



Guidance COVID-19 Nutrition Civilian population

Version 1 – April 8th ,2020

Introduction

The COVID-19 pandemic has reached more than 180 countries worldwide, including in many contexts where humanitarian and nutrition programs are underway. Given the modes of transmission and its rapid progression, this epidemic is already affecting our operations.

Malnutrition exposes individuals, particularly children and pregnant and lactating women to infections while infection also contributes to malnutrition, which causes a vicious cycle. It is also important to prevent those vulnerable groups to become malnourished and to contract any 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 people and the staff are protected from the COVID-19 infection.

This guiding document for ICRC nutrition activities recommends essential actions and measures that need to be in put in place for ensuring critical services that address malnutrition-related conditions, such as prevention of malnutrition, management of acute malnutrition (for children, pregnant and lactating women) and Infant and Young Child Feeding in Emergency (IYCF-E), while protecting the patients and the staff from contracting COVID 19 during outbreak.

This guidance complements the national guidance of the Ministry of Health of your respective country.

Note also that this guidance will evolve according to the new updates and research results that will emerge during the pandemic.

How to read this guidance?

The columns are cumulative. “Green” is the preparedness phase. When we have reach the “yellow” level, we assume that “green” has been put in place. And when we are at the “orange” level, “green” and “yellow” recommended actions are in place.

Note that for the *General Food Distribution, Cash and Voucher Assistance programs or seeds & tools, etc... programs, please refer to the [EcoSec guidance](#).*



No mobility restriction for the population and/or No COVID-19 case	Partial mobility restriction for the population and/or Sporadic COVID-19 cases / cluster cases	Total mobility restriction for the population and/or Community transmission
Nutrition assessments – SMART survey, Rapid SMART survey, KAP survey, Nutrition screening, EcoSec assessment (monitoring or evaluation) using anthropometry measurements		
<ul style="list-style-type: none"> • Train national society volunteers and our staff on the risk of COVID-19 and how to protect themselves and the community using national awareness materials. • Intensify community based active screening using the MUAC tapes and refer the maximum of children <5 years of age suffering from acute malnutrition to the closest CMAM programme. • Preposition enough MUAC tapes in country for the “Family MUAC” activity + for health centres • Intensify efforts to strengthen the capacity of the mothers and caregivers to detect and monitor their children’s nutritional status at home, using the MUAC tapes. • Conduct assessments as planned 	<ul style="list-style-type: none"> • Continue training national society volunteers and our staff on the risk of COVID-19 and how to protect themselves and the community using national awareness materials. • Regarding PPE equipment, only a mask will be recommended when interviewing and taking anthropometry measurements, if this is part of the national MOH guidance. Otherwise, no need. • Organize house to house assessment and avoid regrouping people in one location. • Only use verbal greetings and explain the protective measures in place. • Interview only the head of the household by respecting 1 to 2-meter distance. • Do not enter in the household. • If your assessment includes anthropometric measurement, only measure MUAC + check for bilateral oedema. • During the MUAC measurement, the child or the PLW should not face the measurer. • Washing hands with hydro alcoholic gel or water and soap after the measurements (MUAC and oedema) • After measuring the MUAC of a child or a PLW, rinse it in chlorine solution or wash it with soap and water and let it air dry before using it again – see the chlorine solution preparation. 	<ul style="list-style-type: none"> • Cancel all assessments and replace them with secondary data analysis. For example, use GAM prevalence data from previous surveys to estimate current prevalence, considering contributing factors. • Monitor situation with data collected at health facility level.



	<ul style="list-style-type: none"> • With all these extra measures, count more time spent per household when you plan your assessment. • Stop assessments if no crucial needs for program orientations. 	
Nutrition sensitization sessions in community and health centres, Focus group discussions (FGD)		
<ul style="list-style-type: none"> • Train national society volunteers and our staff on the risk of COVID-19 and how to protect themselves and the community using national awareness materials. • Preposition enough MUAC tapes in country for the “Family MUAC” activity + for health centres • Group max 10 persons together to do the sensitization session or FGD and make sure you can have 1-2 metre space between them. • Topics discussed should be around hygiene and risks of COVID-19 and symptoms, where are the closest health facilities, importance of balanced diet, how to detect malnutrition among children, breastfeeding practices, etc... <i>Look at national level for adapted posters.</i> • Based on the known benefits of breastfeeding and limited evidence that the COVID-19 virus is present in breastmilk, the international recommendations advocate continuing to breastfeed, respecting hygiene measures in place. • Intensify efforts to strengthen the capacity of mothers to detect and monitor their children’s nutritional status, by using MUAC 	<ul style="list-style-type: none"> • Stop all group sensitization sessions and FGD at community level. • At PHC, OTP and hospital level, propose one on one counselling session for the hospitalized patient or caregiver of a child hospitalized or attending a feeding programme. • During counselling sessions, the MOH medical staff and ICRC staff should wear light PPE (in line with national Ministry of Health recommendations), keep 1-2 metre distance from the patient; and wash their hands with water and soap after each consultation. • Use radio, TV and SMS supports to pass on key messages to the population. We can also distribute some leaflet with key messages on COVID-19 to avoid further spread of the disease. 	<ul style="list-style-type: none"> • Stop all counselling sessions and FGD. • Use only radio, TV and SMS support to pass on key messages on COVID-19 to the population to prevent further spread of the disease.



<p>tapes and let them know where the CMAM programmes are in their area.</p> <ul style="list-style-type: none"> • With your team and in coordination with the ICRC communications department and external partners, design radio, and SMS sensitization spots and leaflets on key COVID prevention messages and the importance of good nutrition. 		
<p>CMAM programmes – including TSFP for PLW and children, OTP and SC</p>		
<p>Recommend that each health staff checks his/her body temperature with a trans-dermal thermometer, when he/she starts his/her shift. If he/she has $T > 37,5^{\circ}\text{C}$ and some cough, he/she cannot resume work and has to consult a doctor.</p> <p><u>For all facilities:</u></p> <ul style="list-style-type: none"> • Screen each patient coming to the PHC / hospital for fever & cough and refer them to the designated area for suspected COVID-19 cases for further check either inside the hospital or PHC or in a national treatment centre. • Set up hand-washing stations (water and soap) at the main entrance of health facilities and before entering the consultation room – for the patients, and in each consultation room for the medical staff to be used after each patient’s consultation. • Supply the facilities with extra scales (preferably the mother and child scale from SECA instead of the Salter scale; if Salter Scale, a basin is recommended), height boards 	<p>Recommend that staff checks his/her body temperature with a trans-dermal thermometer, when he/she starts his/her shift. If he/she has $T > 37,5^{\circ}\text{C}$ and some cough, he/she cannot resume work and has to consult a doctor.</p> <p><u>For all facilities:</u></p> <ul style="list-style-type: none"> • Screen each patient coming to the PHC / hospital for fever & cough and refer them to the designated area for suspected COVID-19 cases for further check. • Accept only 1 caregiver per patient. Refuse siblings and other family members to enter in the PHC/ hospital. • Propose one on one counselling session. Medical staff should then wear a mask and keep 1-2 metre distance from the patient. • Make sure there are buckets with chlorinated water to disinfect the cups after each use. Let them air dry. 	<p>Recommend that staff checks his/her body temperature with a trans-dermal thermometer, when he/she starts his/her shift. If he/she has $T > 37,5^{\circ}\text{C}$ and some cough, he/she cannot resume work and has to consult a doctor.</p> <p><u>For all facilities:</u></p> <ul style="list-style-type: none"> • Screen each patient coming to the PHC / hospital for fever & cough and refer them to the designated area for suspected COVID-19 cases for further check



(ideally 2 in each station of the PHCC /OTP / SC), MUAC tapes and plastic cups.

- Preposition sufficient PPE (light and full) for the staff for 3 months. Discuss, type, use and quantity with health colleagues.
- Make sure the triage area and the OTP and SC corners have a sprayer to spray the chlorinated solution on the anthropometric equipment, working surfaces and floors. Let them air dry.
- Train the staff on how to prepare the chlorinated solution, jointly with WatHab colleagues.
- Preposition specialized nutrition food for 3 months to avoid any delivery delays.
- Sensitization sessions are done within small groups of maximum 10 persons, respecting 1-2 metre between each person.

For the SC facilities:

- In SC facilities ensure beds are 2-meters apart.
- Make sure the hand-washing stations have water and soap.
- Make sure that the therapeutic milk preparation area respects the hygiene preparation steps as [recommended by WHO](#).

For SC facilities:

- Disinfect height boards and scales with the chlorinated solution after each measurement, and ensure staff wash their hands with water and soap after each consultation.
- Follow the WatHab recommendations to clean all other surfaces during the day – see the chlorine preparation document.
- Prepare an isolation room for any confirmed COVID-19 cases among children in the SC, before they are transferred to the closest COVID-19 treatment centre.
- Avoid as much as possible to bring food from outside. If the caregiver does bring food: wash fruits and vegetables in water and soap; re-

For SC facilities:

- Continue to take the weight of the child to be able to prescribe the therapeutic milk and medicines.
- Disinfect scales with the chlorinated solution after each measurement and ensure staff wash their hands with water and soap after each consultation.
- If the caregiver does bring food: wash fruits and vegetables in water and soap; re-heat any food that should be consumed warm for minimum 5 minutes.



<p><u>OTP and TSFP facilities:</u></p> <ul style="list-style-type: none">• Reorganize the OTP and TSFP days to split the patients in smaller numbers. For instance by adding opening days or splitting patients in mornings or afternoons.• Avoid gathering of mothers/caregivers; organize a waiting area respecting the 1 to 2 - meters distance between each person.• If possible, provide a food top up to the RUTF / RUSF or SuperCereal Plus for 2 vulnerable persons per household as a preventative measure when patients come to their follow-up visit at the OTP or TSFP. This could be food commodities covering around 800 kcal/day/2 persons; or 24 boxes (1 carton) of BP5/month; or 12 kg SuperCereal/month; or Cash or Vouchers covering the same calories.• Initiate trainings for caregivers on the use of MUAC and provide a MUAC tape to all caregivers when the child and PLW is discharged as cured from the OTP.• If possible, provide a discharge food ration (full family food ration for 1 month, providing 2100 kcal/pers/day) for cured patients.	<p>heat any food that should be consumed warm for minimum 5 minutes.</p> <p><u>For OTP and TSFP facilities:</u></p> <ul style="list-style-type: none">• Reduce the frequency of follow-up visits to once every 2 weeks for children with uncomplicated severe or moderate wasting by increasing the take-home ration of RUFs and other nutrition commodities.• Take only MUAC and oedema of the patients. Disinfect MUAC after each measurement with chlorine, or wash with soap.• During the MUAC measurement, the child or the PLW should not face the measurer.• Set up new admission and discharge criteria:<ul style="list-style-type: none">- OTP: admission (MUAC <115 mm) and discharge criteria (MUAC > 125mm for 2 consecutive weeks).-TSFP: admission (MUAC<125 mm) and discharge criteria (MUAC>135 mm for 2 consecutive weeks).• During the MUAC measurement, the child or the PLW should not face the measurer.• Make sure the systematic medical treatment is maintained – coordinate with Health for supply of these medicines.• Adopt simplified RUF dosage if easier for remote follow-up. E.g. 1 sachet/day for uncomplicated moderate wasting, and 2 sachets/day for uncomplicated severe wasting.• If possible, provide a food top up to the RUTF / RUSF or SuperCereal Plus for 2 vulnerable persons per household as a preventative	<p><u>For OTP and TSFP facilities:</u></p> <ul style="list-style-type: none">• MUAC and oedema for children will be done by their caregivers under the supervision of medical staff.• Disinfect MUAC after each measurement with chlorine, or wash with soap.• If all non-emergency services in the health facility are temporarily suspended, distribute RUFs/nutrition commodities covering the needs for up to 4 weeks.
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	<p>measure when patients come to their follow-up visit at the OTP or TSFP. This could be food commodities covering around 800 kcal/day/2 persons; or 24 boxes (1 carton) of BP5/month; or 12 kg SuperCereal/month; or Cash or Vouchers covering the same calories.</p> <ul style="list-style-type: none"> • Continue to train the caregivers on the use of MUAC and provide a MUAC tape to all caregivers when the child or the PLW is discharged as cured. • If possible, provide a discharge food ration (full family food ration for 1 month, providing 2100 kcal/pers/day) for cured patients. 	
Kitchen for hospital meals for patients and caregivers, Wet feeding, “Canteen” for vulnerable or quarantined people		
<p>Each staff checks his/her body temperature with a trans-dermal thermometer, when he/she starts his/her shift. If he/she has $T > 37,5^{\circ}\text{C}$ and some cough, he/she cannot resume work and has to consult a doctor.</p> <ul style="list-style-type: none"> • Set up hand-washing stations (water and soap) at the entrance of the kitchen and in patients’ rooms. • Ensure beds are 2 meters apart • Preposition sufficient PPE (light and full) for the staff for 3 months. Discuss, type, use and quantity with health colleagues. • Preposition for contingency stock of dry food for the next 3 months and prepare new simplified menus with dried/canned items, according to what is locally available. 	<p>Each staff checks his/her body temperature with a trans-dermal thermometer, when he/she starts his/her shift. If he/she has $T > 37,5^{\circ}\text{C}$ and some cough, he/she cannot resume work and has to consult a doctor.</p> <ul style="list-style-type: none"> • Accept only 1 caregiver per patient. Refuse siblings and other family members to enter in the PHC/ hospital. • Avoid as much as possible to bring food from outside but if the caregiver brings some food: wash fruits and vegetables in water and soap; re-heat any food that should be consumed warm for minimum 5 minutes. • For food preparation, the staff washes their hands, wears apron, gum boots, hair protection, and mask. • For food distribution in hospital and SC and wet feeding, the staff wears a mask and gloves. 	<p>Each staff checks his/her body temperature with a trans-dermal thermometer, when he/she starts his/her shift. If he/she has $T > 37,5^{\circ}\text{C}$ and some cough, he/she cannot resume work and has to consult a doctor.</p> <p style="text-align: center;"><i>Same measures as in the previous stage.</i></p>



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| | <ul style="list-style-type: none">• For food distribution for quarantined people, the staff wears full PPE.• Implement the new menus relying only on dried/canned items if access to market for fresh food is restricted. | |
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