Even before COVID-19 became a global pandemic threatening the health and well-being of the world, an estimated 47 million children under five years of age suffered from wasting, putting these children at a 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.

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 five 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.
1. Interventions during COVID-19 mitigation phase

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 2 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 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 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 two 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.
During a pandemic like COVID-19, extreme hunger and poverty rates can increase sharply. WFP and UNICEF’s main concern are the people living on the edge in fragile countries – women, men, girls and boys already facing extreme malnutrition, conflict and disease. It’s vital that at this time of global crisis programmes which offer a lifeline to vulnerable people around the world get scaled up. Almost 370 million children are missing out on school meals because of school closures. A key lesson from school closures during the Ebola virus outbreak in West Africa was that the impact was on both children’s academic performance and on their overall health and well-being.

While governments, international agencies, civil society and other partners come together to mobilize alternate learning options at scale, similar efforts are required to protect the health and nutrition outcomes of children. The WFP-UNICEF partnership on school health and nutrition announced earlier this year offers an established framework and programme of cooperation to ensure that millions of vulnerable school-aged children especially in fragile contexts receive the health and nutrition support they need to learn and to thrive.

The current programme of action is focused on two dimensions: i) partnership and coalition building; and ii) operational action, with a global, bold and ambitious ask by 2030 and an operational target for 2020 for six countries in the Sahel and the Horn of Africa. Aligned to these, the partnership will now adopt a two-pronged strategy to respond to the immediate and medium-term needs of learners and education systems during and after COVID-19:

1. **Interventions during school closures**: UNICEF and WFP with the support of other partners will focus on the following (based on respective comparative advantages and operational capacity):
   - Track the number of countries and learners missing out on school feeding to understand the scale of the challenge;
   - Identify a mix of alternate mechanisms to provide meals to school-aged children [e.g., through vouchers, cash transfers, family pick up points etc.]. This will also leverage other partnerships to facilitate comprehensive support to the family (social protection/nutrition, health and food support), especially for vulnerable families;
   - Support health education/promotion on health, nutrition and WASH through modified education provision mechanisms [no tech, low tech and high-tech options]; and
   - Implement a knowledge management strategy and research agenda to document case studies of good practice, lesson learnt etc.

2. **A joint Back-to-School campaign**: Based on prior experience of epidemics [such as during the Ebola crisis], it is highly likely that there will be a significant setback in the health and nutrition status of learners upon return to school. For effective learning to take place, addressing this must be an immediate priority of schools and education systems. WFP and UNICEF will begin planning for the re-opening of schools by supporting governments to offer comprehensive support to the health and nutrition status of learners. This includes bolstering current operations to ensure adequate scope, depth, reach and strengthening joint advocacy, resource mobilization and partnerships to meet growing needs. It is well known that following periods of prolonged absence from school, vulnerable children are less likely to ever return. School meals and other health and social services are often the determining factor as to whether families send their children to school or not. After a crisis of this magnitude with far reaching health, education, social and economic impact, implementing measures that not only expand the reach of health and nutrition services but improve its quality becomes critical. UNICEF and WFP will build upon the ‘back-to-school campaigns’ to accelerate system-wide reforms that increase investment and improve services for the health and nutrition of school children, and calls on its partners and donors to join in this global effort.
As the leading United Nations organizations working for refugees and children, UNICEF and UNHCR are engaging for transformative joint action to improve the lives of refugee children. They have developed a new Blueprint for Joint Action which will deliver a measurably more effective and efficient response for refugee and returnee children, their families and host communities.

**Efficiency and effectiveness gains**

- robust response for refugee and returnee children, their families and the communities that host them in education, WASH and child protection
- positive policy shifts to include these children into national systems
- increased predictability and clear parameters of engagement between UNHCR and UNICEF – reducing gaps and duplication of effort
- more efficient mobilization and use of resources, as well as increased cost savings
- smoother transitions from humanitarian emergency interventions to development approaches

**Objectives of the Blueprint**

- Work with governments towards full social and economic inclusion of refugees and returnees in national policies and plans

- Advocate for refugees and returnees to have access to national services in countries of origin, in countries of transit and in refugee-hosting countries

- Provide technical and programming support to host countries for inclusion in national development plans and budgets, alongside host communities
The transformative approach set out in the Blueprint will accelerate progress towards the Sustainable Development Goals; help to realize the commitments set out in the Global Compact for Refugees and subsequent pledges in the GRF; and contribute to UN reform by modelling an innovative, effective and efficient collaboration. Lessons learnt will lay the groundwork to scale up in all 125 countries where both UNICEF and UNHCR are operational.

The Blueprint for Joint Action focusses on three programmatic areas. The following are the joint long-term goals to which UNHCR and UNICEF have committed, and which will guide our joint action during the course of the Blueprint and beyond.

**Initial Focus Countries**

Ethiopia  |  Kenya  |  Cameroon  |  Bangladesh  |  Libya  |  Lebanon  |  Honduras  |  Ecuador  |  Iraq

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**WASH**

All refugee children and their families will have access to safe and clean drinking water, and adequate sanitation in accordance with agreed emergency and other standards. UNICEF and UNHCR will jointly strive towards this goal in the focus countries with existing refugee populations. In any new refugee influx in the focus countries this will be achieved within the first 3 months of arrival.

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**Child Protection**

All refugee children will have access to birth registration services and child protection systems; and all refugee women, girls and boys affected by gender-based violence will be supported with appropriate services.

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**Education**

All refugee and returnee children of primary and secondary school age will have access to accredited quality education focusing on inclusion into national systems; and refugee youth will have significantly better access to tertiary education or skills and vocational training opportunities.