

# Covid-19 Nepal: Nutrition Cluster Preparedness and Response Plan (NCPRP) (Revised on 12 June 2020)

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

## 1. Scenario Overview

The first case of COVID-19 pandemic was reported from Hubei Province of China on 31st December 2019 and it has been spreading throughout the world. As of 10 June 2020, 4364 COVID-19 cases are confirmed in Nepal. The Government of Nepal is leading the response to the outbreak in Nepal but, as in many countries, capacities are stretched, and international solidarity is required. In Nepal, the cases are present in all seven provinces and the highest caseload is in Province 2 followed by Province 5 whereas the highest death cases (three cases) are reported found in Province 5. In the past few days, the cases are rapidly increasing. The highest number of positive cases are in the age group 21-30 years followed by 31-40 years. The cases found in 0-10 years are also not negligible.

The Government of Nepal has developed the Health Sector COVID-19 response plan and all humanitarian agencies and Government, and Non-government institutions have been working together to address the issues of COVID-19 pandemic. In order to address the issue of COVID-19 pandemic, all Government-led clusters have been activated, and international partners in-country are working closely with Government counterparts to provide support where required. In order to protect the spreading of the COVID-19 cases, the government of Nepal announced a national lockdown since 24 March 2020 which is still ongoing nationwide. Because of lockdown, access to and use of health services have been constrained, which is having a negative health impact. Restrictions on movement of people may be increasing their vulnerability because they are not able to access essential basic services including nutrition and combined with worsening food insecurity it is assumed that many elderly, pregnant and lactating women and children may become malnourished or that those already malnourished, will worsen.

The Nutrition cluster along with other government-led humanitarian clusters was activated and is continuously supporting the response to COVID-19. The government has started the relief assistance, but it is not sufficient to meet all of the needs. Government has established quarantine camps for people who come from outside the country or from other locations within the country, to prevent transmission of COVID-19 pandemic. However, there are several concerns in the quarantine camps regarding insufficient basic essential services to the people in the camps such as; quality of foods, nutritious diets, health, protection, WASH and others particularly to children under five years of age and the pregnant and lactating women (PLW). There are also challenges managing the high number of returnees from India in the country particularly in the point of entry (PoE) and quarantine camps.

Regarding the fear of COVID-19 and lockdown situation, it is observed that the essential nutrition services have been disrupted, and utilization has decreased. For example, treatment of SAM at the OTCs and NRH has been severely impacted and number is reduced in this period in comparison with previous years. The April round Vitamin A supplementation has been postponed due to COVID-19 context until further notice

and other services such as ANC/PNC and other maternal, newborn and young child health and nutrition services have been disrupted, which has negatively affected the nutrition situation of maternal and young child nutrition. In order to prevent maternal and young child malnutrition in the COVID-19 context particularly among the most vulnerable and food insecure areas, there is an urgent need for supplementary feeding program along with the promotion, protection and support for breastfeeding and complementary feeding of infants and young children and the treatment of malnutrition. These interventions are reflected in this response plan. The nutrition information system developed by the nutrition cluster and approved by the Ministry of Health and Population will further support monitoring the nutrition service availability and utilization in the COVID-19 context.

## 2. Planning scenarios

With this updated nutrition cluster COVID-19 preparedness and response plan (CPRP), the nutrition cluster provides efforts focusing on the hazard of COVID-19 considering the planning figure of 10,000 COVID-19 cases, which has been identified by the Government of Nepal as the point at which the health system would be overburdened and increased assistance would be required. The affected areas are considered to be all 77 districts of 7 provinces and the infected and affected population will be 10,000 COVID-19 caseloads and 1,000,000 affected population.

The considerable “worst-case” scenario impacts:

- 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 underlying medical conditions.
- Increased malnutrition among the children under five years, pregnant and lactating women and elderly population due to lack of care, food deficits, and fear of breast-feeding and complementary feeding practices for infants and young children.
- Due to the COVID-19, fear, loss of incomes and livelihoods has the potential to increase vulnerability of women, children and the elderly.
- Returnees from India and other overseas countries pose risks for the transmission of COVID-19
- Decrease food availability due to closure of the markets, negative impact on food supply chain.
- Road links to India and within specific areas of Nepal are rendered impassable.
- Government services from all levels severely impacted.

Based on the above-mentioned situation, nutrition cluster works to provide essential nutrition services to the following number of people including continuation of ongoing essential nutrition services:

Population group	Scenario	
	10,000 confirmed cases of people infected in the first month including,	1,000,000 people collaterally affected
Elderly people	853	85,330
Under five children	1,000	100,000
6-59 months children	900	90,000
Children under five years with SAM	300	10,000
Children under five years with MAM	700	70,000
Pregnant women	400	40,000
Lactating women	160	16,000
<b>Total target population</b>	<b>4,313</b>	<b>404,330</b>

### 3. Response Objectives

- To protect, promote and support optimal breast breastfeeding practices, and
- To prevent and treat acute malnutrition among girls and boys under five years, lactating and pregnant women, as well as vulnerable groups (elderlies).

### 4. Strategic priorities: -

The nutrition cluster response will focus on scenario 2 and 3. However, 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 will include:

- Protection, promotion and support for optimal breastfeeding practices (early initiation, exclusive and continued of breast feeding for at least 2 years);
- Promotion of age appropriate complementary feeding to the children aged 6-23 months;
- Prevention of malnutrition through implementation of Blanket Supplementary Feeding (BSFP) in flood prone, food insecure and COVID affected districts.
- Treatment of children with acute malnutrition (both moderate acute malnutrition (MAM, and severe acute malnutrition (SAM)) of children aged <5 years;
- Prevention and treatment of acute malnutrition of pregnant and lactating women; and
- Protection of nutrition status of COVID affected elderly population through linking supplementary feeding program with COVID-19 treatment services.

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 at federal and provincial level 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 COVID-19 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 COVID-19 situation.
- Monitor changes in IYCF practices within the COVID-19 context
- Ensure effective implementation of BMS Act and regulations and monitor violations of the Act.
- Develop alternative protocol and methodologies for screening children 6-59 months for acute malnutrition

- Liaise with Health Sector to identify PLW during contacts with health providers for those at risk due to undernutrition
- Develop an adapted protocol and modality of delivery by FCHV for community-based nutrition package; vitamin A, deworming, MNP, family MUAC that respects the physical distancing and other IPC measures required in the COVID-19 context.
- Request province to 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 COVID-19 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 COVID-19 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 notes for health workers and FCHVs for nutrition service delivery considering recommended COVID-19 physical distancing and IPC measures.
- Strengthen nutrition information management system, including weekly analysis of key nutrition indicators and share with nutrition cluster members.

## **5.2 Priority Response Activities**

- Maximise opportunities to screen children 6-59months for wasting and oedema by health providers at quarantine sites, health facilities or outreach clinics where feasible
- Apply the adapted approach (family MUAC) for screening / identifying children moderately or severely wasted and support referral to health facilities with capacity to treat and manage.
- Provide care and treatment for moderately and severely wasted children under five years of age,
- Implement the adaptations to the SAM treatment protocol, which calls for a decrease in frequency of follow up visits to health facilities from weekly to every two weeks to reduce exposure to COVID-19 and switch to telephone follow ups.
- Blanket Supplementary Feeding Program (BSFP) for children 6-23 months of age, and PLW in priority food insecure, flood prone and COVID-19 affected districts
- Supplementary feeding for confirmed cases of children 6-23months of age, PLW, and elderly (60+ years) with a three months ration of WSB+ at a 3kg per person per month protocol. However, moderately malnourished confirmed cases of children and PLW will receive WSB+ ration for up to 6 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 FCHVs and MSNP volunteers for dissemination of key messages about hygiene behaviours for prevention of COVID-19
- Support pregnant women with messages and counselling on breastfeeding in the context of COVID-19 as they prepare for the birth of their infant.
- Support health care providers and FCHV to inform and support women who are breastfeeding to continue breastfeeding as per national guidance in the COVID-19 context.
- Disseminate via multiple media channels recommendations for breastfeeding in the context of COVID-19 and
- Advocate for maintaining nutrition rehabilitation homes (NRH) as isolated nutrition service centre
- Develop a nutrition service continuity monitoring system and regularly track routine health information system service statistics to identify changes in service utilization

## 6. Key Response Activities and Indicators

SN	Activities	Indicators	Remarks
1	Nutrition cluster coordination mechanism	Nutrition cluster coordination meeting once a week and discussed COVID-19 related matters link with other clusters/sectors	
2	Nutrition screening	Number of households with children 6-59months reporting family MUAC screening result	
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	
		Number of Code violations reported	
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)	At least 50% of children 6-23 months of age in food insecure, flood prone and COVID-19 affected districts receive a 3 months ration of WSB+	
		At least 50% of PLW in food insecure, flood prone and COVID-19 affected districts receive a 3 months ration of WSB+	
		100% mild confirmed cases of children 6-2323 months with moderate acute malnutrition received 6 months ration of WSB+	
		100% mild confirmed cases of pregnant and lactating women with acute malnutrition received 6 months ration of WSB+	
6	Treatment of children 6-59months with severe Acute Malnutrition	# of new admissions to OTC of children 6-59 months with severe acute malnutrition	Can be measured using DHIS2

7	Micronutrient for children and women	# of children age 6-23 months who receive multiple micro-nutrient powder for home fortification of nutritious food	
		# of children age 6-23 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

S.N.	Agencies	Name	Designation	CONTACT Landline	CONTACT Mobile	EMAIL ADDRESS	Remarks
<b>National Nutrition Cluster Lead Agency</b>							
1	Family Welfare Division, DoHS, MoHP	Dr. Bhim Sign Tinkari	Director	01-4261660	9851168594	drtinkari@gmail.com	
2		Kedar Raj Parajuli	Chief, Nutrition Section ((cluster lead)	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	
<b>National Nutrition Cluster Co-lead Agency</b>							
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 (cluster co-lead)	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	
<b>National Nutrition Cluster Members</b>							
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	Anteneh GIRMA	Nutrition Adviser (FP)	01-5260607 (Ext 2435)	9813722404	anteneh.girma@wfp.org	

17	Programme (WFP)	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		Dr. Binod Saha	Assistant FAO Representative - Programs		9851092581	Binod.Saha@fao.org
23		Mr. Uttam Acharya,	Nutrition cum BCC Specialist		9851174680	Uttam.Acharya@fao.org
24	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
25		Manisha Katwal	Sr. Programme Officer	01-5542812, 5534094	9801187513	nnhspo-ka@np-actionagainsthunger.org
26		Philippe Hamel	Country Director	01-5542812, 5534094	9801018402	cd@np-actionagainsthunger.org
27	SUA AHARA II	Pooja Pandey	Deputy Chief of Party	9851086353		ppandey@hki.org
28		Bhim Kumari Pun	Sr. Manager-INP (FP)	01-5260459 (O)	9841893632	bpun@hki.org
28		Raj Nandan Mandal	Nutrition Advisor (AFP)	01-5260459 (O)	9851222409	rnmandal@fhi360.org
30		Manisha Shrestha	Nutrition Specialist	01-5260459 (O)	9841393565	mshrestha@fhi360.org
31	World Bank (WB)	Manav Bhattarai	Senior Health Specialist (FP)	14236128	9851148359	mbhattarai@worldbank.org
32	Global Health Alliance Nepal (GHAN)	Binod K. Aryal	Senior Program Manager (FP)	01-4351285	9851027269	binodaryal36@gmail.com
33		Suman Sapkota	Program and Research Officer (AFP)	01-4351285		
34	Helen Keller International (HKI)	Dale Davis	Country Representative (FP)	01-5260459 (O)	9851076682	ddavis@hki.org
35		Asha Banyat	Dep CD	01-5260837 (O)	9841476699	abasnyat@hki.org
36		Sabina Hora	Nutrition & IEC Expert (AFP)	01-5260247 (O)	9841287602	shora@hki.org



37	Nepal Public Health and Education Group (NEPHEG)	Sushil Raj Dahal	President (FP)	01-4374360	9851013452	nepheg@gmail.com
38		Sudip Chiluwal	Program Coordinator (AFP)	01-4374360	9841887260	schiluwal77@gmail.com
39	Nepal Youth Foundation (NYF)	Sunita Rimal	Nutrition Coordinator (FP)	01-5574817, 5000154(O)	9851054505	sunita@nepalyouthfoundation.org.np
40		Sajan Nagarkoti	Outreach officer (AFP)	01-5574817, 5000154(O)	9860240202	sajan@nepalyouthfoundation.org.np
41	Nepali Pediatrics Society (NEPAS)	Dr. Krishna Bista	(FP)	9851044474		kpbista@hotmail.com
42	Nepali Technical Assistance Group (NTAG)	Deepak Thapa	Executive Director (FP)	01-4224884, 01-4223477 (O)	9851017121	deepakthapa@ntag.org.np, deepak_td@hotmail.com
43		Dhiraj Karki	Project Coordinator (AFP)	01-4224884, 01-4223477, 01-4220385 (O)	9841726309	dhirajkarki@ntag.org.np
44	World Health Organization (WHO)	Dr. Lonim Dixit	Professional Officer (FP)	01-5523200	9801010002	dixitl@who.int
45	World Vision International Nepal (WVIN)	Abhilasha Gurung	Health and Nutrition Manager	01-5548878	9841887005	abhilasha_gurung@wvi.org
46		Kuber Prasad Adhikari	Health and Nutrition Specialist	01-5548877	9852057993	kuber_adhikari@wvi.org
47	HHSS	Ngima T.Sherpa	Chairperson (FP)		9851067997	sallery_sherpa@yahoo.com
48		Aarju Hamal	Central Program Coordinator (AFP)		9861320148	hamalaarju@gmail.com
49	Save The Children	Sangita Khatri	Health Advisor (FP)	4468130 ext 186	9851048543	sangita.khatri@savechildren.org
50	Nepal Public Health Research and Development Center (PHRD Nepal)	Janak Thapa	Executive Director (FP)		9851196386	janakthapa7@gmail.com
51	NHSSP	Dr. Rajendra Gurung	SRHA (FP)	01-4248991	9851088394	rajendra@nhssp.org.np
52		Dr. Maureen Dariang	Lead Advisor (AFP)	01-4248992	9818391781	maureen@nhssp.org.np
53	Social Development and Promotion Centre (SDPC)	Nanda Adhikari	Sr. Program Manager (FP)	9841298929		nandaadhikari@gmail.com
54		Manish Choudhary	Sr. Program Coordinator (AFP)	9841343149		manish264@gmail.com

55	Aasamaan Nepal	Mr. Kedar Sah	Health Manager		9842032450	kedarshah246@gmail.com	
56		Nisha Singh	Knowledge Management Officer		9860104705	singhnisa72@gmail.com	
57	Nepal Red Cross Society (NRCS)	Pramila Rana	Clinical Coordinator (FP)	014279425	9849142569	pramila.rana@nrcs.org	
58		Mona Aryal	Department Head, Health Service Department (AFP)	014279425	9851146777	mona.aryal@nrcs.org	
59	UN Women	Santosh Acharya	Programme Officer	0-14255110	9841483877 9851250083	santosh.acharya@unwomen.org	
60	Department for International Development (DFID)	Jeeban Ghimire	Health Policy Officer	977 - 014237136	977- 9841414889, 977 9801155672	j-ghimire@dfid.gov.uk	
61		Dr. Naomi Saville	Food Security and Nutrition Adviser in Covid 19		9851017232	n.saville@ucl.ac.uk	
62	Care Nepal	Jib Nath Sharma	Food Security and Livelihood Manager (focal point)	15544913	9844731798	jib.sharma@care.org	Care Nepal
63		Thakur Chauhan	FSL and Climate Change coordinator .*alternate focal point)		9851146359	Thakur.chauhan@care.org	
64	Welt Hunger Hilfe	Deependra Chaudhari	Project Coordinator (Partner Advisor)-(Focal Person)		9842843775	deependra.chaudhari@welthungerhilfe.de	
65		Sushil Raj Ghimire	Programme Manager (AFP)		9813931361	sushil.ghimire@welthungerhilfe.de	

## 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:

- 10,000 cartons of ready to use therapeutic food;
- 400 CAN of F100;
- 200 cartons of ReSoMal;
- 300 CAN of F75;
- 100 sets height boards;
- 200 Salter' scales;
- 250,000 pieces (5,000 packs) of middle-upper-arm-circumference tapes;
- 200,000 pack of micro-nutrient powder;
- 3 million capsules of vitamin A capsules;
- 2.5 million de-worming tablets;
- 10 million iron and folic acid tablets;
- 150 Mt of Super Cereal for Pregnant and Lactating Women (PLW), children 6 to 23 months and elderly people

**Total fund required for preparedness and response: USD 3,576,106**

## **Annex III: Key messages for COVID-19 awareness – Bhim Kumari – please compare with IYCF and BCC messages that cluster already endorsed**

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 she has 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 and family members should continuously support her and take precautionary measures to avoid transmission of the virus to other family members.
- 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.
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### Breast feeding Mothers:

- Breastfeeding mothers, irrespective of their COVID-19 status should continue to breast feed taking precautions such as wearing a mask, washing hands before touching the baby and regularly washing surfaces in the house.
- Breastfeeding mothers should continue consuming a variety of foods at each meal and to consume two additional meals per day.
- Avoid contact with anyone, who has symptoms of COVID -19 (cough, flu, fever). If you feel suspicious, remember to wash hands immediately.
- 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.
- Mothers that are too ill to directly breastfeed should be supported to express milk so that another family member can feed the baby using a sterilized spoon and cup
- For symptomatic mothers well enough to breastfeed, wear a mask when near the child (including during feeding), washing hands before and after contact with the child (including feeding).
- An infant born by a mother suspected or confirmed COVID-19, should be supported to remain with her baby and supported to start breastfeeding immediately within the first 60min of the delivery.

### 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 deployed for nutrition response in COVID-19 situation:

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