



# MULTISECTORAL PLANNING FOR NUTRITION IN THE CONTEXT OF COVID-19

[The COVID-19 pandemic and associated disease control measures pose a grave risk to nutrition outcomes](#) and will have severe and far-reaching consequences for the nutritional status, health and well-being of populations in low- and middle-income countries.<sup>1</sup>

There is a potential for impact across both the causes and determinants of malnutrition. Some of the key pathways through which nutrition could be affected are income and livelihood loss; reduced availability and access to nutritious food; increased demand for health services for treating COVID-19 and reduced utilisation of other essential child and maternal health and nutrition services; and new pressure on caregivers and reductions in breastfeeding, amongst many others.<sup>2</sup> There is also a greater burden on, and severity of COVID-19 in, individuals with malnutrition—in particular, those who are overweight or obese.<sup>3</sup>

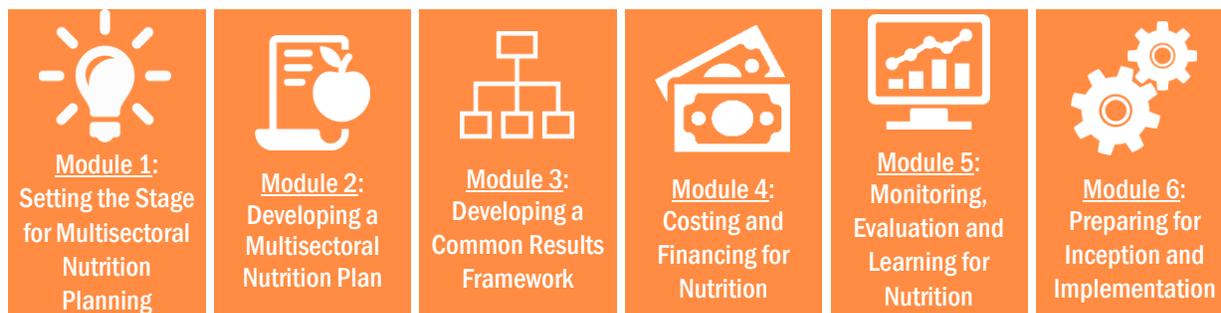
All the above will have profound ramifications for multisectoral nutrition planning. Economic impacts of the pandemic and greater competing resource demands may affect availability of current and future nutrition funding. In many contexts, stakeholder participation in the planning and implementation process has been constrained and the collection of population-based surveys and routine monitoring and evaluation (M&E) data halted or severely curtailed due to mobility restrictions.

*This supplement to the MQSUN+ Toolkit on Multisectoral Planning for Nutrition (Figure 1) looks at ways to mitigate and adapt to the impacts on the multisectoral nutrition planning process and respond to changing nutrition needs due to the COVID-19 pandemic and to future, as yet unforeseen, emergency scenarios.*

## Maximising the Quality of Scaling Up Nutrition Plus (MQSUN+) toolkit on nutrition

This supplement accompanies MQSUN+'s **Toolkit on Multisectoral Planning for Nutrition**. Divided into 6 modules, the toolkit provides guidance to countries to (1) initiate multisectoral planning; (2) develop a multisectoral nutrition plan (MSNP); (3) develop a common results framework (CRF); (4) establish the appropriate financing; (5) implement a monitoring, evaluation and learning system; and (6) prepare mechanisms for nutrition action at the country level. The guidance has been selected based on MQSUN(+) experience with what has been used and found to work well in different country contexts. The toolkit can be used to gain an overview of multisectoral nutrition planning as a whole or to identify appropriate approaches and useful resources to support this country-led process at different stages.

Figure 1. The six modules in the MQSUN+ Toolkit on Multisectoral Planning for Nutrition.



## Understanding the impacts of COVID-19 on the nutrition situation through nutrition context and risk analysis

All elements of multisectoral nutrition planning have the potential to be impacted by COVID-19 and the control measures used to limit its spread. The effects will impact different contexts and populations in different ways and to differing degrees. **To lessen these impacts, a process of identifying those activities and populations most vulnerable to both undernutrition and the impacts of the pandemic can be undertaken to inform subsequent actions—which can be included as part of a country’s contextual analysis.**

**Pre-existing nutrition situational analyses and household surveys can be used in conjunction with more recent assessments of the economic, health and social impacts of COVID-19 to map potential impacts of the pandemic on nutrition across populations.** The populations most affected by COVID-19 and associated disease control measures will vary by context. Examples of populations found to be affected in many countries are urban households living below the poverty line and reliant on the informal economy for their livelihoods and rural poor households reliant on agricultural who have been affected by suppressed demand for agricultural produce, as well as displaced and refugee populations.<sup>4</sup>

**Within affected households, children and pregnant and lactating women should be considered most vulnerable,** as they have specific requirements for nutritious diets and access to health services<sup>5</sup> and are thus likely to be most affected by the livelihood and service-disruption impacts of the pandemic. It is furthermore likely that women will be more vulnerable due to the generally higher proportion of them reliant on the informal economy for their livelihoods and their outsized representation as primary caregivers.<sup>6</sup>

**A key feature of a contextual and risk analysis is to gain an understanding of what the impact of COVID-19 is on utilisation of services relevant to multisectoral planning for nutrition and which populations have reduced utilisation of services.** For instance, reductions in access to ante- and prenatal care services and breastfeeding support would put pregnant women and infants at increased risk, whilst reduced access to school meal programmes and school-based health interventions would increase the vulnerability of school-aged children.

In addition to analysing the impact of the pandemic on particular population groups, a contextual and risk analysis can also assess risks to specific activities and related indicators included in an MSNP or CRF (either pre-existing or under development). A well-developed MSNP should already have identified the key risks and assumptions associated with various included nutrition actions.<sup>7</sup> These can be appended or revised in response to the new set of risks and assumptions identified in the context of COVID-19. Contingency plans for potentially disruptive events—such as COVID-19 and other economic, environmental or large-scale shocks—should be included in risk identification and mitigation planning within MSNPs under development. Actions that support resilience building during pandemics should be part of the MSNP operational plans. Some potential approaches to risk mitigation are explored below.

**Where up-to-date and representative information on anthropometric or biomarker measures of nutrition status is not available, alternative sources of information can be used.** Health management information system and programmatic data can provide valuable sources of information on service disruptions. Contextual and risk analysis should be updated on an ongoing basis to integrate new information where it becomes available.



## Responding to identified changes in the nutrition and risk context

When a contextual and risk analysis is completed, it may be necessary to revise elements of an MSNP or CRF—such as planned activities, indicators and expected outcomes—to address identified changes in the nutrition or risk environment.

**Where revisions are deemed necessary, the MSNP/CRF should be amended accordingly, using a consultative, multisectoral approach.** Many countries with MSNPs in place have acted to further protect nutrition in the face of challenges posed by the pandemic—for instance, through the introduction of guidelines for operating health and nutrition programmes with necessary disease control measures in place, the dissemination of messaging on appropriate infant and young child feeding practices in the context of COVID-19 and protection for relevant sections of the food system as essential services.

Many countries have also introduced adaptations to nutrition programmes, including revised screening methods, admission criteria and treatment protocols to address the challenges faced by beneficiaries in accessing programmes in the shorter term.<sup>8</sup>

Multisectoral nutrition planning is a well-placed approach to support and build upon COVID-19 response and relief efforts and appropriately integrate existing multisectoral nutrition actions. Integration should be guided by a sound understanding of what the need is and who is likely to be most affected and should seek to utilise existing systems in wider nutrition planning, where feasible.

**Mitigating the effect of COVID-19 on the nutrition status of vulnerable groups may call for introduction of new activities and indicators, whilst in other instances appropriate interventions may already be included in the MSNP/CRF and scale-up efforts.** COVID-19 response and relief efforts vary by country. However, in many cases, actions being funded under such efforts can be considered nutrition-sensitive, such as targeted food distribution, social protection and hygiene interventions. In some contexts, nutrition-specific activities, such as treatment for acute malnutrition and support for breastfeeding, have also been included under response and relief efforts for COVID-19. Careful development of multisectoral approaches need to be seen alongside—and, where possible, integrated with—the COVID-19 response and recovery efforts, especially actions across health systems, food systems and social protection systems.

**Across contexts, developing and disseminating clear guidelines on how and where nutrition, health and other nutrition-related services can operate is of paramount importance.** Once adequate safety measures are in place, it is necessary to ensure beneficiaries are reached with messaging on the safety of accessing services.



## Protecting and mobilising resources for nutrition

The impact of COVID-19 on the global economy, as well as on national economies, has been severe, and the pandemic is likely to continue suppressing economic growth for some time.<sup>9</sup> Given that the normal implementation period for MSNPs is between three to five years, it is likely that the availability of funding for the implementation of planned nutrition actions could be impacted in many countries. Conversely, increased investment in nutrition and health systems is now more important than ever, as the burden of undernutrition is likely to have increased and to continue increasing. **COVID-19 is also a nutrition crisis, and advocacy for nutrition and nutrition funding is key during this time.**<sup>10</sup>

**A siloed approach to funding the nutrition response effort is unlikely to be effective in tackling the impact of COVID-19.** Rather, it will be vital to ensure nutrition actions are part of the COVID-19 response.<sup>11</sup> Large-scale investments at the national and global levels should be leveraged where appropriate.



## Monitoring and evaluating nutrition action through the context of a pandemic

The swiftness with which COVID-19 spread and uncertainty regarding both the effects of the disease itself and the impacts on treatment and containment in different contexts make close monitoring of the effects on nutrition and food security particularly vital. With the onset of the crisis, almost all population-based surveys were halted, severely limiting the ability to monitor the nutrition situation.

**It may be necessary to increase reliance on non-survey-based (nontraditional) methods of nutrition data and to ensure functioning of monitoring, evaluation and learning systems.** In the absence of data from nutrition assessments, other potential sources of nutrition information should be used, such as information from health-monitoring information systems, as well as community and caregiver-administered screening.<sup>12</sup>

**Determining increased population vulnerability does not require waiting to see changes in anthropometric measures of nutrition status.** Indicators on common causes of undernutrition can also determine likely nutrition impacts (e.g. food prices; measures of food security and coping strategies; availability and utilisation of health services; hygiene-, care- and gender-related practices). MSNPs often include such indicators.

**Interventions included in the MSNP/CRF (whether introduced or scaled up) in response to COVID-19 should, where at all possible, utilise existing monitoring systems.** However, possible restrictions on movement may require creative approaches, such as remote monitoring and collection of information through key informants and households by phone or through third parties.



## **Ensuring strong risk mitigation and emergency planning through to implementation**

**Given the uncertainty of the immediate and longer-term impacts of COVID-19 on nutrition, as well as on wider social and economic development, surveying potential risks and prioritising actions to mitigate them will be vital for effective multisectoral nutrition planning and implementation moving forward.** One approach to risk mitigation is developing a risk matrix which can be used to map what the potential risks are, how they could be addressed through existing emergency planning and preparedness mechanisms and where appropriate mechanisms may be lacking.

**Linking actions to protect nutrition in the face of risks to wider emergency preparedness and planning is key to meaningful risk mitigation.** Examples of assessing to what degree nutrition is integrated within wider emergency planning and preparedness mechanisms would be, for instance, identifying whether (1) nutrition is included within targeting criteria for support in the context of COVID-19; (2) actions to support vulnerable populations are explicitly targeting the causes and determinants of malnutrition; and (3) nutrition indicators are part of the M&E of wider COVID-19 emergency response efforts.<sup>13</sup>

**A risk planning matrix can help to both understand risks and better define, acknowledge and formalise what roles and responsibilities different stakeholders involved in emergency preparedness and planning have to protect nutrition.** Many of the causes and determinants of malnutrition may be addressed through actions included in existing emergency preparedness and plans.<sup>14</sup> Committees and oversight mechanisms for multisectoral nutrition planning and implementation may be well placed to work with stakeholders to ensure maximum beneficial nutrition impacts of the efforts of different stakeholders and sectors.

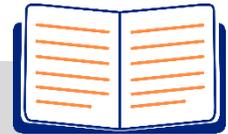
## PRACTICAL CONSIDERATIONS FOR MULTISECTORAL PLANNING DURING COVID-19

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It is likely that the COVID-19 crisis has required, and may continue to require, stakeholder groups involved in developing, updating or implementing MSNPs to move to a remote work stream. This can pose specific challenges to the multisectoral planning process:

- > **A key requirement in shifting to a remote work stream is adequately equipping employees for remote work.** This may include provision of support (financial or in-kind) for credit to Internet and phone access, as well as hardware, such as laptops and phones, if necessary and feasible.
- > **Where in-person workshops and meetings are not possible, developing tools and templates for online sharing and dissemination of information may be advisable.** This can lessen the workload on staff when engaging in multisectoral planning processes and streamline workflows, especially around gathering input, consensus and validation from different sectors and stakeholders.
- > **Online business communication platforms may also be suitable in some contexts to encourage greater engagement amongst stakeholders and facilitate remote workflows,** be it through mobile or desktop-based communication platforms for document sharing and information gathering (e.g. Google Drive, Microsoft Office suite, etc.), messaging (e.g. Slack, WhatsApp, etc.) or virtual meeting (e.g. Zoom, Microsoft Teams, etc.). Whilst remote workflows can pose unique challenges, online applications can also provide some added advantages, such as recording and playback of meetings, breakout subgroup meetings in real time and a space for day-to-day updates and collegial support.

## Additional Resources on Multisectoral Planning in the Context of COVID-19



SUN website. COVID-19 knowledge hub page. Available at <https://scalingupnutrition.org/covid19/>. Accessed 30 October 2020.

SUN Movement Secretariat (SMS). *Key SUN Movement Advocacy Messages On COVID-19 And Nutrition*. Geneva: SMS; 2020. Available at [https://scalingupnutrition.org/wp-content/uploads/2020/04/SUN-COVID-19-KeyMessages\\_ENG.pdf](https://scalingupnutrition.org/wp-content/uploads/2020/04/SUN-COVID-19-KeyMessages_ENG.pdf).

SMS and MQSUN+. *COVID-19 And Nutrition: SUN Movement Information Note*. Geneva: SMS; 2020. Available at [https://scalingupnutrition.org/wp-content/uploads/2020/04/SUN-COVID-19-InformationNote\\_ENG.pdf](https://scalingupnutrition.org/wp-content/uploads/2020/04/SUN-COVID-19-InformationNote_ENG.pdf).

Coile A, Huestis A . Visualising malnutrition in the time of COVID-19 [blog post]. MQSUN+ website. 24 April 2020. Available at <https://mqsunplus.path.org/blog/visualising-malnutrition-in-the-time-of-covid-19/>.

MQSUN+. *COVID-Sensitive Nutrition Marketing Messages for Small and Medium Enterprises (SMEs) in SUN Countries*. Washington, DC: MQSUN+; 2020. Available at <https://mqsunplus.path.org/resources/covid-sensitive-nutrition-marketing-messages-for-small-and-medium-enterprises-smes-in-sun-countries/>.

## References

1. Roberton T, Carter ED, Chou VB, et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. *Lancet Glob Heal*. 2020. doi:10.1016/s2214-109x(20)30229-1.
2. Akseer N, Kandru G, Keats EC, Bhutta ZA. COVID-19 pandemic and mitigation strategies: implications for maternal and child health and nutrition. *Am J Clin Nutr*. 2020;1-6. doi:10.1093/ajcn/nqaa171.
3. Popkin BM, Du S, Green WD, et al. Individuals with obesity and COVID-19: a global perspective on the epidemiology and biological relations. *Obes Rev*. 2020;21(11):e13128. doi:10.1111/obr.13128.
4. Swinnen J, McDermott J. *COVID-19 and Global Food Security*. Washington, DC: International Food Policy Research Institute; 2020. doi:10.2499/p15738coll2.133762.
5. Branca F, Piwoz E, Schultink W, Sullivan LM. Nutrition and health in women, children, and adolescent girls. *BMJ*. 2015;351:h4173. doi:10.1136/bmj.h4173.
6. Burki T. The indirect impact of COVID-19 on women. *Lancet Infect Dis*. 2020;20(8):904-905. doi:10.1016/S1473-3099(20)30568-5.
7. SUN. Checklist on the criteria and characteristics of “good” national nutrition plans. 2016. <http://scalingupnutrition.org/wp-content/uploads/2016/12/Scaling-Up-Nutrition-Quality-national-plan-checklist.pdf>.
8. UNICEF website. Tracking the situation of children during COVID-19 dashboard page. <https://data.unicef.org/resources/rapid-situation-tracking-covid-19-socioeconomic-impacts-data-viz/>. Accessed October 21, 2020.
9. World Bank. Global Outlook: Pandemic, Recession: The Global Economy in Crisis. In: *Global Economic Prospects*. Washington, DC: World Bank; 2020. doi:10.1596/978-1-4648-1553-9\_ch1.
10. Hall K, Wazny K. COVID-19 is a nutrition crisis too – we need a multisystems response. Devex: Global Views. <https://www.devex.com/news/opinion-covid-19-is-a-nutrition-crisis-too-we-need-a-multisystems-response-97196>. Published 2020.
11. Short M. COVID-19: Letter from The Power of Nutrition Leadership. The Power of Nutrition. <https://www.powerofnutrition.org/blogs/covid-19-letter-from-the-power-of-nutrition-leadership/>. Published 2020.
12. Global Nutrition Cluster & UNICEF. *Nutrition Information Management, Surveillance and Monitoring in the Context of COVID-19*. New York: UNICEF; 2020. <https://www.unicef.org/media/68301/file/Nutrition-Information-Management-Surveillance-and-Monitoring-COVID19.pdf>.
13. UNICEF. *Disaster Risk Reduction and Nutrition Technical Note*. New York: UNICEF; 2012. [http://www.unicefinemergencies.com/downloads/eresource/docs/DRR/DRR\\_ONE\\_PAGER\\_NUTRITION.pdf](http://www.unicefinemergencies.com/downloads/eresource/docs/DRR/DRR_ONE_PAGER_NUTRITION.pdf).
14. Horton S, Mbuya M, Wilkinson C. *Synthesis of Evidence of Multisectoral Approaches for Improved Nutrition*. Abidjan: African Development Bank; 2017. [https://www.afdb.org/fileadmin/uploads/afdb/Documents/Generic-Documents/Banking\\_on\\_Nutrition\\_evidence\\_synthesis\\_advanced\\_copy\\_November\\_2017.pdf](https://www.afdb.org/fileadmin/uploads/afdb/Documents/Generic-Documents/Banking_on_Nutrition_evidence_synthesis_advanced_copy_November_2017.pdf).

### About MQSUN+

MQSUN+ provides technical assistance (TA) and knowledge services to the UK Foreign, Commonwealth and Development Office (FCDO) and the Scaling Up Nutrition (SUN) Movement Secretariat (SMS) in support of pro-poor programmes in nutrition. MQSUN+ services are resourced by a consortium of five non-state organisations leading in the field of nutrition.

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