

## Essential elements for Nutrition response in EVD context in district plans with guiding principles

### Context:

Nutrition care of the Ebola patients is an important component to ensure quick recovery and smooth convalescence. Adequate nutrition support for suspected and probable cases at Ebola Holding Centres (EHCs) is paramount to slow down disease progression during the waiting period for test results. Adequate Nutrition of the Infant and children (either with family or at OICC/ICC) is critical for growth and development. Thus, the district plans should adequately focus on provision of appropriate nutrition care for the EBOLA patients, Infant and children and family members for early cure, smooth recovery, adequate growth and assuming productive lives post EBOLA context. The guidelines below are to mention on priority actions and mechanisms for nutrition.

### Objectives of Nutrition response in district plans:

1. Adequate focus of nutrition security actions in the district plans
2. Guiding principles for operationalising the nutrition actions

**Interventions:** Nutrition support to following beneficiaries at designated centres/places

- EBOLA cases at EBOLA treatment centres (ETUs, ETU+EHCs,)
- Probable and Suspected EBOLA cases HC/CCC
- Orphans OICC/ICC
- Family members of Probable and Suspected EBOLA cases at QHH & Post QHH
- Orphans (Infant 0-5 months) at community (mothers died/infected)
- EBOLA survivors (with special attention to pregnant and lactating women & children <5 yrs)

**The guiding principles** for nutrition response in EVD context are as follows;

1. Global guidelines on Nutrition in EVD context
2. National Guidelines for breast feeding in EVD context
3. Ebola response SOPs for nutrition intervention.(approved by NERC)
4. National guidelines on Infant and Young Child Feeding (IYCF)
5. Revised National guidelines for Integrated Management of Acute Malnutrition (IMAM)

**Nutrition response in district plans to be reflected and places at**

1. Case management Pillar
2. Surveillance Pillar
3. Logistic/supply Pillar

**Intensity of Nutrition response:**

- District to focus on all the interventions mentioned below.
- No specific difference in the response plans as per transmission rates viz high, medium and low.
- However the special adjustments<sup>1</sup> could be made based on beneficiaries numbers/ locations/ centres with the pace of epidemic spread, case load and fatality rate.

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<sup>1</sup> If epidemic at rise : Focus at ETU/HC & and QHH, if high case fatality then focus to orphans, if epidemic managed then focus on survivors as nutrition counselling & nutrition surveillance

### Nutrition response in Case Management Pillar

Nutrition response	Location/centre	Period of support	Critical actions/guiding principles	Responsible persons/agency
Nutrition support to EBOLA patients	At ETU & ETU+EHC	During the entire stay	<ol style="list-style-type: none"> <li>1. Global guidelines on Nutrition in EVD context</li> <li>2. National Guidelines for breast feeding in EVD context</li> <li>3. Ebola response Standard Operating Procedures (SOPs) for nutrition intervention.(approved by NERC)</li> </ol>	I/C of ETU/ ETU+EHC DN DHMT IP

### Nutrition response in Case Surveillance Pillar

Nutrition response	Location/centre	Period of support	Critical actions/guiding principles	Responsible persons/agency
Nutrition support to probable and suspected cases	At HC	During the entire stay	Ebola response Standard Operating Procedures (SOPs) for nutrition intervention.(approved by NERC)	I/C of centres DN DHMT IP
Nutrition support to infant and Children of probable and suspected cases	At OICC	Till the family reunion	<ol style="list-style-type: none"> <li>1. National Guidelines for breast feeding in EVD context</li> <li>2. National guidelines on Infant and Young Child Feeding (IYCF)</li> <li>3. SOP for OICC</li> </ol>	I/C MoSWG
Nutrition support to family members of probable and suspected cases	At QHH	21 days or beyond	Ebola response Standard Operating Procedures (SOPs) for nutrition intervention.(approved by NERC)	DERC/ DHMT /IP DN MoSWG
Nutrition support to Ebola survivors	At Community	Survivor package for 2 months	Ebola response Standard Operating Procedures (SOPs) for nutrition intervention.(approved by NERC)	DERC/ DHMT /IP MoSWG MoA
Nutrition support to families of Ebola survivors	At Community	Long term actions	<ol style="list-style-type: none"> <li>1. Nutrition counselling</li> <li>2. Food demonstration activities</li> <li>3. Support with seeds and tools</li> </ol>	DERC /DHMT MoSWG MoA
Screening for assessing Nutrition status of children under five (Nutrition surveillance)	At community/ At PHU	Ongoing actions	<ol style="list-style-type: none"> <li>1. National guidelines on Infant and Young Child Feeding (IYCF)</li> <li>2. Revised National guidelines for Integrated Management of Acute Malnutrition (IMAM)</li> </ol>	DN IP PHU staff MSG CHW
Referral and management of SAM and MAM children (<5 yrs)	OTP/IPF	Ongoing actions	<ol style="list-style-type: none"> <li>1. Revised National guidelines for Integrated Management of Acute Malnutrition (IMAM)</li> </ol>	DN IP OTP/IPF staff

**Reporting priorities to focus Nutrition response for ensuring adequate and timely nutrition supplies to all beneficiaries and at all levels**

1. Information of the quarantine household/extension of quarantine period communicated to DHMT/DERC on daily basis
2. Age wise listing of children (0-5 months, 6-11 months, 12-24 months, 2-5 yrs, 5-18 yrs and adults) to be updated and shared with DHMT and DERC at QHH and all EBOLA centres for adequate and timely nutrition supplies/prepositioning
3. Weekly reporting of case load and consumption of nutrition supplies at ETU, ETU+EHC, EHC, CCC, OICC, ICC to DHMT/DLO/DN for adequate and timely nutrition supplies/prepositioning
4. Information of release/discharge of EBOLA survivors to DHMT/PHU for ensuring regular follow-ups and survivor package delivery
5. Information of Orphans (at OICC/ICC and at communities) to be shared to DHMT on priority by MoSWG for adequate and timely nutrition supplies/prepositioning and supporting special needs of Infant 0-5 months (mothers died/infected) with RUIF
6. Information of Family reunion to DHMT/DERC by MoSWG on priority for ensuring and supporting special needs of Infant 0-5 months (mothers died/infected) with RUIF until infant attains six month of age
7. Nutrition screening at community and referral for adequate care of children under five with SAM/MAM