



GUIDANCE ON SOCIAL AND BEHAVIOR CHANGE FOR NUTRITION DURING COVID-19

July 20, 2020

This short guide includes important considerations, messaging, and resources to support country programs in adapting nutrition SBC programming in response to the challenges presented by COVID-19.

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The Impact of COVID-19 on Nutrition

Good nutrition is an essential part of an individual's defense against COVID-19. Yet the COVID-19 pandemic is likely to have an indirect, yet severe and lasting effect on maternal and child nutrition. Weaker supply and less demand for nutrient-rich but perishable foods encourages a shift towards monotonous and nutrient-poor diets, which are cheaper than more diverse diets. Disruption in the delivery of essential nutrition services such as breastfeeding counseling and vitamin A supplementation for young children are likely to impact diets and typical nutrition behaviors.¹ Weakened and overwhelmed health systems can mean reduced access to and utilization of health and nutrition services in the critical first 1,000 days, from the start of a woman's pregnancy through her child's second birthday.

Further, disruptions to income and social safety nets are projected to further increase the prevalence of malnutrition. In preliminary modeling research by the Johns Hopkins Bloomberg School of Public Health, reducing coverage of basic life-saving interventions in 118 low- and middle-income countries by 45% for six months could result in 1,157,000 additional child deaths (1.9.8 to 44.7% increase), with about 20% of those additional deaths due to wasting.²

Women are particularly affected by both the virus and the impact of containment measures. Women make up 70% of the health and social workforce globally, so are on the front lines of COVID response. At home, many women face greater caregiving burdens and higher risk of interpersonal violence.³ Women also comprise 43% of the agricultural labor force though many are already food insecure and may be disproportionately affected by economic shock brought on by COVID-19.⁴



1 Greig, A. (2020, April 7). Ensuring children can continue to access life-saving vitamin A during the COVID-19 pandemic. *Nutrition International*. <https://www.nutritionintl.org/2020/04/ensuring-children-can-continue-to-access-life-saving-vitamin-a-during-the-covid-19-pandemic/>

2 Roberton T., et al. (2020). Early estimates of the indirect effects of the coronavirus pandemic on maternal and child mortality in low- and middle-income countries. <http://dx.doi.org/10.2139/ssrn.3576549>

3 Barry, M. (2020, June 9). *COVID-19: through a gendered lens* [lecture slides]. Johns Hopkins Center for Global Health. http://hopkinsglobalhealth.org/assets/documents/Barry_COVID-19_Through_a_Gendered_Lens.pdf

4 <http://www.fao.org/gender/resources/infographics/the-female-face-of-farming/en/>; See also Policy Brief on COVID-19 Impact on Women

The Evolving Role of Social and Behavior Change

Social and behavior change (SBC) approaches remain essential tools to achieving good nutrition. However, the new environment created by COVID-19 means that communities are dealing with a host of extra challenges. For example:

- Pregnant women, caregivers of young children, and their families, may have additional challenges accessing nutrition services in a timely manner, due to service disruptions and/or fears because of COVID-19.
- More women and children may be vulnerable to malnutrition, resulting from the disruptions to services and food supply.
- Women may face increased stress, trauma, depression, and other mental health concerns, along with gender-based violence resulting from loss of social support structures and disruptions during physical distancing.⁵
- Families may experience loss of livelihoods and income, which affects their ability to purchase healthy food and levels of stress.

- Communities may have limitations organizing discussion and dialogue fora, peer groups, and other nutrition activities.
- There are vast amounts of information around COVID-19, including misinformation and rumors, leading to high levels of fear and potentially harmful practices such as use of unfounded cures.
- There may be changes in typical patterns of communication and trusted sources, with reduced personal contact and, where accessible, greater virtual communication.

In this environment, SBC practitioners must find new ways of working that follow physical distancing guidelines while *engaging* families and communities via trusted sources. SBC practitioners may also need to adapt messaging about nutrition to fit with the reality of people's new daily lives and provide calls to action that are doable.

About This Guidance

In light of these issues, this short guide includes important considerations, messaging, and resources to support country programs in adapting nutrition SBC programming in response to the challenges presented by COVID-19. General recommendations about healthy diets; maternal, infant and young child nutrition; and handwashing are the same as before the pandemic and not discussed in detail here. Program adaptations and messaging should be in line with people's emotional states, the country context, available services, and local government response, including that of coordinating bodies responsible for COVID-19 risk communication and community engagement.⁶

⁵ Barry, M. *COVID-19: through a gendered lens*. (See page 1, footnote 3).

⁶ World Food Programme, UNICEF, Global Nutrition Cluster, Global Technical Assistance Mechanism for Nutrition. (2020). Protecting maternal diets and nutrition services and practices in the context of COVID-19. *Global Nutrition Cluster Brief* (4). Retrieved June 12, 2020 from https://www.nutritioncluster.net/Protecting_Maternal_Diets_and_Nutrition_Services_and_Practices_COVID-19

Considerations for Nutrition SBC Programs

The objectives and recommendations of nutrition programs in the era of COVID-19 are generally the same as before the pandemic. Existing recommendations for mothers and children remain with the following updates pertaining to COVID-19:

- For children under six months, exclusive breastfeeding is still best⁷—even when the mother has or may have been infected with COVID-19.
- For children six to 24 months, eating a diverse nutrient-rich diet while continuing to breastfeed is still important. Children should continue to be fed with age-appropriate frequency, and amount, and in a responsive manner.
- Even if children are ill, continuing to breastfeed them is essential.
- Hand washing with soap before eating, preparing food, feeding children and after using the toilet is important for prevention of malnutrition. Hand washing is even more important now for reducing transmission of COVID-19.

To address challenges brought on by the pandemic, SBC programs may need to conduct a rapid assessment on how nutrition service coverage has changed, how people in different areas and occupations have been affected (e.g., income loss), and what the government response has been to protect nutrition. This context is needed to inform program adaptations, such as:

Training and support considerations



Community mobilization and engagement considerations



Communication considerations



Vinay Panjwani, UNICEF, India, Gujarat. June 20, 2020.
<https://weshare.unicef.org/archive/-2AM408PX8Q9R.html>

7 UNICEF, Global Nutrition Cluster, Global Technical Assistance Mechanism for Nutrition. (2020). Infant & young child feeding in the context of COVID-19. *Global Nutrition Cluster Brief 1(2)*. Retrieved June 12, 2020, from <https://www.nutritioncluster.net/node/5836>

Considerations for Nutrition SBC Programs *(continued)*



Training and support considerations

- Train health workers and Community Health Workers (CHWs) who deliver nutrition services on how to adjust services to respond to COVID-19, with recommendations on physical distancing, wearing a mask or face covering, IYCF in case of a suspected infection, referrals for testing, and provide easy-to-use job aids.
- Shift to offer counseling and support through alternative, non-contact means, instead of or in addition to face-to-face interaction with families.
- Remind workers who still conduct or are about to resume house-to-house visits that they should maintain physical distancing (stay two meters apart) and wear a mask or face covering, and ensure the workers encourage the same of the households they visit.
- When routine health services are expected to be disrupted due to COVID-19, increase the number of commodities dispensed at one time, such as micronutrient supplements for pregnant women, in order to reduce the frequency of refills. Modify accompanying messaging to include appropriate storage and use.
- Initiate efforts to build capacity of CHWs to provide treatment for uncomplicated wasting at the community level, including training on low/no-touch assessment, simplified treatment protocols, remote supervision, and key messages on COVID-19.⁸
- Ensure an open and ongoing dialogue with local service delivery partners, like health facility managers and CHWs, to understand changes in service hours, social protection schemes, and gender-based violence services. This should be reflected in messaging to ensure clients have up-to-date information.



Community mobilization and engagement considerations

- Support community leaders and change agents to use masks or face coverings.
- Encourage communities to adjust activities according to local requirements for physical distancing. For example, when gatherings are limited in size, encourage peer groups to form smaller sub-groups of household members or neighbors, making it easier to meet while maintaining physical distancing.
- Change how community activities are organized from demonstrations or experiential activities to house-to-house visits by community outreach workers using masks or face coverings.

⁸ UNICEF, Global Nutrition Cluster, Global Technical Assistance Mechanism for Nutrition. (2020). Management of wasting in the context of COVID-19. *UNICEF Brief* (1). Retrieved May 6, 2020, from <https://www.unicef.org/documents/management-wasting-context-covid-19>

Considerations for Nutrition SBC Programs (continued)



Community mobilization and engagement considerations (continued)

- Shift in-person community dialogues to local radio instead and feature community leaders and change agents, as well as some household representatives. Recording can be done outside, using physical distancing. Call in options during and after radio programs are useful to ensure two-way communication.
- Work through networks or associations with ties to many families to mobilize support for nutrition practices.
- Shift community gatherings to outside rather than inside a household or facility.
- Establish a network of mentors or champions to continue mobilization efforts through non-contact methods, including phone calls to ensure that supplies, information, and support are readily available in communities.
- Support community leaders to track the nutrition situation and identify households in need of referrals to social protection services, including food aid, in their communities and report back to households.
- Design triggers, reminders, and/or visual cues to encourage hygiene practices in communal locations, including signs for handwashing with soap at community water points.



Communication considerations

- Use remote communication channels (e.g., telephone, radio, TV, and social media) to continue promotion efforts through non-contact methods that target the first 1,000 days.
- Pretest new messages, materials, and interventions using virtual channels such as WhatsApp, Facebook, YouTube, WeChat, Instagram, TikTok (see [Virtual Pretesting Technical Brief](#) and [Tips for Engaging Communities During COVID-19 in Low-Resource Settings, Remotely and In-Person](#)).
- Modify content and increase the promotion of existing health hotlines and other digital (such as 3-2-1 lines, WhatsApp, and Facebook) and mobile services (e.g., SMS or interactive voice response) to ensure audience members can access key recommendations and counseling on nutrition information, including on breastfeeding. Use virtual training to strengthen hotline counselor/staff capacity to make referrals to resources, including social protection services.
- Establish a national or local repository that collects rumors and misinformation circulating about nutrition and shares with authorities and change agents to address regularly (see also: [Technical Brief: COVID-19 Rumor Tracking Guidance for Field Teams](#)). For communities, this can include concerns about stigma and discrimination towards people who are at risk of infection for community action.

Illustrative Nutrition Messages for SBC Programs

The following section contains both advice that nutrition programs should incorporate when developing SBC messaging, as well as sample illustrative messages to aid in promotion of healthy behaviors. These messages should be adapted to local country contexts, local policies, and prioritized audiences. This list is not intended as a substitute for a carefully designed and executed SBC campaign, based on formative research and including pretesting and monitoring.



Maternal Nutrition

- Emphasize the importance of ensuring that pregnant and lactating women eat a variety of food. Even if portion sizes of nutrient-rich foods decrease due to scarcity or increased cost, households should consume whatever amount is possible. Further, when food is less available than usual, equitable distribution of food in the family to favor women who are pregnant and lactating is even more important. For example:
“Families of pregnant women: share food so that pregnant women get an equal share with other adults, and more than usual. Pregnant and lactating women: try to eat either a meal or snack at least four times per day. Include fruits, vegetables, and food from animal sources as much as possible. Stock up as much as reasonable when nutritious foods are available.”
- Engage family members who may be more likely to be home to support women’s nutrition through interactive online approaches or community radio (channels that people have access to, use, and trust).
- Encourage pregnant women to take iron and folic acid during pregnancy, despite possible disruptions to the usual distribution methods, while addressing the fears that pregnant women may have during the pandemic (see also: Guidance on Social and Behavior Change for Maternal, Newborn, and Child Health During COVID-19). For example: *“Some pregnant women may be concerned about being pregnant and planning to give birth during the COVID-19 pandemic, and this is normal. A pregnant woman must take iron and folic acid daily during pregnancy for her health and the health of the baby. If your usual provider cannot give you tablets, find them at another location, like [name of safe provider location].”*
- Link self-care messaging with broader nutrition reminders for women, including the importance of healthy diets for immunity, safe food preparation, eating well on a budget, hygiene, managing stress, seeking help for gender-based violence, as well as information on assistance for mental health.⁹

9 Barry, M. *COVID-19: through a gendered lens* (See page 2, footnote 3).

Illustrative Nutrition Messages for SBC Programs (continued)



Infant and Young Child Feeding

- Remind health providers and families of young children that all infant and young child feeding (IYCF) recommended practices remain the same, based on global guidelines.
- Clarify the benefits of breastfeeding and skin-to-skin practices and note that no current evidence shows that COVID-19 can be transmitted through breast milk.
- Ensure that breastfeeding women are not separated from their newborns so that breastfeeding and skin-to-skin contact is easier.
- Provide how-to tips on safe feeding practices for parents navigating COVID-19 information, emphasizing the “Three Ws”:
 - Wear a mask or face covering during feeding and caregiving
 - Wash hands with soap before and after touching the baby
 - Wipe and disinfect surfaces regularly
- Increase feelings of empowerment and efficacy among caregivers of young children to care for sick children, even when food supply has been disrupted by COVID-19. For example: *“For children six to 24 months, you have the resources needed for your child to recover to good health-- breastmilk. By increasing the frequency of breastfeeding for two weeks after illness, your child can recover well with continued feeding of soft, bland foods depending on what is available.”*
- To ensure food safety, households should be vigilant about hygiene. For example: *“Wash your own hands and your child’s hands with soap and water for 20 seconds before handling food, eating or feeding a child. If soap is unavailable, use ash. If water is unavailable, use ash.”*¹⁰ Handwashing is the first line of defense against illnesses, including COVID-19. Such illnesses can get into the body through our face and mouths. Most often, this happens through hands.
- Emphasize food preservation and storage of locally available, nutrient-rich food so that families have stores of food throughout the year, including during lean times.



Infant and Young Child Feeding for Family Member Suspected of or Infected with COVID-19

- Reassure and support all mothers to initiate and continue breastfeeding their infants, even if the mother suspects or knows she has COVID-19.¹¹ For example: *“If you’ve just given birth to a child, you should feed the child only breast milk until the child is six months old. If you think you might be infected with COVID-19, you should wear a mask or face covering when feeding or caring for your baby. Wash your hands with soap and clean running water for 20 seconds before and after contact with your baby. Washing hands with soap kills the COVID-19 virus.”*

10 USAID Advancing Nutrition. (2020, April 24). *Infant and young child feeding recommendations when COVID-19 is suspected or confirmed*. <https://www.advancingnutrition.org/news-events/2020/04/24/infant-and-young-child-feeding-recommendations-when-covid-19-suspected-or>

11 USAID Advancing Nutrition. *Infant and young child feeding recommendations [...]*. (See page 6, footnote 11).

Illustrative Nutrition Messages for SBC Programs (continued)



Infant and Young Child Feeding for Family Member Suspected of or Infected with COVID-19 (continued)

- Ensure family members also understand how to handle a baby in the household safely. For example: *“Ask family members to protect the baby by wearing a mask or face covering when they hold the baby, and by washing their hands with soap and clean running water for 20 seconds before and after contact with your baby.”*
- Encourage support from families. For example: *“A new mother who may be infected with COVID-19 needs extra rest and help to care for the new baby. Help her rest by doing the jobs she normally does for her while she recovers and breastfeeds the new baby.”*



Nutrition services

- Where normal service contacts are no longer happening, shift messaging away from “See your health provider” to promote alternative information and service sites which are trustworthy. For example, to encourage seeking general information about nutrition for children, messaging could say, *“Learn more about nutrition for young children at [local mobile/digital source].”*
- When services are offered, reassure first 1,000 days families that nutrition services are safe. For example: *“Nutrition services are a safe place for you and your baby to receive support. Your health worker will take safety precautions including washing their hands, wearing a mask or face covering, and keeping a safe distance.”*
- Promote timely care-seeking for sick or malnourished children through messages like, *“Children who lack appetite, experience sudden weight loss, tiredness, and irritability may be malnourished. Contact [name of resource or phone number/website] without delay.”*

Online resources

- [Infant and Young Child Feeding \(IYCF\) Recommendations When COVID-19 is Suspected or Confirmed: Recommended Practices Booklet](#)
- [Infant and Young Child Feeding Recommendations When COVID-19 is Suspected or Confirmed- Counseling Cards](#)
- [Infant and Young Child Feeding in the context of COVID-19](#)
- [Protecting Maternal Diets and Nutrition Services and Practices in the context of COVID-19](#)
- [Tips for Engaging Communities during COVID-19 in Low-Resource Settings, Remotely and In-Person](#)
- [Springboard for SBC \(Breakthrough ACTION\)](#)
- [Food and nutrition tips during self-quarantine \(WHO Europe\)](#)
- [Technical Brief: COVID-19 Rumor Tracking Guidance for Field Teams](#)
- [Technical Brief: SBC for Maternal, Newborn and Child Health during COVID-19](#)
- [Technical Brief: Virtual Pretesting During COVID-19](#)
- [COVID-19 Communication Network](#)

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Vinay Panjwani, UNICEF. India: Lactating mothers and children under five receive vegetables grown in the Gujarat Kitchen Gardens, established by the government with technical support and monitoring by UNICEF. June 20, 2020. <https://weshare.unicef.org/archive/-2AM408PXV1F4.html>