

MATERNAL AND CHILD NUTRITION

UNICEF PROGRAMMING PRIORITIES TO RESPOND TO THE SOCIO-ECONOMIC IMPACTS OF THE COVID-19 PANDEMIC

RESPOND, RECOVER, AND REIMAGINE

1 June 2020

The COVID-19 pandemic is a child rights crisis. Even though children are less likely to fall ill from the virus, wide-ranging actions are needed so that children do not become the hidden victims of the pandemic. In particular, the pandemic and required mitigation measures have worrying impacts on household incomes and food, health, education and social protection systems. Owing to these impacts, millions of vulnerable children and women may not benefit from the diets, services and practices they need to support adequate nutrition. This document aims to provide a top-line narrative on UNICEF's nutrition programming to protect, promote and support maternal and child nutrition in the context of the COVID-19 pandemic. The document is aligned with the

UNICEF COVID-19 Guidance Note on Programming Priorities, the upcoming UNICEF Nutrition Strategy 2020-2030, and the UNICEF corporate emergency level 3 scale-up procedure. The document summarizes the pathways through which the COVID-19 pandemic is likely to have a negative impact on the nutrition situation of children and women and outlines UNICEF's nutrition programming priorities in five areas, based on the universal premise that prevention comes first in all contexts and when preventions fails, treatment is a must. The implementation of these priorities will be a key pillar of UNICEF's efforts to respond, to recover, and to reimagine nutrition, for every child.

1. IMPACT OF THE COVID-19 PANDEMIC ON MATERNAL AND CHILD NUTRITION

The COVID-19 pandemic is a global crisis of far-reaching consequences. With rising death tolls across the world, societies and economies are facing extreme pressure from both the direct impact of the virus as well as the indirect impact of measures to prevent transmission. In many countries, food systems are increasingly vulnerable to disruptions, health systems are overburdened, education systems are substantially altered, and social protection systems are facing a sharp increase in demand as a result of a sudden economic downturn and rapidly spiraling unemployment. As the clinical impacts of COVID-19 are better understood, many families are experiencing, or will soon experience, major hardship resulting from interruptions to essential services and loss of income. Yet again, the poorest families, communities and countries will be hardest hit. These impacts, when combined, are likely to have profound consequences on maternal and child nutrition in the

short, medium and long term, particularly in low- and middle-income countries where children and women who are already most vulnerable and affected by malnutrition live.

Entering 2020, 47 million under-fives globally were wasted, 144 million stunted, and at least 340 million suffered from micronutrient deficiencies. In addition to the burden of undernutrition and micronutrient deficiencies, 38 million underfives were affected by overweight, a figure that keeps growing in every region, including in Africa. These figures underline the scale of the malnutrition challenge the world already faces. The pandemic may further exacerbate maternal and child nutrition through three major pathways:

A. Poor access to nutritious diets: Despite the fact that the supply of nutritious foods is currently abundant globally due to relatively high

stocks and good harvests, the world faces a major challenge in terms of securing access to this food for all children and mothers in the right quantity, frequency, and diversity. As pandemic measures to prevent transmission are implemented, there is concern that nutritious food will not be available to vulnerable groups in places that they can access and at prices they can afford. Economic purchasing power for nutritious foods may collapse due to loss of employment or income. As a result, many caregivers and families will resort to coping strategies whereby nutrient-rich foods that tend to be more expensive will be replaced by less expensive foods of poorer nutrition quality. This shock will be dampened where social protection is more extensive and coverage broad, but in many contexts adequate social protection and support is lacking. Where social protection benefits and financial assistance are insufficient or foods provided are not of appropriate nutritional quality, diets will suffer. At the same time, restrictions on the movement of people and goods, as well as limits on certain forms of food retail, have the potential to interrupt physical access to nutritious foods. Other containment measures such as school closures – with 1.5 billion children out of school – may result in children missing out on critical nutritious meals. Combined, these dynamics may undermine access to nutritious foods and in some settings may perversely encourage consumption of fast food and processed, long shelf-life foods high in saturated fats, sugar and/or salt.

B. Poor access to essential nutrition services:

Many health systems that were already struggling prior to the pandemic are likely to become even more strained. These systems face service disruptions because of containment measures or inadequate access to personal protective equipment, and as they focus efforts on expanding their capacity to respond to COVID-19, such as by freeing up hospital beds, securing medical supplies and equipment, and deploying trained workers to the immediate emergency response. As human, financial, and logistical resources are diverted to the COVID-19 response and funding for health systems decreases with impending recessions, essential nutrition services for children and women risk being disrupted or suspended. In addition, physical distancing measures and restrictions on mobility adopted in

response to the pandemic may impact on the health system's ability to deliver services, disrupt the manufacture and transportation of key commodities, and negatively influence care-seeking behaviours and access to care. To illustrate, antenatal care, infant feeding counseling, and the early detection and management of wasting may be partially or fully disrupted by changes to care delivery models; inequities in access may also arise as a result of the alternative delivery channels proposed, such as online or telephone consultations. Population-based events such as vitamin A supplementation and deworming are likely to be suspended as movement of people within and/or between communities is restricted to reduce transmission of COVID-19, and school-based nutrition services are widely interrupted because of school closures. In some contexts, loss of insurance coverage due to a change in employment or an inability to make out-of-pocket payments as a result of financial hardship may also negatively impact on access to nutrition services for women and children.

C. Poor feeding and dietary practices: As described above, major disruptions to the food, health, education and social protection systems are expected as a result of COVID-19. These disruptions are likely to have significant negative knock-on effects for child feeding and dietary practices. For example, interruptions in skilled breastfeeding support may decrease recommended breastfeeding practices. Health workers, mothers, and families may have unfounded fears that active virus can be transmitted to the breastfed child through breastmilk, which is a fear that may be used by breastmilk substitute producers (BMS) to promote their products. Interruptions of health service counseling and social and behavior change activities may also lead to reductions in appropriate complementary feeding practices and maternal diets. A further constraint is that many caregivers are now juggling work with the demands of full-time childcare and homeschooling. Physical distancing rules may also mean that family support networks become less available, leaving caregivers with little spare time to prepare quality meals and feed their children appropriately, including through responsive feeding practices. As the pandemic and the socio-economic impact of the measures to prevent its spread become more protracted, the cumulative risk to child feeding and dietary

practices will become even more pronounced, with possible long-term impacts on children's nutritional status, their development, and the desirability and acceptability of certain foods.

All these possible impacts matter for children because malnutrition has immediate and lasting effects. Children with nutritional deficiencies are more likely to die, while those who survive grow poorly, perform less well at school, and go on to have lower earnings throughout their lifetime. At the same time, overweight and diet-related non-communicable diseases (such as stroke, heart disease, type-2

diabetes and some forms of cancer) have become the world's leading cause of mortality. Poor nutrition also affects COVID-19-related outcomes. To illustrate, immunologic impairments among wasted children may increase COVID-19-related mortality, while overweight and diet-related non-communicable diseases are potent risk factors for COVID-19-related mortality in the general population. The global response to the COVID-19 pandemic must therefore integrate and respond to nutrition concerns to prevent and, where necessary, treat malnutrition.

2. UNICEF NUTRITION PROGRAMMING IN THE CONTEXT OF THE COVID-19 PANDEMIC

The COVID-19 pandemic is a complex emergency and the highest level of mobilization is required across the organization. The UNICEF corporate emergency level 3 scale-up procedure for the pandemic has been instituted for 16 April to 15 October 2020¹ alongside organizational guidance on programming approaches and priorities to prevent, mitigate, and address the impacts of the pandemic.² Guided by the upcoming UNICEF Nutrition Strategy 2020-2030, this document details UNICEF's programmatic response to the COVID-19 pandemic for the period from 1 June – 31 October, 2020.

Programming principles

UNICEF's global nutrition programme is guided by the following programming principles: rights-based, equity-focused, gender-responsive, context-specific, evidence-driven and systems-centered. In the context of the COVID-19 response, we will reinforce a human rights-based approach to programming by:

- Addressing inequalities in analysis, programme design, implementation and monitoring, recognizing that the COVID-19 pandemic may cause or exacerbate nutrition vulnerabilities and disparities.
- Strengthening the capacities of national governments, NGOs and community organizations, and national systems for effective nutrition

programming in the context of the COVID-19 pandemic.

- Advocating for the rights and voices of children, adolescents and women as an integral component of nutrition programming in the context of the COVID-19 pandemic.

Our actions will be guided by overall support to COVID-19 infection prevention and control as well as innovative approaches to ensure continued access to nutritious diets, essential nutrition services and positive nutrition practices both during and after the mitigation phase.

Programming approaches

The following programming approaches are of special relevance for our COVID-19 response over the next six months:

- **Advocacy and communication** – Develop a strong nutrition narrative on how the COVID-19 pandemic threatens children's right to adequate nutrition. While the initial phase of the pandemic focused on limiting the spread of the infection and the immediate health risks, safeguarding maternal and child nutrition alongside infection control will be crucial in subsequent phases of the response.
- **Capacity development** – Strengthen capacities of decision makers at national and sub-national

1 UNICEF Executive Director. Email communication, April 16, 2020.

2 UNICEF (2020). [Guidance Note on Programming Approaches and Priorities to Prevent, Mitigate and Address Immediate Health and Socio-economic Impacts of the COVID-19 Global Pandemic on Children.](#)

levels to protect maternal and child nutrition in the context of the pandemic. We will publish specific programming briefs and tools, offer webinars and e-learning seminars, and use other context-specific dissemination platforms to share information on maternal and child nutrition.

- **Supply provision** – Accelerate supply planning to sustain services in the event of supply chain disruptions from the COVID-19 pandemic. With UNICEF Supply Division, UNICEF Nutrition programmes will engage in demand forecasting, distribution planning and procurement, pre-positioning and distribution.
- **Knowledge and innovation** – Generate, share, and use evidence to guide actions and test innovations to respond more flexibly to the evolving pandemic in different contexts, also with a view to the longer-term utility of some of the innovations. Guided by the UNICEF COVID-19 Nutrition Evidence Generation Framework and aided by UNICEF-supported data collection systems at national levels, we will assess the effect of the pandemic and related responses on nutrition outcomes, diets, services and practices.
- **Context specificity** - Tailor the response to each context -based on 1) the direct and indirect impacts of the COVID-19 pandemic on the nutrition situation of children and women; 2) the potential pathways for positive nutrition impact on children and women; and 3) the resources and partnerships available.

Collaborations and partnerships

As the Cluster Lead Agency for Nutrition, UNICEF supports the sectoral coordination of the COVID-19 response through at the Global Nutrition Cluster Coordination Team and country nutrition cluster/sector coordination mechanisms, linking stakeholders, and ensuring effective communication and collaboration. As the pandemic evolves, it will be important that UNICEF's nutrition programmes continue to adapt their programming approaches and collaboration with other UNICEF core sectors. To this end, we will regularly assess whether our own capacities to deliver high-quality technical, programmatic and managerial support across systems and programming contexts are fit for purpose and make necessary course corrections.

We will continue to work with national governments, civil society organizations and non-governmental organizations, UN agencies, bilateral partners, multilateral development banks, academia, private sector, and media—including in the context of the SUN movement—and seek modalities to best support the COVID-19 response. For our donor partners, we are identifying priority needs and develop costed plans. We also welcome engagement from Global Public Partnerships and International Financial Institutions, as well as private sector to support our nutrition programming in innovative ways that protect and promote children's right to nutrition

Strategic directions

The COVID-19 pandemic represents both a challenge and an opportunity for UNICEF nutrition programmes. The challenge is that children's needs will be greater and the resources available may not be commensurate to children's needs, hence the importance of prioritizing our interventions and sharpening the focus of our response. The opportunity is that the response to the pandemic may offer room to accelerate policy changes, simplify and innovate in programme approaches, streamline management processes, and help governments and partners respond in ways that prioritize children with the greatest needs.

In the context of the COVID-19 pandemic, UNICEF is uniquely positioned to mobilize global, regional and national partners across the public and private sector to safeguard maternal and child nutrition. This role is facilitated by 1) UNICEF's mandate to improve nutrition for every child, including those facing humanitarian crises, through its role as Cluster/Sector Lead Agency for Nutrition; (2) UNICEF's multisectoral expertise for children in nutrition, health, water and sanitation, education, protection, and social policy; (3) UNICEF's wide on-the-ground presence, with over 12,000 staff and nutrition programmes in more than 120 countries; and (4) UNICEF's long-standing role as a trusted advisor to national and sub-national governments and their development and humanitarian partners.

UNICEF programmatic priorities for nutrition in the context of COVID-19

UNICEF's nutrition response to the COVID-19 pandemic aims to ensure that all children and

women have access to nutritious and affordable diets, adequate nutrition services, and information and counselling on practices to protect, promote and support adequate nutrition. The response considers the major impacts of the COVID-19 pandemic on maternal and child nutrition, the availability of evidence-based interventions, and UNICEF's mandate and expertise for programme implementation in support of national systems. UNICEF's global programmatic response is organized around five results areas (Table 1). UNICEF Country Offices will prioritize interventions from these results areas based on national and sub-national contexts:

Table 1: UNICEF priority results areas for the COVID-19 programmatic response

- 1) Prevention of malnutrition in early childhood
- 2) Prevention of malnutrition in middle childhood and adolescence
- 3) Prevention of maternal malnutrition
- 4) Early detection and treatment of life-threatening malnutrition in early childhood
- 5) Governance for maternal and child nutrition

Prevention of malnutrition in early childhood:

UNICEF will support governments to prevent all forms of malnutrition by ensuring that the critical nutritional needs of children under five years of age are met through the protection, promotion and support of breastfeeding, complementary feeding and healthy diets,^{3,4} as well as continuity and adaptation of essential services such as vitamin A supplementation (VAS), deworming and micronutrient powders. Work in this area will include strong advocacy to ensure newborns and young children are not separated from their mothers to support breastfeeding, intensify support to families on young children's diets using practical communication tools and platforms, promote and support access to healthy foods, and control the illicit/unethical promotion or distribution of breastmilk substitutes and unhealthy foods⁵. Once conditions

warrant, UNICEF will support plans to re-establish population-based VAS events. UNICEF will also work closely with the social protection system to ensure that coverage of transfers is expanded to include all vulnerable families with children under two years, benefits are increased, vouchers for fresh food or fresh food transfers are included and nutrition communication and services are better linked to the social protection scheme. To assess the impact of the pandemic, UNICEF will work to include key indicators on early childhood nutrition in data collection systems.

Prevention of malnutrition in middle childhood and adolescence:

UNICEF will work so that the nutritional and learning needs of children in middle childhood and adolescence are not ignored. In the mitigation phase characterized by school closures, UNICEF will support innovative delivery mechanisms to maintain the provision of school meals and essential nutrition services, and promote the inclusion of vulnerable school children and their families in social protection schemes.⁶ In parallel, UNICEF will support nutrition education programmes through adequate mass media and digital channels and engage parents and children through appropriate e-learning platforms. As schools reopen, providing school meals, essential nutrition services, and ensuring a healthy food environment in schools will support efforts to bring children back to school and safeguard their nutrition. Throughout the entire crisis response, UNICEF will strengthen data systems to assess the impact of the crisis and the effectiveness of response measures. UNICEF will work closely with partners such as WFP to leverage resources and achieve programmatic synergies.

Prevention of maternal malnutrition: UNICEF will work to protect the diets, nutrition services and practices of pregnant women and breastfeeding mothers to minimize the negative impacts of COVID-19 mitigation measures. To this end, UNICEF will support continued antenatal care service provision by bringing nutrition services closer to communities.

3 UNICEF, USAID, Save the Children, Safely Fed Canada (2020). [Infant and Young Child Feeding Recommendations When COVID-19 is Suspected or Confirmed.](#)

4 UNICEF, Global Nutrition Cluster (2020). [Infant and young child feeding in the context of COVID-19.](#)

5 UNICEF (2020). [Response to COVID-19: Guidance note on financial contributions or contributions in-kind from food and beverage companies. Version 2.](#)

6 WFP, FAO, UNICEF (2020). [Mitigating the effects of the COVID-19 pandemic on food and nutrition of schoolchildren.](#)

In addition, UNICEF will facilitate telephone and online support for pregnant and breastfeeding women, support procurement and supply management systems on essential commodities, and identify innovative communication strategies to support culturally appropriate information and counseling on healthy eating, hygiene and physical activity.⁷ UNICEF will also advocate for social protection schemes to cover the needs of pregnant women and breastfeeding mothers and for continued access to fortified staple foods. To assess the impact of the pandemic on nutritional status and service coverage, UNICEF will work to include key indicators for pregnant and breastfeeding mothers in data collection systems.

Early detection and treatment of life-threatening malnutrition in early childhood:

UNICEF will work to intensify and diversify efforts to detect life-threatening malnutrition including wasting.⁸ To this end and depending on the context, UNICEF will scale-up efforts to build the capacity of caregivers and communities in the use of low-literacy/ numeracy detection tools (e.g. MUAC tapes), using online platforms where possible and relevant. To sustain access, UNICEF will explore opportunities for decentralizing treatment services closer to the communities, including (but not limited to) supporting community health workers and other community-health platforms to deliver simplified treatment services for children with uncomplicated wasting.⁹ Whenever needed, UNICEF will prioritize treatment for vulnerable children with wasting, in particular

among children under two years. To sustain services and minimize the risk of disruption to life-saving treatment services, UNICEF will support national governments and implementing partners in procuring and pre-positioning essential treatment commodities (e.g. ready to use therapeutic foods) in anticipation of potential disruptions to global, regional, national and sub-national supply chains.

Nutrition governance: UNICEF recognizes that during the COVID-19 pandemic, systems and mechanisms to ensure accountability, transparency and responsiveness to children and women are likely to be affected. To support improved governance for nutrition UNICEF will focus on three key priorities: (1) convening and coordinating strategic **partnerships** to support the nutrition response, focusing on sector and cluster coordination to most effectively support national governments to design and implement plans to mitigate the impact of the COVID-19 on maternal and child nutrition; (2) strengthening **data and information** systems to inform the design and implementation of nutrition plans and programmes, focusing on using existing data sources, identifying indicators to track needs, and monitoring progress and outcomes, especially for the most vulnerable;¹⁰ and (3) strengthening the generation, sharing and use of **knowledge** to inform policies, programmes, advocacy and research to improve maternal and child nutrition and adapt nutrition programming in the rapidly evolving COVID-19 context.

7 UNICEF, World Food Programme, Global Nutrition Cluster (2020). [Protecting maternal diets and nutrition services and practices in the context of COVID-19.](#)

8 UNICEF, Global Nutrition Cluster (2020). [Risk of COVID-19 complications in children affected by wasting.](#)

9 UNICEF, Global Nutrition Cluster (2020). [Management of child wasting in the context of COVID-19.](#)

10 UNICEF, Global Nutrition Cluster (2020). [Nutrition information management, surveillance and monitoring in the context of COVID-19.](#)

Table 2: UNICEF programmatic priorities for nutrition in the context of COVID-19

| PRIORITY AREA | WHAT | HOW |
|--|--|---|
| Results Area 1: Prevention of malnutrition in early childhood | | |
| Breastfeeding | <ul style="list-style-type: none"> • Support appropriate feeding and hygiene practices, particularly among mothers who are suspected or infected with COVID-19 • Support governments in identifying and addressing inappropriate promotion and distribution of breastmilk substitutes during the emergency response | <ul style="list-style-type: none"> • Support countries to enact evidence-informed policies on breastfeeding in the context of COVID-19 • Strengthen the capacity of health workers in providing skilled counselling and support for breastfed and non-breastfed infants by using the IYCF counseling tools adapted to the context of COVID-19, either safely face to face, by telephone or through e-learning, and ensure that mothers who are too ill to breastfeed are supported to safely feed their infants and re-initiate breastfeeding after recovery • Promote practical multimedia communication tools and platforms (such as mobile technology, social media, radio, etc.) and leverage WASH, social protection, and ECD platforms to reach communities and families with adapted information and messages on the importance of breastfeeding during COVID-19 • Identify and act on Code violations such as the promotion and distribution of breastmilk substitutes in health facilities, communities, and through food baskets/packages distributed to vulnerable families during the emergency response |
| Complementary foods and feeding | <ul style="list-style-type: none"> • Support families with information and practical solutions on feeding nutritious, safe and affordable diets to young children • Support in maintaining the continuity of essential services for young children through health, WASH and social protection systems, such as nutrition and hygiene education, use of micronutrient powders, access to diverse, nutritious and locally produced foods and fortified complementary foods • Ensure that nutrition of young children is well integrated in parenting and child caring initiatives | <ul style="list-style-type: none"> • Intensify support to families on the importance of healthy and safe foods and feeding practices for young children, including intake of safe drinking water, using practical communication tools (such as illustrative images, simplified messages and videos) and platforms (digital, broadcast and social media) • Strengthen the capacities of frontline workers (health, community and others) to counsel caregivers using IYCF counseling tools in the context of COVID-19 and nutrition videos on feeding age-appropriate, diversified and safe diets to their young children • Functioning platforms and services under health, ECD, social protection and WASH systems should be leveraged to maintain continuity of essential services for young children, such as nutrition education and counselling, micronutrient supplements, improved access to nutritious and safe food including fortified complementary foods, as appropriate and in alignment with national policies • In case of reduced mobility, work closely with the government and partners to develop alternative service delivery models to maintain continuity of essential services for young children • Support the pre-positioning of micronutrient powders (or lipid-nutrient supplements) in alignment with national policies to counteract supply chain disruptions |

| PRIORITY AREA | WHAT | HOW |
|---|---|--|
| Results Area 1: Prevention of malnutrition in early childhood <i>(continued)</i> | | |
| Micronutrient supplementation | <ul style="list-style-type: none"> Adapt delivery platforms for vitamin A supplementation (VAS), including via routine health system contacts and child health days, to minimize the potential virus transmission Use existing opportunities for VAS distribution during the COVID-19 pandemic (e.g., in the response to a vaccine-preventable disease outbreak or with bed net distribution) Support plans to re-establish population-based VAS events once conditions warrant and national authorities allow | <ul style="list-style-type: none"> Ensure the inclusion of VAS within the package of essential services that will continue to be implemented in the context of COVID-19 Strengthen health worker capacities to distribute VAS through routine health system contacts (e.g., immunization) alongside infection prevention and control Support the pre-positioning of VAS and other micronutrient supplements in anticipation of supply chain disruptions and the need to establish additional supply chains to support changes to programme implementation Monitor and re-evaluate the necessity of delays in population-based VAS events at regular intervals with an aim to reinstate/intensify VAS at the earliest opportunity |
| Healthy food environments | <ul style="list-style-type: none"> Respond to COVID-19 food system impacts that may limit availability and affordability of healthy foods for children and families, especially the most vulnerable Work with other sectors (e.g. WASH, education and social protection) in a coordinated manner to counteract negative impacts of COVID-19 and adapt measures to ensure continued local availability and affordability of healthy foods and safe drinking water Control the marketing, promotion or mass distribution of unhealthy foods (those high in saturated fats, free sugar and/or salt) to children and families in the context of the emergency response | <ul style="list-style-type: none"> Provide guidance to the community and families on healthy food purchases (types of food to prioritize, where and how to shop safely, tips on food preparation at home) in the context of COVID-19 through multiple communication channels Advocacy to maintain access to local markets, shops and stores and guarantee supply chains to support availability of reasonably-priced fresh foods and essential staples Identify and act on violations or non-compliance with existing food environment regulations (e.g., marketing restrictions) and avoid distribution or promotion of unhealthy foods as part of the emergency response |

| PRIORITY AREA | WHAT | HOW |
|---|--|---|
| Results Area 2: Prevention of malnutrition in middle childhood and adolescence | | |
| School meals and school food environments | <ul style="list-style-type: none"> • Provide support to maintaining continuity in the provision of nutritious and safe school meals, including identifying modalities to reach vulnerable children when schools are closed • Ensure nutritional quality and safety of meals in compliance with national nutrition standards for school meals • Ensure safe school food environments including restrictions on vending, sale and donation of unhealthy foods and beverages | <ul style="list-style-type: none"> • Apply context-based models for school meal, such as home delivery, take-home rations, cash or vouchers • Work with community platforms and youth networks to include out-of-school children and adolescents in nutrition programmes • Maintain adequate nutritional value of meals, food baskets or food packages, and avoid providing meals or food products with low nutritional value • Leverage the focus on 'reopening of schools' by reinforcing protocols for food hygiene, food handling, serving of school meals, canteens and food vendors in and around schools, and improved systems for inspection and monitoring |
| Nutrition education | <ul style="list-style-type: none"> • Deliver messages on healthy eating and positive behaviours through safe user-friendly platforms • Develop e-learning tools and packages for parents, educators and children on healthy eating and promotion of healthy lifestyle | <ul style="list-style-type: none"> • Integrate messages on healthy diets, preparation of healthy meals, physical distancing, WASH and food hygiene through mass media channels (radio/community radio, television, talk shows, television anchors, online, social media) • Engage parents and children through online or distance learning modules on nutrition and physical education, using technologies or radio in areas where internet access is not a viable option |
| Nutrition services | <ul style="list-style-type: none"> • Maintain continuity of essential nutrition services, such as micronutrient supplementation, despite school closures | <ul style="list-style-type: none"> • Develop models to continue the provision of micronutrient supplementation at home (to be taken as per the regimen under parental supervision) during school closures |

| PRIORITY AREA | WHAT | HOW |
|--|---|--|
| Results Area 3: Prevention of maternal malnutrition | | |
| Maternal nutrition services | <ul style="list-style-type: none"> Adapt antenatal care (ANC) and postnatal care (PNC) service delivery to local contexts to ensure continuity of essential nutrition services (nutrition and breastfeeding counselling, weight gain monitoring and micronutrient supplementation) Mobilize communities to identify local solutions to ensure continued access to ANC and PNC services Ensure an uninterrupted pipeline of essential nutrition commodities and adapt dispensing practices to ensure service continuity | <ul style="list-style-type: none"> Use results of situation analysis and community discussions to design local, context-specific modifications to ANC and PNC service delivery Modify ANC to prioritize the needs of at-risk pregnant women with respect to counselling to increase daily energy and protein intake and/or provide balanced protein energy supplementation, with close attention to follow up. Support the forecasting and prepositioning of essential nutrition commodities for 2–3 months close to service delivery points and increase the amount of nutrition supplies dispensed to pregnant women and breastfeeding mothers |
| Social safety nets | <ul style="list-style-type: none"> Expand social protection programmes and other emergency economic schemes to cover the needs of households with pregnant women and breastfeeding mothers Organize supplementary food distribution closer to homes/communities to facilitate access in food insecure settings and/or in settings with a high prevalence of underweight among women of reproductive age | <ul style="list-style-type: none"> Ensure that social protection programmes and other economic schemes cover the specific needs of households with pregnant women and breastfeeding mothers. Such efforts must ensure that cash, vouchers, and food baskets reach pregnant women and breastfeeding mothers. Prioritize social safety net programs in populations with a high prevalence of malnutrition |
| Counseling and social behavior change communication | <ul style="list-style-type: none"> Identify innovative channels to support messaging on healthy eating, hygiene, and physical activity/rest Adapt counseling to emphasize importance of healthy diets for immunity, safe preparation of foods, tips for eating well on a budget, as well as focus on hygiene Modify training materials and train frontline health and nutrition workers and community workers with information to support healthy diets and hygiene practices | <ul style="list-style-type: none"> Adapt existing counseling and training materials to focus on healthy diets, food safety, hygiene, for health and community workers. Create tools and facilitate creation and functioning of virtual mother support groups for pregnant women and breastfeeding women that provide accurate advice and appropriate support Integrate messages on healthy eating, hygiene into communications and messaging using various channels (social media, television, radio, digital platforms/mobile phone – WhatsApp, SMS) Design social behavior change communications on healthy eating and hygiene taking into account local gender and social norms |

| PRIORITY AREA | WHAT | HOW |
|--|--|--|
| Results Area 4: Early detection and treatment of life-threatening malnutrition in early childhood | | |
| Early detection of child wasting | <ul style="list-style-type: none"> Intensify efforts to strengthen the capacity of mothers, caregivers, and community-based health workers to detect and monitor their children's nutritional status | <ul style="list-style-type: none"> Introduce and/or scale-up capacity building efforts including through digital channels to build the capacity of caregivers to use low-literacy/numeracy tools including Mid-Upper Arm Circumference (MUAC) tapes |
| Treatment of child wasting | <ul style="list-style-type: none"> Initiate/intensify decentralization of treatment for uncomplicated wasting by shifting to community-based treatment whenever possible Initiate/intensify efforts to prevent disruptions in the availability of key commodities for the treatment of child wasting | <ul style="list-style-type: none"> Provide guidance for community health workers on training caregivers to use MUAC measurements while adhering to no-touch assessment protocols Strengthen community health worker capacities to provide treatment for uncomplicated wasting with a limited/no touch simplified treatment approach Develop videos, online tools and tailored e-learning to build capacities, provide refreshers, and provide updates on specific COVID-19-related adaptations when face to face sessions cannot be undertaken Develop context-specific simplifications of treatment protocols for child wasting, including simplified anthropometric criteria, dosage and distribution schedules for ready-to-use foods and other specialized nutrition foods, as well as potential adaptations to inpatient management for complicated cases in the context of COVID-19 Support the pre-positioning of essential commodities for nutrition programming (e.g. RUTF, MUAC bands, etc) and routine medicinal supplies, with a minimum buffer stock of two months Strengthen real-time monitoring and surveillance systems for child wasting with mobile technologies to inform response and allocation of resources |

| PRIORITY AREA | WHAT | HOW |
|--|--|---|
| Results Area 5: Governance for maternal and child nutrition | | |
| Coordination | <ul style="list-style-type: none"> • Ensure effective and functional leadership and coordination for maternal and child nutrition, in line with UNICEF Core Commitments for Children in Humanitarian Action | <ul style="list-style-type: none"> • Develop/strengthen (sub-)national nutrition coordination mechanisms to align programmatic intra- and intersectoral responses and assign roles and responsibilities in the short- and medium-term • Where government coordination capacity is limited or constrained, lead the international emergency response for nutrition, with government co-leadership where appropriate and support NGO contributions to leadership functions • Ensure that nutrition sector/cluster leadership and coordination functions are adequately staffed and skilled at national and sub-national levels |
| Data, information systems and nutritional assessments | <ul style="list-style-type: none"> • Use existing data and information to inform planning and implementation for COVID-19 nutrition response • Review the functionality of existing monitoring and information systems during the pandemic • Define indicators to monitor the impact of COVID-19 on nutrition programming and outcomes • Review the feasibility of nutrition assessments and/or consider innovations to support data collection and analysis | <ul style="list-style-type: none"> • Provide technical support on nutrition data and information systems to government and partners • Gather evidence on the type, degree, extent and drivers of malnutrition and the population groups most at risk (e.g., urban slums, high-density areas, migrants). • Include essential nutrition indicators and questions as per the nutrition-COVID evidence generation framework • Provide technical support for nutritional assessments, including proposing innovations to collect and analyse nutrition data (e.g., digital technology or community-based screening for malnutrition) |
| Evidence generation, knowledge management and visibility | <ul style="list-style-type: none"> • Identify evidence generation priorities for the COVID-19 nutrition response, and coordinate evidence generation activities, both internally and with partners, to fill these knowledge gaps • Maintain visibility of nutritional considerations in global COVID-19 response and strategically position UNICEF's nutrition work in response | <ul style="list-style-type: none"> • Establish a framework for evidence generation, formulate priority questions and coordinate research/evidence generation activities, as well as clarify related processes and roles and responsibilities • Capture and document lessons from nutrition programming, including innovations • Support global and local agenda-setting processes ensuring that nutrition is well-positioned and strategically included in narratives and discussions • Ensure that UNICEF's work is appropriately recognized and positioned |