

## Provincial Nutrition Directorate, Nutrition Technical COVID-19 Guidance Note, Afghanistan

The **objective** of this technical note is to provide guidance and direction to BPHS led health facility teams (DH, CHC, BHC, SHC) with key messages and set of recommended actions related to essential nutrition services in the context of COVID-19.

### Key Messages

Key Messages to be transmitted by health workers (nutrition counsellors and nutrition nurses) and CHWs/volunteers to mothers/caregivers of children 0-59 months and pregnant women during COVID-19:

1. Breastfeeding is the best food for your child. Breastfeed exclusively without giving water, liquids or foods until your baby is 6 months of age. When your baby reaches 6 months (180 days), begin age-appropriate, adequate, and safe complementary foods, while continuing breastfeeding up to 2 years of age or more. A diverse diet with a colourful mix of fruits and vegetables as well as grains and proteins (beans, nuts, seeds, meat, chicken, fish, eggs) will help keep your child's immune system strong. Dark green leafy vegetables and orange/yellow coloured fruits and vegetables are especially good for immunity.
2. Handwashing with soap and water is critical, especially before preparing food and feeding your child. Clean food preparation areas and utensils with soap and water. Use a separate plate/spoon to feed your child. Play and talk to the child while feeding.
3. If you suffer from fever, persistent cough, or difficulty breathing, you should continue good hygiene practices, avoid touching your eyes, nose and mouth, and contact a health worker.

Key Messages to be transmitted by health workers (nutrition counsellors and nutrition nurses) and CHWs/volunteers to mothers/caregivers of children 0-59 months and pregnant women who are suspected/confirmed to have COVID-19:

1. Breastfeeding is the best food for your child. Continue breastfeeding your child even if you or your child is suspected/confirmed to have COVID-19. Increase the frequency of breastfeeding during and after illness. Continue feeding your child who has reached 6 months with a diverse healthy diet in addition to breastfeeding even if your child is sick and increase frequency of feeding after sickness to regain weight.
2. Wash your hands with soap at critical times, especially before and after you touch your child. Wash surfaces in your home routinely with soap and water. Use a mask when feeding and caring for your child.
3. If you have an infant or young child become sick with COVID-19 or any other illness, the mother should continue to breastfeed the child. Breastmilk contains vital nutrients and protective fluids from the mother to help the infant fight infection and recover more quickly.
4. If you cannot breastfeed your child directly, express breastmilk to provide to your child using a clean cup and washed hands. If you have breastfeeding difficulties, seek support from a counsellor to address your problems so that you can restart breastfeeding. Another option is to explore the possibility of finding another woman who can breastfeed your baby (wet nursing).

*Messages will be revised accordingly, based on additional guidance that will be produced at a global level. The objective is to make sure that the most important messages are prioritised. There are competing priorities and a risk to lose messaging if too much is requested from service providers.*

### Recommended actions during COVID-19

#### A. Treatment of Wasting

During COVID-19 pandemic, malnutrition may increase and there could be an increase in SAM and Moderately Acute Malnutrition (MAM) cases. The following adaptations to programme delivery to minimize transmission among patients with acute malnutrition are vital.

- Adequate and timely **prepositioning of therapeutic supplies (including routine medicines)**
- **Decrease frequency of follow up visits for outpatient IMAM services** – every two weeks for SAM, monthly if needed and upon approval of PND-MoPH. In view that a specific city or province goes into partial and/or full lockdown, the cluster recommends monthly visits as per global guidance shared.

Requests to shift to a monthly follow-up visit will be reviewed on a case by case basis to assess feasibility and supply available to sustain this modality. If this may be the case for a city or province in your region, please coordinate with BPHS partner and contact ACO team in Kabul (Dr. Nawid) for support in getting validation from PND-MoPH. Regular monthly visit for MAM services is recommended.

- Consider reducing exposure by shifting to MUAC only for anthropometric measurements and checking for oedema in children. For now **the national guidelines are to be followed**.
- **Inpatient therapeutic feeding** should continue with 1.5 m separation between beds and **separate isolation areas**. Continue ad hoc treatment for patients who are diagnosed with COVID-19 in the separate treatment ward.
  - Ensure patients wait for services using social distancing of 2 meters, in an open space if possible
  - Ensure standard precautions and Infection, Prevention, and Control (IPC) measures are followed
  - Limit contact with multiple healthcare workers
  - Disinfect scales and supplies in inpatient care after each use (also in outpatient)
  - Emphasize hygiene to caregivers while promoting skin-to-skin contact and breastfeeding

SAM therapeutic supplies have been delivered to provinces and can maintain services through end of April.

#### **B. MIYCN counselling and services**

Breastfeeding is particularly effective against infectious diseases because it strengthens the immune system by directly transferring strong immunity from the mother's breastmilk.

The **key recommended action is to continue making counselling services available to mothers and caregivers** to protect, promote and support optimal breastfeeding (early and exclusive) and age appropriate and safe complementary foods and feeding practices.

- IFA supplementation during ANC and PNC
  - All mothers should receive IFA supplementation during ANC and PNC visits both at Health Facility and community level
  - Midwives are responsible for distribution of IFA pills at HF and CHWs at community level.
  - Nutrition Counsellors to coordinate with midwives and CHWs to ensure all PLWs receive the IFA pills and are properly counselled on importance of these supplementations and utilization.
  - During distribution of IFA supplementation the MoPH safety measurement for all medicine should consider to avoid tablet contamination
- Maternal Nutrition Counselling
  - Nutrition Counsellors continue their services to provide one to one nutrition counselling to all Pregnant and Lactating Mothers at health facility and coordinate with CHWs through CHS to ensure CHWs also continue providing nutrition counselling to PLWs during their home visit activities.
  - Midwives continue providing nutrition counselling to all pregnant women during ANC, and to lactating women during PNC.
- Mental health support to PLW
  - NCs and midwives coordinate with Psychosocial Counsellors (PSC) at health facilities ( MW itself in BHCs) to provide necessary mental health & PSC to PLWs. The mental health interventions are important in overcoming the stress, depression and other Psychosocial concerns of women. It is very important that health care workers are

informed on the relationship between nutrition and mental health, particularly regarding maternal and child nutrition

- Skilled advanced Psychosocial Counsellors (PSC) are available in all CHCs and at BHC level MWS are providing basic counseling
- Hence all MWS at BHC level receive training on Basic Counseling as per MoPH standards by Mental Health Directorate

The micronutrients actions will be updated once global guidance is received and assessed in terms of what is feasible to implement in Afghanistan.

### **C. Community based nutrition programme (CBNP)**

CBNP is a platform linking community members with CHWs and volunteers promoting MIYCN and screening services. In the context of COVID-19 not all activities will continue.

Key recommended actions related to CBNP:

- I. Nutrition Mobilization Team (NMT), Community Mobilization Session (CMS) and CHWs and volunteers` refresher training**
  - Participants in one session should not be more than 10 persons
  - At least 1.5 meters distance among participants in the training
  - Hand sanitizer must be available
  - Water and soap must be available (handwashing station)
  - Disinfection of training venue before and after each session
  - Disinfection of most frequently touched surfaces
  - CMS: Mothers should be encouraged to wash their hands with soap frequently before and after breastfeeding, feeding their baby, cleaning
  - CHWs & Volunteers training: It is highly recommended that training should take place in open area at the health post level
- II. Screening of children aged under-five and monthly GMP sessions for children less than two years old**
  - Screening of children aged under-five and provision of IYCF messages must be conducted house to house- avoid gathering
  - Disinfection of MUAC tape before and after each use by hand sanitizer
  - To minimize spread of virus, GMP session must be stopped in high risk areas until the situation gets back to normal
  - Since GMP session is not happening, therefore, conduction of food demonstration sessions is not recommended until the situation gets back to normal.

### **D. Nutrition Information management**

It has been agreed that information on routine services will continue to be collected through HMIS and PND database, with no parallel system to be put in place considering the priority to focus on the response. Existing, relevant nutrition information still serves as a valuable input for nutrition situation analyses and potential contributing factors/predictors in the context of COVID-19. As data collection options become limited due to physical distancing measures, historical trends and the most recent programme data can be used as proxy indicators to inform on interruption of key nutrition services.

Key recommended actions for information management:

- Provide additional support to the HMIS (and the routine nutrition information within it) to ensure the continuation of functioning of the system.

- Ensure data sharing and its utilization are done between counterparts, platforms and routine systems (Nutrition Database, HMIS, NPC). Explore the use of innovative methods for reporting and information sharing to avoid using a paper-based process.
- Share resources and guidance on secondary data analyses and its utilization.
- Suspend all household-level/population-based surveys.
- In a full population mobility situation, identify relevant indicators that have been collected systematically over time and use them as a proxy to monitor the disruption of nutrition services.
- Increase in-country capacity to analyze and utilize secondary data trend and situation analyses.