

UNICEF and WFP are scaling up efforts to prevent and treat child wasting in response to the impact of COVID-19. At any point in time, an average 47 million children under 5 years of age suffer from wasting, a condition characterized by low weight for height. COVID-19 puts malnourished children at an ever-high risk of death and – for the children who survive – poor growth, development and learning.

Even before COVID-19 became a global pandemic threatening the health and well-being of the world, an estimated 47 million children under 5 years of age suffered from wasting, which puts them at higher risk of death. For children who survive, wasting adversely affects children's body growth, brain development, and school performance.

Wasted children are at risk during this pandemic. First, they are at risk because of potential disruptions in the nutritional services that keep them alive. Secondly, undernutrition makes them more susceptible to infection. And finally, they are more vulnerable because they rely on parents for daily feeding, care and support. If caregivers are sick, quarantined or unable to secure nutritious and safe food and drinking water, children will suffer. Therefore,

as the COVID-19 pandemic reaches countries with a high burden of child undernutrition, including those affected by a humanitarian crisis, it is critical to include wasted children in the list of vulnerable groups to COVID-19.

The COVID-19 pandemic also risks becoming a nutrition crisis, as overburdened healthcare systems, disrupted food systems and income loss prevent children and women from accessing nutritious diets and essential nutrition services, including those for the early detection and treatment of child wasting.

Aligned with this analysis, the partnership between UNICEF and WFP will adopt a two-pronged strategy to respond to the immediate and medium-term needs to prevent and treat child wasting during and after COVID-19.

## 1. Interventions during COVID-19 mitigation phase

The UNICEF and WFP partnership will focus on the following, in support to national governments and partners [based on respective mandate, comparative advantage and operational capacity]:

- Intensify programmes to protect, promote and support optimal breastfeeding, age-appropriate complementary foods and feeding for infants and young children, and related maternal nutrition, using all opportunities to include key messages on COVID-19 symptoms, hygiene practices, and infection prevention and control measures.
- Scale up programmatic actions for mothers with confirmed or suspected COVID-19 and isolated at home to continue recommended feeding practices for infants and young children with necessary hygiene precautions during feeding.
- Support full compliance with the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly 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 Infant Feeding in Emergencies Operational Guidance.
- Ensure safety of the current nutrition programming to reduce potential of infection in undernourished children, their caretakers and staff by handwashing with soap, physical distancing and intensive messaging and communication to the community.
- Intensify efforts to strengthen the capacity of mothers and caregivers to detect and monitor their children's nutritional status using low-literacy/numeracy tools including mid-upper arm circumference.
- Intensify pre-positioning (with a minimum buffer stock
  of two months) of essential commodities for the prevention
  and treatment of child wasting (e.g. therapeutic milks and
  ready to use therapeutic foods, ready to use supplemental
  foods, multiple micronutrient powders, and micronutrient
  supplements) and routine medicinal supplies at national,
  community and health facility levels.

## 2. Interventions post COVID-19 mitigation phase

Based on prior experience with food, financial and health crises, the COVID-19 pandemic and response will have a negative impact on the nutritional situation in many countries- increasing the number of malnourished children.

This will be particularly evident amongst younger children and children from poorer households and communities. Therefore, it will be essential to adapt and scale up nutrition programmes to save lives and avoid a major increase in the burden of child wasting due to the medium-term consequences of containment measures and the socio-economic impact of the pandemic.

Based on respective mandate, comparative advantage and operational capacity, the UNICEF and WFP partnership will:

- Align and scale up mitigation plans across food, health, and social protection systems to protect and promote nutritious, safe, affordable and sustainable diets that support adequate nutrition and prevent wasting among infants, young children and mothers from families and communities affected by the COVID-19 pandemic.
- In food insecure contexts where communities have limited access to adequate diets, scale-up prevention interventions (e.g. fortified flours, lipid based nutrient supplements or cash) for households with children under 2 years of age, pregnant women and breastfeeding mothers.
- In coordination with national/sub-national governments and nutrition sector/cluster coordination platforms support the design and scale-up of context-specific simplified approaches for the early detection and treatment of child wasting.

