

Tackling malnutrition in a pandemic era: A renewed commitment to action for nutrition in India

July 27, 2020

Background

Through this renewed **Commitment to Action**, we, a broad range of stakeholders working on nutrition in India, have joined forces to ensure that a strong focus is maintained on nutrition during these unprecedented times, as the country grapples with the short- and long-term shocks of COVID-19 pandemic. In the current crisis, where malnutrition can affect the course of the pandemic, it becomes even more pertinent to address it with multi-pronged and multisectoral actions.

This Commitment to Action builds on previous consensus statements among the nutrition community in India: the “**Leadership Agenda for Nutrition**” (2008) and “**An Action Agenda for Nutrition Security in India**” (2014). Both these were released by the Coalition for Food and Nutrition Security and supported the design of POSHAN Abhiyaan, India’s National Nutrition Mission, in 2018.

COVID-19 and the associated policy responses to contain the virus and protect the population from its health effects have already triggered impact pathways that can affect previous gains in malnutrition in India. The economy has been affected, with losses to income and food security. In addition, pandemic-related changes need to be made to health and nutrition services, education, and other programs, such as the school meals and food and cash safety net schemes. Though efforts to protect public health and keep services moving are underway, we anticipate that the range of changes can have dramatic impacts on the progress India has made in addressing malnutrition, since the launch of POSHAN Abhiyaan in March 2018.

Protecting the progress made on nutrition in India will, therefore, require continued leadership, attention, financing and commitment at all levels and across society. There is no time to lose because women are pregnant today, babies are being born every single day and many more, including adolescents, are in sensitive periods of physical and mental development. COVID-19 is likely to be with us for a long time and we need to plan accordingly.

Commitment to Action

We have come together with this **Commitment to Action** to move forward in a concerted, coordinated and effective manner to achieve nutrition security in the context of the COVID-19 pandemic.

We recommend the following areas for immediate and sustained action to support and further strengthen actions on nutrition security in times of COVID-19. These are essential to maintain and indeed, accelerate, India’s progress on malnutrition.

KEY AREAS FOR URGENT ACTION

1. **Sustain leadership for food and nutrition security** within the Prime Ministerial and Chief Ministerial Offices and District Magistrates and Panchayats to ensure that POSHAN Abhiyaan is implemented as planned till 2022, and extended till 2025, with ambitious targets and accompanying actions.
2. Ensure **uninterrupted universal and high-quality coverage** of selected evidence-informed essential nutrition interventions, with a special focus on children under two years of age, pregnant women and adolescent girls.
3. Ensure **adequate financing** to deliver at scale the essential nutrition interventions with active attention to equity.
4. Accelerate efforts during the crisis to address food security, including **dietary diversity** and access to **adequate micronutrients, primary health care, safe drinking water, environmental, household sanitation** and **address gender issues** pertaining to women's education and delaying age of conception.
5. Retain **nutrition as a development indicator** and continue to **invest in data systems** for periodic data-driven updates on the state of food and nutrition security as the COVID-19 crisis evolves.
6. Leverage the current COVID-19 scenario to emphasize a **collective multisectoral approach** and **strengthen holistic systems for nutrition** – food systems, health systems, social protection systems and community systems.

India's nutrition journey has witnessed recent successes in strengthening nutrition programming and improving nutrition for the most vulnerable. **These achievements are too important to be derailed by a crisis like COVID-19.** The policy actions taken in response to the changed circumstances during this pandemic will shape India's course on malnutrition for years to come.

We, a diverse range of nutrition stakeholders working on areas of technical and implementation support, research and advocacy, pledge our renewed **Commitment to Action** for supporting efforts by the government and all of society in response to this unprecedented challenge. We will aim to support the Government of India and all the key nutrition stakeholders at all levels in India around these key areas for action.

Specific actions around the six core commitments to nutrition

<p>1. Sustain leadership for food and nutrition security within the Prime Ministerial and Chief Ministerial Offices and District Magistrates and Panchayats to ensure that POSHAN Abhiyaan is implemented as planned till 2022, and extended till 2025, with ambitious targets and accompanying actions.</p>	
<p>What are the essential commitments?</p> <ul style="list-style-type: none"> • Renew focus on pace and quality of implementation and ongoing reviews of POSHAN Abhiyaan at all levels. • POSHAN Abhiyaan to strengthen its focus on food, income and nutrition security. • Oversee the development and implementation of national, state, district and block level action plans to ensure full coverage of quality food, health and nutrition services and monitor progress at least twice a year. 	<p>Why are these needed?</p> <ul style="list-style-type: none"> • POSHAN Abhiyaan is an example of the power of leadership for nutrition. • Strong leadership – at all levels – is essential in the COVID-19 context to ensure that no Indian is deprived of right to adequate nutrition services and that India continues to make progress towards the Sustainable Development Goals. • Unless leadership at the highest levels calls for it, the focus on nutrition is often lost or missed in a discourse at all levels.
<p>2. Ensure uninterrupted universal and high-quality coverage of selected evidence-informed essential nutrition interventions, with a special focus on children under two years of age, pregnant women and adolescent girls.</p>	
<p>What are the essential commitments?</p> <ul style="list-style-type: none"> • Innovate in program delivery related to the behaviour change interventions, e.g. phone calls, WhatsApp video calls, chat groups and intensified mass media for sustained and systematic messaging for evidence-based interventions. • Ensure that program adaptation guidance in the context of COVID-19 safeguards the access to nutritious, adequately fortified and age appropriate food transfers, micronutrient supplements and key maternal and infant and young child feeding messages and services through the Integrated Child Development Services and National Health Mission. • Ensure smooth delivery of cash transfers under the Pradhan Mantri 	<p>Why are these needed?</p> <ul style="list-style-type: none"> • Everyday 80,000 Indian women give birth, 50 million children under-two years of age need to be breastfed and millions of adolescent girls need nutritional attention. • Through these critical periods of growth and development, these vulnerable groups need strong support for good nutrition. • This can only be assured through continued efforts to deliver the POSHAN Abhiyaan interventions at scale.

<p>Matru Vandana Yojana and other schemes; consider additional cash transfers.</p> <ul style="list-style-type: none"> • Implement adolescent nutrition actions through different program platforms. • Promote special services like creche facilities for children under two years. • Ensure that child growth is monitored and children with severe acute malnutrition are connected to facility and community-based interventions. The services of Nutrition Rehabilitation Centres need to be retained and enhanced. • Support frontline workers with adequate personal protection equipment so that they are able to deliver essential nutrition services safely. Encourage them with additional incentives, like insurance and recognition, and engage the local governance bodies and elected representatives to support the frontline workers. • Promote effective convergence such that high-quality essential nutrition interventions in ICDS <i>and</i> health services reach all women, children and households at the right time. 	
<p>3. Ensure adequate financing to deliver at scale the essential nutrition interventions with active attention to equity.</p>	
<p>What are the essential commitments?</p> <ul style="list-style-type: none"> • At minimum, retain the current year financial allocations for nutrition in the Ministry of Health and Family Welfare and the Ministry of Women and Child Development. <ul style="list-style-type: none"> ○ Modify POSHAN Abhiyaan budget planning and expenditure frameworks to address any existing gaps and 	<p>Why are these needed?</p> <ul style="list-style-type: none"> • Delivering high impact health and nutrition interventions will require continued financing. • Financing for full coverage of essential interventions is about 38,000 crore INR annually, split between relevant ministries. • Additional financing will now be needed to address underlying issues such as food and

<p>the new adaptations with reduced person-to-person contact and increased digital engagement.</p> <ul style="list-style-type: none"> ○ Budget at scale to ensure that vulnerable groups are not left out. • Ensure ring-fencing and release of over Rs. 7000 crore as determined by the 15th Finance Commission as additional grants for nutrition. • Accelerate fund releases to states to ensure that there are no delays. <ul style="list-style-type: none"> ○ Underutilization of funds under POSHAN Abhiyaan is still a challenge. Hence, focus attention on fiscal flows, with clear guidance from state and national levels to encourage decentralization of decision-making. • Identify and address the main causes of low expenditure under POSHAN Abhiyaan. • Ensure that adequate resources are earmarked for the especially vulnerable and often underserved populations, including women and children in informal slum areas, migrants, living in tribal areas, aspirational districts and other districts with significantly higher malnutrition rates. 	<p>income security. These can and must be nutrition sensitive.</p> <ul style="list-style-type: none"> • Increasing coverage efforts, in general, will not automatically ensure equity; special financing is needed for vulnerable groups.
<p>4. Accelerate efforts during the crisis to address food security, including dietary diversity and access to adequate micronutrients, primary health care, safe drinking water, environmental, household sanitation and address gender issues pertaining to women’s education and delaying age of conception.</p>	
<p>What are the essential commitments?</p> <ul style="list-style-type: none"> • Pay urgent attention to food security, dietary diversity, targeted fortification of staple foods (market and social schemes), social protection, economic 	<p>Why are these needed?</p> <ul style="list-style-type: none"> • COVID-19 and the associated economic impacts can affect underlying household drivers of malnutrition, especially food security, gender issues, education, early

<p>support, gender, and financial inclusion.</p> <ul style="list-style-type: none"> • Universalize access to a more diversified and nutritious food basket beyond cereals in the public distribution system during crisis, make easy mechanisms for identification of beneficiaries and tracking of food given, with special focus on migrants and urban poor. • Initiate and strengthen procurement, quality assurance and regulatory systems to procure and distribute quality assured foods staples like edible oil and salt, fortified with vitamins and minerals (A, D, iron, folic acid, B-12) in social safety net programs. Allocate resources to ensure procedures, capacities and compliance for local procurement and distribution are in place at state level. • Explore ways to address the challenges of keeping girls in school and delaying early marriage or early childbearing. • Ensure that the mid-day meal program benefits continue uninterrupted even if school services are disrupted. • Ensure the effective convergence of multiple interventions, like essential nutrition, health and social protection services, on the same household, same woman, same child. 	<p>marriage and more. Evidence from successful nutrition cases outside and within India highlights that these underlying determinants are essential to driving successful declines in undernutrition.</p> <ul style="list-style-type: none"> • Safeguarding these priorities will ensure that children born into a post-COVID-19 world are protected from malnutrition. • Disruptions in food supply chains, have most severe consequences for safe nutritious foods which tend to be most perishable. Sustaining and accelerating momentum on ensuring dietary diversification along with staple food fortification where required, will ensure micronutrient deficiency gaps in the population, and especially vulnerable groups do not increase. • Address non-uniform compliance of guidelines for fortifying staples in public nutrition schemes to make fortified staples safe, standardized and sustainable. • Undertake a comprehensive review of micronutrient supplementation schemes before rolling out universal fortification.
<p>5. Retain nutrition as a development indicator and continue to invest in data systems for periodic data-driven updates on the state of food and nutrition security as the COVID-19 crisis evolves.</p>	
<p>What are the essential commitments?</p> <ul style="list-style-type: none"> • Strengthen data efforts to track major drivers of malnutrition, including changes in the coverage, continuity, intensity and quality of interventions, in the short and medium terms. 	<p>Why are these needed?</p> <ul style="list-style-type: none"> • Understanding the range of impacts of COVID-19 and associated policy actions on the drivers of malnutrition will help inform mitigation efforts. • Data systems to track impacts along the pathway can help identify areas where

<ul style="list-style-type: none"> • Review insights from data mechanisms to support strategic actions for nutrition at all levels. • Strengthen systems for data collection and especially regularly reporting on coverage of essential services and nutritional status, including using HMIS, NFHS and ICDS-CAS. • Develop an understanding among various stakeholders around duration and efforts needed to bring about the changes in nutrition status. 	<p>urgent actions are needed on program coverage or on addressing different underlying or immediate determinants of malnutrition.</p> <ul style="list-style-type: none"> • Many of POSHAN Abhiyaan efforts will take time and sustained effort to yield results; understanding this is essential to keep the momentum going.
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6. Leverage the COVID-19 scenario to emphasize a collective multisectoral approach and strengthen holistic systems to support better nutrition – food systems, health systems, social protection systems and community systems.

<p>What are the essential commitments?</p> <ul style="list-style-type: none"> • Build on the ongoing work by nutrition community to assess systems challenges in all states and districts and in all sectors supporting nutrition. • Accelerate maintain and expand POSHAN Abhiyaan actions related to systems strengthening (technology, training, human resource gaps, convergent planning and reviews and others). • Prioritize measurement and improvement of the quality of POSHAN Abhiyaan activities. • Bring together partners who can support systems strengthening in different geographies, including a focus on supply chain management, supportive supervision and strategic use of data at the local level. 	<p>Why are these needed?</p> <ul style="list-style-type: none"> • Current delivery of health, nutrition, food and social sector interventions are hampered by a range of systems challenges. • There is limited emphasis and insight on the quality of delivery of interventions at this time. • Addressing these systems challenges is important, both to respond to COVID-19 and to sustain delivery of non-COVID essential interventions.
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