



October 12, 2020

Mr. John Barsa  
Acting Administrator  
U.S. Agency for International Development  
1300 Pennsylvania Ave., NW  
Washington, DC 20523

Dear Acting Administrator Barsa:

At USAID's request, the Board for International Food and Agricultural Development (BIFAD) convened a virtual meeting on September 14, 2020 to discuss how the global community can work together to protect and advance nutrition outcomes during the response to and recovery from the COVID-19 pandemic. In particular, the virtual meeting focused on the following topics of discussion:

1. To provide an update on what emerging research and data can tell us about the current and expected impacts of COVID-19 containment and control measures on nutrition, and how we should use this emerging evidence to guide our response.
2. To learn from our implementing partners and USAID Missions across sectors that have pivoted their implementation to respond to COVID-19 and protect nutrition outcomes. To understand the realities on the ground, and to include the innovations and expertise of those on the frontlines in the discourse.
3. To discuss and prioritize actions for the near, medium, and long term to safeguard and accelerate nutrition progress.

Detailed findings, conclusions, and recommendations are listed below, and I would like to highlight the main takeaways:

1. USAID's strong leadership and influence are essential to increase investment in and political commitment to nutrition, especially in advance of the UN Food Systems Summit and the Nutrition for Growth Summit, both scheduled for 2021;
2. Agility and adaptive management in programming were essential in responding to the pandemic;



3. The use of frontline/community-based workers, new technologies, and digital platforms proved vital in strengthening community health systems;
4. Rethinking markets and distribution channels for the private sector, and supporting them in making needed changes, were essential to supporting food system functioning during this period;
5. The most successful pivoting existed where a strong foundation of multisectoral engagement/coordination already existed; and
6. The pandemic has highlighted the need for more robust, timely nutrition data with high coverage of vulnerable and marginalized population groups.

BIFAD hopes these findings, conclusions, and recommendations can support decision making by USAID and its partners and stakeholders working to advance food security, nutrition, and resilience at global, regional, and national levels, especially in the face of the current pandemic.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Keenum", with a long horizontal flourish extending to the right.

Mark Keenum, Chair, Board for International Food and Agricultural Development (BIFAD)  
President, Mississippi State University

Enclosure: *COVID-19 and Nutrition: Impacts, Field Innovations, and the Way Forward: Findings, Conclusions, and Recommendations*

182nd Public Meeting (Virtual) of the Board for International Food and Agricultural Development  
(BIFAD)

*COVID-19 and Nutrition: Impacts, Field Innovations, and the Way Forward*

September 14, 2020

Findings, Conclusions, and Recommendations

Findings

1. *Impacts of COVID-19 on nutrition*

- 1.1. The COVID-19 pandemic has resulted in widespread disruptions in the supply of nutritious foods and the functioning of health systems. These disruptions are likely to impact all forms of malnutrition, which will result in greater morbidity and mortality and eventually greater costs to societies. In addition, the economic crisis from COVID-19 will increase rates of malnutrition, as existing research has shown strong correlations between child malnutrition and GDP per capita.
- 1.2. There has been a significant impact on the availability of nutritious foods as a result of COVID-19 measures, such as quarantine and social distancing. In particular, the supply of animal-source foods, fruits, and vegetables has decreased because their production is more labor intensive and their perishability leads to greater spoilage during market disruptions. As seen during the 2007–2008 food crisis, the higher cost of nutritious foods often means they are the first to be dropped by households, which will use their limited income to ensure the supply of staple foods.
- 1.3. As noted in the commentary published in *The Lancet* in July, COVID could result in additional 6.7 million wasted children in 2020. This increase in wasting, combined with lower rates of nutrition services coverage, could result in 130,000 additional deaths in children under five (80% in sub-Saharan Africa and South Asia).
- 1.4. These first analyses are the initial look, and the Standing Together for Nutrition Consortium is undertaking further analyses to cover other forms of malnutrition and extended through 2022. These more inclusive projections are expected to be published in the coming weeks.

2. *Impacts of COVID-19 on vulnerable groups and resilience*

- 2.1. For many development programs, the pandemic has presented challenges in reaching disadvantaged and poor/vulnerable populations, and the switch to virtual training and social media has increased inequities for these populations, many of which do not have access to these platforms.
- 2.2. The loss of remittances as a result of the pandemic is having a noticeable impact on many communities.

3. *Programming adaptations in response to COVID-19 - Private sector and market*

- 3.1. Programs working with small and medium enterprises (SMEs) have supported the adaptation of marketing, sales, and distribution strategies as a result of disruptions to value chains. Programs had to support SMEs to find new markets due to disruptions in their existing markets. A survey of SMEs by TechnoServe found noticeably greater challenges reported by female-owned businesses in responding to the COVID-19 crisis.
- 3.2. Market disruptions required rural producers, and the programs that support them, to rethink distribution channels and even their target consumers. An example from Rwanda highlighted a shift by egg producers from export markets to domestic markets.
4. *Programming adaptations in response to COVID-19 - Provision of community-based services*
  - 4.1. The delivery of essential nutrition services has also been disrupted, though countries are beginning to employ mitigation strategies to restore and increase these services. Countries have seen significant reductions in these essential services, including support to vitamin A supplementation for children 6-59 months, support for prenatal iron and folic acid supplementation, promotion of breastfeeding and complementary feeding, and management of wasting.
  - 4.2. Local community actors are key to the delivery of essential services. During the pandemic, programs have leveraged the robust network of community-level workers and local government partners who are on the ground and can continue delivery of key information and services.
  - 4.3. Programs have relied on a range of new digital and “old”/analog technologies to reach populations with training and messaging. For example, programs pivoted from providing in-person antenatal and postnatal care services to transmitting key nutrition messages in local languages via phone, radio, and public address systems. Other programs invested in new technology platforms to build capacity of community-based volunteers or to supervise activities.
  - 4.4. An example from Nepal highlighted the successful use of rapid remote monitoring tools to assess and monitor stock of nutrition commodities in health facilities across the country. The program used alternative measures (mule and cart) to ensure stockages of essential commodities in hard-to-reach areas when transport systems were shut down.
  - 4.5. In the context of COVID-19 where access to safe clinic-based service delivery is difficult and risky, there is an urgent need to increase access and quality of community-based health and nutrition services. An example from Zambia demonstrated how community-based volunteers can be trained and equipped with tools to facilitate the dissemination of information and the distribution of essential health and nutrition products and services.

## Conclusions

1. The most successful COVID-19 responses were those that drew from a strong foundation of multisectoral collaboration and capacity that have benefited from USAID support. Several

- examples from the presentations highlighted the essential role that the central government, as well as local government, played in bringing stakeholders together or advocating for action.
2. Continued assessment of the impacts of movement restrictions, market disruptions, and declines in coverage and uptake of health and nutrition services on key nutrition behaviors and outcomes is critical. Nutrition programs should make appropriate and timely changes to reduce negative impacts and should identify innovative ways to scale-up community-based health and nutrition services using adaptive management and technology.
  3. The nutrition implications of COVID-19 have the potential to be long-lasting because the shocks of the crisis are likely to disrupt food, health, and social protection systems, as well as delivery of humanitarian assistance, for many years. For those children who survive malnutrition, the negative consequences on cognitive and physical development are lifelong. However, the worst case scenarios developed in current projections are not a predetermined outcome. We need rigorous documentation, distillation, and dissemination of lessons learned from programs that were able to innovate and pivot quickly. Research partners, including U.S. universities, can assist in collecting more and better data and in evaluating the impact and cost-effectiveness of programmatic pivots to address COVID-19 challenges.
  4. An understanding of local context and on-the-ground drivers of malnutrition is critical for prioritizing immediate, medium-, and long-term responses to the pandemic across sectors and should inform how interventions are sequenced.
  5. In the context of COVID-19 where in-person interactions are restricted, the use of mobile technologies and devices for training (via audio lessons from mobile phones, for example) and monitoring must be made accessible at scale.
  6. The current situation underscores the need to engage and build the capacity of community health volunteers to successfully deliver essential health and nutrition services for all. This requires task shifting and decentralization of health services from clinic based to community based.
  7. Programming support to build the resilience of governments and practitioners is critical to enable their timely and appropriate crisis response.
  8. SME access to finance is a critical need in the face of crises. The current crisis has demonstrated that financial institutions have not been agile and responsive.
  9. Agro-processor SMEs are critical intermediaries in food systems and can benefit from business and technical support to respond to disruptions in the market and build greater resilience.
  10. There is a need to focus more on the most marginalized households and link them to existing food aid and social protection services. Programs must continue to prioritize links to frontline worker service provision and targeted support to protect the most vulnerable children and their families.
  11. The timely collection and use of program data are essential for programs' ability to respond to crises and to make informed, evidence-based decisions to adapt programming.
  12. An increased understanding of how inclusive economic growth helps mitigate the impacts of COVID-19 on malnutrition is needed. We don't have the data on this, but we know, for instance, that empowering women, which is a critical element of inclusive growth, is also critical for ensuring adequate infant and child feeding practices.

13. Listening to those impacted most by this crisis is a critical action. Stakeholders should maintain open channels with communities and local authorities and do their best to meaningfully connect to find impactful solutions.
14. In response to the analyses undertaken by the Standing Together for Nutrition consortium, the four United Nations organizations most involved in nutrition (UNICEF, World Food Programme, FAO, and WHO) have communicated five urgent actions for the COVID-19 response:
  - 14.1. Safeguard and promote access to nutritious, safe, and affordable diets
  - 14.2. Invest in improving maternal and child nutrition through pregnancy, infancy, and early childhood
  - 14.3. Re-activate and scale up services for the early detection of treatment of child wasting
  - 14.4. Maintain the provision of nutritious and safe school meals for vulnerable children, even when schools are closed
  - 14.5. Expand social protection to safeguard access to nutritious diets and essential services
15. Governmental policies that restrict the import of essential foods and food ingredients can have significant impacts on food supply. The African Union is providing leadership to coordinate regional measures to ensure food continues to move where it is needed.

## Recommendations

BIFAD recommends that USAID build on a strong foundation of nutrition leadership and programming and use the COVID-19 crisis as an opportunity.

1. **Examine and Strengthen Food Systems:** Support the identification of vulnerable components of food systems and strengthen them for greater resilience to shocks and stressors, using USAID's influence and reach to examine the systemic elements of local and global food systems that failed during the pandemic. Programming should pursue policy and private sector strategies to make food systems more resilient and coherent to support achieving sustainable nutritious diets for more people and ending malnutrition in all its forms.
2. **Examine and Strengthen Health Systems:** Support the identification of the most vulnerable components of the health system and strengthen them for more systematic delivery of nutrition-specific services, and particularly focus on strengthening the community health worker components.
3. **Influence Political Commitment:** Use USAID's strong leadership and influence to increase investment in and political commitment to nutrition, especially in advance of the UN Food Systems Summit and the Nutrition for Growth Summit, both scheduled for 2021. USAID's commitment to elevating nutrition to a higher level of policy attention is commendable, but we need to continue reaching higher and raise our expectations of what is possible.
4. **Encourage Multi-Sectoral Approach:** Continue to encourage a strong multisectoral foundation in the programming that USAID supports. This current crisis has underscored the interdependent roles of government, civil society, and business that should be leveraged to build sustainable solutions.

5. **Scale Up Data, Research, and Evidence-Based Policymaking:** Scale up efforts to collect and disseminate nutrition data and look beyond more readily available nutrition data for children and pregnant and lactating women. More data are needed for other vulnerable population groups, such as adolescents, to better inform the design of nutrition programming and to support modeling of nutrition outcomes. USAID should support public agricultural programming, R&D, and public-private partnerships to shape strong policies, improved programming, and better preparation for future crises.
6. **Accelerate Leveraging Digital Technologies:** Examine the multiple adaptations of digital technologies for social and behavior change, real-time data collection, remote supervision, and transmission of key public health information to inform future investments that will bring efficiencies and scale to current programs as well as prepare for future crises. Where necessary, develop affordable and appropriate digital technologies in order to expand coverage to marginalized populations and provide them access to digital platforms and services.