



UNICEF EASTERN AND SOUTHERN AFRICA SPECIAL EDITION: Nutrition Response during the COVID-19 Pandemic

October, 2020

Overview

- The Eastern and Southern Africa (ESA) region continues to face triple threats to food insecurity and nutrition including drought, Floods and COVID-19
- By October 2020, there were close to one million confirmed cases of COVID-19 in the Eastern and Southern Africa Region, with approximately 22,000 deaths. The majority (>81 percent) of cases and deaths were reported from South Africa.
- While the effects of COVID-19 on nutrition outcomes are not yet documented, it is anticipated that the biggest toll on the most vulnerable will come from the collateral impact on livelihoods and income, food production and access, provision of health services and changes in practices and behavior.
- The impact on nutrition service delivery across ESA Region is now being documented, with available information showing Vitamin A supplementation being the hardest hit, with the first annual dose reaching just half of the targeted children in the first six months of 2020(Figure 1). For treatment of wasting, there has been an overall 9 percent reduction in admissions of severely wasted children compared to the same time in 2019(Figure 2).
- According to the 2020 Joint Malnutrition Estimates, released prior to the pandemic, there are currently more than 26 million stunted children, and an estimated 10.7 million wasted children including 2.6 million severely wasted children in the 21 countries of Eastern and Southern Africa. However new estimates published in [The Lancet on 27 July 2020](#) suggest that without [timely action](#), the global prevalence of child wasting could rise by a shocking 14.3%.
- With an estimated burden of 3.3 million severely wasted children in 2020 in the ESA Region, approximately USD 879 million (costs based on 2019 List Costing Tool and includes both direct and indirect costs) will be required for treatment of severe wasting, up from 693 million pre-COVID-19 estimated costs.
- In addition, approximately USD 184 million will be required to reach the targeted 61 million children in ESA with two doses of vitamin A. With a COVID-19 target of 7.5 million caregivers to be reached with IYCF messages, an investment of approximately USD 7.8 million will be required to support promotion of optimal breastfeeding and complementary feeding practices.

904,000

The number of confirmed cases of COVID-19 as of October 6, 2020



\$879 million

The amount that will be required for treatment of severe wasting, ESA Region 2020

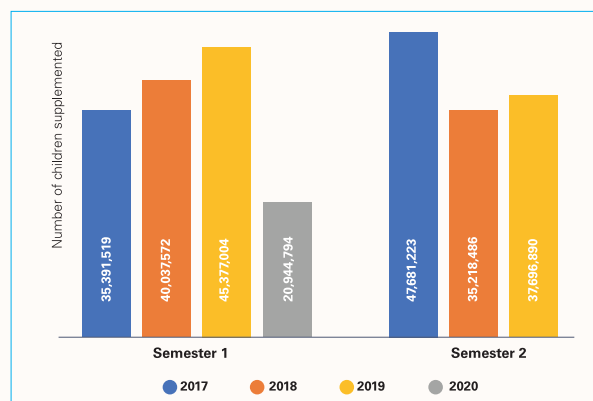


Figure 1: Delivery of VAS for children 6-59 months, ESA Region

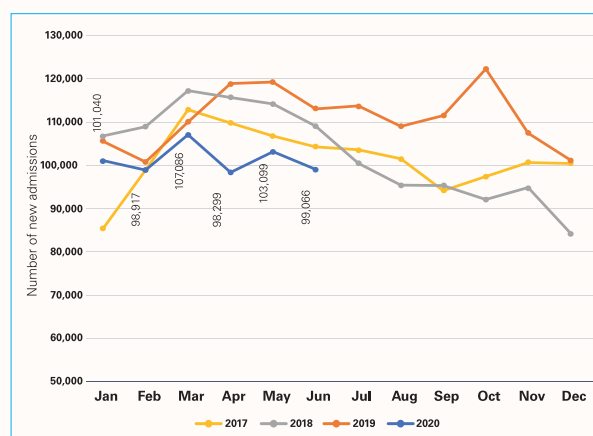


Figure 2: Delivery of treatment for wasting services (new SAM admissions), ESA Region

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26 million

The number of stunted children

10.7 million

The number of wasted children in the 21 countries of Eastern and Southern Africa

3.3 million

The number of severely wasted children in 2020 in the ESA Region

1. Programme Adaptations to Support Continuity of Essential Nutrition Services Across Eastern and Southern Africa

- In responding to COVID-19, UNICEFESA focused on the provision of technical assistance, dissemination of the latest guidance and recommendations and sharing of emerging best practices with the 21 UNICEF country teams and partners to guide in the adaptation of programmes and ensure the continuity of essential nutrition actions for vulnerable women and children.
- Data collected through the ESA Regional Database from January to June 2020 shows the impact of COVID-19 and other important factors affecting the region (including the impact of desert locusts, drought and floods) on the coverage of, and disruption to, essential nutrition services. At country level disruptions, and the reasons for disruptions seen, vary widely and trends in data need to be interpreted in the specific country context (Figure 2).
- Comparing January to June 2019 and 2020, there has been a 9% reduction in the number of severely wasted children admitted for treatment and a 54% reduction in the number of children who have received a dose of Vitamin A supplementation (VAS). The drop in VAS is mainly due to the suspension of campaigns, health service focus on attending to patients with COVID-19, health workforce strikes due to lack of PPE and decreased demand for health services by mothers and caregivers.

Adaptations for treatment of wasting include:

- Expansion of Family MUAC to increase screening coverage: The number of countries implementing this approach has increased from 5 prior to the pandemic (Kenya, Somalia, South Sudan, Zimbabwe, and Madagascar) to 12 as a response to COVID-19 (the additional countries are Angola, Comoros, Ethiopia, Malawi, Mozambique, South Africa and Uganda). The scale of coverage of Family MUAC varies, though is predominantly at the small to medium scale, and focused in nutritionally vulnerable areas. Between January and June 2020, over 40 million children across the region have been screened for wasting using MUAC, which is consistent with the numbers screened in previous years.
- Treatment of uncomplicated wasting by Community Health Workers: Prior to the pandemic this was being implemented (as operational research or a pilot project) by four countries (Kenya, Mozambique, Eritrea and Zimbabwe), now a further six countries are keen to start testing (Angola, Burundi, Comoros, Madagascar, Malawi and Namibia) assuming resources are available.
- Provision of rations of RUTF for longer durations:

18 countries now give bi-monthly rations (instead of weekly), which includes a reduction in the number of visits and spacing the visits to avoid over-crowding at the clinics (Figure 3).

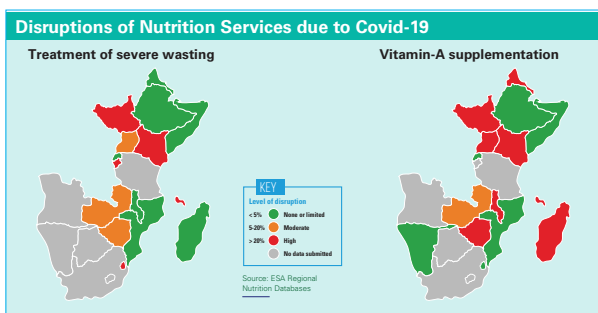


Figure 2: Disruptions of Nutrition Services due to Covid-19

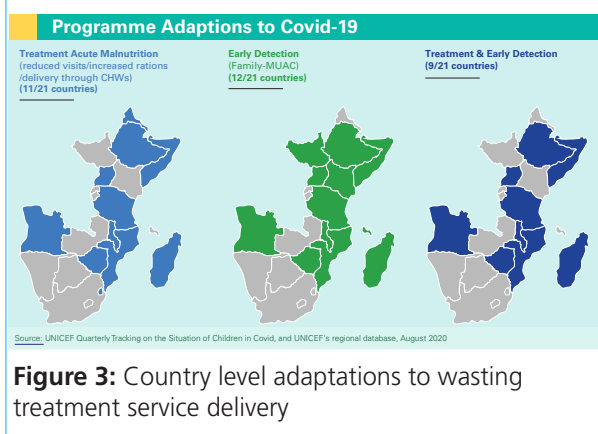


Figure 3: Country level adaptations to wasting treatment service delivery

At regional level, key strategies to support the country level adaptations include:

- RUTF supply:** currently there are four producers in the region - Ethiopia, Kenya, Madagascar and South Africa – all have been operational throughout the pandemic - no breakages in production have been reported to date.
- Therapeutic Milk supply:** UNICEF has two global certified producers of Therapeutic Milk – Nutriset, France and Aspen, South Africa. Aspen has met the needs for Southern Africa, while Nutriset positioned a 20ft Container of six months' estimated needs of F100 and F75 in Nairobi to ensure availability for Eastern Africa. No stockouts have been reported to date.
- MUAC Tapes:** Globally UNICEF is the main supplier of MUAC tapes, and demand has increased with Family MUAC. To meet increasing needs and to avoid a pipeline break from suppliers in Asia, UNICEF ESARO collaborated with Supply Division to identify suppliers in the region. As of July there are certified suppliers in Kenya, Tanzania, Malawi and Namibia.

Adaptations for MIYCN programming include:

- Together with the Risk Communication and Community Engagement (RCCE) working group, dissemination of IYCF messages has been upscaled optimizing various channels of communication, including expanded use of social media, with increased reach in various countries, for instance a 9% increase in Kenya when compared to same time in 2019. Between January and June, over 7.2 million primary caregivers have been reached with messages and counselling on IYCF, including in the context of COVID-19. This is compared to 5.9 million caregivers reached during the same time period in 2019.
- 10 countries have developed various IYCF materials and 5 countries continue to support one-on-one counselling while ensuring adherence to IPC measures. Figure 1 illustrates a sustained high level of reach of IYCF counselling across the region in 2020, compared to previous years (lack of spike in June is associated with cancellation of Child Health Day campaigns).
- 12 countries have started provision of Iron and folic acid supplementation for pregnant women at community level while maintaining IPC recommendations, while 6 countries are dispensing larger quantities at clinic level to reduce the number of visits required (Figure 2).
- For VAS 14 countries are implementing routine supplementation at clinics with relevant IPC, 2 countries have conducted campaigns to safely deliver VAS, while 3 have initiated community-level supplementation and 1 country has suspended all VAS (Figure 3). VAS is the most affected service, largely due to the reliance in the region on campaign-style Child Health Days for mass supplementation twice annually, while routine supplementation through fixed sites remains at pilot stages.

Adaptations for nutrition information and monitoring include:

- While routine reporting is continuing in all 21 countries in the region, 7 countries experienced

Eastern and Southern Africa: Adaptations to ensure continuity of nutrition services for PLW in context of Covid-19



Figure 4: COVID-19 adaptations for delivery of nutrition services for pregnant and lactating women

Covid-19 related adaptations to programming: Continuity of Vitamin A Supplementation



Figure 5: COVID-19 adaptations for delivery of VAS for children 6-59 months

reduced functionality of the system, 11 countries experienced no change from pre-COVID-19 and 3 countries implemented adaptations to the system including digital reporting through Rapid Pro and/ or KoBo.

- 6 countries have planned or completed field level data collection, with COVID-19 adaptations including MUAC only anthropometric measurement instructing the caregiver to complete the measurement and leaving the MUAC tape at the household.

Country level case-studies for COVID-19 related programme adaptations can be found here: [Somalia](#); [Zimbabwe](#).

2. Implementation progress

- **Early child nutrition:** Between January to June 2020, 607,507 children were admitted for treatment of wasting (Figure 2), 7,247,980 caregivers of children aged 0-23 months received counselling (Figure 6), while 20,944,794 children 6-59 months received VAS supplementation (Figure 1).
- **School health and nutrition:** While most schools across the region remain closed as a mitigating measure

607,507

The number of children who were admitted for treatment of wasting Between January to June 2020

7,247,980

The number of caregivers of children aged 0-23 months who received counselling

20,944,794

The number of children 6-59 months who received VAS supplementation

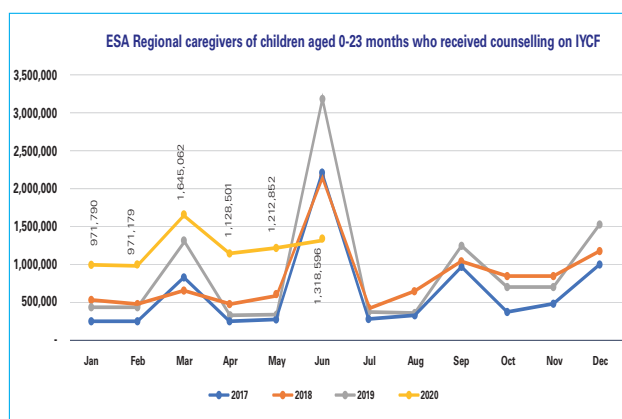


Figure 6: Delivery of IYCF counselling, ESA Region

to reduce the risk of spread of COVID-19, UNICEF ESA has collaborated with WFP to identify strategies for school aged children to access nutrition and health services. Based on the [Framework for Reopening of Schools](#), UNICEF and WFP ESA produced a [Multisectoral Checklist for School re-openings and School Based Nutrition in the Context of COVID-19](#) that provides a non-exhaustive list of recommended multi-sectoral actions for Government, UNICEF, WFP and other partners to consider as part of their short and longer-term planning for and implementation of school reopening.

- **Nutrition information:** As ESARO Nutrition looks to innovate to support data collection and

monitoring during COVID-19, two webinars were held aiming to initiate discussions and highlight availability of support for T4D solutions to support nutrition surveillance, and around conducting surveys and field level data collection in the context of COVID-19. Research and analysis on the impact of the pandemic on maternal, child and adolescent diets and on nutrition services in 8 countries has been planned to start in the last quarter of 2020.

- **Coordination with Partners on Leveraging Results for Nutrition:** UNICEF ESARO plays a leadership role in coordinating partners and co-chairs the monthly Regional Nutrition Partner Meeting with WHO for regional partners across Eastern and Southern Africa. This has ensured that partners in the region have a harmonized approach to the nutrition response, are updated on the latest guidance on nutrition in the context of COVID-19, with information shared on promising practices on nutrition program adaptations. Partners from the UN, CSO, academia and research institutions are included. Several partner initiatives have also led to key analysis and outputs. UNICEF also continues to participate and provide inputs in the regional WHO COVID-19 technical working groups, and the monthly FSNWG and FNSWG meetings in Eastern Africa and Southern Africa respectively.

Resources

1. [Nutrition Country Briefs](#)
2. [DHIS2 Landscape Analysis: Final Report and Recommendations](#)
3. [Final Complementary Feeding Landscape Analysis- June 2020](#)
4. [Action Frameworks to Improve the Diets of Young Children \(6 - 23 Months\) in the Eastern & Southern Africa Region](#)
5. [Joint Statement on Infant and Young Child Feeding in the Context of COVID-19 for Eastern, Central and Southern Africa](#)
6. [COVID-19 Pandemic: Impacts on Nutrition and Technical Recommendations, Eastern and Southern Africa Region, May 2020](#)
7. [Child Malnutrition and COVID-19: The Time to Act is Now](#)

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Caption for cover photo: Uwomporera Yvonne breastfeeds her 5-month-old baby, David, while her husband Hakizimana Jean de Dieu sits nearby with their daughter.