



MINISTRY OF HEALTH

**Interim Guidance on Continuity of
Nutrition Services Delivery in the
Context of COVID-19 Pandemic**

April 2020

Foreword

The Ministry of Health through the Division of Nutrition and Dietetics jointly with partners has developed the Interim Guidance on Continuity of Nutrition Services Delivery in the Context of COVID-19 Pandemic. The guidance offers practical and simplified protocols to support health workers as they continue offering services albeit in a very challenging and complex environment.

Globally, health systems are grappling with an increased demand for services occasioned by the COVID 19 Outbreak. Evidence and learning from previous outbreaks like Ebola point to collateral impacts on the health system where increased mortality is observed both as a result of the outbreak but also from other preventable diseases as a result of collapse of health systems. Analyses from the 2014-2015 Ebola outbreak suggest that the increased number of deaths caused by measles, malaria, HIV/AIDS, and tuberculosis attributable to health system failures exceeded deaths from Ebola (WHO 2020).

In Kenya, nutrition services offered through health systems have seen tremendous pressure during periods of emergencies such as droughts, floods and electoral violence as seen in 2006/2007. Measures have in the past been put in place to ensure that there is capacity to prepare for and respond to emergencies and this is well articulated in the Kenya Nutrition Action Plan 2018-2022. The Nutrition sector recognizes that the COVID-19 pandemic is an unprecedented emergency with minimal local knowledge of the extent of the effects the pandemic may occasion to the programme. Nonetheless, the need to anticipate and advance strategic shifts to the programmes is key in ensuring that the most affected populations have access to essential and lifesaving integrated nutrition services.

The Ministry further anticipates impacts on health that may arise from adverse socio economic outcomes resulting from measures put in place by Government to limit the spread of the virus such as movement restrictions. Households who rely on daily wage are likely to experience household food insecurity which will subsequently increase susceptibility of children, women and older persons to poor nutritional outcomes. The guidance provides measures that will guide the sector on how to anticipate and prepare for such impacts by amongst other interventions advising key line ministries on nutrition considerations when planning for relief assistance.

It is my sincere hope that this interim guidance will be utilized by all key stakeholders including the Counties to ensure minimal disruption to delivery of nutrition services thus protecting the lives of those most at risk of severe impacts of acute malnutrition. As experience and knowledge on the pandemic is evolving, this guidance will be subjected to periodic review.



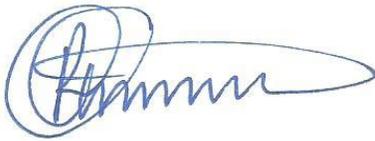
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Acknowledgement

The Interim Guidance on Continuity of Nutrition Services Delivery in the Context of COVID-19 Pandemic has been developed through a collaborative process led by a group of nutrition experts drawn from the Ministry of Health, United Nations Children's Fund (UNICEF), World Food Programme (WFP) and Civil society organizations. Stakeholders in the nutrition sector are committed to the continuation of provision of quality essential and lifesaving nutrition services to Kenyans across the countries, most notably infants, young children, pregnant and lactating women as well as older persons and people with chronic ailments during the COVID-19 pandemic.

The Ministry of Health through the Division of Nutrition and Dietetics wishes to thank the experts and agencies for providing the technical expertise, their dedication and commitment in development of this guidance.



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1.0 Nutrition Business Continuity Plan: Maintaining Essential Services

1.1 Introduction

The Novel Corona Virus Disease (COVID-19) has been declared as global health pandemic by the World Health Organization (WHO) with many countries including Kenya having confirmed cases of the disease. With impact of COVID-19 on the health and nutrition service delivery systems, it is critical to continue health and nutrition service delivery while maintaining Infection Prevention Control measures for a safe environment for clients and service providers. Malnutrition remains a major contributor to infections especially in vulnerable groups (children and women). COVID-19 could result in more severe disease because malnutrition contributes to lowered immunity and it is therefore critical to ensure uninterrupted delivery of preventive and life-saving nutrition services while ensuring protection from infection. This requires adherence to standard precautions as per WHO recommendations.

This operational guide provides key recommendations to service providers in the health facilities, county government and key stakeholders on continuity of nutrition services in the context of COVID-19. The guideline should be read in conjunction with following materials included in the references section of this guidance¹. Particular attention should be given to the MOH Guidelines on the Management of Pediatric Patients During COVID-19 Pandemic.

General guidance applicable to all points of service delivery

- Handwashing with soap
- Social distancing
- Wearing of face mask
- Use of sanitizers
- Be aware of risk signs and take appropriate action

¹ Note that this is non-exhaustive list. New documents could be released, and the existing ones could be revised. Therefore, users of this guidance note should ensure most updated version of the reference documents are used as the understanding and experience on COVID keeps on evolving.

1.2 Health Centre's/ Dispensaries offering Nutrition Services

a) Triage

- Engage Community Health Volunteers (CHVs) for crowd control and queue management at entry point and waiting area to maintain the minimum acceptable distance between beneficiaries and between beneficiaries and nutrition service providers as well as ensure hand washing and social distancing at service delivery points
- As is feasible, ensure CHVs have basic personal protective equipment (PPEs) at the programme sites (masks and gloves at the minimum)
- All children with respiratory symptoms should be triaged as they come to the health facility (throughout the day) in line with Ministry of Health (MOH) Guidelines on the Management of Pediatric Patients During COVID-19 Pandemic (**the triage should be done in a humane and considerate way that does not create fear or stigma. This should be part of the orientation done for Health workers and community health workers**)
- Routine screening for malnutrition should continue at the Out Patient Department (OPD) with strict adherence to Infection Prevention and Control (IPC) procedures and protocols
- Group all children identified at the point of triage to have respiratory symptoms to one area, at least six feet away from the other children in the waiting area and process them rapidly ensuring social distancing.
- Screen and isolate all children with suspected COVID-19 as per the case definition.
- For infants and young children, encourage continued breastfeeding with adherence to appropriate IPC measures, if the caretaker is a suspected COVID positive.
- Undertake temperature screening using gun thermometer for all clients seeking nutrition services within the health facility (including the caregivers who bring children where available or sanitize the thermometer after every single use).
- Ensure health and nutrition education sessions focusing on key messages on IPC of COVID-19 in the waiting area within the facility.
- Ensure clean and safe drinking water is available – bucket with a tap; All clients should wash hands before touching the tap.

b) Infection Prevention and Control

Health Facility

- All facilities should ensure that IPC protocols and considerations are put in place according to the MOH IPC Protocol issued in March 2020.
- Health workers in charge of facilities should ensure that IPC provisions are estimated and costed and communicated to the Health management teams and that provisions are made as is feasible to support the facility provide services in a safe environment that protects the health workers and clients.

Clients

- Ensure all clients adhere to social distancing (at least one meter apart) while waiting to receive nutrition services
- Waiting areas and all nutrition service delivery points should have hand washing areas in strategic points. Clean water and soap or sanitizer should be available and used for hand washing by each patient.
- Health workers should ensure that all clients wear Masks based on current MOH guidance.

Health workers and CHVs

- Health workers should have appropriate PPE and disinfect hands thoroughly before and after meeting each patient in line with COVID IPC guidelines.
- CHVs should have basic PPE that allows them to perform their duties including those assigned by health workers
- The health worker/CHV should ensure handwashing at strategic times, including:
 - Before touching a patient
 - Before engaging in clean/aseptic procedures
 - After body fluid exposure risk
 - After touching a patient
 - After touching patient's surroundings (*as a rejoinder, health workers should minimize contact with clients and where possible, explore less/no touch approaches. Mothers can for instance take Mid upper arm circumference (MUAC) measurement of their children under observation of health workers to minimize contact*)
- Health workers should not shake hands with clients and with each other. They should also avoid touching their faces as much as possible
- Sanitize all anthropometric equipment after every single use.

c) Inpatient Care For Severe Malnutrition

- In case you identify anyone with high temperature and/or cough that were missed at triage point, immediately isolate and observe IPC measures in line with Pediatric COVID guidelines and refer immediately.
- Clean water and soap or sanitizer with a minimum of 60% alcohol should be available and used for hand washing by each patient.
- Health workers should not shake hands with clients and with each other.
- Screen all children admitted at the Stabilization Centre (SC) for COVID and any other underlying medical conditions as per National Protocols.
- ***In case a severely malnourished child tests positive for COVID, immediately refer to isolation area designated for COVID and provide the nutritional care as needed. Ensure appropriate infection prevention measures are taken during the referral process.***
- For infants and young children, encourage continued breastfeeding with appropriate precaution and observing respiratory hygiene.
- Ensure clean and safe drinking water is available – bucket with a tap.
- Ensure mothers/caregivers do not share cups for feeding or drinking water within the SC ward; and ensure cleanliness before use. Ensure that surfaces in the SC are continuously and consistently cleaned.
- Sanitize all anthropometric equipment after every single use.
- Clients admitted at the SC who are identified as being at risk of COVID should be tested and if negative and recovered, discharged with adequate supplies for a minimum of 14 days (depending on the situation, a ration for a longer period should be considered).
- Preferably, measure weight using standing weighing scales (electronic mother/child scale) where salter scales are used, ensure disinfection after each use.
- Increase physical space to at least 2 metres between beds in SCs. Where SCs are located in Pediatric wards, follow up to ensure the spacing between beds is applied as necessary.

- Reduce family member visits to primary caregivers only.

d) Hospital Inpatient Services

- Ensure nutrition management as required for the various diseases is planned for and required commodities such as enteral and parental feeds are available as needed.
- Ensure health workers assigned to critical care services are well versed with administration of in-patient feeds including utility of associated equipment.
- Establish nutrition baselines where feasible and follow up mechanisms for patients (after discharge) who are identified to have poor nutritional situation and ensure that the patients have a nutrition support plan that they can follow through at home.

e) Outpatient Therapeutic Care (OTP) Services

- Ask mothers/caregivers to bring their own cups for drinking water and for appetite tests (no sharing); and ensure cleanliness before use.
 - Preferably, measure weight using standing weighing scales (electronic mother/child scale). Ensure disinfection of the scale with each single use where anthropometric equipment like salter scales, MUAC tapes are used (*MOH IPC protocols on disinfection should apply*).
- Health workers should minimize contact with clients and where possible, explore less/no touch approaches. Mothers can for instance take MUAC of their children under observation of health workers to minimize contact).

When planning for OTP visits:

- Organize rations (per beneficiary) ahead of the scheduled distribution.
- Avoid mass gathering at any time.
- Extend the number of days for OTP depending on the usual number of clients and capacity of the health facility (space, available Human resource etc.), with an objective of ensuring no contact between clients and crowding at OTP sites.
- Adjust appointments for clients to come at different days of the week and inform them well in advance through the CHVs.
- Assign each village within health facility catchment area when to visit and inform them in advance to avoid crowding.
- Provide 4 weeks OTP ration for children with Severe Acute Malnutrition (SAM). **IN THE EVENT OF A LOCKDOWN, give enough supplies for an additional 4 weeks; depending on the treatment course of the child. A child who is on week 1 of treatment will receive additional supplies for 3 week).**
- Assign each village a CHV or Kenya Red Cross Society (KRCS) Volunteer to support with follow up and monitoring of the utilization of supplies and situation of children. Any child who is not responding well to treatment should be referred appropriately and the health centre informed accordingly.
- Ensure safe disposal of wastes at the health facilities.

At the end of the distribution process:

- Ensure that the Integrated Management of Acute Malnutrition (IMAM) treatment site (room/ area/tarpaulin) is swept clean and sprayed with disinfectant (0.5% chlorine solution).

- Once dry, the tarpaulin should be folded away for storage/transportation. The broom may be used again after bleach.
- Remove all tapes, ropes and signage.
- Clear hand wash station and remove/store hand washing solution.
- It is mandatory that all staff at the facility perform hand sanitation and follow general hygiene practices.

f) Targeted Supplementary Feeding Programme (SFP) Services

- Encourage clients to avoid any form of physical contact with each other or with health workers
- Sanitize all anthropometric equipment after every single use.
- Preferably, measure weight using standing weighing scales (electronic mother/child scale). However, it is also encouraged that mothers or care givers use MUAC tapes under observation of the Health worker to minimize contact

When planning for SFP visits:

- Organize rations (per beneficiary) ahead of the scheduled distribution
- Avoid mass gathering at any time
- Extend the number of days for SFP depending on the usual number of clients and capacity of the health facility (space, available human resource etc) with an objective of ensuring no contact between clients and crowding at OTP sites.
- Adjust appointments for clients to come at different days of the week and inform them well in advance through the CHVs.
- Assign each village within health facility catchment area when to visit and inform them in advance to avoid crowding
- Provide four weeks SFP ration for children, Pregnant and lactating women with Moderate Acute Malnutrition (MAM).

At the end of the distribution process:

- Ensure that the IMAM treatment site (room/ area/tarpaulin) is swept clean and sprayed with disinfectant (0.5% chlorine solution).
- Once dry, the tarpaulin should be folded away for storage/transportation. The broom may be used again after bleach spraying.
- Remove all tapes, ropes and signage.
- Clear hand wash station and remove/store hand washing solution.
- It is mandatory that all staff at the facility perform hand sanitation and follow general hygiene practices.

g) Other Essential Nutrition Services

Micronutrient Supplementation (Vitamin A, Iron and Folic Acid supplementation - IFAS), Deworming

- The health worker should wash hands with soap and water or use hand sanitizer after getting into contact with every child.
- Where possible, encourage the child to chew deworming tablet to minimize the contact
- Use a spoon when dispensing the Vitamin A capsule, IFAS and deworming tablets particularly if hand sanitizer is unavailable. Alternatively explore giving mothers the

Vitamin A capsule for self-administration but only after ensuring proper hand washing is done as per protocol

- Collect all the used vitamin A capsules and dispose/ destroy by burning.

Growth Monitoring and Promotion (GMP)

- The risk of COVID-19 transmission outweighs the benefit of GMP and therefore the recommendation is to suspend GMP activities at the health facilities **unless using opportunities when infants (0-12 months) visit the health facility for immunization services.**
- Caregivers of children who are above one (1) year should continue monitoring their children weight and should they notice that their children are losing weight or adding no weight at all, they should visit the nearest health facility for checkup.

Maternal and Young Child Nutrition (MIYCN) Activities

- Recommendation is to suspend routine MIYCN activities (such as interpersonal counseling that requires close contact) and explore other alternatives like using telephones for identified cases with challenges. CHVs with basic PPE may visit these cases at a minimum once a month and observe physical distancing and update health workers on the progress
- Health workers should support mothers initiate breastfeeding while enforcing IPC measures.
- Intensify the promotion and community awareness of infant and young child feeding practices (including breastfeeding and complementary feeding), and use all opportunities to include hygiene messages, key messages on COVID-19 symptoms and IPC measures. Explore service delivery methods that do not gather people together. Use of radios, public address systems may be considered
- Sensitize health workers and CHVs on the MIYCN guidance in the context of COVID 19 to ensure they are providing accurate information and support to mothers and children.

Healthy diets Promotion

- Ensure messages developed are regularly passed to the population on healthy diets and practices including food purchasing, safety, preparation and storage and consumption
- Messages on physical activity in relation to promotion of general wellness should also be shared regularly.

IEC and communication

- Place IEC materials at strategic places in all nutrition service provision sites to remind the clients to practice good respiratory and hand hygiene and the benefits of good nutrition.
- Ensure health and nutrition education sessions focusing on key messages on the Infection prevention and control of COVID-19 in the waiting area within the facility.
- Explore use of local radio and other media channels to pass key messages to the population including videos and other informatics at waiting areas in facilities

1.3 Community Level Blanket Feeding Program and Surveillance

a) Blanket Supplementary Feeding Programme (BSFP)

- Ensure targeting criteria is well understood and communicated using methods that do not require social gatherings
- Mainstream COVID screening within the programme and ensure protocols are taken into consideration
- Health workers should have appropriate PPE and disinfect hands thoroughly before and after encountering each client
- Ensure health and nutrition education sessions focusing on key messages on the infection prevention and control of COVID-19 are offered in the waiting area within the facility. Maintain distance of 1m between clients
- Sensitize caregivers and community members on proper handwashing including demonstration sessions
- For elderly persons, ensure a mechanism is in place to identify a suitable and responsible care giver who will collect and also ensure preparation of food rations for the persons

When planning for BSFP visits

- Organize rations (per beneficiary) ahead of the scheduled distribution
- Avoid mass gathering at any time
- Extend the number of days for BSFP depending on the usual number of clients and capacity of the health facility (space, available human resource etc.) with an objective of ensuring no contact between clients and crowding at the OTP/TSFP sites
- Adjust appointments for clients to come at different days of the week and inform them well in advance through the CHVs
- Assign each village within the health facility catchment area when to visit and inform them in advance to avoid overcrowding.
- Provide two-month ration for the clients

b) Site Planning

- Frequently decontaminate all surfaces and equipment (**as per MOH IPC Guidelines**)
- Recommended programme adjustments include increasing the number of sites to avoid large gatherings, and staggering distribution cycles to reduce frequency of gatherings.
- Reduce beneficiary time spent on site.
- Health facilities should plan to pre-position stocks that can be adequate for a minimum of two- three months, more stocks may be prepositioned in consideration of the prevailing security situation and the stores capacity.
- **Take note; elderly caregivers may have co-morbidities, therefore increased vulnerability; prioritize their service to limit their stay in the facility (this is in the event that they are able to come in person)**
- Advise communities in advance that caregivers who feel unwell should stay at home and avoid crowds until their symptoms resolve. This applies to staff as well.

At the end of the distribution process:

- Ensure that the IMAM treatment site (room/ area/tarpaulin) is swept clean and sprayed with disinfectant (0.5% chlorine solution).

- Once dry, the tarpaulin should be folded away for storage/transportation. The broom may be used again after bleach spraying.
- Remove all tapes, ropes and signage.
- Clear hand wash station and remove/store hand washing solution.
- It is mandatory that all staff at the facility perform hand sanitation and follow general hygiene practices.

c) Screening

- Screening and referral by CHVs by MUAC only.
- Health workers/CHVs who are handling children/pregnant and lactating women (PLW) during screening should wash hands with soap and water or sanitize hands after taking every single child's/PLW's measurement. Basic PPE should be provided to the CHVs undertaking this work
- Maintain a minimum distance of 1m between clients.
- Wash hands and the MUAC with soap and water or sanitize after taking every single child's/PLW's measurement. Where possible, encourage the use of family MUAC. In liaison with the community health volunteers (CHVs), provide each caregiver with a MUAC tape to measure their own children at home and advise them to take the child back to the facility if they appear acutely malnourished and or have other medical complications. The health worker can use the same MUAC tape to measure the child.
- Where practical, post IEC materials like posters and flyers, that remind community members to practice good respiratory and hand hygiene.
- Use other appropriate and safe channels to remind community members to practice good respiratory and hand hygiene.

d) Surveillance

- As appropriate, use IMAM Surge Approach to analyze changes within the catchment area of the facility and make interpretation and appropriate action.
- Ensure regular information exchange between facility and sub-county.
- Ensure regular reporting through Kenya Health Information System (DHIS) and Logistics Management Information System (LMIS).
- Ensure regular collection and utilization of early warning information from the National Drought Management Authority (NDMA) field collectors (for the ASAL counties).
- Explore ways through which CHVs will monitor and report on households with special interest groups (children under-five years, pregnant, lactating women, persons with chronic ailments, persons with disability).
- Ensure regular consultation with CHVs and other local actors including local administration to understand any changes happening especially around availability and access to food, and impacts on livelihood to further anticipate changes in the nutrition situation.

e) Community engagement

- Community engagement will be crucial to contain the spread of the disease and reduce fear, misinformation, confusion and tension.
- Make arrangements to provide communities with regular information about how to access health and nutrition advice and services
- Messages should be disseminated in simple local language, taking into consideration local cultural, as well as special needs of marginalized communities.

- All messages should be guided by MOH communication unit guidance.
- Use innovative methods to pass messages especially in areas where there is high population density such urban informal settlements and refugee camps. explore mobile messaging and other ICT solutions where feasible.

f) Outreach Services

- Hard to reach areas need to be targeted especially where populations rely almost exclusively on outreaches
- Teams supporting outreaches should ensure IPC considerations are in place
- Systems for monitoring/ surveillance should expand to ensure active monitoring is done in these areas to avoid any adverse outcomes that may arise due to further reduction in access
- Teams supporting outreaches should ensure routine reporting is supported to the extent possible including exploring virtual means in consultation with the county health information records teams
- Ensure that outreaches are providing integrated services (health and nutrition; preventive and curative)

1.4 Program Management

a) Programme Management / Coordination/ Information Management and Advocacy

- Where possible, the IMAM Surge Approach should be used to analyze changes within the catchment area of the facility and make interpretation and appropriate action.
- Ensure clear arrangements are in place for referral of clients who may need in patient services for treatment of complicated malnutrition.
- Ensure routine information exchange between facility and sub-county is maintained.
- Ensure that facilities have minimum stock levels with stock outs being avoided to the extent possible.
- Ensure routine reporting through KHIS and LMIS is maintained.
- To the extent possible avoid any trainings, meetings, workshop that will gather people together in one location.
- Where possible, use WhatsApp and other remote telecommunication platforms to facilitate online meetings
- Where possible and feasible, plan for online forums to sensitize health workers on protocols and other key updates that will support nutrition management during COVID pandemic
- Maintain regular nutrition coordination at national and subnational level by maximizing the use of remote telecommunication platforms and remote data surveillance mechanisms.
- Identify key issues that need advocacy and develop a plan for communicating the same at County and National level
- Maintain regular cross sectoral coordination, ensuring advocacy for complementary actions across sectors to enhance nutrition outcomes of the most affected populations

1.5 References

1. Government of Kenya (2020) Interim guidance on management of COVID-19 in Kenya
2. MOH Guidelines on the Management of Pediatric Patients During COVID-19 Pandemic, March 2020.
3. NASCOP (2020) Circular on COVID-19 guidance on comprehensive HIV service delivery
4. UNHCR, UNICEF, WFP & WHO (2020) Infant and Young child feeding in the context of the COVID-19 pandemic Eastern, Central and Southern Africa
5. WFP (2020) General guidelines for food and nutrition assistance in the context of the COVID-19 outbreak version 1
6. WFP (2020) Recommendations for adjusting food distribution Standard Operating Procedures in the context of COVID-9 outbreak version 2
7. WHO (2020) Key Planning Recommendation for Mass Gatherings in the Context of the Current COVID-19 Outbreak: Interim Guidance

2.0 Appendix 1: Implementation Framework

COORDINATION AND LEADERSHIP						
	Strategic Actions	Preparedness and Response Actions	By whom	When	Indicator	Means of Verification
	Leadership and management of coordination mechanisms	<ul style="list-style-type: none"> • Activate emergency nutrition focal points core group • Initiate response plan updating process • Participate in relevant coordination forums for COVID preparedness • Activate emergency coordination • Weekly Emergency Nutrition Focal points core group meeting • Map out and attend other response coordination meetings for synergy and joint action • Coordination and communication with refugee camp operations 	ENAC County Nutrition Technical Forum	March – June 2020	# of preparedness and response coordination meetings held at National and County level with Nutrition representation # of sensitization undertaken for partners and counties prior to and during response, ensuring application of common standards, accountability and reporting responsibilities Proportion of resources raised for response at National and County level	Minutes of various forums including ENAC, EFP, CNTFs and CSG Sector preparedness plan – National
NUTRITION MANAGEMENT FOR COVID-19						
	Strategic Actions	Preparedness and Response Actions	By whom	When	Indicator	Means of Verification
	Nutrition management for	<ul style="list-style-type: none"> • Review the package for essential services in Case management to ensure nutrition is included 	ENAC/MIYCN	March – June2020	#of Health workers sensitized on COVID MIYCN -E Guidelines	KHIS monthly reports, Supply chain report – including prepositioning lists

	<p>COVID 19 positive patients</p>	<ul style="list-style-type: none"> • Develop nutrition guidance for health workers for case management of COVID 19 • Sensitization of Health workers on nutrition guidance • Forecast and quantify nutrition requirements for case management • Procuring and Prepositioning of essential clinical supplies and anthropometric equipment in service delivery hubs including isolation units • Ensure efficient nutrition supplies chain management up to user point • Develop and disseminate summary guidance for MIYCN in the context of COVID • Extensive dissemination of MIYCN – E COVID guidance targeting health workers, KRCS response teams and community members • Monitoring and reporting of any BMS violations • Continuously review and assess IPC protocols to ensure breastfeeding is supported, promoted and protected in health facilities and at household level • Community level monitoring of pregnant and lactating women with IPC consideration for home level follow of pregnant and or lactating mothers • Explore localized support to community health volunteers and health workers for phone messaging and other e communication options • Review and adjust programmes for provision of nutrition supplies for pregnant and lactating women to comply with IPC guidelines • Keep patients record, regular reporting and use of data at local level to inform needs and actions 			<p># of facilities that are implementing nutrition commodity plan</p> <p># of critical facilities reporting stock outs in essential supplies</p> <p>#of infants on BMS</p>	<p>Sensitization report</p>
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CONTINUITY OF ESSENTIAL HEALTH SERVICES

	Strategic Action	Preparedness and Response Actions	By Whom	When	Indicators	Means of Verification
	Programme Inputs (HR, Supplies, Logistics)	<ul style="list-style-type: none"> Assessment, quantification and communication of entire programme needs -all 47 Counties Consolidate requirements for priority or hot spot counties to understand existing programme capacities and gaps Carry out operational reviews and necessary adjustments Review service organization and identify areas for modification to comply with IPC guidelines Consolidate and share routine pipeline and program reports among partners and determine actions needed to address potential gaps 	ENAC/ NIWG County nutrition technical forums	March – April 2020	#of assessments/ reviews done in a timely manner and providing information for decision making	Assessment Reports
	Health facility services: supplementation; counselling and other consultations	<ul style="list-style-type: none"> Ensure minimum requirements for IPC at all contact points Ensure standard precautions for patients and health workers are properly displayed in the health facilities Support community level sensitization for communities to observe social distancing and practice IPC measures Support community level sensitization for transport service providers – boda boda riders, tuk tuk operators to ensure IPC measures in place as they provide transport services Collate and use data at the health facility level to assess the effect of the outbreak on regular programs for timely action to mitigate/ minimize interruption of the services 	National and County MOH	March – April 2020	# of community sensitizations done	Activity reports
	In Patient services	<ul style="list-style-type: none"> Ensure minimum requirements for IPC are in place in stabilization centers in health facilities (review cleaning procedures, ventilation, bed organization, water supply and storage, sanitation, hand hygiene facilities and waste management health facilities) 	National and County MOH; Clinical Nutrition TWG ENAC	March – April 2020	Case management protocols	Presence and dissemination of relevant protocols

		<ul style="list-style-type: none"> • Encourage screening of all in patients for COVID ensuring IPC protocols are observed • Develop business continuity guidance for SC • Develop Nutrition guidelines for management of Positive COVID 19 cases admitted in hospitals 				
	Outpatient services	<ul style="list-style-type: none"> • Ensure community level IPC measures including WASH standards, crowd management/reduction at distribution sites for nutrition programmes • Develop business continuity guidance for Outpatient services 	National and County MOH ; ENAC	March – June 2020	Outpatient module developed and included in BCP Plan	Presence and dissemination of BCP plan
	Hospital Kitchens	<ul style="list-style-type: none"> • Ration planning to cater for persons in quarantine, treatment and for health workers • Ensure requirements for IPC are in place as well as measures being in place to ensure food safety • Ensure adherence to IPC considerations in preparation and serving of meals • Sensitize kitchen and food store staffs on COVID-19 IPC • Provide all staffs with PPE/IPC materials required • Uphold IPC in the food stores, cooking and food service areas at all times as well as measures being in place to ensure food safety 	National and County MOH; ENAC	March – June 2020	Module on In patient feeding included in BCP plan	Presence and dissemination of BCP plan
FOOD SYSTEMS						
	Strategic Action	Preparedness and Response Actions	By Whom	When	Indicators	Means of Verification
	Food systems monitored to mitigate impact on nutrition situation of	<ul style="list-style-type: none"> • Develop population level messages to guide on procurement choices and methods, food consumption recommendations and food safety • Develop food ration planning guidance to guide efforts of other sectors like Agriculture, special programmes who 	Healthy Diets ENAC Nutrition Information Working Group	April -June 2020	# of messages developed and disseminated to the population on healthy eating Ration planning and procurement guidance developed	Presence of messages across various media channels Presence of ration planning guide Food systems monitoring report

	vulnerable populations	<p>may plan to provide food assistance through cash, vouchers or in kind</p> <ul style="list-style-type: none"> • Conduct regular market monitoring to determine challenges and develop advocacy messages to cushion populations from food access challenges • Monitor food regulations to ensure minimal harm to populations e.g. importation, mass production of certain commodities. Ensuring that standards are maintained and food safety not compromised • Monitor any gender related challenges in access to markets and other food production activities • Monitor food production activities especially in light of the Locust Invasion 			# of advocacy briefs done to counter any negative effects of relaxed regulations	
RISK COMMUNICATION AND COMMUNITY ENGAGEMENT						
	Strategic Action	Preparedness and Response Actions	By Whom	When	Indicators	Means of Verification
	Streamlined Communications & advocacy	<ul style="list-style-type: none"> • Development and packaging of relevant and evidence-based nutrition messages related to COVID • Adapt the National communication materials to suit local cultural needs across counties where feasible, and utilize the existing communications networks for dissemination of the messages • Work with existing community groups including local influencers such as community leaders, religious leaders, health workers, community volunteers) for community mobilization, referral and follow up for nutrition clients • Establish community information and feedback mechanisms including through 	ENAC/ MIYCN/ CNTF	March – June 2020	<p># of feedback mechanisms and information sharing forums available</p> <p># of channels identified and utilized to disseminate messages (National and County)</p> <p># of sensitizations done for community groups including volunteers on messaging and communication strategies</p>	<p>Meeting minutes</p> <p>Sensitization reports</p> <p>Media reports, social media mentions</p>

		<p>social media monitoring; community perceptions, knowledge, attitude and practice surveys; and direct dialogues and consultations</p> <ul style="list-style-type: none"> • Sustain advocacy with other sectors for a complementary response that is well integrated and addressing in the short to medium term, the immediate and underlying causes of malnutrition 				
INFORMATION MANAGEMENT, SURVEILLANCE AND MONITORING						
	Strategic Action	Preparedness and Response Actions	By Whom	When	Indicators	Means of Verification
		<ul style="list-style-type: none"> • Regular nutrition situation and needs monitoring to capture the evolving pandemic and its effects on human lives food security and livelihoods • Monitor implementation of the nutrition preparedness and response plan • Regular data and information sharing to inform response adjustment and cross learning • Upload nutrition information products and IEC material in the nutrition and MOH website for ease of access by targeted audience • Explore use of ICT in gathering and updating on the evolving situation, data and information e.g. what's app groups with county nutritionists and other relevant staff at national level. What's app groups with health facility in charges at county level 	Nutrition Information Working Group (NIWG)	April -June 2020	<p>Bi-weekly nutrition situation reports produced</p> <p>Monthly response plan implementation report produced</p> <p># of updates done at ENAC</p> <p># of websites updated</p>	<p>Response plan monitoring report</p> <p>Situation reports</p> <p>Website and social media monitoring reports</p> <p>ICT reports</p>

Implementation of this guidance will require strategic shifts in programme management with significant inputs required especially to support risk communication.