

Nutrition Programs Adapt to COVID-19

Lessons for Future Shocks

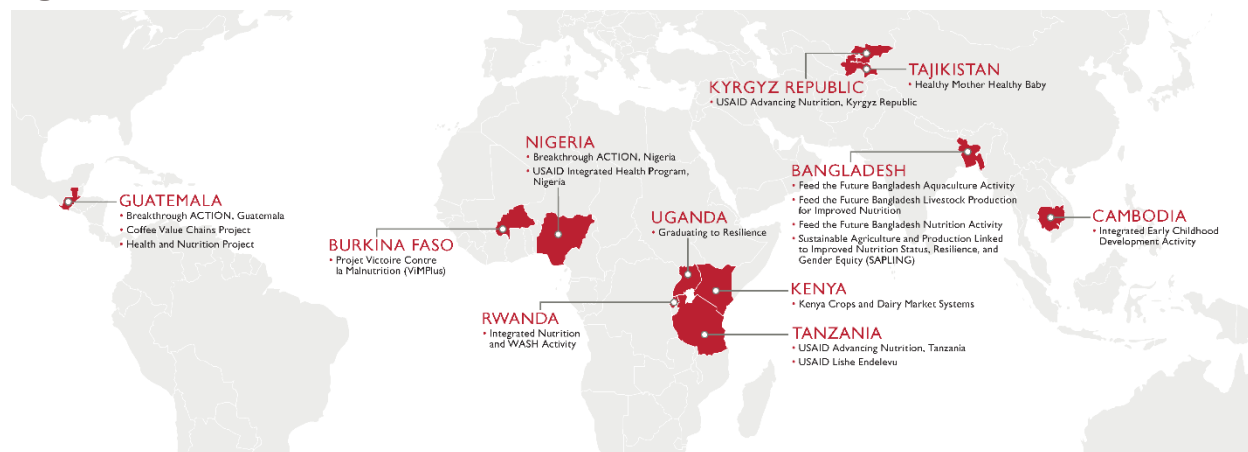
Introduction

The coronavirus disease (COVID-19) pandemic has caused unprecedented challenges to public health and disrupted nutrition programs globally. USAID Advancing Nutrition conducted a learning activity to document COVID-19-related adaptations within USAID-funded nutrition investments to identify practices we can share to mitigate current and future challenges to nutrition program implementation. We aimed to answer the following learning questions:

- How did USAID-funded nutrition investments adapt intervention designs or delivery to help mitigate the impact of the pandemic on nutrition or improve program efficiency or reach?
- What lessons learned based on COVID-19 experiences could be applied to future nutrition activities (in other crises or non-crisis contexts)?
- How can USAID better support nutrition activities to successfully adapt during future crises?

This review included 19 USAID-funded nutrition global and bilateral investments across 11 countries in sub-Saharan Africa, East and South Asia, and Latin America (shown in figure 1). We collected survey and interview data from 10 activities, survey data only from eight activities, and interview data only from one activity. Nearly all activities implemented both nutrition-specific and nutrition-sensitive interventions. In addition, boxes 1–3 include pandemic-related adaptations and lessons learned shared by USAID Mission staff and implementing partners during webinars.

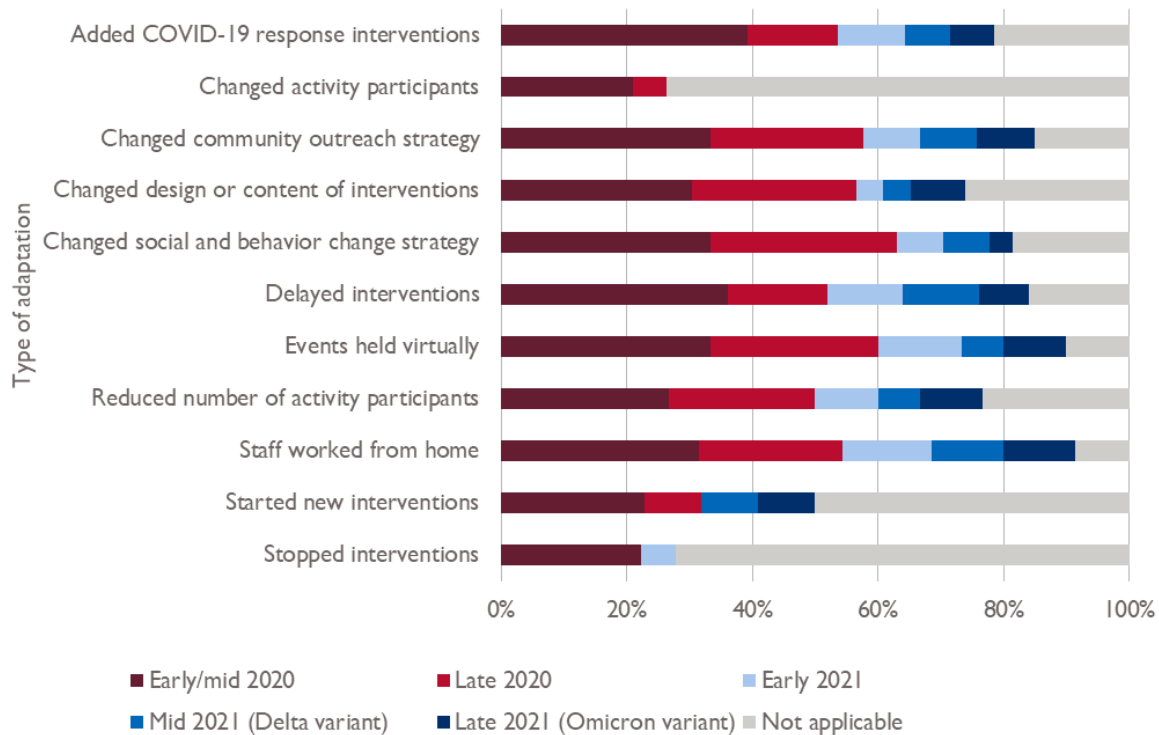
Figure 1. Nutrition Investments Reviewed



Common Adaptations

Figure 2 provides an overview of adaptations that implementing partners (IPs) made in response to the pandemic. Broadly, the most common adaptations fell into three categories which we describe further below—changed delivery platforms, added COVID-19 content, and adapted interventions to address new problems.

Figure 2. Adaptations in Response to COVID-19 Pandemic



Source: Online survey (n=18)

Changed Delivery Platforms

Given mobility restrictions and the need to reduce in-person contact, activity managers shifted meetings and trainings to **virtual platforms**. Organizations trained their staff to set up and use meeting applications such as Zoom. A few activities noted that they had to **adapt the content of training sessions** to deliver them digitally and to reduce the content because virtual training tends to be shorter than in-person training.

A simple but key adaptation used by several activities was to **reduce the size of group meetings**. Activities held smaller group meetings in line with COVID-19 precautions and implemented preventative measures like physical distancing, mask wearing, and handwashing during these in-person meetings. This adaptation allowed activities to continue implementation and still meet their pre-pandemic or slightly adjusted pandemic targets.

Activities reported the successful **adoption of a hybrid approach** as the pandemic restrictions eased. This included conducting training sessions and meetings in-person when it would be more effective than engaging virtually (e.g., participants with limited digital access) and conducting training or other events with virtual and in-person options for facilitators and participants.

Activities also had to adapt **nutrition screening and rehabilitation follow-up** efforts. The Graduating to Resilience activity in Uganda could no longer conduct nutrition screening in person. First, they tried using coaches to identify malnutrition based on caregiver reports of signs and symptoms; however, this approach was not able to effectively identify cases. They then shifted to a caregiver-led screening approach called family mid-upper arm circumference (MUAC) in which caregivers measure children’s MUAC to screen for malnutrition. This proved to help increase family awareness and involvement in nutrition screening and identify cases that may have otherwise gone undiagnosed.

Box I. Adaptations from Other USAID Nutrition Activities

Early in the pandemic, during a USAID Advancing Nutrition webinar¹ in 2020, several other USAID nutrition activities shared adaptations they had made, and reflected on factors that enabled programming to continue despite COVID-19 protocols restricting field staff movements. Adaptations considered critical to success included—

- Use a facilitative approach, working with existing community structures, and focus on building transformative and adaptive resilience capacities.
- Engage with trusted community radio stations, building on established relationships, to rapidly transition to sharing information about COVID-19 preventative measures. The messages addressed myths and rumors related to COVID-19 and modes of contamination. This information was reviewed and approved by a COVID-19 Task Force before broadcasting.
- Re-orient program funding—to the extent possible—emphasizing programming around agricultural production, food security, hygiene and safe drinking water, income generation, and health—considered essential services by many local and national government entities.
- Empower community change agents through distance training and tailored SBC communication interventions (radio, printed materials, megaphone dissemination). These interventions encouraged a high level of appropriation of community activities by these agents and the community groups they support.
- Collect and share data, photographs, and questions from frontline workers via email or WhatsApp or Facebook Messenger with district project offices. The data helped facilitate a rapid response by program managers and the development of appropriate mobile job aids for use in communities.

Beyond a switch to virtual meetings, IPs saw quickly that **utilizing social media and other digital platforms**, such as WhatsApp, was an important strategy to continue. They adapted digital implementation and experimented with nutrition and COVID-19 messaging through mobile phones and applications (apps). For example, in Cambodia, the Early Integrated Childhood Development Activity adapted the CommCare app was adapted to include a platform to provide digital messaging to communities who had access to mobile phones. This successful use of the CommCare app inspired the project team to share their experience with the host government with successful digital messaging that could potentially be adopted as a national tool for use throughout the country.

Added COVID-19 Content

When asked about the effect that the COVID-19 pandemic had on nutrition systems compared to other systems, many activity respondents replied that because households and communities had not prioritized nutrition, activities faced resistance during implementation. From their point of view, first prioritizing **COVID-19 messaging** would help target populations understand the potential impact of the pandemic, and then they could focus on strengthening nutrition services and improving nutrition outcomes. This meant utilizing a dual approach that combined nutrition messages with facts and figures about COVID-19 transmission and preventative measures. For instance, USAID Advancing Nutrition collaborated with UNICEF to create infant and young child feeding **images** that incorporated COVID-19 precautions to use in social and behavior change (SBC) materials. Activities also provided **messages on handwashing** even if they previously had no water, sanitation, and hygiene (WASH) component. It was

¹ USAID Advancing Nutrition. 2020, August 11 and 13. "Safeguarding Progress Towards Improved Nutrition During the COVID-19 Pandemic: USAID Partner Experiences." Accessed March 10, 2023. <https://www.advancingnutrition.org/events/2020/08/09/webinar-safeguarding-progress-towards-improved-nutrition-during-covid-19-pandemic>.

important to ensure that their audience understood the best practices in preventing COVID-19 transmission, as this was the immediate crisis.

Several nutrition activities **strengthened WASH programming** to help prevent the spread of COVID-19. Projet Victoire Contre la Malnutrition Plus in Burkina Faso prioritized COVID-19 prevention in their SBC strategy and provided demonstrations of Tippy Tap construction and handwashing. USAID Lishe Endelevu in Tanzania layered COVID-19 messaging as part of WASH promotion and other SBC interventions. They used radio to implement national and local SBC campaigns that included nutrition, WASH, and COVID-19 messages.

Adapted Interventions to Address New Problems

While activity respondents discussed the importance of continued implementation, it was also crucial that they **prioritize specific nutrition programming** to fit the current needs of their target groups at the time. This meant coming up with creative ways to discover and address what certain populations were experiencing and what issues they were facing. Breakthrough ACTION Nigeria looked at a life model approach. This involved sectioning off each target population by life stages (or age groups): adolescents, young women, women, etc. For instance, staff provided separate messaging to women early in their pregnancy from other pregnant women to isolate specific needs and identify what kind of messaging would best fit that group. The implementation team would then center messaging on early breastfeeding counseling, delivery in health facilities, the role of the partner during delivery, etc., allowing women to feel cared for and listened to. This became especially important during the pandemic, to ensure the language was targeted and specific enough to avoid COVID-19 messaging fatigue.

Promising Practices and Lessons Learned

Contingency and scenario planning can improve the response to unforeseen emergencies. Most activities did not report having contingency plans in place when the World Health Organization declared COVID-19 a global pandemic. Completing contingency and scenario planning appropriate to the project phase (e.g., beginning, middle, end) helped IPs assess the current situation and needs and determine how best to respond. It also helped them identify different options for how they could continue to respond as the pandemic evolved and situations changed. This was often a collaborative process involving USAID, which helped to ensure buy-in for adaptations.

When physical interactions were not possible, **digital platforms** were useful alternatives. Despite the challenges with connectivity, access, and learning new technology, in many cases, digital platforms were the only way for implementers to continue to carry out their activities. Based on respondent perceptions, digital platforms and apps can be an advantageous way for activities to facilitate implementation going forward.

Some implementing partners used a **training of trainers approach** in which individuals received training and then delivered that training to other individuals. While this is not a new approach, activities used it to engage non-traditional actors to continue implementation of capacity strengthening activities. In some cases, organizations provided training materials to trainees for their review before the training to minimize contact time and held training outside where possible.

Developing new and strengthening existing partnerships helped alleviate the burden of COVID-19 restrictions. Respondents also highlighted the importance of partnerships both at the community and government level. USAID Advancing Nutrition reported an example of a beneficial public-private partnership in the Kyrgyz Republic where providing free mobile services allowed implementers to offer their training free of charge online.

A few respondents attributed success of the activity outcomes to the **involvement of men**, especially in SBC-focused activities where men were encouraged to relay messages to the family and provide support for the adoption of key practices or behaviors. In Guatemala, the Coffee Value Chains Activity

highlighted the advantage of involving husbands who had to stay at home due to curfews. This activity included husbands/fathers in trainings to prepare nutritious recipes for their children. Reportedly, this led husbands to provide more support to their wives and had positive effects on decision-making about food purchases.

Box 2. How to Safeguard Food Security and Nutrition

The Board for International Food and Agricultural Development (BIFAD), a presidentially appointed advisory board to the U.S. Agency for International Development (USAID), convened meetings in June² and September 2020³ to share the thinking of leading experts about the impacts of COVID-19 on food security (e.g., agricultural productivity, markets, and trade) and nutrition based on emerging evidence and USAID Mission and implementing partner experiences.

Discussions emphasized the need to—

- **Focus on the food supply chains.** Keep markets open by creating “green channels” for the movement of food and agricultural inputs. Ensure distributed inputs and food do not block activities that the private sector is best placed to undertake.
- **Prioritize safety.** Ensure small and medium-scale enterprises can continue producing, processing, and delivering food and employing people by providing training, encouraging social distancing, and improving health infrastructure. Distribute simple technologies for controlling food safety (e.g., disinfectant, cutting boards for meat, and safe containers for milk).
- **Consider incentivizing improvements to infrastructure and safety to maintain operations while keeping workers healthy.** For more informal enterprises in wet markets, distribute simple technologies for controlling food safety; provide water for handwashing; more health information; and personal protective equipment to allow trading to continue. Encourage social distancing and ensure adaptations are gender-sensitive.
- **Support groups vulnerable to malnutrition and crises.** Prioritize women and marginalized groups for relief programs.
- **Include food and agriculture policy actors in guiding post-COVID-19 responses** with disaster management or health ministries. Encourage greater involvement of the private sector and the research community.
- **Facilitate the collection of data and evidence** to better understand the complexities of food supply chains. This can support government and donor interventions to address COVID-19 and future crises; guide the development of more resilient food supply chains; and protect incomes.
- **Work with smallholders with innovations and investments to enhance productivity and resilience.** Resolve liquidity problems (including guaranteed bank loans to reduce risk), and explore e-commerce opportunities. Optimize planting (e.g., crop calendars), harvesting, and storage (e.g., drying, cooling, and storage facilities).
- **Scale up community-based health and nutrition services.** Adopt new technologies and embrace adaptive management.

Using **hybrid methods** can take advantage of the positives of both in-person and digital communication and applications. Hybrid methods can allow activities to make use of the efficiency of virtual methods while prioritizing in-person connections when they will be most useful. For example, participants can gather in person for training with some attendees in their area, while connecting virtually with other

² BIFAD (Board for International Food and Agricultural Development). 2020a, June 4. *181st Public Meeting: Food Security and Nutrition in the Context of COVID-19: Impacts and Interventions*. Washington, D.C.: USAID.

³ BIFAD (Board for International Food and Agricultural Development). 2020b, September 14. *182nd Public Meeting: COVID-19 and Nutrition: Impacts, Field Innovations, and the Way Forward*. Washington, D.C.: USAID.

groups and trainers. This approach can use fewer resources, reach more participants, and different communities can participate in training sessions together.

The Graduating to Resilience Activity in Uganda implemented family MUAC to conduct **nutrition screening**. The approach was so useful that they want to continue using it even in non-crisis situations. The Cambodia Integrated Early Childhood Development Activity also included family MUAC during a child-screening module. The goal of this screening was to identify children who were malnourished and connect their families to health providers.

Considerations for Adaptive Management

Most activities made multiple types of adaptations in response to the COVID-19 pandemic that affected the activity as a whole. Approximately half of the activities surveyed made a few types of adaptations only for nutrition components. The types of adaptations that activities made evolved to some degree over the course of the pandemic and activities implemented fewer types of adaptations in 2021 compared to 2020. Activities were largely able to continue implementation despite often strict and far-reaching restrictions because of changes to delivery strategies. Most activities met their targets. We include here some considerations for USAID and implementing partners.

For USAID

Planning and budgeting: Work with IPs during contract/agreement and work plan development to create contingency funds and emergency preparedness plans with the expectation that another crisis will occur, such as future pandemics or climate-induced crises. The contingency or flexible funds, such as crisis modifier agreements, could be available for use to directly respond to the crisis (e.g., by purchasing personal protective equipment); help mitigate the crisis (e.g., by sharing public health messages); and help respond to issues exacerbated by the crisis (e.g., by providing micro-loans, direct cash support, agricultural inputs). Work closely with the IPs to jointly develop adaptation and response plans. Missions can also consider providing guidance to IPs on how to develop these plans.

Implementation: Maintain open, consistent lines of communication with IPs to provide guidance on crisis response and up-to-date information on how the crisis is evolving. Coordinate country-level platforms for IPs to help facilitate information sharing and collaboration on responses. Provide work plan and budget flexibility to IPs to pilot and assess innovative practices as they respond and adapt to crises.

Monitoring, evaluation, and learning: Document and share learning and success stories during crises to help activities learn from each other, boost morale during the crisis, and improve crisis response in the future. Work with IPs to adjust activity targets and indicators in line with emerging implementation issues and nutrition and food-related constraints.

For Implementing Partners

Planning and budgeting: Use rapid assessments and routine scenario planning to identify needs, entry points, and potential needs for pivoting activities to address nutrition-related issues during crises. Remain attentive to context changes and continually revisit and adjust adaptations as needed. Stay in close communication with USAID and local authorities, as their interest and buy-in in the activity and adaptations is critical to obtain approval for new or adjusted activities to continue to operate in emergencies. Plan crisis response collaboratively with USAID, implementing partners, and local governments.

Implementation: Develop strategic partnerships with private sector actors to help address emerging market constraints or breakdowns and to fill gaps in public- or donor-funded service delivery. Make feasible adaptations, even if relatively small (e.g., reducing the size of group meetings), as they can meaningfully reduce risk and enable continued implementation. Use training of trainers and cascade approaches to involve trusted community-level or other non-traditional actors in capacity strengthening

interventions who can continue to work during crises when staff cannot. Conduct meetings and training sessions virtually or using hybrid approaches as useful, feasible alternatives to in-person events. Strengthen investments in both traditional/community media and social media to efficiently reach community members, market actors, and stakeholders during times when restrictions constrain in-person contact. Use, adapt, repurpose, and expand existing digital applications to engage and connect farmers and market actors to continue technical assistance and market facilitation work when in-person contact is not feasible. Use social media or messaging platforms, such as WhatsApp, to share nutrition-related information, engage with community members, and follow-up with caregivers when in-person contact is not feasible. Use social media platforms or virtual meeting applications to conduct supportive supervision with nutrition service providers when in-person visits are not possible. Connect nutrition-focused issues with basic needs and livelihoods issues in SBC interventions to maintain participants' interest and engagement in activities amid crisis-induced challenges.

Monitoring, evaluation, and learning: Virtual/digital data collection, while challenging, can be a useful strategy to collect data for planning, monitoring, or evaluation purposes when in-person data collection is not advisable. Document and share learning from the adaptations—even if the crisis first appears to be short lived—to support continued activity adaptation and help build the evidence base about what works to adapt nutrition programming in crises. This can include compiling real-time updates of pivots to address the crisis, to routinely share with government and other stakeholders coordinating crisis response.

Box 3. Lessons Learned and Considerations from Other USAID Nutrition Activities

During the USAID Advancing Nutrition webinar,⁴ the Suaahara II Project in Nepal and the Integrated Community Agriculture and Nutrition Activity in Uganda shared multiple lessons learned that aligned with the insights shared by other USAID nutrition activities. Recommendations include the need to—

- Prioritize timely frontline worker support and ensure linkages with other available services.
- Create opportunities to listen to and learn from client populations that often have valuable perspectives and unique and tangible solutions to share.
- Invest in quality SBC communication programming strategically designed to reach large and diverse audiences through appropriate platforms, with targeted messages using community radio, megaphones for door-to-door engagement, and short message service broadcasting—including to key champions—private sector service providers, village health team members, and community leaders.
- Embrace digital innovations (apps) that can quickly reach large numbers of program participants.
- Intensify efforts to identify and reach out to marginalized families who are often reluctant or unable to engage with service programs.
- Respond more effectively to the changing epidemic by maximizing the use of existing program data that informs and facilitates decision-making.

⁴ USAID Advancing Nutrition 2020



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March 2023

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

This document is made possible by the generous support of the American people by U. S. Agency for International Development. It was prepared under the terms of contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.