifesaving and are essential to protect, adapt and maintain as much as possible in the context of the Covid-19 outbreak. |
| ii. | Activities should be prioritized and adapted so as NOT to increase the risk of transmission of the virus. |
| iii. | Health facilities can be a source of transmission of the virus if IPC efforts are not managed appropriately which is a risk for vulnerable populations including acutely malnourished children. Programmatic adaptations are necessary. |
| iv. | Health structures, and particularly hospitals, can be quickly overwhelmed with this pandemic, so all interventions should where possible aim to reduce the burden on the system. |
| v. | Communities should be considered as key players in the response but also a source of transmission if minimum IPC measures are not followed. Their involvement at all levels, health facility and community level, will ensure stronger ownership and an improved impact of programmes, however strict adherence to IPC must be encouraged and appropriate supplies of PPE provided as necessary. |
| vi. | Informing beneficiaries about current projects and available services, as well as adaptations in place, is essential. |
| vii. | Partners, parents, communities should be aware that children - although they are not reported to be severely affected by COVID-19 - may be infected and transmit the virus to at-risk seniors and family members. Implementing partners should identify possible adaptations to mitigate this type of transmission. |
| viii. | The protection of health staff, implementing staff and implementing partners’ staff is a priority and appropriate procedures should be implemented (provision of PPE, evacuation procedures, identification of potentially vulnerable staff, etc.) |
| ix. | Nutrition partners may contribute specifically to respond to the Covid-19 epidemic through their expertise and field experience. |

The table on the following page presents a series of nutrition activities deemed essential in the current context of COVID-19 in the Eastern and Southern Africa region, with the perspective of the essential minimum packages (Priority 1 and Priority 2). These packages can be adapted with regard to the specific contexts of the areas and capacities identified. Activities should include prevention and treatment interventions. A minimum service package should be defined and maintained (priority 1). Additional activities (priority 2) may be included depending on the context and feasibility.
## Priority activities and rationale

<table>
<thead>
<tr>
<th>Priority activities</th>
<th>Rationale</th>
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<tbody>
<tr>
<td><strong>TECHNICAL INTERVENTIONS FOR PREVENTION AND TREATMENT</strong></td>
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</tr>
<tr>
<td>General and targeted food distribution</td>
<td>Prevention of malnutrition is key to reduce the vulnerability in the context of the pandemic and the burden on the health system. Particular attention should be paid to food insecure areas and those that may become food insecure due to containment measures.</td>
</tr>
<tr>
<td>Social protection</td>
<td>Ensure that established social safety nets are nutrition-sensitive targeting the most vulnerable households e.g. those with pregnant and lactating women and of children under 2 years.</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication with the populations is fundamental to maintain effective information on the crisis situation but also on the services available; on the adoption of epidemic containment practices, on good practices.</td>
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<tr>
<td>Maternal, Infant and Young Child Feeding / Counselling for maternal and infant feeding for young children</td>
<td><strong>Nutrition counseling is essential as part of a package of interventions</strong> to protect against malnutrition both for infants/ young children and pregnant women. Breastfeeding reduces morbidity and mortality in the post-neonatal period and throughout infancy and childhood. Based on current research, there is <strong>no evidence of vertical transmission of COVID-19 during pregnancy, nor transmission through breast milk.</strong> Exclusive breastfeeding and age appropriate complementary feeding should <strong>continue</strong> to be promoted in accordance with IYCF guidelines, hygiene and protection measures between mother and child during this close contact should also be strengthened. <strong>Maternal nutrition counseling</strong> on maintaining a healthy diet during pregnancy and compliance with Iron and Folic Acid supplementation should be promoted to all mothers during ANC contacts. Maintain continuity of essential ANC services, including delivery of a core package of maternal nutrition interventions [nutrition counseling, weight gain monitoring, micronutrient supplementation]. All pregnant women should also continue to receive iron and folic acid supplements, and calcium supplementation in populations with low calcium intake, through antenatal care services. Small group activities may be able to continue if physical distancing (at least 1 m) and hand hygiene and respiratory hygiene can be ensured.</td>
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<tr>
<td>Community early screening</td>
<td><strong>Early identification of acutely malnourished children by mothers, / caregivers at household level, helps to identify cases earlier and therefore reduce the number of complications</strong></td>
</tr>
<tr>
<td>Wash in Nut, Wash in health</td>
<td>Hand hygiene [washing with soap and water or alcohol-based hand rub] and respiratory hygiene and physical distancing are <strong>key measures</strong> to contain the spread of Covid-19 cases</td>
</tr>
<tr>
<td>Management of acute malnutrition (outpatient /inpatient)</td>
<td><strong>IMAM is a life-saving</strong> and essential activity that saves lives and should be sustained while adapting to the context of COVID-19. In the event of partial or total restriction of movements, services should get as close as possible to the populations: i.e. at community level, ICCM/NUT and potential decentralization of OTP. Further programme adaption to simplify processes and reduce risk of transmission can be introduced such as rations for longer durations e.g. 3 weeks supply in place of 1-week supply, for uncomplicated cases of SAM, reduced number of visits etc. Referrals to health facilities should be maintained for those children who are wasted and need inpatient treatment.</td>
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<tr>
<td>Micronutrient supplementation</td>
<td><strong>Micronutrients, including vitamin A, iron and folic acid for pregnant women, play an important role in the immunity of persons.</strong> Based on the current understanding of the transmission of the COVID-19 virus, and recommended prevention measures of physical distancing, mass vitamin A supplementation (VAS) campaigns should be temporarily suspended. Countries should monitor and re-evaluate the necessity for the delay of mass VAS campaigns at regular intervals. This advice is consistent with WHO guidance that recommends temporary suspension of mass vaccination campaigns. Vitamin A plays an important role in the immune system and supplementation should continue in routine services if appropriate measures can be taken to reduce the spread of COVID-19.</td>
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</table>

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3 Where food distribution is significantly interrupted, and in populations with a high prevalence of nutritional deficiencies, the benefits of multiple micronutrient supplements that include iron and folic acid may be considered. References are: WHO recommendations on antenatal care for a positive pregnancy experience. Geneva: World Health Organization; 2016. WHO, WFP, UNICEF: Preventing and controlling micronutrient deficiencies in populations affected by an emergency. Multiple vitamin and mineral supplements for pregnant and lactating women, and for children aged 6 to 59 months. Geneva: World Health Organization; 2007.
Where health system capacity is intact, fixed-site VAS distribution should be implemented as part of the essential package of child health and nutrition interventions that continue to be operational (e.g. routine immunization, deworming, screening for acute malnutrition), while maintaining recommended physical distancing measures and appropriate infection prevention and control precautions.\(^1\) Distribution of VAS through routine health services should be implemented with appropriate infection prevention and control precautions for COVID-19, including necessary supplies and equipment.

### Deworming

Deworming helps to improve the overall nutritional status of children. Dewormed children absorb iron better and are therefore less anemic. In this context where the organization of campaigns is impossible, the existing community platforms should be used to offer systematic deworming to children aged 12-59 months.\(^4\)

<table>
<thead>
<tr>
<th>CROSS-CUTTING INTERVENTIONS</th>
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<tr>
<td>Coordination at national and sub-national levels; liaison with global and regional coordination</td>
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<tr>
<td>Information management</td>
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<tr>
<td>Nutrition surveillance</td>
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HOW TO ASSESS THE IMPACT AND ADAPT PROGRAMMES AND INTERVENTIONS

General considerations

Particular attention should be paid to the fact that the Eastern and Southern Africa region was already facing a number of complex and chronic crises, prior even to the COVID-19 pandemic. Therefore, it is important to maintain essential nutrition activities to protect and promote good maternal and child health and nutrition outcomes.

Helping to reduce the risk of the epidemic spreading by integrating mitigation measures into programmes is essential (see table below). Programmatic adaptation based on mitigation measures is to be expected depending on the evolution of the outbreak following 3 phases:

1. «Preparedness» - intervention area not affected and/or no restriction on population's movement. Preparedness activities will help to prepare for a rapid response/ scale up, basic infection prevention and control measures should be implemented.

2. «Initial adaptation of the response» - spread of the pandemic in the geographical locations with nutrition programme area, community transmission, and/or restriction on the population's movement. Preparedness and mitigation activities as well as infection prevention and control systems should be intensified.

3. «Enhanced adaptation of the response» with possible refocusing on essential activities according to intensity - intervention area strongly affected and/or restriction on population's movement. Strengthening of control and mitigation activities.

Other factors may be considered as part of the situation analysis in order to prioritize the preparedness and mitigation measures to be implemented, such as:

- Demographic and health information (population density, functionality of care services). It is important to consider that patterns to date have reported initial concentration of Covid-19 in regions with high population densities (urban areas);
- Information on transit zones, regional and national transport corridors; as well as the usual migration routes (and relay points).

«The virus does not circulate, we transport it»
- The criteria established by local authorities to identify so-called priority areas or regions with a higher risk.

Each intervention should then be adjusted by integrating adapted, realistic and pragmatic preparedness and response measures for the different possible phases of development (Initial preparedness / adaptation of the response / Enhanced adaptation of the response).

Within the current context of COVID-19 pandemic, it is more than necessary to enhance the coordination and management aspects of nutrition information. Following actions should be considered.

Coordination

- Enhance sectoral coordination between the national and sub national levels
- Systematic participation of nutrition in Health, WASH and food security sectors/clusters meetings
- Liaison and regular information sharing with the national mechanism for the management of epidemics/health emergencies
- Strengthen joint analyses between the Nutrition, WASH, Health and Food Security Sectors
- Maintain a national information working group to improve dissemination, sharing and exchange of data and information.
- Ensure collaboration amongst nutrition partners for joint questionnaires / tools for any remote data collection exercises
- Implement weekly calls at decentralized level: the focal point of the “Region” / sub national cluster organizes weekly calls with partners. The discussions will focus on the pipeline and supply, the challenges of partners and access to services by beneficiaries
- Organize weekly calls between the national cluster team and the cluster focal points at the regional/ sub national level

Nutritional information management

- Maintain regular collection and analysis of admission data (particularly in Hotspot areas)
- If possible, track any wasted children/ undernourished pregnant and lactating women who have tested positive for COVID in collaboration with health colleagues to monitor outcomes
- Identify other supervisory approaches to community workers, including consideration of mobile communications to enable remote monitoring, continuing education and reporting (where possible)
- Develop joint analyses and data triangulation with other sectors such as health and food security
## Matrix of actions to be considered to ensure continuity of services and limit the spread of COVID-19 outbreak

Certain generic measures should be considered within the framework of all activities carried out:

- **Prohibit mass gatherings** at any time (ex: Mass campaigns/Large group counseling session) and favor door-to-door approaches if possible
- **Promote barrier measures** (such as physical distance of at least 1m recommended) during all implemented activities as per national guidance
- **Provide in-service training for health workers and community health workers** on essential actions to prevent contamination and spread of the virus by applying precautionary measures and encouraging on-line training, in line with national messages.
- **Ensure the simplification of identification, monitoring and discharge procedures** by using the mid-upper arm circumference (MUAC) in order to minimize the risk of infection for patients and caregivers and to accelerate the flow of patients, particularly in areas reporting cases.
- **Enhance/promote the outpatient management of acutely malnourished cases without medical complications, and the decentralization of care** in order to limit contacts between cohorts of malnourished children and health facilities with active cases of the virus.
- **Produce and disseminate key messages on COVID-19** (symptoms, transmission and barrier measures) as well as on reducing the stigma associated with COVID-19 for large-scale dissemination through secure communication channels (radio, television, mobile phone)
- **Include key messages on COVID-19 symptoms and infection prevention and control (IPC)** in all communications aimed at health workers, community health workers and communities
- **Anticipate the pre-positioning of nutritional inputs/supplies** at all levels of the health system (ex: national, sub national, facility level and community)

### Infant and Young Child Feeding

See guidance note “Infant and Young Child Feeding in the context of COVID-19”, for additional recommendations

<table>
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<tr>
<th>Resources required</th>
<th>Community</th>
<th>Outpatient</th>
<th>Inpatient</th>
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- **Produce and disseminate key messages on exclusive breastfeeding and complementary feeding in the context of COVID-19 for large-scale dissemination through secure communication channels (radio, television, mobile phone)**
- **Promote exclusive breastfeeding even if the mother is suspected probably or confirmed with COVID-19, and also promote skin-to-skin immediately following birth while implementing relevant measures for infection prevention and control**
- **Promote barrier measures among lactating mothers (practice respiratory hygiene, perform hand hygiene before and after contact with the child, and routinely clean and disinfect surfaces) that the mother has been in contact with. Respiratory hygiene includes use of a medical mask when near the child and covering the nose and mouth with a tissue when sneezing or coughing. Mothers without a medical mask should still be encouraged to continue breastfeeding or providing breastmilk as the benefits of breastfeeding outweigh the potential risks of transmission of the COVID-19 virus when breastfeeding.**
- **Display information messages using posters, flyers, etc. to remind patients and visitors to perform good respiratory and hand hygiene**
- **Promote the installation of hand washing points with soap at village (strategic points) and/or household level**
- **Use safe and appropriate communication channels to remind community members to perform good respiratory and hand hygiene**
- **Print and distribute additional essential messages related to breastfeeding and complementary feeding in the context of COVID-19, and add them to IYCF counseling cards**
- **Enhance promotion and public awareness on IYCF practices (including breastfeeding and complementary feeding) in accordance with current national guidelines and counseling cards + Include additional messages related to breastfeeding and complementary feeding within the framework of COVID-19**

- Encourage preparation for the establishment of safe alternatives to breastfeeding for infants with no access to breastmilk, in accordance with UNICEF/WHO guidance and the national law.

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<tr>
<th>Micronutrient supplementation</th>
<th>Community</th>
<th>Outpatient</th>
<th>Inpatient</th>
<th>Resources required</th>
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<tbody>
<tr>
<td>• Temporarily suspend Vitamin A supplementation mass campaigns in accordance with WHO guidelines recommending temporary suspension of mass vaccination campaigns.</td>
<td>X</td>
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<tr>
<td>• Ensure that vitamin A supplementation, deworming and Maternal IFA supplementation and other supplement such as MMS where appropriate are included as part of the package of what will be considered as essential child health interventions and services in the context of COVID-19 (currently countries are defining what this will be and nutrition colleagues need to be at the table when these decisions are being made)</td>
<td></td>
<td>X</td>
<td></td>
<td>Job aids, Vitamin A capsules, Iron and Folic Acid Supplements, Multiple Micronutrient supplements</td>
</tr>
<tr>
<td>• When the capacity of the health system is intact and essential health services are operational, fixed-site vitamin A supplementation should be performed while maintaining physical distance measures and appropriate infection control precautions (refer to Annex 1. VAS delivery Operational Considerations in the Context of COVID-19).</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>• Where vitamin A has been delivered predominantly through campaigns consider other opportunities for integration of VAS with delivery of other child health services more intentionally e.g. IMCI services; or other modalities that are established in country for screening for acute malnutrition in the context of COVID-19 (refer to Annex 1. VAS delivery Operational Considerations in the Context of COVID-19).</td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td>• The relevance of conducting outreach services or routine mobile services should be assessed in the local context and adapted to ensure the safety of health workers and the community.</td>
<td>X</td>
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<tr>
<td>• Start planning now for an enhanced distribution of catch-up VAS to deploy as soon as conditions are met per the national guidance.</td>
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<tr>
<td>• Countries should take this opportunity to advocate for task shifting of service delivery of vitamin A and IFA supplementation and MNPs where appropriate to Community health workers where this is not already in place so that the community based health system structures such as village clinics can be used to deliver VAS and IFA and will decentralize service further from the Primary Care Health Centers</td>
<td>X</td>
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<tr>
<td>• Conduct a quick mapping of your supply chain processes to ensure that vitamin A capsules and IFA tablets are readily available in country and pre-positioned together with other essential medicines and supplies that will be warehoused and distributed to various health service delivery points during the COVID-19 response.</td>
<td>X</td>
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<tr>
<td>• Use the ongoing risk communication and community engagement channels for COVID-19 to include messaging to mothers on the importance of all children receiving 2 doses annually of vitamin A (children only) and all women receiving IFA supplementation during pregnancy</td>
<td>X</td>
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<tr>
<td>• Maintain continuity of essential ANC services, including delivery of a core package of maternal nutrition interventions particularly Iron and Folic Acid supplementation, Multiple Micronutrient supplements. (see footnote 5 below)</td>
<td>X</td>
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</tbody>
</table>

5 Where food distribution is significantly interrupted, and in populations with a high prevalence of nutritional deficiencies, the benefits of multiple micronutrient supplements that include iron and folic acid may be considered. References are: *WHO recommendations on antenatal care for a positive pregnancy experience. Geneva: World Health Organization; 2016.* *WHO, WFP, UNICEF. Preventing and controlling micronutrient deficiencies in populations affected by an emergency. Multiple vitamin and mineral supplements for pregnant and lactating women, and for children aged 6 to 59 months. Geneva: World Health Organization; 2007.*
Acute Malnutrition - Prevention, Early Detection and Case Management Measures
Also see the guidance note “Management of acute malnutrition”

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* Regularly assess the capacities and gaps at health facility level for programme delivery (in patient care in particular) in collaboration with MoH and WHO in terms of HR medical equipment and therapeutic supplies
* Initiate discussions with MOH for the deployment of additional Human Resources aimed at strengthening health facilities in areas where numbers of wasted children are increasing (ex: Surge HR)
* Promote/ enhance the screening and management of acutely malnourished cases at community level (examples: use of Mother led/ family MUAC, ICCM)
* Intensify the training of Community Health Workers and families (mothers and caregivers) on early case detection (using MUAC), community care and referral of cases in connection with the community health worker and IPC measures should be followed also in the community as per the WHO guidelines
* In the event of restrictive movement measures and/or closures of health facilities and/or proven circulation of the virus in the area: apply the simplification of the IMAM protocol: simplified admission criteria (e.g. MUAC and cedema only) - extended admission criteria (MAUC <120 mm or <125 mm and/or edema) - simplified dose of RUTF (ex. 1 sachet/day for MAM, and 2 sachets/day for SAM without complications) Where such simplified approaches have not been applied before also consider increased capacity development and oversight noting:
  - Children with wasting need to be assessed appropriately and those with complications need to be referred to existing health facilities where these services are available.
  - Infants less than 6 months of age should also be screened and managed for growth failure as per the management guideline (WHO 2013 updates).
  - All sick children (CCM) should be screened for wasting and treated as per the national guidelines
* Ensure the adaptation of the patient care pathway within health facilities considering barrier measures (respiratory hygiene, hand hygiene, physical distance)
* Deploy community workers for the control/management of queues at the entry points and in the waiting area of the nutritional care centers in order to maintain the minimum acceptable distance between beneficiaries and between beneficiaries and health staff
* Where possible and where contacts with children are safely possible and in line with WHO recommendations on IPC, integrate key lifesaving health and nutrition activities

**When beneficiaries arrive at the entrance of the nutrition site**

- Place hand washing facilities including soap and water at the entrance and exit of nutritional care centers; all beneficiaries (including children) should wash their hands
- Display information messages using posters, flyers, etc. to remind patients and visitors to perform good respiratory and hand hygiene
- Check all patients in line with the new WHO/UNICEF/IFRC May 2020 community guidelines
- Encourage patients/ carers/ beneficiaries to avoid any form of physical contact

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*Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic, Interim guidance, May 2020*

| **Where possible, establish a shelter/covered area for children and their carers at the temperature screening point, allowing them to sit / stand at least 1 meter apart** | X | X |
| **Make sure clean and safe drinking water is available - bucket with a tap** | X | X |
| **Ask mothers/caregivers to bring their own cups for drinking at the appetite test (discourage sharing); if not available ensure proper washing between uses and ensure handwashing** | X | X |

### At the waiting areas

| **Expand waiting areas / shelters to ensure that clients/ beneficiaries can sit at least 1m away and avoid confinement, favor semi-open and ventilated spaces** | X | X |
| **Carry out triage and refer cases with medical complications for appropriate review** | X | X |
| **Isolate and refer beneficiaries with COVID-19 symptoms (fever, cough, breathing difficulties) to the COVID service delivery mechanism defined by the Ministry of Health/WHO and provide masks for referred patients in order to limit transmission** | X | X |
| **Provide health education sessions integrating messages on COVID-19 while clients await their services** | X | X |
| **Display information messages using posters, flyers, etc. to remind patients and visitors to perform good respiratory and hand hygiene** | X | X |

### During evaluation and clinical management

| **Limit family members’ visits to primary caregivers only** | X | X |
| **Weight measurement - Use of electronic scales is not recommended. If absolutely necessary use beam-type baby scale, 16kg x 10g given it can be disinfected correctly or Use of Salter-type scales - "Scale baby spring-type" with plastic basin which can be disinfected between measurements or individual pants to be kept by families if weight must be taken.** | X | X |
| **Clean MUAC with soap and water or disinfect it with hydro-alcoholic solution after each use and promote the MUAC-family approach so each HH has their own for their own use and not for sharing** | X | X |
| **Limit the number of health workers in contact with a single patient** | X | X |
| **Increase physical space between beds to at least 2 meters** | X | X |
| **Increase body temperature controls using a thermometer gun - When a thermometer gun is not available, disinfect the thermometer after each use** | X | X |
| **Take note of any other flu-like symptoms and separate beneficiaries who display them** | X | X |
| **Ensure to promote IPC (as per WHO guidance) such as handwashing (health and nutrition workers) before and after any physical examination/contact with each beneficiary and after handling beneficiary files/documents (including the ration)** | X | X |
| **Provide health and nutrition workers with Personal Protective Equipment (Masks, Gloves)** | X | X |

### During inputs distribution

| **Provide equipment for washing hands with soap and water** | X |
| **Avoid physical contact between health/nutrition workers and mothers/caregivers** | X |
| **Repeat the preventive messages on COVID-19 transmission** | X |
| **Organize rations (per beneficiary) before the planned distribution** | X |
| **Separate storage and collection points if possible** | X |

### During referral of SAM cases with complications
### Limit the number of caregivers and use hygiene and physical distance measures to limit the risk of possible transmission of the virus
- **Community**: X
- **Outpatient**: X
- **Inpatient**: X

### Support infection prevention and control (IPC) measures in ambulances and health center vehicles, including through keeping window open during transport
- **Community**: X
- **Outpatient**: X
- **Inpatient**: X

### For children over 2 years, recommend that the caregiver also be asymptomatic
- **Community**: X
- **Outpatient**: X
- **Inpatient**: X

#### When planning the next visit

- **Adapt the number of days of consultation in OTP according to the usual number of beneficiaries and the capacity of the nutrition site (space, human resources, etc.)**
  - **Community**: X

- **Reduce the congestion of the service by increasing the frequency of days of consultation (e.g. from 1 to 3 days of external consultation per week) or by relocating services in the community**
  - **Community**: X

- **Allocate different locations for nutrition visits in each village to avoid overcrowding identified and agreed with the community well in advance**
  - **Community**: X

- **For large villages, provide mobile services as close as possible to the communities**
  - **Community**: X

- **Reduce the frequency of follow-up visits to 1/month for SAM/MAM children with no complications by increasing the take-home ration of RUTF and other products. If all services are temporarily suspended, distribute RUTF/nutritious products for up to 4 weeks. If possible, establish links between these households for peer monitoring of the children recovery**
  - **Community**: X

#### During the screening

- **Give the MUAC tape to the mother / caretaker and show her/him how to take MUAC measurement, preferably where this capacity already exists. If it is initiated as a new activity, care needs to be taken to ensure sufficient oversight to reduce inappropriate referrals and health seeking behavior, which is contraindicated in this pandemic. Collect telephone number from mother / caretaker where digital platforms exist and can be strengthened. These then to be added to the platform so that info can be collected from mothers and info shared**
  - **Community**: X

- **Clean MUAC with soap and water or disinfect it with hydro-alcoholic solution after each use**
  - **Community**: X

- **Promote the installation of hand washing points with soap at village (strategic points) and/or household level**
  - **Community**: X

- **Ensure to wash hands with soap or sanitizer before and after each measurement**
  - **Community**: X

#### Nutrition Commodities Supply Chain

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<td>Surge HR Logistics</td>
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- **Intensify the pre-positioning (with a minimum buffer stock of 2-3 months) of essential products for nutritional programmes (e.g. F100/75, PPN, CSB, etc.) and systematic treatment drugs in anticipation of supply chain disruptions**
  - **Community**: X
  - **Outpatient**: X
  - **Inpatient**: X

- **Secure and/or strengthen local distribution/supply chains including End User Monitoring using remote platform such as RapidRro where possible to ensure commodities are being used for those intended and in the appropriate way.**
  - **Community**: X
  - **Outpatient**: X

#### Nutrition information management and surveillance

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- **Maintain Physical Distancing and Use Alternative Ways for Data Collection: (recommendations taken from 7)**

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7 Nutrition Information Management, Surveillance and Monitoring in the Context of COVID-19, April 14
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;

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;

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;

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;

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. Maintain functionality of / include nutrition in information working groups at national level.

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<th>Job aids / Guidance /Posters</th>
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<td>Mobile platforms</td>
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Contacts – Co Chairs of the Regional Nutrition Partner Working Group for Eastern and Southern Africa

Please note this guidance note is adapted from the Western and Central Africa Food Security and Nutrition Guidelines COVID-19, April 7, for the Eastern and Southern Africa Nutrition Working Group.

The ESA Nutrition Working Group was established to support coordination, share emerging learning and guidance and therefore enhance overall programme effectiveness in the nutrition sector response to the COVID-19 pandemic. The group is made up of UN, CSO, Donors and researchers who work in the field of nutrition across the region.

In the event of any questions on this guidance, suggestions to improve, update, revise etc., please do reach out to the below contacts. This is a living document and will be updated on a regular basis as new guidance emerges.

UNICEF: EASTERN AND SOUTHERN AFRICA REGION
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Grainne Moloney: Regional Nutrition Specialist – gmmoloney@unicef.org

WHO: AFRICA REGIONAL OFFICE
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Dr Hana Bekele: Medical Officer, Nutrition - bekeleh@who.int
Annex 1. VAS delivery Operational Considerations in the Context of COVID-19

1. Enabling Environment
   a. Ensure that Vitamin A supplementation and deworming are included as part of the package of what will be considered as essential child health interventions and services in the context of COVID.
   b. As the country is defining what will be considered essential health and nutrition services in the context of COVID-19, ensure that Vitamin A supplementation and deworming are included as part of the package of services.

2. Service Delivery
   a. Where Vitamin A has been delivered through campaigns consider other opportunities for integration of VAS with delivery of other child health services more intentionally e.g. IMCI services; screening for acute malnutrition, routine immunization or whatever modality is established in country for screening for acute malnutrition in the context of COVID-19
   b. Take this opportunity to advocate for task shifting of service delivery of VAS to Community health workers where this is not already a policy in place so that the community based health system structures such as village clinics, growth monitoring and promotion activities can be used to deliver VAS and decentralize service further from the Primary Health Centers
   c. Ensure that the health system institutionalizes the delivery of the child health interventions at a community level and VAS would be included as part of the package of what will be considered as essential child health interventions and services in the context of COVID-19
   d. Provide simple capacity building of community health workers and volunteers using digital and remote e-learning platforms to ensure VAS is delivered in a safe and efficacious manner

3. Supply Chain & Logistics
   a. Conduct a quick mapping of your supply chain processes to ensure that Vitamin A capsules are readily available in country and pre-positioned together with other essential medicines and supplies that will be warehoused and distributed to various health service delivery points during the COVID-19 response”
   b. If a country usually conducts campaigns and there is a shift to use every child contact opportunity, then supply chain needs to be considered and aligned with existing health system delivery of essential medicines and supplies to decentralized levels.
   c. Given that during campaigns supplies go straight from central warehousing to outreach sites, recommend development of SOP on how supplies will flow from central level to community health workers or community volunteers. SOP should include storage and handling of Vitamin A capsules before during and after delivery of the intervention to mothers and caregivers.
   d. With the restrictions in movement of supplies, this may affect delivery of capsules from Supply Division hence it is important to monitor arrival of your Vitamin A capsules and supplies into the country and clearance procedures.

4. Demand Creation
   a. Communication and demand creation should be prioritized to ensure mothers and caregivers are aware that VAS and deworming will be delivered through community structures and not campaigns.
   b. Use the ongoing risk communication and community engagement channels for COVID-19 to include messaging to mothers on the importance of Vitamin A supplementation and that all children 6-59 months should receive 2 doses annually and where services have been usually provided via campaigns, include messaging on the new service delivery modalities for Vitamin A.
   c. Use mass media, community radio channels to remind mothers and caregivers on the importance of uptake of services, but also recording in the child health card when their child receives their Vitamin A dose.

5. Information Management
   a. Integrate the provision of Vitamin A supplementation into the existing data collection and reporting tools for routine child health services.
   b. Where VAS was delivered through campaigns, ensure that data capturing, and reporting tools are available to ensure there is a system to record coverage.
   c. Ensure that child health cards or health passports are widely distributed to all mothers and caregivers.

### Annex 2. EXISTING REFERENCES AND LITERATURE

**→ Online library – GNC platform:** [https://www.nutritioncluster.net/](https://www.nutritioncluster.net/)

**→ Links to other documents:** [https://www.dropbox.com/sh/etjm5dole4h2xo9/AACeEtYR1jGOpT7KXnilhIi7Mga?dl=0](https://www.dropbox.com/sh/etjm5dole4h2xo9/AACeEtYR1jGOpT7KXnilhIi7Mga?dl=0)

**CFS**
- CFS/HLPE, 24-Mar-20; Interim Issues Paper on the Impact of COVID-1 on Food Security and Nutrition (FSN). [https://drive.google.com/file/d/1pXiZW267w7n12VXGG-o78Uhl7BPaxGBt/view](https://drive.google.com/file/d/1pXiZW267w7n12VXGG-o78Uhl7BPaxGBt/view)

**GAVA:**

**GNC:**
- GNC, 6-April-20; Operational guidance on Nutrition Sectoral/Cluster Coordination in the context of COVID-19. [https://drive.google.com/file/d/1OqLmLnZHmRYknW7jwnmXOKKeyy8HXOs0/view](https://drive.google.com/file/d/1OqLmLnZHmRYknW7jwnmXOKKeyy8HXOs0/view)

- GNC, 2-April-20; Template 1 for Joint Statement on Infant and Young Child Feeding in the Context of COVID-19Pandemic. [https://drive.google.com/file/d/1uVe5wVYcojKlAqB_UaCyK2O4qpxmhVz0/view?usp=sharing](https://drive.google.com/file/d/1uVe5wVYcojKlAqB_UaCyK2O4qpxmhVz0/view?usp=sharing)

**GTAM**
- GTAM, 13-Mar-20; Coronavirus disease (COVID-19) summary of guidance for nutrition in emergencies practitioners VERSION 1.1. [https://drive.google.com/file/d/1bKvCZi5uOPnPONWFBm-fH-EwWtd1WU/view?usp=sharing](https://drive.google.com/file/d/1bKvCZi5uOPnPONWFBm-fH-EwWtd1WU/view?usp=sharing)

**IASC**

**OCHA**

**OHCHR**
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**RRT:**
- RRT, 27 Mar-20; Technical Rapid Response Team (Tech RRT) approach to technical assistance to nutrition emergencies during the COVID-19 pandemic Version 3 [https://drive.google.com/file/d/1ua0Fnxn41aoyj5p3YbPSZH_E_UP7KgNTJ/view?usp=sharing](https://drive.google.com/file/d/1ua0Fnxn41aoyj5p3YbPSZH_E_UP7KgNTJ/view?usp=sharing)

**UNICEF**
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- UNICEF, 5-April 20; Guidance for adaptations CCM, community case management of childhood illness in the context of COVID-19 to ensure uninterrupted provision of life-saving services

• UNICEF, GNC, GTAM; 27-mar-20; management of child wasting in the context of covid-19 brief no.1  
  https://drive.google.com/file/d/1hfG8u3pPyzrXVMUI81QvB3eBcduQ3FYg/view?usp=sharing

• UNICEF, GNC, GTAM; 30-mar-20; infant & young child feeding in the context of covid-19 Brief no. 2 (v1)  
  https://drive.google.com/file/d/1hfG8u3pPyzrXVMUI81QvB3eBcduQ3FYg/view?usp=sharing

• UNICEF, UNHCR, WHO, WFP; 25-Mar-20; Infant and Young Child Feeding in the Context of the COVID-19 Pandemic Eastern, Central and Southern Africa March

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  https://www.nutritioncluster.net/covid-19

• UNICEF, 2018; UNICEF Guidance on the provision and use of breastmilk substitutes in humanitarian settings.  
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WFP

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• WFP, 2-Avril-20; WFP’s additional recommendations for the management of maternal and child malnutrition prevention and treatment in the context of COVID 19  

• WFP, 12-Mar-20; COVID-19 and breastfeeding interim guidance #2.  

WHO

• WHO, Infection prevention and control during health care when COVID-19 is suspected Interim guidance 19 March 2020  

• WHO,  Interim recommendations on obligatory hand hygiene against transmission of COVID-19

• WHO, Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages”

• WHO, 13-Mar-20; Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected; Interim guidance V 1.2 WHO

• WHO, Mar-20; The COVID-19 Risk Communication Package For Healthcare Facilities

• WHO, 6 April-20; Interim Guidance, Advice on the use of masks in the context of COVID-19

• WHO (EMRO Office), Mar-20; Breastfeeding advice during the COV D-19 outbreak.  
  http://www.emro.who.int/images/stories/nutrition/documents/flyer_en_breastfeeding_advice_during_covid_19.pdf?ua=1
Web sites to consult

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  Global Nutrition Cluster

- **Food system**
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[http://safelyfed.ca/covid19-resources/](http://safelyfed.ca/covid19-resources/)
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UNICEF, 2018; UNICEF Guidance on the provision and use of breastmilk substitutes in humanitarian settings.
[http://www.unicefinemergencies.com/downloads/eresource/docs/2.3%20Nutrition/Unicef_BMS_R05.1_Interactive.pdf](http://www.unicefinemergencies.com/downloads/eresource/docs/2.3%20Nutrition/Unicef_BMS_R05.1_Interactive.pdf)
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Program: