

From the Regional Directors of UNICEF, FAO, WFP and WHO

Amman/Cairo, 27 MAY 2020 – “Governments and partners across the Middle East and North Africa Region (MENA) are working around the clock to protect communities from coronavirus disease (COVID-19). While these efforts are saving many lives, they are having a critical impact on food supply chains and the availability, access and affordability of better varieties of safe and nutritious foods. Vulnerable families are struggling to secure household income and bringing food to their table.

“Countries in the region already facing food crisis are hit hardest by the pandemic. The pandemic has further exacerbated challenges in Afghanistan, Sudan, Syria and Yemen in the quantity, frequency and diversity of the food children and families consume. These are among the top 10 countries in the world with the worst food crises in 2019 by number of people in Crisis or worse (IPC/CH Phase 3 or above) with nearly 40 million people affected. This is likely to create a new type of food crisis, or in most cases to worsen existing ones.

“Our organisations are closely following the impact of the COVID-19 pandemic on the nutrition of those most affected, particularly the poor and most vulnerable communities in the region. Last year, one in five people were undernourished in the region.

“We call on governments, international development partners, donors and the private sector to address the availability, access and affordability of safe and nutritious foods and to protect the nutrition of the most vulnerable families, children, pregnant and lactating women across the region, while implementing the necessary health, prevention and control measures. This can be done through the following actions:

1. Ensure that food supply chains keep moving and safe and nutritious foods remain available.
2. Protect the incomes and livelihoods of those dependent on agriculture and casual labour.

3. Establish and support social protection schemes and community programmes to help the most vulnerable groups, as well as those who have lost their jobs because of lockdowns, to be able to access sufficient, safe, and nutritious foods.

4. Promote maternal, infant and young child nutrition through providing essential nutrition services for pregnant and breastfeeding mothers, newborns and sick children and support for mothers to breastfeed, including those with COVID-19, and communicate accurate information on maternal, infant and young child nutrition.

5. Ensure management of wasting through treating wasted and undernourished children and mothers and adapt services to require less frequent treatment visits and more take-home supplies. Implement wasting prevention measures for vulnerable children and other groups at risk of thinness, including older people and the sick. These vulnerable groups with compromised immune systems are at high risk of dying and even higher risk if they get infected with COVID-19. Therefore, it is important to:

- Intensify efforts to strengthen the capacity of mothers and caregivers to detect and monitor their children's nutritional status
- Initiate/intensify decentralization of treatment for uncomplicated wasting by shifting to community-based treatment whenever possible.
- Initiate/intensify efforts to prevent disruptions in the availability of key commodities for the treatment of child wasting.

6. Provide micronutrient supplementation through routine services for pregnant women and young children. Planned mass micronutrient campaigns (e.g. vitamin A supplementation and deworming) can be temporarily suspended/postponed and re-planned for the earliest opportunity once conditions allow.

7. Offer an alternative to school feeding and nutrition while schools are closed, by providing guidance to school staff, parents and children on the importance of safe and healthy diets, hygiene and physical activity for school-aged children. Explore alternative modalities such as cash transfers and food deliveries to homes to help poorer families get nutritious meals for children while schools are closed. When schools reopen, resume school meal programmes and encourage school staff to promote them to children and their parents.

8. Establish a food security and nutrition surveillance system using mobile phones or web-based surveys to monitor food market functionality, coping mechanisms, food consumption patterns and multi-dimensional poverty and the timely collection and updating of food security and nutrition information to identify populations at risk, monitor and address factors likely to have a negative impact on the nutrition status of vulnerable groups.

Notes to Editors

This statement was developed taking in consideration social spacing requirements.

Our recommendations will be periodically updated as new evidence emerges and we continue to develop strategies and plans on how to support Governments across the region to deliver effective nutrition support programmes in the context of COVID-19.

A more detailed brief on each of the six domains, a glossary and resources on healthy diets, and a set of references are attached to this statement.

[Read the full statement](#)

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