South Sudan

Nutrition Service Delivery during COVID-19

Response in refugee settings

Four-year-old Yasin was nervous, at first, when the team proposed pricking his finger and drawing a drop of blood to screen for iron-deficiency anaemia. But "he is very brave," said his mother Hayad, a 32-year-old Sudanese refugee living in Pamir Refugee

The Novel Coronavirus Disease (COVID-19) outbreak has been declared a pandemic by the World Health Organization. The disease continues to spread at an unpredictable exponential manner across the world. South Sudan is surrounded by six countries with confirmed cases. The key measures for preventing the spread of the disease is handwashing during key moments of the day and observing social distancing. As UNHCR's integrated health response, it is critical to ensure the readiness of nutrition partners to continue responding in this unprecedented situation. To ensure preventative measures are in place to allow for the continued delivery the life-saving nutrition programmes refugees need.

Malnutrition is one of the top nutrition-related causes of death in children under five worldwide. It is estimated that a child with severe acute malnutrition (SAM) or moderate acute malnutrition (MAM) is 12 or 3 times more likely to die than a well-

[1] Khara, T., & Dolan, C. (2014). Technical Briefing Paper: Associations between Wasting and Stunting, policy, programming and research implications. Emergency Nutrition Network (ENN), June 2014

nourished child, respectively.[1] In South Sudan, 11.2% of the refugee children under five are acutely malnourished.

Key considerations:

WHO recommends facilities, including nutrition centres, to apply standard precautionary measures and additional precautions when there are suspected cases. Nutrition partners should ensure risk communication measures are in place, which focuses on hand washing and social distancing. This is an essential component of the preparedness of the nutrition sites. Communicating effectively with the public, engaging with communities, local partners and other stakeholders will help prepare and protect individuals, families and the public's health. [LINK]

The below lists key considerations during each activity undertaken through nutrition centres:

- **Community mobilisation and active screening:**
  - House to house approaches should be used instead of mass gatherings.
  - Middle upper arm circumference (MUAC) tapes should be disinfected after each child measurement.
  - Mothers can be provided with MUAC tapes and taught how to take measurement to monitor their child's nutrition status.

A child is having his upper arm measured during a MUAC exercise. © UNHCR/Terry Theuri

- **Nutrition service provision user flow of activities:**
  - Upon arrival at the centre, beneficiaries should be directed to the hand washing area, then to have their temperature checked using a non-invasive thermometer. If a beneficiary is detected to have a fever, they should be directed to the dedicated area for a follow up by a health staff. Beneficiaries cleared at the temperature check area are to be directed to the verification checkpoint.
  - Triage should be integrated with the local primary health care flow. Triage should be where patients are screened for COVID-19. After screening, nutrition cases can be received at the nutrition centre.
  - Ensure hand washing stations are adequately supplied with hand washing solution (0.05% bleach solution).

- Place posters and flyers prominently in each area to remind patients and visitors to practice good respiratory and hand hygiene.
- Designate and clearly mark allocated spaces at the site: reception point, verification point, anthropometry, prescription point and exit.
- Allow for personal space of at least one meter between each beneficiary.
- Cordon off a one-meter area around the desk at each point.
- MUAC, scales and height boards should be disinfected after each use. Height should be taken only during admission and discharge.
- In the stabilization clinics ensure strict adherence to recommended hygiene and safety measures and triage procedures are followed.
    - Limit contact with multiple healthcare workers.
    - Following strict cleaning protocols. Disinfecting scales between measurements.
    - Ensure mothers follow hygiene standards when handling infants and during feeding.
    - Ensure physical space of at least two metres between beds.
    - Reduce the number of visitors to primary caregiver only.

- **Prescription of rations and follow up visits:**
    - Ensure 2-3 months of supplies are dispersed for SAM and MAM patients.
    - Increase the number of days for OTP/TSFP and adjust appointments so that beneficiaries come at different days of the week.
    - Assign each block a certain day and time for follow up. This can also include having some come in the morning and others in the afternoon
    - If UNHCR's Business Continuity Plan is triggered provide two weeks of therapeutic food for SAM patients, four weeks of therapeutic food for MAM children and two months BSFP ration for 6-23 months and PLWs.
        - Clear messaging on the utilisation, duration and the reason for the change in modality must accompany distribution.

        - Organize rations ahead of the scheduled distribution.
    - Separate storage from the collection points where possible.

- **Infant & Young Child Feeding counselling:**
    - Based on the known benefits of breastfeeding and limited evidence that the COVID-19 virus is not present in breastmilk; UNICEF, WHO and CDC all advocate continuing to breastfeed (regardless of COVID-19 status).
    - If someone who is breastfeeding becomes ill, it is important to continue breastfeeding. The main risk of transmission between a caregiver and their child is through close contact (respiratory air droplets). However, WHO further specifies that breastfeeding mothers with suspected COVID-19 infection and their infants are exceptions to preventative measures.
    - For symptomatic mothers well enough to breastfeed, wearing a mask when near a child (including during feeding), washing hands before and after contact with the child (including feeding), and cleaning/disinfecting contaminated surfaces – as should be done.
    - If a mother is too ill, she should be encouraged to express milk and give it to the child via a clean cup and/or spoon – all while following the above prevention methods.
    - Guidance from CDC, UNFPA and UNICEF notes that breastfeeding mothers with suspected or confirmed COVID-19 infection can consider asking someone who is well to feed the infant (e.g. with expressed breastmilk from a spoon/cup)
    - For caregivers with suspected or confirmed COVID-19 infection, precautions as mentioned above are recommended if feeding infants and young children.
    - For an infant who was exposed by their mother and/or family will benefit most from continued direct breast-feeding. Any interruption of breastfeeding may increase the infant's risk of becoming (severely) ill.
    - All mothers in affected and at-risk areas showing symptoms of fever, cough or difficulty breathing, should be referred to a medical centre early, and follow instructions from a health care provider.

  See additional guidance under the IYCF in the context of the COVID-19 pandemic eastern, central and southern Africa. [LINK]

- **Maternal, infant, and young child nutrition (MIYCN) counselling at the community level:**
    - Allocated areas should be spacious enough to allow beneficiaries to sit/stand at least one meter apart from each other.
    - Risk communication measures should be observed. Hand washing, distance of one metre sitting, no hand shaking, and gatherings should not be more that 10 caregivers per session.
    - Lead mothers should communicate with caregivers to identify sick persons. Anyone showing symptoms of respiratory illness such as coughing and sneezing to follow the health advisory.

- Lead mothers to be informed that breastfeeding should continue to be promoted even during COVID-19 infection. No change on MIYCN counselling; but emphasis hand washing and risk prevention as per the IYCF counselling section.

- **Food assistance:**
  - Prepositioning enough food supplies for at least 3-6 months in all locations.
  - Per location specification, modify distribution to allow for 2 months of rations and cash to be supplied.
    - There is an agreement in place for 2 months GFD (April and May 2020) to all refugee camps as part of the COVID-19 preparedness mitigation strategy.

  - This must be accompanied by clear messaging on the utilisation, duration and the reason for the change in modality.

  See addition information under Infection prevention control to follow the UNHCR COVID-19 registration and assistance recommendations

- **Blanket Supplementary Feeding Programmes (BSFP):**
  - Preposition enough food supplies for at least 2-3 months in all locations.
  - Per location specification, modify distribution to allow for 2 months of rations to be supplied.
  - This must be accompanied by clear messaging on the utilisation, duration, the reason for the change in modality and application of IPC measures.

Nutrition COVID-19 preparedness Check list
South Sudan - 02 April 2020

South Sudan	
What is the GFD arrangement / modality in place (what has been done or is planned) with WFP?	
What specific COVID-19 preventive measures taking place during GFD?	
With support from WFP, what is the status of BSFP supplies? CSB++ prepositioned for how many months? What is the planned distribution modality	
With support from WFP, what is the status of TSFP supplies? PlumpySup or CSB++ prepositioned for how many months? What is the planned distribution modality?	
What is the status of therapeutic feeding supplies? RUTF, Amoxicillin, F75, F100 etc prepositioned for how many months? What is the planned distribution modality?	
Has briefing on the provision on nutrition services in the covid-19 context briefing been carried out with nutrition staff at all the points?	
What specific COVID-19 preventive measures have been put in place at the SC, OTP/TSFP sites?	
Has briefing on IYCF in the COVID 19 briefing been done with health/nutrition staff? Community outreach workers? MSG leads at the community level. Specify the numbers and at what level	
Please specify if any support is required from Juba level. Any question?	