

Covid-19 Nepal: Nutrition Cluster Preparedness and Response Plan (NCPRP)

Cluster Lead: FWD/MoHP
Cluster co-lead agency: UNICEF
Cluster members: NPC, NNFSS, MoFAGA, EDCD, WFP, FAO, USAID, WB, HKI, UN Women, NRCS, Save the Children, Suahaara, ACF, WVI, NRCS, Nepal Pediatric Society, WHO, NTAG, SDPC, Aasman Nepal, GHAN, NYF, HHESS, PHRD

1. Scenario Overview:

The first case of COVID-19 was reported from Hubei Province of China on 31 December 2019. The SitRep report of 15 March 2020, reported 153,517 confirmed cases of which 10982 were the new cases followed by 5,735 death (of which 343 were new death cases). The cases were found in total 143 counties. The reported new cases are more from outside of the China.

One Nepali, who was returned from Wuhan was found positive with Covid-19. He is fully recovered from the disease and he is stable. The close contacts with him were also traced and were also found asymptomatic. Government of Nepal is improving surveillance and screening system in Tribhuvan International Airport. The Government of Nepal has decided to temporarily suspend visa-on-arrival for the nationals of the following COVID-19 highly affected countries: Peoples Republic of China, Islamic Republic of Iran, Italy, Republic of Korea, Japan, France, Germany and Spain. Health Desk have been established in 41 entry border points to screen travelers entering Nepal by land from the neighboring countries.

The Sukraraj Infectious and Tropical Disease Hospital (STIDH) in Teku, Kathmandu has been designated by the Government of Nepal (GoN) as the primary hospital along with Patan Hospital and the Armed Police Forces Hospital in the Kathmandu Valley. The Ministry of Health and Population (MoHP) has requested the 25 hub and satellite hospital networks across the country - designated for managing mass casualty events - to be ready with infection prevention and control measures, and critical care beds where available.

Experiences from China and other countries indicate that about 83 % of the confirmed cases are with mild effects, 15% were with severe affect and 3% were with critical condition. Cases in critical and severe cases need hospitalization and while the mild cases can be treated symptomatically. Hence, the 83% of the confirmed cases needs to be considered in the general food distribution as they need to be in isolation and will in without other serious medical complications. The remaining affected population needs to be considered in the isolation. Regarding maintain the required Kcal, nutrition cluster will provide food supplementation to the targeted population along with the therapeutic treatment. Nutrition cluster further coordinate with health, WASH, food security and protection cluster, to ensure the food security status and, to reinforce the key messages integrating key nutrition behavior messages.

The contingency plan for the nutrition cluster will consider primary three target groups, and these are confirmed cases of children under five, PLW and elderly (60+ years), while nutrition education and food security response all population groups. The contingency will also consider three different scenarios.

- 1) **Scenario One: Scenario not requiring international humanitarian assistance:** Either a) sporadic cases, or small household clusters (<5) or limited intra-hospital transmission in <5 hospitals in provinces with the most well-equipped referral hospitals detected early and contained. No sustained human to human

transmission at community level or b) a “super spreader” event detected late leading to 5 or more household clusters or intra-hospital transmission in 5 or more hospitals. This would mean limited human to human transmission at community level that can be contained. In such cases, Nutrition cluster will work closely with health and WASH cluster to strengthen the mechanism for IPC and other relevant actions. For this action, nutrition workforce will also be sensitized and mobilized under the umbrella of HEOC.

- 2) **Scenario Two: Scenario requiring international humanitarian assistance:** The large outbreak in one or more locations with the possibility to massive transmit from human to human. In such situation, the expected case load is with 1500 confirmed and 150,000 people collaterally affected. The confirmed cases will be isolated in the identified safe space.
- 3) **Scenario Three: Scenario requiring international humanitarian assistance:** The large outbreak in more locations with large number of confirmed cases, 7,500. The situation is more, worst than the scenario one and two. In such situation, 750,000 people collaterally affected. The confirmed cases will be isolated in the identified safe space.
- 4) **Scenario Four: This is the worst-case scenario requiring massive international humanitarian assistance:** The outbreak occurs in different part of the countries and is the worse situation with 75,000 confirmed cases in two to three months. It is difficult to plan the isolation of the confirmed cases and most of the populations are with the confirmed cases. The location will be isolated or quarantine. In such situation, 7,500,000 people collaterally affected

2. Risk Profile

The nutrition cluster provides efforts for contingency planning focusing on the hazard of Covid-19 focusing to second and third scenarios. ‘Worst-case’ planning assumptions, based on possible events including:

- Areas affected: anywhere of all 7 provinces,
- Infected and Affected population: as mentioned in the below table – nutrition cluster will focus for scenario two and three.

Population group	Scenario 2		Scenario 3	
	1,500 confirmed cases of people <i>infected</i> in the first month including,	150,000 people collaterally affected	7,500 confirmed cases of people infected in the second to third month	750,000 people collaterally affected
Elderly people	128	12,750	595	59,500
Under five children	150	15,000	750	75,000
6-59 months children	135	13,500	675	67,500
Under five years Children with SAM (3% of under five children)	5-10	450	23	2,250
Under five years Children with MAM (7% of under five children)	105	10,500	5,250	52,500
Pregnant women	60	6,000	280	2,800
Lactating women	159	15,900	742	74,200
Total target population	530	52,950	2,521	226,900

Note: nutrition cluster plans to response scenario two and three.

‘Worst-case’ scenario impacts:

- Increased Covid-19 infection among large number of populations that impacts among the families and neighbours.
- High rate of mortality among the infected population.
- Heightened exposure to protection risks for vulnerable groups including pregnant and lactating women (PLW), children and elderly and people with underlined medical conditions.
- Increased malnourishment among the children under five years, pregnant and lactating women and elderly population due to lack of care, appropriate food deficit, and fear of breast-feeding and complementary feeding practices for infants and young children.
- Due to the massive covid-19 infection, there will be fear everywhere and people will not be ready to cope each other, and lack of income opportunities number of unemployed and helpless populations will be increased, and the situation will aggravate to increase malnutrition among the affected population.
- Decrease food availability due to closure of the markets, negative impact on food supply chain.
- Due to the fear of Covid-19 (isolation and quarantine), people will not be ready to visit the basic service delivery points so that on time case detection and treatment will also be affected and deterioration.
- Road links to India and within specific areas of Nepal are rendered impassable.
- Government services from all levels severely impacted.

Based on the WHO/UNICEF classification of prevalence of malnutrition, the current situation of malnutrition in as follows:

Wasting			Stunting			Overweight		
Prevalence threshold (%)	Levels	Situation in Nepal*	Prevalence threshold (%)	Levels	Situation in Nepal*	Prevalence threshold (%)	Levels	Situation in Nepal*
<2.5	Very low		<2.5	Very low		<2.5	Very low	1.2*
2.5 - <5	Low		2.5 - <10	Low		2.5 - <5	Low	
5-<10	Medium		10-<20	Medium		5-<10	Medium	
10-<15	High	10%*	20-<30	High		10-<15	High	
=> 15	Very High		=> 30	Very High	36%*	=> 15	Very High	

*Nepal data source: NDHS 2016

As per the above situation and risk profile, nutrition response for the affected children, pregnant and lactating women and elderly population is very essential.

3. Response Objectives

- Protect, promote and support for optimal breastfeeding of the children less than 2 years.
- Prevent and treat malnutrition of under five boys and girls, lactating and pregnant women and vulnerable groups from eventually deteriorating to situation of severe malnutrition.
- Ensure availability, access to and use of supplementary feeding support to the 6-59 months children, pregnant and lactating women and elderly people (>60 years).
- Minimize the disruption to regular nutrition service.

4. Strategic priorities:

Out of the four scenarios, nutrition cluster will focus on scenario 2 and 3 and the preparedness and response plan has been developed accordingly. In case scenario four is applicable, nutrition cluster will coordinate with HEOC/MoHP and NEOC/MoHA and preparedness as well as response actions will be identified. Strategic priorities of Nepal nutrition cluster are as follows:

- Protection, promotion and support for early initiation, exclusive and continuation of breast feeding as per the recommendations of UNICEF and WHO;
- Age appropriate complementary feeding to the children aged 6-23 months;
- Treatment of severe acute malnutrition (SAM) of children aged <5 years;
- Prevention and treatment of moderate acute malnutrition (MAM) of children aged <5 years,
- Prevention and treatment of acute malnutrition of pregnant and lactating women.
- Protection of nutrition status of elderly population

Nutrition cluster will also be working together with other humanitarian clusters such as Health, WASH, Food Security, Protection and Logistics and so on as with Nutrition Technical Committee led by Family Welfare Division of MoHP and health sector disaster relief mechanism led by HEOC of MoHP.

5. Preparedness and Response Plan

5.1 Preparedness Activities

- Update nutrition cluster contact list as well as 3W mapping of the cluster members.
- Update nutrition commodity stocks and prepositioning of essential nutrition commodities such as; anthropometric equipment, Ready to Use Therapeutic Food (RUTF), Supplementary foods (WSB+), F100, F75 and Rehydration Solution for Malnourished (ReSoMal) people/children, etc (*see in details of prepositioning of nutrition commodities in annex I*)
- Sensitize/capacitate nutrition cluster members to make them aware about the preparedness and response actions on Covid19 at nutrition cluster, concerned agencies and families/dependants of the cluster members by using same information and messages.
- Sensitize/orient health workers, FCHVs and mother groups on IPC measures, breastfeeding and complementary feeding through passive platforms such as; MSNP, Suahaara and others programme support supported by CSO and development partners considering Covid19 situation.
- Monitor impact on IYCF practices as well as increased number of cases of acute malnutrition secondary to prolonged infection. Ensure effective implementation of BMS act and regulations.
- Focus passive screening of 6-59 months children and pregnant and lactating women (PLW) to identify SAM and MAM cases and provide specific attention to address their current issues; Treatment of acute malnutrition; and Promotion of breastfeeding among others.
- Develop plan B for national vitamin A supplementation of 6-59 months children considering Covid19 that will be social distancing and infection prevention and control measure (IPC).
- Track admission of children with severe acute malnutrition in the health facilities.
- Work with the Health cluster to engage community through broadcast messages, use of loudspeakers, radio, Health Coordinators/health workers, FCHVs, MSNP volunteers, and staff members of nutrition cluster member agencies....

- Work with national health education and information communication centre (NHEICC) to develop/streamline nutrition messages into the core Covid19 messages.
- Inter cluster coordination particularly health, food security, WASH and protection to address inter-cluster related issues.
- Coordinate with health emergency operation centre (HEOC) located at MoHP to prepare and capacitate NRH as an isolated nutrition service centre during outbreak.
- Develop guidance note for health workers on breastfeeding recommendations, guidance when and how to use breast milk substitute (BMS)
- Develop modified protocol considering Covid19 for the treatment of SAM (modified protocol for frequency of following-up. Current 2 weeks may need to change to 1 month between follow up visits of SAM children)
- Develop guidance note targeting to health workers and FCHVs for nutrition service delivery considering precautions and distancing.
- Strengthen nutrition information management system, including weekly analysis key nutrition indicators and share with nutrition cluster members.

5.2 Priority Response Activities

- Continue nutrition screening of 6-59 months children and link those with acute malnutrition to existing IMAM program,
- Provide care and treatment for moderate and severe acute malnutrition of under five children, without interrupting nutritional support through timely case detection including risk reduction of flu transmission in health facilities following infection, prevention and control provision.
- Decrease number of follow up visits of SAM from weekly/bi-weekly to monthly providing required RUTF ration; and follow up of SAM/MAM cases by phone through HWs etc.
- Supplementary feeding for confirmed cases of children 6-59months of age, PLW, and elderly (60+ years) with a one of monthly ration of WSB+ as per the national protocol. However, moderately malnourished confirmed cases of children and PLW will receive WSB+ ration for 2-3 months.
- Coordinate with WASH cluster to provide safe water for drinking and medical purpose in the treatment sites in health centres for moderately and severely wasted children, as well as promote sanitation and hygiene.
- Mobilize health workers and FCHVs, MSNP volunteers for counsel patients, parents and guardians on hygiene behaviours for prevention of corona virus focusing infection prevention and control (IPC).
- Protect, promote and support breastfeeding for infants and young children (continue exclusive breast feeding to children 0-6 months of age with special precaution, – and age appropriate complementary feeding to children 6-23 months, while continuing breastfeeding). Increased communication on IYCF, guidance to HCW.
- Disseminate messages through different media for appropriate recommendations for safe breastfeeding and share technical guidance with health care providers.
- Engage communities for IPC of Covid19 by mobilizing Health Coordinators/health workers, FCHVs, MSNP volunteers and staff members of nutrition cluster members....
- Capacitate health workers, FCHVs and development/humanitarian workers to maintain social distancing.

- Maintain nutrition rehabilitation homes (NRH) as isolated nutrition service centre during outbreak.
- Response on critical condition of malnourished children through health, nutrition and care services.
- Strengthen nutrition information system

6. Key Response Activities and Indicators:

SN	Activities	Indicators	Remarks
1	Nutrition cluster coordination mechanism	Nutrition cluster coordination meeting once a week and discussed Covid19 related matters link with other clusters/sectors	
2	Nutrition assessment	Children age 6-59 months who are presence in the health facilities screened by using MUAC tape following IPC measures.	
3	Promote, protect and support for early initiation, exclusive breast feeding targeting to all 0-6 months children	The ministry of health issues a statement for prohibiting donation and distribution of unsolicited donations, distribution and use of breast milk substitutes	
		100% of mothers of less than 6 months children who are suspected or Covid19 infection requiring support for breastfeeding.	
4	Support for age appropriate complementary feeding targeting to 6-23 months children with continuation of breast feeding	100% of lactating women requiring support – however, it should be initiated as early as possible proportion of affected mothers and children requiring support	
5	Provide supplementary food for vulnerable groups (pregnant and lactating women, children 6-23 months, elderly people more than 60 years	85% confirmed cases (children 6-59 months, PLW and elderly 60+) receive supplementary feeding rations of WSB+	
		100% mild confirmed cases of children 6-59 months with moderate acute malnutrition received 2-3 months ration of WSB+	
6	Treat Severe Acute Malnutrition of children 6-59 months	100% mild confirmed cases of pregnant and lactating women with acute malnutrition received 2-3 months ration of WSB+	
		# of children 6-59 months with severe acute malnutrition admitted in the programme	
7	Micronutrient for children and women	# of children age 6-59 months who receive multiple micro-nutrient powder for home fortification of nutritious food	
		# of children age 6-59 months who are supplemented Vitamin A capsules	
		# of pregnant and postnatal women who receive Iron and Folic Acid tablets as per rules	

Annex I: List of Nutrition cluster members with contact details

FP: Focal Person
AFP: Alternative Focal Person

S.N.	Agencies	Name	Designation	CONTACT Landline	CONTACT Mobile	EMAIL ADDRESS	Remarks
National Nutrition Cluster Lead							
1	Family Welfare Division, DoHS, MoHP	Dr. Bhim Sign Tinkari	Director	01-4261660	9851168594	drtinkari@gmail.com	
2		Kedar Raj Parajuli	Chief, Nutrition Section	01-4261660	9851170442	parajulikedar90@yahoo.com , parajulikedar3@gmail.com	
3		Harihar Sharma	Sr. PHO	01-4261661	9841266321	harihar6321@gmail.com	
4		Meena Mote	Community Nursing Officer	01-4261660	9841319941	gautammeena01@gmail.com	
5		Kalpana Pandey	PHI	01-4261660	9841813686	kalpanapandey24@yahoo.com	
6		Soni Thapa	Trainee		9849676531	thapasoni1993@gmail.com	
National Nutrition Cluster co-lead							
7	United Nations Children's Fund (UNICEF)	Karan Courtney Haag	Chief, Nutrition Section	Office - 01-5523200 ext. 1114	9801009624	kcourtneyhaag@unicef.org	
8		Anirudra Sharma	Nutrition Specialist/Cluster Coordinator	Office - 015523200 ext. 1111 01-4287740 (H)	9851088567	ansharma@unicef.org	
9		Naveen Paudyal	Nutrition Officer	Office-01-5523200; Ext.-1142	9851007304	npaudyal@unicef.org	
10		Anju Adhikari	Nutrition Officer	Office- 01-4225558	9861860374	aadhikari@unicef.org	
National Nutrition Cluster Members							
11	Ministry of Federal Affairs and General Administration	Dila Ram Panthi	Under-Secretary		9849613228	write2dila09@gmail.com	
12		Reenu Thapaliya	Section Officer		9841720555	thapaliya_reenu@yahoo.com	
13		Janak Raj Sharma	Section Officer		9851171671	jrsharmapoudel@gmail.com	
14		Indra Bahadur Bhujel	Nutrition Consultant		9851188108	jbhujel@unicef.org	
15	United States Agency for International Development (USAID)	Debendra Adhikari	Nutrition Specialist (FP)	9801070054		dadhikari@usaid.gov	
16	United Nations World Food Programme (WFP)	Anteneh GIRMA	Nutrition Adviser (FP)	01-5260607 (Ext 2435)	9813722404	anteneh.girma@wfp.org	
17		Sangeeta Paudyal	Nutrition Officer	01-5260607 (Ext 2418)	9851139256	sangeeta.paudyal@wfp.org	
18		Macharaja Maharjan	National Rice Fortification Consultant	01-5260607 (Ext. 2404)	9851042497	macharaja.maharjan@wfp.org	

19	NPC	Laxmi Ghimire			9841608352	lghimire@npc.gov.np
20	Food and Nutrition Security Secretariat/NPC	Anju Acharya	Nutrition Consultant		9751052610	anjuabhu2015@gmail.com
21	Food and Agriculture Organization	Shrawan Adhikary	Programme Officer	977-1-5523200 Ext. 1416	9841369747	Shrawan.Adhikary@fao.org
22	Action Against Hunger ACTION CONTRE LA FAIM (ACF)	Sujay Nepali Bhattacharya	Head of Nutrition and Health Department	01-5542812, 5534094	9801187510	nnhhod@np-actionagainsthunger.org
23		Manisha Katwal	Sr. Programme Officer	01-5542812, 5534094	9801187513	nnhspo-ka@np-actionagainsthunger.org
24		Philippe Hamel	Country Director	01-5542812, 5534094	9801018402	cd@np-actionagainsthunger.org
25	SUA AHARA II	Pooja Pandey	Deputy Chief of Party	9851086353		ppandey@hki.org
26		Bhim Kumari Pun	Sr. Manager-INP (FP)	01-5260459 (O)	9841893632	bpun@hki.org
27		Raj Nandan Mandal	Nutrition Advisor (AFP)	01-5260459 (O)	9851222409	rnmandal@fhi360.org
28		Manisha Shrestha	Nutrition Specialist	01-5260459 (O)	9841393565	mshrestha@fhi360.org
29	World Bank (WB)	Manav Bhattarai	Senior Health Specialist (FP)	14236128	9851148359	mbhattarai@worldbank.org
30	Global Health Alliance Nepal (GHAN)	Binod K. Aryal	Senior Program Manager (FP)	01-4351285	9851027269	binodaryal36@gmail.com
31		Suman Sapkota	Program and Research Officer (AFP)	01-4351285		
32	Helen Keller International (HKI)	Dale Davis	Country Representative (FP)	01-5260459 (O)	9851076682	ddavis@hki.org
33		Asha Banyat	Dep CD	01-5260837 (O)	9841476699	abasnyat@hki.org
34		Sabina Hora	Nutrition & IEC Expert (AFP)	01-5260247 (O)	9841287602	shora@hki.org
35	Nepal Public Health and Education Group (NEPHEG)	Sushil Raj Dahal	President (FP)	01-4374360	9851013452	nepheg@gmail.com
36		Sudip Chilawal	Program Coordinator (AFP)	01-4374360	9841887260	schilawal77@gmail.com
37	Nepal Youth Foundation (NYF)	Sunita Rimal	Nutrition Coordinator (FP)	01-5574817, 5000154(O)	9851054505	sunita@nepalyouthfoundation.org.np
38		Sajan Nagarkoti	Outreach officer (AFP)	01-5574817, 5000154(O)	9860240202	sajan@nepalyouthfoundation.org.np
39	Nepali Pediatrics Society (NEPAS)	Dr. Krishna Bista	(FP)	9851044474		kpbista@hotmail.com
40	Nepali Technical Assistance Group (NTAG)	Deepak Thapa	Executive Director (FP)	01-4224884, 01-4223477 (O)	9851017121	deepakthapa@ntag.org.np , deepak_td@hotmail.com
41		Dhiraj Karki	Project Coordinator (AFP)	01-4224884, 01-4223477, 01-4220385 (O)	9841726309	dhirajkarki@ntag.org.np

42	World Health Organization (WHO)	Dr. Lonim Dixit	Professional Officer (FP)	01-5523200	9801010002	dixitl@who.int	
43	World Vision International Nepal (WVIN)	Abhilasha Gurung	Health and Nutrition Manager	01-5548878	9841887005	abhilasha_gurung@wvi.org	
44		Kuber Prasad Adhikari	Health and Nutrition Specialist	01-5548877	9852057993	kuber_adhikari@wvi.org	
45	HHESS	Ngima T.Sherpa	Chairperson (FP)		9851067997	sallery_sherpa@yahoo.com	
46		Aarju Hamal	Central Porgram Coordintator (AFP)		9861320148	hamalaarju@gmail.com	
47	Save The Children	Sangita Khatri	Health Advisor (FP)	4468130 ext 186	9851048543	sangita.khatri@savethechildren.org	
48	Nepal Public Health Research and Development Center (PHRD Nepal)	Janak Thapa	Executive Director (FP)		9851196386	janakthapa7@gmail.com	
49	NHSSP	Dr. Rajendra Gurung	SRHA (FP)	01-4248991	9851088394	rajendra@nhssp.org.np	
50		Dr. Maureen Dariang	Lead Advisor (AFP)	01-4248992	9818391781	maureen@nhssp.org.np	
51	Social Development and Promotion Centre (SDPC)	Nanda Adhikari	Sr. Program Manager (FP)	9841298929		nandaadhikari@gmail.com	
52		Manish Choudhary	Sr. Program Coordinator (AFP)	9841343149		manish264@gmail.com	
53	Aasamaan Nepal	Nawal Kishor Yadav	Organization Head (FP)		9854024733	nawalpayal@yahoo.com	
54		Nisha Singh	Knowledge Management Officer		9860104705	singhnisa72@gmail.com	
55	Nepal Red Cross Society (NRCS)	Pramila Rana	Clinical Coordinator (FP)	014279425	9849142569	pramila.rana@nrcs.org	
56		Mona Aryal	Department Head, Health Service Department (AFP)	014279425	9851146777	mona.aryal@nrcs.org	
57	UN Women	Santosh Acharya	Programme Officer	0-14255110	9841483877 9851250083	santosh.acharya@unwomen.org	

Annex II: Details of Prepositioning of Nutrition Commodities

Ministry of Health and Population (MoHP) jointly with UNICEF, WFP and other cluster members has been managing the following emergency nutrition supplies as contingency stocks in different regional and central warehouses of MOHP. The emergency nutrition supplies are managed at warehouses (provincial and central) of Ministry of Health and Population as follows:

- 1,500 cartons of ready to use therapeutic food;
- 200 CAN of F100;
- 200 cartons of ReSoMal;
- 200 CAN of F75;
- 100 sets height boards;
- 200 Salter' scales;
- 40,000 middle-upper-arm-circumference tapes;
- 200,000 pack of micro-nutrient powder;
- 100,000 capsules of vitamin A capsules;
- 100,000 de-worming tablets;
- 110,000 iron and folic acid tablets;
- 150 Mt of Super Cereal for Pregnant and Lactating Women (PLW), children 6 to 59 months and elderly people

Total fund required for this response: US\$500,000

Annex III: Key messages for Covid19 awareness

In the outbreak situation of COVID-19, the following messages should be put in circulation along with four messages developed by the health cluster for preventing from contacting COVID-19 (frequent washing hand with soap or sanitizer, cover mouth and nose during coughing and sneezing, avoid visiting crowded places, use Namaste for greeting) in the community.

Pregnant Women:

- Avoid contact with anyone, who has symptoms of COVID – 19 (cough, difficult breathing, fever). If you feel suspicious, remember to wash hands immediately.
- If a pregnant woman suspects herself of contacting COVID-19, she should put herself in quarantine or isolation. During this time, I) consume proper balanced diet regularly (regular meals with one additional meals) and II) do not avoid any food and liquids.
- Regularly visit health facilities for antenatal check-ups (ANC). However, during travel and ANC visit, cover your mouth and nose, avoid travelling in crowded vehicles and during peak hours.
- If a pregnant woman suspects herself of contacting COVID-19, she should put herself in quarantine or in isolation. During this time, the family members should continuously support her and take precautionary measures to avoid transmission of the virus to other family members.

Breast feeding Mothers:

- Breastfeeding mothers who suspect themselves of being infected with COVID -19 can continue to breast feed their babies. However, enough safety measures must be maintained.
- Avoid contact with anyone, who has symptoms of COVID -19 (cough, flu, fever). If you feel suspicious, remember to wash hands immediately.
- If a breastfeeding woman suspects herself of being infected with COVID-19, she should put herself in self-quarantine or in isolation. During this time, I) do not stop breast feeding child, II) regularly consume proper balanced diet (regular meals with two additional meals) and III) do not avoid any food and liquids.
- Continue to visit for postnatal check-ups (PNC). However, during travel and PNC visits, cover your mouth and nose and avoid travelling in crowded vehicles and during peak hours.
- For mothers who are too ill, express milk and give it to the child via a clean cup and/or spoon – all while following the same infection prevention methods. Take support from someone who is not sick to feed the expressed breast milk to the child.
- For symptomatic mothers well enough to breastfeed, wear a mask when near a child (including during feeding), washing hands before and after contact with the child (including feeding).
- If infant born to suspected mother breast feeding should be initiated within one hour of birth till the baby is six months, mother milk is best of baby, give only mothers milk.

Complementary feeding Mothers:

- Timely introduce of adequate, safe and properly fed complementary food as per guideline (AFATVHA i.e.; age, frequency, amount, thickness, variety, hygiene and active feeding) after completion of age of 6 months with guided safety measures.

Annex IV: Proposed Human Resources for Nutrition Response

Apart from Government's health workers and FCHVs, following additional nutrition managers/specialist/experts/workers can be diploid for nutrition response in Covid19 situation:

SN	Name of the agencies	Number of Human Resource	HR capacity	Remarks
1	UNICEF	13	<ul style="list-style-type: none"> Chief of Nutrition – 1, Nutrition cluster co-lead -1, Nutrition officers – 8 Nutrition consultants - 3 	Can be mobilize at any time
2	WFP	2	<ul style="list-style-type: none"> Nutrition advisor -1 Nutrition officers – 2 including information management function) 	Can be mobilize at any time
3	ACF	17	<ul style="list-style-type: none"> Head of Nutrition and Health Department -1 Sr. Programme Officer-1 Nutrition Supervisor-9 Nutrition Information Management Officer-1 Sr. Programme Officer-1 Programme Officer -3 Technical Officer - 3 	Can be mobilize at any time
4	WVI	67	<ul style="list-style-type: none"> Health and Nutrition Manager – 1 Health and Nutrition Specialist – 3 Health Officer – 1 Project coordinator – 6 Social Mobilizers - 56 	Can be mobilize at any time
5	Suahaara-II	1,809	<ul style="list-style-type: none"> Sr. Manager/Managers /advisors - 20 Program Coordinators - 38 NSBCC & MNCH/GESI officers - 41 WASH officers - 30 Field Supervisors - 520 Community Nutrition Volunteers - 974 Community WASH Volunteers Resource - 147 	Can be mobilize at any time
6	MOFAGA/UNICEF	325	District coordinator – 17 MSNP volunteers - 308	Can be mobilize at any time
7	Aasman Nepal	9	<ul style="list-style-type: none"> District Field Coordinator - 1 Project Coordinator - 3 District Coordinator - 2 Field Coordinator - 1 Program Coordinator - 1 Knowledge Management Officer - 1 	Can be mobilize at any time