**182nd BIFAD Public Meeting**

***COVID-19 and Nutrition:***

***Impacts, Field Innovations, and the Way Forward***

**Meeting Minutes**

**Monday, September 14th, 2020 – 10:00 AM to 12:30 PM EDT**

# BIFAD Members:

Mark Keenum, Board Chairman, President, Mississippi State University Pamela K. Anderson, Director General Emerita, International Potato Center Brady Deaton, Chancellor Emeritus, University of Missouri

James Ash, Food and Agribusiness Group Head, Husch Blackwell Richard Lackey, Founder and Chairman, World Food Bank Gebisa Ejeta, Distinguished Professor, Purdue University

# Speakers:

Jim Barnhart*, Assistant to the Administrator, Bureau for Resilience and Food Security and Deputy Coordinator for Development for Feed the Future*

John Barsa*, Acting Administrator, U.S. Agency for International Development (USAID)* Saskia Osendarp*, Executive Director, Micronutrient Forum*

Laura Birx (Moderator)*, Deputy Director, Strategy, Planning, and Management, Agricultural Development, Bill and Melinda Gates Foundation*

Brent Wibberley*, Global Director, Food Processing, TechnoServe*

Clement Bwalya*, Deputy Chief of Party, USAID Scaling Up Nutrition Technical Assistance (SUN TA), Zambia, DAI*

Dennis Karamuzi*, Chief of Party, Feed the Future Orora Wihaze, Rwanda, Land O’ Lakes Venture 37*

Vivienne Forsythe*, UNICEF Nutrition Manager, Yemen*

Pooja Pandey Rana*, Deputy Chief of Party, USAID Suaahara II, Nepal, Helen Keller International*

Shawn Baker*, Chief Nutritionist, USAID*

Patrick Webb, Director*, Feed the Future Innovation Lab for Nutrition, Tufts University*

# Board Member Introductions and Opening Remarks:

*Mark Keenum, President, Mississippi State University and Chair of BIFAD*

Dr. Mark Keenum called the meeting to order and explained the role of BIFAD. BIFAD members introduced themselves. Dr. Keenum mentioned that the purpose of the meeting was to discuss how the global community can work together to protect and advance nutrition outcomes across sectors during the COVID-19 response and recovery. Dr. Keenum mentioned that over 1,300 individuals had registered for the meeting and encouraged active participation. He then introduced Dr. Jim Barnhart, Assistant to the Administrator, Bureau for Resilience and Food Security in USAID and Deputy Coordinator for Development for Feed the Future, who would be presenting along with USAID Acting Administrator, John Barsa.

# Opening Remarks:

*Jim Barnhart, Assistant to the Administrator, Bureau for Resilience and Food Security and Deputy Coordinator for Development for Feed the Future*

*John Barsa, Acting Administrator, U.S. Agency for International Development (USAID)*

Dr. Barnhart said this is a very timely issue, and he expressed appreciation for the ability to tap into BIFAD’s deep knowledge of these issues to assist USAID in thinking through the challenges ahead. Among the recommendations of BIFAD’s last meeting in June 2020 was the idea of highlighting the importance of research and surveillance of global diseases that will help USAID inform early action.

Dr. Barnhart announced the Bureau for Resilience and Food Security’s intent to support a new research effort that will impact and assist in adapting to unforeseen circumstances, a new Feed the Future Innovation Lab for current and emerging threats to crops. This will build on the strong record of achievement by the Feed the Future Innovation Lab for Integrated Pest Management. Additionally, this will open new avenues for universities and research partners in the United States and partner countries to develop new solutions to major threats to food systems, including nutrition. The impacts of recent emerging threats to crops are evident, including wheat stem rust, fall armyworm, and desert locusts. With BIFAD’s support and by working with the community, the new and very timely Innovation Lab will be developed.

Dr. Barnhart then introduced pre-recorded remarks from John Barsa, USAID’s Acting Administrator, who had encouraged BIFAD to convene and project the best, most timely evidence on nutrition in the context of COVID-19.

Acting Administrator Barsa shared remarks on USAID’s approach to nutrition as COVID-19 threatens to reverse gains. He expressed appreciation for BIFAD’s role in supporting and advising USAID, noting the value of BIFAD’s insight to avoid insular thinking. USAID has been a champion of improved nutrition for mothers and children in the developing world for 60 years. In 2019 alone, USAID reached 27 million children with nutrition assistance. This includes efforts in Liberia, where in the past year, over 33,000 children were screened for acute malnutrition at the community level. In addition, in the past year in Nepal, almost 12,000 front line health workers were trained to provide integrated nutrition services in the country's most vulnerable districts.

Acting Administrator Barsa explained that USAID invests in nutrition for two primary reasons. First, almost half of deaths among children under five years of age are attributable to undernutrition. Second, for children who do survive, malnutrition can still undermine children’s cognitive and physical development and threaten their ability to prosper and lead fulfilling lives. Undernourished children suffer from impaired physical development and negative cognitive effects as they grow older. This can prevent entire communities from progressing along their journey to self-reliance.

COVID-19 threatens to undo much of the progress made. Acting Administrator Barsa pointed out that the pandemic is not just a health crisis; it represents a fundamental threat to the way families feed their children. New analysis suggests that an additional 6.7 million children may face deadly effects of malnourishment, meaning that 128,000 children could die this year alone. He stressed that these are only the first round of projections, and further analysis is underway.

USAID has long understood that the virus itself is only the tip of the iceberg, and that the spread of COVID-19 is disrupting the systems that deliver life-saving assistance and is creating potentially devastating long-term impacts. Because of this, USAID has initiated an Over the Horizon Strategic Review. An Executive Steering Committee has been established to drive the initiative, and the committee is directly supported by a small group of technical experts from across the agency. This team is focused on preparing USAID to meet the challenges of a world altered by COVID-19. This committee will assist in fully understanding the current landscape, including how COVID-19 has changed the way the world operates. USAID will adjust its programming accordingly, with the goal of increasing the flexibility and adaptability of its programs and focusing on second-order impacts.

Acting Administrator Barsa expressed determination that the legacy of the pandemic will not be a generation of children who have lost their lives to malnutrition. He thanked all in attendance for their commitment to this important goal.

Dr. Keenum agreed that COVID-19 is changing the landscape for all, and especially in global food security. He then introduced Dr. Saskia Osendarp, the executive director of the Micronutrient Forum.

**Emerging Evidence: What Are We Learning and What Does It Mean for Our Response?**

*Saskia Osendarp, Executive Director, Micronutrient Forum*

Dr. Osendarp expressed her pleasure in attending the meeting and in presenting the work of the Standing Together for Nutrition Consortium modeling the impacts of COVID-19 on malnutrition.

Dr. Osendarp explained that from the beginning of the pandemic, it was clear that COVID- 19 imposes a triple threat on malnutrition; it is an economic crisis combined with a food systems crisis and a health systems crisis. The economic crisis causes incomes to fall and food prices to rise, whereas the food systems crisis affects the availability of nutritious foods in retail and markets. It also affects food supplies, the demand for food, and the supplies of premixes that are required to fortify foods. In addition to this, there is the health systems crisis. There is disruption in the delivery of essential health and nutrition services and supplies due to the mitigation measures to combat COVID-19.

These issues are affecting the underlying drivers of malnutrition, including nutrition and food insecurity, access to nutritious foods, empowerment of women, and the coverage of nutrition-specific interventions, which will impact all forms of malnutrition. This will in turn have an impact on the morbidity and mortality and will have costs to societies in the future for years.

Focusing on the economic crisis, Dr. Osendarp relayed that child malnutrition is strongly correlated with GDP per capita, such that countries that have a lower GDP per capita tend to have a higher prevalence of child malnutrition and stunting. Early estimates from the World Bank and International Monetary Fund in April projected that on average, a 7.9% decline in global GDP would be seen due to COVID-19.

The food systems crisis particularly affects the availability of nutritious foods. Nutritious foods are rich in the micronutrients, vitamins, and minerals essential to the body for growth and development and include animal-source products (e.g., meat and dairy), fruits, and vegetables. The production of these foods is more labor-intensive and therefore more impacted by social distancing due to difficulties in laborers traveling to the field for harvest or factory workers traveling to factories to produce foods. Additionally, these foods are also more perishable and food waste when markets are disrupted. These foods are also more expensive and as a result are the first to be eliminated from a household’s diet when incomes fall due to the tendency to sacrifice the intake of nutrients to maintain caloric intakes.

Dr. Osendarp pointed out that this chain of events is being seen currently through monitoring data coming in. She shared data from Addis Ababa, Ethiopia relating to dairy consumption showing that in all income quintiles, except for the richest, there is a reduction in the consumption of dairy products in May 2020, during the lockdown phase, as compared to January and February of the same year pre-COVID-19.

During COVID-19 lockdowns and when social distancing practices are in place, there are implications for the delivery of essential nutrition services. Recent reports suggest that some countries are now proactively employing mitigation strategies to restore and increase the delivery of these services. On the other hand, data from June 2020, received from UNICEF in rapid situation tracking reports suggest that on average, countries see a reduction of about 30% in the coverage of the delivery of these essential nutrition services. This includes the delivery of high-dose vitamin A supplements, multiple micronutrient supplements or iron folic acid supplements during antenatal care to pregnant women and the promotion of breastfeeding and good infant-feeding practices.

Dr. Osendarp noted that the complexity of the COVID-19 situation is reflected in the Standing Together for Nutrition Consortium. This is a collaboration that brings together experts from the fields of nutrition, food systems, and health systems to work together to estimate the combined impact of COVID-19 on diets and all forms of malnutrition and produce a unified set of recommendations on how to mitigate the damage of COVID-19 on malnutrition and rebuild more successfully.

The consortium is a multi-disciplinary research consortium that currently consists of 55 core group members representing 35 organizations worldwide. It’s led by the GAIN and Micronutrients Forum and was initially set up informally by a group of nutrition and food professionals who were very concerned of the impact the pandemic would have on Sustainable Development Goal 2, our efforts to eliminate hunger and all forms of malnutrition by 2030. The consortium felt it was important now more than ever to tackle malnutrition and to speak with one voice on making this happen.

The initiative has adopted a very inclusive approach. In addition to the core group members, there are currently more than 590 individuals from the research program and implementation communities from all regions of the world, who have signed a call to action, and this number continues to increase daily. These individuals are committed to greater collaboration to share data and strengthen data models and teams and work together to inform global advocacy efforts with evidence. The ultimate aim of this work is to ensure increased investments in and political commitments to nutrition, especially in light of the preparations for the Food Systems Summit and Nutrition for Growth Summits that will take place in 2021 and ensure that the potential impacts of COVID-19 on malnutrition will not become reality.

Dr. Osendarp then outlined that the consortium has brought together different approaches to model the combined economic food and health systems disruptions on malnutrition.

MIRAGRODEP, a modeling tool hosted by IFPRI, is able to look at the individual country projections on the impact of COVID-19 on national incomes as well as model the impact of COVID-19 on food prices and consumption of different food groups across the world.

LiST, the life-savings tool hosted by Johns Hopkins University, then uses this data to model best-, worst-, and average-case scenarios for disruption to the coverage of health and nutrition services due to COVID-19 for individual countries. This is done on various nutritional outcomes including child wasting, child stunting, maternal anemia, maternal BMI, birth outcomes and mortality of children under the age of five. Additionally, the economic impacts and food systems disruption scenarios data are used to calculate changes in the percentage of individuals who can no longer afford a healthy diet due to COVID-19. OPTIMA, a modeling tool hosted by the World Bank, then uses this data to identify cost of inaction and provides an optimized package of interventions to help mitigate these effects on child stunting and mortality, particularly focusing on interventions that are targeted at children.

Dr. Osendarp presented The Standing Together for Nutrition Consortium’s two publications on child wasting. One publication is a commentary that provides estimates of the combined economic and health systems disruptions due to COVID-19 on child wasting. The other publication is a call to action on COVID-19 and child malnutrition, which was authored by the leaders of four UN agencies: UNICEF, the World Food Programme, the World Health Organization, and the Food and Agriculture Organization.

The combined economic and health systems impact could result in an additional 6.7 million children who could become wasted in 2020. This represents an increase of 14%. Prior to COVID-19 in 2020, there were 47 million children under the age of five who were wasted, and COVID-19 could increase these numbers to 54 million wasted children by the end of 2020. According to UNICEF, these are increases that the world has not seen in the past 20 years. This would mean that all the progress that has been made in the last two decades could potentially be lost if action is not taken by the end of the year.

Additionally, this combined increase in wasting, which is an important cause of death among children under five in lower middle-income countries, and the projected changes in coverage of nutrition and health services could result in around 130,000 additional deaths, with 80% of these deaths in sub-Saharan Africa and South Asia. This translates to 10,000 additional children per month due to malnutrition because of COVID-19.

Dr. Osendarp reminded all that COVID-19 will continue longer than originally anticipated and with this, other forms of malnutrition will increase. Increases are anticipated in the prevalence of stunting (i.e., chronic malnutrition), micronutrient deficiencies, overweight, adverse maternal nutritional outcomes, at-risk birth outcomes, and lives lost.

The consortium is therefore working on an upcoming piece of work with new results that will model the impact of COVID-19 for several other diet and nutritional outcomes, including: child stunting, child wasting (updated estimates with new projections on economic impact of COVID-19), anemia during pregnancy, low BMI during pregnancy, the percentage of the population that cannot afford healthy diets, and child mortality. These estimates will include pessimistic, moderate, and optimistic scenarios based on different projections for changes in income and changes in the coverage of essential nutrition services for the remainder of 2020 through to 2022. The model will also develop costed recommendations on how to mitigate and build back better.

Dr. Osendarp regretted she cannot yet present any numbers today for this new work as it is still in progress, but noted that from the current preliminary analysis, COVID-19 is impacting all forms of malnutrition until 2022, and these effects are fairly large. These results point to the need for a strong call to action by the four previously noted UN agencies. A minimum of $2.4 billion USD will be required based on four immediate life-saving preventions. These include the prevention of wasting in at-risk children, the treatments for children who are wasted by the continuation and expansion of annual vitamin A supplementation programs for children under the age of five, and the expansion of mass campaigns to promote breastfeeding.

These needed funds are needed to prevent additional child deaths in 2020. To build back better and to protect children's rights to nutrition in the COVID-19 pandemic, five other urgent actions were also recommended. These include safeguarding and promoting access to nutritious, safe, and affordable diets that children and their families consume. This is possible by ensuring that, despite mobility restrictions during the pandemic, foods can still reach the markets and by providing vouchers to low-income families to ensure access to nutritious foods is maintained. Additionally, investments in improving maternal and child nutrition through pregnancy, infancy, and early childhood and maintenance and safe delivery of essential services such as vitamin A supplementation and maternal micronutrients supplementation during pregnancy are needed. Reactive and scale-up services for the early detection and treatment of child wasting and maintaining the provision of nutritious and safe school meals for vulnerable children even in situations where schools are closed are also needed. Finally, expansion of social protection programs to include the access to nutritious diets and essential nutrition services for poor families is also recommended. These five other urgent actions are important because the COVID-19 crisis affects pregnant mothers and children in the first years of life.

Dr. Osendarp concluded that malnutrition in the early life has implications for these children for next generations as well. To avoid this crisis becoming a legacy for future generations, immediate action is required. When these children are well nourished early in life, the ability to do well in school and have a productive life as an adult and to earn a decent income is realized, which can affect a country’s GDP 30 years later.

Dr. Keenum thanked Dr. Osendarp for her presentation and for highlighting the stark impact that COVID-19 is having, especially on children. He contrasted that it is pleasing to hear about the nutrition consortium, which is bringing together experts from various global agencies in nutrition, food, and health systems. Dr. Keenum expressed confidence that this inclusive and collaborative approach will address these critical issues going forward towards 2022.

Dr. Keenum then introduced Ms. Laura Birx, the moderator for the panel discussion.

# Country Perspectives: How USAID and Partners Are Pivoting Implementation Approaches to Protect Nutrient Outcomes

*Moderator: Laura Birx, Deputy Director, Strategy, Planning, and Management, Agricultural Development, Bill and Melinda Gates Foundation*

Ms. Laura Birx introduced the panel discussion, and then introduced the first speaker, Brent Wibberley, Global Director, Food Processing, TechnoServe.

# COVID-19 Challenges and Responses in Support of Food Processors

*Brent Wibberley, Global Director, Food Processing, TechnoServe*

Mr. Wibberley expressed his thanks for the invitation to speak.

Mr. Wibberley related that he was struck by the role of food processes and the vulnerability of the food system when ProSoya, a company he had visited last year, was now on the brink of collapse due to COVID-19. ProSoya is a family-owned business that sources from about 4,000 farmers and turns crops into about 1,200 metric tons of nutritious food every year. This provides revenues of about $4 million, and the company can employ 67 staff. The collapse of this business would not only be detrimental to the family, but it would also remove its contribution from the market system. ProSoya was one of 185 similar processors that were being supported and represents one of thousands of other businesses struggling with the challenges of COVID-19.

The food system was pressure tested under COVID-19 with rapid changes, creating confusion. A better understanding of realities on the ground was needed to inform how TechnoServe would respond. TechnoServe considered the fastest way to accomplish this was to use the existing network of food processors from past and current programming to conduct two surveys. One survey was completed in early April at the onset of the lockdowns and market disruption, and another survey followed three months later in July to update learnings. Results were compartmentalized into four thematic areas of the business. The greatest challenge identified from both surveys was in the marketing, sales, and distribution side.

On average, 75% of all firms reported challenges in the market, sales, and distribution of their product. This was consistent in both April and July, but it did vary by value chain.

ProSoya is an example of producing a nutritious food for a largely institutional buyer, such as schools, who saw sales decreases of around 70%.

The surveys also looked at what adaptations companies were making. In July, roughly 50% of companies were seeking new markets due to disruptions in old markets, which is an increase from 8% in April. There were remarkable differences between male- and female-owned businesses, in which female-owned businesses showed greater challenge in sales, supplies, and workforce than male-owned businesses. These findings highlighted areas for greater research and understanding and how to adapt programming.

Mr. Wibberley explained that both qualitative and quantitative results were useful in understanding the challenges on the ground and how they are evolving. As they were evolving, different companies were at different stages and required different responses. For example, many companies were in survival mode in April due to the many unknowns both about the virus and its impact on workforce management as well as market disruptions. As time passed and familiarity increased, new protocols were adopted, and an understanding of, and ability to adapt to, marketplace challenges with new market strategies became clearer.

Expectations had to be adjusted as most of the programs were designed pre-COVID-19. Prior to the pandemic, growth and competitiveness were attainable goals, but success is now geared towards survival and building in resilience at the cost of growth.

ProSoya received much needed financing, developed a product, and got it certified retail. They are not back to pre-COVID-19 sales, but the company is able to pay its farmers, retain its staff, and its nutritious product is back on the market.

Mr. Wibberley concluded that companies like ProSoya are big influences on the food system, and ensuring their survival and continued contribution should be central in any recovery and stimulus plan.

Ms. Birx introduced the next speaker, Mr. Clement Bwalya, Deputy Chief of Party, USAID Scaling Up Nutrition Technical Assistance (SUN TA), Zambia, DAI.

# Transforming Communities, Adapting to COVID-19: Improving Nutrition Behaviors in Zambia

*Clement Bwalya, Deputy Chief of Party, USAID Scaling Up Nutrition Technical Assistance (SUN TA), Zambia, DAI*

Mr. Bwalya thanked all in attendance for joining the discussion. Mr. Bwalya’s presentation outlined how SUN TA is adopting and supporting social and behavioral change in view of COVID-19.

In Zambia, malnutrition among children under two years of age is a serious problem, and USAID Zambia has responded to the crisis by funding SUN TA to support the Government of the Republic of Zambia’s National Food and Nutrition Commission. This is to reduce malnutrition and stunting during a child’s first 1,000 days—from the moment a woman becomes pregnant until the child’s second birthday. SUN TA uses an integrated and multi-sectoral approach using a social and behavioral change framework. This means working with mothers in communities to identify barriers and motivators impacting their practice of key behaviors and implementing proven high-impact interventions. Health, agricultural, livelihood, water, sanitation, and hygiene interventions assist mothers in achieving their health, home-based and care-seeking behaviors that affect nutrition. This model works with community-based volunteers that have being trained to identify vulnerable households, educate mothers, monitor behaviors, and record progress. Using this model, each community volunteer works with 60 women each week, teaching them proper childcare and nutrition practices.

This work is in the community, as health and nutrition for all requires task shifting and decentralization of health services from clinic-based to community-based levels. Many behaviors are directly linked to malnutrition, and SUN TA is encouraging and supporting mothers to exclusively breastfeed for the first six months following birth.

In the context of COVID-19, where access to safe clinic-based service delivery is difficult and risky, there is an urgent need to increase access and quality of community-based health and nutrition services. This strong community health system comprised of trained community volunteers that has enabled SUN TA to adjust to the challenges presented by COVID-19.

Mr. Bwalya discussed the impact of COVID-19 and how SUN TA is adapting to the new normal and continuing to provide critical social and behavioral change interventions in communities to improve nutrition behaviors.

First, women are facing reduced access to ante-natal and postnatal services due to physical distancing and the banning of large gatherings. In response, SUN TA has been transmitting key nutrition messages in local languages using phone, radio, and PA systems to support pregnant and lactating women. COVID-19 has increased costs and logistical challenges related to capacity building and training of critical community volunteers. SUN TA has developed technological platforms for remote training, supported supervision, such as virtual site meetings and visits, and provided messaging for health workers and community-based volunteers.

Travel restrictions for staff and telecommunication challenges have led to reduce contact and supervision, both at the sub-district and community levels, which is an important step in ensuring program quality. The project has responded by relying on community-based volunteers using mobile phones for data collection to track pregnant or lactating mothers and to monitor growth of children.

SUN TA is addressing these barriers and adapting to COVID-19 through community-based volunteers who have been engaged, trained, supervised, and equipped with tools to facilitate the dissemination of information and distribution of essential health and nutrition products and services.

Mr. Bwalya concluded that in the context of COVID-19 limiting face-to-face interactions, the use of mobile technologies and devices for training and monitoring must be made accessible at scale. Using evidence-based approaches and data for decision-making are key. SUN TA will continue to assess the impact of key nutrition behaviors and make appropriate and timely changes so that the Zambian children are not adversely affected. He stressed the importance of vigilance, innovation, and hard work to prevent malnutrition during this global crisis. He stated that the time to scale up community-based health and nutrition services is now. Adaptive management and technologies can help us achieve that safely through this pandemic.

Ms. Birx introduced the next speaker, Mr. Dennis Karamuzi, Chief of Party, Feed the Future Orora Wihaze, Rwanda, Land O’ Lakes Venture 37.

# COVID-19 Response: Increasing Market Access for Eggs

*Dennis Karamuzi, Chief of Party, Feed the Future Orora Wihaze, Rwanda, Land O’ Lakes Venture 37*

Mr. Karamuzi thanked BIFAD for the opportunity to present learnings from crisis implementation in Rwanda.

With the COVID-19 outbreak, markets in Rwanda have been affected, and Mr. Karamuzi spoke about Feed the Future Orora Wihaze project highlights. The project aims at increasing the availability, access, and consumption of animal-source foods through the development of a profitable market. This is achieved by increasing demand for animal-source foods, particularly for children and women, and strengthening value chains that will increase the production of animal-source foods.

The project by design approaches implementation via a systems lens, which means thinking beyond production and consumption to the enabling environment and supporting functions. The project is facilitative and therefore understands the need to build mechanisms that live beyond the program. The program is also adaptive in its implementation approach, which speaks to how the project was involved in implementation following the COVID-19 outbreak.

The COVID-19 lockdowns from late March to May resulted in the restrictions of movement, the resultant closure of key establishments like hotels, schools, and restaurants, which are usually key in driving consumption of animal-source foods. The lockdown resulted in the sudden disruption in the egg supply chain. This meant that incomes of people whose livelihood depended on poultry were at risk. With that came over a million eggs that accumulated in stock with over 20,000 plus eggs being produced daily that were also expected to be lost. In parallel, a situation where vulnerable children who were already at risk of severe malnutrition would deteriorate further due to lockdowns. This market failure eventually would lead to risk at the household level. This situation was aligned with two of the project goals: increasing access to formal markets and improving nutrition among poor households at risk of stunting for children under five.

Mr. Karamuzi related that in one of the districts that the project supports, the main market was in the Democratic Republic of Congo, as well as Kigali markets. This market has been affected and therefore producers cannot sell. In Gakenke district, over 40% of children under five years of age are stunted. The project responded quickly to enable producers of eggs to sell in the domestic market, avoiding a collapse. Eggs were supplied to vulnerable children through the National Early Childhood Development Centers in the community.

With the collaboration of several partners, including the Rwanda Agriculture Board, The National Early Childhood Development Board, and Orora Wihaze, about 23,000 children received eggs and close to 140,000 eggs were supplied to these families over a period of two weeks. Nineteen producers were able to maintain a supply to a market. Key learnings include weak domestic egg market linkages, limited sales channels (i.e., producers generally targeted DRC markets), and low domestic demand because of egg affordability, lack of knowledge about eggs’ nutritional importance, and consumer preferences. The findings present a real opportunity to build on a new understanding to grow the program.

Mr. Karamuzi explained that the role of government in a crisis cannot be underestimated and that collaborating with NGOs and civil societies makes sense. The most important learning has been the need to build resilience mechanisms for development programming, because if USAID had not been able to respond so quickly and positively, the situation could have been worse.

Ms. Birx introduced the next speaker, Vivienne Forsythe, UNICEF Nutrition Manager, Yemen.

# UNICEF Yemen Nutrition Program Response to COVID-19

*Vivienne Forsythe, UNICEF Nutrition Manager, Yemen*

Ms. Forsythe explained the current situation in Yemen. She noted that the country has been subjected to conflict and political instability for six years. There are two government authorities in the country: the internationally recognized government in the south and the *de fact*o government in the north. Yemen is one of the largest humanitarian crises in the world with population displacement, high levels of household poverty, and high levels of food insecurity. The nutrition situation is very poor with high levels of chronic malnutrition; the national figure is 45%, but in parts of the country, it rises above 60%. This is true also in relation to acute malnutrition; the national figure is 12%, but it is above 20% in parts of the country.

The UNICEF program in Yemen supports an integrated package of nutrition prevention and treatment services, which are managed by government and NGOs. In addition to the treatment package, UNICEF also supports nutrition surveys, the nutrition cluster coordination structure, and the SUN Secretariat.

In the context of COVID-19, UNICEF’s nutrition program in Yemen aimed to ensure continued, safe provision of basic nutrition services through adaptation of delivery modalities and enhanced communication with communities. The outpatient treatment for acute malnutrition protocols were adapted, which included simplified admission criteria using the measurement of the middle-upper arm circumference instead of the measurement of weight or height, which reduces the caregiver-to-child and caregiver-to-mother contact. Other adaptations to COVID included less frequent follow-up visits for children to the health facilities during treatment, application of social distancing, and infection prevention control. The role of the community health volunteers (over 20,000 in the country) was also adjusted. The number of the health visits that community health volunteers make per day was reduced, and the visits were conducted outside the household instead of inside the household.

All these protocols were adapted through the nutrition cluster mechanism in consultation with the government authorities in the north and in the south and with the NGOs. This process of stakeholder involvement enhanced the buy-in for the development and rollout of the adaptations.

Ms. Forsythe outlined key challenges and the way they will be addressed and the priorities moving forward. Orientation and supervision of health workers and volunteers was a major challenge. This was addressed through small-group training with social distancing, on-the-job training, dissemination of information through WhatsApp groups, and increased remote supervision.

Another major challenge was the supply pipeline. Personal protective equipment (PPE) was not available in the country in the quantities required when COVID-19 was declared, and there were increased bottlenecks with the regular nutrition supply pipeline due to quarantine processes and transport restrictions.

PPE was procured internationally, and sanitizer was procured locally, but it was a major initiative to get that and it took time. In terms of the regular nutrition supply, there was a lot of advocacy with the authorities regarding the movement of supplies within Yemen. Sustaining an effective pipeline for PPE and regular nutrition supply remains a key priority. Ms. Forsythe explained that it was very challenging before COVID-19, and it will be even more challenging in the future with various restrictions.

Other key challenges faced were the analysis of the impact of COVID-19 on service utilization. There was an issue of beneficiary fear of COVID-19 in the early stages, which reduced utilization. This challenge was addressed through enhanced messaging regarding the importance of attending services. Suspension of mobile teams in some areas was an issue, which affected the numbers of children attending, and this was addressed with the authorities and development of clear guidance. Moving forward, monitoring analysis of service utilization and addressing reduction in utilization remains a priority. This includes alternative modalities for screening and referral and for treatment provisions.

Another challenge was the suspension of nutrition surveys as a precautionary measure after the declaration of COVID-19. It remains ongoing. Acute malnutrition and food security analysis that are available are being used along with global guidance to project nutrition treatment caseloads for the remainder of 2020. Alternative mechanisms to collect relevant data moving forward to better determine program strategy focus and to assist with targeting are being investigated. Solid analysis is key to moving forward and in the absence of regular surveys, those mechanisms must be adapted.

Ms. Birx introduced the next speaker, Pooja Pandey Rana, Deputy Chief of Party, USAID Suaahara II, Nepal, Helen Keller International.

# Adaptation by a Large-Scale Integrated Nutrition Program in the Context of COVID- 19 in Nepal

*Pooja Pandey Rana, Deputy Chief of Party, USAID Suaahara II, Nepal, Helen Keller International*

Ms. Pandey Rana’s presentation outlined how USAID funded Suaahara II program and adapted its implementation approaches during the COVID-19 pandemic to assist the Government of Nepal in national emergency response.

Suaahara II is a large-scale integrated community focus program with the goal to directly reach two million women and children. The program was implemented and led by Helen Keller International along with six consortium partners and 40 local NGOs. It covers almost 60% of the country, works in diverse geographic environments, and these districts also have high level of migration. Many of the districts remain highly vulnerable to natural disasters, including a massive earthquake in 2015 that killed and injured thousands. While this pandemic poses new challenges for Nepal, it is also a reminder of the recent struggle of the Nepalese people and their resilience in times of crisis.

Ms. Pandey Rana presented a snapshot of the situation in Nepal. Strict mobility restrictions continue even after the lifting of a five-month nationwide lockdown. This has led to disruption in multiple systems, including nutrition and health systems. She explained that the people most vulnerable to COVID-19 are those who were already exposed to many dietary deficiencies before the onset of the crisis. In Nepal, an additional 60,000 children are estimated to be at risk of acute malnutrition with as many as nine in 1,000 Nepalese children who were wasted before the pandemic.

Suaahara II adjusted the implementation approaches due to COVID-19 not only to protect the communities from diseases, but also to ensure that nutrition and health services continue in the program areas. One major adaptation was around digital technologies and communications. This shift was possible due to high cell phone ownership in Nepal and the program’s existing database that had demographic information, including mobile numbers of almost 11 million household members. In crisis, people are hungry for information but are far more likely to believe and act on that information if it is credible, adapted to their context, and delivered by a real human being.

Through phone calls, weekly radio programs, and multiple social media platforms, the program was able to identify and reach many at-risk households including returning migrants from India and the Middle East, pregnant women, breastfeeding mothers, and food insecure households. Frontline workers on the ground were able to provide them with tailored information and link vulnerable families to appropriate support systems at the community level. Phone infrastructure also turned out to be an effective way for women to report domestic violence, which has increased in Nepal because of lockdowns and strict mobility restrictions.

Moving forward, the program aims to continue to build on the local health and food systems and is responding by adapting and supporting the Government of Nepal to scale up nutrition intervention across program districts. For example, on July 6 and 7, the program supported the government from Nepal to roll out its modified vitamin A campaign by mobilizing almost 20,000 female community health volunteers. In just two days, around 2.3 million children across the 77 districts received vitamin capsules and deworming tablets.

A key challenge faced in Nepal is making sure that poor and marginalized groups are not left out. Deeper dives into datasets to sharpen targeting approaches are being carried out as well as looking at vulnerability analysis mapping and breaking down existing data by equity quintiles to identify hotspots for a targeted program response.

Ms. Pandey Rana then outlined key learnings over the last six months. The first involves the importance of investing in frontline workers, especially those on the ground that are directly providing services. They need support so they can carry out their jobs safely.

Dedicated resources for basic PPE and timely information are needed to ensure continuity of nutrition services. In crisis situations, all households are not impacted equally, so it is important to ensure that marginalized communities—especially those without radio, telephone, or internet access— are not left out. These marginalized communities need access to comprehensive nutrition packages beyond nutrition interventions; they need new skills and opportunities to earn, to get their livelihoods back, and to bounce back better.

Extensive social and physical distancing has required a shift in the way many people communicate to their client populations. Ms. Pandey Rana expressed the need for creativity in maintaining two-way communication to families, to community health service providers, and local leaders. It is not simply about giving information but also about listening to clients, service providers, adjusting programming, and connecting with clients as human beings.

**Questions by BIFAD and Discussion**

*Moderator: Laura Birx, Deputy Director, Strategy, Planning, and Management, Agricultural Development, Bill and Melinda Gates Foundation*

Ms. Birx opened the floor to questions from BIFAD.

Dr. Keenum posed a question to Ms. Forsythe, explaining that the Board has previously focused on the issue of food security and conflict. Yemen has faced significant nutrition challenges because of conflict challenges, and now the COVID-19 pandemic is overlaid on top of these challenges. He acknowledged the difficulties in monitoring, surveying, and assessing malnutrition in a conflict environment. He asked about the impacts of COVID-19 on additional child malnutrition in the absence of regular surveying due to the conflict.

Ms. Forsythe explained that the initial impact of COVID-19 in Yemen was a reduction in the utilization of services. She noted, however, some of the decline was attributable to Ramadan and Eid, which were also taking place at that time. The services declined in April and May but picked up again in June and July, though not to the expected level.

The full impact of the pandemic on nutrition—resulting from food insecurity, economic decline, decline in health services, and declining health status—will be observed toward the end of 2020 and moving into 2021. It will take time for the full impact to be felt. Anticipated decline in health status needs to be mitigated through new modalities for screening and referral and treatment at the community level, which UNICEF is currently not doing. Ms. Forsythe noted that currently UNICEF’s volunteers do preventive services, and work is needed with the community health workers to do treatment.

In the absence of surveys, Ms. Forsythe explained that UNICEF needed to conduct analysis with the proxy indicators and available health and food security data from their own nutrition programs. UNICEF conducted Integrated Food Security Phase Classification (IPC) analysis in June and July, and a virtual acute malnutrition analysis was recently completed in the south of Yemen with 53 participants and nine working groups. Triangulating analyses with new available information is a key effort and requires global support.

Ms. Forsythe noted that in the north of Yemen, the government has been very slow to acknowledge COVID-19, and there has been very limited reporting on COVID-19, which has been a major challenge in terms of messaging for general COVID-19 prevention and treatment services. There has been more openness in the south. Technical staff are generally willing to work with government on these issues.

Ms. Forsythe pointed out that the IPC analysis results pointed to the need for increased coverage of nutrition services, nutrition-sensitive services, and targeting of highly vulnerable districts.

Ms. Forsythe outlined that working in a conflict situation boils down to how one engages with the government authorities at different levels and is a different relationship from when one is not working with a *de facto* government. In Yemen, there are two different government authorities.

Pamela Anderson commended the panelists for their adaptive management and work on the ground in terms of responsiveness and resilience. She admitted there is a limit in what can be accomplished when pivoting and improvising, and she questioned what the primary restraints are to continue managing successfully through the pandemic. Ms. Anderson wished to know what Dr. Osendarp, as one of the international partners, would like to see from USAID in response to the COVID-19 crisis in terms of leadership and/or partnership.

Dr. Osendarp responded that USAID has been a leader in nutrition for a long time, and it will be essential that USAID keeps its leadership role, especially when the nutrition community is preparing for the UN Food Systems Summit and the Nutrition for Growth Summit in 2021. One constraint of the consortium is a lack of nutrition data that pre-existed the pandemic and a lack of structure on how to best use existing data for the development of guidance. She explained that the existing data have been used to model, as well as possible, the impact of the crisis on nutrition, but what is needed going forward is access to data on what is happening on the ground and improved measurement of how the crisis is impacting global progress in achieving Sustainable Development Goal 2.

Dr. Osendarp provided the example that elimination of micronutrient malnutrition and maternal anemia is one of the key indicators for Sustainable Development Goal 2, but there is a lack of country-level data on micronutrient status that can be used.

Moving into 2021, Dr. Osendarp noted there is an opportunity to rally the global community around the upcoming summits (Food Systems and Nutrition for Growth), where commitments are being made to build on the structures that were created ad hoc during this crisis. She remarked that we need to work together to combine population-based nutrition evidence with evidence available from grassroots organizations working on the ground so that countries can adapt the guidance from the consortium to implement programs for their local contexts.

Dr. Osendarp reiterated the importance of USAID’s very strong leadership role as an important donor for nutrition. As we move forward with a potential threat to nutrition at a scale that many have not yet seen in their careers, it is important to recognize USAID’s leadership and that the world will be looking to it for answers.

Brady Deaton was impressed by the presentations and noted each focused on the need for rationalizing resources between finding new knowledge (e.g., new markets for egg producers), new dimensions in the community that needed to be addressed, or new information versus administering to the immediate needs to gain long-term resilience for communities. He wished to hear the perspective of how these teams manage that tension. He also asked how additional resources, such as universities, could be drawn upon to offer research knowledge and to identify key needs for training of new staff. Dr. Deaton invited any insight on these challenges.

Jim Ash asked Mr. Wibberley what key immediate actions or support interventions most helped ProSoya recover during the three or four initial months of uncertainty.

Mr. Wibberley said that ProSoya experienced a financial crisis in which they were immediately crushed by a 70% drop in sales with market closures overnight, with bills continuing to pile up. TechnoServe provided financial advice, including such industry best practices as renegotiating existing debt and helping to find favorable financing. This financial assistance was coupled with technical assistance. Perspectives can become narrow when struggling with mounting business stress of salaries and disruptions in the market, so ProSoya really benefited from a bird's eye view and assistance in creating a contingency plan, as well as advice and shared learning from professional partners (Partners in Food Solutions and others in the consortium). A combination of financial and technical assistance allowed ProSoya to get beyond the crisis.

Mr. Wibberley noted that this assistance helped ProSoya develop a new product for a school without having to adjust their current formula. They needed new packaging, a new price point, and a plan for how to sell the product. The professional business and technical advice, along with financing, helped make them bankable and facilitated some of the deals to put them on the path to recovery.

Gebisa Ejeta was pleased with the organization of the panel and appreciated hearing the perspectives of those working on the ground. He commended the speakers for the creative solutions and adaptations they have discovered in the context of so much disruption. He asked the panelists to comment specifically on what it took to engage and coordinate with local governments, and if relationships have been strengthened in playing a catalytic role in identifying solutions.

Richard Lackey commended the speakers for the adaptations described within their teams and community work. He asked speakers what resource, information, or tools would have most greatly assisted their response. He noted that systems to support effective and efficient field programming responses need to anticipate future crises.

The panelists were then given the opportunity to respond to the more general questions from BIFAD members.

Ms. Pandey Rana explained that the safety of frontline workers when they are implementing at such a large scale is a big challenge. Another major challenge was reaching disadvantaged groups and the poor and vulnerable, because disadvantaged groups do not have access to the cell phones, radio, and social media currently being used to reach people. One thing she wished she had had before the COVID-19 pandemic was a smartphone or cell phone with a data card that could be handed over to frontline workers and remote families so they could have access to timely information.

Because Suaahara II is a community-focused program that works closely with and empowers families, a challenge of digital communication through phone counseling is that it doesn’t allow the same level of empathy and is very different from sitting in a courtyard and talking to mothers and families about barriers and linking them to services. Ms. Pandey Rana expressed her concern that this will be a future challenge as well. Because Nepal is one of the most populated mountain districts, getting basic supplies out is going to be another big challenge.

Ms. Forsythe explained that in Yemen, COVID-19 challenges are just a layer on top of the pre-COVID-19 challenges. Linking with local governments and working with the authorities in the north and in the south—with the Ministry of Health and with the various technical authorities—on the development of the protocols and the guidance is a continuation of their general approach. She noted their work with the government through a cluster mechanism has been a very positive and important approach. It was very positive to have government involvement and engagement in that process and helped with the rollout.

She noted that it was the Ministry of Health that approached UNICEF regarding the mobile teams. Ms. Forsythe explained they had developed the protocols for outpatient treatment, and the Ministry replied that mobile teams need more, and so, on their request, work was done to develop specific guidance for the mobile teams to ensure that mobile services could be provided safely.

Ms. Forsythe reasoned that more work or investment earlier on the technology would have been helpful in handling the results of this pandemic. Technology in Yemen is not advanced like it is in other countries. Virtual training was not possible across the whole country.

Strengthening available technology and apps are key for moving forward. WhatsApp was used successfully through the local governments to link into the community volunteer system to get the information down to community level. Ms. Forsythe explained that the safety of workers is a key issue and a major challenge in a country like Yemen. The provision of the protective equipment and getting that into the country in time was a major challenge with a big lag time. Protective equipment is now available, but supplies continue to be a major challenge.

In terms of moving forward, because surveys and community screening mechanisms were discontinued as precautionary measures, getting alternative screening and referral mechanisms back up and running is key.

Mr. Karamuzi explained that Orora Wihaze was a startup as of October 2019, and by February was setting up to begin building partnerships and popularize their strategy around market systems development. At that time, they were not prepared for the pandemic and the resultant anxiety within the markets, given the limited resources in Rwanda, and even smaller allocation to agriculture and health, particular to nutrition.

Mr. Karamuzi felt that if Orora Wihaze had been at an advanced stage of implementation, the project would have had a deeper understanding around the implementation landscape as well as the key partnerships that are critical to implementation. A lesson learned is that programs, such as Orora Wihaze, need to start off with a good grounding and an understanding of risks that could potentially disrupt implementation at any stage.

Mr. Karamuzi expressed appreciation that Orora Wihaze could work closely with USAID and the Government of Rwanda to assist in resolving a situation that could have easily led to market collapse. The Government of Rwanda had reached out to Orora Wihaze, recognizing that the project could help to facilitate market systems development. The project was able to orient implementation swiftly and mitigate the effects of the pandemic on producer families, recognizing that a collapse of business would result in families and children at increased risk of stunting. Mr. Karamuzi applauded the government for stepping ahead and being aware of where they could mobilize resources and USAID for responding positively.

Mr. Bwalya said that the Government of the Republic of Zambia is fully engaged, particularly with stakeholders, which include USAID as the primary donor under the Scaling Up Nutrition technical system. Government involvement should be emphasized and appreciated to advance any agenda, particularly the agenda around nutrition. He noted that local government engagement is critical for getting something to work at the community level. He said that community systems strengthening is critical for his program to make a difference in view of COVID-19. Local government engagement is important for sustained community system strengthening.

Mr. Bwalya noted that local government investment in information and communication technology (ICT) is important to ensure that technology is improved, affordable, and accessible for service provision not only in peri-urban settings but also in rural areas. Management tools and decision-making models can be used to ensure that service provision is reaching the intended audience. Mr. Bwalya reiterated the importance of continuing a multi-sectoral approach, engaging donors, communities, local government, and stakeholders that are implementing various programs in the various communities.

Mr. Wibberley seconded the previous panelists’ points and agreed that a multi-sectoral approach is the right approach. Reflecting on the digital challenges, he said that at a boardroom level, it is very easy to say in-person training can now be delivered remotely through digital online training, but this is challenging at a practical level. In Ethiopia, 18 about to be trained had to be moved to digital training, and 70% of the mills did not have the technology to receive digital training. This training then became IT training to get these mills prepared to receive this digital training. He noted that having everyone prepared for digital alternatives is key for the future because that will be the medium by which things can be done the most rapidly.

Mr. Wibberley explained that having readily available finance at the start of the pandemic would have been massively helpful. This was a major constraint. Businesses lost cash flow when the markets shut down, and the value chain broke down. Businesses still had to pay their staff and their farmers, while lenders had not yet adapted to a more realistic situation and were relying upon previous terms. If those markets break down, even the banks will suffer and will not be able to recoup their loans from anybody in the market. An understanding of that and a strategy by which financing can be ready for the next crisis that hits would be beneficial.

Ms. Birx asked for any additional BIFAD member questions, noting they would not time to answer them at this meeting but follow up in writing.

Mr. Ash noted that almost all panelists mentioned an absence of digital or technological access, particularly in rural areas. He asked about models for delivering or creating a minimum technological access to rural areas, for example, dropping in radio or cell towers that can connect to a grid that functions with basic handheld devices, or basic training modules that can immediately enable needed on-the-ground support.

Dr. Deaton asked for the panel’s thoughts about how the educational system can be utilized to strengthen the educational systems in partner countries in new and exciting ways, for example, if those in the field could constructively engage university faculty, graduate students, undergraduates, returning Peace Corps volunteers, and interns in experiential learning.

Ms. Birx then turned the meeting over to Dr. Keenum.

# Public Comment Period

*Moderator: Shawn Baker, Chief Nutritionist, USAID*

Dr. Keenum commended the panelists and Ms. Birx on their participation in the meeting and applauded the impact these organizations are having on nutrition and on people around the world. He also commended his colleagues in BIFAD for their continued support and engagement.

Dr. Keenum then introduced Shawn Baker, Chief Nutritionist, USAID.

Mr. Baker thanked BIFAD for elevating this issue. COVID-19 is posing the greatest threat to nutrition ever seen, even greater than the threat posed by the 2007/2008 food price crisis. He also thanked the panelists for their presentations and their passion and tenacity in rising to these challenges. He also thanked those who have joined across the world.

Mr. Baker then invited participants to submit questions and explained that, although not all comments and questions would be addressed aloud, they would all be included in the official record of the meeting *(see Appendix 2 below for the Q&A record)*.

Alice Mboganie Mwangi and Jane Lowicki-Zucca raised about youth and adolescent nutrition, particularly the impacts on pregnant adolescents. Mr. Baker requested that Dr. Osendarp speak to how the analysis she is leading is reflecting that work.

Dr. Osendarp noted that the Micronutrient Forum has been using available data to provide global estimates, but the COVID-19 crisis has highlighted the lack of data on nutrition challenges. She emphasized that adolescent nutrition and teenage pregnancies affect a woman's ability to deliver a healthy baby, but there are not enough data to take this into account in modeling efforts. The analysis has instead focused on groups for which there are more data on nutritional status and effective nutritional interventions, i.e., children under five and pregnant and lactating women (which do include teenage girls).

Mr. Baker agreed the pandemic is pressure testing every part of nutrition and drawing into relief areas that need to be reinforced.

The next question, from Oscar Ortiz, was directed at Mr. Wibberley, asking how short-value chains (food produced, traded, and consumed locally or regionally, such as roots and tubers) can be promoted to depend less on internationally traded commodities.

Mr. Wibberley said a huge vulnerability is the dependence on imports, to the extent that production is more complicated and requires more inputs. He expressed that the opportunity for import substitution and simple value chains is greater now than it has been before, with the caveat that simple value chains are in the same market as everyone else and face the same logistical challenges. A market system facilitatory approach at the uber level of policy and regulation allows for the efficient trade of these goods. In South Africa and other countries, for example, these informal market systems closed out of fear, and now are popping back up with different mechanisms. It is important to recognize that orphan crops or local products really depend on the informal trade system. Facilitating customer access, trade efficiency, market access, and getting traders into retail will open doors so that they can be price competitive.

Mr. Baker then read a question from Florence Egal that Mr. Karamuzi speak more to the collaboration between the health and agriculture sectors in the wake of the pandemic at the national and local levels.

Mr. Karamuzi reflected that in the wake of COVID-19, the response has been a multi- sectoral approach employed to a large extent by the Government of Rwanda. He felt the government has been quite advanced in creating some of these platforms that enhance inter-ministerial and interagency collaboration to ensure that they can leverage each other's capacities and resources to be able to respond holistically.

The Ministry of Agriculture and Animal Resources led the coordination of agriculture partners to identify opportunities to respond. The Ministry of Health also worked to understand and assess the situation as it was affecting certain segments, working collaboratively with the National Early Childhood Development, which is led by the Ministry for Gender and Family Promotion. All of these, with the coordination and the leadership of the office of the Prime Minister, were able to identify and map potential actors, building partnerships with entities like Orora Wihaze. This was not a single response. There were a few other activities that were developed in response to mitigating the risks of COVID-19. The Government of Rwanda was quite advanced, and it called for projects like Orora Wihaze to have a built-in mechanism to respond in a timely fashion. Mr. Karamuzi said that if Orora Wihaze had not been timely in its response, it would not be able to build the sector and gradually increase availability, access, and consumption of animal-source foods. He felt this was a timely intervention in the long term, being able to build upon and leverage partnerships.

Mr. Baker said that Mr. Karamuzi’s comments reinforced a theme of leveraging a foundation of investment capacities—in this case, an already strong multi-sectoral collaboration in Rwanda—which has allowed all those sectors to be engaged in the response.

Drawing from a question from Jan Low, Mr. Baker asked Ms. Forsythe, whether, given all of the behaviors that have changed and the way staff and volunteers have adopted social distancing, those practices can be maintained over time and supervised adequately.

Ms. Forsythe agreed that maintaining social distancing and the other practices are a challenge. A reflection was held recently with NGO and government partners on how they are finding the implementation of the protocols and what the difficulties have been, and it was clear that some partners and agencies are more successful than others in motivating staff and ensuring that IPC is being conducted. Health staff have died, and health staff and volunteers are scared, so they will adhere to the practice if they fear catching the disease themselves.

Supervision is a challenge. People were happy to implement the protocol for outpatient therapeutic treatment, which is a simplified protocol. Keeping supervision on the agenda of the nutrition cluster is important, as is exploring alternative supervision methods to do supervision, including remote supervision, third-party monitoring, technology, and analysis of reports. While analysis of the reports cannot indicate social distancing or an IPC, it can describe some of the other innovations being implemented. Ms. Forsythe admitted this is a difficult problem and will require work and input at multiple levels to ensure that the new protocols continue to be implemented.

Mr. Baker agreed this is not going away in the near-term, and vigilance on many fronts is needed.

Mr. Baker directed the next question to Ms. Pandey Rana from Zenebu Yimam Idris, who asked how she has been able to track the nutrition commodities and the support considering the large number of facilities (Suaahara II is supporting over 3,000), and what the key challenges have been.

Ms. Pandey Rana explained that after the pandemic, the Ministry of Health quickly re- activated the emergency nutritional working group and came up with a rapid assessment tracking sheet, where every two weeks the nutrition stakeholders in Nepal would contact the health facilities. From the first year of the project, Suaahara II had invested in compilation of all the health facilities with phone numbers. This allowed them to quickly call each health facility to ask about the supplies and stock-out information for iron, folic acid, Ready-to-Use Therapeutic Food (RUTF), zinc, oral rehydration solution (ORS), and essential life-saving drugs. Many migrant workers were also returning home, so having family planning commodities was also essential. This information was all fed back to the cluster and to the regional medical stores.

Ms. Pandey Rana said that because the transportation system is disrupted, many children are suffering from acute malnutrition in rural communities. This has required using porters and mules to get RUTF cartons to the mountains because transportation is not working. Getting the supplies on time and pre-positioning stocks is very important. Flights are just now starting to resume, resulting in stock-outs of many supplies, such as micronutrient powders and RUTF. Restocking will be a big challenge; this was all organized through remote follow-ups by phone to collect this information.

Mr. Baker noted a theme of “evidence-based nimbleness” throughout the discussion. He directed a last question from Indra Bhujel to Mr. Bwalya. During COVID-19, social protection has been crucial, but home, family, and informal social protection has received less attention, despite constituting the bulk of social protection in most countries. He questioned how development partners can provide support to promote home, family, and informal social protection interventions in this new normal.

Mr. Bwalya responded that with regard to social protection, most of the ministry-focused programs are looking at social cash transfer, which is not sustainable in the long term, particularly with the government's inability to continue supporting such programs. He noted, however, that the Scaling Up Nutrition Technical Assistance Project, is aiding vulnerable communities and providing opportunities to vulnerable families. Seed is offered as a startup so the food supply or consumption is sustainable so people can grow their own vegetables.

Additionally, Mr. Bwalya said it is important to understand what can assist communities to reduce social and economic risk and vulnerabilities. Handouts are usually not the best measure of helping these communities. Social protection must sustainable and focus on rebuilding economic resilience.

Mr. Baker directed the last question to Ms. Pandey Rana from Jonathan Gorstein. He asked how to balance the trade-offs between responding right now to the current situation versus supporting longer-term establishment of robust multi-sectoral nutrition plans. How can we be responsive in the moment and build for the long-term?

Ms. Pandey Rana said we need to consider immediate, medium-term, and long-term responses using a multi sectoral lens. In Nepal, the challenge now is weighing the risks and benefits of scaling up life-saving nutrition interventions against the risks of disease transmission. Suaahara II is focusing on immediate priorities until the end of this year. Once there is less restriction of mobility, more remote areas can be reached, and medium-term interventions can be added as well.

Ms. Pandey Rana explained that it is not solely about *what* interventions are needed but *how* to take these interventions at scale to the people who need them. She sees a need to invest in prioritization exercises and context analysis because even in a small country like Nepal, the drivers of malnutrition are very different by state or province. In some provinces, an agriculture-focused intervention is needed. In very remote areas where there's high level of disadvantaged groups, social protection and cash transfer programs are needed. In other areas, the direct evidenced-base and nutrition interventions are needed. She stressed the importance of looking with a multi-sectoral lens but noted that looking at who needs what and prioritization is going to be very important moving forward.

Mr. Baker reinforced Ms. Pandey Rana’s important message that a multi-sectoral approach still requires prioritization with each of those sectors. He thanked the panelists and participants and concluded the public comment period.

Dr. Keenum thanked the audience, the panel, and all those who participated in the public comment period. He urged the audience to continue communicate with BIFAD.

Dr. Keenum expressed the importance of American universities in helping to address the critical challenges previously discussed. USAID Feed the Future Innovation Labs play a huge role, and in particular the Nutrition Innovation Lab, which is located at Tufts University. He introduced Dr. Patrick Webb, the Center Director.

# Summary and Way Forward

*Patrick Webb, Director, Feed the Future Innovation Lab for Nutrition, Tufts University*

Dr. Webb outlined the three major takeaways from the meeting.

First, he agreed that COVID-19 appears to have a very long tail. The effects on survivors appear to be quite serious even after the acute phase. He argued that the same applies to nutrition. Nutrition is not a one-off event, such as missing one meal or having one disease that causes malnutrition. He explained that nutrition is a process not just an outcome. “Wasting” needs to be viewed as a verb, not “wasted” as an outcome. He stressed the importance of focusing on the processes, not just the symptoms and outcomes. This requires more holistic, systemic thinking, but also increasing the intensity in addressing those processes that lead up to the negative outcomes.

Dr. Webb reminded the audience that as a global community, wasting was not being resolved well prior to COVID-19. There were around 50 million wasted children around the world at the start of 2020. He stated that adding another seven million due to COVID-19 is terrible and terrifying because it means all involved have to be able to treat upwards of 60 million children in the coming year, when it wasn’t being handled well for 50 million children last year.

He explained that a hard look is needed not just at the resources needed, but the human, institutional, and logistical constraints to doing a good job on wasting.

He noted that the long tail goes beyond wasting. Dr. Osendarp and Mr. Baker pointed out that the nutrition implications of COVID-19 will be long lasting, so we need to worry about the persistence of micronutrient deficiencies, vitamin, and mineral deficiencies, linear growth retardation, and poor birth outcomes for our next generation. These are long-lasting effects for which we must understand the processes.

Dr. Webb expressed concern over birth outcomes starting next month because it will become apparent how bad it was to be pregnant during COVID-19, during the restrictions. Since being born small for gestational age may account for something like a third of all later stunting in children, this suggests a serious need to maintain a laser-like focus on the processes that impair growth and development of all kinds. He explained that he was not minimizing wasting, describing it as a blight that has been ignored far too long, and the immediate focus should be on the mortality risks associated with wasting, but he asked that the long tail not be forgotten.

He applauded USAID and BIFAD for elevating nutrition concerns to a much higher level of policy attention, meaning higher aspirations for nutrition are needed, including reaching higher and raising aspirations and expectations.

The second takeaway from this meeting was projections. He reiterated how terrible the pandemic has been for nutrition and how terrible the projections are in terms of worst- case scenarios. He reminded the audience, however, that the worst-case scenarios are not baked into the future. USAID projects and programs are innovating and pivoting quickly. Going forward, however, he expressed the need to rigorously document, distill, and disseminate what works, at what cost, and for whom, complementing Dr. Osendarp’s call for more and better data to understand the problems. He noted the need to know how these pivots have achieved goals and their cost effectiveness. He explained that this is an area in which universities can play a very important role as well as their partners under the Innovation Labs.

The third and final takeaway was the need to look not just at the programs and projects but also systemic elements that cracked or failed during this crisis—not just the health service systems or income transfer systems, but also the local and global food systems. He noted that this pandemic has involved a rare and unique systemic disruption of all facets of local and global food systems and highlighted frailties and exposed cracks where things could and did fall apart.

Dr. Webb expressed the need to be wary of plastering over those cracks, but urged the need to pay much more attention to policy and private sector strategies that can make food systems more coherent and resilient, meaning better able to support achieving healthful, sustainable diets for all people. This goal must be common to all and integrated with attempts to improve malnutrition in all its forms.

Dr. Webb explained that this represents a huge new opportunity for public agriculture, research, and development, and for public-private partnerships, but it is an agenda that cannot be delayed. The next crisis—price or pandemic—will do more damage to the future if the right things are not done right now.

Dr. Webb then thanked the presenters, USAID, and BIFAD for their commitment demonstrated today for bringing in health, science, and practice to better inform future decisions around programs and policies. He also thanked all participants for their attention to these critical concerns.

**Meeting Adjournment**

*Mark Keenum, President, Mississippi State University and Chair of BIFAD*

Dr. Keenum thanked Dr. Webb for not only his summary but for the work he is doing at Tufts University with the Nutrition Innovation Lab. He then thanked the panelists and Laura Birx, as well as the audience and his fellow BIFAD members. He thanked Clara Cohen, Rob Bertram, Shawn Baker, Ingrid Weiss, and Rebecca Egan at USAID. He extended a special thank you to Susan Johnson, Jordan Merker, Winston Savoy, and Kaelin Jackson at APLU for their work in organizing this event. Dr. Keenum adjourned the meeting.

**Number of Participants: 637**

We hereby certify that, to the best of our knowledge, the foregoing minutes are accurate and complete.

Mark Keenum, Ph.D., Chairman, Board for International Food and Agricultural Development

Clara Cohen, Ph.D., Executive Director and Designated Federal Officer, Board for International Food and Agricultural Development

December 14, 2020

**Appendix 1: Webinar Chat Box**

Kaelin Jackson, APLU Events: Thank you all for joining us today. If you have any questions, please submit your questions in the Q&A box. The Q&A box can be found on the taskbar on the bottom of the presentation display.

Winston Savoy, APLU Events: Hello everyone, thanks for joining us today! Closed captioning is enabled for this webinar. Please click the closed caption button in your toolbar at the bottom of your screen, then select show subtitle. A full transcription of the meeting will be shared with the recording at the conclusion of the webinar.

Susan Johnson, APLU: [https://www.TechnoServe.org/wp-](https://www.technoserve.org/wp-content/uploads/2020/04/TechnoServe-Survey-of-Africas-Food-Processors-Facing-COVID-19.pdf) [content/uploads/2020/04/TechnoServe-Survey-of-Africas-Food-Processors-Facing-](https://www.technoserve.org/wp-content/uploads/2020/04/TechnoServe-Survey-of-Africas-Food-Processors-Facing-COVID-19.pdf) [COVID-19.pdf](https://www.technoserve.org/wp-content/uploads/2020/04/TechnoServe-Survey-of-Africas-Food-Processors-Facing-COVID-19.pdf)

Susan Johnson, APLU: [https://www.TechnoServe.org/wp-content/uploads/2020/07/Food-](https://www.technoserve.org/wp-content/uploads/2020/07/Food-Processing-COVID-Survey-July-2020.pdf) [Processing-COVID-Survey-July-2020.pdf](https://www.technoserve.org/wp-content/uploads/2020/07/Food-Processing-COVID-Survey-July-2020.pdf)

Clara Cohen, USAID: Welcome participants, and thanks for all the great questions and comments so far. All the PowerPoint presentations and recorded audio will be posted on USAID's BIFAD web site following the meeting at [https://www.usaid.gov/bifad/documents.](https://www.usaid.gov/bifad/documents)

Susan Johnson, APLU: Attendees can enter questions in the Q&A box. We will be taking public comments and questions shortly. While we may not be able to answer all questions today, they will be included in the official record of the meeting.

Susan Johnson, APLU: Thanks to all participants. The presentation slides and a recording of the session will be available after the meeting at [www.aplu.org/bifad.](http://www.aplu.org/bifad)

**Appendix 2: Q&A Report**

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| Question Report |  |  |  |
| Report Generated: | 9/14/2020 12:32 |  |  |
| **Topic** | **Actual Start Time** | **Actual Duration (minutes)** | **Number of Questions** |
| **COVID-19 and Nutrition: Impacts, Field Innovations, and Way Forward** | **9/14/2020 9:42** | **168** | **96** |

**Table 1 Meeting Q&A**

| **Question Number** | **Question** | **Name** | **Answer(s)** | **Answer(s)** | **Answer(s)** |
| --- | --- | --- | --- | --- | --- |
| 1 | Thanks a lot for your kind invitation. Me Shalik Ram Bhusal from Ministry of Education Science and Technology, Deputy Director of Early Child Development Education and Nutrition. shaliargha@gmail.com 09779860922325. we already discussed with nutrition Network Nepal and Suaahara Project Nego Nepal friend. We welcome USAID heartly inNepal. | Shalik Ram Bhusal |  |  |  |
| 2 | Dr. Osendarp, in the wake of COVID19 and in presentation of future crisis, did you consider strengthening local food systems and therefore territorial resilience as a basis for sustainable healthy diets? | Florence Egal | Hi yes it will be important to ensure that local food systems are more resilient to similar crises in future. Making sure that countries do not impose import restrictions on essential foods or food ingredients. In this regard it is encouraging to note that the African Union is working together on regional measures to ensure countries retain a good food supply. |  |  |
| 3 | in preparation, of course, sorry… | Florence Egal |  |  |  |
| 4 | Is the multisector group incorporating views from grassroots community based organisations in the research? If it does, how does it reach out to the grassroots? How is it incorporating community based organisations and faith based organisation to deliver nutrition interventions? | Josiah Kiarie | This is very important and high on our wish list. The current work has focused on global estimates and a global set of recommendation. What next needs to be done is to translate these for countries and we really need to work with experts from grassroots community organisations in countries to make these recommendations fit for the local context. What have we done to help achieving this? First, we have a very inclusive approach: the current core group consists of 55 experts from 35 organisations, including experts from LMIC. Second, we have an open call to everyone working in this field to join the consortium at: www.standingtogetherfornutr ition.org and up to date 590 experts signed up on this consortium. | Thank you, Saskia, for this reply. It is encouraging to see the group using this inclusive best practice. I work for a grass roots organisation in Kenya that supports children living with HIV. I have seen the collaboration between clinic-based solutions and community health solutions through volunteers working very well to support children. This multisectoral approach is working very well especially during the COVID-19 period. I will respond to the open call. Thank you. |  |
| 5 | Thank you, Saskia. The reduction in health services coverage is very worrying, 30% is the worse I have ever heard, what do you advise particularly developing countries mostly affected considering the level of literacy and the low digitalization level? do we have data on increased mortality and morbidity as a consequence of this situation? | Edouard NIZEYIMANA |  | ENN, UNICEF and WFP have issued guidance on how to adapt the delivery of health programs in the context of COVID. This guidance includes recommendations on how to protect health workers (and food systems workers) to virus transmission. As mentioned in the presentation ensuring the provision of essential health and nutrition services needs to be an immediate priority. |  |
| 6 | Who can join the STfN consortium and how? | Anne Mugisha | More information on the STfN consortium and how to join can be found here: www.standingtogetherfornutr ition.orgOur aim is to be as inclusive as possible. Our goal is to bring together as many nutrition, health, and food systems researchers from around the world as we can. We operate together through a working group at the heart of the effort and a global group contributing perspectives, ideas, and data. |  |  |
| 7 | Typo | Anne Mugisha |  |  |  |
| 8 | thanks, I saw some of theanswers...interesting | Edouard NIZEYIMANA |  |  |  |
| 9 | What is the link between STfN and SUN? | Paula Quigley | The STfN started as a rather informal group of researchers active in nutrition and food systems, as a very inclusive network. We have a SUN representative in our core group and work with SUN in our communication group to disseminate the findings of this group. This informal group of experts is currently working on formalizing relationships e.g. with movements such as SUN and the Global Nutrition Report. |  |  |
| 10 | Dr Osendarp: how do (any of) the models estimate capacity to deliver nutrition services in each country/zone to implement "OPTIMA's" recommendations--thanks for an excellent presentation | Paul Miller | We have added the projected changes in the coverage of health and nutrition services to the individual country coverage data on these interventions pre-COVID. This has been described in more detail in our publication: https:[//w](http://www.thelancet.com/j)ww[.thelancet.com/j](http://www.thelancet.com/j)ournals/lancet/article/PIIS014 0-6736(20)31647-0/fulltext |  |  |
| 11 | Is there a publication or data gathered on how the COVID- 19 will affect nutrition among children living with HIV? | Josiah Kiarie | Thank you for this question. I am not aware yet of such a publication, specifically for children living with HIV. | Thank you for the reply. |  |
| 12 | What institutions are currently funding research to improve the provision of nutrition and food assistance? Will the USAID Innovation Lab mentioned by Jim Barnhart support this sort of research? | Rebecca Adler Miserendino |  |  |  |
| 13 | Thank you for the data obtained via MIRAGRODEP, LIST and/or OPTIMA. In your analysis did you consider children with disabilities - specifically those associated with eating/drinking difficulties? Naturally, children (and adults) with swallowing disabilities/dysphagia will need to be accounted for in programmes that, e.g., promote breastfeeding, access to specialised nutritious foods that need to be eaten/drunk safely so that we reduce their risk of foods or liquids entering their airways/lungs. | MERSHEN PILLAY | Thank you for this question, no we did not (yet) look at subgroups of children in our analyses so far. |  |  |
| 14 | Dr. Osendarp. thank you for a great presentation. In your initial slide you speak to the relationship between growth and nutritional outcomes, yet the five bullet points on the call to action seem to neglect this point. Where do you see inclusive growth processes playing a role in the COVID-19 response and recovery? | James Oehmke |  | Thank you very much for this critical comment. I am struggling a bit on how to best respond this, seems the multi dollar questions on how to ensure inclusive economic growth can help mitigate the impacts of COVID19 on malnutrition. We acknowledge that we lack data on how to successfully do this. We do know for instance that empowering women which is a critical element of inclusive growth, is also critical for ensuring adequate infant and child feeding practices. |  |
| 15 | What are the impacts of malnutrition that occurs in early childhood on adolescents and youth? And what nutrition issues do adolescents and youth face during that stage of life? How has their nutrition been affected by COVID 19? | JANE LOWICKI-ZUCCA | This is a good question; one of the challenges we face is a general lack of data on nutrition challenges in the context of COVID19, and even more so for adolescents and youth. We currently focus on the impact (and interventions) targeting children < 5 and pregnant women as these are the target groups for which we have most data. We do acknowledge this to be a limitation but if anything, this crisis has emphasized again the shockingly lack of data in nutrition, which needs to be tackled. |  |  |
| 16 | To Saskia Osendarp: You have mentioned school meals for the students. It is ok. Besides cash transfer also would be useful specially in poor communities’ schools.Cash transfer has been effective in some remote areaof Nepal. | Dhananjaya Poudyal |  |  |  |
| 17 | Given that first pregnancy and motherhood occur among a large proportion of adolescent girls in many countries, what nutrition issues need to be addressed for these adolescent girls, and what adolescent-specific approaches are needed, also to support their roles in ensuring the nutrition of theirchildren? | JANE LOWICKI-ZUCCA |  |  |  |
| 18 | Thanks Dr. Osendarp for your presentation. One of the challenges we are experiencing in some parts of Kenya is increased teenage pregnancies due to the closure of schools. We suspect that the impact on maternal nutrition/health and birth weights is enormous.How is your work reflecting?this? | Alice Mboganie Mwangi |  |  |  |
| 19 | (Sorry as this is not a question, but the chat function has been disabled.) Re. Brent’s presentation, an article for his consideration https:[//w](http://www.aifst.asn.au/reso)ww[.aifst.asn.au/reso](http://www.aifst.asn.au/reso) urces/Documents/Covid19%2 0%20FST\_Final\_10%20May%20AIFST%2020200517%20(1).pdf | Florence Egal | Thank you, Florence, |  |  |
| 20 | To what extent could Zambian communities access online trainings? | Anita Campion | Mobile phone and internet access for remote training sometimes can be a challenge in places where mobile phone networks are not available.However, we have developed audio lessons transmitted to mobile phones that healthcare workers/CBVs can use | Can this training be developed in a way that is possible to access offline? | Yes, in fact we have developed our training modules that can be accessed offline |
| 21 | Can you share the ppts? | Precious Mubanga | live answered | All the PowerPoint presentations and recorded audio will be posted on USAID's BIFAD web site following the meeting at https:[//w](http://www.usaid.gov/bifad/)ww[.usaid.gov/bifad/](http://www.usaid.gov/bifad/)documents. |  |
| 22 | Who are these community volunteers? Are they the regular ones or hired in the context of COVID - 19? | Deepak | These are project engaged community-based volunteers that support our community activities. They were engaged before COVID-19 but continue supporting different nutrition services in the community |  |  |
| 23 | To Clement Bwalya, | Dhananjaya Poudyal |  |  |  |
| 24 | Can it be full screen, please? Thanks | Iris Rowena Bernardo | Agreed - sorry I missed your comment |  |  |
| 25 | Local food chain and resiliency practices of the community need to be supported during this pandemic. Uma Koirala, Nepal | Uma Koirala |  |  |  |
| 26 | Could he put the presentation in presentation mode to see it better? | Stacia Nordin |  |  |  |
| 27 | Breast feeding is being given in Zambia. what about colostrum since it could increase immunity of the children. Thank you | Dhananjaya Poudyal | Yes, Zambia promotes early initiation of breastfeeding - therefore children have access to colostrum |  |  |
| 28 | Thank you, Saskia, would be interesting to learn more and see how you are aligning to SUN. I really admire this approach and the far-reaching dimensions that you are putting on stunting, which is increasingly becoming obvious. | Edouard NIZEYIMANA |  |  |  |
| 29 | The specific country reports are interesting, but does USAID have information on broader COVID19 impacts on programs across countries? How severely affected are host countries? To what extent (% of clients) are extension and public health services restricted by the pandemic? Is it because clients are afraid of contacts? Or service providers? Or government mandated shut- downs? How common has it been for health or extension or village level workers to be implicated in spread of the virus? Are there adaptations and are these expected to become permanent?Information across countrieswould be useful. | Gary Alex |  |  |  |
| 30 | In the future, we should teach mothers to use the MUAC tape to assess their children's nutritional assessment and determine if the child needs to be taken for nutritional support. Great work! | Gloria Momoh | Thank you, we do provide MUAC tapes to our community-based volunteers which they use to conduct assessments on children. They are use the MUAC to detect children who are nutritionally wanting/faltering and refer them to the health facility |  |  |
| 31 | Interesting, thank you for that! | Anita Campion |  |  |  |
| 32 | Thank you for giving us such agreat time | Inhyuk Kye |  |  |  |
| 33 | How are staff and volunteers motivated to continue distancing and other practices over time? Can this truly be supervised adequately? | Jan Low |  |  |  |
| 34 | To all speakers: could you kindly provide information of collaboration between health and agriculture sector in the wake of COVID? | Florence Egal | Thank you, in Rwanda the response coordination as jointly coordinated by the Ag department working closely with the Health department under the leadership of the Prime Minister. E.g. we achieved the intervention in collaboration with the national early childhood development program (NECDP) and the Rwanda Agriculture and Animal resources board (RAB) | Thanks Dennis! :-) |  |
| 35 | Could you please explain the use of WhatsApp for information sharing for mothers? Thanks | Gloria Momoh | community volunteer what app groups for each governorate / district - so materials and messages shared on this |  |  |
| 36 | Vivienne - are the malnutrition statistics (45% - 60% Chronic malnutrition) you provided early in your presentation pre-Covid-19? If so, have you projected the possible impact of Covid-19? | Alice Mboganie Mwangi |  |  |  |
| 37 | Is it possible for UNICEF Yemen to adopt the use of Rapid pro for collection ofdata in the face of C-19? | Gloria Momoh |  |  |  |
| 38 | Askale from Ethiopia | Askale Aderaw |  |  |  |
| 39 | New question - how many of these projects used indicators to measure resilience and if so, what indicators were used and what results so far? | Anita Campion |  |  |  |
| 40 | Is there a way of tracking the effect of COVID-19 on children that depended on the school feeding programs for their access to basic food? | Joyce Malasha |  |  |  |
| 41 | We are implementing a USAID funded rapid response to the COVID crisis through scientifically based animations for low literate learners. We welcome your suggestions and requests for your communication needs related to food and agriculture. Here is an example of our work: https:[//w](http://www.youtube.com/w)ww[.youtube.com/w](http://www.youtube.com/w)atch?v=LMRA5S1weU0&feature=emb\_logo | John Medendorp |  |  |  |
| 42 | Targeting hotspots for integrated territorial development should indeed be a key recommendation of the Food Systems Summit, as an effective means to bring together all SDGs in the last decade leading to 2030 | Florence Egal |  |  |  |
| 43 | Thank you. Would it add value to develop guidelines on evaluating of COVID impact? | Anne Mugisha |  |  |  |
| 44 | You can find more information on our website: Rapid.sawbo-animations.org | John Medendorp |  |  |  |
| 45 | To all speakers, great job!! Can you comment on how to balance the need to accelerate the delivery of short term emergency interventions to mitigate the adverse consequences of COVID with the momentum developed in many countries to establish long-term multi- sectoral nutrition programs which aim to address the underlying and basic causes of poor nutrition and reduce the burden of stunting. Perhaps Pooja can speak to this. | Jonathan Gorstein |  |  |  |
| 46 | Thank you, all presenters. My question is to Nepal presenter- How are you able to track nutrition commodities & support considering the number of facilities which are more than 3000. What were the challenges? Zenebu from Ethiopia | Zenebu Yimam Idris |  |  |  |
| 47 | The Nepal presentation just finished. Please included the Herbs, Yoga meditation Proper food, Activities thought and spirituality and Integrated treatment in your USAID related document with local and organic product with traditional natural rule and regulation. Nepal Government already included and implemented developed by Department of Aurbedic and alternative medicine and Nutrition network. I want to request to include these thinks from eastern philosophy related facts. Such as no hand check, making physical distance, Do Namaste from 2 miter distance, to touching greeting, Using herbs and masalas you can see 1. [www.backtocommonsence.or](http://www.backtocommonsence.or/) g.np and 2. https://dohs.gov.np/nutrition- section/ 3. https://doaa.gov.np/ | Shalik Ram Bhusal |  |  |  |
| 48 | Thank you for the response! | James Oehmke |  |  |  |
| 49 | Could you please address how the barriers reported in LMICs to achieve affordable and reliable telecommunications to deploy mobile technology nutrition program community- based capacity building solutions? | Evelyn Cherow |  |  |  |
| 50 | How can short value chains (food produced, traded, and consumed locally or regionally, such as root and tubers) can be promoted to depend less on internationally traded commodities? | Oscar Ortiz |  |  |  |
| 51 | Resilient and environmentally sustainable recovery from covid-19 now much talked of, is it not more urgent than ever that we transition away from a conventional chemical agriculture approach that produces 25% of greenhouse gases, has left 38% of cropland degraded, has stripped essential nutrients from our food (as shown e.g. by long-term studies showing up to 96% reductions in essential vits & minerals) and has its fingerprints all over increased zoonotic transmission incl. covid-19? As agroecology/organic agriculture shows increased productivity, nutritional quality, resilience, and sustainability (acres of peer reviewed studies on this), why does conventional chemical agriculture still absorb at least 85% of the annual $700 billion global subsidies (see 2019 | Richard Ewbank |  |  |  |
| 52 | Thank you all for the informative and inspiring presentation and introduction of different innovation .I am wondering that how you did the follow up of the training attendance as well as post training follow up for the training conducting using mobile phone | TIGIST MAMO CHERKOS |  |  |  |
| 53 | Most governments mostly in African countries the employees are less motivated due to several matters including working gears and working environment at large, what was the incentives identified to support them during this period? | Domisian Mabula |  |  |  |
| 54 | How can we strengthen mobile phone solutions and use of technology to strengthen community reporting and monitoring mechanisms in resource limited settings? Are there software applications that are working and can be scaled up in the community? | Josiah Kiarie |  |  |  |
| 55 | In effectively addressing prevention of stunting, are any of the nutrition programs that have adapted for nutrition programming in challenging circumstances, training the health workers to identify and refer children already with disabilities as reported by families to early childhood and education local govt’s and ministries? | Evelyn Cherow |  |  |  |
| 56 | Local governments indeed have a key role to play for appropriate responses to the crisis. | Florence Egal | Agreed! | Yes indeed, but also using local volunteers play a big role |  |
| 57 | Using local volunteers is a good approach, my concern is what is the incentives for them to commit time in this condition? | Domisian Mabula | Rwanda has established a great network of youth volunteers during the covid19 pandemic to support the population to comply with guidelines - social distancing, face-mask wearing etc. youth do not want to be idle at such times and Govt leveraged this understanding to build a strong volunteer network who they help mobilize to this date |  |  |
| 58 | During the COVID-19, social protection has been crucial, but less attention given to home/family/informal social protection interventions. Such social protection interventions are also given less priority during the normal situation. How can development partners support to promote home/family/informal social protection interventions in new normal situation? | Indra B. Bhujel |  |  |  |
| 59 | For achieving nutritional security and health in the crisis, both health and agriculture should work jointly. Public extension system is also at the front stage. But no specific action targeting the crisis. Also, their health security is in question. How we can solve theproblem. | Utpal Barman |  |  |  |
| 60 | The health care system has broken down, have any of you thought of another form of health care system to provide quality services? Perhaps more community-based? | Antonio Vargas |  |  |  |
| 61 | There is a huge gap/opportunity in government departments not working together. The enhancement of government departments joint work planning to solve nutrition challenges will greatly improve nutrition in countries faced with high levels of malnutrition and under nutrition. | Josiah Kiarie |  |  |  |
| 62 | Despite suffering difficult situation during the time of pandemic, how can private sector be motivated to continue doing business while also assuring to provide nutritious food at a reasonable and affordable price? What kind of financing mechanism would support them beside donor funding? | Shilu Shakya |  |  |  |
| 63 | What are the major plans of the Government for adaption and resilience of COVID-19 impacts on the low-income female communities/laborers for getting any maternity allowance support in Nepal? | Md Hussain |  |  |  |
| 64 | Nutrition leaders should allocate more resources in developing country due to CoVID-19. Like Bangladesh is steadily improvement of the nutrition indicators but it will be halted and went badsituation after COVID | Md Ataur Rahman |  |  |  |
| 65 | In this link Action Against Hunger provides training to Community Health Workers for the treatment of malnutrition. Now it is only in French. (https://formacion.accioncont raelhambre.org/srv/frontEven ts/init?session\_id=12710). Action Against Hunger has a lot of experience in strategies to improve the coverage of malnutrition treatment in emergences situations. | Antonio Vargas |  |  |  |
| 66 | Malnutrition is a great concern for the adolescent girls of the poor families especially in the remote places, where the access is difficult, we should plan especially for them as they are the future mother. | Ashok Sarkar |  |  |  |
| 67 | Biofortification of food crops is a good approach to improve the nutrition of poor rural vulnerable communities. Is there any international platform developing a close linkage of Agriculture and Nutrition sectors? | NADEEM IQBAL |  |  |  |
| 68 | Mr. Deaton, any chance some of your students/volunteers could be posted to support and learn from local authorities? | Florence Egal | Absolutely! We would like to have such opportunities. I will follow up! | Hello Florence, we at the Deaton Institute looks forward to partnership, to provide opportunities for students to learn from local communities. Kindly contact us at deatonscholars@missouri.edu https://deaton- institute.missouri.edu/ | How best to contact you afterwards? Want to follow up. Thanks for your question. |
| 69 | WFP leads the “emergency telecommunications cluster” which does some of the on the ground work in crisis contexts to set up communications channels https:[//w](http://www.wfp.org/emerge)ww[.wfp.org/emerge](http://www.wfp.org/emerge)ncy-telecommunications-cluster | Tanuja Rastogi |  |  |  |
| 70 | To address Brady’s question, the WHO Nurturing Care Framework speaks to cross- sectoral collaborations for children’s wellbeing and family engagement —integrated health, ed, nutrition, and sanitation. We need to address silos through pandemic and beyond! | Evelyn Cherow | Thanks for this info! I hope to flow up with you and refer you to colleagues also. OK? |  |  |
| 71 | What happened in Africa’s urban slums regarding services in nutrition during COVID? Over 60% of Africa’s poor live in the informal settlements. | Angela Pashayan |  |  |  |
| 72 | Great thanks Saskia! | Paula Quigley |  |  |  |
| 73 | Thanks to the Panel and participants for this interesting seminar. Much appreciated!! - Russ Webster, COP FTF Business Drivers forFood Safety. | Hallie Powell |  |  |  |
| 74 | Could the speakers talk about the resources needed to address nutrition needs in this context? I know US policymakers have discussed additional $$ for global health and nutrition on a bipartisan basis but appears that we may see a "Continuing Resolution" with no additional $$ for an international COVID response. Are there other resources that are helping fill the gaps? | Meredith Dodson |  |  |  |
| 75 | Comment - Access to Animal Source Foods - "Staple food focus has made our food system non-nutritious. Shifting to staple foods and animal source foods to promote healthy foods and diets needs to be part of our future." - World Vegetable Center | Mark Mitchell |  |  |  |
| 76 | Are local partners able to purchase and deploy necessary PPE? | Nat Bascom |  |  |  |
| 77 | Must move to the next meeting, thanks to the organizer and panelists for the excellent and insightful dialogue and learning event | Andreas Bluethner |  |  |  |
| 78 | One can argue that all the people we serve are vulnerable so what criteria do use to determine the most vulnerable groups? | Hope Wilson |  |  |  |
| 79 | Due to Covid-19 pandemics institutional deliveries are going down and hence affecting BF practices especially in the hot spots- Urban areas. Any guidance for Urban. We are also seeing children with edema plus SAM due to COVID -19. They may not present with classical symptoms of SAM, but they do come with edema. | RAJALAKSHMI NAIR |  |  |  |
| 80 | It is a very resourceful discussion. Thanks to organizer | Md Ataur Rahman |  |  |  |
| 81 | Optimal nutrition is essential for peak athletic performance. Are we doing any research on the impact of COVID and the nutritional status of this arguable healthy cohort of our population? | Goulda Downer |  |  |  |
| 82 | Angela, you may be interested in following the series of webinars organized by UN- HABITAT, we need more nutritionists. https://urbanpolicyplatform.o rg/url-webinar-series/ | Florence Egal |  |  |  |
| 83 | Great Shawn you are adding your knowledge & intelligencein Nutrition. | Uma Koirala |  |  |  |
| 84 | We are not seeing very active involvement of Agriculture | RAJALAKSHMI NAIR |  |  |  |
| 85 | On short food chains https:[//w](http://www.inrae.fr/en/new)ww[.inrae.fr/en/new](http://www.inrae.fr/en/new) s/covid-19-are-short-food- supply-chains-more-resilient- times-crisis | Florence Egal |  |  |  |
| 86 | Dear Dennis-Rwanda, being using multi-sectoral approach- in my view the government for instance has been there but less has been done to support the growth of your implementing project- what has been done now to make them-govt be able to support what you’re doing? What are the incentives to other players for sustainability? | Domisian Mabula | A number of learnings as discussed in the presentation have been shared and highlight the importance of prioritizing key investments that support access, availability and consumption in the local communities in the absence of which it's a lot harder to establish in a crisis. The govt i believe would learn from such! | Most of the project is private- sector focused, however, the project supports the farmers via the RAB, and the behavior change on nutrition is via the community health workers. |  |
| 87 | implementation of development programs (nutrition, health, education) would depend a lot in virtual channels during a pandemic environment that encourages social distancing, this is the time to start/invest/enforce the access to technology for poor populations so they can receive nutrition SBC messages, training in food preparation, monitoring of progress of growth and development and tele-education for children and youth. A basic package of technology could be set that includes a cell phone, tablet, or computer to provide beneficiaries with the tools for accessing some health, nutrition, and education services. Host Governments should participate in this expansion of technology and services and facilitate the access to free internet for | David Castellanos |  |  |  |
| 88 | Some protein food deficit countries in Asia and other regions such as Africa and South America might take lessons from Bangladesh to feed small fishes as the cheap sources of highly nutrient/protein rich food among the children, lactating mothers and pregnant women over there during post COVI-19 pandemic period. Who can tell any such program has yet been initiated or not elsewhere? | Md Hussain | The Orora Wihaze program is focused on the animal source foods, which also includes fish in this program. |  |  |
| 89 | Thank you, Donald. More emphasis is needed on increasing accessibility and affordability of animal-source foods to meet the rising nutrient deficiencies given the multiple and bioavailable micronutrients they supply. | Gbola Adesogan |  |  |  |
| 90 | How to increase transparency of data sharing and trust (COVID, Nutrition, Agriculture, Climate, economics) to visualize solutions to this complex interconnected challenge? | Kiruba Krishnaswamy | Kiruba, Good to see your response to Florence Egal. I also responded. Do you know her for follow up? |  |  |
| 91 | Are there any cases where Private sectors have supported? | Atul Upadhyay | Private sector can help with technological support, e.g. TechnoServe example with ProSoya, they facilitated technical advice on new product development by channeling expertise from Partners in Food Solutions who are made up of seven global food processing companies. There are also examples of capacity building,e.g. Buhler's African Milling School that is adapting training to a hybrid remote /practical lesson |  |  |
| 92 | Social norms and gender-based violence are causing adverse impact on nutrition of women and girls particularly intensifying during this pandemic. How these social issues are considered while adapting technology to response nutrition needs? | Sujata Singh | Education and awareness on nutrition is still crucial especially for rural communities. I thank feed the future (mboga na matunda project) in Tanzania for their initiatives on nutrition and vegetable production.But there still a need for more awareness on nutrition aspect, indeed people eat vegetables, but the question is how they prepare them (overcook) |  |  |
| 93 | Are any of you responding in partnership with typical emergency response organizations? Many of us have been pivoting from development to more of an emergency response. We are many hands and heads on the ground that have access to what is happening on the ground. Can USAID help facilitate learnings from those who know how to work in emergencies. USAID convene a conversation. Lots of lessons learned that can be shared. Lessons in logistics, procurement, partnerships, government relations, etc. | Bonnie McClafferty |  |  |  |
| 94 | Yahh. Have a chance of reinforce of vicious circle ofmalnutrition due to COVID. | Uma Koirala |  |  |  |
| 95 | Agreed - Sustainable nutrition older indigenous systems with open pollinated continually adapting systems. Not the artificial seed and agrochemicals (hybrids, GMOs, pesticides, fungicide, herbicide, bio fortified foreign species, etc.). | Stacia Nordin |  |  |  |