SAFEGUARDING CHILDREN’S ACCESS TO GOOD DIETS, SERVICES, AND PRACTICES IN EAST ASIA AND THE PACIFIC DURING THE COVID-19 PANDEMIC: AN OVERVIEW OF UNICEF’S NUTRITION RESPONSE

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1 Key Messages

The COVID-19 pandemic has brought many challenges, negatively affecting children’s access to good diets, services, and practices. In response, there have been opportunities to trial innovations and develop new programming approaches. The UNICEF East Asia and Pacific Regional Office (EAPRO) reviewed UNICEF’s nutrition responses throughout the East Asia and the Pacific (EAP) region to further adapt nutrition programmes to the rapidly changing context and inform response to future pandemics. The review identified that the following innovations and programming approaches formed a crucial part of UNICEF’s nutrition response:

- Using digital technology and innovative channels of communication to widely promote healthy eating, maintain essential nutrition services and optimize training
- Using the pandemic as an opportunity to further test and adopt simplified approaches
- Refining digital methodology and tools for nutrition assessment
- Building more robust nutrition information systems for better preparedness and response
- Making nutrition more central to social safety nets to better address vulnerabilities and inequities

Further testing and mainstreaming the adaptations and innovations introduced during the COVID pandemic into UNICEF’s longer-term programming will help to recover and reimagine nutrition for every child in East Asia and the Pacific.
Safeguarding children’s access to good diets, services, and practices in East Asia and the Pacific during the COVID-19 pandemic: An overview of UNICEF’s Nutrition Response

2 Introduction

In line with its 2020-2030 Global Nutrition Strategy, UNICEF’s programmes aim to protect and promote diets, services and practices that support optimal nutrition, growth and development for all children, adolescents, and women. The unprecedented global social and economic crisis triggered by the COVID-19 pandemic poses grave risks to young children’s nutritional status and survival due to rapid changes to the availability, accessibility and affordability of nutritious foods, steep declines in household incomes, poor feeding and dietary practices, and interruptions to health, nutrition, and social protection services. A healthy diet remains unaffordable for nearly 1.9 billion people in the Asia and Pacific region. Concerns have been highlighted about the long-term impacts on poverty and all forms of malnutrition, resulting in slowing, and in some cases reversing the already inadequate gains made in addressing undernutrition, while at the same time accelerating the increase in overweight/obesity trends.

For nearly 1.9 billion people in the Asia and Pacific region, a healthy diet remains unaffordable

A recent report describing the situation of malnutrition, diets and food choices in the Association of Southeast Asian Nations (ASEAN) region indicates that nearly three-quarters of households experienced a decline in income as a result of the pandemic, and more than 4 million children under 5 years suffer from wasting. A real-time assessment of UNICEF’s COVID-19 response indicates that in the EAP region, routine vaccination disruptions affected an estimated 6.9 million children, and that poor mental health, education and access to basic water and sanitation services were severely impacted by the COVID-19 pandemic and related mitigation measures. The pandemic, therefore, reversed decades of hard-won development gains for children, and there are clear signs that it also exacerbated existing vulnerabilities, discrimination, and exclusion.

Although less likely to fall ill from the virus, children are paying a heavy price through the indirect effects of the crisis, including poor diets, mental health impact, social isolation, reduced physical activity, and lack of schooling and health care, particularly among vulnerable groups. While the full impact of COVID-19 on malnutrition is still unknown, the global prevalence of child wasting in low- and middle-income countries was estimated to rise by 14.3%, contributing to an additional 6.7 million children with wasting worldwide over the first 12 months of the pandemic alone. This echoes the growing concerns that the pandemic will likely “erase many of the gains” made in earlier years, with this deterioration adding to pre-existing gaps in food and nutrition security and poor nutrition indicators.

UNICEF EAPRO commissioned this rapid review to appraise and document UNICEF’s nutrition responses to the COVID-19 pandemic. The findings will inform future pandemic responses and UNICEF’s regular nutrition programmes even as the spread of the COVID-19 pandemic is contained. The work is based on a desk review of available reports from the UNICEF regional and country offices, combined with key informant interviews and surveys with relevant country-level stakeholders from Cambodia, China, Malaysia, Myanmar, Mongolia, Philippines, and Timor-Leste.
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Pandemic Impacts on Child Nutrition in East Asia and the Pacific

Overall, declines in household incomes and a reduction in the availability and accessibility of nutritious foods in the context of the COVID-19 pandemic led to a shift in the lifestyle and dietary habits of many families, with rises in both overweight and undernutrition predicted. Access to health and nutrition services was severely disrupted multiple times over successive waves of the pandemic-related lockdowns. Although the full extent of the impact of COVID-19 is not yet clear, the following effects of the COVID-19 pandemic on nutrition have been documented:

- **Food insecurity and economic decline:** One in 10 people in East Asia and 1 in 5 people in South-East Asia - a total of over 300 million people - were already suffering from food insecurity before COVID-19. Pre-pandemic data showed the poor spent more than half their income on food. In a socio-economic study in Cambodia in July 2021, respondents reported dramatic income reduction at the household level, with more than 90% of them estimating a 50% and above decrease in household income and three-quarters of them changing their main occupation to agriculture, livestock or self-employment. Two 2020 surveys conducted by UNICEF, FAO and WFP during the pandemic found that 87% of households in Manila and 66% of households in Jakarta reported they were worried about food in the previous month, an increase of nearly 50% for both countries from 2018 baseline estimates.

- **Reduced access to nutritious diets and changes in food choice:** Pre-COVID-19, diets had already started to shift from traditionally being rich in local fruit, vegetables, and whole grains, to be high in unhealthy fats, sugar and salt, with growing consumption of highly processed foods. There are signs that the COVID-19 pandemic and related mitigation measures have further accelerated these trends. Restricted availability of fresh foods resulting from lockdowns, mobility restrictions, and border closures are estimated to have disrupted food supply chains due to a lack of labour, transport, and agricultural inputs. Closure or restricted opening hours of food shops and markets limited purchasing choices. Movement restrictions, isolation, and school closures have reduced opportunities for physical activity, leading to more sedentary lifestyles for some. This reduced activity, combined with less food choice and reliance on fast foods are likely to add to the risks of obesity, which is worrying as overweight levels were already rising before the pandemic.

- **Harmful industry practices:** There is evidence that the COVID-19 pandemic was used by companies producing Breast Milk substitutes (BMS) to further undermine the International Code of Marketing of Breastmilk Substitutes (the ’Code’). Numerous violations of the Code were recorded during the first wave of COVID-19 in the region. Increased corporate donations of BMS and requests from BMS companies to support the pandemic response were seen in some countries, with aggressive...
marketing of BMS rife through social media platforms, including offering free samples to people via social media promotions.

Some food companies have also leveraged the COVID-19 pandemic to aggressively market unhealthy and fast foods. Furthermore, multiple examples of companies donating unhealthy foods were found in China, Indonesia, Cambodia, Myanmar, and the Philippines during the pandemic. In the Philippines, two major global and local fast-food companies donated meal ‘care packages’ to frontline health workers and communities while clearly marketing their brands.

• **Disruption and deprioritisation of nutrition services:** At the beginning of the pandemic, national mitigation efforts resulted in severe disruptions of the provision of nutrition services, particularly those delivered through the health sector. Early on, UNICEF estimated a 30% overall reduction in essential nutrition services coverage, increasing to 75-100% in lockdown contexts. EAP experienced relatively short lockdown measures, but these were often recurrent with a range of health service disruptions observed in all but two countries.

Treatment of wasting was particularly impacted initially, with COVID-19 containment and treatment overshadowing nutrition interventions. The face-to-face nature of assessment and treatment of child wasting resulted in massive disruptions to regular programming with children at high risk of death not receiving timely treatment. Similarly, early detection and home visits, involving in-person contact between community health workers with caregivers and their children, were limited or stopped by the required movement restrictions. The global supply chain and domestic transport network disruptions also led to shortages of therapeutic foods and other essential supplies. Micronutrient supplementation activities were similarly disrupted due to movement restrictions.

• **Weak community health systems capacity, and poor links to the health system,** added additional challenges to programme strategies, including detection of malnutrition and delivering nutrition services remotely. Movement and social distancing requirements also hindered traditional infant and young child feeding (IYCF) services, preventing face-to-face health facility and community level counselling on breastfeeding and age-appropriate complementary feeding practices, and limiting maternal antenatal care. Misinformation on breastfeeding safety by mothers infected with COVID-19 emerged. In some countries, professional societies developed guidance proposing separating mothers from their newborn children due to concerns about mother-to-child virus transmission.

• **Disruptions in school nutrition programmes** were common throughout the region. School closures affected around 325 million children in EAP, estimated to be over 90% of school-age children. For many, this also meant they were deprived of the free cooked meals schools provided, placing an increased burden on families, had less exposure to a healthier food environment (including freedom from marketing), and missed out on school health and nutrition services (e.g., deworming, nutrition screening, iron-folate (IFA) supplement distribution).

• **Inadequate nutrition considerations in social protection schemes:** The region has seen some of the most rapid economic growth in the world in recent decades. However, income inequality has increased in Asia over the last 25 years. During the first year of the pandemic, social protection programmes experienced a rapid expansion in many countries in the region. Most of the schemes were designed to support the poorest through the distribution of food, cash, credit and grants. While these schemes may have
success in fighting poverty and reducing food insecurity, this does not necessarily translate to reductions in malnutrition or improvements in the quality of foods consumed. While some countries advocated successfully for inclusion of nutrition indicators as part of the shock response criteria and messaging to promote healthy diets, uptake of this recommendation was slow in most countries. Some mothers interviewed for a video series mentioned that social protection schemes had not reached all those in need (see following section).21

**Disruptions in nutrition data collection/reporting systems:** Routine nutrition data prior to the pandemic was already weak; COVID-19 further disrupted these systems. As a result, countries faced difficulties in monitoring whether essential nutrition services were continuing or disrupted. The movement of supplies was also hampered due to the breakdown of paper-based reporting systems. Critical evidence gaps were also exposed, specifically regarding the nutrition and diets of school-aged children and adolescents (who were particularly affected by the pandemic) as most national nutrition surveys cover children under five years old and women only. Existing nutrition questionnaires were found to be not fit for remote data collection methods and challenges arose with use of telephone or internet-based surveys in terms of household respondents, length of questionnaires, and interpretation of findings.
4 Regional and Country Action

The EAP region was the first region to face the pandemic. With the novelty and speed of COVID-19 and unprecedented measures to curb its spread, specific programming guidance was not available at the outset of the pandemic. The earliest global guidance documents issued were those on Infant and Young Child Feeding (IYCF) in emergencies and wasting, which were both issued in late March 2020.

In June 2020, UNICEF’s overarching programming priorities to respond to the socio-economic effects of COVID-19 were published. It refers to the pandemic as “a child rights crisis,” emphasizing the need to “respond, recover, and reimagine” to enable wide-ranging actions and mitigation measures to protect, promote, and support maternal and child nutrition.

Developing Timely Guidance

Since the pandemic started first in EAP, some countries already began to adapt responses without global guidance, using best available knowledge. Experiences from China in particular helped inform global programming approaches, including on the widespread use of mass media platforms to clarify misinformation and a shift to online delivery of services where possible.

UNICEF EAPRO conducted considerable work to help country offices to localize the global guidance. Specific contributions were: inclusion of healthy eating messages (in addition to breastfeeding and complementary feeding) in IYCF, maternal health and other guidance; use of social media, in addition to traditional media for mass communication; developing a back-to-school nutrition checklist, and working with UNICEF headquarters to develop guidance on in-kind donations. See Box 1 for more details.
Regional localization of global guidance

- **A joint statement on nutrition in the context of COVID-19 in the EAP region** was developed with partners from the Asia UN Network on Nutrition to promote clarity and consistency in response. The group called upon all stakeholders, particularly governments, donors and partners, to adopt a set of recommendations on their food and nutrition operations; to encourage health systems to continue providing essential services; for continued availability of nutritious foods, incomes and livelihoods through undisrupted food supply chains, social protection schemes and clear communication on healthy and safe diets.

- **Bi-weekly regional-country calls** were set up by UNICEF EAPRO to share and contextualize new guidance, and exchange experiences and innovations between countries. In total eight regional calls were organized around seven thematic areas.

- **Regional guidance on breastfeeding** was issued in line with agreed global evidence in response to reports of separation of newborns from their mothers and concerns on social media over risks of breastfeeding. It recommends continued breastfeeding, even where the mother is infected with COVID-19, stressing careful hygiene management.

- **Regional checklist on nutrition and reopening schools** was developed in May 2020 as a collaboration between nutrition and education. This innovative piece of work initiated by EAPRO suggests actions for governments and UNICEF to consider that will support healthy diets and good nutrition in children as part of school reopening. Nutrition-related actions to address are in four areas: school meals, school nutrition services, school nutrition education and school food environment.

- **Guidance on managing financial and in-kind support from food and beverage companies** was developed with UNICEF Headquarters at the request of EAPRO, in response to questions from countries that were receiving fast food donations for health workers. Previously there was no existing framework addressing such donations with the result that the food and beverage industry became involved in response efforts, but often with unhealthy food donations and increased negative marketing practices. The guidance specifies items to not accept, advises against corporate engagement, cause-related marketing and outlines joint communications with companies. UNICEF worked with national governments and regulators to recognize the risks of these donations. This was a problem mainly reported in EAP compared to other regions.

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**Box 1**

Includes the Food and Agriculture Organization (FAO), World Food Programme (WFP) and the World Health Organization (WHO)
Adapting Assessments and Data Collection

COVID-19 restrictions made data collection difficult as face-to-face interviews or in-person household surveys had to be suspended during the pandemic. In April 2020, a technical brief was issued at global level on nutrition information management, surveillance and monitoring, stressing the importance of maintaining and sharing nutrition data collection. In addition, global COVID guidance on conducting SMART surveys, issued in October 2020, informed adaptations to household-based survey protocols. EAPRO and the Regional Office for South Asia (ROSA) developed a shorter questionnaire for use by telephone, but the robustness of the indicators needs to be validated using various remote assessment methods e.g., telephone, internet, chatbot etc.

EAPRO led efforts to trial novel tools and methodologies with five countries in the region, to assess the impact on diet quality and practices among women, young children, and adolescents and to inform development of strategies to promote healthy eating and protect IYCF. Alternative methods employed included phone-based and online surveys, videos and increased use of existing platforms such as U-reports. Another successful project introduced innovative monitoring of often neglected urban slum dwellers in Indonesia and the Philippines (see Box 2).

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iii U-Report surveys: a UNICEF social messaging and data tool that collect opinions and information from young people. They rely on self-reporting and while they are not statistically representative and do not provide nationally representative data, they do offer qualitative information that can be speedily obtained and provide an in-depth understanding of local contexts. Their large sample sizes and high response rates quickly paint a picture of any impact e.g., on dietary habits.
UNICEF-supported assessments on the effect of the COVID-19 pandemic on diets

- EAPRO commissioned four videos that were filmed in open air markets in Malaysia, Indonesia, Thailand, and the Philippines. Mothers and adolescents were asked to describe how the pandemic had affected their food purchases and the impact on family diets. While not geographically representative, the videos provide powerful messages about the influence of the pandemic on dietary habits. On one hand, interviewees talked of increased hunger, increased dependence on food parcels, and higher prices for more nutritious foods; on the other, some suggested increased home cooking and more attention to their children's diets.

- In Indonesia and the Philippines, UNICEF introduced innovative monitoring strategies to capture information from urban slum dwellers. Computer Assisted Telephone Interviewing (CATI), using a software called ONAiv for real-time monitoring was found to be effective. Findings showed an overall minimal impact of the pandemic on breastfeeding practices in both locations, but significant impacts on diet quality. Many mothers and children had lower dietary diversity than benchmark data, and families prioritized cheaper staples and reduced their purchase and consumption of more nutritious foods. In both countries, COVID-19 exacerbated food insecurity, poverty, and other vulnerabilities, with more than 85% of households relying on coping mechanisms. Myanmar is also starting to use this software.

- In Cambodia, a longitudinal survey of the socio-economic impact of COVID-19 on 2000 households was conducted by UNICEF with WFP. The aim was to assess the impact on livelihoods and food insecurity, household food consumption, Minimum Dietary Diversity in women, and child feeding practices. Baseline data were collected through face-to-face household surveys, and with tightening of movement restrictions follow-up data collection was conducted by telephone. Key findings included large changes in income and a substantial proportion of households (>50%) using food related coping strategies to overcome the limitations in food availability, e.g., relying on less preferred foods, reducing portion sizes and number of meals. An adolescent module has been included into the survey; Phase II is ongoing, with a Phase III planned for 2022.

- In Malaysia, a UNICEF study on the impact of COVID-19 on women and children in low-income urban families revealed several harsh truths. First, 57% of heads of households surveyed experienced worsening earnings, around 30% saw reduced working hours during movement restrictions and total monthly median earnings dropped by a third. The impact on income affected health, education, housing and utility expenses. The most profound effect was on their ability to purchase food: 37% of heads of households cited this as being a direct result of the pandemic’s pressures on their employment and reported an increase in instant noodle and egg consumption and reduced expenditure on rice and protein.

- In Indonesia and Myanmar, U-Report surveys conducted on dietary habits showed two groups of respondents, with vulnerable groups more likely to experience hunger, reduce meals, food quantity and variety, and eat cheaper, lower quality foods, while conversely, the better-off were likely to eat more, including highly processed snacks and fast foods, although some did more home cooking. In Indonesia, UNICEF shared its U-Report results as an advocacy/awareness tool at government events, webinars, technical meetings, and through social media such as Instagram. In Myanmar, UNICEF boosted response rates through free and paid social media engagement on Facebook.

iv ONA is a mobile survey software used for data collection and real-time monitoring.
These new tools are promising in offering alternative, more flexible approaches to assess diet quality during emergencies where population-based survey methodologies cannot be applied, and to enable related mitigation measures on diets and nutrition to be put in place. However, various challenges were experienced in designing the questionnaires to suit this type of tool, including lengthy questions, multiple respondents in the same household, and questions on how to best obtain parental consent remotely for collecting data from adolescents. To avoid survey fatigue, there was a strong push to avoid sector assessments, and most surveys were led by economic teams who targeted the head of the household as the main interviewee. Nutrition tools focus on the mother as the main respondent so the head of household was asked to pass the phone to the mother, which was a bottleneck. Additionally, multi-sector rapid assessments over the telephone needed to be short (30 minutes), but nutrition questionnaires often required longer interviews of mothers, especially in households with multiple children. This led to many countries not including nutrition in rapid assessments, further contributing to lack of data and information, or only providing an option for one or two nutrition-related questions, which was not sufficient to provide a complete picture of nutrition status.

Similarly for the slum-dweller work mentioned above, it was clear that phone-based data collection could not replace a face-to-face survey in terms of representativeness, ease of sampling and accuracy, with significant adjustments still required in nearly all aspects of the survey design and collection, such as: the indicators collected, the length of the questionnaire, enumerator training, the recruitment of participants and sampling, the data collection platform and the size of the team and building a contact list of respondents. However, overall, the use of telephone survey methods avoided disruption of data gathering, enhanced collaboration with local partners and coordination between United Nations agencies. This is a rapidly developing area and one that would benefit from more guidance and validation, particularly of the robustness of nutrition indicators in phone surveys as some previous studies on health indicators have indicated responses are overestimated.

Overall, little guidance existed on how to adapt existing nutrition rapid assessment or multisectoral tools to digital collection. Some reports suggest health results may be over-represented, requiring further analysis. Further guidance on telephone- or web-based data collection would be beneficial, with validation of simplified questionnaires.

Promoting Healthy Diets and Protecting IYCF

Nutrition was not initially part of the Response Communication and Community Engagement (RCCE) action plan developed by WHO to guide preparedness and response for COVID-19. Nutrition messages started to be included as part of COVID-19 communication from the second half of 2020; by then, misinformation around COVID-19 and nutrition was rife. Findings from various assessments (see above) helped countries adapt and shape a variety of responses to protect diets and IYCF, including through innovative communications (see Box 3).

- **Encouraging healthy diets amidst the pandemic:** Poor diets are a key driver for malnutrition in the region, with the pandemic making it even more challenging for families to access nutritious foods, particularly fresh foods. UNICEF developed targeted healthy eating messages, with tips on refeeding after illness. These were shared through both UNICEF and national social media platforms (e.g., Indonesia’s MoH ‘Semapedia’ app) to facilitate the public’s access to health information and to achieve greater reach. These messages were adapted by countries for national level use, e.g., in Vietnam “easy, affordable and healthy eating tips during coronavirus disease,” with the use of well-known social influencers in the region proving particularly effective. The most used digital platforms were Zoom, WhatsApp and Facebook.
Box 3 Supporting communication on healthy eating and staying active

- To inspire young people to cook and eat healthily during COVID-19 lockdowns, EAPRO launched the Chef’s Challenge. Chefs across the region were invited to post videos on social media of themselves preparing fresh, locally sourced, nutritious and tasty meals, using the hashtag #ChefsChallenge. This initiative reached 3.4 million, with over 600,000 engagements, including comments, discussions, and opinions from viewers by May 2020.

- In China, UNICEF worked with the national government and the Centre for Disease Control and Prevention to use WeChat and government social media channels to disseminate healthy eating messages. It hosted a webinar on healthy diets and food environments featuring a panel of experts in health, education, marketing and regulation, reaching more than 2 million viewers. Live-streamed indoor exercises, led by a physical education specialist, had over 447,000 participants. Support was given to the launch of an online challenge with an Augmented reality filter where participants were given indoor exercise instructions by an animated character while receiving a score based on their ability to follow the steps.

- In Indonesia, UNICEF engaged with a celebrity doctor and chef to disseminate messaging on healthy eating in partnership with TikTok, to more than 40,000 viewers. It also hosted an Instagram Live event involving local celebrities and reaching 4,000 adolescents with information on healthy diets during the pandemic. In addition, UNICEF leveraged national and subnational government social media platforms to further disseminate healthy eating messages to some 12 million people across the country.

- In Myanmar, UNICEF supported the launch of a healthy cooking challenge for mothers at home with their children. The mothers were encouraged to upload a photo of this activity to Facebook with a brief recipe description. A panel of judges reviewed the entries, and the winners were awarded coupons to purchase nutritious foods at their local market.

- In the Pacific Islands, while COVID-19 was not widespread, trade restrictions caused by the pandemic limited availability of imported foods. UNICEF collaborated with producers of a popular television cooking competition, ‘Pacific Island Food Revolution’, which showcases the islands’ indigenous food heritage. Pandemic-related messaging on healthy diets and handwashing were incorporated in the programme, which has a reach of around 5 million over 26 TV networks in the Pacific, Australia, and New Zealand.

- In Vietnam, UNICEF issued healthy eating tips on maintaining fruit and vegetable intake, using healthy dried or canned goods where fresh alternatives were unavailable, storing healthy snacks at home, limiting highly processed food consumption, and making cooking and eating a fun part of family routines. Tips on safe breastfeeding and food hygiene were provided and further amplified through a press article by a Vietnamese government official referring to UNICEF’s guidance.
• **Safeguarding optimal breastfeeding practices:** In conjunction with UNFPA, WFP, and WHO, UNICEF implemented numerous strategies to mitigate against misinformation and commercial pressures against breastfeeding. In China and the Philippines, professional societies were convened to dialogue current evidence to address prevailing notions on the harmful practice of separation of mothers from their newborns. To illustrate, UNICEF China collaborated with WHO to issue a joint letter on ensuring maternal and newborn care for confirmed and suspected COVID-19 cases. Joint statements and press releases were also used to thwart industry actions that exploited the pandemic to inappropriately market BMS, which increased during COVID. UNICEF country offices and EAPRO supported national governments in tracking and reporting Code violations; the Philippines conducted online training for frontline workers on monitoring the Code, and the Cambodian government issued fines to Code violators.

• **Promoting key IYCF messages and community engagement:** UNICEF supported governments and partners to rapidly deploy key messages at the population level. Over 28 million people were reached with messages on safe breastfeeding, age-appropriate complementary feeding, and healthy diets. Outstanding innovations included using multiple online platforms or a combination of social media and traditional media, sometimes simultaneously, to maximize reach and community engagement (see Box 4). Facebook and TikTok were the most commonly used platforms to disseminate IYCF messages and counter misinformation on COVID-19 and breastfeeding. This was beneficial in keeping the communication relevant, with real-time feedback allowing UNICEF and its partners to enhance, adjust and tailor critical messages as the situation evolved.
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Box 4 Improving IYCF communication

- **Shifting the 2020 World Breastfeeding Week (WBW) annual celebration online** was a notable adaptation to IYCF communication made by multiple countries in the region. UNICEF China curated a WBW live streaming event to increase awareness on optimal IYCF practices among government agencies and the public and reached 440,000 views. With UNICEF support, the online WBW campaign reached even more people than in its previous face-to-face versions in Malaysia. In Indonesia, UNICEF leveraged the occasion of WBW to conduct a high-level policy dialogue with the Vice President’s office and relevant line ministries, followed by a media briefing. The event highlighted the importance of breastfeeding, clarifying misinformation and advocating for continued access to services supporting continued breastfeeding during the COVID-19 pandemic.

- **A live-streaming session** was organized by UNICEF in China with the Chinese Nutrition Society to promote breastfeeding and appropriate complementary feeding. The session was held simultaneously through ‘ByteDance’s’ four digital platforms and reached more than 700,000 viewers. In China, UNICEF also jointly hosted a webinar with WHO, the All-China Federation of Trade Unions and the National Health Commission, entitled ‘Safe and Family-Friendly Workplaces (FFW) during COVID-19’. This session, attended by 589,000 company employees and health workers, advocated for addressing the needs of pregnant mothers and supporting breastfeeding when workers return to work post-lockdown. Concurrently, an animated video was created with recommendations on establishing FFWs, such as supporting flexible work arrangements, meeting the needs of pregnant and lactating employees, and supporting child care. This video received more than 110,000 views on social media platforms like Kuaishou, TikTok, WeChat and the official UNICEF China website.

- **Tailored messages** were developed to address community concerns. For example, in Myanmar UNICEF developed COVID-19 messages to address fears among pregnant and breastfeeding mothers regarding pregnancy, breastfeeding and caregiving practices, translating them into more than 90 local languages. These were included in a nationwide campaign disseminated through Facebook, TikTok, and traditional media.

- **Traditional media remained relevant** in remote areas where internet/social media coverage reach was limited. In Cambodia, UNICEF supported producing an **audio/video recording** on IYCF messages for dissemination through radio, television, and playing at health facilities waiting areas, with a target reach of 100,000 caregivers. In Vietnam, UNICEF supported a series of **radio and TV talk shows** where the public could dial in to ask questions and raise concerns on breastfeeding and complementary feeding to a panel of experts. In addition to social media and short message service (SMS) platforms, in the Philippines UNICEF helped the MoH disseminate FAQs on pregnancy and breastfeeding and COVID-19 through 100 FM radio stations, reaching over 16 million listeners.
Driving Programme Innovations

During the COVID-19 pandemic, massive interruptions were experienced to the delivery of essential nutrition services. For example, in Indonesia from April to May 2020, 76% of monthly community health posts (where routine nutrition services are delivered) were closed and 41% of home visits were disrupted. Of all the community health posts, 86% stopped growth monitoring, 46% stopped Vitamin A supplementation, 46% stopped antenatal services including dietary counselling and Iron and Folic Acid (IFA) distribution.

In 2020, Cambodia and the Pacific Islands were the only countries that did not have any service interruption due to COVID-19. However, in 2021, all countries have witnessed interruptions following snap lockdowns to curb community transmissions. In response, UNICEF supported governments in adapting service provisions modalities to the new situation, with some examples described below.
a) **Modelling data on the increased prevalence of wasting:** To raise the profile of the scale of the problem, UNICEF used its presence throughout the region to estimate anticipated increases in wasting, showing an estimated increase of 500,000 children with wasting in 2020 due to the pandemic. This was an increase of 5-25% at country level, depending on the extent of economic restrictions and length of disruption to essential health services.^v^ Countries with lower or no community transmissions, and hence shorter lockdown periods, had the lowest estimated increase in prevalence. In **Myanmar,** UNICEF contributed to an IFPRI-led analysis published in 2020, showing that an additional 111,000 children could become wasted due to the socio-economic impacts of COVID-19. This evidence supported country and regional level advocacy for the prioritization of wasting as an important pandemic response.

b) **Accelerating the Adoption of Simplified Approaches**vi for the detection and treatment of child wasting helped ensure continuity of services and that vulnerable children and their families were reached (Table 1). Prior to the pandemic progress in this area was slow. UNICEF-WHO implementation guidance^42^ was released in 2020 to help countries meet the challenges posed by COVID-19, through the promotion of the use of simplified protocols for wasting, including shifting treatment to the community, where possible. UNICEF EAPRO supported the development of Standard Operating Procedures, short training packages for health workers and community health workers, the incorporation of infection control measures and collaboration with the health sector to integrate guidance on nutrition service provision within routine child health services (Box 5). An EAPRO webinar series facilitated knowledge exchange across countries in the region, strengthening their advocacy and technical support to governments. Online training was also increasingly used to replace face-to-face training and ensuring quick training of health workers on any changes in protocols.

<table>
<thead>
<tr>
<th>Simplified Approach</th>
<th>Countries</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family MUAC</td>
<td>Indonesia, Philippines, Timor-Leste</td>
<td>Adopted and sustained</td>
</tr>
<tr>
<td>Single product</td>
<td>Philippines, Timor-Leste</td>
<td>Adopted and sustained</td>
</tr>
<tr>
<td>Modified dosage</td>
<td>Indonesia, Myanmar, Philippines, Timor-Leste</td>
<td>Adopted for the pandemic period</td>
</tr>
<tr>
<td>Modified frequency of follow up</td>
<td>Indonesia, Myanmar, Philippines, Timor-Leste</td>
<td>Adopted for the pandemic period</td>
</tr>
<tr>
<td>Treatment of uncomplicated wasting by community health workers</td>
<td>Indonesia, Philippines, Timor-Leste</td>
<td>Adopted for the pandemic, considered to continue following positive reception by health workers</td>
</tr>
</tbody>
</table>

While considerable work was still needed to contextualize and obtain national, subnational and line ministries approval, the context of the pandemic contributed to accelerating protocol adaptations and this will be beneficial during and after the pandemic.

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^v^ UNICEF internal communication.

vi “Simplified approaches’ refer to a range of modifications to wasting assessment and treatment protocols to improve coverage, particularly in highly vulnerable contexts. [https://www.who.int/nutrition/events/2019-consultation-simplified-treatment-childwasting-26to27march/en/](https://www.who.int/nutrition/events/2019-consultation-simplified-treatment-childwasting-26to27march/en/)
Box 5 Adoption of simplified protocols at country level

- In Indonesia, UNICEF piloted Mother MUAC in three districts, with approximately 65,000 out of 170,000 children under the age of five screened by their mothers. Specificity and sensitivity tests correlating the measurements taken by mothers versus health workers were conducted to ensure that mothers were taking the measurements correctly. An online training and counselling tool using a (WhatsApp-based chatbot and videos, and visuals for low literacy mothers) was piloted with the aim to improve mothers’ knowledge of child wasting, create demand for wasting treatment services, and demonstrate how to use the MUAC tapes and check if their child has wasting and what to expect during treatment. Feedback suggests this tool was well-received by mothers and health workers, with a significant improvement in caregivers’ knowledge of child wasting and adoption of MUAC within growth monitoring tools at the primary healthcare level.

- In Myanmar, the government, with UNICEF’s technical support, adopted MUAC-only screening and shifted screening from health facilities to the community. Mothers were given a MUAC tape and taught how to use it. UNICEF also supported online training for community volunteers to use MUAC tapes and refer children with wasting to health facilities. The frequency of healthcare facility visits was also reduced by providing the child with therapeutic food supplies for two or four weeks, based on the severity of wasting and distance to health facilities, with a follow-up conducted by community volunteers.

- In the Philippines, UNICEF supported national and local government and World Vision International to roll out family MUAC training in three provinces to more than 650 healthcare staff. Community health workers trained more than 17,007 mothers and caregivers from 19 municipalities using a blended virtual and small group face-to-face approach. MUAC has also been adopted as a screening tool for the national growth monitoring programme. A total of 80,264 children were screened for acute malnutrition. Other simplifications included reduced frequency of health facility visits and the use of a single product. The MoH next procurement in 2021 has now shifted from two products to only Ready-to-Use Therapeutic Food (RUTF), which is expected to simplify the supply chain.

- In Timor-Leste, family MUAC was scaled up during the pandemic. UNICEF developed pictorial instructions for low literacy areas, distributing them with MUAC tapes. Mothers and families reported feeling empowered to monitor their children’s nutrition status. Other simplifications included adopting a single product (RUTF), which has now been included in the essential medicines list for the country.

The rapid acceleration of simplified protocols enabled larger numbers of children to be reached, especially the use of family MUAC for detecting wasted children by communities. However, in some countries, this led to an unanticipated increase in demand for treatment services. This put pressure on the existing human resources and supply chain capacity. The increased demand for therapeutic foods also strained supply chains with transportation challenges due to lockdown preventing fast movement of supplies, mainly from capital cities. While UNICEF and its partners helped move supplies between sub-national government jurisdictions that were not under lockdown this was not always possible. These are areas that warrant further support as these modified approaches are adopted at large scale.

c) Leveraging social safety nets to support quality complementary foods and family diets. There was unprecedented expansion of social protection programmes during the crisis. Globally the EAP

vii Social protection schemes are designed to support the most vulnerable at scale through the distribution of food, cash, credit and grants, as well as public work, education and health programmes.
region has highest coverage of emergency cash transfers, followed by South Asia. A rapid expansion of emergency social safety nets was recorded between May to mid-June 2020. Regional communication reports show that in June 2020 over US$160 billion had been spent on social safety nets, covering 475 million beneficiaries (20% of the regional population), with cash transfers at around US$142 per capita.

However, nutrition-sensitive principles have not always been applied to the design, implementation, monitoring and evaluation of these social protection programmes in most countries. The majority of the schemes were designed to support the poorest through the distribution of food, cash, credit and grants which might not necessarily lead to improvements in the quality of foods consumed or better nutrition outcomes. The unprecedented nature of the pandemic and the lack of inclusion of nutrition considerations on existing social protection programmes pre-pandemic, led to missed opportunities to address nutritional risks during the pandemic through these schemes.

Where possible, UNICEF country offices leveraged the vertical expansion of cash transfers to add social and behaviour communication change messaging promoting the use of cash to provide diverse healthy diets for young children and pregnant and lactating women, and exclusive breastfeeding and hygiene in the context of COVID-19. In some countries, UNICEF played a role in advocating for the expansion of social safety nets to include vulnerable households with children under two years and pregnant women (Box 6).

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**Box 6** Supporting quality of complementary foods and family diets

- In **Myanmar**, the government, with UNICEF support, implemented shock-responsive cash transfers to pregnant and lactating women in regions and states not already covered by transfer programmes and additional top-up to previously enrolled households. Social and Behaviour Change Communication encouraged cash to be spent on diversifying diets. Posters using pictorial or written instructions, translated to over 90 languages, were displayed at socially distanced cash distribution nodes.

- In **Indonesia**, the Affordable Food Programme increased the value of existing vouchers by 33% per household to help 15 million low-income households buy staple foods using e-food vouchers and the flagship Child Cash Transfer programme (Keluarga Harapan) expanded its coverage from 9.2 to 10 million families, doubled benefits between April and June 2020, and shifted to monthly rather than quarterly beneficiary payment schedules to help ensure mothers had regular access to funds to purchase fresh foods.

- In **Timor-Leste**, the government implemented a universal cash transfer of 100USD per eligible household to cushion against loss of income due to COVID-19. UNICEF developed information pamphlets encouraging breastfeeding and the importance of feeding children diverse nutritious foods to accompany the vouchers.

- In **Cambodia**, UNICEF leveraged cash transfer platforms to amplify nutrition messaging on the importance of diverse complementary foods for under two years and for healthy family meals.

- In **Malaysia**, UNICEF conducted regular assessments, including trends in food consumption. These data helped maintain the existing food basket for vulnerable groups and informed community feeding in select districts and additional food distribution to over 1 million vulnerable women and children.
d) Maintaining IYCF services using digital solutions: UNICEF country offices led the adaptation of IYCF counselling cards as part of their technical assistance role, including adding COVID-19 risk reduction measures such as social distancing and wearing masks. UNICEF supported moving face-to-face counselling to virtual platforms, phone hotlines and SMS, ensuring continued support to caregivers during movement restrictions (Box 7). These were reinforced by the annual WBW campaign that was also shifted to online platforms, with often a wider coverage and reach observed compared to previous years. Novel counselling platforms included virtual support groups and dedicated phone lines and blended one-one-counselling sessions with a short follow up home visit.

Box 7 Digital delivery of IYCF counselling services

- **Virtual support groups** leveraged WhatsApp chatbot software, in Indonesia, enabling users to ask IYCF-related questions in the chat interface and receive instant replies. Evidence suggests more mothers were reached using this virtual platform than Mother Support Groups, which sometimes experience low participation because of the time mothers are required to attend in person.

- **Phone-based counselling** was used by UNICEF Myanmar and Lao PDR, working with their national governments, to approve a phone hotline for mothers encountering problems with breastfeeding. Indonesia also implemented a blended one-to-one phone counselling session with home visits capped at 15 minutes for those requiring additional support from health workers. Any further counselling could then be continued over the phone after that. In Malaysia and the Philippines, counselling of pregnant and breastfeeding mothers in some states was moved to phone-based outreach.
Safeguarding children's access to good diets, services, and practices in East Asia and the Pacific during the COVID-19 pandemic: An overview of UNICEF's Nutrition Response
5 Insights for Nutrition Programmatic Improvements

COVID-19 has brought a range of challenges to routine nutrition programming but has also provided opportunities for new or strengthened responses and helped accelerate programmatic innovations that will remain relevant beyond this crisis. We have identified five areas that could help enhance nutrition programming in line with the 2020-2030 UNICEF Global Nutrition Strategy.

5.1 Using digital technology and innovative channels of communication to widely promote healthy eating, maintain essential nutrition services and optimize training

In many countries, UNICEF harnessed the use of digital technology and innovative channels of communication to promote healthy eating, optimize training, maintain programming, and coordinate nutrition response. The use of social media and digital solutions facilitated much wider reach of communities where online or mobile connectivity is high, often with greater coverage than pre-pandemic. This was the first time simple healthy eating messages were passed at such a large scale in the region, with many different groups pulling together and various national platforms used. The benefits of moving regular events, including the annual WBW online, enabled a far larger audience to be reached than ever before and warrants further evaluation on using this method to continue to increase coverage.

The use of social media also proved to be a powerful tool to help children and their families make better food and lifestyle choices and to engage different age groups, including school-aged children and adolescents in healthy eating dialogue. EAPRO used videos successfully to demonstrate the impact of the pandemic and help reduce circulation of inaccurate information on nutrition and COVID-19.

Social media influencers were a powerful tool in the promotion of better food and lifestyle choices

There is considerable opportunity to grow this strand of programming given the interest and community engagement witnessed during the pandemic, with wide uptake by nationwide social media platforms and increased smartphone usage and internet access in the region. In Vietnam, for example, UNICEF is continuing to support a campaign to promote healthy diets and lifestyle with social media influencers popular with the youth. Likewise, chefs in Cambodia, Pacific Islands, the Philippines, Thailand and Vietnam, who took part in the Chef’s Challenge during the pandemic, continue to be involved in efforts to encourage people to buy, cook and eat healthy local food and drink.

The use of new digital tools, online and phone platform technology was also quickly leveraged by UNICEF to ensure programme continuity. Digitalization of online tools for conducting virtual IYCF counselling, supply movement, communication, and monitoring, offer promising alternatives for conducting IYCF and wasting programmes, and will continue to be developed. Conducting training digitally has and will see considerable changes during and after the pandemic. Context appropriate videos to train frontline health workers on how to incorporate and apply infection measures in nutrition services are being run using online platforms. Country offices have stated an interest in working with governments and...
development partners beyond the COVID-19 pandemic to expand the use of nutrition online training for health and community health workers. UNICEF EAPRO is currently developing a regional e-learning course on management of wasting. This is intended to remove the limitations of in-person trainings, while acknowledging that the face-to-face nature of wasting training remains crucial for mentoring of health workers. The ‘new normal’ is likely to adopt a blended version of the online and classroom/face-to-face model as a means to offer wider coverage of training to a diverse workforce, often with high turnover.

It should be noted that, while digital technologies have proved a lifeline for engagement, assessment, and remote delivery of services, they do not always work in areas with poor internet connectivity, limited digital skills, and low smartphone penetration. Caution should be taken with more isolated communities as it was found that online solutions worked less effectively in these communities and there is risk of certain groups being left out. This “digital divide” as it has been termed (unequal access to information technology) is likely to increase inequality in access to services by excluding certain population groups who are likely to be the most nutritionally vulnerable. It is thus critical to find solutions to better reach those without access to the internet and mobile phone services, including continuing to harness traditional media – radio, television, and other conventional communication technologies – to reach vulnerable, more isolated communities, while exploring options to adapt tools to these contexts. Similarly, measuring the effect of digital communication on nutritional behaviours and outcome is not always straightforward. More information thus is needed on the required intensity of communication, including how to enhance other forms of traditional social behaviour change efforts, to effect behaviour change.
5.2 Using the pandemic as an opportunity to further test and adopt simplified approaches

Health systems were forced to reprioritize and alter assessment and treatment procedures to ensure continuation of services for children at risk, without compromising the safety of frontline health workers and their families. In the face of this shift, UNICEF, its partners, governments and beneficiaries across EAP have supported adaptations of programme delivery strategies and protocols for IYCF and wasting to simplify and streamline the service delivery processes (Box 5). Family MUAC, use of a single product and reduced follow up visits are examples of approaches that were well accepted and successfully adopted in several countries.

The pandemic accelerated protocol adaptation and simplification, beneficial during the pandemic as well as for onward programming

The pandemic accelerated the shift of delivering essential treatment services from health facilities or fixed centres to the community-health worker level. This generally led to closer support from communities. However, in some cases the community systems were weak and ill-prepared to deliver nutrition services at the same scale as health facilities, especially with increased caseloads and logistical issues. This has highlighted the lack of prioritization of building strong community systems, despite these being central to delivering effective community-based programmes for wasting or IYCF.

There is a need to both harness the advantages of simplified protocols, and the impetus brought by the pandemic, with the need to ensure supporting structures, namely the health workforce and supply chain and community structures, are adequately reinforced to support the increased caseloads. Stronger community health system capacity and community to health facility linkage are required in the region and would help with the momentum of moving wasting treatment to community level. With detailed mapping and mobilization, increased community engagement could further strengthen preparedness for future waves of this pandemic or other potential emergency scenarios. A current “stocktaking” of community health systems has started in the region, and is one action towards strengthening links.

Clear documentation of challenges and solutions, as countries have started to do, can add to the evidence base that is required “on how these simplifications perform at scale when delivered as part of routine services implemented by national systems in real-life conditions,” as highlighted in a recent UNICEF report entitled No time to Waste.43

5.3 Refining digital methodology and tools for nutrition assessment

Data and findings from using more flexible approaches like U-reports, video interviews or phone based/online assessments to assess diet quality, where traditional face-to-face information collection or population-based survey methodologies could not be applied, were found to be extremely valuable. This type of data was essential to characterize the nutrition situation, offered feedback loops for real time adjustment of programming, and allowed mitigation measures to be put in place by governments and UNICEF. Many countries are therefore poised to continue to use these tools.

Recent cases studies conducted by the UNICEF Office of Emergency Programmes in other regions also demonstrated that it was possible to strengthen, adapt and introduce new ways of working for programme monitoring and evaluation during COVID-19. Behavioural and qualitative data were increasingly used during the pandemic to help understand drivers behind trends noted in quantitative data.44 Emerging experiences from conducting rapid and remote nutrition assessments pointed to gaps in external validity of these assessments. Central to this is the
need to further simplify and validate questionnaires for phone-based interviews and digital data collection, provide guidance on ensuring representativeness of all populations and ethical considerations, especially when interviewing adolescents.

5.4 Building more robust nutrition information systems for better preparedness and response

The pandemic highlighted the weak nutrition information systems and reliance on paper-based reporting systems in the region, making countries even more aware of the importance of digitalizing and integrating nutrition data into routine health administrative data systems. Robust nutrition information systems are a missing link in crisis preparedness and response. To this end, the Philippines expedited the approval and addition of wasting treatment indicators into the Health Management Information System (HMIS). Cambodia, Indonesia, Lao PDR, Myanmar, and Timor-Leste have also started national conversations to integrate wasting indicators in their HMIS, while in Myanmar, UNICEF successfully advocated for inclusion of MUAC measures to be included in Demographic and Health Surveys and nutrition indicators in the corresponding COVID-19 module. UNICEF EAPRO is currently supporting a landscape analysis of the entire nutrition information system in these countries to improve the flow of information, strengthen routine practice, and aid in emergency preparedness.

5.5 Making nutrition more central to social safety nets to better address vulnerabilities and inequities

The pandemic intensified existing inequities. Social protection programmes schemes were therefore dramatically expanded during the COVID-19 pandemic to offset economic shocks. With UNICEF support countries prioritized nutrition in their response plans, designed activities to reinforce the importance of healthy eating and collected real time information to understand the impact of the pandemic on access to good diets as outlined in Box 6 above. These achievements should be acknowledged and celebrated. Still, more efforts to better equip systems to respond to shocks and emergencies, and to meet the needs of nutritionally vulnerable children and women are needed.

Various qualitative assessment during the pandemic captured families that have had inadequate access to healthy foods despite the exponential expansion in cash transfers. This disparity is likely to be much larger given the limitations in data systems. Inclusion of nutrition considerations in design of social protection programmes will help that these programmes are nutrition responsive during times of crisis and therefore enable continued access to diets, services and practices that support maternal and child nutrition.
Since early 2020, the COVID-19 pandemic has presented multiple challenges to communities in the EAP region. This review aimed to describe how the COVID-19 pandemic has impacted on the access to nutritious diets, services, and good practices and how UNICEF has been able to support governments in their COVID-19 nutrition responses.

While the full impact of COVID-19 on malnutrition is still unknown, the pandemic is likely to increase the levels of poverty and all forms of malnutrition, resulting in slowing or even reversing the already inadequate gains made in addressing undernutrition, while at the same time accelerating the increase in overweight trends.

UNICEF together with government and partners in the region have developed or modified interventions to support continued programmatic coverage. While adaptations to regular programming were not always straightforward, the challenges engendered new ideas and innovations that could accelerate delivery of services across the region going forward. The pandemic has strengthened the impetus to improve diets and food environments, simplify service delivery processes, intensify, and diversify efforts to detect and treat wasting, collect better data more efficiently using new technologies, leverage new pathways for communication, and strengthen social safety nets so that families can provide their children with better food for a better future.

It is critical now to build on this momentum and ensure that the adaptations and innovations introduced during the COVID-19 pandemic are further tested and mainstreamed into longer-term programming. Moreover, it will be crucial to safeguard nutrition in future waves of COVID-19 as well as other possible pandemics. 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 in East Asia and the Pacific.
References


18. Examples provided by UNICEF Country Offices (personal communications, October to November 2020)


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