



**ARNEC**

Asia-Pacific Regional Network  
for Early Childhood

Nurturing care for young children:  
seeking solutions for addressing disparities  
heightened by the impact of COVID-19

Webinar Series 2.0



# The Webinar Series 2.0 is brought to you by



**ARNEC**  
Asia-Pacific Regional Network  
for Early Childhood



**OPEN SOCIETY**  
FOUNDATIONS



**Save the**  
**Children**

**ChildFund**  
Alliance

**Our focus in this second webinar series**

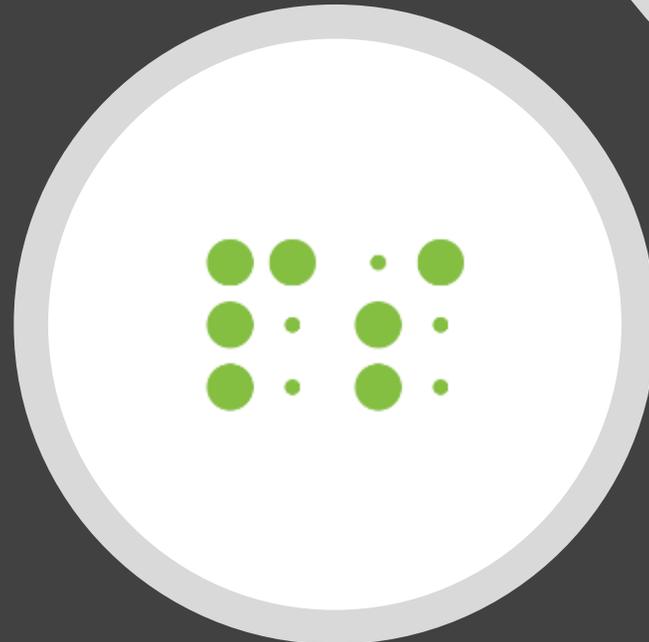
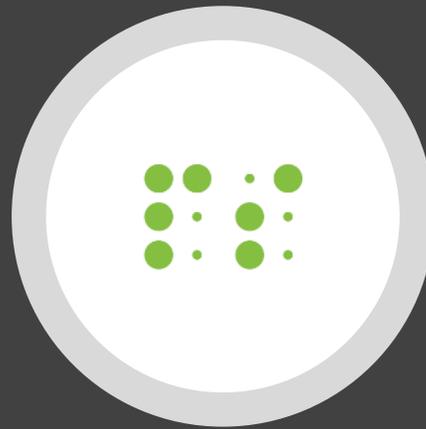
**policy and program solutions to address conditions of disparity among young children heightened by COVID-19**



**Webinar no. 2:**  
focus on health and nutrition

Impact is worst for marginalised children who were vulnerable even before the pandemic:

- Children with delays and disabilities;
- Children living in poverty;
- Children living in informal settlements;
- Children living in rural and remote communities;
- Children of refugees and migrants; and
- Children of ethnic and linguistic minorities



# Objectives

- Present local or country-level solutions to promote nurturing care and inclusive ECD, including the redesign of policies and programs targeting marginalised young children and their families;
- Discuss evidence-based studies and emerging good practice at local and country levels; and
- Trigger conversations around cross-country and multisectoral advocacy in support of the well-being of children and reforms in policies and programs for inclusive ECD.





# Our moderator

## Jyoti Dhingra

- development professional with more than 30 years of experience providing strategic guidance and policy support to INGOs and the UN in Asia
- one of the ARNEC National Representatives for India



ARNEC

Asia-Pacific Regional Network  
for Early Childhood

# Gentle reminders

Please note that the **webinar will be recorded**, and resources shared will be made available on the ARNEC's website afterwards.

Please **use the Question & Answer (Q&A)** feature located in your ZOOM Meeting Control to ask questions. You can upvote a question by clicking the thumbs up.



Join us as ARNEC's member to be informed of the next webinar.

<https://arnec.net/signup>. Like and follow us on [Facebook](#) to get regular updates!

We would like to request your feedback on the webinar, please help us to complete the short survey using the link sent after the session.

## Key questions

1. What challenges did the delivery of health and nutrition services including maternal, newborn and child health (MNCH) face, particularly for the most vulnerable groups of young children, during the pandemic?
2. How are governments and other partners redesigning health and nutrition policies and programs, including prenatal care, wasting, and stunting interventions, and immunisation to address these needs in the context of the pandemic?



## Key questions

3. What have been the successes in providing health and nutrition services in the last six months? Can you share a case study of a particular innovative intervention undertaken? How are the countries addressing the needs of the most vulnerable groups of young children?

4. What challenges remain? What key messages would you like to share? What is your call to action?



# Our speaker and presenters



## Debora Di Dio

Senior Nutrition and Strategy Adviser at the Scaling Up Nutrition (SUN) Movement Secretariat, at the United Nations Office in Geneva, Switzerland

- Protecting nutrition in COVID-19 response and recovery



## Katharina Elisabeth Kariippanon, PhD

Early career researcher in the School of Health and Society and Early Start at the University of Wollongong, Australia

## Hongyan Guan

Associate Professor, Department of Integrated Early Childhood Development of Capital Institute of Paediatrics in Beijing, China

- 24 hour movement behaviours in the context of COVID-19: Importance and challenges of maintaining healthy levels of movement behaviours





## Dr. Sujeet Ranjan

Executive Director, Coalition for Food and Nutrition Security , India

- Nurturing care for young children during and beyond COVID-19: focus on health and nutrition



## Dr.dr. Rr. Brian Sri Pahausti

Senior Advisor at The Executive Office of The President of Republic of Indonesia for Health, Woman and Child Strategic Issues

- Indonesia's COVID-19 response: national and local health and nutrition solutions and innovations for young children



Photo: © UNICEF/Quan



Photo: © UNICEF/Dejongh

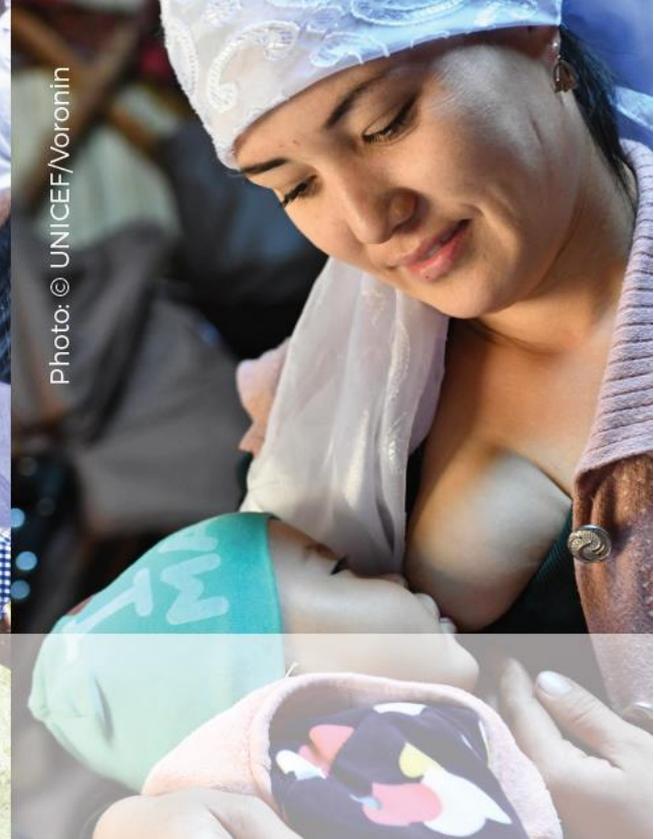


Photo: © UNICEF/Voronin

Scaling Up  
**NUTRITION**  
ENGAGE • INSPIRE • INVEST

# THE SUN MOVEMENT

## Protecting Nutrition in COVID-19 response and recovery

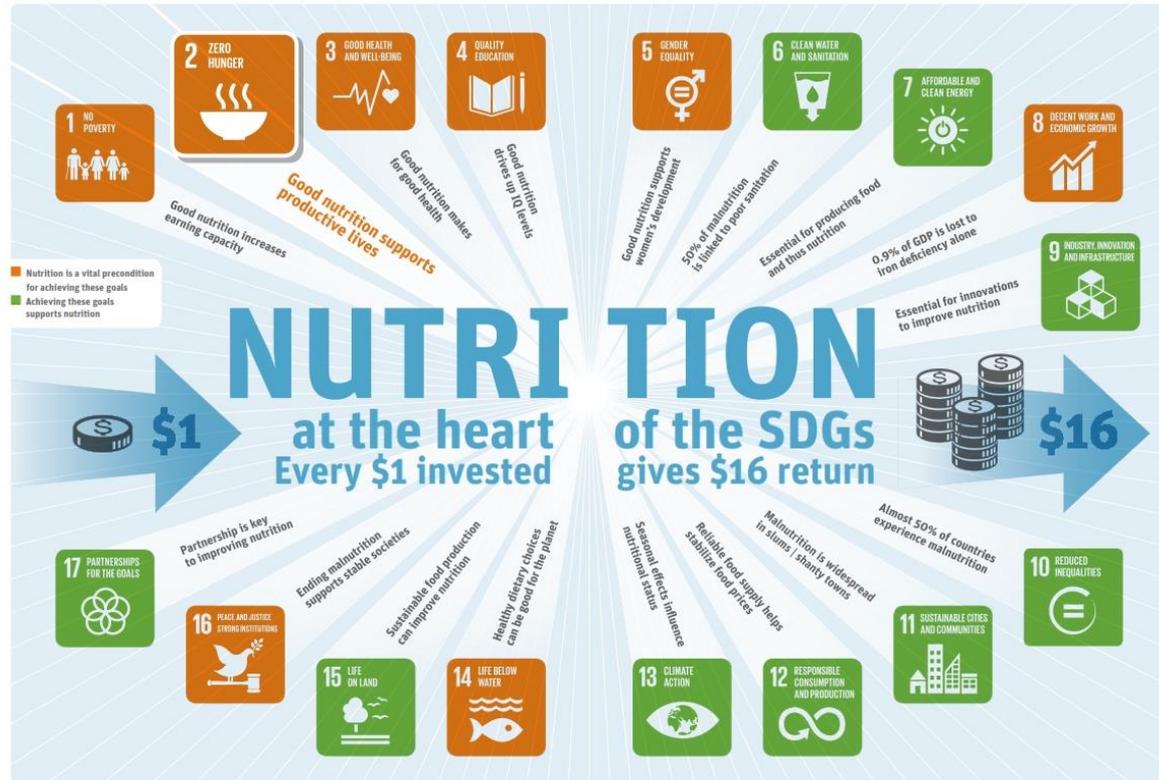
SUN is a unique Movement founded on the principle that all people have a right to food & good nutrition.

# WHY NUTRITION?

## Nutrition is foundational...

Nutrition is everyone's business.

It is multi-sectoral, underpinning all other development initiatives, including climate action.



**Without improving nutrition, we will not be able to meet the Sustainable Development Goals**

# OUR VISION

**The vision of the SUN Movement is  
a world free from malnutrition.**

The Scaling Up Nutrition, or SUN, Movement is a global effort to eliminate all forms of malnutrition, based on the principle that **everyone has a right to food and good nutrition.**

It unites people—from **governments, civil society, the United Nations, donors, businesses and researchers**—in a collective effort to improve nutrition.

## How ECD and Nutrition are linked?

- The period of Early Childhood Development is a time of outstanding growth and where **optimum nutrition is key**
- Children <5 in LMICs are at risk of not reaching their developmental potential due to poverty, nutritional deficiencies and inadequate learning opportunities
- **Lack of proper nutrition** in early childhood development leads to **stunting** which globally affect one in four children.
- There is not **enough investment** in young children and early childhood development

# THE SUN WAY OF WORKING

Once mainly seen as an issue to be tackled through public health interventions, the importance of a concerted approach is now widely accepted, involving:

- **multiple stakeholders**, supported by the UN, civil society, business, academia and donors
- **multiple sectors**, including health, agriculture, women's empowerment, planning, education and more



SUN Movement Coordinator, Lead Group and Executive Committee  
and Multi-stakeholder Working Groups (MWG) facilitated by the SUN Movement Secretariat

# THE MOVEMENT TODAY

**62 countries** and the Indian States of Maharashtra, Jharkhand, Madhya Pradesh and Uttar Pradesh have committed to Scaling Up Nutrition and are working collectively, as a Movement.

Evolution of SUN countries & the four Indian States



# COVID-19 Impact on Nutrition

- The COVID-19 crisis continues to create multiple shocks
- Unprecedented impacts on all forms of malnutrition –an impending large-scale global food and nutrition emergency.
- Disruptions to food, economic and health systems are driving this increased burden.
- By 2022 this nutrition crisis could result in an additional 9.3 million wasted and 2.6 million stunted children. This could result in an additional 168,000 child deaths.
- Failing to act now to protect people’s nutrition will result in irreversible damage and long-term negative impacts on people and economies

# COVID-19 Impact in Asia-Pacific region

- At the start of the crisis, an estimated **10.5 million children <5** in Asia were suffering from **wasting**, **78 million children** were **stunted** and **17 million** were **overweight**, while **400 million women** were **anemic**.
- Disruption in food supply chains, social protection schemes and community programmes, essential nutrition services, school feeding and nutrition
- The current situation aggravates the difficulties many families already face in terms of access to affordable, healthy diets
- These factors likely to have a negative impact on the nutrition status of vulnerable groups

# SUN Movement Approach

- **Support SUN country stakeholders to ensure:**
  - ✓ *nutrition is prioritized during the COVID-19 pandemic response and recovery*
  - ✓ *good nutrition is positioned as the primary goal of food security efforts*
- **Funding for nutrition is safeguarded** and economic consequences of the pandemic on nutrition are anticipated and mitigated
- A country-focused, multi-sectoral, multi-stakeholder approach to nutrition remains **high on the global agendas**

## SUN Approach (cont'd)

- Highlight the need to **bridge humanitarian and development** actors and assistance
- Emphasize the **leadership of the Government** in the response
- Advocate for the importance of **sustaining nutrition-specific interventions** and their integration in the health care response
- Advocate for the **continuation of nutrition-sensitive interventions** (food system, social protection)

# Responses in Asia-Pacific Region

- Inclusion of nutrition components in the National Preparedness and Response Plan for COVID-19 (Bangladesh)
- ECD & SUN coordination integrated under the overall stewardship of the Planning Commission (Pakistan)
- Coordination between National Planning Commission and local level governments to allocate special fund for nutrition (Nepal)
- New targeted food assistance programs (Indonesia, Myanmar, Cambodia)
- Stepping up of civil society, private sector, donors and UN agencies in relevant areas

# Call to Action

- SUN Strategy 3.0 (2021-2025)
- Strengthen and sustain strong policy and advocacy environments
- Develop and align shared country priorities for action
- Build and strengthen country capacity
- Plan to ensure high-quality childcare and preschool programs, with health and nutritional interventions at the centers
- Increase international and domestic finance to ECD and nutrition
- Step forward to re-commit at the Food Systems Summit and Nutrition for Growth Summit (2021) and trigger progress in nutrition, ECD and other areas

# Scaling Up NUTRITION

ENGAGE • INSPIRE • INVEST



[www.scalingupnutrition.org](http://www.scalingupnutrition.org)  
<https://scalingupnutrition.org/covid19/>



[www.facebook.com/SUNMovement](https://www.facebook.com/SUNMovement)



[www.twitter.com/SUN Movement](https://www.twitter.com/SUN_Movement)

But we must not be complacent.  
**We can achieve zero hunger and  
malnutrition in our lifetime.**



# Related resources:

**2014 Global Nutrition Report** (link here <https://globalnutritionreport.org/reports/2014-global-nutrition-report/>).

The study showed that in line with the level of stunting reduction modeled by Bhutta et al. (2013a), scaling up a core package of interventions will lead to a 20 percent decrease in the rate of stunting. The median benefit-cost ratio of achieving this 20 percent decline in the rate of stunting is approximately 16 for all 40 countries in the study. In other words, for every dollar, rupee, birr, or peso invested, at the median, more than 16 will be returned.

**An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding and Wasting**

(link here: <https://www.worldbank.org/en/topic/nutrition/publication/an-investment-framework-for-nutrition-reaching-the-global-targets-for-stunting-anemia-breastfeeding-wasting>)



**首都儿科研究所**  
CAPITAL INSTITUTE OF PEDIATRICS



UNIVERSITY  
OF WOLLONGONG  
AUSTRALIA



## **24 hour movement behaviours in the context of COVID-19: Importance and challenges of maintaining healthy levels of movement behaviours**

**Prof Hongyan Guan**

Department of Early Childhood Development  
Capital Institute of Pediatrics

Email: [hongyanguan@126.com](mailto:hongyanguan@126.com)

**Dr Katharina Kariippanon**

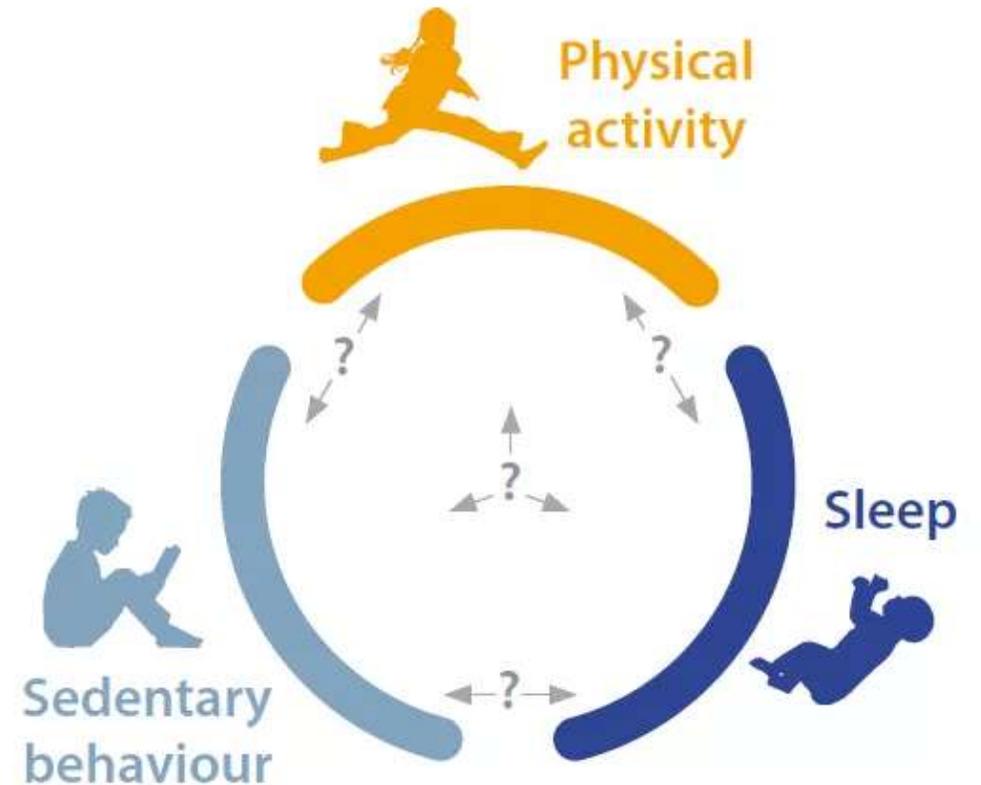
Early Start  
University of Wollongong

Email: [kathkar@uow.edu.au](mailto:kathkar@uow.edu.au)

# IMPORTANCE

## *Of movement behaviors in early years*

- 24 hours movement behaviours is usually a combination of sleep, sitting, standing, and different intensities of physical activity, the latter mostly in the form of play and other daily activities in early years.
- Improving the movement behaviors of young children will contribute to their physical health, reduce the risk of developing obesity in childhood and the associated NCDs in later life and improve mental health and wellbeing.



# WHO GUIDELINES FOR CHILDREN UNDER 5

*Filling a gap in the WHO recommendations on physical activity*

- WHO has identified the prevention of obesity in young children as one of its key priorities for the 21<sup>st</sup> Century.
- WHO guidelines on physical activity, sedentary behavior and sleep for children under 5 years of age had been released in 2019.
- Healthy movement behavior habits established early in life will provide an opportunity to shape habits through childhood, adolescence and into adulthood.
- Low and middle income countries (LMICs), many of which are in a period of rapid urbanisation, may further impact on the healthy development of these behaviours among this age group.

GUIDELINES ON  
**PHYSICAL ACTIVITY,  
SEDENTARY BEHAVIOUR  
AND SLEEP** | FOR CHILDREN  
UNDER 5 YEARS OF AGE



# THE IMPACT OF COVID-19 TO MOVEMENT BEHAVIOR

*The school closures and physical distancing measures taken by many countries*

- As a result of the COVID-19 pandemic, opportunities for children to meet the movement guidelines have been impacted due to school closures and physical distancing measures implemented by many countries.
- ***Promoting healthy movement behaviors among children during the COVID-19 pandemic*** published in ***The Lancet Child & Adolescent Health*** in 29 April, 2020 by 16 authors from 13 countries and UNICEF Headquarter.
  - Real-time data (include children) from FitBit™ show that across the 13 countries represented by our authorship, compared with the same period in 2019, there was **an average reduction in step counts of 13%** during the week ending 22 March 2020 .
  - Interviews of 15 parents of preschool-aged children in Beijing, China found that, compared with pre-COVID-19, nearly all children were going to bed later and waking up later, along with increased Sedentary screen time and a low level of physical activity. Similar findings found from South Korea.



The Lancet Child & Adolescent Health  
Volume 4, Issue 6, June 2020, Pages 416-418



Comment

## Promoting healthy movement behaviours among children during the COVID-19 pandemic

Hongyan Guan <sup>a</sup>, Anthony D Okely <sup>b</sup>, Nicolas Aguilar-Farias <sup>c</sup>, Borja del Pozo Cruz <sup>d</sup>, Catherine E Draper <sup>e</sup>, Asmaa El Hamdouchi <sup>f</sup>, Alex A Florindo <sup>g</sup>, Alejandra Jáuregui <sup>h</sup>, Peter T Katzmarzyk <sup>i</sup>, Anna Kontsevaya <sup>j</sup>, Marie Löfdal <sup>k</sup>, Wonsoo Park <sup>l</sup>, John J Reilly <sup>m</sup>, Deepika Sharma <sup>n</sup>, Mark S Tremblay <sup>o</sup>, Sanne L C Veldman <sup>p</sup>

# IF CHILDREN FROM LMICs ARE ESPECIALLY AT RISK

## *The possible reasons for the answer of YES*

- It is important to examine if children from low- and middle-income countries and vulnerable families in high-income countries are especially at risk during the COVID-19 pandemic.
  - The greater proportion who live in apartments or shelters resulting in less physical space in which children can move about in the home.
  - A greater reliance in these groups on accumulating daily physical activity through outdoor play and active commuting to and from school which is more threatened by an increase in time indoors.
  - Poorer neighbourhood safety – especially in countries where schools are perhaps the only safe play space in the neighbourhood – make it harder for children to be active when schools are closed, as is the case in many of these communities.
  - There may be reduced access to the internet, computers, or tablets and a reduced ability to pay for increased data usage to access online content such as videos and virtual activity classes.
- To consider equity, minimal equipment, protection of children online, and the framing of messages to include opportunities for parent/child interactions and consideration of limited space when developing resources via the internet and social media, especially critical in communities with limited access to the internet.

# RECOMMENDATIONS

## *Panel: Recommendations for promoting healthy movement behavior*

- Based on the evidence presented, we recommend the following actions for promoting healthy levels of physical activity, sedentary behaviour and sleep among children during the COVID-19 pandemic.
- Many parents are juggling a lack of income, food insecurity, and working from home, so movement behaviours may not be at the top of their priority list.
- However, we believe the current pandemic provides an opportunity to raise awareness of movement behaviour guidelines for children, and to promote their uptake across all areas of society.

## *Panel: Recommendations for promoting healthy movement behaviour*

- Parents and carers should incorporate physical activity into children's daily routine (including using electronic media to facilitate participation) and encourage the whole family to join while adhering to regulations on physical distancing and access to outdoor spaces. Extended periods of sitting should be broken up every 30–60 min (eg, by standing and stretching for 1 min). They should follow sedentary recreational screen-time recommendations and encourage co-viewing and positive social interactions and experiences. To help children to get enough sleep, keep bed and wake times consistent, keep screens out of the room where children sleep, and avoid screen use before bedtime.
- Educators and teachers should know and promote the movement behaviour guidelines, and embrace opportunities to incorporate healthy movement messages, practices, and policies into daily home-school routines and lessons—eg, when scheduling online lessons, limit prolonged sitting and encourage changes in posture such as regularly standing, stretching, or moving on the spot.
- Health professionals should understand and recommend the current guidelines to parents, family members, and caregivers and reinforce their positive association with children's health during all visits, including remote contacts and telemedicine.
- Governments should promote healthy movement behaviours in children as part of response strategies and public messaging, and should engage influential people in promotion of such messages.
- The media should provide regular messages to promote physical activity and break up extended periods of sitting.
- Children should speak up and advocate for their right to a healthy, active life, while carefully observing pandemic restrictions. Forming peer groups can help with maintaining healthy movement behaviour patterns.

# SUNRISE

## *International Study of Movement Behaviours in the Early Years*

- First multi-country, cross-sectional study using new WHO Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age
  - Currently 39 countries involved in the study
- Sample of urban and rural communities from predominantly low- and middle-income countries (LMICs) undergoing urbanisation and globalisation
- Objective, device-based and parent reported measures of 24-hour movement behaviours (TPA, MVPA, sedentary screen-time and sleep)
- Direct measures of executive function, gross and fine motor skills and adiposity

# AIMS

## *Of the SUNRISE Study*

- To determine the proportion of 3 and 4-year-old children sampled in participating countries who meet the WHO Global guidelines for physical activity, sedentary and sleep behaviour
- To determine if these proportions differ by gender, parental education level, by urban/rural location, and among countries of differing human and economic development
- To examine associations between 24-hour movement behaviours and health and development outcomes
- To determine potential correlates of 24-hour movement behaviours using a social ecological model, to examine interrelationships between individuals and the social, physical and policy environment
- Findings will inform global efforts to develop culturally specific interventions to improve movement behaviours and ensure young children reach their developmental potential

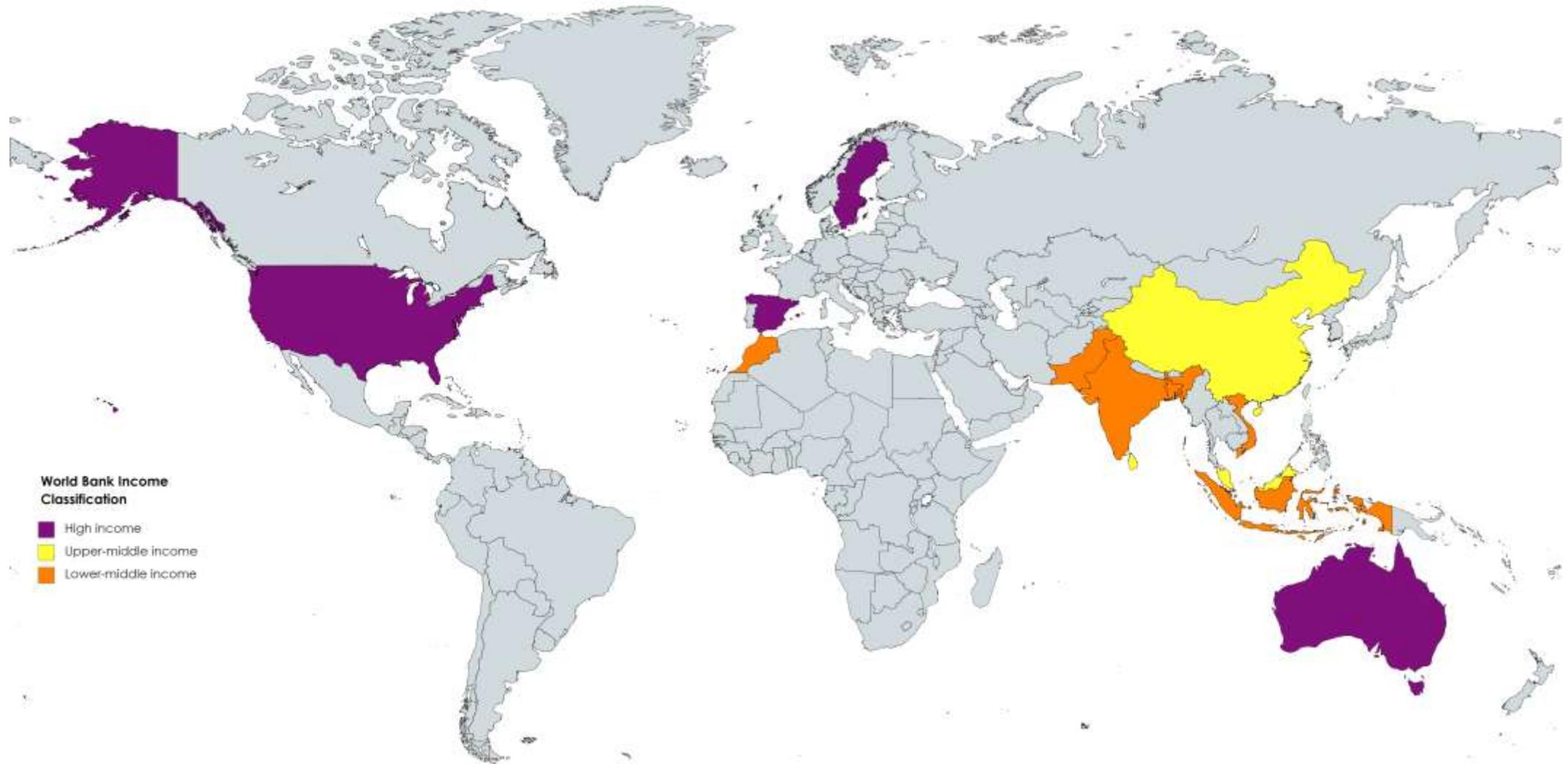
# FOLLOW-UP DURING COVID-19

## *Assessing longitudinal changes*

- The pandemic presented an opportunity to follow up with the same children, giving us longitudinal data on how movement behaviours were effected by the COVID-19 restrictions
- Pilot studies conducted in multiple countries (100 children per country) to serve as baseline data
- Parents invited to participate in a follow-up study to report on how local COVID-19 restrictions had impacted their child's movement behaviours
- Parents completed surveys at the height of restrictions in their respective localities
- Parents also reported on:
  - Levels of restrictions
  - Environmental conditions
  - Parental stress levels
  - Parents confidence in promoting healthy movement behaviours

# PARTICIPATING COUNTRIES

*Majority from the Asia Pacific region*



# OVERALL FINDINGS

## *24 hour movement behaviours*

- Changes in physical activity, sleep duration, and the proportion meeting all four guidelines were small and not statistically significant
- Children spent 55mins/day more in sedentary screen time and the proportion who met the SST guideline dropped from 48% to 25%
- Children went to bed 34mins later and woke up 60mins later than before COVID-19
- The average nap time decreased by 19mins/day.
- Children spent 81mins and 105mins less time outdoors on weekdays and weekend days, respectively.

# PROPORTION OF CHILDREN MEETING GUIDELINES

*24hr movement behaviours before and during COVID-19 at the country level*

COUNTRY	Total Physical Activity		Moderate-Vigorous Physical Activity		Sedentary Screen Time		Sleep		All Guidelines	
	Before	During	Before	During	Before	During	Before	During	Before	During
Australia	79%	42%	96%	67%	54%	25%	100%	96%	42%	17%
Bangladesh	59%	21%	67%	31%	8%	8%	69%	72%	0%	5%
China	85%	46%	36%	23%	86%	47%	90%	88%	22%	6%
Hong Kong	34%	9%	39%	17%	58%	25%	94%	86%	8%	2%
India	*	74%	*	77%	45%	29%	83%	85%		28%
Indonesia	45%	65%	69%	52%	43%	36%	76%	56%	15%	14%
Malaysia	36%	87%	33%	46%	51%	21%	78%	82%	5%	9%
Pakistan	*	88%	*	47%	6%	18%	82%	82%		0%
Sri Lanka	46%	94%	60%	63%	54%	27%	83%	73%	13%	12%
Vietnam	75%	77%	39%	47%	45%	29%	79%	81%	6%	12%

\*Objectively measured data – not yet available

# FINDINGS

## *24 hour movement behaviours*

- Children from LMIC were more likely to meet the PA and SST guidelines than their counterparts from HICs
- Children who could go outside were more likely to meet all the WHO recommendations than those who were not
- Children from countries with low to moderate levels of restrictions were more likely to meet the guidelines for all 3 movement behaviours
- Caregivers who were concerned about their child's movement behaviours reported a greater increase in SST (49.4 mins/day vs 65.1mins/day)
- Highlights the interrelationship among the movement behaviours and the impact that restrictions can have across the entire day
- If children are not able to go outside this reduces opportunities they have for PA. As a result, children are more likely to be engaged in SST. Lower levels of PA and higher levels of SST in these children results in shorter total sleep durations

# IMPLICATIONS

## *24 hour movement behaviours*

- The strength of these associations with all three movement behaviours highlights that priority must be given to keeping ECEC services open and providing opportunities for children to go outside
- Parents' stress and exhaustion levels and their self-efficacy to support healthy movement behaviour patterns in their children need to be addressed, and preventive programs to help with this can be particularly beneficial for parents
- Policies and efforts therefore need to be specific to each country's context with particular attention given to LMICs, which may not have the resources to deal with the challenges faced by caregivers of young children
- Children who meet all guidelines at this age are more likely to have better health, reinforcing the importance of promoting outdoor play for children during the current pandemic with appropriate risk mitigation strategies

# ACKNOWLEDGEMENTS

*It takes a team*

- Children, parents and ECEC staff in each participating country
- Country chief investigators and research teams
- SUNRISE Coordinating centre team as Early Start, UOW
- SUNRISE Leadership Group
- Senior Professor Tony Okely, SUNRISE Principal Investigator, UOW

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

**“Nurturing care for young children during and beyond COVID 19: focus on health and nutrition”.**

Monday, 11<sup>th</sup> January 2020

**Dr. Sujeet Ranjan  
Executive Director  
The Coalition for Food and Nutrition Security  
New Delhi, India**



# Vision, Mission and Mandate:

The Coalition for Food and Nutrition Security is a group of policy and program leaders which was formed in 2007 and institutionalised as a Society in 2014.

## *Vision*



**Sustainable Food and  
Nutrition Security for All**

## *Mission*

*Raising awareness, fostering collaboration and advocating for improved programmes to achieve food and nutrition security in India*

**Sustained  
Membership  
Engagement**

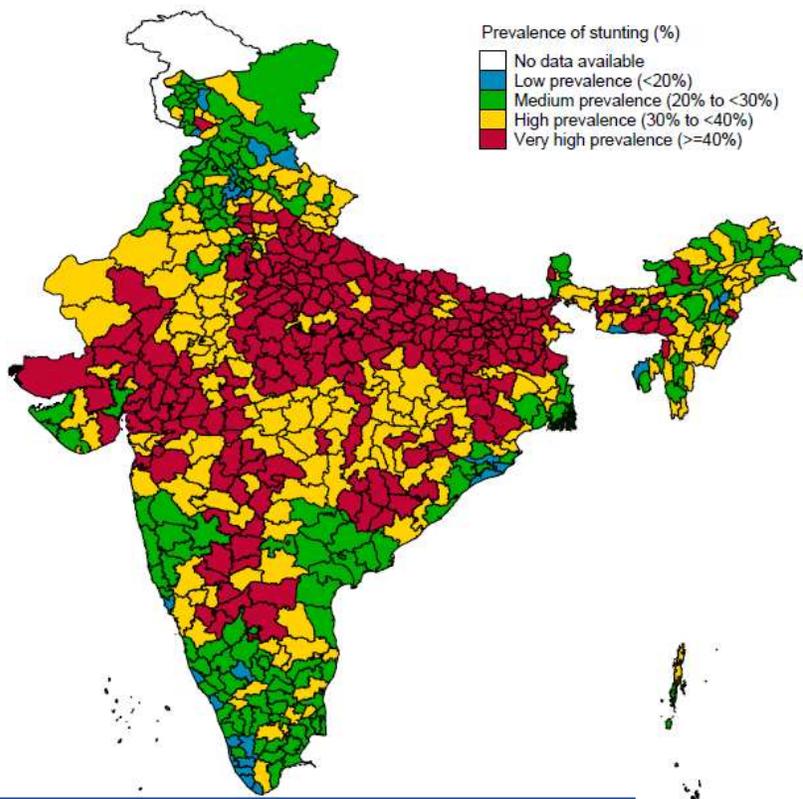
**Knowledge  
Management:  
Working Groups as  
an Operating  
Model**

**State  
accountability  
to SDGs and  
WHA targets**

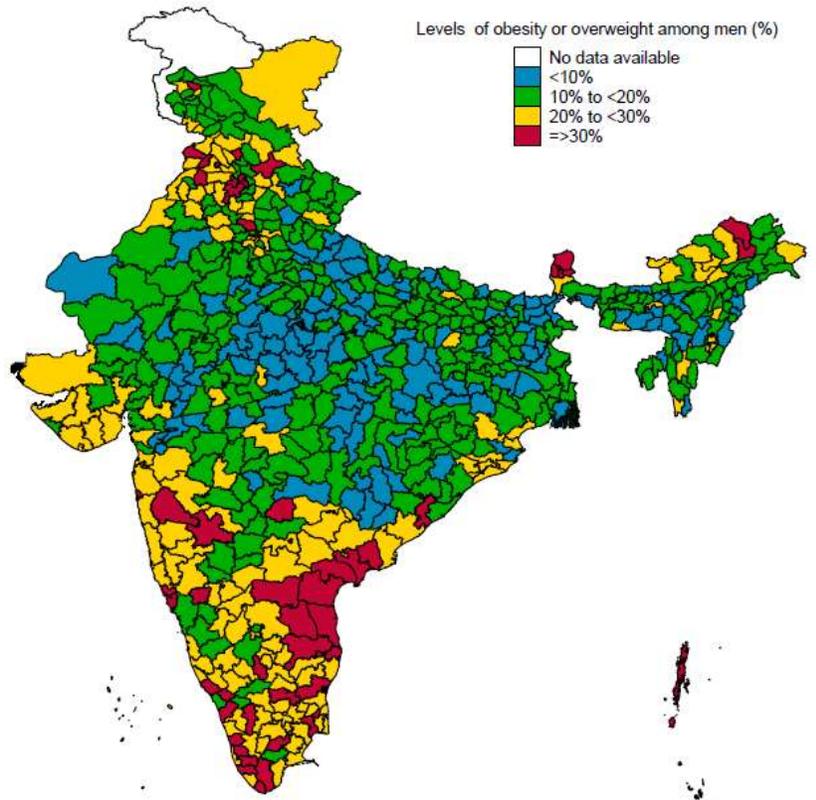
**Evidence  
Based  
Advocacy**

**Catalyse  
Social  
behaviour  
change**

# Why nutrition matters in pandemic times. Malnutrition in India could have implications for COVID19's health impacts. The intersection of undernutrition and COVID19 is uncharted territory

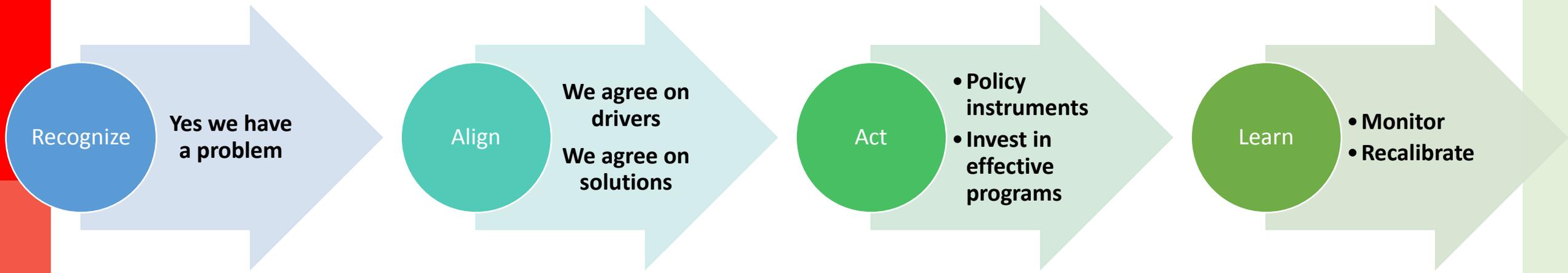


Undernutrition among children could predispose them to higher risk of infection and susceptibility to severe infection  
**Stunting among children**

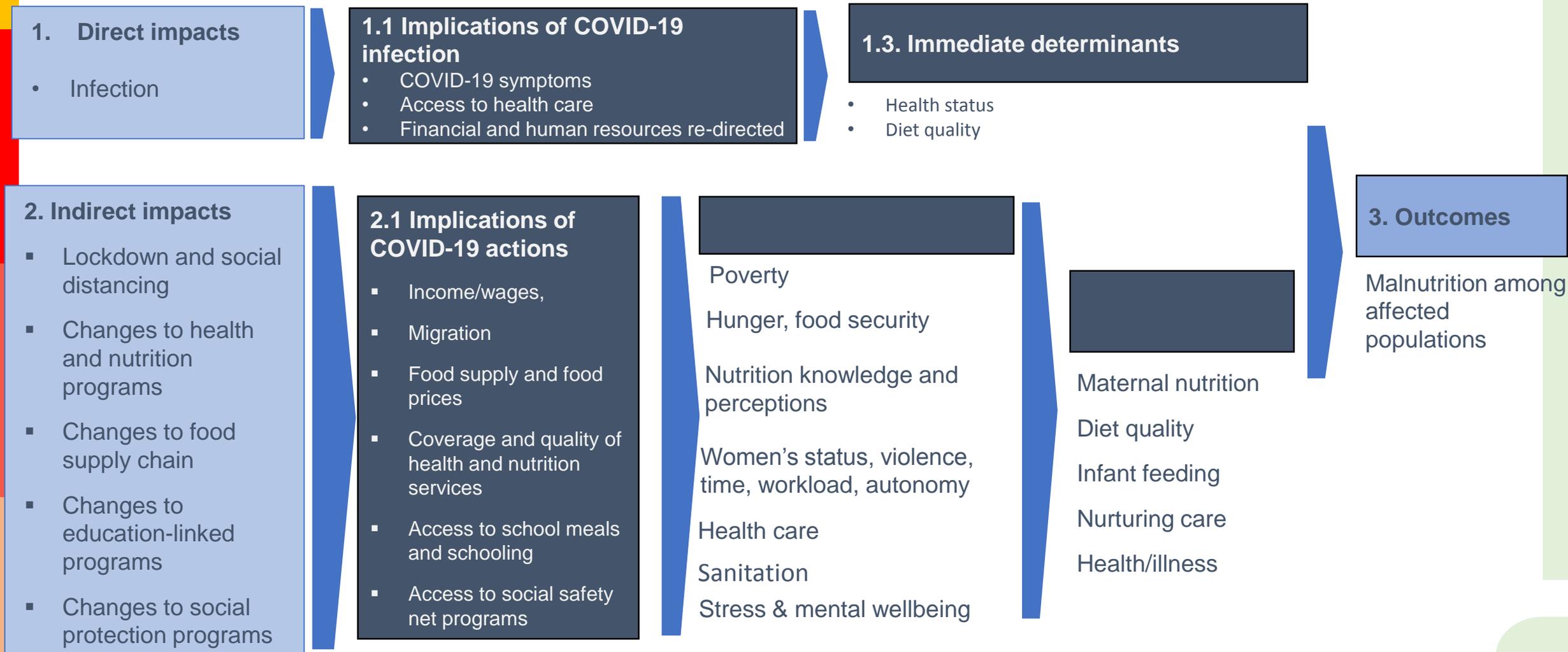


Overweight and NCDs among young adults can predispose them to greater risks from COVID19  
**Overweight or obesity**

It has taken over a decade to move from problem recognition to full-scale policy action on malnutrition in India. We cannot afford to turn the clock back.



# COVID-19's impact on malnutrition in India can be direct and indirect, through multiple pathways, and operating over the short, medium and long term, and will be different for different sub-populations



# BUILDING ON A CONSENSUS-BASED VISION FOR TACKLING MALNUTRITION IN INDIA

# A renewed and urgent call to action for leadership on nutrition security in times of COVID19

## 2014 Call to Action: Leadership Agenda for Action

1. Institutionalize leadership for nutrition within the Prime Ministerial and Chief Ministerial Offices.
2. Prioritize universal coverage of selected evidence-informed essential nutrition interventions, with a special focus on children under two years of age, pregnant women and adolescent girls.
3. Finance and deliver at scale the essential nutrition interventions with active attention to equity.
4. Ensure equitable access to food security, including dietary diversity, primary health care, safe drinking water, environmental and household sanitation and address gender issues pertaining to women's education and delaying age of conception.
5. Position nutrition as a development indicator and establish a reliable system for periodic data-driven updates on the state of nutrition in India.

## POSHAN Abhiyaan!

- ❖ High level commitment and leadership for nutrition
- ❖ An evidence-based framework of essential interventions, linked to two ministries reaching the first 1000 days
- ❖ Special financing for nutrition mission
- ❖ Convergent action plans that recognize roles of multiple sectors
- ❖ Many new data efforts

# Commitment to Action

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

UNPACKING EACH CALL TO ACTION

## Key areas for urgent action : The SIX areas for immediate and sustained action to support and further strengthen actions on nutrition security in times of COVID-19.

These are essential to maintain and indeed, accelerate, India's progress on malnutrition



1. Sustain leadership for food & nutrition security within the Prime Ministerial and Chief Ministerial Offices, District Magistrates, Panchayats to ensure targets of Poshan Abhiyaan

2. Ensure uninterrupted universal and high-quality coverage of selected evidence-informed essential nutrition interventions

3. Ensure adequate financing to deliver at scale the essential nutrition interventions with **active attention to equity.**

4. Accelerate efforts during the crisis to address both nutrition sensitive and nutrition specific interventions

5. Retain nutrition as a development indicator and continue to **invest in data systems for periodic data-driven updates**

6. **Leverage the COVID-19 scenario to emphasize a collective multisectoral approach and strengthen holistic systems to support better nutrition**

# India's nutrition policy wins have come with hard work over more than a decade. Backsliding can have massive negative implications for development

## 2008-2017 | Moving the agenda

## 2018-2020 | High energy

## 2020 & beyond: Adapting & sustaining

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>× Limited <b>political commitment</b> to nutrition</li> <li>× Limited <b>availability of funds</b> for awareness and service delivery – with &gt;80% of the \$2B ICDS budget earmarked for supplementary nutrition</li> <li>× No clear focus and action on the <b>critical 1,000 day</b> period, despite increasing global evidence</li> <li>× <b>“Data-dark” environment</b>, with no source of reliable data between 2005 and 2017</li> <li>× <b>Development sector activity</b> was fragmented</li> <li>✓ Nutrition community had aligned around broad calls to action and evidence on solutions</li> <li>✓ <b>Legal acts</b> on Right to Food, especially, spurred universalization of key programs</li> <li>✓ <b>Scaling up</b> of national health/nutrition programs had put in place frontline workers but efforts on actions for 1000 days were limited</li> </ul> | <ul style="list-style-type: none"> <li>✓ Leadership for nutrition from <b>the Prime Minister</b>; other nutrition initiatives, around anemia, food fortification, maternal nutrition</li> <li>✓ <b>Dedicated funds</b> (\$1.5 B) to improve systems and generate awareness/ demand</li> <li>✓ <b>1,000 day period recognized</b> as the primary focus areas; social determinants recognized as important</li> <li>✓ <b>Multisectoral governance and monitoring mechanisms</b> at many levels</li> <li>✓ <b>Beginnings of “data abundant” environment</b> (e.g., NFHS-4, Anemia Mukht Bharat dashboard, ICDS-CAS data, district-level data, etc.)</li> <li>✓ <b>Credible development partners</b> connected and working across several States and components</li> </ul> | <ul style="list-style-type: none"> <li>⚙ Nutrition must remain high on <b>Government’s priority</b> at all levels</li> <li>⚙ Sustain implementation of nutrition interventions during 1000 days with <b>high coverage</b> and <b>quality</b> for <b>mother-child dyad</b></li> <li>⚙ Addressing <b>underlying social determinants, esp. food security</b>, is even more critical in the context of the pandemic</li> <li>⚙ Financing across sectors and states/districts: more money for nutrition, more nutrition for the money</li> <li>⚙ <b>Strategic use of data</b> for program improvement and accountability of nutrition programs</li> <li>⚙ All key development partners work from <b>joint workplans with coordinated shared responsibilities</b></li> <li>⚙ Strong linkages and involvement of <b>civil society</b></li> </ul> |
|---|--|---|

# Reminding ourselves again - why is attention to nutrition critical in these pandemic times?

1. Malnutrition itself could affect the course of the illness in individuals and populations
2. The pandemic, and associated policy actions, together will shape India's course on malnutrition in the short, medium and long term
3. Multiple systems that affect nutrition – *food, health, social, economic* – are being disrupted by the pandemic
4. India – and the world - simply cannot afford backsliding on the momentum and energy around tackling malnutrition
5. The children cannot wait!

## ‘Sahi Poshan Desh Roshan’

Even with so much of negativity, there is a silver lining for sector which will make the country stronger and make its own place much relevant in coming years.

**The crisis brought us together again**, with more focused deliverables and objectives. To make India a stronger country and how we should learn managing its human resource.

There is an opportunity to reform our public health nutrition sector. **A strong public health system will benefit everyone, and there is no better time than now to make it a reality.**

To Boost public-private partnership (PPP)

To Build a data culture

To Engage communities

To Engage private healthcare services

To Promote Nutri-garden for Food & Nutrition Security as well as Food safety

To Use Information technology can be leveraged for ensuring many service

If we reform our public health system now, it creates an opportunity for **ripple effects in other areas too: for instance, nutrition and water and sanitation.**

While the pandemic is a bigger challenge, I am optimistic that we can come together like we did to eradicate polio.



**Hold my today,  
I will hold your tomorrow**

***Please visit our website for more info  
[www.nutritioncoalition.in](http://www.nutritioncoalition.in)***



**KANTOR  
STAF PRESIDEN**

**( EXECUTIVE OFFICE OF THE PRESIDENT )**

ARNEC Webinar No. 2: Focus on health and nutrition

# Indonesia's COVID-19 response: national and local health and nutrition solutions and innovations for young children

EXECUTIVE OFFICE OF THE PRESIDENT OF REPUBLIK INDONESIA

11 January 2021

**Bireuen, ACEH**

**Education:**

- Bachelor & MD University Padjadjaran 1995
  - Master, University Gadjah Mada 2009
  - PhD, University Indonesia 2014
- The Best PhD Post Graduate Program UI 2014

**Assignments:**

- Dokter PTT - Kemenkes
- Food Program Coordinator – CRS
- Health Specialist - UNICEF
- Program Manager - ChildFund
- Senior Area Manager – Save the Children
- Tenaga Ahli Utama - Kantor Staf Presiden
- Brestfeeding and Compl Food Counselor. Member of Perinasia, Chairperson Pergizi Pangan 2019-2024, Board Member 1000 days fund foundation 2019-2024

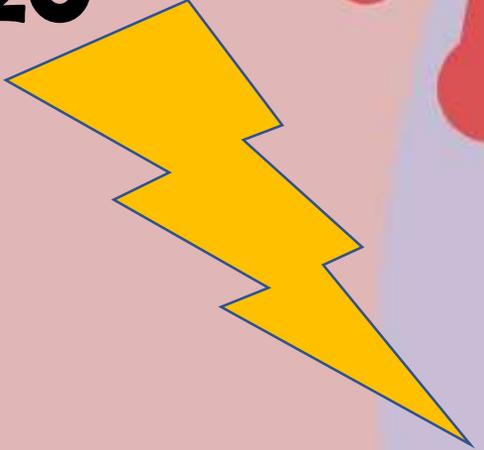
@drbriansp @cegahstunting  
www.cegahstunting.com

**DR dr Rr.BRIAN SRI PRAHASTUTI, MPH**

*“If you want to live a happy life, tie it to a goal, not to people or things.”– Albert Einstein*



**2 March '20**



**11 Jan '21**



# Outlines

- Problem or opportunity:

  - What is the status of health and nutrition services for young children in your countries?

  - What major challenges are you trying to address amidst this COVID-19 situation?

  - What is the situation of the most vulnerable groups of young children?

- Action:

  - What are you doing better or differently to address the problem/s or maximise opportunities during and beyond COVID-19?

  - What policy and program adjustments have you made to address these needs?

  - How are you addressing the needs of the most vulnerable groups of young children and their families?

- Results:

  - What are the emerging results, if any, or lessons learned as a result of your intervention/s?

- a summary or call to action.



## Status of H&N services

1. Health Status by October 2020:
  - Complete Immunization (54%) and MMR (41%) when the target is 93% and 76% in 2020
  - 4<sup>th</sup> Antenatal care is 48%
  - Child delivery at health facility is only 47%
2. Nutrition Status: No data available (UNICEF says wasting increased 15%): 7.44% (2019) → 8.5% (2020) → increasing risk of CU5 death & illnesses (54%) and stunting (3x)

# PROBLEM AND OPPORTUNITY



## Survey-May 2020 (wvi, 900 HH, 943 children)

- Livelihoods 90% household rare affected and 70% are severely affected by Covid-19.
- Only 39% of households with infants aged 6-9 months stated that they were able to provide main meals according to the frequency standard for children, pregnant women, and breastfeeding.
- Only 20.4% of households claimed to have a food supply of more than a month. The majority can provide food for a maximum of a week.
- Only 43% are fully able to meet the need for medicine.
- Only 54% of respondents are fully able to fulfill personal hygiene and sanitation.
- More than 20% of respondents did not have access to puskesmas or clinics, delivery clinics / practices, mobile health clinics, and traditional medical centers during the pandemic.



## Major Challenges

- A. Disruption of Primary Health Care → 83% PHC decreased attendee
- Limited distribution of MCH medical supplies
  - Mother class is not allowed
  - Coverage of ANC, Normal delivery and EmONC
    - Un clear procedure of screening for COVID-19 and referral
    - Lack of health workforce (mobilized to the covid referral hospital, dead/sick/quarantined, limit private practice)
- B. Disruption of community based health service → only 18.7% still operated
- Growth monitoring activity is limited
  - Immunization and vitamin A supplementation for infant temporary postponed
  - Health education, including motoric stimulation for early age cant be conducted
  - Iron Tablet supplementation and direct breastfeeding counseling cant be applied



Families were expected to take the main role in monitoring of child growth and development

### Jam Buka Pelayanan:

**72%** Puskesmas tetap memberikan pelayanan seperti sebelum wabah COVID-19

### Kunjungan Pasien Puskesmas:

**83%** Puskesmas mengalami penurunan jumlah kunjungan pasien

### Kegiatan Posyandu:

**43,5%** tidak melaksanakan Posyandu

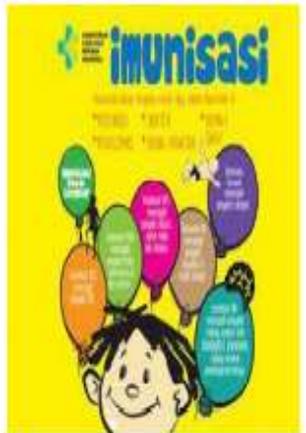
**18,7%** Puskesmas yang tetap melaksanakan Posyandu



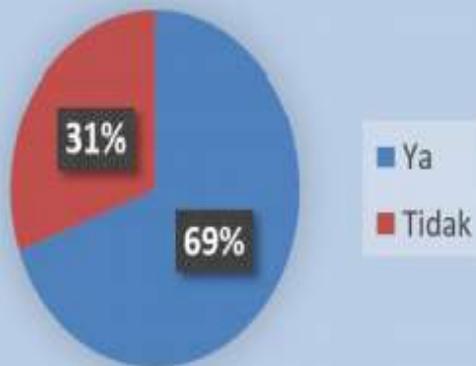
### Cakupan Imunisasi:

**57%** Puskesmas Cakupan Pelayanan Imunisasi menurun

**1,9%** Puskesmas tidak melaksanakan pelayanan Imunisasi



### Kunjungan Ke Ibu Hamil



### Kunjungan Ibu Hamil:

Hanya **69%** Puskesmas melaksanakan kunjungan ibu hamil

### Kunjungan Balita Stunting/ Gizi Buruk:

**69%** Puskesmas tetap melakukan kunjungan Balita Stunting dan Gizi Buruk





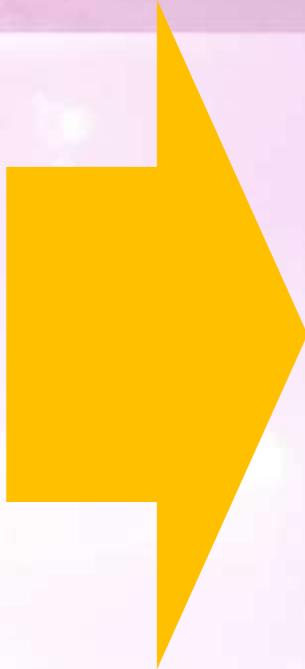
## The most vulnerable groups

1. Covid 19 affects everyone everywhere
2. Urban community is more risky due viral exposure and population density
3. Less wealth family is more at risk
  - a) Poor (Q1)
  - b) HH who loss job, reduced income because of less economic activity particularly who are working in manufacture or informal sector
4. Family of not resident citizen in the high exposure areas
5. Children with special cases: disability, suffering chronic illnesses etc



## Adaptations

- Normal delivery is managed only in agreed midwife clinic
- ECD post and Posyandu are operated only in the green zone (no covid case reported) → immunization service is provided only at Puskesmas, Supplementation of micronutrient distributed through home visit
- Adjust health protocol and tele-health in all service/program/activities at health facilities and community based activities
- Reallocation and refocusing government budget of 2020 for pandemic response



**Before Pandemic Covid-19**

**During Pandemic Covid-19**

Photo Source: STC-GKIA, Home Visit Project in Donggala, Sulawesi Indonesia, 2020



Photo Source: Plan International Indonesia, Nusa Tenggara Barat Province, Indonesia , 2020



## Policy & Program Adjustments

1. Develop and disseminate guideline of MNH services during the PSBB, in collaboration with the Covid-19 taskforce
2. Revise reference books on Maternal Health, Children Under Five Health, and Posyandu to apply health protocol
3. Transform all possible conducted activities (ie training, meeting, monitoring) in virtual basis
4. Publish decree on tele-health (tele-counseling, tele-medicine)



## Reaching the most vulnerable groups

1. Collaboration with Social Affair Ministry for Food Basket Program including to intervene the defining negative and positive list of products
2. Integrated health and social assistance program to reach out the most vulnerable group with limited access to food, health services and economic activities
3. Very selective home visit with proper PPE



## Lessons Learned

- Tele-health is solution but challenging if IT infrastructure is poor and family literacy on technology is not adequate
- Hoax and misinformation are spreading faster than information disseminated by official due bureaucracy of approval and review process
- Shifting budget allocation: virtual activities imply to cost effective program due less budget on traveling, requires more budget to facilitate covid case screening and health protocol
- Supporting the front-line H&N providers (community and facility based) is key for sustainable services



## Call for Action

- Indonesia is in **transition** from rural community to urban community lead to the changing of culture and life style. The call is to accelerate infrastructure development (Tech Information & digitalization) in rural area
- Indonesia today agenda is **human development** started from 1.000 first days of life. Family resilience and parenting skill capacity are important thus focus target of post pandemic will be skill development beyond mother (more in women empowerment and male participation fighting gender discrimination) addressing women and children poverty and vulnerability.
- Population density, diversity and disparity of Indonesia are both challenge and strength thus **solidarity and collaboration** need to be more promoted.

Empowered Women for Advance Indonesia



**THANK YOU**





Closing  
program

# Requests and reminders

The poster features a header with logos for ARNEC, UNICEF, United Nations Educational, Scientific and Cultural Organization, OPEN SOCIETY FOUNDATIONS, PLAN INTERNATIONAL, Save the Children, and ChildFund International. The main title is "Nurturing care for young children during and beyond COVID 19: focus on health and nutrition", with the date and time "11 January 2021, 3:00-4:30PM SG Time". A circular diagram titled "Components of nurturing care" is divided into five segments: "GOOD HEALTH" (green), "ADEQUATE NUTRITION" (orange), "RESPONSIVE CAREGIVING" (blue), "SECURITY AND SAFETY" (dark blue), and "OPPORTUNITIES FOR EARLY LEARNING" (red). The diagram is surrounded by the text "OPPORTUNITIES FOR EARLY LEARNING" and "RESPONSIVE CAREGIVING". A photograph of a woman holding a young child is on the right side of the poster.

**You will receive the webinar documentation summary by email not later than Wednesday.**

# Requests and reminders



**Download the presentations  
from the ARNEC website.**

The graphic is a rectangular box with a white background and a blue border. At the top, it features a row of logos for ARNEC, UNICEF, Open Society Foundations, PLAN, Save the Children, and ChildFund. Below the logos, the title "Nurturing care for young children during and beyond COVID 19: focus on responsive caregiving and playful parenting" is written in blue. Underneath the title, it says "Date and time to be determined". On the right side, there is a photograph of a woman in a blue and black striped shirt holding a young child who is looking at a small object in his hands. At the bottom left, there is a circular diagram titled "Components of nurturing care" with five segments: "Good Health" (green), "Adequate Nutrition" (orange), "Responsive Caregiving" (blue), "Security and Safety" (red), and "Opportunities for Early Learning" (purple). The diagram is surrounded by the text "Components of nurturing care" and "Opportunities for Early Learning".

**Next webinar on responsive  
caregiving and playful parenting:  
To be announced**



ARNEC

Asia-Pacific Regional Network  
for Early Childhood

Please complete the evaluation before you leave.  
Use the link in the chat box or this QR Code. Thanks



**1min**

only

