

**COVERAGE, CONTINUITY,  
INTENSITY & QUALITY  
(C<sup>2</sup>IQ)**

# **Strengthening the delivery of food and nutrition benefits & services in the context of COVID-19 outbreak in Assam**

**JOINT RECOMMENDATIONS FROM STATE  
DEVELOPMENT PARTNERS**



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Voluntary Health Association of Assam	WeCan	World Helath Organisation	World Vision India	

## INTRODUCTION

### CONTEXT

The COVID 19 pandemic is the biggest global challenge at present. To mitigate its effects, the entire country went through different phases of lock-down since last week of March 2020, in order to contain the spread of the virus and to enhance medical preparedness for dealing with the increasing number of cases. As the lockdown is being lifted in a phased manner, it is essential to balance addressing the spread of the virus and the tough economic, health and nutrition challenges faced by the population through ensuring continuity in delivery of essential services to the masses.

Based on the field level experiences and different reports published recently, it is evident that the lockdown has heavily impacted food availability and accessibility, especially for the most vulnerable i.e., migrant workers, pregnant women, children, and elderly. Central as well as State Governments have come up with a number of measures to improve access to food including direct cash transfers through existing government schemes; additional grain allotment to registered beneficiaries; advance pension payments to the elderly, widows and disabled people.

The Ministry of Health and Family Welfare has identified maternal and childcare services as essential services, and several key community-based nutrition services continued to the extent possible, during the lockdown. The Supreme Court notified states to continue delivery of supplementary nutrition programs including Take Home Rations and Hot Cooked Meals under ICDS and Mid-Day Meals for school children even while schools and Anganwadi Centers remained shut. Governments both at center and state level have issued guidelines and orders frequently based on new assessments of the situation.

Assam has been facing its own set of challenges in context to COVID 19 and nutrition. For Assam COVID 19 pandemic is not the only challenge but massive. While the state has been extremely proactive in ensuring timely communications for safeguarding continued health and nutrition service delivery, the incoming migrants, nearly one fourth of the population being tribal and difficult geographic terrains do pose many challenges.

## COVID 19 and Nutrition: Risks for Assam

### Nutrition Status

- ▶ Malnourished children and women may be at a higher risk of getting infection
- ▶ As per CNNS 2016-18 data 32.4% of children in Assam are stunted
- ▶ 33.3% of under-five children are anemic in Assam as per CNNS 2016-18 data
- ▶ As per NFHS-4 data more than 1 out of 4 women in Assam has a BMI below normal
- ▶ Nearly every second women of reproductive age is anemic in Assam as per NFHS- 4 data

### Adverse Effect of Lockdown

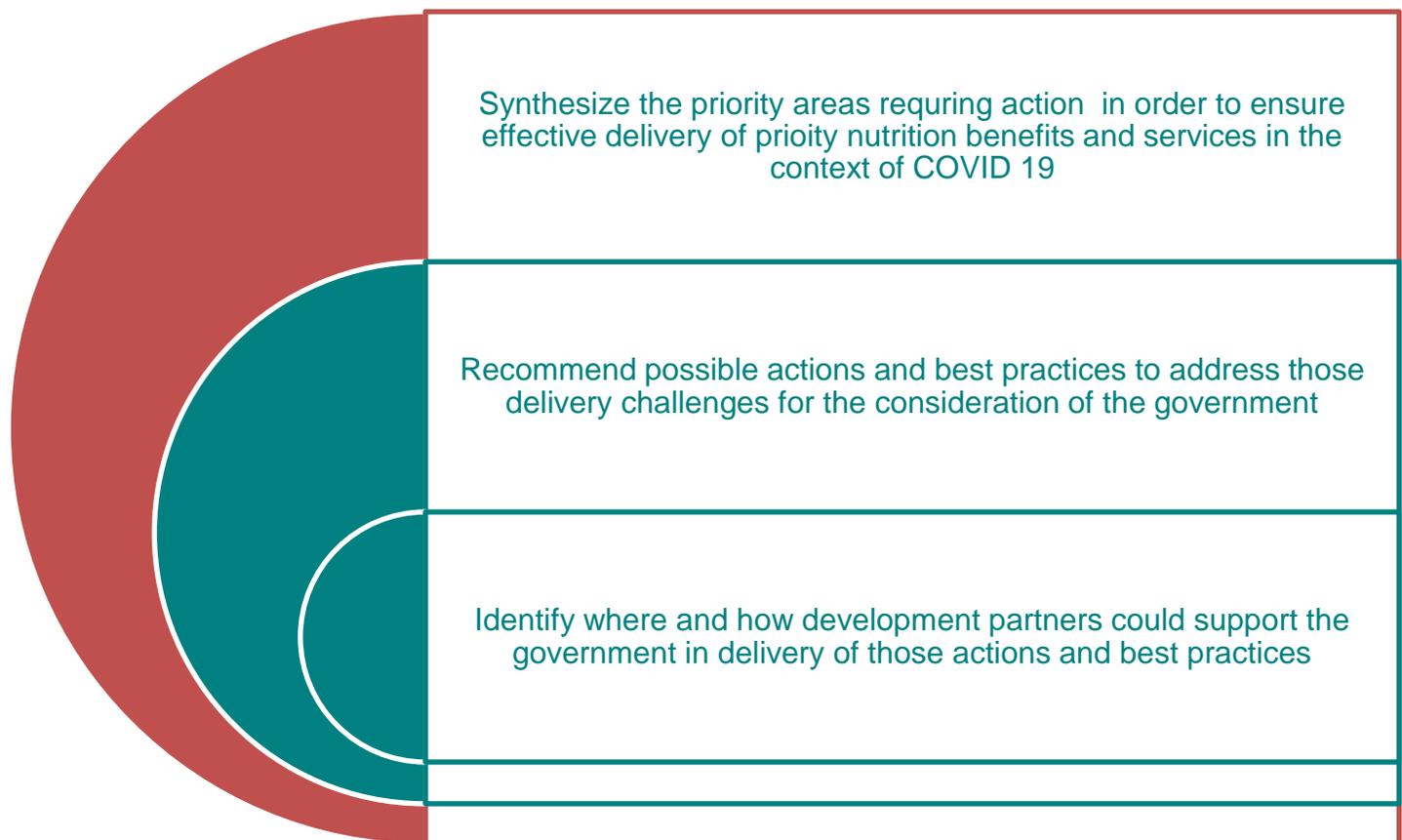
- ▶ Loss of livelihood
- ▶ Lack of food availability affecting diet diversity especially for children and women
- ▶ Reverse migration and poverty (especially in tribal areas)
- ▶ Hampered access to correct information about correct practices and entitlements

### Hampered Nutrition Services

- ▶ AWC and schools are closed therefore hot cooked meals and mid-day meal is affected
- ▶ VHSND, community-based events and growth promotion and monitoring are hampered in community considering safety challenges
- ▶ Maintaining Current financial commitments for nutrition will be a challenge
- ▶ Monitoring of regular nutrition programs is affected /not feasible
- ▶ Facilities and health and nutrition service providers are burdened with COVID 19 response
- ▶ Floods have further worsened the situation in the state

The current priority for Assam is effective implementation of various guidelines for continued service delivery at the last mile. Development partners (49) in Assam came together for a Coverage, Continuity, Intensity and Quality (C<sup>2</sup>IQ) on August 26<sup>th</sup>, 2020 to take a stock of the situation and discuss about challenges in the service delivery with an intention to support strengthening the same at field level. This document outlines key priorities identified and joint recommendations from the development partners involved in nutrition in Assam to strengthen the delivery of nutrition benefits and services. Its development was facilitated by WeCan, Alive & Thrive, CFNS, and UNICEF with support from state and national partners under the C2IQ platforms.

## OBJECTIVES OF THIS DOCUMENT



## PROCESS TAKEN TO DEVELOP THIS DOCUMENT

	<p><b>Web C<sup>2</sup>IQ* meeting with state level partners</b></p> <p><b>*. Coverage, Continuity, Intensity and Quality</b></p>	<p>A web meeting was conducted with 49 state-level partners on August 26, 2020 with the following objectives:</p> <ul style="list-style-type: none"> <li>▶ Identify nutrition services most hampered in the state due to COVID 19 pandemic</li> <li>▶ Identifying priority nutrition interventions which Assam Government should focus on in current times</li> <li>▶ To have a common understanding among state partners about nutrition issues and guidelines during the COVID 19 outbreak</li> <li>▶ To identify priority nutrition intervention during COVID 19 outbreak in the state</li> <li>▶ To develop a common understanding on possible actions by partners and scope for collaboration</li> </ul>
	<p><b>Development of key recommendations</b></p>	<ul style="list-style-type: none"> <li>▶ Based on the survey findings, deliberations during the C2IQ meeting a recommendation report was drafted by WeCan and A&amp;T team which was revised by CFNS &amp; UNICEF.</li> <li>▶ The revised recommendation document was shared with all participating partners for their feedback and inputs.</li> <li>▶ Feedbacks were incorporated ad final report shared with government counterpart.</li> </ul>

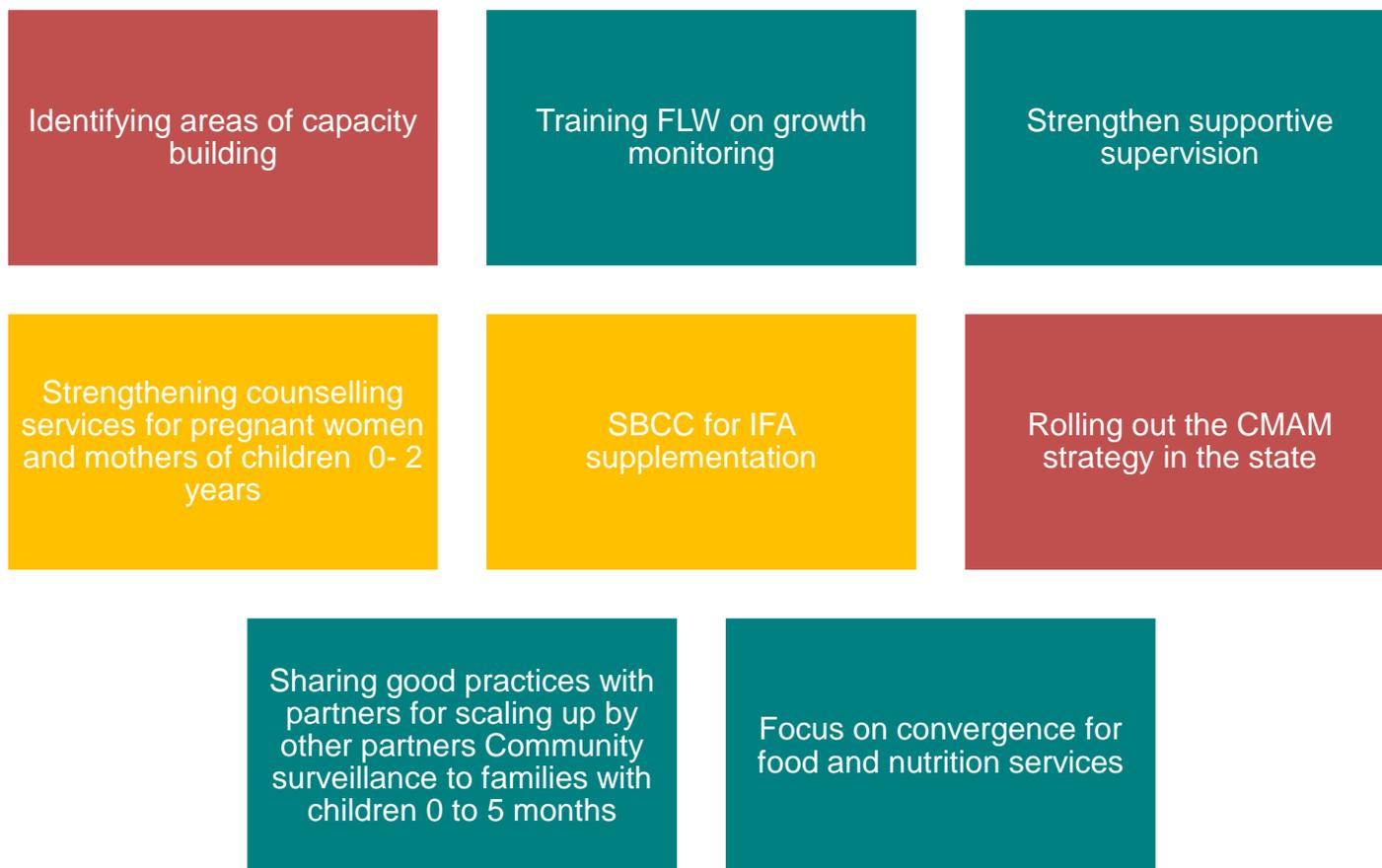
## IDENTIFIED KEY PRIORITY ACTION AREAS

Based on the on spot online polls survey conducted with the partners and insights from the data evidence presented by IFPRI following have been enlist as the most hampered services in Assam due to COVID 19 and key suggested priority action areas for Assam.

S.No.	Most hampered Nutrition Services in Assam due to COVID 19		key suggested priority intervention for Assam for strengthening nutrition services
1		VHSND & CBEs	 <p>Supplementary Nutrition Programs</p>

2		Home Visits By FLW		Home Visits By FLW
3		Growth Monitoring & Promotion		Screening and Management of SAM & MAM

Based on the deliberations done during Assam online C2IQ meeting, partners identified following areas of action for the state:



## Suggested Actions

### DEPARTMENT OF SOCIAL WELFARE DEPARTMENT

Issues	Thematic Area	Actions for consideration by government	Proposed partner support
MIYCN in the context of COVID	Counselling	<ul style="list-style-type: none"> <li>▶ Joint training on MIYCN in the context of COVID 19 including Micronutrients (MN), breastfeeding (BF), complementary feeding (CF), diet diversity, safe cooking indoors and gender issues for ASHA and AWW using digital platforms for counselling during home visits in red, and green districts</li> <li>▶ Developing and providing digital job aids to FLW for providing gender sensitive messages</li> </ul>	<ul style="list-style-type: none"> <li>▶ Development and delivery of training modules</li> <li>▶ Development of digital job aids</li> </ul>
Use of mobile technology for nutrition outreach	Counselling	<ul style="list-style-type: none"> <li>▶ Use of mobile technology for nutrition outreach, especially in red districts, i.e., development of guidance, monitoring approach, training</li> </ul>	<ul style="list-style-type: none"> <li>▶ Developing and supporting implementation of use of mobile technology for outreach</li> </ul>
Strategy & format to restart services	Counselling, VHSND, CBE	<ul style="list-style-type: none"> <li>▶ Developing SoP for provision of home visits for nutrition, VHSND and CBE services while ensuring social distancing norms for orange and green zones</li> </ul>	<ul style="list-style-type: none"> <li>▶ Input into development of SoP</li> </ul>
Monitoring of service delivery	THR, MIYCN, MN supplementation	<ul style="list-style-type: none"> <li>▶ Monitoring awareness and distribution of benefits and services at the beneficiary level about their entitlements through development partners</li> </ul>	<ul style="list-style-type: none"> <li>▶ Regular survey at the beneficiary level using standard checklist</li> </ul>
Knowledge of FLW across Red, and Green zones	Counselling, SAM, ANC, VHSND	<ul style="list-style-type: none"> <li>▶ Clarity of role by providing simple digital job aids for FLW</li> <li>▶ Supplemental training on nutrition in the context of COVID 19</li> </ul>	<ul style="list-style-type: none"> <li>▶ Development and delivery of training on COVID 19, using digital delivery method where warranted</li> </ul>

### DEPARTMENT OF FOOD, CIVIL SUPPLIES & CONSUMER AFFAIRS

Issues	Thematic Area	Actions for consideration by government	Proposed partner support
Insufficient linking between PDS and THR	THR & Food Security	<ul style="list-style-type: none"> <li>▶ Developing policies for providing raw rations for THR in collaboration with the PDS</li> <li>▶ Understanding gaps in supply chain of PDS and developing SoP to resolve the identified gaps</li> </ul>	<ul style="list-style-type: none"> <li>▶ Conducting a meeting with Development partners to deliberate on innovative ideas of linking PDS with THR</li> <li>▶ Developing SoP</li> </ul>

## DEPARTMENT OF HEALTH AND FAMILY WELFARE

Issues	Thematic Area	Actions for consideration by government	Proposed partner support
Eligibility or access to benefit by key vulnerable populations (e.g. migrants, slums, and tribal population)	MN supplementation	<ul style="list-style-type: none"> <li>▶ Communication and IEC               <ul style="list-style-type: none"> <li>○ Ensuring effective communication of all these guidelines in simplified manner to concerned Frontline Workers (FLWs)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▶ IFA and Calcium               <ul style="list-style-type: none"> <li>○ Support in developing guidelines</li> <li>○ Estimating additional IFA and Ca requirement for unaccounted targeted beneficiaries</li> <li>○ Developing supply chain SoP for supply chain of IFA and Calcium to the unaccounted beneficiaries</li> </ul> </li> <li>▶ Communication and IEC</li> <li>▶ Development and proper dissemination of effective IEC materials for FLW</li> </ul>
Beneficiaries not aware of current entitlements	MN supplementation, MIYCN	<ul style="list-style-type: none"> <li>▶ Having posters on sub centres and AWC about current entitlements</li> <li>▶ Awareness campaign on current entitlements using mass media and social media</li> <li>▶ IFA: Designing posters, awareness generation content and material for mass media and social media (for pre-school and school age)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Designing poster content</li> <li>▶ Printing posters and developing a distribution plan</li> <li>▶ Monitoring the impact of awareness campaign using standard checklist</li> </ul>
Demand generation for benefits by FLW	MN supplementation, MIYCN	<ul style="list-style-type: none"> <li>▶ Awareness campaign to educating beneficiaries about the importance of MN</li> <li>▶ Developing simple digital job aids material for FLW with key messages on importance of maternal supplementation during COVID 19</li> </ul>	<ul style="list-style-type: none"> <li>▶ Developing demand generation strategy and monitoring effectiveness</li> <li>▶ Developing job aid on maternal supplementation during COVID 19</li> </ul>
Demand generation for immunization, ANC, delivery at facilities	Counselling, SAM, ANC, VHSND	<ul style="list-style-type: none"> <li>▶ Awareness campaign about importance of availing VHSND and growth monitoring services on a regular basis in the green and orange zones</li> <li>▶ Awareness campaigns for use of in-facility essential RMNCH services in red zones</li> </ul>	<ul style="list-style-type: none"> <li>▶ Development of campaigns</li> <li>▶ Running state-wide drives for screening of SAM &amp; MAM</li> <li>▶ Supportive supervision for ensuring adequate treatment and follow up after discharge from NRC</li> </ul>

## DEPARTMENT OF RURAL DEVELOPMENT

Issues	Thematic Area	Actions for consideration by government	Proposed partner support
Unequal PRI involvement in oversight of benefit delivery	Social Accountability	<ul style="list-style-type: none"> <li>▶ Orientation for empowering of PRI members on the current services and entitlements and their role is resolving issues in last mile delivery</li> <li>▶ Issuing clear guidelines from government empowering PRI formally so that they can monitor PDS, THR, MDM and nutrition-specific service delivery, provide support and provide actionable suggestions</li> <li>▶ Providing clear directions from Panchayat &amp; Rural Development Department so that the PRI administrative committees on post until elections can take place can work without any hostility or opposition from Panchayat Secretary/others and their recommendations hold formal value</li> </ul>	<ul style="list-style-type: none"> <li>▶ Finalizing PRI module and digitalizing it</li> <li>▶ Delivery of sensitization sessions</li> </ul>

## DEPARTMENT OF TRIBAL AFFAIRS

Issues	Thematic Area	Actions for consideration by government	Proposed partner support
Difficult geographical terrain in tribal areas makes service delivery a challenge	Nutrition for tribal population	<ul style="list-style-type: none"> <li>▶ Tribal youth needs to be encouraged to engage as volunteers and improve service delivery to these areas.</li> <li>▶ SHGs need to be involved more for generating awareness and improve uptake of services to strengthen service delivery.</li> <li>▶ Along with the Department of Agriculture promotion of locally grown vegetables to ensure food and nutrition security.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Supporting the government in developing modules for training tribal youth and create awareness among community and campaigns to increase awareness and help in implementing suggested action points.</li> </ul>

## NEXT STEPS

- ▶ Based on the recommendations, government counterparts need to identify the priority areas of work they want to take up and the kind of support they will need from nutrition partners.

- ▶ *Arranging next C2IQ meeting to discuss the key priority areas identified by government and working on their details. Partners can work out how they can support the government based on their capacities and expertise and set responsibilities for each of the contributing partners.*