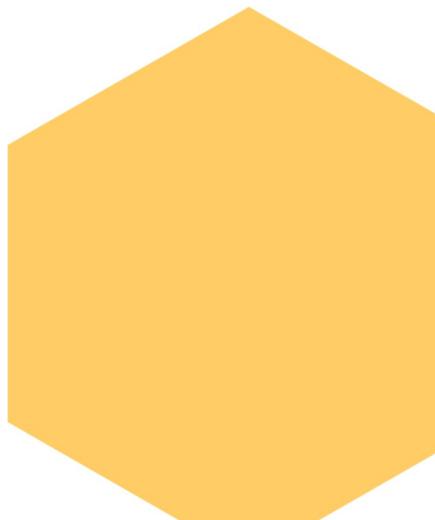
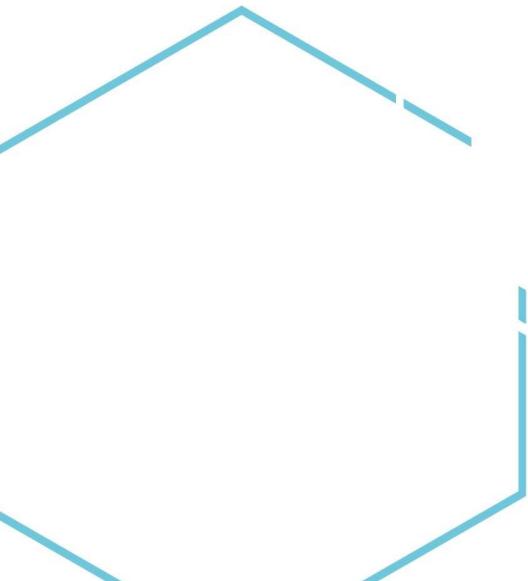




Strengthening the delivery of Nutrition services in the context of the COVID-19 epidemic in Uttar Pradesh

**Suggestions from Uttar Pradesh
Nutrition Partners**

June 2020





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Introduction

Context

The COVID 19 pandemic is the biggest global challenge at present. To mitigate its effects, the Government of India had imposed a lockdown on 1.3 billion people in India. As India now slowly starts to unlock, it is essential to address the spread of the virus and streamline the hampered health and nutrition services by ensuring restarted delivery of essential services to the masses.

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, Government of India, has identified maternal and childcare services as essential services, and several key community-based nutrition services as desirable during the lockdown. The Supreme Court of India 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 are shut. Governments both at center and state level are issuing guidelines and orders frequently based on new assessments of the situation.

In response to COVID 19 outbreak, Government of Uttar Pradesh has taken many proactive steps to ascertain minimum gaps in the nutrition services. Not only has the state government ensured a robust supply of essential food items to migrant workers but have also issued timely guidelines for running community kitchens, door to door distribution of Take-home ration.

COVID 19 and Nutrition: Risks for Uttar Pradesh



Nutrition Status

- ▶ Malnourished children and pregnant /lactating women may be at a higher risk of getting infection
- ▶ As per CNNS 2016 data 38.8% of children in UP are stunted
- ▶ 43.1% of under-five children are anemic in UP as per CNNS 2016 data
- ▶ As per NFHS-4 data more than 1 out of 4 women in UP have a BMI below normal
- ▶ Every second woman of reproductive age is anemic in UP as per NFHS- 4 data

Adverse Effect of Lockdown

- ▶ The state is faced with massive migrant influx
- ▶ Hampered access to correct information about correct practices and entitlements

Hampered Nutrition Services

- ▶ AWC and schools are closed therefore provision of hot cooked meals and mid-day meal is adversely affected
- ▶ VHSND, community-based events and growth promotion are discontinued/hampered, community considering safety challenges in different zones
- ▶ WIFS for school children and adolescents have completely stopped
- ▶ Facilities and health and nutrition service providers are burdened with COVID 19 response
- ▶ ANC registration and checkups and institutional deliveries (in selected geographies) have reduced as compared to last year
- ▶ Services such as Hb testing and anemia identification is also hampered.

Reference Period: May 2020



The State government has also included IFA distribution for out of school adolescent schools and NRCs in the list of essential services. Though VHSND services were suspended in the beginning of the lockdown, directives were issued from NHM for restoration of VHSND services with specific guidelines for green, red and containment zones. The State also proactively issued letter to the DM's of all 75 districts to enforce compliance on the IMS Act, therefore promoting breastfeeding and discouraging use and distribution of breastmilk alternative feeds.

Currently, the challenge is to ensure effective implementation of the current guidelines and service delivery at the last mile. Also, as the state unlocks in a phased manner, further action is needed to restart services in a phased manner and with appropriate caution.

This document outlines joint recommendations and suggestions from the development partners working in UP to strengthen the delivery of nutrition services in the state, especially in the context of COVID 19. This document is jointly developed by IHAT, UNICEF, WeCan, Alive & Thrive, BMGF, CFNS, NI, World Bank, Tata Trust, Piramal, and PCI under the C²IQ platforms.

Objective of this document

- Synthesize the key challenges in effective delivery of priority nutrition benefits and services in the context of COVID 19
- Suggest possible actions and best practices to address service delivery challenges for the consideration of the government
- Identify where and how development partners could support the government in delivery of identified actions and best practices

Process taken to develop this document

	Situation Analysis	<p>A basic survey form was developed and shared with 10 development partners supporting Government programmes on maternal, infant, young child nutrition. The survey aimed at gathering information on:</p> <ul style="list-style-type: none">▶ Nutrition services currently being delivered on the ground▶ Key challenges facing the delivery of each of the nutrition services on ground
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		<ul style="list-style-type: none"> ▶ Identification of perceived priority services for the government to consolidate/improve during the COVID 19 outbreak
	<p>Web C²IQ* meeting with state level partners</p> <p>*. Coverage, Continuity, Intensity and Quality</p>	<p>A web meeting was conducted with 12 state-level partners along with Department of Women and Child Development on May 28, 2020 with the following objectives:</p> <ul style="list-style-type: none"> ▶ To have a common understanding among state partners about nutrition issues and guidelines during the COVID 19 outbreak ▶ To identify priority nutrition interventions during COVID 19 outbreak in the state ▶ To develop common understanding on possible actions by partners and scope for collaboration ▶ To agree on suggestive actions for Government of UP for streamlining priority nutrition services in the context of the COVID 19 outbreak with support from partners
	<p>Development of key recommendations</p>	<p>Based on the information provided by partners, based on evidence and observations from the field, suggestions were prioritized for Government of UP</p>

Suggestions to streamline nutrition services in the context of COVID-19

S.No.	Action area	Action for consideration by Government of UP	Role of Partners	Partners
1. Empowering FLWs for ensuring service delivery in containment, red, and green zone				
1.1	Comprehensive action plan for containment, Red, and Green zones	<ul style="list-style-type: none"> ▶ Developing SoP for services delivery in different zones. The SoP to also have specific sections for urban and rural areas ▶ To focus on timely initiation of complementary feeding, monthly fixed day home visits for children from 6-8 months by FLW ▶ To focus on EIBF introducing a fixed day approach for counselling of third trimester pregnant women ▶ Develop strategy for restarting growth monitoring and promotion ▶ Developing SoP for provision of CBE services while ensuring social distancing norms green zones ▶ Developing mechanism for intimating FLW about their zones on a weekly basis ▶ Issuing comprehensive guidelines for restarting IFA supplementation along with counselling for school children (WIFS) 	<ul style="list-style-type: none"> ▶ Develop draft SoPs and information channel mechanism and share with concerned departments for review and finalization ▶ Development of draft guidelines 	



S.No.	Action area	Action for consideration by Government of UP	Role of Partners	Partners
1.2	Providing job aids and modules to FLW across Red and Green zones	<ul style="list-style-type: none"> ▶ Supplementary interactive training on nutrition in the context of COVID 19 ▶ Clarity of role by providing simple digital job aids for FLW (counselling, THR delivery VHSND and CBE service delivery, Management of SAM and MAM and Micronutrient supplementation ▶ Set up mechanism for monitoring of services ▶ Add to/adjust key ILA modules in view of COVID-19 situation and service restart requirements ▶ Using social media channels for providing messages to the FLW 	<ul style="list-style-type: none"> ▶ Development and delivery of training on COVID 19, using digital delivery method where warranted 	
2. Awareness & demand generation among beneficiaries				
2.1	Awareness of Beneficiaries on current entitlements	<ul style="list-style-type: none"> ▶ Awareness campaign on current entitlements using mass media and social media ▶ Awareness campaign on current entitlements using mass media and social media ▶ Having posters in AWC, sub centers and other prominent places about current entitlements and mode of delivery in different zones 	<ul style="list-style-type: none"> ▶ Design IEC material and SBCC strategy (for themes for which IEC material is not available) ▶ Developing training package for FLW 	



S.No.	Action area	Action for consideration by Government of UP	Role of Partners	Partners
2.2	Development of tools for enabling AWW for doing demand generation	<ul style="list-style-type: none"> ▶ Developing simple digital job aids material for FLW with key messages on services during COVID 19 ▶ Demonstration of recipe using THR using digital platforms 	<ul style="list-style-type: none"> ▶ Developing demand generation strategy and monitoring effectiveness ▶ Developing job aid to be used during COVID 19 ▶ Develop recipe book using THR 	
3. Effective service delivery at the last mile				
3.1	Monitoring of benefits awareness and distribution	<ul style="list-style-type: none"> ▶ Periodic Assessment of awareness and distribution of benefits and services (MIYCN) at the beneficiary level about their entitlements through development partners 	<ul style="list-style-type: none"> ▶ Development of common checklist for all partners which will include questions related to COVID 19 ▶ Regular survey at the beneficiary level using standard checklist 	
3.2	Monitoring the quality of service delivery	<ul style="list-style-type: none"> ▶ Monitoring the quality of service delivery ▶ Including review of data on service delivery quality during monthly review meetings 	<ul style="list-style-type: none"> ▶ Regular observation of service delivery quality ▶ Analysis of service delivery quality data 	▶



S.No.	Action area	Action for consideration by Government of UP	Role of Partners	Partners
3.3	Supportive supervision of FLW	<ul style="list-style-type: none"> ▶ Supportive Supervision of AWW over call/on field using standard checklist ▶ Training supervisory cadre on supportive supervision (balancing management, capacity building/coaching and support of FLW, coaching techniques) ▶ Tracking and review during monthly meetings of supportive supervision activities ▶ Securing funds for supportive supervision field visits for Lady Supervisors 	<ul style="list-style-type: none"> ▶ Draft checklist to be developed ▶ Conducting supportive supervision 	▶
3.4	Growth Monitoring strengthening	<ul style="list-style-type: none"> ▶ Developing comprehensive guidelines for restarting GMP using appropriate physical distancing and hygiene norms (making growth monitoring mandatory during immunization) 	<ul style="list-style-type: none"> ▶ Developing draft guidelines ▶ Developing simple notes for FLW ▶ Monitoring on ground 	▶
3.5	Department and CAP review meetings under-utilized to drive convergence at last mile and performance improvements	<ul style="list-style-type: none"> ▶ Having state/districts/blocks develop Convergence Action Plans (CAP) with focus on ensuring full distribution of benefits and services to families ▶ Utilizing monthly CAP review meetings (online in Red zones) to track progress against plan and as a mechanism to escalate needs from block/district to state ▶ Rapid orientation of managers on CAP planning & review meetings 	<ul style="list-style-type: none"> ▶ Training of trainers on CAP planning & review meetings ▶ Training of State/District officials on development of CAP plan, based on April guidance from MWCD ▶ Providing support to State/Districts on 	▶



S.No.	Action area	Action for consideration by Government of UP	Role of Partners	Partners
		<ul style="list-style-type: none"> ▶ Providing SoP for conducting effective dept (and CAP) review meetings at the sector and block/district levels ▶ Training supervisors and managers on data use for program improvement ▶ Tracking data use and programmatic decision making in review meetings ▶ Re-initiate district nutrition convergence review meeting either physically or over digital platforms 	CAP planning & reviews	
3.6	Orientation on role clarity and coordination at the last mile	<ul style="list-style-type: none"> ▶ Orientation for empowering PRI members on the current nutrition services and entitlements and their role is resolving issues in last mile delivery (with the focus on ensuring convergence at the household by ensuring convergence at last mile) ▶ Setting up a mechanism for coordination of PRI work to ensure last mile convergence at the block, district & state levels 	<ul style="list-style-type: none"> ▶ Module development ▶ Support in developing training plans ▶ Training over digital platforms 	▶
3.7	Strengthening supply chain of THR, PDS and MNs	<ul style="list-style-type: none"> ▶ Developing monitoring system of supply chain, of THR and MNs at village, block, and district level ▶ Developing strategy to update beneficiary populations, including migrants, in coordination with PDS, MDM, MNREGA, etc. ▶ Regular quality audits by independent authorities including random checks and community level monitoring 	<ul style="list-style-type: none"> ▶ Developing guidelines ▶ Developing checklist and monitoring on a periodic basis ▶ Monitoring at ground and over telephone 	▶



S.No.	Action area	Action for consideration by Government of UP	Role of Partners	Partners
		<ul style="list-style-type: none"> ▶ <i>Strengthen controls</i> <ul style="list-style-type: none"> ○ <i>Shift all THR payments to e-payment</i> ○ <i>Monitor all THR production steps electronically</i> ○ <i>Report THR distribution and quality metrics publicly</i> ○ <i>Regular quality audits by independent authorities including random checks and community level monitoring</i> ○ <i>Require producers to report on process quality</i> ▶ <i>Ensure regular reviews by CDPOs of quality data and distribution data and sharing with producers to inform process improvement</i> 		
3.8	Use of mobile technology for nutrition outreach	▶ <i>Use of mobile technology for nutrition outreach and delivery of counselling, especially in red districts, i.e., development of guidance, monitoring approach, training</i>	▶ <i>Developing and supporting implementation of use of mobile technology for outreach</i>	▶
3.9	Sharing of success stories	▶ <i>Sharing and dissemination of nutrition efforts stories with state and nationally for cross learnings</i>	<ul style="list-style-type: none"> ▶ <i>Sharing of stories</i> ▶ <i>Packaging and dissemination</i> 	▶

