

Findings of a survey on adaptation of COVID-19 -Nutrition Coordination and Programming guidelines

Survey Conducted in July 2020

COVID-19-Nutrition : Coordination adaptations

Visit our dashboard for further details

<https://datastudio.google.com/reporting/3e0748b0-5ef0-4700-acbc-98d9bb8eb39f/page/9gCf>

12 Country cluster/sector assigned a COVID-19 focal point person?

24 Country clusters/sectors undertaken HRP revision to ensure impacts of COVID-19 are also addressed in the ongoing humanitarian response

21 Country cluster/sector provided inputs to country-level contribution to the COVID-19 GHRP ?

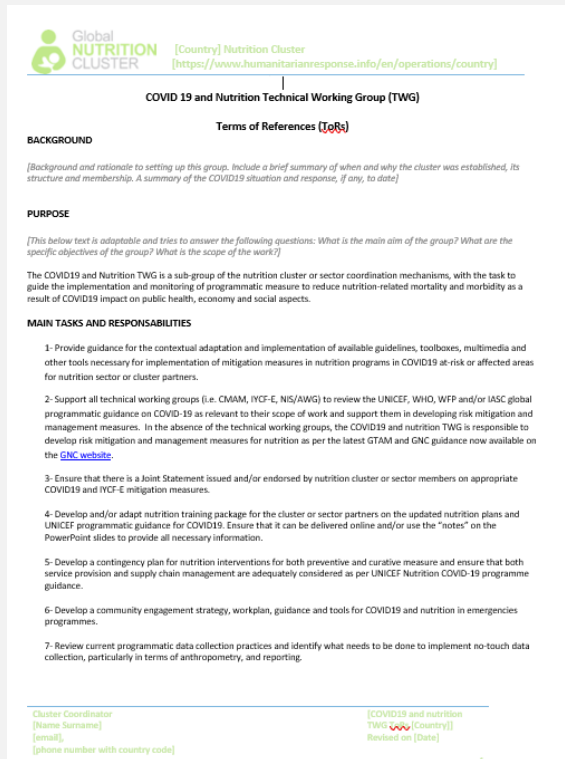
26 Country clusters /sectors have developed contingency plans to respond to nutrition needs during COVID-19 pandemic?

COVID 19 and Nutrition Technical Working Group (TWG) Terms of References

Are you aware of this guidance ?



Has your cluster/sector used it in your country context?



Infant & Young Child Feeding in the context of COVID-19

Are you aware of this guidance ?



Has your cluster/sector used it in your country context?



INFANT & YOUNG CHILD FEEDING IN THE CONTEXT OF COVID-19

Brief No. 2 (v1)
(March 30th, 2020)

To support implementers on how to prepare and respond to the COVID-19 pandemic, a series of evidence-informed guidance briefs will be produced and updated every ten (10) days as new information and evidence emerges. This Brief is meant to provide information specific to infant and young child feeding (IYCF) in the context of COVID-19. This Brief does not cover wider mitigation and response measures available in other guidance. As a nutrition community, we will continue to develop our understanding on practical solutions to deliver programming in the context of COVID-19. Documenting and disseminating these lessons and emerging evidence will be key to implementing the most appropriate and effective responses in the face of this pandemic.

This brief consolidates recommendations on Infant and Young Child Feeding in the context of the COVID-19 pandemic. The recommendations align with WHO's interim guidance on *Home Care for Patients with COVID-19 presenting with mild symptoms and management of contacts* (17 March 2020), the *Clinical Management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected* (13 March 2020) and *Operational guidance on infant feeding in emergencies* (2017).

KEY MESSAGES AND PRIORITIES

1. Programmes and services to protect, promote and support optimal breastfeeding (early and exclusive) and age-appropriate and safe complementary foods and feeding practices should remain a critical component of the programming and response for young children in the context of COVID-19.
2. Mothers with suspected or confirmed COVID-19 and isolated at home should be advised to continue recommended feeding practices with necessary hygiene precautions during feeding.
3. Alignment and coordination in the mitigation plans across nutrition, health, food security and livelihood, agriculture, WASH, social protection and mental health and psychosocial support to focus on reaching infants and young children in the context of COVID-19.
4. Actions through relevant systems (Food, Health, WASH, and Social Protection) should prioritize the delivery of preventive services to mitigate the impact of the pandemic on young children's diets and wellbeing with strong linkages to early detection and treatment of child wasting.
5. Full adherence to the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions (including WHA 69.9 and the associated WHO Guidance on ending the inappropriate promotion of foods for infants and young children) in all contexts in line with the recommendations of IFE Operational Guidance.
6. Donations, marketing and promotions of unhealthy foods - high in saturated fats, free sugar and/or salt - should not be sought or accepted.

Management of Child Wasting in the context of COVID-19

Are you aware of this guidance ?



Has your cluster/sector used it in your country context?



unicef



MANAGEMENT OF CHILD WASTING IN THE CONTEXT OF COVID-19

Brief No.1
(March 27th, 2020)

To support implementers on how to prepare and respond to the COVID-19 pandemic, a series of guidance briefs will be produced and updated every ten (10) days as new information and evidence emerges. **This Brief is meant to provide information specific to services and programmes for the management of child wasting in the context of COVID-19**, and it contains information that is not already available elsewhere. This Brief does not cover wider mitigation and response measures available in other guidance. As a nutrition community, we will continue to develop our understanding on practical solutions to deliver programming in the context of COVID-19.

Documenting and disseminating this guidance and emerging evidence and lessons will be key to implementing the most appropriate and effective responses in the face of this pandemic. Please share your questions and programmatic adaptations with us:

English : <https://www.en-net.org/forum/31.aspx> French: <https://fr.en-net.org/forum/31.aspx>

Maternal Diets and Nutrition Services and Practices in the Context of COVID-19



Protecting Maternal Diets and Nutrition Services and Practices in the Context of COVID-19

Brief No. 4

22 April 2020

To support decision-makers and implementers on how to prepare and respond to the COVID-19 pandemic, a series of guidance briefs are produced and periodically updated as new information and evidence emerge. **This brief provides interim programmatic guidance on actions to protect the diets and nutrition services and practices of pregnant women and breastfeeding mothers (henceforth referred to as 'women') during the mitigation phase¹ of the COVID-19 response.** Disseminating this guidance and documenting emerging evidence and lessons learned will be key to implementing the most appropriate and effective responses in the face of this pandemic. Please share your questions and programmatic adaptations with us:

English: <https://en-net.org/forum/31.aspx> French: <https://fr-en-net.org/forum/31.aspx>

RELEVANCE OF THIS BRIEF TO THE GLOBAL COVID-19 RESPONSE

The COVID-19 pandemic and its socio-economic impacts are likely to disproportionately impact the diets, and nutrition practices and services of women. Pregnancy and breastfeeding are periods of nutritional vulnerability when nutrient needs are increased to meet physiological requirements, sustain fetal growth and development and protect the health of the mother while breastfeeding. Globally, many women do not meet their dietary needs, which has negative consequences for their own nutrition, health and immunity, as well as for the nutrition, growth and development of their infants. In the context of COVID-19, women may face additional risks impacting diets, nutrition practices, and access to nutrition services as follows:

- Disruptions in food systems may limit the availability of and access to nutritious foods, increase food prices making nutritious foods unaffordable, and increase the availability and/or reliance on cheap staple (cereals, roots and tubers) and nutrient-poor ultra-processed foods. Such disruptions may affect the quality of diets and impact the nutritional status of women and newborns. In food insecure households, COVID-19 may also exacerbate discriminatory gender and social inequalities around food with adverse impacts on the nutritional status of women.
- The COVID-19 response may limit the availability and access to essential nutrition services for women. Even before the pandemic, quality and timely maternal nutrition services were mostly unavailable, inaccessible or unaffordable for many women. This situation may be exacerbated due to mobility restrictions and reduced capacity of already overstretched healthcare systems. Moreover, human, financial, and logistical resources may be diverted to prioritize the COVID-19 response. Fear of infection may also prevent women from seeking care. Disruptions to essential nutrition services may be amplified for at-risk women.
- Socio-cultural factors and gender norms may adversely affect women from healthy practices during COVID-19. Social exclusion, limited decision-making power, and hampered physical mobility may constrain the needs and concerns of women from being identified and hinder access to information and participation in food and nutrition, counseling and financial assistance. Existing social protection schemes may not support the needs of women. Women may face increased stress, trauma, depression and other mental health concerns along with gender-based violence resulting from loss of social support structures and disruptions during physical distancing.

¹ Mitigation phase, where community spread has occurred. At this stage, countries typically switch to population-based measures, including social distancing, to slow the virus's spread and to reduce the burden on the health system.

Are you aware of this guidance ?



Has your cluster/sector used it in your country context?



Nutrition Information Management, Surveillance and Monitoring in the context of COVID-19

Are you aware of this guidance ?



Has your cluster/sector used it in your country context?



Nutrition Information Management, Surveillance and Monitoring in the Context of COVID-19

Brief No. 2

July 2020

BACKGROUND & INTRODUCTION

To support implementers to prepare for and respond to the COVID-19 pandemic, a series of evidence-based guidance briefs are produced and updated as new information and evidence emerges. The first brief on nutrition information, surveillance and monitoring in the context of COVID-19 was released in April 2020. Building of recommendations from brief 1, this brief provides priority actions and recommendations for undertaking nutrition situation analysis and estimating its magnitude, monitoring impacts of COVID-19 including a proposed list of indicators, and alternative ways of data collection.

MAINTAIN PHYSICAL DISTANCING AND USE ALTERNATIVE WAYS FOR DATA COLLECTION

In line with global recommendations on curbing the spread of COVID-19¹, it is recommended to continue to **suspend all primary data collection activities (i.e. population-based surveys e.g SMART, MICS, DHS, etc. and mass screenings) involving in-person contact, unless deemed essential after critically weighing harms and benefits and until operational guidance on minimum criteria to restart population-based surveys² is released**. Even when mobility restrictions have been lifted and governments deem it safe to proceed with primary data collection activities, key ethical issues in relation to undertaking evidence generation in the context of COVID-19 should be considered⁴:

- Weighting harms and benefits** – Determine clear justifications for the urgency and necessity for in-person data collection activities vs direct benefits for programming. A robust harm-versus-risk analysis should be undertaken to recognize the moral imperative to **‘do no harm’**; determine:
 - the urgency and absolute necessity of the data for decision-making despite the risk;
 - the process to ensure the health and safety of the community and enumerators;
 - the resources required for recruitment, training, data collection, quality assurance and follow-up while ensuring adequate IPC⁵ measures;
 - the sensitization of the community on the objectives of data collection at this time. Consider how COVID-19 restrictions and messaging may affect community participation and engagement.
- Ensure privacy, confidentiality and consent** during and after the pandemic, when gathering data and appropriate communication of findings.

¹ https://www.nutritioncluster.net/resource_NISandCOVID19

² <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

³ Ongoing work is currently being done led by SMART, CDC, MICS, NHANES and DHS teams.

⁴ UNICEF (2020) *Ethical considerations for evidence generation involving children on the COVID-19 pandemic*.

⁵ Infection Prevention and Control (IPC)

Nutrition Sectoral and Cluster Coordination Guidance in COVID19 Contexts



Operational guidance on Nutrition Sectoral/Cluster Coordination in the context of COVID-19

Version 3.0 of 5th of May 2020
(see revision history in Annex 3)

The GNC Coordination team (GNC-CT) will adapt this guidance and support provided for Nutrition Sectoral/Cluster Coordination, Inter-sectoral/Inter-cluster Coordination, and Information Management, to increase the relevance and flexibility of approaches to respond to the evolving challenges and opportunities as the number of countries at risk of deterioration of the nutritional status of their vulnerable groups' due to COVID-19 increases,

The purpose of this document is to guide Nutrition Sector/Cluster coordination mechanisms at the national level on the adaptation of the core cluster coordination functions and working modalities, due to the COVID-19 pandemic. This document will be updated regularly to provide guidance based on the latest available evidence and information, based on two scenarios:

- Scenario 1: No population mobility restrictions
- Scenario 2: Partial or full population mobility restrictions

This document does not include specific guidance on Nutrition Programming and Information Systems as this is covered by additional resources issued by the Global Technical Assistance Mechanism for Nutrition (GTAM) available from [GNC COVID-19 Resources](#).

Global Humanitarian Response Plan (GHRP) for COVID-19

The COVID-19 GHRP is a joint effort by members of the Inter-Agency Standing Committee (IASC), including UN, other international organizations and NGOs with a humanitarian mandate to analyse and respond to the direct public health and indirect immediate humanitarian consequences of the pandemic, particularly in countries that are already facing a humanitarian crisis because of conflict, natural disasters, and climate change.

The GHRP aims to ensure complementarity, synergy, gaps and needs identification, and coordinated response by complementing and supporting existing government responses and national coordination mechanisms. The GHRP indicates that at the national level the usual coordination mechanisms apply, and where a Humanitarian Response Plan (HRP) is implemented, the Resident Coordinator (RC)/Humanitarian Coordinator (HC) and the Humanitarian Country Team (HCT) will lead the response, with support from OCHA and the Clusters. WHO provides lead support and expertise on public health issues in consultation

Are you aware of this guidance ?



Has your cluster/sector used it in your country context?



Template for Joint Statement on Infant and Young Child Feeding in the Context of COVID-19

Template¹ for Joint Statement on Infant and Young Child Feeding in the Context of COVID-19 Pandemic

<Joint Signatories> call for ALL involved in the response to COVID-19 pandemic to protect, promote, and support the feeding and care of infants and young children and their caregivers. This is critical to support child survival, growth and development and to prevent malnutrition, illness and death.

This joint statement has been issued to help secure immediate, coordinated, multi-sectoral action on infant and young child feeding (IYCF) in line with adopted IYCF guidance in the context of the COVID-19 pandemic response.

Box 1 - Infant and young child feeding recommendations

Children from birth up to two years are particularly vulnerable to malnutrition, illness and death. Globally recommended IYCF practices protect the health and wellbeing of children and are especially relevant in emergencies. Recommended practices² are:

- 1) Early initiation of breastfeeding (putting baby to the breast within 1 hour of birth);
- 2) Exclusive breastfeeding for the first 6 months (no food or liquid other than breastmilk, not even water unless medically indicated);
- 3) Introduction of age-appropriate, safe and nutritionally adequate complementary feeding from 6 months of age; and
- 4) Continued breastfeeding for 2 years and beyond.

In the context of the COVID-19 pandemic, the recommended IYCF practices should be protected, promoted and supported while applying appropriate respiratory hygiene during feeding, care, and contact with the infant and the young child in line with the IYCF in the context of COVID-19 brief³.

Particular concerns in the COVID-19 pandemic that may negatively impact infant feeding practices⁴:

- Policies and practices implemented for mothers and infants with suspected or confirmed COVID-19 in the immediate postnatal period that physically separate infants from their mothers making it more difficult to establish and maintain breastfeeding.
- Decreased access to health services and IYCF support services (e.g. skilled support) due to mobility restrictions or health workers getting ill.
- Loss of social support structures for pregnant and lactating women (PLWs) due to social distancing and fear of contact.
- False beliefs, misinformation and misconceptions about infant and young child feeding and lack of understanding that stress or trauma does not impact milk production and that breastfeeding is safe for COVID-19 positive women.
- Concerns for the supply chain of BMS, increased demand for infant formula and panic regarding the scarcity of formula resulting in needs of formula dependent infants not being met, poorly/untargeted BMS distribution and inappropriate marketing of infant formula.
- Concerns about transmission via food, affecting complementary feeding practices and maternal dietary intake.
- The inability to implement recommended infection prevention and control measures.
- Compromised access to markets and fresh produce which can lead to over-reliance on highly processed foods that are of typically low nutritional value and inappropriate for infants and young children.

¹ This template Joint Statement on Infant and Young Child Feeding (IYCF) in the Context of the Covid-19 Pandemic includes a consolidation of available recommendations related to IYCF in the context of Covid-19. It is to be adapted by countries or nutrition clusters and to be issued at the national level. It was developed by the IYCF Core Group. It is important that this Joint Statement is accompanied by the IYCF programming brief [1].

² <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>

³ https://mcafeecontent.com/fb14f0a6d6f823baf179830a4b39e9f06d6117de4829-9712-16a6e5c2806/IYCF_programming_in_the_context_of_COVID_19_30_March_2020.pdf

⁴ Add others that are relevant to country/context

Are you aware of this guidance ?



Has your cluster/sector used it in your country context?



Thank you

