



Joint Statement on Food Security and Nutrition in the context of the COVID-19 pandemic in Indonesia¹

14 May 2020

Executive Summary

The Government of Indonesia and other organizations in Indonesia are acting to protect citizens from Coronavirus disease –2019 (COVID-19). These crucial efforts will save many lives. However, measures needed to slow the transmission of the disease are resulting in hardship for many vulnerable families. In particular, the COVID-19 pandemic is having worrying impacts on household incomes, food supply chains, health services and schools.

United Nations in Indonesia, especially the United Nations Working Group for Food Security and Nutrition, comprising FAO, IFAD, UNFPA, WFP, WHO and UNICEF, is concerned about the impacts of the COVID-19 pandemic on the nutrition status of those most affected, particularly the poor and vulnerable. At the start of the crisis, an estimated two million children under five in Indonesia were suffering from wasting, seven million children were stunted and another two million were overweight², while 2.6 million pregnant women were anemic. The current situation aggravates the difficulties many families already face in terms of access to affordable, healthy diets.

We urgently call upon the Government of Indonesia, donors and partners to take action to protect the nutritional status of the most vulnerable families and individuals across the country, while implementing appropriate infection prevention control measures. This Joint Statement is issued by the UN Resident Coordinator Indonesia and is intended to provide recommendations on a prioritized set of actions and policy guidance to support nutrition in the context of COVID-19. The actions outlined in this statement cover the six domains of healthy diets; maternal, infant and young child nutrition; management of wasting; micronutrient supplementation; school feeding and nutrition, and nutrition surveillance. The key actions needed are as follows:

1. **Healthy diets:** Food supply chains must be kept moving and the availability of nutritious foods ensured. Incomes and livelihoods of those dependent on agriculture must be protected. Social protection schemes and community programmes should help ensure that the most vulnerable groups are able to access nutritious foods. Clear messages should be communicated about the importance of a healthy and safe diet while limiting the consumption of foods that contribute to overweight and obesity.
2. **Maternal, infant and young child nutrition:** Health services should continue to provide essential nutrition services for pregnant and breastfeeding mothers, newborns and sick children. They should also provide appropriate support for mothers to breastfeed, including those with COVID-19, and communicate accurate information on maternal, infant and young child nutrition.



¹ Adapted from "FAO, UNICEF, WFP, and WHO Joint statement on nutrition in the context of the COVID-19 pandemic in Asia and The Pacific", 17 April 2020.

² Basic Health Research, 2018, Ministry of Health.

3. **Management of wasting:** Life-saving services to treat both wasted children and undernourished mothers must be maintained and adapted to require less frequent treatment visits and more take home supplies. Wasting prevention measures are needed for vulnerable children and other population groups at risk of thinness, including older persons and the sick.
4. **Micronutrient supplementation:** Programmes to prevent and control micronutrient deficiencies should be continued as far as possible during routine services for adolescent girls, pregnant women, and young children. However, planned mass micronutrient campaigns (e.g. vitamin A supplementation and deworming) should be temporarily suspended/postponed and re-planned for the earliest opportunity once conditions allow.
5. **School feeding and nutrition:** When schools are closed, guidance should be provided to school staff, parents and children on the importance of safe and healthy diets, hygiene and physical activity for school-aged children. Where possible, school meal programmes should be continued using alternative transfer modalities including cash transfers, food assistances, and food deliveries to homes.
6. **Nutrition surveillance:** We urge the establishment of a tailored food security and nutrition surveillance system using remote mobile phone or web-based surveys to monitor food market functionality, coping mechanisms, food consumption patterns and multi-dimensional poverty. The timely collection and update of food security and nutrition information is critical not only to identify populations at risk but also to monitor and address factors likely to have a negative impact on the nutrition status of vulnerable groups.

This document was developed based on the current understanding of COVID-19 and recommendations for physical distancing. It will be updated periodically as new evidence emerges, and as we continue to develop our understanding on how to deliver effective programming 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 accompany this Statement.

Accompanying Brief to UN Joint Statement on Food Security and Nutrition in the Context of COVID-19

ACCESS TO AND CONSUMPTION OF HEALTHY DIETS

The COVID-19 outbreak is having a dramatic impact on the lives of families in Indonesia. Almost three million people have lost their jobs or livelihoods, children are no longer accessing school meals and some families are struggling to buy their usual range of foods. People are having to spend more time at home and there could be a shift towards non-diversified diets, with increasing consumption of pre-packaged processed foods and decreasing consumption of nutritious foods, including whole fresh fruits and vegetables. The current circumstances may aggravate the already difficult situation that many families face in accessing affordable quality diets. Food systems and supply chains are being disrupted by lockdowns and restrictions.

A well-balanced, diversified, nutritious diet, including whole grains, legumes, fruits, vegetables and animal source foods, is one important way to promote health and nutritional well-being and contribute to maintaining a strong immune system. To achieve this, food systems require support and supply chains must continue to supply adequate foods, minimize food waste and ensuring everyone, particularly vulnerable populations, can access food that is sufficient in quantity and quality, while also safe and affordable. It is also important to communicate clear messages about the importance of a healthy diet and the need to limit foods that contribute to overweight and obesity and increase the risk of non-communicable diseases, dental problems and long-term ill health. Recommendations include:

1. **Support vulnerable people to access nutritious foods** in both urban and rural areas. This applies to households who cannot afford to buy nutritious foods because of the loss of jobs and/or livelihoods. Support can be provided through social protection and community programmes. Provision of micronutrient fortified staples should be continued, while foods that are high in fats, salt and sugar, including donations, should be avoided.
2. **Support the movement of food supply chains** and reduce loss and waste through provision of productivity enhancing safety nets and reducing post-harvest crop and storage losses to improve food stocks. Remove artificial constraints to domestic trade to enable linking of small holders to markets.
3. **Provide accurate information on how to maintain a healthy diet** for all, and especially children, pregnant and breastfeeding women, older persons and the sick. Such information should be widely promoted and communicated, with a focus on multi-media channels^{3,4,5}. Consuming a healthy diet based on WHO recommendations^{6,7} and national dietary guidelines⁸ is an important way to maintain and boost immunity and long-term health. A healthy diet means consuming well-balanced, diversified, nutritious foods, including whole grains, legumes, fruits, vegetables and animal source foods. There is no evidence that particular foods or food supplements can protect against COVID-19 but particular micronutrients can contribute to a well-functioning immune system (see the section on Micronutrient supplementation below). **Avoiding foods high in fat, salt and sugar (HFSS foods)** contributes to maintaining a healthy diet, preventing overweight and risk of non-communicable diseases.

³ UNICEF messages on healthy eating during the COVID-19 pandemic: <https://www.unicef.org/eap/how-eat-well-while-staying-home>

⁴ FAO. Maintaining a healthy diet during the COVID-19 pandemic: <http://www.fao.org/documents/card/en/c/ca8380en>

⁵ WFP. Food for thought: 7 tips on keeping a healthy diet in the face of coronavirus: The 'Grows, Gos and Nos' — advice from WFP nutritionists on dos and don'ts of eating in quarantine. <https://insight.wfp.org/food-for-thought-7-tips-on-keeping-a-healthy-diet-in-the-face-of-coronavirus-7fab7f06177>

⁶ WHO. Food and nutrition tips during self quarantine www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance/food-and-nutrition-tips-during-self-quarantine

⁷ WHO. Healthy diet. <https://www.who.int/behealthy/healthy-diet>

⁸ FAO. Dietary guidelines www.fao.org/nutrition/education/food-dietary-guidelines/en/

4. *There is no evidence to date that the coronavirus causing COVID-19 can be transmitted through food or food packaging.* It is safe to consume staples, fruits, vegetables, dairy products, pulses, meat, fish and eggs while practicing usual food safety measures and implementing food hygiene principles.
5. *Promote personal food hygiene standards* including handwashing with soap before preparation and handling of food.
6. *Promote and communicate the key lifestyle factors that are critical for maintaining well-being* and a healthy immune system. These include avoiding tobacco and excess alcohol, exercising as regularly as possible, reducing sedentary behaviours and getting adequate sleep⁹.

A glossary and resources on food security, healthy diets and nutritious foods, HFSS foods and food safety are in the Annex.

MATERNAL, INFANT AND YOUNG CHILD NUTRITION

Infants, young children, pregnant women and breastfeeding mothers face significant risks to their nutritional status and well-being in contexts where access to essential health and nutrition services and affordable nutritious diets is constrained. The impacts of the COVID-19 pandemic on household incomes, market access and health services are particularly concerning. Appropriate and timely support of maternal, infant and young child nutrition saves lives, protects child nutrition, health and development, and benefits mothers. In particular, there is an urgent need to ensure mothers receive accurate advice and support on breastfeeding.

1. *Governments should prioritize services to protect, promote and support Infant and Young Child Feeding (IYCF),* including breastfeeding, as a critical component of the health and nutrition response to COVID-19, in order to protect health and nutrition status. This response needs to be adapted according to the evolving COVID-19 situation in countries and within different parts of a country (see current UNICEF/GTAM/GNC brief on IYCF in the context of COVID-19¹⁰).
2. *It is recommended that mothers initiate and continue to breastfeed, regardless of the mother's COVID-19 status,* as per the WHO¹¹ statement on coronavirus and breastfeeding. A mother with COVID -19 should be supported to safely breastfeed, have skin to skin contact and share a room with her baby. Mothers may also express and safely feed breastmilk to their infants. This advice is based on the known benefits of breastfeeding and the growing evidence to date showing that the COVID-19 virus is not present in breastmilk¹². The main risk of transmission between a caregiver and their child is through close contact via respiratory air droplets. For caregivers with suspected or confirmed COVID-19 infection, hospital protocols and caregiver messages should reinforce respiratory hygiene practices to prevent transmission when feeding infants and young children, including wearing a face mask; frequent handwashing; and routinely cleaning and disinfecting surfaces and objects. Mothers/caretakers with suspected COVID-19 infection should not be stigmatized.
3. *In cases where the mother is too ill or otherwise unable breastfeed or express breastmilk,* the infant should be provided with donor breastmilk if appropriate screening and pasteurization is available, or with an

⁹ WHO. Take steps for better health <https://www.who.int/behealthy>

¹⁰ UNICEF, Global Nutrition Cluster, Global Technical Assistance Mechanism for Nutrition. Infant & young child feeding in the context of COVID-19. Brief No. 2 (v1, March 30th, 2020) https://mcusercontent.com/fb1d9aabd6c823bef179830e9/files/ffa9cdc1-17de-4829-9712-16abe85c2808/IYCF_Programming_in_the_context_of_COVID_19_30_March_2020.pdf

¹¹ WHO. Home care for patients with suspected COVID infection. Interim Guidance, 17 March 2020. [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

¹² Emergency Nutrition Network. Initial literature search results on breastmilk, breastfeeding and pregnancy-related to COVID-19. March 23 2020. <https://www.enonline.net/breastmilkbreastfeedingpregnancycovid19>

appropriate breastmilk substitute. Health facilities and their staff should teach mothers/caregivers how to safely prepare milk and how to give milk using a cup.

4. ***Full adherence to the International Code of Marketing of Breast-milk Substitutes*** and subsequent WHA resolutions (including WHA 69.9 and the associated WHO Guidance on ending the inappropriate promotion of foods for infants and young children) should be maintained in all contexts. Donations of breastmilk substitutes (BMS), complementary foods and feeding equipment, including bottles and teats, should not be sought or accepted for targeted or blanket distribution. Donations of BMS by manufacturers has been shown to lead to increased use of substitutes and a reduction in breastfeeding. In circumstances where the use of BMS is required, they should be purchased, distributed and used according to strict criteria¹³.
5. ***For infants or young children who become sick with suspected, probable, or confirmed COVID-19*** or any other illness, health workers should counsel/advise mothers to continue breastfeeding. For those aged at least six months, they should also advise caregivers to offer more and varied foods to the child, especially during convalescence.
6. ***For infants and young children aged 6-23 months***, health worker counseling for caregivers communication messages should emphasize the importance of age-appropriate healthy diets that are as balanced and diversified as possible during complementary feeding, together with safe food preparation/handling.
7. ***For pregnant and breastfeeding women***, nutrition services such as provision of iron and folic acid supplements (see section on Micronutrient supplementation below), nutrition counseling on the mother's diet and breastfeeding advice should continue where antenatal care is being provided, with appropriate infection control measures¹⁴. For both mothers and children 6-23 months, social protection measures to safeguard diets should be a priority.
8. ***Alternative strategies to provide counseling and advice on feeding, diets and nutrition*** for mothers, infants and young children should be implemented where restrictions on movement interrupt routine services such as antenatal care and immunization/well child clinics, including telephone and online counseling and advice.

MANAGEMENT OF WASTING IN THE CONTEXT OF COVID-19

The COVID-19 crisis is likely to further worsen the vulnerability of children to wasting. In spite of capacity challenges in health facilities and restrictions in movement of personnel and essential supplies, maintaining treatment services for wasted children and thinness in mothers should be prioritized along with the protection of vulnerable children and other population groups at risk of thinness, including older persons and the sick.

Considerations for the prevention and management of child wasting¹⁵ and maternal thinness are:

1. ***Protection, promotion and support of appropriate and safe feeding*** for all breastfed and non-breastfed children during and after illness, with strong hygiene standards for mothers (see guidance above).
2. Strict adherence to ***recommended hygiene and safety measures*** should be observed in inpatient wards delivering treatment for severely wasted children with medical complications, e.g. limiting contact with

¹³ ENN/IFE Core Group. Operational Guidance on Infant Feeding in Emergencies (OG-IFE) version 3.0. 2017. <https://www.ennonline.net/operationalguidance-v3-2017>

¹⁴ WHO Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19): interim guidance, 19 March 2020. <https://apps.who.int/iris/handle/10665/331498>

¹⁵ UNICEF, Global Nutrition Cluster, Global Technical Assistance Mechanism for Nutrition. Management of child wasting in the context of COVID-19. Brief No.1 (v1, March 27th, 2020) https://mcusercontent.com/fb1d9aabd6c823bef179830e9/files/ed7b4963-8c06-4c19-936b-e2dfc1bfb45c/Wasting_Programming_COVID19_Brief_27_March_For_distribution.pdf

multiple health workers, physical space of at least two meters between beds and reduced family members' visits to primary caregivers only.

3. Intensify *pre-positioning of essential nutrition commodities* (F75/F100, Ready-to-Use Therapeutic Foods, Take-Home rations, Fortified Blended Foods, etc.) and routine medicinal supplies at national, health facility and community level in anticipation of supply chain disruptions.
4. *Reduce the frequency of follow-up visits to once per month* for wasted children without complications by increasing the take-home rations of nutrition commodities (if all services are suspended, consider distribution for up to 8 weeks). Whenever possible, deliver all treatment for uncomplicated wasting in the community (children, mothers and older persons) via Community Health Workers (CHWs) or other community-based platforms. Measures to reduce overcrowding should be observed in all settings.
5. *In food insecure contexts, protect vulnerable children and pregnant and breastfeeding women* from becoming wasted by scaling-up the preventive distribution of special fortified nutritious foods particularly for children under the age of two years to supplement complementary foods provided at home, as well as for pregnant and breastfeeding women, and reinforce linkages between households and existing social protection systems, (as also mentioned above in the Section on Access to Healthy Diets).

MICRONUTRIENT SUPPLEMENTATION FOR WOMEN, ADOLESCENT GIRLS, AND CHILDREN

Micronutrients (vitamins and minerals) are essential for proper growth and development. They also play a vital role in disease prevention by supporting the immune system. A healthy diet (see above) is a good source of vitamins and minerals. However, additional interventions such as micronutrient supplementation is needed for population groups at high risk of micronutrient deficiencies. Micronutrient deficiencies are recognized public health issues in Indonesia, with deficiencies in vitamin A, iron and folic acid being most common. Micronutrient deficiencies are a major threat to health, particularly in children, adolescent girls and pregnant women, older persons and the sick. During times of crisis, vulnerable populations may be more susceptible to micronutrient deficiencies due to inadequate intakes and interruption of regular micronutrient supplementation programmes for pregnant women and vitamin A and multiple micronutrient powders (MNPs) for young children. In the context of COVID-19 the following is recommended:

1. *Micronutrient deficiency prevention and control programmes should be continued to the extent possible*, depending on the country context, including micronutrient supplementation for pregnant and breastfeeding women who attend antenatal and postnatal care respectively, weekly iron-folic acid supplementation for adolescent girls distributed at schools if schools are open or provided by Puskesmas if schools are closed or purchased at pharmacy and vitamin A and MNPs for children who attend immunization visits/clinics, as well as sick children who attend health facilities. Extra supplies of micronutrients should be distributed to children, adolescent girls or women to reduce visit frequency as applicable. The decision to maintain routine distribution of micronutrients should be guided by local mandates for physical distancing, health system context, the status and anticipated status of local SARS-CoV-2 transmission (classified as no cases, sporadic, clusters, or community transmission), and factors such as population demographics and migration patterns. This advice is also consistent with WHO guidance on considerations for routine immunization^{16,17}. Micronutrient supplement supply chains should be maintained and included in pre-positioning.

¹⁶ WHO. Guiding principles for immunization activities during the COVID-19 pandemic Interim guidance, 26 March 2020 https://apps.who.int/iris/bitstream/handle/10665/331590/WHO-2019-nCoV-immunization_services-2020.1-eng.pdf

¹⁷ WHO. COVID-19: Operational guidance for maintaining essential health services during an outbreak. 25 March 2020 <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/maintaining-essential-health-services-and-systems>

2. *Support for the treatment and care of patients with clinical signs and symptoms of micronutrient deficiencies* presenting to healthcare facilities should continue wherever possible, as these are critical interventions. Examples include iron for anemic mothers and calcium for women presenting with hypertension in pregnancy.
3. *Alternative distribution methods* may need to be considered if services can be conducted under safe conditions while maintaining physical distancing measures and appropriate infection control precautions, equipped with the necessary supplies for those precautions.
4. *Planned mass micronutrient campaigns (e.g. vitamin A supplementation (VAS) and deworming) should be temporarily suspended/postponed.* Instead, vitamin A supplements should be distributed alongside routine health services that continue to be operational (e.g. routine immunization, screening for acute malnutrition, etc).
5. *Countries should plan at the earliest opportunity for the reinstatement and intensification of mass VAS distribution* at the earliest opportunity once conditions allow and national authorities have deemed that campaigns and/or routine distribution of VAS can go ahead.
6. It is noted that there is *currently no evidence on the effectiveness of high-dose VAS in the treatment of COVID-19* or reducing the severity of the illness in children or adults¹⁸.

SCHOOL FEEDING AND NUTRITION PROGRAMMES

To minimize the spread of the COVID-19 pandemic, the Government of Indonesia has temporarily closed schools, affecting over 48 million learners in more than 360,000 schools from early childhood education to senior high school level, and rates of out-of-school children are expected to increase due to loss of caregivers and income.¹⁷ School closures not only impact children's education but remove them from a well-protected school environment and prevent them from accessing crucial school health and nutrition services, including nutritious school meals. Particularly in food insecure contexts, school feeding acts as a safety-net for children and their households while providing a much-needed source of nutritious foods. Their absence could have adverse impact on children's health and nutrition status.

In Indonesia, at least 148,500 students in several areas (Province/Districts) are deprived of school meals, which are - for many of them - their main nutritious meal of the day. For many poor households, school meals represent about 10% of their monthly food expenditure, hence schools closure adds on to their economic burden. To protect health and nutrition well-being of school-aged children during the crisis, joint efforts are required between key government ministries and local governments, donors and partners are required in the short and medium term. Joint guidance from FAO, UNICEF and WFP provides more details¹⁹.

Recommended actions when schools are closed:

1. *Provide information and communication* to school staff, parents and children on the importance of safe and healthy diets, hygiene and physical activity for school-aged children. This information should be easily

¹⁸ GAVA. GAVA Consensus Statement on vitamin A supplementation delivered through mass campaigns and routine delivery in the context of the COVID-19 pandemic. 7 April 2020. http://www.gava.org/content/user_files/2020/04/GAVA-Consensus-Statement-VAS-in-the-context-of-COVID-19-v.20200407.pdf

¹⁹ FAO, UNICEF, WFP. Mitigating the effects of the COVID-19 pandemic on food and nutrition of schoolchildren. 27 March 2020. <http://www.fao.org/documents/card/en/c/ca8434en>

accessible and easy to understand and can be linked with messages on COVID-19 prevention²⁰.

2. Where possible, while schools are closed, continue to invest in *providing school meals, using an alternative transfer modality* through options such as catering system, take-home rations, voucher transfers or cash-based transfers, with standard infection control safeguards. This will provide children with sustained access to at least a nutritious meal per day. In the context where continuation of school meals is not possible, the government could consider targeting school-aged children through other existing social safety net programmes. Countries may explore the use of online, and mobile platforms, radio networks, and other mass media channels to broadcast messages on continuity of food distribution.

Actions when schools are planned to re-open or are re-opening:

1. Prior to the resumption of schools, *conduct an assessment and mobilize resources to address existing gaps* in water, hygiene and sanitation infrastructure, supplies, and to upgrade existing school health and food safety protocols and guidance.
2. As schools resume, *reinforce messages on good nutrition* and the benefits of healthy diets, healthy eating practices and active living, as well as *prudent hygiene behaviours* and practices to school children and school staff, parents and communities.
3. *School meals will attract children back* to schools as they reopen. Develop a plan, and prepare teachers, school staff, for continuation of school meals, and health and nutrition services. Also, encourage parents and children to re-join school and benefit from school health and nutrition services.
4. Upon resumption of school-based activities, the governments are advised to consider *assessing the potential of expanding school meal programme coverage funded with national and/or sub-national budget and exploring the school meal as an element of safety net programme* providing indirect income transfer to households and communities to buffer the negative economic and food security consequences of COVID-19.

NUTRITION SURVEILLANCE AND ASSESSMENT IN THE CONTEXT OF COVID-19

In the fluid context of COVID-19 pandemic, the timely collection and update of food security and nutrition information is highly critical not only to identify population at risk but also to monitor and thereby influence factors likely to have a negative impact on the nutrition status of people. It will have a secondary impact on the access by the population, especially socially and economically disadvantaged groups, to nutritious food and other basic needs due to the movement restrictions, disruptions of market functionality, higher market commodity prices and limited access to health services and hygiene. Market disruption may also force people to consume less nutritious, more highly processed and convenient foods. Routine nutrition surveillance systems may be disrupted due to the closure of health facilities, outreach services and the shift of personnel to the COVID-19 response. In this context, it will be important to put in place a tailored food security and nutrition surveillance system using remote mobile phone or web-based surveys to monitor the areas outlined below.

Ensuring the co-ordination of nutrition data related activities will be crucial to avoid duplication of efforts. Relevant nutrition data and information should be easily accessible to all stakeholders.

²⁰ UNICEF, WHO, IFRC: IASC 2020 Interim guidance for COVID-19 prevention and control in schools, March 2020, <https://interagencystandingcommittee.org/other/interim-guidance-covid-19-prevention-and-control-schools-jointly-developed-ifrc-unicef-and>

1. **Market Functionality**²¹: this informs the functionality of the food market, food availability (possibly including commercially available complementary foods) and price fluctuation through interviews with retailers. Tracking food prices for basic food commodities, especially those of high nutritional value is fundamental to understand food affordability and project overall food security outlook on household and individual levels.
2. **Coping mechanisms**²²: this informs what coping mechanisms people are adopting to meet their daily nutritious needs and possible changes overtime. This can be tracked at the household level using the reduced coping strategy index (rCSI) or Livelihood Coping Strategy Index (LCSI).
3. **Food consumption patterns and trends**: this informs what people eat and their sources of foods and possible changes overtime. This can be tracked by using several standardized indicators at the household level: Food Consumption Score for nutrition (FCS-N) and Household dietary diversity Score (HDDS) ²³; and at individual level: Minimum Diversity Diversity for Women (MDD-W)²⁴ and Minimum Acceptable Diets (MAD) for children under 2 years of age, as well as breastfeeding practices using the latest standard definitions for these indicators²⁵.
4. **Multi-dimension poverty (deprivation)** ²⁶: this provides information on the access by households to key services, including health, education, food, due to either limitation to physical access or due to loss of income for example.
5. **Additional considerations**: this could include issues of cost of diet, interruption of health and nutrition services, interruption of school meals²⁷, protection, gender-based violence that may further impact nutrition.

Given the necessary social distancing measures, countries will need to customize the survey design to minimize the public health risk. They may consider remote mobile-based surveys (mobile phone or web-based surveys) and secondary data review and analysis, which are the commonly proposed methodologies so far.

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²¹ WFP (2017) Market Analysis Guidelines. Available at: <https://www.wfp.org/publications/market-analysis-guidelines>

²² WFP (2015) Consolidated Approach to Reporting Indicators of Food Security (CARI) - Technical Guidance Note. Available at : <https://www.wfp.org/publications/consolidated-approach-reporting-indicators-food-security-cari-guidelines>

²³ FAO (2013) Guidelines for measuring household and individual dietary diversity. Available at: <http://www.fao.org/nutrition/assessment/tools/household-dietary-diversity/en/>

²⁴ FAO and FHI 360. 2016. Minimum Dietary Diversity for Women: A Guide for Measurement. Rome: FAO. Available at: <http://www.fao.org/nutrition/assessment/tools/minimum-dietary-diversity-women/en/>

²⁵ Outcome of 2018 technical consultation to update infant and young child feeding indicators. <http://origin.who.int/nutrition/team/2018-team-interagency-consultation-iycf-indicators-meetingreport.pdf>

²⁶ WFP (2018) Essential Needs Assessment. Interim Guidance Note. Available at: <https://docs.wfp.org/api/documents/WFP-0000074197/download/>

²⁷ WFP (2020) Global monitoring of schools meals during COVID-19 school closures: <https://cdn.wfp.org/2020/school-feeding-map/index.html>

Annex: Glossary and resources on access to food, healthy diets, unhealthy foods and food safety

Food security Food security is a situation that exists when all people, at all times, have physical, social and economic access to **sufficient, safe and nutritious** food that meets their dietary needs and food preferences for an active and healthy life.

Resource:

<http://www.fao.org/3/y4671e/y4671e06.htm>

Food access It is essential that the supply of, and access to food is maintained and not completely disrupted due to the COVID-19 outbreak. The following actions will be critical:

1. **Ensure stable food supply** by supporting smallholder farmers to enhance their productivity, logistic distribution and marketing of nutritious foods; ensuring the food supply chain for nutritious foods provision is intact: and focusing on key logistics bottlenecks across different regions of the country.
2. **Provide nutritious foods to the most vulnerable people** through food assistance, social protection or community programmes in both rural and urban areas.
3. **Immediately review food trade and taxation policy options** and their likely impacts on nutritious food supply, create a favorable environment for continued food trade.

Resource:

<http://www.fao.org/documents/card/en/c/ca8388en>

Healthy diets A healthy diet consists of:

1. **A variety of foods across all food groups** to ensure adequate intake of key nutrients.
2. **Plenty of fruit and vegetables** that provide essential vitamins and minerals as well as fibre and bioactive compounds.
3. **Moderate amounts of fat and oils** preferably unsaturated such as nuts, oily fish and whole grains.
4. **Limited quantities of sugar and salt** which in small amounts make food palatable but are damaging to health in excess.
5. **Plenty of water** to stay well hydrated.
6. **Fortified staple foods and condiments**

Resources:

- www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance/food-and-nutrition-tips-during-self-quarantine
- <https://www.who.int/behealthy/healthy-diet>
- www.fao.org/nutrition/education/food-dietary-guidelines/en/
- <http://www.fao.org/documents/card/en/c/ca8380en>
- <https://www.who.int/nutrition/publications/micronutrients/9241594012/en/>

Foods high in fats, salt and sugars (HFSS)

Consumption of foods high in saturated and trans-fats, free sugars, and/or salt (HFSS foods) increases risks of overweight and non-communicable diseases such as diabetes and hypertension. Processed foods tend to be HFSS and there are numerous different types of HFSS foods depending on the national context. It is not possible to provide comprehensive list of all HFSS foods. The following sources of information may help to guide decisions on HFSS food:

1. **Nutrient profiles** that have been developed in some (but not all) countries. <https://www.who.int/nutrition/topics/profiling/en/>
2. **Food-based dietary guidelines (FBDGs)** that advise consumption of foods and food groups on a daily basis that contribute to healthy diets and minimize the risks of malnutrition and diet-related non-communicable diseases. FBDGs also suggest types of food and drink to be consumed in small quantities. www.fao.org/nutrition/education/food-dietary-guidelines/en/