Adaptation by a large-scale integrated nutrition program in the context of COVID-19

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GEOGRAPHIC FOCUS
Suaahara II
A 5-year (2016-2021) multi-sector nutrition project operating at scale in 42 districts to reach over 900,000 households (2 million women & children)
COVID 19 and Nepal

• About 24,500 positive cases
  – Cases have continued to rise after the four-month lockdown
  – Mobility restrictions expected to continue

• Disruptions/consequences
  – Access/utilization of acute, curative and preventive health and nutrition services; closure of schools, jobs, markets, etc.
  – 940,000 Nepalese children wasted before COVID-19; 60,000 additional estimated to be at risk
  – Food insecurity increasing due to mobility restrictions and income loss
  – Psycho-social concerns; perceptions are changing continuously – denial / fear / panic / stigma
Supporting the Government’s nutrition response

Adapted global interim guidelines for Nepal context
Infant and young child feeding, Integrated management of acute malnutrition, Nutrition information system, BMS monitoring protocol

Maintaining basic nutrition services at community level
Vitamin A campaign, screening, referrals

Behavior Change Communication for COVID-19
Suaahara II: SBCC adaptation and reach

- Interpersonal communication on COVID-19 via tele-counselling
  2 million people

- Counseling on maternal and child nutrition
  531,368 families

- Diversified social media
  4 million views

- Personalized SMS messages
  1.7 million people

- Mobile and digital technology

- Referral to health facilities and humanitarian programs
  66,022 households

- Nutrition commodity tracking and support
  2,655 health facilities

- Virtual trainings and follow-up
  28,301 community health service providers
# Suaahara II monitoring adaptations

**Purpose:** To assess COVID-19 risk factors and food security across 389 intervention municipalities and over time

**How:**
- Questions added to front line worker (FLW) mobile job-aids
- FLW collected data in diaries and emailed photos to district offices, FB messenger, etc.
- The central team compiled findings

**Data use:**
- FLW immediately referred vulnerable households to health facilities, food distribution programs, etc.
- Weekly trends shared with program teams, government, and development partners
- Visual presentation of data in maps/online dashboards for further use by local governments
Suaahara II adaptation: challenges and opportunities

Challenges

• Staff safety
• Program scale & diversity
• Interventions from household to community and facility levels
• Reaching disadvantaged groups esp. in remote areas
• Continually changing context – daily

Opportunities

• Strong presence at community level (local NGOs, 1500 FLW)
• Excellent relationship with government frontline workers
• High cellphone ownership, access to radio/social media
• High exposure to Suaahara mass media platforms
• Multi-sectoral approach – ag/markets, WASH, nutrition specific, GESI, etc.
• Comprehensive monitoring system to inform programming
Looking ahead: Investing in local food and health systems

**Refine targeting**
- Intensify efforts to reach marginalized communities
- Link households to food aid, social protection programs

**Empower families**
- Family approach to assess malnutrition
- Sustain homestead food production
- Expand targeted SBCC

**Continue nutrition services**
- Scale-up MIYCN/IMAM interventions with focus on equity, access, and quality
- Expand technologies for service providers
Key messages

• **Prioritize** timely frontline worker support for links to services

• **Listen** to client populations, they bring valuable insights

• **Invest** in quality SBCC specifically designed for different target audiences; digital innovation can quickly reach millions

• **Intensify** targeting of marginalized families

• **Respond** more effectively to the epidemic by using insights from existing program data
THANK YOU!

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