



Impact of COVID-19

Tackling Nutrition Challenges

SUSTAINABLE DEVELOPMENT GOALS



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BACKGROUND

In Lao PDR, even before the onset of the COVID-19 pandemic, about 44% of children under 5 years and 40% of women in their reproductive ages were anaemic. Additionally, 33% of children were stunted, and about 9% of children were wasted.¹ The Covid-19 pandemic has triggered a social and economic crisis globally with grave risks to the nutritional wellbeing and survival of young children, adolescents, women and the population at large. The impact of the pandemic on economic growth and livelihoods may have detrimental consequences on access to food, health, education, and nutrition services with life-long impacts on education, child growth and development, and overall human capital development.²

Estimations suggest that Lao PDR economy will contract between minus 1.8%-3.3% due to Covid-19 and related mitigation measures, down from an average growth rate of 7% in the past decades. A study³ across several countries exploring the nutritional impacts of growth shocks over 1990-2018 for children, estimates that a 10% annual decline in Gross National Income (GNI) can increase moderate/severe wasting by 14% and severe wasting by 22%.

Mitigation measures to curb the spread of the virus and save lives have affected livelihoods and limited income generating opportunities. The resulting income losses may cause households to adopt negative coping mechanisms, with detrimental effects on food quantity and dietary diversity. Currently, 1 in 4 (23.2%) households are living below the poverty line,⁴ and 69% of total household expenditure is allocated towards food procurement in Lao PDR.⁵ Global evidence indicates that a reduction in the frequency of meals and reliance on inexpensive and non-nutritious foods, are among the top coping mechanism for households in response to income shocks alongside the sale of household assets for income.⁶ Covid-19 mitigation measures will adversely affect household's income and ability to access much needed foods to meet their nutritional needs⁷. Households may adopt coping measures that may compromise the nutritional status of children, exacerbate the incidence and severity of childhood illnesses and the onset of malnutrition.⁸

The impact of the crisis on the health sector may limit the continuation of essential health care services and the uptake of maternal and childcare interventions.^{9,10,11} Since nutrition services are generally conducted at health care facilities, the lack of access to health care services may automatically limit the access to nutrition services. The Covid-19 pandemic with associated lock down measures has disrupted public health and nutrition services and expected to result in significant declines in nutrition services as observed during the Ebola outbreak in 2014/16 in sub Saharan Africa.¹² Globally a 30% overall reduction in the coverage of essential nutrition service including vitamin A supplementation, treatment of severe wasting, promotion of improved young child feeding, and provision of micronutrient supplements to pregnant women has been estimated due to Covid-19.¹³

¹ <https://nipn.lsb.gov.la/dashboard/informative-dashboard.html>

² Martorell R. Improved nutrition in the first 1000 days and adult human capital and health. *Am J Hum Biol* 2017; 29: 10.1002/ajhb.22952.

³ Headey D, Ruel M. The impact of economic recessions on child acute malnutrition: implications for the COVID-19 crisis. IFPRI discussion paper 01941, June, 2020. Washington, DC: International Food Policy Research, 2020.

⁴ Lao Expenditure Consumption Survey, 2012/13

⁵ Lao Expenditure Consumption Survey, 2012/13

⁶ (Mjonono, 2009); <https://reliefweb.int/report/india/india-how-covid-19-accelerates-malnutrition-women-and-children>

⁷ <https://www.tralac.org/documents/resources/covid-19/3813-the-impact-of-covid-19-on-food-security-and-nutrition-un-policy-brief-june-2020/file.html>

⁸ https://sites.nationalacademies.org/cs/groups/dbassesite/documents/webpage/dbasse_084305.pdf

⁹ (De Beni & Maurizio, 2020)

¹⁰ (Lao Statistical Bureau, 2018)

¹¹ UNFPA's extrapolation of administrative data from Ministry of Health

¹² https://www.researchgate.net/publication/311165422_The_health_impact_of_the_2014-15_Ebola_outbreak

¹³ <https://www.unicef.org/press-releases/unicef-additional-67-million-children-under-5-could-suffer-wasting-year-due-covid-19>

IMPACT ANALYSIS

Through the impact on food insecurity, poverty, deprivations in access to clean water and proper sanitation, limited access to health care and preventive health services, the pandemic could further undermine nutrition outcomes in the country. There is a strong indication that malnutrition may rise in the short to long term should the outbreak and mitigation measures prolong in the country.

- » **Many individuals are at risk of losing their livelihoods in the country (especially those working in the tourism, manufacturing, wholesale, retail, real estate, and business sectors).** Per the World Bank, poverty is estimated to increase in 2020, compared to a 0.6 percentage-point decline estimated pre-Covid-19. With over 80% of the national workforce employed in the informal sector, lockdown measures with border closures will impact household income. Data suggest that poverty will be concentrated among those linked to sectors experiencing strong demand shocks, in the short-term the impact of poverty will be felt across the board due to fall in disposable incomes and expected business closures (SMEs). The resulting income shock can undermine household's ability to access much needed foods due to loss in income and competing household priorities. This may result in adverse nutrition practices such as households eating reduced food portions; consumption of less preferred and nutritious foods as well as spending less on preventive health services.¹⁴ Consumption of less diverse and nutritious foods may exacerbate the already high prevalence of malnutrition among children and women of reproductive age. A less active lifestyle as evidenced by studies in other countries,¹⁵ coupled with decrease in nutritious foods by children may predispose them to overweight and obesity.
- » **Covid-19 mitigation measures may disrupt nutrition services especially at community level with populations in hard-to-reach areas worst affected. Analysis of routine data show a reduction in MCH and immunization indicators in Lao PDR. For example, ANC attendance, skilled delivery, early initiation of breastfeeding and others were lower in Quarter 1, 2020 as compared to same period in 2019.**¹⁶ Initial lock down measures in Lao PDR resulted in cancellation of outreach services and suspension of services at health centre/clinics and a reduction in the coverage of essential nutrition service including vitamin A supplementation, detection and treatment of severe wasting, nutrition education and counselling, and micronutrient supplementation.
- » **Childhood illnesses and poor nutrition may result in increased incidence of wasting among children. Interruptions of health and nutrition services as well as household coping measures due to reduced income may result in an increased incidence of childhood illnesses. Weather conditions may increase the incidence of childhood illnesses such as pneumonia, respiratory tract infections, diarrhoeal diseases etc**¹⁷. Coupled with inadequate dietary intake, children maybe predisposed to acute malnutrition. In the worst-case scenario, it is estimated that about 73,000 children could suffer from severe acute malnutrition per annum in Lao PDR.¹⁸ Children may also suffer from micronutrient deficiencies due to less consumption of nutrient rich diets. With global evidence suggesting that severely malnourished children are 9.4 times more likely to die than non-wasted children,¹⁹ the under-5 mortality may increase if the situation persists in the short to medium term.

¹⁴ (Mjonono, 2009); <https://reliefweb.int/report/india/india-how-covid-19-accelerates-malnutrition-women-and-children>

¹⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7352706/>

¹⁶ WHO monitoring, Lao PDR

¹⁷ Souphaphone Donesavanh (2018): The Impacts of Climate Change on Child Malnutrition in Lao PDR

¹⁸ Using incidence factor of 3.0 for a full-blown emergency

¹⁹ https://www.ennonline.net/attachments/1862/WAST_140714.pdf



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- » **Optimal infant and young child feeding maybe compromised due to misconceptions, which must be monitored. Misinformation on the link between breastfeeding and Covid-19 transmission coupled with the likely disruptions in nutrition services and ability to provide nutritional counselling at scale, may cause changes in breastfeeding practices. Evidence from countries suggests that breastfeeding rates reported by neonatal departments of hospitals decreased due to fears that Covid-19 can be transmitted via breastmilk.²⁰ Furthermore, anecdotal evidence suggest the separation of mothers from babies after delivery as a preventive measure, which if adopted, will challenge the progress towards early initiation of breastfeeding. With lockdown measures limiting community level support for pregnant and lactating mothers, and the potential for future waves reinstating restrictions, strong communication strategies and monitoring measures will be critical to keep progress on breastfeeding on track.**
- » Covid-19 mitigation measures can affect school nutrition services and perpetuate gender inequities. The country is currently battling high adolescent birth rate (83 per 1,000) high rate of child marriage (23.5% of girls aged 15-19) and high rate of anaemia among women of reproductive age. The Covid-19 pandemic may create a situation where young adolescent girls may be exposed to sexual harassment, rape and other violence at the community level. Also, poor families may give out young adolescent girls for marriage to be able to sustain themselves. Such girls may become pregnant at a time when they are not physiologically and psychologically prepared. Coupled with poor nutrition, such girls are at grave risk of poor health outcomes.²¹ Keeping girls in school has been recognised as an essential pathway to tackle early marriages. Also, the school platform provides an opportunity for micronutrient supplementation -iron supplementation for adolescent girls and promotion of hygiene related behaviours. Prolonged school closures coupled with the economic burden and uncertainty for poor and vulnerable households, may result in young girls engaging in harmful behaviours such as transactional sex to cater for their personal and household needs. There are widespread concerns that girls whose education are disrupted during the crisis may never return to school and be at considerable risk of child marriage.²²

²⁰ For instance, in many countries it has been reported that medical professionals recommend the separation of mothers and children to avoid breastfeeding although the available evidence indicates that COVID-19 is transmitted through respiratory droplets (and not breastmilk); <https://www.who.int/news/item/27-05-2020-countries-failing-to-stop-harmful-marketing-of-breast-milk-substitutes-warn-who-and-unicef>

²¹ (UNFPA, 2020)

²² (Jordana, 2017)

RECOMMENDATIONS

The Covid-19 pandemic is fast evolving, and nations are at different stages of implementing mitigation measures. These measures are context specific and require adaptations even at the lowest levels. These recommendations are therefore made to guide policy options and decisions to prevent the deterioration of nutrition situation– thereby contributing to economic, social, and human development in Lao PDR.



For National Government

Adverse conditions such as emergencies may derail a country's desire of meeting its nutrition goals. This could impact on the countries long term goals and sustainable development. To that end, nutrition security must necessarily be at the centre of both development and humanitarian responses. The following are therefore recommended.

- **Develop guidelines and SOPs for nutrition programming in the context of Covid-19.** The Ministry of Health and allied institutions with the support of development partners should develop context appropriate guidelines and SOPs for the continuation of nutrition services and programmes whilst observing Covid-19 prevention measures and protocols. These include preventive measures of handwashing with soap over running water, use of face masks, sanitizing work surfaces and tools as part of infection prevention and control. Also, guidance on organization of health and nutrition services at all levels ensure will ensure that services are available to those who require them most.
- **Develop appropriate messages on nutrition addressing myths and misconceptions.** As part of communication for development, context specific messages should be developed and disseminated using multi-pronged approaches to address some of the myths and misconceptions of Covid-19 and nutrition. These should include messages on healthy eating, infant and young child feeding practices in the context of Covid-19, complementary feeding, maternal and adolescent nutrition in the era of Covid-19 pandemic. Also, messages on sound hygiene practices such as handwashing with soap over running water, appropriate use and handling of face masks and other protective measures ought to be disseminated.
- **Establish hotlines for nutrition counselling.** As a result of lock down measures that may restrict the movement of people including outreach services, the creation of nutrition hotlines to assist families who may require nutrition support such as guidance on lactation management, complementary feeding, maternal nutrition etc will be very useful.
- **Explore partnership for cash transfers to most vulnerable households targeting pregnant and lactating women as well as children under 2 years.** As governments evaluate their options, universal social protection programmes have emerged as the most cost-effective and efficient way of providing the necessary support for the poor and the vulnerable households in emergencies. Aside from the longer-term improvements and benefits to nutrition, shock-responsive social protection could build household resilience to shocks and improve nutrition security; improve access to health and nutrition services where out of pocket payments are required for services and transportation; and prevent adverse coping mechanisms in the short to long term. A targeted programme focused on acutely malnourished children could be considered as it has been linked to increased demand and utilization of Severe Acute Malnutrition (SAM) treatment services.
- **Explore innovative ways to provide nutrition services whilst observing Covid-19 protocols for school age children.** Whilst schools may be on temporary break as a result of Covid-19, there is the need to continue services that benefit school age children and adolescent girls in the country such as vitamin A supplementation for children in early childhood development centres, iron supplementation for adolescent girls and deworming for children.

- **Develop comprehensive nutrition emergency response plan.** Since the Covid-19 pandemic is fast evolving, it is prudent to develop a comprehensive emergency response plan for nutrition that addresses the various phases of the pandemic. This should be costed with clear roles and responsibilities. This will enhance national preparedness and action should the pandemic drag for a long time.
- **The government should consider scaling up their Integrated Management of Acute Malnutrition (IMAM) programme to address both the existing and growing burden of wasting.** The current capacity of health workers and coverage of SAM treatment is inadequate to meet the growing need of children in need of such services should the situation prolong with enhanced lockdown measures.



For Subnational Government

- Provide training for health staff on Covid-19 protocols and SOPs as well as how to re-organize health and nutrition services at both static and outreach points to prevent cross transmission of the virus. Example how to set up services at the community level to prevent transmission of Covid-19 during outreach.
- Mobilize resources and logistics for the implementation of nutrition interventions in the context of Covid-19 by preparing micro plans for various phases of the emergency. This includes human resources, nutrition supplies, funds and others as part of the preparedness and response plans.
- Support the identification of at-risk communities and areas for cash-based or social protection assistance to meet food and nutritional needs, including sanitation and hygiene kits for poor households.
- Provide sustained or long-term support for high-risk areas, that are prone to adverse nutrition outcomes during shocks, such as areas with high poverty, high food insecurity, pre-existing high malnutrition rates, and poor access to health care and water and sanitation facilities. This calls for innovative programming to ensure access to nutrition services all year round.



For Development Partners

- Provide technical and financial assistance to identify, mitigate and address the impact of Covid-19 on nutrition outcomes.
 - » Support is required for the development and dissemination of nutrition related messages in the context of Covid-19.
 - » Support the scale up of nutrition programmes including IMAM. This includes support for improving the supply chains for nutrition commodities particularly for the IMAM programme as currently the Government contribution for the lifesaving commodities including RUTF is minimal. In anticipation of a surge in number of severely malnourished children, there is the need to pre-position therapeutic nutrition supplies in at various locations in the country for timely response.
 - » Support mainstreaming and improvements in coverage of biannual distribution of vitamin A supplements and provision of deworming tablets for children under 5, 90+ days of iron/folate supplements for pregnant and lactating women, provision of nutrition interventions to adolescents including iron supplements and other essential nutrition interventions.
 - » Support for good infant and young child feeding practices including monitoring of violations of the national decree for the marketing and promotion of Breastmilk substitutes (BMS) as well as the design and piloting of an IYCF hotline for counselling of lactating mothers and caregivers



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