

Strengthening Nutrition Supply Chains in COVID-19 Pandemic Context: Considerations for partners

The Impact of COVID-19 on Nutritional Outcomes

The COVID-19 pandemic has the potential to trigger a rise in global wasting rates particularly among vulnerable groups. A recent surveyⁱ found that an additional 1.2 million deaths of children under-five could occur in 118 low- and middle-income countries (LMICs) in only six months due to reductions in routine health service coverage levels and an increase in child wasting. Vulnerable groups or populations with underlying health conditions are at greater risk of being impacted by a shortage of services. For example:

- Breastfeeding promotion, nutrition counselling and other key nutrition programmes provided by the health sector are at risk of being severely limited due to restrictions on mobility, physical distancing requirements, and overburdened healthcare systems. The interruption of these services over six months could trigger an additional 1, 157, 000 child and 56, 700 maternal deathsⁱⁱ;
- Already strained healthcare systems may be forced to divert resources from a range of nutritionally important services – including antenatal care, micronutrient supplementation, prevention and treatment of childhood diarrhoea, infections and wasting—toward COVID-19 related services. The deterioration of the health system capacity and reduced accessibility to critical health services are bound to increase morbidities and the prevalence and severity of malnutrition;
- Some economistsⁱⁱⁱ predict a dangerous decline in dietary quality in LMICs stemming from the income losses related to government-mandated shutdowns and de-globalization. The economic fallout from the global pandemic will likely increase the number of people falling into poverty by half a billion people, or 8% of the total human population. The closure of markets and reduction in agricultural production will increase food insecurity;

- The impact of the pandemic on nutrition activities at the community level is already perceptible. Activities that involve large groups, such as mass malnutrition screening, vitamin A supplementation and deworming campaigns, promotion of appropriate Infant and Young Child Feeding practices through mothers' support groups, and home visits by community health workers, are currently hampered.

The demand for, and delivery of, life-saving nutrition services risk being significantly affected given the reluctance of people to travel to health centres where they would be exposed to a greater risk of contamination. As late referral of wasted children often leads to medical complications and mortality, new solutions are needed to scale-up the provision of nutrition services and distribute an additional volume of commodities in a challenging environment to meet the increased needs of pregnant mothers, caretakers and children.

UNICEF Nutrition Supply Chain Support

The COVID-19 pandemic is impacting all global health supply chains, from raw active pharmaceutical ingredients to finished health products. UNICEF works closely with suppliers and partners to assess and mitigate the impact of the crisis along all areas of supply chain.

Procurement and global distribution

UNICEF is closely monitoring global production capacities of Ready-to-Use Therapeutic Food (RUTF) and therapeutic milk as it procures an estimated 80 percent of global production. In spite of lockdowns and other logistical barriers imposed by governments to lower the spread of COVID-19, UNICEF has been able to purchase and ship the required volumes of commodities by i) relying on its vast and geographically widespread supplier network, ii) using sea freight, which has been less affected than air freight, as the principal means of transport, iii) leveraging long term agreements with suppliers, as well as receiving in-kind contributions from donors in the United States and elsewhere, to meet the increased demand.

Local Distribution

At the country level, UNICEF has been working with governments to pre-position essential nutrition

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commodities at national, regional, and community levels to ensure continuous prevention and treatment of child malnutrition (e.g., therapeutic milk and RUTF, Ready-to-Use Supplementary Foods, micronutrient powders, and other micronutrient supplements). Prepositioning is essential to anticipate, avoid and/or mitigate the impact of stock-outs, cope with potential transport scarcity and meet surging needs.

Recommendations to Strengthen In-Country Nutrition Supply Chains

In order to effectively respond to increasing needs for nutritional health commodities, UNICEF Country Offices and governments are encouraged to join forces to assess national supply chain gaps, target priority investment needs and identify corrective measures and alternative solutions to scale-up their response and leave no child behind.

Supply chain workers have been and will continue to be essential in their capacity to ensure the timely availability of quality products and equipment necessary for the continuation of services. This requires close and well-articulated collaboration between the supply and nutrition programmes within UNICEF Country Offices and within the different departments of Health Ministries.

The recommendations below are for the consideration of UNICEF Country Offices and governments in their efforts to better synergize and address people's needs during and beyond the crisis response phase.

For governments/Ministry of Health (MoH)

1. In response to the supply chain gaps identified – either through the UNICEF Maturity Model and/or other assessments-, develop a roadmap to strengthen the nutrition supply chain by means of *inter alia* updating procurement plans, reviewing the distribution channels and overall supply chain system design, improving the logistics information system and reinforcing the human resources capacities.
2. Disseminate the use of the Maturity Model across MoH departments to promote a systemic performance measurement system and indicators. The outcome of the assessment will allow governments to develop evidence-based plans to strengthen the nutrition supply chain, e.g. by improving the procurement plans, distribution channels, logistics information systems as well as reinforcing the human resources capacities.
3. Based on contingency plan requirements, allocate additional resources for the procurement of essential nutrition commodities.
4. Assess available storage capacity to ensure the availability of nutrition commodities at sub-national levels and avoid stockouts.
5. While respecting the physical distancing, it is recommended to scale up and continue the End User Monitoring (EUM) activities, organize online trainings, collect, analyze data to inform decisions and implement corrective actions on the ground. In addition, sensitize and strengthen risk communication and community engagement by disseminating messages, materials and guidelines linked to COVID-19.
6. Whenever applicable, integrate and disseminate EUM tools within National Logistics Information Management System (NLMIS) and across subnational levels; apply EUM tools both at Health Facilities and at the household level, while integrating the EUM indicators into routine supervision tools.
7. Improve data visibility along the Supply Chain by strengthening the information system; train users on the inventory and data management tools, secure internet connectivity and upgrade the IT equipment as necessary.
8. Improve planning and response coordination with other external supply chain stakeholders to identify gaps and tackle issues related to warehousing, transportation and data management among others.

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9. Work with relevant COVID-19 response leads to ensure sufficient PPE are available at nutritional treatment centres to prevent transmission of COVID-19 and other infectious diseases that affect maternal and child health.
10. Document the response implementation process to collect evidence, best practices and lessons learned so that national response teams are better prepared in the next health pandemic or unexpected shock to the programme.
6. Involve communities in the last mile distribution, from the district level to the health facilities and households.

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For Community and civil society groups

1. Establish and strengthen community-based groups to work with government and partners in the identification of weak systems within the supply chain and program for appropriate intervention.
2. Use the existing monitoring systems including EUM to engage government and stakeholders in addressing the gaps identified and planning for the corrective actions.
3. Promote active participation of local communities in monitoring activities and ensuring commodity security and program continuity.
4. Develop a community-based action plan with budget requests for submission to the government to enable operational and monitoring activities to be undertaken.
5. Involve communities in regular EUM activities, especially at household level to capture the effectiveness deployed in district and health- facilities.

ⁱ [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30229-1/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30229-1/fulltext)

ⁱⁱ <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2820%2930229-1>

ⁱⁱⁱ <https://www.wider.unu.edu/news/press-release-covid-19-fallout-could-push-half-billion-people-poverty-developing-countries>