COVID-19: Shocks on Nutrition and Potential Mitigation
USAID Guiding Principles and Recommendations

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Executive Summary

Purpose and Background: This document was developed under the auspices of USAID's Nutrition Leadership Council (NLC). It summarizes the likely impacts of the COVID-19 crisis on nutrition and proposes guiding principles for priority actions during the response and recovery phases. The crisis is creating shocks across multiple sectors and systems that are essential to improving and safeguarding nutrition. In a vicious cycle, shocks to nutritional status will increase morbidity and mortality and are likely to increase populations' vulnerability to adverse outcomes.

Shock Pathways: Disruption of livelihoods and food systems limit access to safe, nutritious foods. Disruptions in health systems and humanitarian response weaken delivery of vital nutrition interventions. Disruptions to social protection programs further undermine access to safe, nutritious food and health services.

Priority Actions During Response: Immediate priorities are to safeguard access to safe, nutritious foods, particularly for young children and pregnant and lactating women; continue to promote and protect breastfeeding; and maintain delivery of life-saving nutrition interventions through health systems and humanitarian response while minimizing risks of transmission. Priority actions include:

- *Food Systems Programming (p.6):* Promote commercial production and support market measures for safe and nutritious foods; maintain local production of nutrient dense foods.
- *Health Systems Programming (p.7-9):* Promote and protect breastfeeding; complementary feeding; vitamin A supplementation (VAS); management of wasting and acute malnutrition; maternal nutrition counseling and supplementation.
- *Humanitarian Assistance and Safety Net Programming (p.9-10):* Continue to provide essential health and nutrition services while reducing direct contact with beneficiaries; safeguard social protection programs with an increased focus on supporting access to nutritious foods and nutrition services.

Priority Actions During Recovery: Recovery priorities are to ensure food systems are delivering safe, affordable, nutritious foods and that health and community systems mainstream delivery of critical nutrition interventions. Priority actions include:

- *Food Systems Programming (p.10-11):* Accelerate industrial-scale fortification; promote home and local production of nutrient dense foods including biofortified crops where market access is limited; prioritize support to stakeholders in nutritious food value chains; promote government policies that support positive nutrition outcomes; develop multi-purpose market surveillance systems.
- *Health Systems Programming (p.11):* Reinstate and intensify VAS distribution; prioritize the use of community health workers to promote appropriate health and nutrition practices; strengthen supply chains for essential nutrition commodities; accelerate the development of alternative/complementary methods of social and behavior change focusing on non-contact methods that target the first 1,000 days, including those that use technology and media channels; leverage efforts to strengthen/rebuild health systems to ensure the delivery of nutrition services through routine maternal and child health platforms; and mainstream use of coverage indicators for nutrition-specific interventions.
- *Humanitarian Assistance (p11):* Maintain ongoing emergency nutrition services and mitigate gender and protection concerns as part of critical public health interventions within complex emergency responses.
- *Safety Net Programming (p.11):* Influence the design of social safety net programs to prioritize improving access to nutritious foods and nutrition and health services.

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Purpose

The initial focus of responding to the COVID-19 pandemic has prioritized immediate health and water, sanitation, and hygiene (WASH) needs. As we look to mitigate the impacts as the pandemic and control measures spread, this document provides overall insights into the likely impacts of the COVID-19 crisis on nutrition across multiple sectors and indicates guiding principles for priority actions during the response and recovery phases. It recognizes that "Given the rapid, fluid nature of the pandemic and unknowns about the virus and its epidemiology, the response will need to be flexible across geographies and activities because programmatic needs could shift and unanticipated needs arise"[1] and that the global nutrition community will need to adjust accordingly. It is therefore not intended to be prescriptive, but to provide a framework for analyzing impacts, prioritizing actions and advising nutrition stakeholders.

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Background

The COVID-19 crisis is creating shocks across sectors that are essential to improving and safeguarding nutrition. In a vicious cycle, shocks to nutritional status will increase morbidity and mortality and are likely to increase the population's vulnerability to adverse COVID-19 outcomes. Shocks to livelihoods and food systems undermine people's ability to access nutritious foods, while shocks to the health system and disruptions in humanitarian response weaken the ability to deliver vital nutrition and health interventions. Disruptions to social protection programs will further undermine consumers' ability to access food and health care. Advances in garnering political and financial support for nutrition will falter unless decision makers include nutrition during the COVID-19 response phase and recovery phase efforts. Nutrition stakeholders must engage in policy and program fora that are developing and implementing the responses to ensure nutrition issues are taken into consideration and provide relevant expertise. Undernutrition in women and children is the attributable cause of 45 percent of under-five deaths. Those children who survive undernutrition suffer from constrained cognitive and physical development.

Since the onset of the crisis there have been numerous efforts to model potential impacts and various guidance documents created by domestic and international organizations. However these analyses and guidance notes do not yet address nutrition holistically. In this guidance we summarize the likely impacts of the COVID-19 crisis on nutrition and propose interventions to mitigate damage to nutrition during the response, provide links to key internal and external guidance documents, and make initial suggestions about how to position nutrition during recovery. We have also developed a list of frequently asked questions (FAQs) that will be updated as our knowledge of the impacts on nutrition and appropriate responses evolves.

[1] State-USAID Strategy for Supplemental Funding to Prevent, Prepare for, and Respond to Coronavirus Abroad.

Top-Line Messages

- The COVID-19 crisis is creating multiple shocks which will undermine nutrition. Disruption of livelihoods and food systems limit access to safe, nutritious foods. Disruptions in health systems and humanitarian response weaken delivery of vital nutrition interventions. Disruptions to social protection programs further undermine access to safe, nutritious food and health care.
- To reduce loss of life, it is imperative to protect gains in nutrition during this crisis and during recovery. Deterioration in nutritional status will result in increased morbidity and mortality.
- Immediate priorities are to safeguard access to safe, nutritious foods, particularly for young children and pregnant and lactating women, continue to promote and protect breastfeeding, and maintain delivery of life-saving nutrition interventions through health systems and humanitarian response while minimizing risks of transmission.
- Monitoring and analyses need to consider the totality of the impacts on nutrition and prioritize interventions to mitigate them, and to accelerate nutritional outcomes during recovery.
- During recovery, priority needs to be given to ensure food systems are delivering safe, affordable nutritious foods and that health and community systems mainstream delivery of critical nutrition interventions.
- The COVID-19 crisis underscores why nutrition is a development imperative and we need to continue to garner political and financial support for nutrition as decision makers focus on response and recovery.

Shock Pathways

Shocks to livelihoods and food systems: Shocks to livelihoods and food systems are interrelated as purchasing power decreases due to livelihood shocks and food systems are being disrupted by the global pandemic. Food purchase represents a very large portion of household expenditure among lower socio-economic groups. Faced with decreased purchasing power, low-income households prioritize the purchase of staples and decrease the purchase and consumption of nutrient-dense foods (fruits and vegetables, animal source foods) which are costlier. During the 2007-2008 global food price crisis, analyses showed that intakes of staple foods (e.g. grains) remained relatively stable but intakes of nutritious foods dropped because of the increase in food prices.

Furthermore, as access to markets is constrained, availability and access to perishable products will be reduced. During the West Africa Ebola crisis that began in 2014, post-crisis interviews indicated that many households lacked the ability to access nutritious foods due to local food market closures, higher food commodity prices, and mobility restrictions put in place. Consumers' ability to access nutritious foods will be immediately undermined, structural shocks to the food system are likely to be longer-term. This can also be detrimental to the incomes of those involved in producing, transporting and selling perishable foods. Anecdotal reports point to the closing of fresh food markets and out migration from urban centers to rural areas with already stressed food accessibility as further restricting access to food.

Shocks to health systems: If health systems are overwhelmed by responding to COVID-19, their ability to deliver health interventions, including critical preventive and therapeutic nutrition services will be drastically restricted. These services could range from facility based antenatal care and treatment services for acute malnutrition to community-level counseling services for maternal and child nutrition.

Consumers' ability and willingness to access health systems will be undercut through desire to avoid risk of exposure. Restrictions on movement further reduce ability to access health services. Evidence from past epidemics suggests that outbreaks (e.g. Ebola) lead to supply chain shortages (including therapeutic foods). A review of the West Africa Ebola crisis concluded "The health system was severely compromised due to overwhelming demand, healthcare workers' deaths, resource diversion and closure of health facilities. Fear of Ebola and healthcare workers led to a breakdown in trust in health systems. Access to healthcare was compromised. Substantial reductions in healthcare utilization were reported including over 80 percent reductions in maternal delivery care in Ebola-affected areas".[2] In addition, as health workers fall ill with COVID-19, countries that already have a shortage of qualified health workers will have even fewer.

Breakdowns in social protection programs: Social protection programs in the broad sense are important levers for improving lower-income consumers' ability to access nutritious food and health services and increase their resilience to shocks (such as the current crisis). If mobility restrictions or supply chain disruptions (in the case of in-kind transfers) prevent access to existing social protection programs, or if they are not adjusted accordingly in response to increased needs during this period, significant negative impacts on the underlying determinants of nutrition among the most vulnerable are inevitable.

Disruptions in humanitarian response: A significant proportion of the undernutrition burden is in settings of complex humanitarian crises. Efforts to reduce risks of transmission may create disruptions in the way services are delivered, including delivery of food rations or access to treatment services for acute malnutrition. If humanitarian actors are overwhelmed by responding to COVID-19 their ability to deliver essential health and nutrition interventions will be undermined. Coordination of health and nutrition actors and their nutrition counterparts remains critical during this time to ensure a common approach to activity adjustments, consistent communication about subsequent changes, and access to services.

Misinformation: A general concern is the lack of understanding of nutrition's role in strengthening resistance to infections. While there is not specific information regarding undernutrition as a risk factor for COVID-19 morbidity and mortality, there is for other viral infections. A more specific concern is related to breastfeeding, if there is false information about risks of vertical transmission leading to separation of mother and infant with suspected, probable, or confirmed COVID-19 infection; or promotion and distribution of breast milk substitutes that interfere with breastfeeding practices. No vertical transmission of active COVID-19 has been documented. Standard infant feeding guidelines should be followed with appropriate precautions for IPC [infection prevention and control].[3]

Political Momentum: Since the 2008 Lancet nutrition series diagnosed the global nutrition system as "broken," there have been concerted efforts to galvanize increased political and financial support for nutrition notably through the Scaling Up Nutrition movement and a series of Nutrition for Growth summits. There has been some progress in stronger political positioning of nutrition in a number of

[2] The health impact of the 2014–15 Ebola outbreak. Public Health. Volume 143, February 2017, Pages 60-70. J.W.T. Elston, C. Cartwright, P. Ndumbic, J. Wright. https://doi.org/10.1016/j.puhe.2016.10.020.

[3] Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. Interim guidance. 13 March 2020. World Health Organization.

countries with high burdens, and incremental increases in nutrition financing. There is a real risk of backsliding in mobilizing the requisite political attention and financial resources.

Recommendations for potential actions during response and recovery phases

Priority Actions During Response Phase

Safeguard access to nutritious foods, particularly for infants, young children and pregnant and lactating women: Maintaining the availability, affordability, and access to safe nutritious foods, particularly for infants and young children and pregnant and lactating women is essential for safeguarding nutritional status during the COVID-19 pandemic and protecting immunity. Food systems will need to adapt to ensure sustainable healthy diets for all populations, regardless of individual infection status.

1. **Commercial production of safe nutritious foods:**
    a. Supply chains and distribution of fortified foods, particularly staple foods, should receive particular attention to ensure that people's nutrient needs are still met while nutrient-rich perishable food consumption is reduced.
    b. Policies and measures, such as tariffs or value-added tax, which may limit the import and utilization of micronutrient fortificants should be temporarily lifted in order to support increased production and reduce cost burdens on commercially fortified foods.
    c. Institutionalize short-term price subsidies targeted to nutrient dense foods, following local dietary guidelines.
2. **Home production of nutrient dense foods:**
    a. Support for local farmers to ensure continued access to seeds and other critical inputs that encourage increased home production of nutritious foods. This support could include distribution of biofortified seeds where appropriate.
    b. Increase messaging to local producers and consumers about maintaining food hygiene practices, with a specific focus on increased hand washing.
3. **Market measures for safe nutritious foods:**
    a. Ensure continued messaging in markets that COVID-19 is not a food-borne pathogen and that perishable nutritious foods, including animal-sourced foods, do not pose an increased risk for transmission as long as proper hygiene measures are in place.
    b. Provide continued messaging in markets to support consumption of nutritious foods.
    c. Include market vendors and related actors as essential service providers to prevent significant disruptions to food availability.
    d. Continue routine monitoring of local food prices, particularly of perishable nutritious foods, in formal and informal markets to inform response of social protection programs.
    e. Schedule access to markets at different times for higher risk population groups (e.g. elderly, pregnant women, and others).

***Health Systems Programming**:* Health systems, including community health workers, are essential platforms for delivery of nutrition interventions. Nutrition stakeholders should proactively engage with health coordination platforms to ensure that life-saving nutrition interventions are included in priority operations. The immediate priority must be on reducing the risk of transmission of the virus while continually providing the most life-saving nutrition services. Programs should prioritize breastfeeding, complementary feeding, vitamin A supplementation, treatment of wasting, and maternal nutrition counseling and supplementation (iron-folic acid or multiple micronutrient supplements).

1. **Breastfeeding and Human Milk Feeding**: Breast milk is an important source of nutrition for infants and young children. It provides critical protective factors through the direct transfer of antibodies and other immunological factors that help protect infants against infectious disease, including respiratory diseases. Globally it is estimated that 820,000 deaths per year are attributable to suboptimal breastfeeding. Recognizing that "the numerous benefits of skin-to-skin contact and breastfeeding substantially outweigh the potential risks of transmission and disease associated with the Coronavirus",[4, 5] programs and services to protect, promote and support optimal breastfeeding (early and exclusive) are a critical component of programming and response in the context of COVID-19. Mothers and families need to be reassured that it is safe to breastfeed their children. In the immediate postpartum period, infants born to mothers with suspected, probable, or confirmed COVID-19 infection should still be encouraged and supported to initiate early breastfeeding and establish and maintain exclusive breastfeeding, while applying necessary precautions for IPC, like wearing a mask and practicing good hand hygiene.
    a. Health care facilities providing maternity and newborn services and health workers should ensure efforts are made to comply with the International Code of Marketing of Breast-milk Substitutes including ensuring that there are no donations of free or subsidized supplies of breast milk substitutes in any part of the healthcare system.
    b. If a mother is severely ill due to COVID-19 or other complications that may prevent her from direct breastfeeding, she should be encouraged and supported to express breast milk using IPC precautions. If a mother is too unwell to directly breastfeed or express breast milk, options should be explored in line with WHO guidance to provide a suitable wet nurse, relactation support, donor human milk, or appropriate breast milk substitutes, informed by cultural context, acceptability to mother, and service availability.
2. **Complementary feeding**: Given constraints on accessibility of nutritious foods, it is important to intensify support to families on what, when and how to feed young children at home during the complementary feeding period using practical communication platforms to reach families in the context of COVID-19.

[4] Zhu H, Wang L, Fang C, Peng S, Zhang L, Chang G et al. Clinical analysis of 10 neonates born to mothers with 2019-nCoV pneumonia. Transl Pediatr. 2020;9(1):51-60. Epub 2020/03/11. doi: 10.21037/tp.2020.02.06. PubMed PMID: 32154135; PMCID: PMC7036645.

[5] Chen H, Guo J, Wang C, Luo F, Yu X, Zhang W et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. Lancet. 2020;395(10226):809-15. Epub 2020/03/11. doi: 10.1016/S0140-6736(20)30360-3. PubMed PMID: 32151335.

   a. Mothers with suspected or confirmed COVID-19 who are isolated at home should be advised to follow necessary respiratory hygiene during feeding.
   b. Programs should consider ways to expand access to products that improve nutrient-density of complementary foods, and if already available, multiple micronutrient powders or small quantity lipid-based nutrient supplements (SQ-LNS).
3. **Social and Behavior Change (SBC):** Nutrition interventions require strong SBC components, including interpersonal communications, which may not be possible with social distancing restrictions in place.
   a. In the COVID-19 response period there will be a number of pressing public health messages that need to reach the entire population. Nutrition messaging must target those in the first 1,000 days rather than solely broadcast via mass media.
   b. Given the constraints of face-to-face interactions in the context of social distancing, SBC strategies should rely on alternative, non-contact means to provide counseling and support. This might include the use of mobile technology, social media, or mass media, or using essential outlets that remain open as entry points.
   c. Both breastfeeding and complementary feeding SBC should include hygiene promotion as safe hygiene behaviours, especially hand washing with soap at all critical times and practicing safe food preparation/ handling, will reduce risk of transmission of COVID-19 as well as any food-borne disease.
4. **Management of Child Wasting**: Health systems contacts are a critical opportunity to identify children requiring treatment for wasting. Multiple adaptations are recommended for service delivery:
   a. In countries where it is acceptable by Ministry of Health staff, shift admission/discharge to Mid-Upper Arm Circumference (MUAC) only.
   b. Intensify efforts to strengthen the capacity of families to detect and monitor their children's nutritional status using the Family MUAC Approach.
   c. When appropriate, deliver treatment for uncomplicated wasting in the community via Community Health Workers (CHWs) or other community-based platforms using a limited/no touch approach.
   d. Many of these proposed modifications reflect those currently being piloted in existing humanitarian contexts, which may provide an opportunity to assess feasibility on a larger scale. Simultaneously, supply chains and pipelines must be carefully monitored during this period.
5. **Vitamin A Supplementation (VAS)**: Most countries that have achieved high, twice-yearly coverage of VAS have relied on campaign-type approaches. The Global Alliance for Vitamin A recommends that mass VAS campaigns should be temporarily suspended. This advice is consistent with WHO guidance that recommends temporary suspension of mass vaccination campaigns.
   a. During this period of temporary suspension, routine health and nutrition services that are still operational should provide VAS to children 6-59 months every six months. Any campaigns the government organizes during the COVID-19 pandemic, for example in response to a vaccine-preventable disease outbreak, should also be used for VAS.
   b. It is important to start planning now for intensified, catch-up VAS distribution so that it can be implemented as soon as possible when conditions allow.

6. **Maternal nutrition**: Nutrition and health interventions during the pregnancy period are critical for improving birth outcomes. Antenatal Care (ANC) platforms are the principal delivery channel and are likely to be disrupted due to social-distancing measures.
    a. Where ANC platforms are maintained, continued support to dietary counseling and distribution of and counseling on iron-folic acid or multiple micronutrient supplements should continue.
    b. Provide a full supply of supplements to cover the entire pregnancy period to limit exposure to care providers.
    c. If ANC platforms are disrupted, alternative means of supplement distribution (through CHWs, pharmacies or other private sector outlets that remain open) and dietary counseling through alternative channels should be explored.

***Humanitarian Assistance Programming**:* Within existing humanitarian programming, the priority focus must be on mitigation of widespread transmission of the virus and maintaining essential health and nutrition services. Fundamentally, this requires increased social distancing and reducing direct contact with beneficiaries. In this context of emerging evidence and still limited data, implementers and decision-makers must assess and balance the protective impact of activities with increasing the risk of transmission through close contact with beneficiaries during service delivery. In evaluating risk, venue location (e.g., indoors/outdoors), density of people, the presence of COVID-19 vulnerable groups (e.g., elderly), local community transmission, etc. should be considered.

- Infant and Young Child Feeding (IYCF) programming in emergencies, in particular continued support for breastfeeding, remains critical. In the context of COVID-19, community activities need to minimize group gatherings and identify social-distance-friendly communication channels (such as broadcast, media, or mobile phone), and adapt to one-on-one visits with adequate protective measures when direct contact is required for lactation support.
- Multiple adaptations are recommended for service delivery in the management of wasting, to reduce risk of transmission while maintaining continuity of these critical services during a period of additional increased risk. These include scaling up the Family Mid-Upper Arm Circumference (MUAC) approach, scaling up the use of Community Health Workers to treat uncomplicated wasting, and modifications to outpatient treatment (OTP) such as staggered visit days, MUAC-only admission, reducing the frequency of visits, and context-specific simplifications to treatment protocols (such as modifying anthropometric admission and discharge criteria and modified dosage and distribution schedules of RUFs).
- Distribution of other specialized nutritious foods can also be a critical intervention in humanitarian contexts, whether as part of a food assistance program or as a standalone nutrition intervention, and should be continued with appropriate adjustments. These may include transitioning from facility-based to community-based delivery, temporarily dropping all conditionalities from receipt of rations, and decreasing the frequency of distributions while increasing ration size. There may also be a need to consider targeting additional specific vulnerable groups for receipt of specialized nutritious foods.
- All partners delivering humanitarian nutrition programming should maintain active participation in COVID-19 working groups and coordination structures led by Ministries of Health, UNICEF, and/or WHO, to ensure technical alignment of any modifications of activities. In contexts where

the Nutrition Cluster (or Sector) is active, partners should adhere to Cluster guidance and report via Cluster mechanisms and RCCE coordination mechanisms

***Social Protection programming**:* Social protection programs should be safeguarded and bolstered with an increased focus on supporting access to nutritious foods and nutrition services. Existing social protection programs can serve as platforms to continue reaching those already identified as most vulnerable, but expansions and increases in transfers (where relevant) may be warranted as well. This may include the additional provision of nutritious food options or micronutrient supplements to improve the quality of the diets of women and young children during a period of altered consumption behaviors. Monitoring and analysis to identify groups whose vulnerabilities have been most increased due to COVID-19 responses should inform priorities for expansion. When in-kind food supplementation or distribution is included as part of social protection, unhealthy foods should be excluded from additional or alternative rations, and partnerships with food or beverage companies that produce unhealthy foods should be avoided.

***Monitoring, Analysis and Engagement**:* Nutrition stakeholders must engage in policy and program fora that are developing and implementing the responses to ensure nutrition issues are taken into consideration and provide relevant expertise. Monitoring and analyses need to take into consideration the totality of the impacts on nutrition and prioritize interventions to mitigate them, and to accelerate nutritional outcomes during recovery.

Priority Actions During Recovery Phase

We recognize there is not a firm divide between response and recovery. Our understanding of the impacts of the COVID-19 crisis on nutrition is at early stages and countries may be hit by different waves of the pandemic. Some of the priority actions discussed for the response phase will need to be continued during recovery. Ongoing analyses will inform priorities during recovery. These preliminary recommendations draw on experiences from other crises that have some parallels to COVID-19.

Monitoring, Analysis and Engagement: Monitoring and analyses need to take into consideration the totality of the impacts on nutrition and prioritize interventions to mitigate them. Analyses are usually sector-specific, and they will be inadequate for nutrition because of the multi-sectoral nature of the issue. Nutrition coordination mechanisms, such as those put into place through the Scaling Up Nutrition movement, need to be positioned as key stakeholders in analyzing the impacts on nutrition, prioritizing actions during recovery and elevating the importance of nutrition during the recovery phase. It is imperative to safeguard and monitor current and future domestic resources allocated to nutrition, while advocating for future funding increases when appropriate.

Food Systems:

- Accelerate efforts to ensure micronutrient adequacy in staples and condiments through industrial-scale fortification and biofortification. Consumption of staples and condiments is the most consistent during crises and proven solutions of delivering micronutrients create a resilient source of essential nutrients.

- Promote biofortified crops where appropriate from production inputs, to consumption and marketing, such as through national seeds systems in order to complement industrial-scale fortification over the long-term.
- As disruptions in local supply chains reduce food availability in formal and informal markets, and concerns about disease transmission affect market seeking behaviors, focus on home production of fruits, vegetables, and animal source foods should be emphasized.
- Prioritize support to stakeholders in nutritious food value chains, including nutrient-dense perishable foods, such as fruits and vegetables and animal-source foods, and quality processed complementary foods, as market systems are being re-built.
- Promote government policies that support positive nutrition outcomes, for example: a. duty- and tax-free imports of fortificants and fortification equipment; b. evidence-based food fortification standards and standards for processed complementary foods; c. open-trade policies for both perishable and staple foods (both international and within countries).
- Develop multi-purpose market surveillance systems which serve to monitor availability and cost of nutritious diets, consumer preferences and purchasing behaviors, and food safety issues.

Health Systems:

- Plan and implement reinstatement and intensification of VAS distribution at the earliest opportunity, once conditions warrant and national authorities have deemed that campaigns can proceed. Campaigns should be co-organized with other interventions as appropriate, such as catch-up immunizations, de-worming and screening and referral for acute malnutrition using MUAC.
- Prioritize the use of community health workers to promote appropriate health and nutrition practices and the implementation of nutritional interventions selected by local public health authorities.
- Strengthen supply chains for essential nutrition commodities (maternal supplements, VAS, ready-to-use therapeutic foods).
- Accelerate development of alternative/complementary methods of SBC that take advantage of technology and media channels that are more resilient to future shocks.
- Leverage efforts to strengthen/rebuild health systems (including community health worker platforms) to ensure the delivery of nutrition services through routine maternal and child health platforms and mainstream use of coverage indicators for nutrition-specific interventions.
- Modifications that will have been made for management of acute malnutrition reflect those currently being piloted in existing humanitarian contexts should continue to be assessed.

Social Safety Nets*:* Social protection/social safety net programs are a key lever to build resilience of vulnerable families to shocks. Response and recovery efforts are likely to have large social safety net components. As these programs are being strengthened and/or expanded, it is important to influence their design to prioritize improving access to nutritious foods and nutrition and health services.

Additional Resources

Many organizations have been developing analyses and programmatic guidance that are relevant to nutrition in the context of COVID-19. These are additional resources:

Food Systems:

- FAO: Keeping food and agricultural systems alive - Analyses and solutions in a period of crises - COVID-19 Pandemic
- FAO: Coronavirus: food supply chain under strain. What to do?

Direct nutrition programming:

- UNICEF, Global Nutrition Cluster (GNC) & Global Technical Assistance Mechanism for Nutrition (GTAM)
    - Infant and Young Child Feeding (IYCF) in the context of COVID-19 (30 March)
    - Management of Child Wasting in the Context of COVID-19 (27 March)
    - Protecting Maternal Diets and Nutrition Services and Practices in the Context of COVID-19 (22 April)
- The Global Alliance for Vitamin A (GAVA): Vitamin A Supplementation: Protecting Children's Lives in the Context of COVID-19
- WHO guidance on Infection Prevention and control
- Breastfeeding in the COVID-19 pandemic
- Q&A: Breastfeeding and COVID-19
- USAID Advancing Nutrition and UNICEF counseling cards on Infant and Young Child Feeding in the context of COVID-19

Humanitarian Assistance:

- USAID/FFP & USAID/OFDA Interim Guidance for Applicants Engaging in COVID-19 Humanitarian Response

Frequently Asked Questions

1. **Is the Coronavirus transmitted through breastmilk?**

No vertical transmission has been documented. Breastfeeding protects against death and morbidity in the post-neonatal period and throughout infancy and childhood. The protective effect is particularly strong against infectious diseases that are prevented through both direct transfer of antibodies and other anti-infective factors and long-lasting transfer of immunological competence and memory. Therefore, standard infant feeding guidelines should be followed with appropriate precautions for infection prevention and control (IPC). Mothers, families and health care providers need to be reassured that it is safe to breastfeed children.

2. **Is the novel coronavirus food-borne?**

The novel coronavirus is not transmitted through the consumption of food. Purchasing and consumption of perishable foods (fruits and vegetables, usual animal source foods) do not pose a risk for transmission. Because the virus originated in markets that sold wildlife, there is a conflation between markets for fresh foods (fruits and vegetables, usual animal source foods) and risk for transmission of the virus. COVID-19 control policies should also maintain access to local markets, shops and stores to ensure the availability of fresh foods and essential staples for children, women and families, while respecting social distancing practices and protections for staff. Families should receive practical, feasible and context specific information on the importance of healthy diets and solutions to enable families in maintaining a healthy diet.

3. **Is malnutrition a risk factor for adverse outcomes of COVID-19?**

We do not have evidence specific to COVID-19, and the first countries affected did not have high burdens of undernutrition. However, undernutrition in mothers and children is the attributable cause of 45 percent of all under-five mortality and is associated with increased risk of and adverse outcomes from many infectious diseases, including other viral diseases. For patients directly affected, nutrition needs specific to COVID-19 are yet to be identified, however, overall nutrition status is of utmost importance for an individual's health and ability to survive illness. In the care of patients with COVID-19, it is imperative to assess nutrition status to inform a specific plan of care.

4. **What is happening to the Tokyo Nutrition for Growth Summit in December 2020?**

The Government of Japan and its partners remain deeply committed to organizing a successful Nutrition for Growth Summit. Given the impacts of COVID-19 the Government of Japan is consulting with partners to assess the best path forward for the timing of the Nutrition for Growth Summit. Updates are being posted here: https://nutritionforgrowth.org/2020-summit-update/.

There is a consensus among all stakeholders that ensuring good nutrition for all is even more urgent during these challenging times.

5. **How can my activity adjust its USAID-funded nutrition programming to respond to COVID-19?**

Please contact your Contracting Officer's Representative (COR) or Agreement Officer's Representative (AOR) for more information.