

Scope of food crises as COVID-19 poses new risks to Nutrition needs of Children of Malawi

By UNICEF Malawi

May, 2020

Background and Malawi context of COVID-19

Since the start of the new Coronavirus (COVID-19) outbreak in December 2019 in Wuhan, China, the COVID-19 pandemic has spread to over 211 countries and territories (with the majority of countries (45 out of 53) reporting confirmed cases by mid - April 2020) with over 3 million confirmed cases worldwide, of which more than 33,000 are in Africa. Malawi reported its first COVID – 19 case in early April and by 27th April, the number of confirmed cases had increased to 36 with three reported deaths and more than 6,268 people under health system follow up (as of 27th April).

While it is evident that the number of cases is increasing in Malawi albeit slow compared to other countries in the world, the country is not well prepared for the pandemic and the impact of the Coronavirus pandemic could be catastrophic for Malawi as it already faces a food crisis and multiple deprivations as a low resourced country. The pandemic could have a serious negative impact on the quantity, quality, frequency and diversity of the children’s diet, creating new food crises or worsening the existing ones.

The pandemic moved the Malawi Government to declare a state of disaster in April 2020 and, with support from development partners including UNICEF, a National COVID-19 multi-sector Response Plan has been developed and highlights an investment need of US\$ 211 million to effectively combat the disease and its impacts on vulnerable populations of Malawi. The Corona virus has already made an unprecedented dent on the global economy with repercussions that will be felt globally through food insecurity and undernutrition especially among vulnerable populations. This could result in deterioration of Infant and Young Children Feeding Practices, deterioration of the nutritional status of young children/increase of wasting and deterioration of the nutritional status of pregnant women and adolescent girls. UNICEF will continue to do advocate for increased support to COVID-19 response to ensure that partners, Donors, UN, Government, business groups across the food, health, education and social protection systems ensure access to nutritious and affordable diets and essential nutrition services and practices for all children, adolescent girls and women in Malawi.

Global impact of Covid-19

The world economy has already entered a recession as a result of the measures adopted to contain the spread of COVID-19. The first estimates of the scale of this recession, published by Goldman Sachs, anticipate global income contracting by 1 per cent in 2020, representing a 4-percentage point reduction in global growth versus pre-pandemic estimates. This would represent

the worst year for the world economy since 1950. Based on prior global downturns, it is expected that there will be further downward revisions of global growth projections, as the depths of previous recessions have been consistently underestimated, especially at their outset. Some initial modelling by the International Food Policy Research Institute (IFPRI) indicates that for each percentage point reduction in global growth, extreme poverty (US\$1.90 a day) will increase by 14 million to 22 million people. Based on the initial growth projections by Goldman Sachs, this would imply an increase of between 50 and 90 million people living below the global poverty line over the next three years, half of whom are children.

The recently released Global Report on food and Nutrition crisis reveals an already dire picture of global acute food insecurity and malnutrition – even before the disease’s spread began to impact food systems, people were in stressed food insecurity conditions, at high risk of sliding into acute food insecurity if confronted by additional shocks – which is particularly worrisome considering the anticipated evolution of the COVID-19 pandemic.

Malawi food and Nutrition Context under COVID-19

Although overall nutrition situation has improved over past 2-3 years, but it might escalate rapidly as an impact of highly increased risk of food insecurity and malnutrition due to possible disruptions in the foods systems, critical food value chains and nutrition extension services to support caregivers and mothers of vulnerable children. Malawi has limited capacity to provide large-scale life-saving humanitarian activities in response to the pandemic while simultaneously acting to protect and support their citizens’ ability to maintain their livelihoods and earn an income. The external supporters may face challenges in reaching populations who are most vulnerable children, women and adolescents and the cost may increase.

The impact on the economy will result in reduced access to food, including nutritious food for children. Loss of household incomes for the poor and vulnerable (including migrant workers) affects the financial capacity of parents and caregivers to access the basic services that are essential to meeting children’s needs.

Children and their caregivers, pregnant women living in acute poverty and especially those living in ultra-poor households and other informal settlements, will be particularly vulnerable to rapid COVID-19 transmission due to the overcrowded and poor living conditions, lack of hand-washing and other hygiene facilities and poor diets. The current crisis and abrupt loss of livelihood opportunities and disruption of key services will exacerbate the situation of children living in these areas where access to quality essential services, such as health care, childcare, food and nutrition services, adequate sanitation, and transport, is already limited.

According to the 2015 Cost of Hunger in Africa (COHA) study in Malawi, 23 percent of all child mortality cases in Malawi are associated with under-nutrition. Furthermore, a child with Moderate Acute Malnutrition (MAM) is up to four times more likely to die than a well-nourished child, and a

child with Severe Acute Malnutrition (SAM) is nine times more likely to die than a well-nourished child, especially below the age of two.

Malawi has registered great improvements in the prevalence of acute malnutrition in recent years due to concerted efforts of the Ministry of Health and its partners from 4.1 percent in 2016 down to less than 1 percent in 2019. However, with the COVID-19 challenge, the fear is that acute food crisis and increased infection rate may reverse the gains.

This downward trend has also been noticed in the Community Based Management of Acute Malnutrition (CMAM) program admissions over the same period with SAM admissions decreasing from 53,054 in 2016 to 45,085 in 2018 and then 38,610 in 2019. These achievements may be reversed if proper measures are not put in place to effectively respond to the COVID-19 crisis and resilience build among the affected populations.

As the coronavirus crisis unfolds in Malawi, disruption in domestic food supply chains are anticipated impacting on household food security. The COVID-19 pandemic will worsen the food security situation of the already vulnerable groups including 1.8 million Malawians in Integrated Food Security Phase Classification (IPC) Phase 3 or above (October 2019 to March 2020). Smallholder farmers who comprise 2 million farm families and cultivate about 4.5 million hectares of land in Malawi are particularly at risk. With the restrictions in movement, blockages to transport routes might present possible challenges for small scale farmers to obtaining seed, fertilizers, tools at a fair price for the upcoming cropping season as well as experience problems to access to markets in the short term. Fresh food supply chains will be impacted resulting in increased levels of food loss and waste, especially during the harvesting season 2020 and depending on the implementation of different containment measures adopted by the Government, Fresh fish, vegetables and fruits which are highly perishable and therefore need to be sold, processed or stored in a relatively limited time are at particular risk. The quality of diets will be affected primarily through declining demand for vegetables, fruits, and animal-sourced foods, which are the main sources of essential micronutrients in diets.

It is anticipated that as the effect of the pandemic in Malawi grows, most health and nutrition staff will be redeployed to treat COVID-19 patients, leaving a greatly reduced capacity, and in many instances no capacity, to address routine childhood care, health and nutrition. It is estimated that approximately 70 per cent of health and nutrition workers and staff in caring professions are women, who are at increased risk of contracting COVID-19

Nutrition and Child Development: Needs Analysis

To ensure strong prevention, there is need to strengthen awareness of Malawi's nutrition network on COVID-19 at facilities, family and community level. Parents' health seeking behaviours also needs boosting by raising their awareness and self-efficacy on the disease symptoms (fever, cough, difficulty in breathing) requiring early medical care and strict follow-up of health care provider and community worker instructions. The restrictive COVID-19 preventive measures on movement implies that women may not perform their daily gender roles such as fetching firewood, water and harvest their food crops especially that this is the harvest season, to provide food for

their families. These gendered expectations increase not only women’s vulnerability to the pandemic but also to the children and other family members under their care.

Based on the above analysis and the experiences of lockdown or social distancing to prevent spread of COVID-19, one of the challenges anticipated is a fall in institutional deliveries hence the maternal and newborn care will have a higher impact. Children born in facilities presently in Malawi is over 80 percent which is one of the best practices and approximately the same initiate breast feeding within one hour of child’s birth. Exclusive breast-feeding rate is around 61 percent which is one of the best in the region. Breastfeeding protects against morbidity and death in the post-neonatal period and throughout infancy and childhood. The protective effect is particularly strong against infectious diseases that are prevented through both direct transfer of antibodies, other anti-infective factors and long-lasting transfer of immunological competence and memory. In settings where diarrhea, respiratory infections and infectious morbidity are common in infants, any possible risk of transmission of COVID-19 through breastfeeding (not reported to date) is outweighed by the known risks associated with replacement feeding. Therefore, standard infant feeding guidelines should be followed with appropriate respiratory hygiene during feeding. It is also anticipated that if no proper technical support is provided to Government most routine nutrition interventions may be affected leaving a lot of children vulnerable to malnutrition.

Table 1: Total Number of Children anticipated to need nutrition support under COVID -19 in Malawi (targeted approach)

No of total children 0-6 Months old	Intervention coverage of districts	No of districts with limited coverage	Total number of children with gap
283,837	15 districts with EU, KFW and BMZ support 200,000	14 districts	70,000 children with anticipated gap
Pregnant and lactating women 2,119,324	15 districts with EU, KFW and BMZ support 1,309,000	14 districts with limited coverage	700,000 mothers with gap in interventions

According to the MDHS 2015-16, seven percent of women in reproductive age group are underweight, 21 percent are overweight or obese and 33 percent anemic. Similarly, the dietary diversity of adolescents and women is also poor where only 17 percent of adolescents and 33 percent of women of reproductive age meet the Minimum Dietary Diversity (MDD-W) standards (Afikeyo baseline survey 2018) and the COVID-19 could further exacerbate the already poor situation.

As with all probable, confirmed or suspected COVID-19 cases, symptomatic mothers who are breastfeeding or practicing skin-to-skin contact or Kangaroo Mother Care (KMC) should practice respiratory hygiene, including during feeding (for example, if the mother has respiratory symptoms it recommended to use a face mask when near a child, if possible), perform hand hygiene before and after contact with the child, and routinely clean and disinfect surfaces with which the symptomatic mother has been in contact. Breastfeeding counselling, basic psychosocial support, and practical feeding support be provided to all pregnant women and mothers with infants and

young children, whether they or their infants and young children have suspected, probable or confirmed COVID-19.

Malawi adopted and is implementing innovative way of improving the quality of diets of children 6 to 23 months through point of use home fortification using micronutrient powders (MNP) and promoting of Infant and Young Children Feeding Practices. This is in order to improve the poor state of only 8 percent of children aged 6-23 months who meet the minimum acceptable dietary standards which is likely to worsen further, exacerbating the shift to monotonous, nutrient-poor diets. Increases in micronutrient deficiencies are imminent. If not well directed, containment measures taken would pose challenges to the private sector at different levels to undertake manufacturing and/or trading of inputs or agriculture products compromising the functionality of critical value chains that are central for food security at district and at national level. Prices of basic food commodities are likely to become volatile straining economic access for low income households estimated at 1.8 million with an estimated 60.5 percent of children aged 0-17 years in Malawi classified as multi dimensionally poor, children will be the hardest hit. In terms of the access and availability of quality and diversified food.

No of total children 6-24 months old	Intervention coverage of districts	No of districts with gap in interventions	Total number of children with gap
889,359	15 districts with EU, KFW and BMZ support	14 districts	306,913

One of the causes of micronutrient deficiencies is the limited access to micronutrient-rich foods such as fruit, vegetables, animal products and fortified foods, usually because they are too expensive to buy or are locally unavailable. Micronutrient deficiencies increase the general risk of infectious illness and of dying from diarrhea, measles, malaria and pneumonia. These conditions are among the 10 leading causes of disease in the world.

The COVID-19 crisis will also affect Vitamin A supplementation (VAS) in children and women because the distribution of VAS depends on mass campaigns and/or delivery through routine health systems in facilities and the community. At the same time, physical distancing (formerly “social distancing”) is required to protect communities and frontline workers from infection with COVID-19 and to avoid further spread of COVID-19. Specific Advocacy efforts by Ministry of Health and guidelines are needed to adjust the VAS in 19 Districts depending on mass campaigns. Presently Malawi, is supplementing vitamin A and deworming through Child health days in 19 Districts and 10 districts are already integrated in EPI through the routine delivery sessions.

intervention	Implementation methodology-districts	Implementation methodology-districts	Estimation of children in need during Covid-19
Vitamin A Supplementation for 6-59 Months old children 2,459,929	10 Districts targeting 780,000 Children	19 districts targeting children with CHD	Aprox.1,659,929 Children in need of 2 doses in

			routine EPI system
Deworming tablets for children 1-59 months of age 2,000,000	29 Districts target with CHD/ campaign	NA	2 Million-children in need of 1 dose of Deworming tablet

There will also be huge impact on school-age children and adolescents, and pregnant women and breastfeeding mothers. Many routine programs to protect, promote and support adequate nutrition in young children, school-age children and women are disrupted or suspended as a result of the COVID-19 crisis, as are community programs for the early detection and treatment of undernourished children and women. The closure of schools eliminates access to school-based nutrition programs for many millions of children. The disruption of food markets reduces access to and the affordability of healthy diets, which translates into poorer, less frequent, and less diverse meals particularly among children, adolescents and women from poorer households, thereby driving undernutrition, micronutrient deficiencies and obesity rates upwards.

Total Number of Adolescent Population in the country	coverage in interventions	Limited coverages in remaining districts	Estimation of children in need during COVID-19
School Meals for School aged children (3,126,670)	14 districts; 1,053,665 school aged children	15 districts	2,073,005
Adolescent Girls – 3,311,443	330,000 (6 districts)	22 districts	2,981,443
HIV/TB positive women of reproductive age (79,560)	0	28 districts	79,560

Health and Nutrition service delivery

A spike in Covid-19 cases and the resultant restrictions in the movement of people and transport services could risk reduction in food production, inadequate access to health and WASH services and inadequate care practices. In addition, this would also result in disruptions in nutrition services, immunisation, micronutrient supplementation, supply chains of essential services and other health services for children if facilities become overstretched, health workers fall ill, or families stay away because of fears of contacting the virus. Also, there will be reduced mechanisms to actively identify children with acute malnutrition due to the restrictions in movements or because community health workers and volunteers will be afraid to contract the virus, resulting in late presentation of cases and reduced coverage of treatment program for malnutrition. These factors may result in worsening the nutrition situation and high case fatality

rates in Malawi a country already characterized by high levels of undernutrition of under-5 children in 2020.

Type of malnutrition in 2,743,767 children below 5 years	Implementation districts	Implementation districts	Estimation of children in need during Covid-19
Undernutrition: weight for age 12%	15 districts covered with EU, KFW and BMZ districts	14 districts - limited coverage	
Stunted: Height for age. 37%, (1,121,346)	15 districts covered with EU, KFW and BMZ districts	14 districts - limited coverage	Approximately 800,000 children with gap of support
Severely Wasted: acute malnutrition estimated 71,000 children	29 Districts with caseload of estimated 56,684	All	15,000 Children with gap of support

Due to the COVID-19 pandemic, Malawi will likely experience disruptions in the food systems, resulting in a decreased availability of nutritious foods including fortified foods, rich in micronutrients. This may further increase the barriers to achieving a healthy diet with an adequate intake of micronutrients for pregnant and lactating women, who are usually the most socio-economically marginalized during emergencies in many settings. This is especially concerning because it will increase the risk of adverse pregnancy outcomes during a time when routine antenatal and postnatal services may be disrupted. For pregnant women, micronutrients supplementation can be used to help meet their increased micronutrient needs and support healthy pregnancy outcomes during the pandemic. Optimal breastfeeding (early and exclusive) is a critical component of programming for young children in the context of COVID-19, calling for supporting breastfeeding women with better nutrition.

Response Design

Nutrition cluster leadership

UNICEF, as co-cluster lead of Nutrition response has supported the government of Malawi through the nutrition cluster and partners, to develop a response plan against COVID-19. The main objective of the nutrition response plan is to prevent the spread of Corona Virus disease among children and women in Malawi and provision of adequate health and nutrition care and support among those infected by the virus.

Effective communication and behavior change

As in most epidemics, there is often confusion and rumors about the disease with an overload of information from various sources like media, friends, family, social media, organizations or other sources. Some of these sources may give conflicting information. The Communication for

Development (C4D) interventions will aim at increasing individual and community knowledge and awareness providing the community with the right information and allaying fears and misunderstandings about the disease. The C4D interventions will also aim at promoting health seeking behaviors by providing individuals and communities with the right information on what to do to prevent the disease and how to seek medical support in case of infection. Along with increasing knowledge on the disease, COVID-19 has potential to increase family vulnerability to access to food in the process losing the gains made at community level in the consumption of nutrition dense diversified foods from the six food groups. Due to Malawi's cultural practices, social norms and parenting practices, families with limited access to food may be forced to rationalize food distribution at household level with women prioritizing men and neglecting children in the process. The C4D intervention will continue to promote good nutrition practices to ensure families continue to practice key nutrition practices around maternal, infant and young child feeding even during COVID-19 to avoid a potential surge of malnutrition.

The Parents and Caregivers at home

Given the higher mortality risk for older care givers, advance planning will be needed to anticipate children's needs for alternative care arrangements at home. For those children who are already outside of parental/family care, such as those in street situations, access to help and legal aid or social services will become even more challenging due to lockdowns and closure of social services. In addition, UNICEF will anticipate and provide special attention to the needs of children and parents/caregivers who are frontline workers (health care workers and first responders) who are also susceptible to COVID-19 and may require additional care and support.

Youth engagement

Many adolescents are at a transitional point in their life during this crisis, where they are finishing school and examinations and are about to move into/or are already in the informal or formal employment sectors. Adolescents, especially girls, face the risk of not having access to services, including psychosocial support, and support and response services for gender-based violence. Adolescents can be change agents among their peers and in their communities. For this to happen, stakeholders need to make space for the participation of adolescents and youth as partners in the response, approach them as equals or agents of change, embrace and respect their views and leverage their added value to the response.

Strategic focus for collective efforts

Malawi response is summarized in the following –

- (i) Implementation and expansion of service delivery for dietary counselling in collaboration with the Ministries of Agriculture and Health as well as FAO through the EU-funded Afikepo Nutrition-Sensitive Programme, home-based fortification, deworming and supplementation /prophylaxis for children, adolescent and women;

- (ii) Working with the World Food Programme (WFP) to provide access to nutritious food for children and women through food, cash-based and other safety-net programs;
- (iii) Ensure facility and (primarily) community-based programs for the early detection and treatment of wasted children, through alternate service delivery platforms and approaches when required, including the use of simplified protocols and therapeutic foods for the treatment of child wasting.
- (iv) UNICEF's nutrition programs will accelerate forecasting, pre-positioning and distribution of essential nutrition commodities (e.g. micronutrient supplements, multiple-micronutrient powders, and ready-to-use therapeutic foods), in anticipation of the impact of the COVID-19 crisis.

Combination of prevention and treatment

Nutrition services and response will emphasize continued preventive nutrition services, where and when movement restrictions allow them, and continuation of treatment of severe and moderate wasting.

- Risk communication and community engagement will include messages on improved nutrition practices.
- Support, protect and promote breastfeeding for all mothers, including infected mothers
- Support adequate complementary feeding, including feeding during illness, hygiene and responsive feeding
- Strengthen quality treatment of severe and moderate wasting, also to reinforce protocols for case management in the context of respiratory infection, including hygiene practices and isolation of patients if possible.
- Simplification of screening tools by using MUAC only and involvement of community health workers and caregivers more.
- Procure and distribute lifesaving therapeutic and other essential nutrition supplies (due to potential impact on food security (e.g. if livelihoods/access to markets is disrupted due to isolation).
- Complementary feeding, including feeding during illness, home fortification with MNPs, safe hygiene, handwashing practices and responsive feeding
- Identify and utilize nutrition-sensitive COVID-19 message dissemination platforms
- Procurement and distribution of Nutrition sensitive COVID-19 IEC materials in the communities and health facilities
- Procurement of hand washing materials for use in Care Groups (soap, basins, buckets) Collaboration with the Food Security Cluster will be enhanced, on social cash transfer front as well food distribution to vulnerable households.
- Support small holder farmers to ensure access to seeds and other inputs to ensure continued food production and modification on access to markets
- Promotion on the consumption of diversified food to maintain quality, quantity and frequency of diets amongst children

- Provision of nutrition support to COVID-19 affected and infected families/household through Blanket Supplementary Feeding
- Nutrition support to inpatient suffering from COVID-19 and THR for cured patients to boost their immunity and ensure nutrition status is maintained
- Provision of nutritious meals for health workers in the isolation centers supporting COVID-19 patients

UNICEF's comparative advantage

UNICEF is a trusted partner to the parents of the children and young people we are serving. UNICEF's response to supporting parents during the COVID-19 pandemic will be a key accelerator in achieving results for children during and after the pandemic and is aligned with our overall programmatic approach to support Early Childhood Development and positive parenting. Building on programmatic experience, UNICEF will work to elevate parenting support through six strategies: enhancing enabling environments; raising levels of awareness among parents and communities; empowering parents for agency and social change; enhancing integrated services; promoting positive social and gender norms; and caring for caregivers. Globally UNICEF is the Cluster Lead Agency (CLA) for Nutrition and act as provider of last resort. UNICEF has the responsibility as the Co-lead to ensure inclusion of key humanitarian partners, establish and maintain humanitarian coordination, lead planning, strategy development, advocacy and resource mobilization within the nutrition sector. Further, UNICEF is responsible for acting as the provider of last resort (subject to access, security and availability of funding) to meet agreed priority needs. Operationally, UNICEF is responsible for the supply component and technical support for management of severe acute malnutrition (SAM) among children under five in the community through the Outpatient Treatment Program (OTP) and Nutrition Rehabilitation Units (NRUs), Infant and Young Feeding Practices (IYCF) and Micro-nutrient supplementation, and will provide

Malawi Nutrition COVID-19 Response Cost Estimation

US\$28,000,000.00

therapeutic nutrition supplies, measuring equipment and essential drugs needed for systematic treatment.