



GUIDANCE NOTE ON IMAM AND IYCF PROGRAMMING IN THE CONTEXT OF COVID-19 IN AFGHANISTAN

08 April 2020

The guidance note is focused on the management of both severe and moderate acute malnutrition and IYCF services in the context of COVID-19 and will be updated as new evidence emerges. This guidance note is authorized by the Ministry of Public Health (MoPH) during the current context and should not replace the national protocol or government directives in place. This guidance note would be reviewed and modified accordingly as the COVID-19 situation changes and subsequently, will seek endorsement of MoPH.

RECOMMENDED ADAPTATIONS TO IMAM PROGRAMMING IN THE CONTEXT OF COVID-19 IN AFGHANISTAN

	No Population Mobility Restriction	Partial or Full Population Mobility Restrictions*
Inpatient Services	<ul style="list-style-type: none"> <input type="checkbox"/> Existing inpatient therapeutic feeding programme should continue if possible, with separate isolation areas for patients with confirmed and suspected Covid 19. <input type="checkbox"/> Ensure strict adherence to apply standard precautions (such as respiratory and hand hygiene measures) for all patients and caregivers, as well as implementing additional precautions (including contact and droplet precautions and airborne precautions for aerosol-generating procedures) <input type="checkbox"/> Limiting contact with multiple healthcare workers, and strict cleaning protocols (e.g. disinfecting scales between measurements). <input type="checkbox"/> Adhere to strict hygiene standards of mothers/care givers, feeding equipment and all those handling children under six months, while actively supporting skin-to-skin contact and breastfeeding. <input type="checkbox"/> Increase physical space to at least 1.5 meters between beds in IPD-SAM. <input type="checkbox"/> To avoiding any gathering, reduce family member visits to primary caregiver only. <input type="checkbox"/> Minimize the risk of infection for staff working in in-patient nutrition centers as per WHO guidance. <input type="checkbox"/> Ensure availability of hand washing or hand sanitizing facilities at the inpatient wards. 	
Outpatient & Community-based Services	<ul style="list-style-type: none"> <input type="checkbox"/> Admission criteria remain the same as per Afghanistan's National IMAM Guidelines. <input type="checkbox"/> Minimize the risk of infection for staff working in Outpatient nutrition centers and CHWs as per WHO guidance. <input type="checkbox"/> Where services are available, maintain provision of OPD-SAM services applying recommended IPC measures and reducing the frequency of follow-up visits from weekly to every 15 days and increase the take home ration of RUTF. <input type="checkbox"/> Where services are available, maintain provision of OPD-MAM services applying recommended IPC measures and reducing the frequency of follow-up visits from bi-weekly to monthly and increase the take home ration of RUSF. No change will apply for PLW (PLW follow-up visits will continue regularly on a monthly basis). <input type="checkbox"/> Reduce overcrowding through provision of services 5 outpatient days per week applying recommended IPC measures. <input type="checkbox"/> Make hand washing/sanitizing facilities available at nutrition programme sites and ensure all persons coming for services utilize them prior to accessing the facility. <input type="checkbox"/> Reduce exposure by encouraging caregivers to carry out anthropometric measurements (MUAC and oedema) of their children under the supervision of a health practitioner. <input type="checkbox"/> Initiate on-the- job training for Community Health Workers (CHWs) for screening and referral and promotion of appropriate breastfeeding practice at community level <input type="checkbox"/> Strengthen the existing mother MUAC activity to further improve the quality of the screening and early diagnosis. Ensure provision of MUAC tapes to caretakers. <input type="checkbox"/> Continue provision of preventive food supplementation and hygiene kits to children and pregnant and lactating women (PLW) applying recommended IPC measures, avoiding any mass gatherings. <input type="checkbox"/> Continue provision of breastfeeding counseling services for caretakers of children under two years. 	<ul style="list-style-type: none"> <input type="checkbox"/> Admission criteria remain the same as per Afghanistan's National IMAM Guidelines. <input type="checkbox"/> Remuneration of CHWs as per MoPH policies and standard package. <input type="checkbox"/> Reduce the frequency of follow-up visits from every two weeks basis to once per month for children with uncomplicated severe wasting and increase the take home ration of RUTF subject to approval by PND to allow for pre-positioning of supplies. Approval and communication can be done within 24 hours. <input type="checkbox"/> Reduce the frequency of follow-up visits from every two weeks to once per month for children with moderate wasting and increase the take-home ration of RUSF subject to approval by PND to allow for pre-positioning of supplies. Approval and communication can be done within 24 hours. <input type="checkbox"/> Make hand washing/sanitizing facilities available at nutrition programme sites and ensure all persons coming for services utilize them prior to accessing the facility. <input type="checkbox"/> Whenever possible, establish links between these households and existing social protection systems. <input type="checkbox"/> Maintain frequency of provision of other preventative supplementation to children and PLW to 1 per month adhering to recommended hygiene and safety measures, avoiding any mass groupings of people. <input type="checkbox"/> Continue provision of breastfeeding counseling services for caretakers of children under two years.

* Population movement and mobility restriction update provided by government and DTM Afghanistan will inform action.

RECOMMENDED ADAPTATIONS TO IYCF PROGRAMMING IN THE CONTEXT OF COVID-19 IN AFGHANISTAN

☐ PROTECTION, PROMOTION AND SUPPORT TO INFANT AND YOUNG CHILD FEEDING AT HOME

Recommendation	Key considerations
<p>Mothers with suspected or confirmed COVID-19 and isolated at home should be advised to follow necessary respiratory hygiene during feeding</p>	<p>Regardless of the feeding mode:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mothers should always wash hands with soap and water at critical times, including before and after contact with the infant. <input type="checkbox"/> Routinely clean the surfaces around the home that the mother has been in contact with, using soap and water. <input type="checkbox"/> If the mother has respiratory symptoms, use of a face mask when feeding or caring for the infant is recommended, if available. Locally available / adaptive face mask can be used as an alternative. <input type="checkbox"/> Mother with her infant should maintain physical distancing from other people (at least 1 m) and avoid touching eyes, nose and mouth. <p>Breastfeeding mothers</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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. Continue feeding your child who has reached 6 months with a diverse healthy diet in addition to breastfeeding even if your child is sick. <input type="checkbox"/> Mothers should be counselled/advised to continue breastfeeding (safely with good respiratory hygiene) should the infant or young child become sick with suspected, or confirmed COVID-19 or any other illness. <input type="checkbox"/> If the mother is expressing breast milk with a hand, she should wash her hands before expressing breastmilk. <p>Artificial feeding</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mothers should be counselled/advised to feed the infant or young child with a cup and wash hands with soap and water before handling cups and limit the number of caregivers feeding the infant.
<p>Intensify support to families on what, when and how to feed young children at home during the complementary feeding period using practical communication platforms to reach families in the context of COVID-19</p>	<ul style="list-style-type: none"> <input type="checkbox"/> With the potential for limited availability of and access to nutritious food choices at household level, coupled with increased demands on parents due to lockdowns, caregivers could feel overwhelmed with childcare and feeding responsibilities. Provision of specific guidance on age appropriate and safe complementary foods and feeding practices, using digital, broadcast and social media platforms, will support parental decision making. <input type="checkbox"/> Caregivers should be counselled/advised/receive practical, feasible and context specific information on the importance of healthy diets and solutions to enable families in maintaining a healthy diet together with intake of safe and palatable drinking water for their young children. <input type="checkbox"/> If access to fresh produce is difficult, identify healthy food options to replace fresh produce. <input type="checkbox"/> A diverse diet with a colorful 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 colored fruits and vegetables are especially good for immunity. <input type="checkbox"/> Such information will need to be adapted to address specific barriers as per the prevailing COVID-19 response within a province.
<p>Intensify promotion of safe hygiene behaviours especially hand washing with soap at all critical times and practicing safe food preparation/ handling to reduce risk of transmission of COVID-19.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Before preparing or eating food, caregivers should ensure they practice the recommended hygiene behaviours such as handwashing with soap and regular cleaning and disinfecting of food preparation areas. <input type="checkbox"/> Ensure integration of targeted context-specific feasible/doable messages on safe hygiene into all relevant opportunities and harmonized across multiple communication channels to ensure its reach and application. <input type="checkbox"/> In communities where eating at a common bowl or feeding children by hand is common, it is preferable to use the child’s own plate and spoon to avoid transmission.
<p>Make simple, practical and context-specific information available using all available communication channels (IEC, pictographs, digital, broadcast and social media) to the families on healthy feeding options for young children in the context of lockdowns and financial barriers.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Explore innovative ways to deliver services to support the communities and families such as mobile technology, social media, radios, cellphones messages, community announcements, TV etc. <input type="checkbox"/> Appropriate IEC materials on appropriate practices should also be displayed at nutrition programme sites <input type="checkbox"/> Existing resources like radio memes, animations and videos, such as UNICEF’s first foods video series can be downloaded at https://www.unicef.org/nutrition/102823 The%20video%20series.html on mobile phones to counsel caregivers on what, when and how to feed their child. Videos to support breastfeeding (including hand expression of milk) have also been developed by Global Health Media and are available at https://globalhealthmedia.org/videos/.

❑ DELIVERING IYCF SERVICES THROUGH THE BPHS & EPHS HEALTH FACILITIES IN THE CONTEXT OF COVID-19	
In health facilities, infants born to mothers with suspected, probable, or confirmed COVID-19 should be fed according to recommended infant feeding guidelines, while following necessary respiratory hygiene during feeding.	<ul style="list-style-type: none"> ❑ Establish safe breastfeeding protocols for infected mothers and policies to avoid widespread distribution and donations of breast- milk substitutes (BMS) while ensuring that infants under 6 months with no possibility to be breastfed are adequately supported with infant formula. ❑ Breastfeeding should be initiated within 1 hour of birth. Exclusive breastfeeding should continue for 6 months with timely introduction of adequate, safe and properly fed complementary foods at age 6 months, while continuing breastfeeding up to 2 years of age or beyond. ❑ Mothers should be counselled/ advised to continue breastfeeding should the infant or young child become sick with suspected, probable, or confirmed COVID-19 or any other illness.
Mothers and infants should be provided with skilled breastfeeding support if needed and enabled to practice skin-to-skin contact, kangaroo mother care and to remain together and to practice rooming-in throughout the day and night, especially immediately after birth during establishment of breastfeeding, whether they or their infants have suspected, probable, or confirmed COVID-19.	<ul style="list-style-type: none"> ❑ As with all probable, confirmed or suspected COVID-19 cases, symptomatic mothers who are breastfeeding or practicing skin-to-skin contact or Kangaroo Mother Care (KMC) should practice necessary respiratory hygiene (such as, wear a face mask), including during feeding. ❑ If the mother has respiratory symptoms, it is recommended to use of a face mask when near a child, if possible), perform hand hygiene before and after contact with the child, and routinely clean and disinfect surfaces with which the symptomatic mother has been in contact.
In situations when severe illness in a mother with COVID-19 or other health complications, prevents her from caring for her infant or prevents her from continuing direct breastfeeding, mothers should be encouraged and supported to express milk, and safely provide breastmilk to the infant, while applying appropriate hygiene measures.	<ul style="list-style-type: none"> ❑ If the mother is expressing breast milk with a hand or manual breast pump, she should wash her hands before expressing breastmilk or touching any pump or bottle parts and ensure proper pump cleaning after each use. ❑ The expressed breastmilk should be fed to the child using a clean cup and/or spoon, preferably by a person who has no signs or symptoms of illness. ❑ If the mother is too unwell to breastfeed or express breastmilk or donor milk is unavailable, an appropriate breastmilk substitute, informed by local context, acceptability to the mother, and service availability should be provided.
Infant and young child feeding counselling, basic psychosocial support, and practical feeding support should be provided to all pregnant women and mothers with infants and young children, whether they or their infants and young children have suspected, probable or confirmed COVID-19.	<ul style="list-style-type: none"> ❑ Use of virtual channels should be encouraged (such as phones, social media and others) to provide information to families on breastfeeding and complementary feeding behaviours at critical times, for example, when the mother and infant are discharged from the health facility, during the transitional phase from exclusive BF to initiate timely complementary feeding. ❑ In the context of panic, lockdown and concern for family members, this could be a highly stressful time for pregnant and lactating mothers. Basic psychosocial support should be a key component of counselling.