

WFP's additional recommendations for the management of maternal and child malnutrition prevention and treatment in the context of COVID 19



Interim brief	1	Date	2.04.2020
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1. Introduction

As the novel Coronavirus (COVID-19) continues to spread, it presents a growing risk to WFP personnel, cooperating partners (CP) and beneficiaries, participating in acute malnutrition prevention and treatment activities for children under 5, pregnant and lactating women and girls (PLWG) at health facility or community level.

Adjustments to existing nutrition programming guidance should be in alignment with country-specific guidance shared by the relevant health authorities and partners (e.g. Ministry of Health, WHO etc.), where available. These recommendations are in alignment with the recent GNC/UNICEF Management of Child Wasting in the Context of COVID-19 Brief, but slightly elaborates these to ensure that the different WFP operational context that are not covered under that brief are addressed.

This brief is based on what is currently known about COVID-19 and the transmission of other viral respiratory infections, as informed by the WHO and Centres for Disease Control (CDC) and complements the potential adaptations recommended by the Global Nutrition Cluster¹.

WFP will continue to update the brief as needed, based on the availability of new information.

The brief is developed for WFP staff and cooperating partners' staff in charge of acute malnutrition prevention and treatment activities.

2. Purpose

This brief has been developed to:

- ⇒ Prevent COVID-19 contamination among staff and beneficiaries taking part in the provision of acute malnutrition prevention and treatment services at health facility and community level.
- ⇒ Ensure the continuity of provision of acute malnutrition prevention and treatment of services, introducing adaptations where indicated.
- ⇒ Highlight the essential minimum adaptations (section 4) needed in all programs that are currently running to ensure safe delivery of services in the context of COVID-19.

¹ Management of child wasting in the context of COVID-19, Brief 1, Global Nutrition Cluster, 27 March 2020

3. Recommendations for the adaption of malnutrition prevention and treatment services

- Recommend the repositioning of 3 months stocks of specialized nutritious foods (SNF) at sub-office/health facility/ community level where possible/feasible.
- Recommend assessing the feasibility of transitioning from health facility to community-based approach if/when health facilities are no longer able to continue supporting delivery of undernutrition prevention and treatment services and/ or access to health facilities is impaired by movement restrictions. This could be through existing community health workers/volunteers; through mobile clinics; through outposted services; or through a range of mechanisms that allow for the continuation of nutrition service delivery.
- Recommend prioritizing treatment activities over prevention activities in case of SNF shortfall, including using SNF planned for prevention to continue treating maternal and child wasting. That said, prevention remains essential and where standard nutrition programs are no longer able to continue, prevention might be the sole means of delivering nutrition support, including CBT.
- Recommend that if prioritization amongst malnourished groups for treatment becomes essential, that programmes consider prioritizing first malnourished children under 2, then malnourished children under 5 and then PLWG who are suffering from acute malnutrition in case of anticipated SNF shortfall.
- Recommend using MUAC-only to promote no-touch/low-touch programming, with appropriate protective measures observed including washing of the tape, use of gloves and mask by measurer, and accepted hygiene standards maintained. Consider expanding the MUAC cut-off from 12.5 to 13.0 cm to reduce potential exclusion of malnourished children. MUAC cut-offs for PLW vary in different country. PLWs should continue to be enrolled based on the national MUAC threshold.
- Recommend implementation of SNF substitution guidance's recommendations to ensure continuity of activities in case of anticipated SNF shortfall. An updated substitution guidance in the context of COVID-19 has been drafted and will be shared when finalized.
- Recommend close coordination and collaboration with MOH, UNICEF/cluster/sector leads to ensure a shared approach to coverage of difficult to reach populations. This could include: implementing expanded criteria for admission and discharge for the treatment of child wasting; the use of RUSF in case of unavailability of RUTF the use of RUTF in case of unavailability of RUSF/BBF²
- Continue to promote exclusive breastfeeding and continuous breastfeeding; in case of COVID-19 follow the recommendation from COVID-19 and breastfeeding guidance. (<https://api.opweb.wfp.org/api/v1/page/425/content/>)
- Recommend investigating alternate assessment tools and monitoring tools such as remote digital technology, to ensure some continuity in evidence-based targeting and of programme monitoring.
- Recommend investment in messaging and communication to communities recognizing that COVID-19 requires specific behaviour changes to keep beneficiaries and staff safe during programme activities. An SBCC brief has been developed that can support SBCC adaptations.

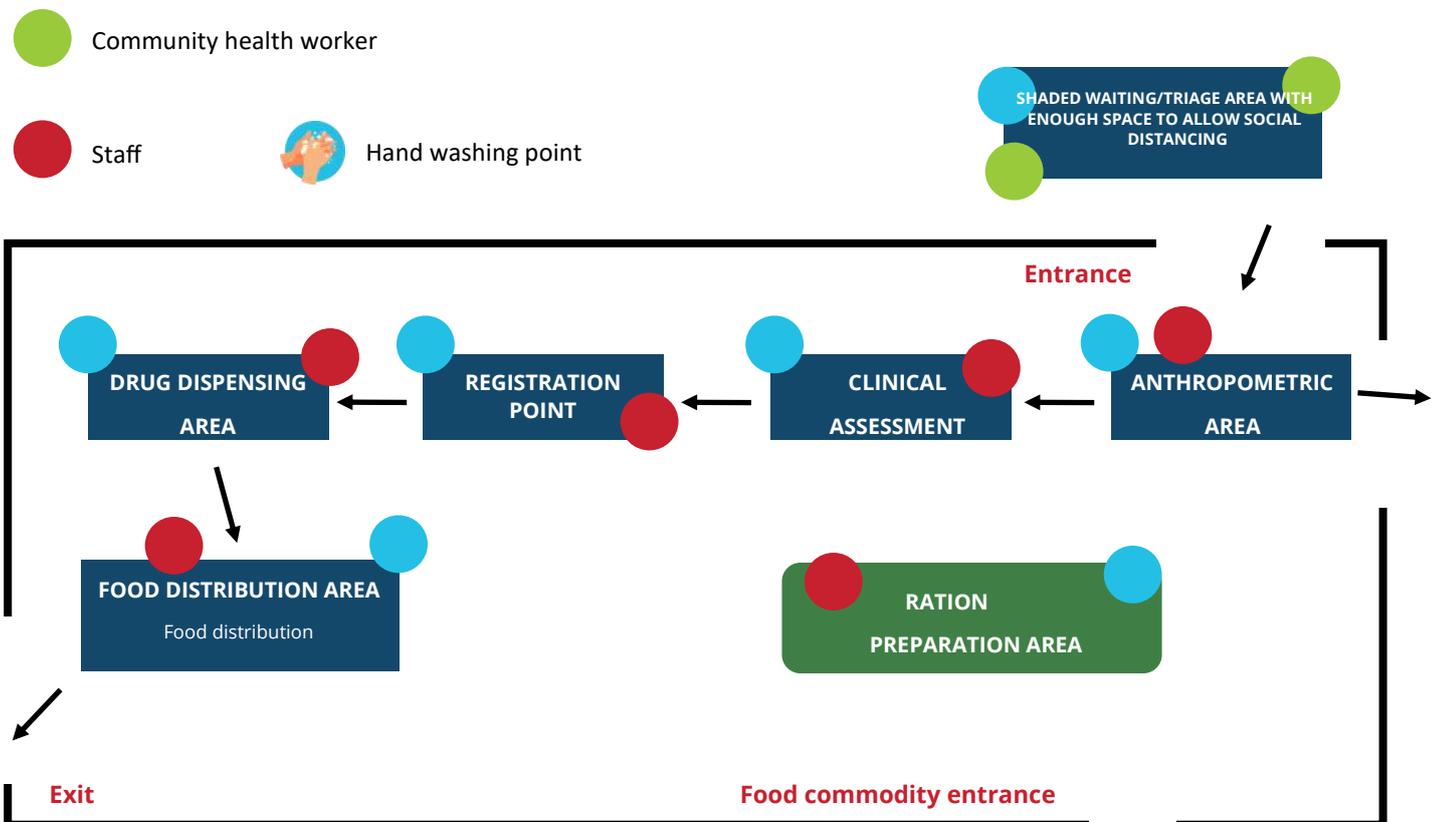


Please Note: All of the above recommendations are context specific and should be implemented in consultation with regional nutrition advisors who can support the steps needed for specific adaptations. As the situation evolves, There will need to be flexible approach, doing what is possible in the current situation.

4. Essential adaptations for current nutrition programme service delivery in the context COVID-19

Nutrition service delivery point – beneficiary flow

The circuit is the one-way path followed by the beneficiaries and their caretakers.



4.1. Community screening

Acute malnutrition prevention and treatment services

- ⇒ Train community volunteers to train mothers on MUAC measurement and on assessment of nutritional oedema.
- ⇒ Train mothers on MUAC measurement and on assessment of nutritional oedema as a preparedness measure to allow the screening of children at home
- ⇒ Community volunteers to be trained and facilitated to conduct home visits and follow up visits while maintaining social distance (at least 1 meter) from beneficiaries and avoid unnecessary touching (observation first)

4.2. Triage and Waiting areas

Acute malnutrition prevention and treatment services

- ⇒ Decontaminate the waiting area after every shift
- ⇒ Organize a separate waiting area for malnourished children and caretakers in the health facilities to limit cross contamination from other patients who may have COVID-19 or other complications that may severely affect patients awaiting acute malnutrition treatment.
- ⇒ Provide information on COVID-19 prevention as part of the routine health and nutrition messaging
- ⇒ Sensitize all staff and beneficiaries to wash their hands at the entrance before entering the waiting area
- ⇒ Advise all the beneficiaries and their caretakers to respect respiratory protection.
- ⇒ Instruct beneficiaries/staff to lift their arm and cover their nose or mouth with the inner surface of the arm when they cough or sneeze and to not spit on the floor
- ⇒ Advise all beneficiaries to maintain a social distance from others of at least 1m and avoid unnecessary touching
- ⇒ Conduct screening of all beneficiaries and their caretakers on arrival at all sites using the most up to date COVID-19 guidance and case definitions³.
- ⇒ Take the temperature of all the patients (children and PLW) and caretakers
- ⇒ Prioritize delivery of treatment services for children and PLW with sign of infection, such as fever, diarrhea, vomiting, etc.

4.3. Anthropometry

Acute malnutrition treatment services

- ⇒ Minimize touching when conducting the anthropometric measurements - as observation of clinical signs of malnutrition can be used on top of anthropometric measurements. In most context, programs will have to shift from taking weight and height/length of children to using MUAC only to minimize contact
- ⇒ Wear gloves when measuring MUAC and assessing bilateral pitting oedema. Change gloves for every child
- ⇒ Measure MUAC and assess for nutritional oedema (in some contexts the MUAC cut-off may be temporarily revised to limit the exclusion of malnourished children)
- ⇒ Wipe all anthropometric equipment with chlorine 0.05% after each nutrition measurement
- ⇒ Observe all levels of IPC after every patient (respiratory protection, etc..) in accordance with the Ministry of Health guidelines
- ⇒ Avoid touching spit and body fluids with bare hands

Acute malnutrition prevention services

- ⇒ No measurement should be taken, only observation for any referral needed

² Moderate Acute Malnutrition: a decision tool for emergencies, Global Nutrition Cluster, March 2017

³ COVID-19: Operational guidance for maintaining essential health services during outbreak, WHO, 25 March 2020

4.4. Registration

- ⇒ Organize the registration area to allow social distancing.
- ⇒ Complete the follow up card and the register
- ⇒ Wipe the table with chlorine 0.05% after each registration

4.5. Clinical consultation

Acute malnutrition treatment services

- ⇒ Minimize touching when performing the clinical consultation and while questioning the caretaker/mother and during the observation of clinical signs
- ⇒ Complicated acutely malnourished children should be referred to the nearest inpatient therapeutic center for treatment
- ⇒ Wipe thermometer with chlorine 0.05% after each clinical consultation
- ⇒ Observe all levels of IPC after every patient (respiratory protection, injection safety, etc..) in accordance with the Ministry of Health guidelines
- ⇒ Avoid touching spit and body fluids with bare hands

Acute malnutrition prevention services

- ⇒ No clinical consultation only observation for any referral needed

4.6. Distribution of SNF and visit for acute malnutrition prevention and treatment services

- ⇒ Consider reducing the number of follow up visits for acute malnutrition treatment from every two weeks to monthly, or from every month to every two months. This is to reduce crowding and the risk of cross contamination
- ⇒ Consider increasing the number of days for delivery of services to reduce crowding and the risk of cross contamination. Adaptations could include having certain villages/catchment areas come to the center on certain days, giving verbal appointments to beneficiaries for specific days and times or limiting the number of people that will be seen on a day by giving numbers (verbally) on a first come first serve basis
- ⇒ Consider opening more sites to minimize crowding
- ⇒ Sensitize the beneficiaries and their caretakers, of any changes in the schedule of activities (number of services days per week, frequency of follow up visits)

4.7. Suspected COVID19 cases

At health facility

- ⇒ Establish mechanisms for isolation of beneficiaries and their caretakers in all care sites using the most up to date COVID-19 guidance⁴. Ensure this aligned with national protocol.

In the community

- ⇒ Follow national recommendations for the management of COVID 19 patients
- ⇒ Identify a referral system if necessary

⁴Interim operational guidance for maintaining essential health services during an COVID-19 outbreak, p7, WHO, 25 March 2020

5. Standard Infection Protection and Control (IPC) measures

The standard IPC measures need to be observed at all times at points of contact.



Hand hygiene

- Wash your hands with alcohol-based hand-rub (minimum 70%) or 0.05% chlorine when they are not visibly soiled.
- Wash your hands with water and soap when visibly soiled.
- Install hand washing stations at all entry and exit points of the nutrition programme circuit at a minimum.
- Supply hand washing stations with 0.05% chlorine mixture.



Respiratory protection

- Maintain social distancing (at least 1 meter) between beneficiaries and minimize unnecessary touching.
- Refrain from touching your own face (ears, nose, eyes, mouth).
- Avoid crowding beneficiaries at one service point.
- Instruct beneficiaries to cover mouth and nose, when coughing/sneezing, with a tissue, upper arms or inside of clothing.



Personal Protective Equipment (PPE) requirements

- All front-line health staff require light PPE includes gloves and face mask
- Wear light PPE on the top of scrubs during triage, nutritional assessment, clinical assessment and registration



Environmental cleaning

- Disinfect surfaces with 0.5% bleach (chlorine) solution avoiding contact with skin
- Decontaminate hands and sensitive equipment like weighing scales (SECA type), thermometers, MUAC bracelet, etc. with 0.05% bleach (chlorine) solution
- Prepare chlorine solutions every few hours as it loses potency over time, especially when in the sun
- Use guidance (Annex 7.1 and 7.2) for preparing 0.5% and 0.05% chlorine solution and for training of all staff



Waste management

- Segregate waste at the point of generation
- Control access to the final waste treatment and disposal area to prevent animals, untrained personnel or children from entering
- Manage waste in line with the Infection Prevention and Control (IPC) guidelines from the MoH

7. Annexe

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

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How to make mild (0.05%) Chlorine solution

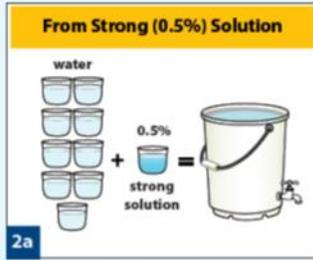
How to Make Mild (0.05%) Chlorine Solution

Use mild (0.05%) chlorine solution to wash ungloved hands.

Make new mild (0.05%) chlorine solution every day. Throw away any leftover solution from the day before.



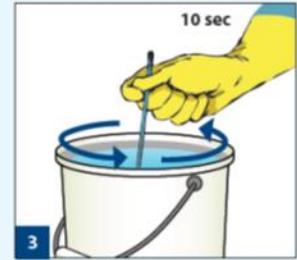
1 Make sure you are wearing **extended PPE**.



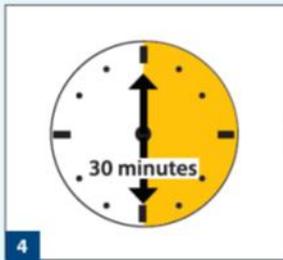
2a Pour 9 parts water and 1 part strong (0.5%) solution into a bucket. Repeat until full.



2b Add one tablespoon of HTH (70%) to 20 Liters of water in a bucket.



3 Stir well for 10 seconds, or until the HTH has dissolved



4 Wait 30 minutes before use.



5 Label bucket "Mild (0.05%) Chlorine Solution - Hand Washing."



6 Cover bucket with lid.



7 Place at hand washing stations.



How to make strong (0.5%) Chlorine solution

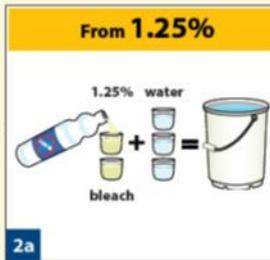
How to Make Strong (0.5%) Chlorine Solution from Liquid Bleach

Use strong (0.5%) chlorine solution to clean and disinfect surfaces, objects, and body fluid spills.

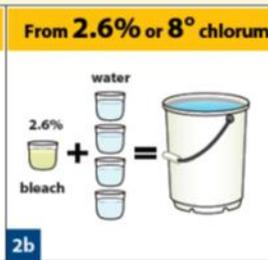
Make new strong (0.5%) chlorine solution every day. Throw away any leftover solution from the day before.



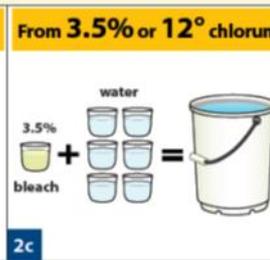
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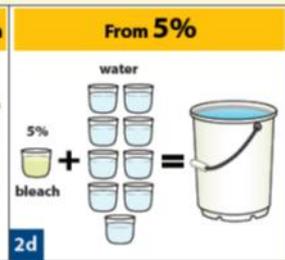
2a Pour 2 parts liquid bleach and 3 parts water into a bucket. Repeat until full.



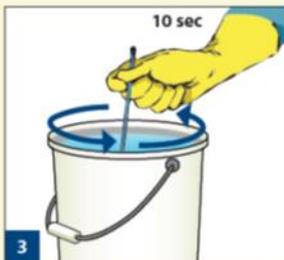
2b Pour 1 part liquid bleach and 4 parts water into a bucket. Repeat until full.



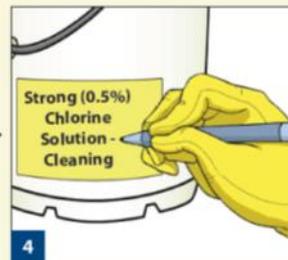
2c Pour 1 part liquid bleach and 6 parts water into a bucket. Repeat until full.



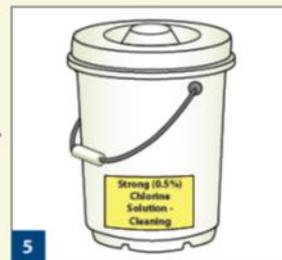
2d Pour 1 part liquid bleach and 9 parts water into a bucket. Repeat until full.



3 Stir well for 10 seconds.



4 Label bucket "Strong (0.5%) Chlorine Solution - Cleaning."



5 Cover bucket with lid.



6 Store in shade. Do not store in direct sunlight.

