



Safeguarding Progress towards Improved Nutrition during the COVID-19 Pandemic

Webinar transcript.

Lei Hebler

Good morning everyone. Thank you for joining today's USAID webinar on Safeguarding Progress towards Improved Nutrition during the COVID-19 Pandemic. I'm Lei Hebler, Events Manager and Knowledge Management Advisor for USAID Advancing Nutrition, the agency's flagship multi-sectoral nutrition project. Before we begin today's presentations, I will quickly review the Adobe connect environment and set a few norms for the webinar.

All participants will be muted for today's webinar. Please make use of the chat box on the bottom right side of your screen to introduce yourself, ask your questions, or ask for help with sound during the presentation.

If you're experiencing difficulties, our technical support will respond to your questions privately. We will collect and save your questions for the discussion period.

Your experience today may vary based on your internet connection and computer equipment. I will briefly go into a few troubleshooting stuff if you have technology challenges today.

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Thank you again for joining us. I'll now turn it over to Heather Danton

Heather Danton

Hello everybody, and thank you Lei. We're really wanting to welcome everybody that's called in at this hour, very good for those of us in the United States and as well as around the world. My name is Heather Danton, I'm the project director for the USAID Advancing Nutrition, and on behalf of the Project, and I'm very pleased to introduce Mr. Shawn Baker, Chief Nutritionist at USAID. Shawn joined USAID in February 2020, just in time to lead the agency's efforts to continue to promote what works for nutrition and to prevent backsliding the progress made across sectors as a result of the COVID-19 pandemic. Mr. Baker came to the USAID from the Bill and

Melinda Gates Foundation where he was the first director of nutrition. He has nearly four decades of experience in public health, nutrition and food security.

Shawn is going to set the stage for today's community meeting. And we look forward to hearing from USAID's implementing partners on how we can best work to protect and advance nutrition outcomes across sectors during COVID-19 response and recovery.

Over to you Shawn.

Shawn Baker

Good morning Heather, and thank you so much for that introduction, and everyone on the line. A huge thanks to our presenters today. Lei has had the privilege on hearing them on Tuesday in a really stellar performance that was very inspiring in these times where people are struggling to understand what we can do. And also, a big thanks to Advancing Nutrition, Heather, you and your team perform in it together. The first time we organized a community event for nutrition specifically at USAID was April 29th, which seems not that long ago. But in our new pandemic era, when all of our sense of time is being reset, it seems like years ago. And back then, I think we all had... we were all in a state of real despair I would say. We certainly could see a crisis absolutely looming, we had a general idea of the contours of that crisis. We had an idea of the contours of what potentially we could do to mitigate it, so it's less ... the impacts are less grim for the populations we serve. But and I look today... every day of this pandemic has been an incredible learning experience, and today, in the middle of August, we're starting to have a better quantification of the potential impacts. And particularly what I'm thrilled about today is we're having a real much more robust understanding from the implementing partners across the world about what can really be done to adjust programming to be responsive to the situation, to in fact reduce the negative impacts of this pandemic on the most vulnerable populations. And that's we are here about today. But let me step back to the problem statement. As we've laid out, and I think as many others have seen, this is probably an unprecedented crisis for nutrition, it's... I would say... in discussions people would say 'Is this like the 2007-2008 food price crisis? And my response usually is it's really quite different in that every system we depend on to deliver good nutrition results is being disrupted at the same time and across the globe. People's purchasing power, their ability to access food, health services and things is disrupted. The food system itself, which delivers nutritious foods, is being disrupted. The health system, both its ability to deliver, and people's willingness for access is being disrupted. Humanitarian response, the growing need for it, and there have to be modifications to reduce transmission risks, and we know the social safety nets programs, which are so important to buffer shocks that we're going through, either they cannot expand enough or they are being completely disrupted.

Just a little over two weeks ago, and I'm sure most of you have seen it, the group called Standing Together for Nutrition Consortium, global leaders on nutrition over the world came up with the first quantified projections, just looking at likely increases in wasting, and reductions of nutrition services. And those first analyses which were published in the Lancet just over two weeks ago indicate an additional 6.7 million wasted children this year, compared to 2019 requiring treatment. And we look at the combination of increases in wasting, and then decreases in uptake of nutritional

services: that would translate into approximately 130,000 additional child deaths this year. The bulk of that impact on increases in wasting would be in South Asia and sub-Saharan Africa, and over a half of those increased deaths would be in sub-Saharan Africa. That really, I think is... it's also recognized that these were just the first analyses and the tip of the iceberg, because future analyses are going to be looking at other nutrition outcomes, including reductions in breastfeeding rates, increases in micronutrient deficiencies and stunting, and small gestational age outcomes.

But, I'd really like to remind everyone, and that's really the theme of this webinar today, is that projections are not destiny. As we started hearing from our USAID mission colleagues across the globe in a series of calls disseminating our guiding principles and recommendations, as we've had interactions with many of our implementing partners, it was really incredibly inspiring and motivating to see the level of innovation to work within this context to keep essential programs going, adjust them so that key services are being provided. And so while we have a really daunting crisis that we're dealing with, and we don't know what the timeline is going to be, nor the end of this pandemic, what really gives me hope is the work that implementing partners and partner governments across the world are doing right now, and we really thought it was important to hear more of that in exchange of some of these really exciting changes, the challenges people are facing on the ground, and how people are addressing those challenges.

So I really appreciate everybody's time, a special thank you to our presenters who are now on their second round of presentations. And with that Heather, back over to you and thank you again for taking the lead on organizing this webinar.

Heather Danton

Thank you so much, Shawn. Actually it's my great team that's been doing all the work, and we are really honored and thanks for having the opportunity to host this supporting conversation. Of course, all of you know that USAID Advancing Nutrition, as the global flagship nutrition project, is very committed to gathering and sharing experiences to protect and improve nutrition outcomes globally, in our context, and of course this is a unique one that we're all living through every single day. So, I really appreciate, Shawn, your eloquent details around the impacts anticipated from COVID-19, as well as that message of hope, I think we're all looking for those as well. I'm excited that we're going to be hearing from 5 really excellent speakers representing a range of USAID investments to address health, food, and social protection systems for nutrition, who are going to actually to put some details into that message of hope.

So our speakers today have been asked to answer a few of these top questions that I think we all have had. And the first is: How has covid-19 affected their programming and operations? I think we're all curious when you're on the ground and you're in the middle of this, what are the big challenges, and how are they are affecting the programming. The second question they're answering is: how have they been changing their programs to actually address those challenges?

And of course, we're also looking forward to hearing about some of the important successes that they identified to delay this backsliding, stop it in its tracks, but also maintain forward implementing and programming.

Before I hand it over to our first speaker, I also want to take the opportunity to share a little bit of the background on the results from the survey that many of our participants took when they registered for the webinar today.

I believe there's a slide, I'm going to bring it up.

So, we had 417 respondents who actually went through the survey, and as you might have imagined, of those who responded, 84% have been working on programs that have had to adapt their programming in response to COVID-19. Not too surprising there, but the next slide I thought was quite a lot more interesting, because it just shows the range and breadth of programming that is having to be changed in some way, obviously to respond to the need to programs using social distancing, hygiene and other safe practices just in their everyday work, and that they are continuing to do that. I thought that it was quite interesting that social and behavior change, and monitoring, evaluation and data use are the top areas for adaptation, indicating of course a very high level of quality in our programming as well for nutrition across sectors.

So, I'll leave that slide for one second while I move on to just give one reminder to those of you who are participating, that we want to hear from you as well during the webinar. So please, do add your questions or your experiences, maybe you have some experiences you'd like to share with regards to adaptation and response to something you hear from one of the presenters. Please just add those thoughts and questions to the chat box as we go along.

And with that, I would like to hand over finally to our first speaker, Mr. Muhammed Nurul Amin Siddiquee, who is the Chief of Party of Feed the Future Bangladesh Livestock Production for Improved Nutrition Project. He's also a country representative in Bangladesh, and Siddiquee, I'm going to hand right over to you.

Muhammed Nurul Amin Siddiquee

Thank you so much Heather, and thanks to everyone for joining us today. I'll start with our program a little bit. And the first thing that I want to share with all of you is the COVID-19 situation in Bangladesh. The Feed the Future Bangladesh Livestock program for improving nutrition activities is implemented by ACIDI VOCA. It is a nutrition-sensitive program and consists of three components:

One is livestock productivity

And then access of households to hygienic diverse quality foods

And the third is to enhance nutrition awareness and practices through behavior change campaigns.

The activity engages private sector's livestock service providers that work in government livestock offices to improve livestock services to farming communities. We promote improved nutrition behaviors through behavior change campaigns targeting 172,000 direct households, and also a significant number of indirect households across 8 districts of southern Bangladesh.

Since the COVID-19 pandemic unfolded, we adopted remote working protocols and activated a number of online communication platforms to engage our beneficiaries and

local partners to the program activity goals and objectives. However, the COVID-19 situation in Bangladesh is still evolving, as you can see in the graph in the right hand side: the situation shows you know... that you know ... the transmission is now higher to the rural areas, initially it was in the big cities, but now it is gradually moving to other areas and districts of the country. We are a highly populated country, with a 160 million, and the number of tests we are doing on a daily basis is very significant. It shows the actual rhythm of the COVID-19 situation. So a lot of what you see in the graph is evolving over the time, and we have a situation here that still needs to move forward.

Sorry I just lost my screen.

Lei Hebler

Sorry, we're reloading the screen. So if you can bear with us for just for a few minutes. There we go.

Muhammed Nurul Amin Siddiquee

Thank you so much, sorry for that.

So the COVID-19 pandemic has significantly impacted the 60 billion dollars meat and dairy sector in Bangladesh. Financial loss of dairy farmers was estimated to be 5 million dollars per day in April according to international dairy research networks. Also, milk production increased by 19%, whereas the farmers' milk price has decreased by 17%.

Our own COVID-19 analysis shows that 70% of farmers witnessed a decrease of income from milk fields, and average milk production went down by 31%.

Before the pandemic, the activity had seen significant improvements in nutrition-related behaviors. We take assumptions of milk over dairy products and meat more than doubled from the baseline. Additionally, the percentage of women achieving minimum dietary diversity increased from ... by 42% since 2015. However, the negative impact of COVID-19 has threatened the sustainability of this critical nutrition gains.

Our COVID-19 analysis data demonstrates that households dietary diversity has worsened, particularly the consumption of animal source foods. Respondents mentioned that reduced incomes and local restrictions impacted their ability to meet household food needs.

The consumption of milk has decreased since the onset and households setting aside of milk has decreased nearly by 30%. The decrease in the amount of milk set aside for home consumption was likely due to the reduced milk production, which decreased from an average of 4 liters to 2.8 liters per day. Positively though, data suggests that producers are selling more of their milk locally to households in their villages, which can help support local food security and consumption of nutrition-rich foods to indirect beneficiaries.

In some of the responses that we generated [over the 5 months], we wanted to highlight some of the things that have worked for us. And since March, the activity has been supporting small food and livestock markets to accelerate sales of milk and milk products in a manner that reduces COVID-19 risk for market consumers.

Over 500 small businesses received assistance to resume their operations under strict lockdown conditions in April. The activity facilitation resulted in business cooperation between online food service delivery platforms and local dairy processors, which means that within two months, many of them were surprised to see an increase in their sales, and they were able to recover their loss to a great extent. Not only that, they were able to significantly contribute to households' ability to sell their milk: a total of over 200,000 liters of milk was purchased by the processors and they were serving over 35,000 customers with dairy diversified products.

In July, the activity supported digital live cattle market application over 11,050 households who participated in online cattle trading systems, who otherwise have real difficulty to sell their cattle in local traditional markets.

The activity adapted to continue SBC activity through private partners, and using ACIDI platform to reach people with critical behavior change messages, and nutrition messages. And the shift of that approach was to ensure that messages were adopted, according to the conditions where households are, and contribute to their improved nutrition-related behaviors.

A little bit on our continuing programming, and one of the most significant success was to enhance participation of local actors and facilitating the business cooperation between them.

Our annual data shows that 45% of the service providers and 35% of the community nutrition agents were using smartphones and had some [immediate results]. And we were able to tailor our SBC messages to this platform and disseminate them between those private service providers and nutrition agents. We also engaged private sector partners to disseminate nutrition messages. Activity partners from the dairy industry were able to develop the use and showcase the benefits of health in boosting the Indian system. Multiple other processors were integrating nutrition messages to their marketing strategies. Both small and large retail partners of the activity were promoting awareness messages related to dairy products in their outlets.

We also designed specific grant activities with private sectors and with their co-investment in challenging households ... to mitigate the challenges of households' ability to participate in the market, but also in terms of their awareness of the COVID situation, and how to manage their animals, and some of the health measures during the pandemic period.

The MEL function was free support in terms of continuing our program and reaching our private and other local partners. In addition to the COVID-19 situation, our MEL team conducted a number of remote assessments on productivity, gender and nutrition. The activity continued to monitor markets, to learn how markets actors were able to react to the pandemic and adapt it. Price and sales volumes trends from farmers, milk collectors, processors, companies and retailers were also regularly collected. The activity monitored milk collection trends to understand the consistency of small holders' participation in the market, and also the status of livestock service providers delivering directly to the farmers were measured as well.

In this assessment of the household inherent risk and risk management perspective, as well as the livestock market actors, it was evident to us that productivity performances

and market access capabilities of the actors had the most important role to play to reach or access of quality foods in the households of the communities.

Going forward, we have adapted our SBC strategy partners to the realities of COVID-19 and aimed to reinforce critical nutrition messages and households started to bounce back from COVID-19, such as the importance of consuming a diverse diet, consuming milk and other dairy-diversified products. We're aiming to focus on more strategic messages accounting for approaches of working with private sector actors and to embed the behavior change messages into the service delivery. In addition, the activity also will facilitate message dissemination from market actors and community nutrition agents in our targeted communities.

Thank you that was my presentation, and back to you Heather.

Heather Danton

Thank you so much Siddiquee. Really a wonderful presentation with a lot of hope involved with regard to the recovery that you are beginning to see as people are adjusting. Just goes to show how resilient markets, and producers, and consumers are. So thank you for that and setting the stage in such a wonderful way. Our second speaker today is Pooja Pandey, who is Deputy Chief of Party for HKI's Integrated Nutrition project in Nepal, Suaahara. Pooja, I'm going to hand it like directly over to you given that we start a little bit late. So, please continue.

Pooja Pandey

Yes thanks Heather. Can you hear me?

Heather Danton

Very well, thank you.

Pooja Pandey

Great, so for my presentation today, I will talk about how USAID funded Suaahara program in Nepal, adapted its implementation approaches during the COVID-19 pandemic to assist the government in national emergency response.

So Suaahara II is a large scale integrated community focused nutrition program with the goal to directly reach 2 million women and children in Nepal with multi-sectoral nutrition interventions. It's led by Helen Keller International along with six consortium partners and 28 local NGOs across 60 per cent of the country we cover, and we work in diverse geographic locations and many of the districts being highly vulnerable to natural disasters, and also have a high level of migration, almost 50 %.

So a quick snapshot of COVID-19 situation in Nepal. As of today, more than 24,500 cases have been identified and 90 deaths have been confirmed. Since we saw a spike in the number of cases since the opening of the lockdown in July, we've seen more strict mobility restrictions by the local government, which has led to disruptions in many local health and food systems. They also had consequences on one's well-being and has led to high levels of anxiety among populations. The UN also estimates that an additional 60,000 children are estimated to be at risk of malnutrition in Nepal.

So, in terms of adaptation recognizing the strength of Suaahara II community network and structure, USAID responded with emergency funding to allow the program to support the government response plans, including providing information on how to limit the spread of the disease, but also to ensure life-saving nutrition services continue at community level. For example, just recently, we supported the Ministry of Health to adapt its modified vitamin A program across Nepal, including procurement and distribution of masks and sanitizers to more than 27,000 female community health volunteers. Frontline workers contacted millions households, HCSVs to provide information on the revised vitamin A capsule distribution days and inform them about the change in sites, and where possible, especially in the mountains, provided onsite support during distributions days to reinforce key nutrition and hygiene messages.

So a major adaptation in the last five months has been going cellular and digital technology, especially phone and social media. Within a week of lockdown, we were able to quickly shift to phone-based communications to our households and frontline health workers. This message shift was possible due to existing program databases that had demographic information, including mobile numbers of almost 11 million household members in our implementation areas. Through phone calls we were able to identify at-risk households, such as returning migrant workers, mostly from India, pregnant women, lactating women, food insecure households and link them to appropriate community support systems. A new phone infrastructure also turned out to be an effective way for women to report domestic violence, which has sadly increased in Nepal, and we kept depending on the needs we were receiving through telephone counseling. We kept adapting jobs for tele counseling as well.

Some key nutrition messages were also reinforced through many of our channels, such as tailored push messaging to different subpopulations were provided to pregnant women, breastfeeding mothers, migrant returnees. We also adapted our weekly radio program called Mothers Know the Best, where we added eleven new COVID episodes with live Q&A sessions where experts were invited, and interviews and briefings with experts were produced and disseminated via many social media platforms which were viewed nearly four million times.

Concerning monitoring adaptations, we were lucky because we could quickly adapt to modifying some of the questions and collect data because our field workers were already trained on mobile-based monitoring systems. And we added a few questions on food shortages, and also COVID-19 risk factors. The idea was to quickly collect data and then inform the local service providers, and local government officials to provide timely information. And currently we are assessing a program on monitoring needs and future annual surveys will also incorporate questions to understand COVID-19 experiences and implications for nutrition and health and food security.

So there have been many challenges and opportunities, and we shared the same concerns many have on nutrition and food security, and the continuity of basic services, as well as the safety of our frontline staff. In addition, the fear of infection has also decreased access to [immigration] services, and people are scared to visit the health facilities, the outpatient care and public centers and this really puts people who are then the most at-risk. Because the program works at scale and in diverse geographic locations, managing critical interventions, too many health facilities and beneficiaries have become more complex and challenging. And a particular challenge

we face in Nepal is making sure that marginalized communities are not left out, especially those areas where radio and internet access is very limited. We're looking at different ways, more traditional ways to reach them. But despite these challenges, we have the ability to adapt to the conditions, the flexibility and reach of the program prior to the pandemic, because opportunity is around digital technologies and communication, and because also they've been a very powerful tool to reach women and households with critical information, and also maintaining that two-way communication.

So, in the coming months, our priorities... immediate priorities will be to work very closely with the government of Nepal, especially the local government to change the health and the food systems. There is growing evidence of significant economic and social impacts across the country, and these are affecting the most vulnerable. This requires proactive reaching-out on our part, especially sharpening our targeting approaches. We'll be doing so by using various useful tools, like vulnerability analysis mapping, and also breaking down the existing data by equity quintiles to identify hotspots and areas where we can intervene quickly. We continue to seek diverse methods and channels of communication, including adding more local languages in our communication activities. We're also responding by adapting and supporting the government of Nepal to scale-up diverse nutrition services, especially intensifying protection and promotion of breastfeeding, empowering mothers to screen their children for acute malnutrition, and also working closely with the government to make health and food systems more resilient.

So in my presentation are some keys messages, and like for everyone else, this has been a really big learning experience for us and one of the first sort of recommendation is to provide all the support that the frontline workers need to do their jobs and to be safe. I think we need to dedicate resources to provide basic PPE to our frontline workers, and equip them with the latest knowledge and information in a timely manner, to continue essential life-saving interventions at community level. We know that extensive social distancing has required a shift in the way many of us communicate to our client populations, and we need to be more creative on how we can maintain open two-way communication with mothers and family members. And I think one of the big lessons for us is with telecounseling... we can maintain that... we can listen to what the mothers are saying, what the frontline workers are saying, and then feed it back to our communication platforms, and give that information to the government so that there's a timely response. In emergency situations, we know that not all households are affected equally, and at-scale programs like Suaahara, we need to make sure that marginalized communities are not left out, and also there needs more comprehensive nutrition package, beyond just nutrition, and being very proactive about linking them with existing social protection programs and food aid programs. And finally, we all know programmers and decision-makers will need accurate real-time information. However, this may not be possible due to mobility restrictions and resource constraints. So I highly recommend diving deeply into existing datasets as they can provide many insights to inform more effective and targeted operational response and programming.

Thank you very much. Back to you Heather.

Heather Danton

Thank you so much Pooja. That was a wonderful presentation and I especially appreciate the final slide of the recommendations and thoughts for all of us to consider. I'm now going to have over to our third speaker. I think everyone is going to enjoy this presentation from James Quarshie who is Chief of Party of the DRC [] being led by the Catholic Relief Services. And I love the name of this project, BUDIKADIDI, and James, with that, I'm going to hand it over to you.

James Quarshie

Hi, good morning, wherever you are. I'm going to review what we have done in the last six months with COVID. **[Technical issue]**

Lei Hebler

Hello everyone, it sounds like we might have lost James, we're just trying to figure out our technical difficulties. Please bear with us for a few seconds.

Hello everyone, we're just trying to figure out the technical difficulties. We'll be starting again shortly, please bear with us for a couple of seconds, we apologize.

Heather Danton

It's heather again, I think we are going to fix James' problems on his audio, and in the meantime, we're going to skip ahead and hear from another speaker. So we're going to hear now from Esther Naluguza who is an MPH and Chief Nutritionist on the Integrated Community Agriculture and Nutrition Activity in Uganda. Esther, thank you so much for joining us today and I'm going to hand over the mic over to you.

Esther Naluguza

Ok, good morning, good afternoon, and good evening to everyone. I hope I'm being heard. Can you hear me?

Heather Danton

Very clear Esther, thank you.

Esther Naluguza

Alright, I'll just get into the presentation. So the USAID ICAN, is Integrated Community Agriculture and Nutrition Activity. It building the next generation of resilient Ugandans through ensuring that more people have access to education, ensuring that communities enjoy better health and proper nutrition to enable them to remain healthy, and also work towards achieving their goals. We're also working to make sure that farmers have access to the right opportunities and information to enable them to profit from agriculture. And we also have a governance where we're strengthening existing institutions and enable the communities to participate in governance decisions that affect them, and making them more resilient and ready to prepare, and to respond to shocks and stresses. USAID ICAN is implemented in three regions of this country, if you look at this map, the red marked areas: the south-western region, and then the Karamoja region and Acholi region. So this is our status but I must say that this has changed as of today. The numbers have quite changed, but

what I can say is that Uganda has begun to reduce the deaths due to COVID, and it's becoming a bit of a challenge in our country as well because people are beginning to get scared, and so on.

We had planned to conduct group meetings, like I said earlier, USAID ICAN implements interventions with established groups, community groups, that the VSLA groups: Village Savings and Loans Associations, the MIYCAN groups, the maternal, infant, young child and adolescent nutrition groups which are similar to the mother care groups in other projects. And then we have... we work through schools as well where we have groups of pupils who are put in what we call the children's club. So we had planned to implement interventions through those various platforms where we reach out to the women, we reach out to the men, with different packages and nutrition livelihoods and governance. However, you know, when COVID came, we realized that there was a drop. It is clear that for the period between October and June, we witnessed both an increase and at the same time a decline among individuals that we reached. The numbers reached a pick in about March and then they dropped at certain level, the same level after April. So in Uganda we have been in lockdown since the end of March, and since then the government put regulations that barred people from gathering and so we just had a drop in all our platforms and various interventions.

So some of the challenges that we have faced and that we've had to adapt to include the failure for us to gather our people, community members, because the government had banned all kinds of gatherings, all kinds of groups that go beyond five people, so we could not do most of our community-based activities, because we are going to these platforms, community groups. Also the movements of frontline workers, the Village Health Team members, the mentors in the schools, the patrons, and also the cultural leaders was difficult because all transport had been cut, people were not moving, it was quite a challenge for them to deliver the different interventions in the communities. So, however, at ICAN we were able to utilize available resources. We managed to procure megaphones quickly, I think we were among the first to procure megaphones. We gave them to our frontline workers, the VHTs and they began to move door-to-door, moving house to house passing on messages regarding nutrition and health. We also realized this time during COVID we managed to maximize our WASH interventions. So the WASH uptake... the uptake of WASH services increased because we emphasized hygienic options, for example, we made sure that we established hand washing facilities at the entrance of the homestead, because the people in Karamoja they sit in homesteads. They enclose the homestead with one fence, so we made sure there were hand washing facilities at the entrance, so that everyone can wash their hands. It was an opportunity for us to really to scale-up the WASH interventions. We were able again to adapt the method of gathering the people in smaller groups. Instead of making a group of thirty, we divided them in small groups of five and or ten, and the VHTs would deliver messages in that way. We also used the platform of SMSs where we sent SMS messages to our champions, the governance champions, the VHTs, messages that were targeting agriculture, because the time of COVID was the time of planting. So we designed messages that were customized to the season, reminding people that even after COVID, we need to eat food. The households would need to have food, the children need to be immunized, it was time for planting. So we could go through those channel to pass on our messages.

In terms of the interventions that continued even after COVID, we continued to have screening of children under five for malnutrition. However, where we were able to equip VHTs with the personal protective equipment, they were able to continue using their work assessment.

However, in communities where we were not able to use PPE, we emphasized the use of clinical assessment methods, and the use of identification of malnourished children using signs and symptoms of malnutrition. ICAN had already supported communities to develop resilience plans, so we were able to use them and follow them. The time of COVID is the time again where some of the regions in Uganda experience a peak in malaria cases, so we continued to support the communities through the VHTs and the business service providers to plant trees, mosquito-repellant trees like (], and also to participate in malaria prevention messages, like flashing bushes around and clearing the bushes, using insecticide treated mosquito nets, and passing on messages on family planning, because again people were locked down. We were bound to have unwanted pregnancies and things like that. So we kept passing on those messages through the VHTs.

Again, some of things we were able to do because ICAN uses a facilitative approach, where we work through existing community structures. We do not do direct service delivery, we work through the existing community structures, VHTs, cultural leaders, and others. Again we work in order to build the transformative resilience capacities, which build systems that are more sustainable if you work through that. So we were able to maximize opportunities where the government allowed gathering of about 30 people, but also with social distancing. So these are some of the factors that enabled us to achieve our goals.

In a nutshell, I just want to pass on two key messages to take away in the next two minutes that I am left with for us to share with the world. We want to say that preparing communities to respond to and adapt to shocks and stresses is very important in terms of building their resilience capacities, their adaptive resilience capacities, the adoptive and transformative ones, but also using a facilitative approach when implementing interventions and show a sustainability and ownership of activities that projects implement.

Thank you very much.

Heather Danton

Thank you Esther, thank you for these last two thoughts as well. I think it's a great subway. So back to James, this importance about the ability to not just adapt, but to think about the way that we are doing those, so that it's sustainable in these communities, using resilience as a sort of a basis of the way we're thinking and working, is fantastic. So, I believe that James is back with us, and I appreciate Esther jumping in in the meantime. Now, we're going to hear from the DRC.

So James over to you.

Lei Hebler

James, are you able to hear us? If you can bear with us one moment, we're having technical difficulties with James' audio.

James Quarshie

Hello can you hear me?

Heather Danton

Please continue James, I think we can hear you well now.

Lei Hebler

We apologize for that. I think we'll leave James for a moment and move to Jonathan. I'll turn it over to Heather to make a quick intro for Jonathan.

Heather Danton

Ok, here we are. Jonathan thank you so much for agreeing to jump in. So our next presenter is, while we work with James a little bit longer, is going to be Jonathan Thomas. He's Chief of Party for the Alliance for Inclusive and Nutritious Food Processing at Technoserve. He is based in Nairobi, Kenya. John we're happy to hear from you.

Jonathan Thomas

Thanks Heather. Good morning, good afternoon to everyone. I hope you can hear me clearly. I'm going to talk about the Alliance for Inclusive and Nutritious Food Processing. So AINFP is the latest iteration of the partnership between USAID, Technoserve and Partners in Food Solutions. Our aim is to improve access to safe, nutritious and affordable foods. We do this by providing business and technical support to food processors to help them improve their competitiveness, and the quality of the food they produce. □ Technical support is provided in part through our collaboration with Partners in Food Solutions, which is an alliance of seven international food companies, they're very active and have the technical knowledge as well. Currently we are working across five countries: Ethiopia, Kenya, Tanzania, Zambia and Malawi

In terms of COVID-19 across the region, we've seen that the number of infected are now rising quite rapidly. These figures are from my last presentation a couple of days ago. The number of cases in Ethiopia has risen by 4000. We're currently seeing across the region thousands in terms of the number of infected, and we are yet to reach a peak □. Testing capacity across the region is still very low, but increasing slightly □. I would say governments across the region are really facing a dilemma, choosing between the protection of people's health, and the reopening of the economy. Tanzania is an outlier because it has not reported any figures in the last two months.

So in terms of the impacts on the program, our team and all our staff are working from home. It means we're unable to carry out any in-person trainings or client visits. And we're unable to onboard new clients using usual procedures. We are adapting to a more remote support □. We are now providing some online training and we have a new online recruitment process..

So back in April, we surveyed over 100 food processors in the AINFP countries and a couple of additional countries. and we repeated that a few weeks ago in July, so about three months apart between those two surveys. We really tried to assess what impacts COVID was having on the processors, and to identify the key areas, the key

challenges. This has given us a deeper understanding of how they're challenged and allowed us to pivot our support to the most immediate needs. They're falling into four broad categories: workforce, marketing, sales and distribution, supply chain, and access to finance. And I will talk about each of those.

So, over half of the processors we surveyed reported challenges with the workforce, which actually slightly improved three months ago. The challenges include provision of adequate protection to the staff, sourcing of PPE, sanitizer. Challenges on how to maintain production capacity while complying with regulations on physical distancing. And in some cases, they're having to furlough or lay off simply because the demand for products has decreased []

We then provided advice to processors on the practices related to the staff, particularly around hygiene practices, use of PPE, screening of the staff, and putting a track and trace system in place. We've also been ensuring that they get reliable health information, information out there on social medias are not always reliable so we've been making sure that they get good quality information. And we'll also be sharing examples of strong US [] how they've been adapting to practices [].

I think we see as companies learn and adapt, their challenges with the workforce are becoming less critical.

The biggest challenge across the industry has been sales which have been severely disrupted, particularly the collapse of the hospitality industry, the closure of institutions and schools. We've seen a very significant decline of processors who rely on that market, down as much as 78%, with the closure of schools, eating programs have also been affected[]. The dairy sector has also been particularly badly affected []. Near the end, we see an increased demand on sales, a longer shelf life [] and also the need for staples, people are really concentrating down on basis foods. [] Generally consumers' purchasing power and incomes were down, and these things are really causing persistent reductions in demand.

So we're supporting clients to concentrate on their core products to identify where their sales are []

In the supply chains, we saw in the initial stages of the COVID a significant order disruptions, slowdowns and increased health checks on importations and on drivers. It's caused significant delays, and also increased the cost of transportation and importation. []

Nearly half of our processors have sought to identify alternative sources and we saw a significant growth in local sourcing.

Quickly, just on working capital, a significant squeeze on working capital. []

And finally, the COVID-19 is critically endangering the resiliency of food systems []

Over to you Heather.

Heather Danton

Thank you Jonathan. Well, I have so many questions on your slides. You guys are doing great work in a very difficult context from markets. So, myself I'm probably going to

give you a call when this is all over, because I think you're doing some really important work that many will be able to learn and adapt their work to.

So I believe that James is back with us. We're having Internet connectivity problems in the DRC. So everybody keep their fingers crossed and we are going to hand over to James....

James Quarshie

Hello, can you hear me?

Heather Danton

Wonderful, sounds great.

James Quarshie

Sorry about the Internet ☹️.

Like I was saying, the DRC so far has had 9,538 confirmed cases, 8,421 have COVID and we've seen so far 225 deaths. We'll see that COVID is not everywhere. We cannot say that these are all the cases we have. But at the same time, I just want to let you know that BUDIKADIDI is implemented in Kasai Oriental, a region which is in the Kasai region. We are funded by USAID/Food for Peace.

The program has a goal of improving food security and nutrition for households for 430,000 beneficiaries in those areas. We have three strategic objectives. The first one is improving local governance at the community level working with 'Cellules d'animation communautaires' or village development committees, water management committees, youth associations with different kinds of groups. And the second is improving health, nutrition and WASH. The main approach here in the third group is a strong emphasis on the 1000 days, with WASH using community level nutrition approach with the provisioning of potable water, and agriculture is market gardening, homestead gardening, and local livelihoods.

Back to COVID. COVID was first declared an emergency on March 10 and to date, we have no cases in Kasai Oriental. And so, our project has continued without any significant interruption. However, taking into consideration key elements of ☹️ we did initially suspend some activities that required a massive mobilization of people with a high potential of transmission of the virus. The second thing that we did was limiting group activities that were not necessary. We included systematic hand washing in all our meetings in field activities, and so on. And wherever meetings were necessary, social distancing was encouraged ☹️ And then we had restrictions on staff movement. One of the things that the project did from the onset was remote working, and we were able to continue implementing the project with very little outside contact.

In terms of adaptations, I would say that we have four key elements in adaptation. The first one was:

[The sound is too bad. Here are the slides]

Support to government response:

I Participated in Covid-19 Provincial Task Force weekly meetings

2. Donated 150 loudspeakers, 300 batteries and 50 kg of bleach to the COVID-19 task force and equipment of 81 Core Groups Promoters from 47 health areas with 1,110 posters in Tshiluba and French

Mass media:

3. Adjusted the radio media planning with the 8 partner radios towards prevention of COVID-19

4. Developed 3 radio guides on preventive measures, myths and rumors related to COVID-19 and COVID-19 modes of transmission, reviewed and approved by the COVID-19 Task Force before broadcasting

5. Broadcasted 76 radio talk shows in three months for a total of 3,420 hours of broadcasting. An estimated 3 million people (including 45,360 members of youth clubs) were directly sensitized to the prevention of COVID-19 and to barrier measures through these radio broadcasts.

Interpersonal communication

6. Implemented door-to-door sensitizations with 515 CAC WASH focal points, reaching 19,580 households

7. 91 Core Groups Promoters trained in the manufacture of face masks and, in turn, introduced 800 Lead Mothers to this techniques.

8. Adapted the Curamerica Core Group Covid-19 manual unto our Core Group Format. Immediately organized coaching session of our 81 core group promoters, who, in turn, trained 5169 lead mothers on key COVID-19 messages.

Support to government response:

9. Suspended General assemblies, educational evenings and international Day celebrations in villages

10. Redesigned LM lesson plan, SILC meetings methodology & PO meetings

11. Accelerated boreholes construction to improve access to drinking water.

Factors of success

1. **Fast adaptive management of our team:** this was not Budikadidi first experience of a health emergency in a recent past, we had to adapt to 2 cholera outbreaks on the region.
2. **Core group promoters 'engagement:** With minimal supervision, they took their responsibility as a community health worker to inform their community about this disease. This high level of appropriation of their work and accountability to educate was key.
3. **Radio partnerships:** Budikadidi already had an annual contract with 8 local radio stations
4. **Active participation in the provincial COVID-19 task force:** under the leadership of the MOH, helped easy access to correct information, all coordinated measures and approval of our radio contents.
5. CRS Kinshasa's COVID focal point easy access to the national COVID materials:
6. Good relationships with local authorities (rural levels) facilitated the acceptability and engagement to use COVID-19 posters to raise awareness in the communities. All village chiefs posted the COVID-19 posters in their villages.

Challenges

1. Some radio stations had issues with electricity and were not able to implement their plan accordingly.
 - 1.2. Zealous police and immigration officers harassed Budikadidi lead mothers
 - 2.3 Increased intimate partner violence in the villages, as well as SGVB and increased domestic burden for women.
- 3.4. The fact that Kasai Oriental has not yet recorded an official case of COVID-19
5. Budikadidi had to stop all our planned group sensitization sessions.

Enabling factors:

- *No official COVID-19 case in the Kasai region;*
- *High level of appropriation of these activities by community change agents and their groups. They have high level of awareness of the value of these activities in their life. We believe they do these activities, not for Budikadidi, but for themselves. These are among the activities that the midterm reviews notices as likely to be sustained after the program ends;*
- *Most of these activities are led by community change agents, not by staff. So, they are autonomous.*

We really focused on the provisioning of hand washing and so on.. I would stop here. I thank you very much. If you have any questions, I will answer them.

Heather Danton

Thank you James, I'm so glad we were able to come back to you to complete the presentation. We are looking forward to hearing Shawn Baker's quick summation and pulling up some of those key themes. Before I give the floor back over to Shawn, there is one, actually 2 questions that I'm going to combine into one for you Pooja so that you can give an answer to the questions posed here. The questions actually have to do with the way you're evaluating and monitoring the work you're doing related to whether or not the provision of messages... of the messages that you're giving are being picked up. How acceptable are those messages to the people who are receiving them through the various methods that you're using.

The second things I ask about is how you are monitoring disruptions in the routine service delivery and take up regular services and health systems.

So I don't know if you could answer that for us quickly.

Pooja Pandey

Sure, so in terms of... I'll start with the second one, monitoring of disruption of routine service delivery, the program has a database with phone number of all the health facilities and service providers. So, what we did, we continued to call them on a weekly basis, and there's a list of health and nutrition supplies that we track whether they have that or not, and what are the services they are providing. □

And we quickly feed and share this information to the regional medical stores. So in remote areas where they cannot supply, we use our project vehicles to provide logistic services as well and so we continue to do that and tracking trends of stock-outs. And this information is also fed to the VOCl training we're providing to the health workers, you know this facility has run out of this supply and see if they could also follow-up with their logistic system. So that's been going on.

And in terms of messaging, our frontline workers are mothers, they are from the same community, and so we've been in touch with our client populations. So after the lockdown, when there was more mobility restrictions, we started calling the households with appropriate information, and they actually said 'ok, these are some of the issues or concerns and we need additional information on this'. And so, in the beginning, we started providing information on mother and child health, breastfeeding, but you know slowly after the second month of lockdown, more and more mothers were asking about some psycho-social counseling, we had to quickly change jobbers, we had to revisit our messages. So we're also tracking some of the questions that we

are receiving through our Facebook program, we started broadcasting through our Facebook as well. More than 60 % of the front line population listen to the radio program, and so we were getting a lot of questions. We would sort of identify the top ten questions that have been asked on our Facebook page, or through our IVR system, and we would feed that in our expert interviews. So for example, there were a lot of concerns coming in about breastfeeding if the mother is positive. And we also found out through our telephone follow-up that health workers also did not have that information. So we had to quickly organize a new training for skilled birth attendants. I think not one journal or one message is enough during this time with so many issues that come, you just need to ... and I kept saying that two-way communication through social media is also important to feed in. We didn't really ... we haven't really thought about evaluation in the future, but I think right now the priority for our program is really providing timely information and services at the community level.

Heather Danton

Thank you Pooja that was a great answer. And with that, I'm going to go back over to Shawn. Shawn thank you so much for summarizing the morning for us.

Shawn Baker

Thank you Heather, huge thanks to all of the presenters. It was actually a privilege to be here these two time. I walked away with 9 big takeaways, and then as we look into the future, five points. I'm going to share with you 14 points. I'm going to try to do that in the time allotted. The overarching of my takeaways is just how all of the partners have used this incredible set of assets to make this situation less grim for the people we serve. The use of the pace of the table that partners have in order to help governments and national or local governments adapt policies and guidelines in a timely fashion, the ability to adjust monitoring and use that information... both new information collected remotely as well as preexisting information to adjust, the incredible strength of the community partnerships is the most resilient part of this whole system, and those who are closest to the people we are serving. How brilliantly the different technology assets have been used, sometimes very high tech social media to very trivial tools, such as megaphones and community radios

As Pooja said and others said: 'Listen and adjust'. So, there's been a lot of quantitative information that's been used to adjust programming, but even as importantly, listening to the frontline workers, the households, the small entrepreneurs we are serving and use that to inform our adjustments.

Something that comes down less frequently is the importance of WASH and maintaining just basic access to handwashing. At this point, one of our key frontline advances is to maintain services in a non-transmitting environment. I do want to really also stress number seven, as we know, in all crises, inequity grows, and we have to know how purposeful the different partners have been on looking which are the populations the most underserved and how do we actually draw attention to their needs. That last point just draws very much also to what Pooja you just said. I do want to really also stress number seven, as we know, in all crises, inequity grows, and we have to know how purposeful the different partners have been on looking which are the populations the most underserved and how do we actually draw attention to their needs.. My ninth point is very much into looking forward, this is still very much a work

in progress. This is not like an earthquake where it rumpages, but it's done and we rebuild. This is a crisis that's going to be with us for some time, and we need to continue to learn from it and adjust, and think of the future. Parts of this, and I think every crisis offers also opportunity. We've seen lots of modifications that I think may have relevance as we feedback what we want to look at. For example, all these fascinating adjustments on how we do SBC. We need to evaluate to see 'are they effective enough' and 'did they come at a lower cost' [] Some of these adjustments are monitoring real-time data that may be able to help us leapfrog some of the expenses and the challenges of data collection. Are they good enough and we want to use some of them? We heard lots of examples of changes in business models, and different service delivery models, which are those that we actually want to take forward in the future. Two areas that I think we need to pay particular attention to, we've seen examples of some very significant change in consumer preferences. Some of them are not terribly healthy. Are these going to be long term changes or just short term changes? We want to make sure we are mitigating any negative consequences.

And in coming back to the inequity theme, to be very diligent about looking: has this pandemic driven systemic increases of inequity, and if so, so how do we address them? And then, the final thought I believe Esther you raised this very eloquently, this has been a massive test of resilience and as we go forward looking at which parts of the systems, the food system, the health system, the social protection system, the most resilient, and how do we build them as we focus more on those parts going forward. And where are the key bottlenecks and how do we make sure we are addressing those bottlenecks as we go forward. So we do have more resilient systems, use this as an opportunity to have massive pressure testing of resilience of the systems we rely on to deliver nutrition to populations, and part of that is very clear that community workers, community partners, local NGOs are a huge part of what's keeping the systems working.

So those were my closing thoughts. I found an incredibly rich set of experiences. Thank you so much to presenters across the globe. Thank you to Advancing Nutrition for organizing this and everybody who has participated in these webinars. And over to you Heather, I guess for your final closing remarks or Lei, I forget who is closing that for Advancing Nutrition.

Heather Danton

Actually I think... we are a tiny, tiny bit overtime. We really appreciate those thoughts, they're really excellent. Hopefully we can get those in writing from you at some point Shawn and we will share them back with all the participants. So thank you everybody for calling in, and thank you so much to all the presenters. What a wonderful job, it was great to hear from all of you. And with that, we are going to close the webinar. Please get back in touch with us at USAID Advancing Nutrition if you have if you have additional questions and we will be sharing the recording.



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