## unicef



Nutrition Service Delivery (NSD) during the COVID-19 Pandemic

A report on a survey of Local Government Units (LGUs) conducted January-February 2021

## COVID in the Philippines

- Among the longest & strictest lockdowns globally
- Movement restrictions affected economic activity & service delivery
- National guidelines provided, but local implementation varied considerably

COVID-19 PHILIPPINE SITUATIONER #308 (MARCH 1, 2021)

#### **CONFIRMED CASES BY DATE OF ONSET OF ILLNESS (NATIONWIDE)**



CONFIRMED DEATHS BY DATE OF DEATH (NATIONWIDE)





NCR



### COVID experience varies widely!





**Rest of Luzon** 



Visayas



Mindanao

## SURVEY ON NUTRITION SERVICE DELIVERY CONTINUITY, DISRUPTION AND ADAPTATION

### Objective

To understand the impact of COVID-19 on the provision <del>and *utilization*</del> <del>of</del> routine nutrition services through the health system

### Methodology

Method: Online survey

- Who: City & Municipal Nutrition point persons
- Duration: 28 December 2020 28 February 2021
- Target: 90% coverage
- Questionnaire: adapted UNICEF Q
- Unit of analysis: city/municipality

**BNS** capacity

Nutrition Services Offered Pre- & During COVID Pandemic

## Survey Components

Nutrition Services Continuity & Adaptation

Nutrition Information, Education, and Communication

Food & Starter Packs

## Scope and Methods

- Nationwide scope, target respondents were nutrition point persons of cities/municipalities (1 response/LGU)
- 89.5% response rate
- Self-administered questionnaire
- Online and SMS as modalities for data gathering
- Adaptation of UNICEF survey to include questions on Barangay Nutrition Scholar capacities and training. Probing questions not used for this survey

## Data Analysis and Limitations

- Simple summaries and aggregations by province done by region
- Data correlated with COVID-19 caseloads from DOH Covid Tracker website up to end of February 2021
- LGUs classified as highly urbanized cities (HUCs), component cities, and municipalities
- Limitations:
  - data on quarantine classifications
  - self-administered questionnaire (best case scenario)
- $\gtrsim$  80% over-all regional response rate, except for 14% BARMM



Region	Total Cities & Municipalities	Number Responded	Percentage of Response Rate
I	125	117	93.6
II	93	93	100.0
III	130	117	90.0
IV-A CALABARZON	142	135	95.1
IV-B MIMAROPA	73	73	100.0
V	114	109	95.6
VI	133	128	96.2
VII	132	128	96.9
VIII	143	143	100.0
IX	72	72	100.0
Х	93	93	100.0
XI	49	45	91.8
XII	50	50	100.0
CAR	77	61	79.2
CARAGA	73	66	90.4
NCR	17	17	100.0
BARMM	118	16	13.6
National Overall	1634	1463	89.5

• 47,684 Barangay Nutrition Scholars (BNS)



### BNS Capacity & Training

- Regions III, CALABARZON. MIMAROPA, V, VI, X, XI, XII, and NCR had more than half of BNS trained in 2 or more key services.
- 40% or fewer of BNS were trained in NiE
- 64% or fewer were trained in PIMAM.



\*BARMM among participating LGUs

Region	Trained in MUAC Assessment	Trained in IYCF	Trained in PIMAM	Trained in NiE
I	51.16	49.31	30.31	13.99
II	26.28	66.26	6.28	9.09
III	55.61	51.00	21.03	14.81
CALABARZON	74.08	67.27	37.48	36.07
MIMAROPA	70.86	54.98	46.86	28.46
V	73.94	52.97	41.85	27.19
VI	82.75	60.15	40.01	15.62
VII	55.23	46.40	25.60	19.57
VIII	49.88	34.83	23.05	15.97
IX	57.97	48.01	20.00	9.89
Х	72.92	61.07	37.37	27.75
XI	84.60	65.65	64.64	13.18
XII	68.81	50.41	25.59	13.62
CARAGA	50.28	54.53	15.57	30.96
CAR	60.07	48.97	5.05	6.64
NCR	64.84	81.05	57.39	40.20
BARMM*	95.05	32.01	32.67	10.89

- Breastfeeding and IYCF education in group classes,
- Skilled one-on-one counseling on breastfeeding and IYCF,
- Treatment of SAM,
- Treatment of MAM,
- Micronutrient powder (MNP) supplementation
- Vitamin A supplementation for children,
- Iron/folic acid (IFA) and multivitamin supplementation (MMS) for antenatal care (ANC)
- Weight monitoring as part of ANC,
- Nutrition counseling for maternal diets in ANC
- Child growth monitoring
- Cooking demonstrations
- Dietary supplementation
- Distribution of seeds and seedlings
- Distribution of poultry, livestock and fisheries.

Other services such as livelihood training, food pack provisions, and backyard gardening also included as "others" by respondents

14 Key Nutrition Services Delivery

### Continuity of Service Delivery During the COVID-19 Pandemic

- Responses: continued, stopped, initiated, or not applicable
- Least disrupted: Vitamin A supplementation and growth monitoring for children, IFA/MMS supplementation and weight monitoring as part of ANC.
- Most disrupted services: cooking demonstrations and IYCF/breastfeeding education in groups



#### Continuity of Service Delivery During the COVID-19 Pandemic

## Treatment of Severe Acute Malnutrition (SAM), Moderate Acute Malnutrition (MAM), Child Growth Monitoring

- 58% of LGUs nationwide continued with treatment of SAM; HUCs among LGUs significantly more able to provide (X<sup>2</sup> = 16.5, p value = 0.0113)
- 65% of LGUs were able to continue with treatment of MAM.
- Child growth monitoring continued in 91% of LGUs, stopped in 7%. Growth monitoring was continued in more municipalities compared to HUCs and component cities.



Service Continuity of Treatment of SAM, MAM, and Child Growth Monitoring

### Cooking Demonstrations and Diet Supplementation

- Cooking demonstrations were the most disrupted service: 25% continued versus 31% stopping this service
- More than half of HUCs stopped this service. Highest continuity was among component cities. (X<sup>2</sup> = 20.3355, p value = 0.0024)
- 74% of LGUs surveyed continued providing diet supplementation, with 12% stopping this service.
- Continuation of diet supplementation was highest among component cities while stoppages were more prevalent among HUCs.



Figure; Service Continuity of Cooking Demonstrations and Diet Supplementation

# Breastfeeding and IYCF education (group classes and one on one counselling)

- 70% of LGUs continued providing breastfeeding and IYCF education in group sessions, while 21% stopped this service.
- Significantly less municipalities were able to continue group IYCF (X<sup>2</sup> statistic = 13.562, p value = 0.034)
- 80% of LGUs nationwide, continued individual counselling for breastfeeding and IYCF.
- More component cities than HUCs and municipalities continued individual counselling.



Service Continuity of Breastfeeding/IYCF Individual Counselling and Group Classes

## Encouraging Breastfeeding for Mothers Who Have Stopped Due to the COVID-19 Pandemic (LGUs =358)

- Municipalities had a higher proportion of mothers who were given the first advice encouraging to breastfeed.
- Over 90% of all LGUs across stratifications advised mothers regarding wearing masks and practicing proper hand hygiene
- 60% in all groups gave advice on expressing breastmilk.
- Municipalities had a higher percentage of LGUs wherein mothers were advised to use formula feeding during the pandemic.



Figure: Specific Advice Given to Mothers Regarding Breastfeeding by LGU Type

## Communications Strategies & Messaging During the Pandemic

- House to house visits followed by SMS preferred across all LGU types
- Social media and online platforms preferred modality in HUCs (X<sup>2</sup> = 27.123, p value = 0.000018)
- Radio usage highest in component cities and municipalities



## Innovations for Service Delivery in the Pandemic

- Use of PPEs highest among component cities.
- Targeted home visits also used by this group of LGUs
  - Newborns: (X<sup>2</sup> = 8.725, p value = 0.0127)
  - PIMAM: (X<sup>2</sup> = 14.92, p value= 0.00057)
- Social media and teleconsults most utilized by HUCs
  - Social media: (X<sup>2</sup> = 22.705, p value = 0.0000117)

	HUCs	Component Cities	Municipalities	All
Telephone counseling for pregnant women and on infant and young child feeding	53	46	46	46
Use of social media platform (Messenger, Viber)	63	43	29	31
Home visits to pregnant women	38	56	47	48
Home visits to newborns	34	61	52	52
Home visits to SAM/MAM children	63	72	55	57
Distribution of IFA supplies for pregnant women for a longer period than usual	75	83	78	80
Distribution of RUTF supplies for children with SAM for a longer period than usual	41	55	55	54
MUAC screening of children by mothers and community workers	44	66	64	64
Simplified SAM treatment – (e.g. MUAC screening only, standard RUTF dosage for all children, expanded admission criteria)	53	63	59	59
All services with full PPE, disinfection of equipment and the clinic, physical distancing, handwashing with soap etc.	81	87	86	86
Others	16	6	5	5

## Food Pack Diversity





#### Proportion of Food Groups Distributed in the LGUs

## Starter Kits for Backyard Gardening and Agriculture

- Pechay, eggplant & okra seeds and seedlings were the top kit contents given out by all LGUs.
- Each LGU group gave out at least 5 types of seeds or seedlings, but diversity was higher among municipalities.
- More municipalities and component cities gave out fertilizers and manuals compared to their HUC counterparts.
- HUCs however were more able to give support in the form of training and tools for gardening.

Starter Kit Component	HUCs	Component Cities	Municipalities	All
Pinakbet Vegetables	80.8	93.3	89.2	89.0
Pechay	96.1	91.1	89.6	90.0
Tomatoes	80.8	85.6	82.4	83.0
Eggplant	92.3	92.2	94.3	94.0
Okra	88.5	94.4	93.8	94.0
Mustard	53.9	42.2	41.1	42.0
Ampalaya	73.1	78.9	87.3	86.0
Fertilizers	53.9	64.4	67.5	67.0
Potting Bags	53.9	47.8	42.6	43.0
Starter Manuals	50.0	55.6	51.4	52.0
Others	11.5	8.9	5.6	6.0

### COVID Caseload and Continuity of Service Delivery: Is There a Connection?

- Population density is a strong predictor of COVID caseloads
- HUCs like the Cities of Quezon, Cebu and Davao, have remarkably higher caseloads than can be explained by population density.
- HUCs despite high caseloads had higher continuity of service delivery, over-all



### Recommendations

### Increase

 Increase the number of BNSs & prioritize PIMAM & NiE training

### Diversify

 Diversify food packs & include complementary feeding options for Hhds w <2 year olds</li>

### Strengthen

Strengthen IYCF messaging

### Improve

 Improve access to virtual communications (online, SMS) especially municipalities

### Enable

 Enable the use of routine information systems for pandemic & other emergency response