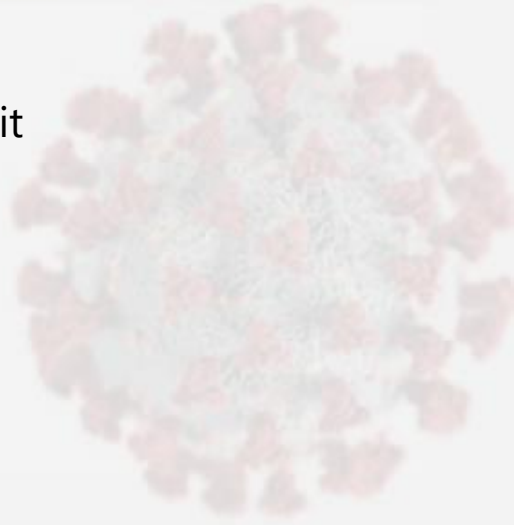
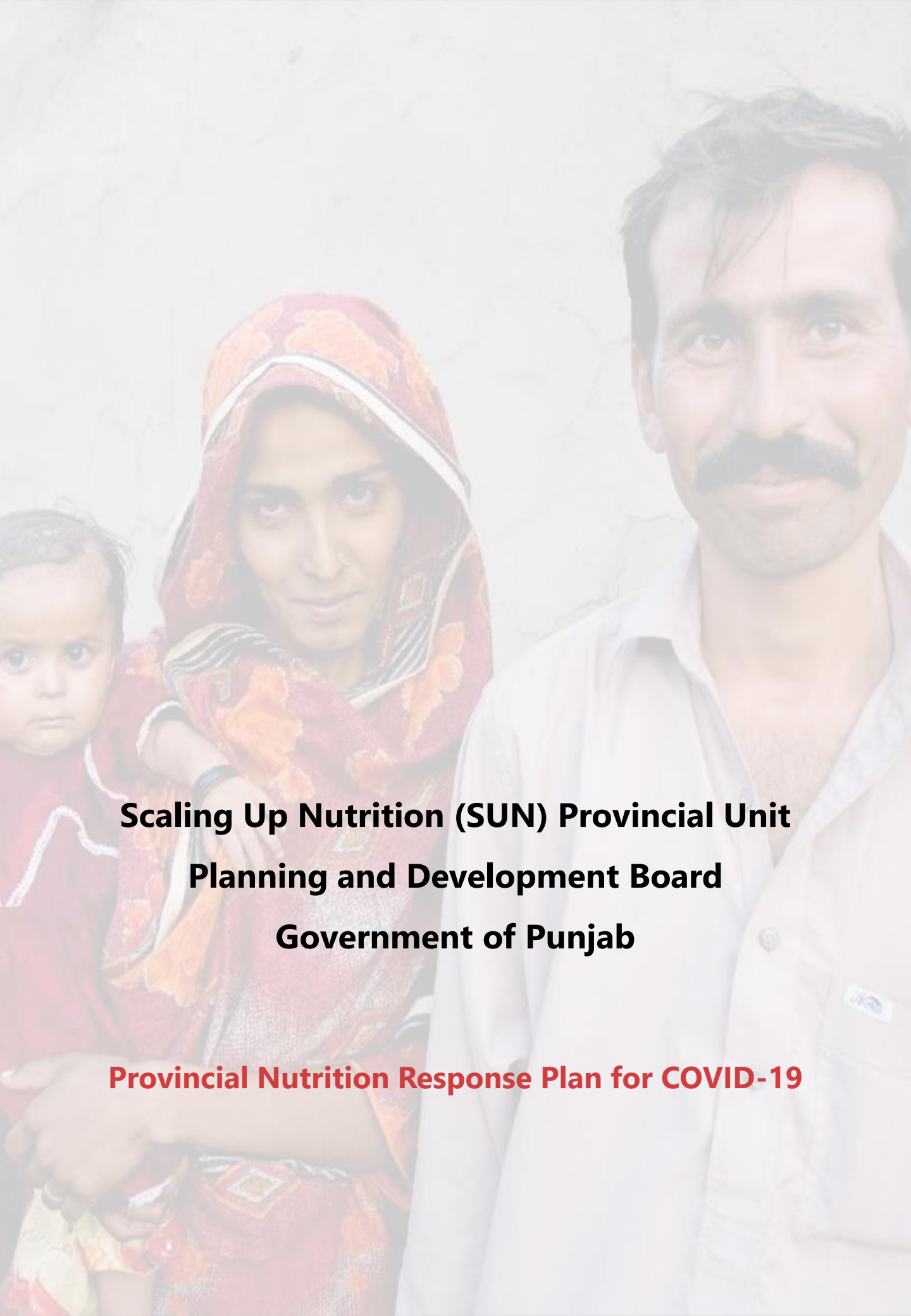


Scaling Up Nutrition (SUN) Provincial Unit
Planning and Development Board
Government of Punjab

Provincial Nutrition Response Plan for COVID-19





**Scaling Up Nutrition (SUN) Provincial Unit
Planning and Development Board
Government of Punjab**

Provincial Nutrition Response Plan for COVID-19

Acronyms and Abbreviations

ADP	Annual Development Plan
ANC	Ante Natal Care
BHU	Basic Health Unit
BMI	Body Mass Index
CMAM	Community based Management of Acute Malnutrition
COVID	Coronavirus Disease
DHQ	District Headquarter Hospital
DHIS	District Health Information System
DMAC	District Malnutrition Addressing Committee
EmoNC	Emergency Obstetric and Newborn Care
IEC	Information Education and Communication
IMNCI	Integrated Management of Newborn & Childhood Illness
IMR	Infant Mortality Rate
IRMNCH	Integrated Reproductive Maternal Newborn Child Health
INGO	International Non-Government Organization
IYCF	Infant & Young Child Feeding
LHS	Lady Health Supervisor
LHV	Lady Health Visitor
LHW	Lady Health Worker
MIS	Management Information System
MSNC	Multi-Sectoral Nutrition Center
MUAC	Mid Upper Arm Circumference
NTEAM	Nutrition Technical Assistance Mechanism
NNS	National Nutrition Survey
NGO	Non-Government Organization
OPD	Outpatient Department
ORS	Low Osmolarity Oral Rehydration Salt
ORT	Oral Rehydration Therapy
OTP	Outpatient Therapeutic Program

Acronyms and Abbreviations

P&D	Planning and Development Department
PC-1	Planning Commission – Performa 1
PDHS	Pakistan Demographic Household Survey
P&SHD	Primary and Secondary Healthcare Department
PHED	Public Health Engineering Department
PDS	Pakistan Demographic Survey
PLW	Pregnant and Lactating Women
PNC	Post Natal Care
PSPU	Policy and Strategic Planning Unit
PFA	Punjab Food Authority
RISE	Responsive Investment for Social Protection and Economic Stimulus
SBA	Skill Birth Attendant
SAM	Severe Acute Malnutrition
SOP	Standard Operative Procedure
SHNS	School Health and Nutrition Supervisor
SC	Stabilization Centre
SUN	Scaling-Up Nutrition
TAN	Technical Assistance for Nutrition
THQ	Tehsil Headquarter Hospital
UNICEF	United Nation’s Child Fund
WASH	Water & Sanitation for Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

Message

Chairman
Development Board
Government of Punjab



COVID-19 is a high-stakes test of policy makers all over the world. It has led to a disturbing loss of human life worldwide and presents an unprecedented challenge to public health, food security, social and economic systems. Following the successful tackling of first wave of COVID -19

outbreak, recently, the second spell of outbreak has started. Millions of people are at risk of falling into extreme poverty, while the number of undernourished children and women could increase many folds. Many people are unable to feed their families with nutritious food because entire economic system of family and individual has been disrupted especially in low socioeconomic communities. We must prepare ourselves to face any food insecurity challenges in the province and shall be committed to pooling our skills, experience and financial resources to support low socio-economic and marginalized communities.

Planning and Development (P&D) Board has prepared a comprehensive document to set the direction of public sector investments in the COVID-19 situation under Responsive Investment for Social Protection and Economic Stimulus (RISE) Framework. The RISE provides strategic directions, aligning policies and shall be used while formulating next year's Annual Development Plan as well as realigning ongoing projects to set their priorities according to current underlying food security situation and malnutrition challenges through poverty reduction schemes, social protection programs and strengthening of ongoing program on health and nutrition.

Punjab Nutrition Response Plan for COVID-19 is also linked with the RISE Framework. The ten thematic areas of plan are according to the needs of time to minimize the negative repercussions of COVID-19 on health and nutrition status of community especially on women and children. I must appreciate the efforts of Dr. Suhail Saqlain, Member (Health), Mr. Saleem Masih, Senior Chief (Health) and all the other government and non-government organizations representatives who provided their valuable inputs and attended several meetings to prepare comprehensive nutrition response plan. I would also like to thank NTEAM's TAN Project of Nutrition International for its support in providing technical assistance in this regard. The Planning and Development Board will ensure effective implementation and supervision of plan through its Multi-sectoral Nutrition Cell (MSNC) and Scaling up Nutrition (SUN) unit.

Hamed Yaqoob Sheikh

Message

Secretary
Planning and Development Board
Government of Punjab



Pakistan is facing a silent crisis of malnutrition. According to the National Nutrition Survey (NNS), the indicators of nutrition need special attention. The province of Punjab has prioritized nutrition interventions, and because of the current investments made in nutrition, indicators in

Punjab has improved. However, the COVID-19 pandemic is a health and economic crisis threatening the food security and nutrition of millions of people around the world. The pandemic hits us at a time of immense global challenges. Before the virus spread to an alarming situation resulting in inevitable health and nutrition crisis of mass severity and scale, we need to tackle all the nutrition dimensions of this crisis. Addressing the COVID-19 challenges require us to work together across sectors and borders both to mitigate the immediate impacts and to re-plan the system accordingly for the post-COVID-19 epidemic scenario.

The Planning and Development Board, Government of Punjab with the support of Multi-Sectoral Nutrition Center (MSNC) and SUN Unit Punjab has been successful in finalizing 'Provincial Nutrition Response Plan' to counter malnutrition during and after COVID-19. It gives an insight into the socio-economic impact during and after the outbreak and identifies the priority areas which would significantly alleviate the negative repercussions. Intending to make nutrition a priority, the P&D Board is pleased to provide all the necessary support needed at every point so that health and nutrition remains a top priority for all of us.

Imran Sikander Baloch

Message

Member Health/ Executive Director
Multi Sectoral Nutrition Center (MSNC)
Government of Punjab



The entire world has been experiencing an emergency for more than six months and the fear of second wave of outbreak of COVID-19 pandemic is the biggest public health challenge for the authorities in 21st of economic

crises, food insecurity, meagre health and nutrition condition. The federal and provincial governments are actively engaged to mitigate the impact of COVID-19, especially in the marginalized communities.

Special social protection programs, the opening of businesses by following the SOPs, food safety programs and provision of health and nutrition services during this pandemic are the remarkable achievements of the government in this critical time. The strategies to control the spread of the virus and its complication have been applauded all over the world including World Health Organization (WHO).

During and after the pandemic it has been observed that the health and nutrition status of women and children are more affected due to their different biological and social needs. The inaccessibility of health services, food insecurity issues, unemployment of daily wagers women and limited business activities made it difficult for low socio-economic class families to maintain a normal healthy life. Thus, chances of malnutrition among children and women may increase many folds. There is a need to develop and adopt a multi-sectoral approach to cope up with the consequences.

Public health agencies, government development partners, NGOs and INGOs can work together to fight the spread of the disease. Multi-Sectoral Nutrition Center (MSNC), Planning and Development Board, and Government of Punjab can take a lead to implement COVID-19 Nutrition Response and Recovery Plan developed by SUN Provincial Secretariat Punjab team.

I am thankful to Nutrition International for their technical assistance support to SUN Unit Punjab through their Nutrition Technical Assistance Mechanism's (NTEAM) Technical Assistance for Nutrition (TAN) project supported and funded with UK aid from the UK government. I also appreciate the efforts of IRMNCH & Nutrition Program Primary & Secondary Healthcare, Policy and Strategic Planning Unit (PSPU), Punjab Food Authority (PFA), Nutrition International, WHO, UNICEF for their active contribution to Punjab COVID-19 Nutrition Response and Recovery Plan.

Dr. Sohail Saqlain

Message

Country Director Nutrition International Pakistan



The unprecedented global crisis triggered by COVID-19 poses grave risks to the nutritional status of people living in vulnerable situations, especially women and children in the low and middle-income countries, unwinding hard-won development gains made over the past decade.

Nutrition International has been working in Pakistan since 2001 in partnership with federal and provincial governments to deliver proven nutrition interventions to high-need communities. These interventions aimed at improving Vitamin A supplementation, and zinc & oral rehydration salts supplementation for childhood diarrhoea management, accentuating production of adequately iodized salt and increasing iron and folic acid consumption through fortified wheat flour and, fortified oil & ghee.

In the efforts to strengthen nutrition governance in Pakistan, Nutrition International is proud to be part of the formulation of the Punjab Provincial Nutrition Response Plan for COVID-19 by extending technical assistance through our Nutrition Technical Assistance Mechanism's (NTEAM) Technical Assistance for Nutrition (TAN) project, funded with UK aid from the UK government. The plan includes nutrition guidelines laid by international organizations and directions provided by national and provincial technical working groups aimed at supporting the province of Punjab to work on priority areas and control the pandemic's grave effects. The plan will guide actions of the provincial government, donors, and partners to protect health and nutrition status of the most marginalized.

At this time, it is most crucial that nutrition is integrated into every phase of the pandemic response because the right nutrition at the right time can mean the difference between life and death for the most vulnerable.

Nutrition International would like to congratulate and thank all the stakeholders - federal and provincial governments, development partners, academic experts, and researchers who have worked hard towards developing this plan and look forward to continuing collaboration for effective implementation of this plan.

Dr. Shabina Raza

Message

Senior Chief Health
Planning and Development Board
Government of Punjab



There is an imminent threat that malnutrition indicators may surge during and post COVID-19 pandemic. It would be an enormous challenge for Pakistan as a country to tackle the increase in morbidity

& mortality, the unexpected additional financial burden on the households and increase in the expenditures of the governments. Considering these, relevant policies must be prepared to keep the situation in control during and after this outbreak to improve nutrition and health indicators as to the earlier years.

The provincial Nutrition Response Plan if implemented effectively, would alleviate the repercussions of COVID-19 to an optimum extent on nutrition and health status of the population, especially among women and children.

SUN secretariats/Units have been established at the provincial level to lead efforts for scaling up nutrition in their respective provinces. Punjab was the first province to establish a provincial Multi-Sectoral Committee for Nutrition under the Planning & Development (P&D) Department. It includes representatives from relevant sectors, industries, and co-opted members from the United Nations/Donors.

We appreciate Nutrition International for their technical assistance support to the Government of Punjab for advancing the overall provincial SUN agenda in light of COVID-19. I congratulate Dr. Muhammad Nasir, NTEAM technical assistance provider for effective coordination and development of Punjab Nutrition Response and Recovery Plan 2020.

Saleem Masih

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Executive Summary

COVID-19 not only has disrupted the normal life, but also has left marginalized and deprived people at higher risk of economic crises, food insecurity, meagre health and nutrition condition. Besides this, unemployment of daily wage workers, limited business opportunities and transportation issues, have made the conditions worse. The institutional capacities of public and private sectors have also weakened during this pandemic. Federal and provincial authorities are directly engaged in controlling the COVID-19 pandemic and providing relief to affected people in terms of cash, food and livelihoods.

The actions taken by the Government of Pakistan and provinces to combat this pandemic have yielded encouraging results. Out of 371,508 people infected with the corona virus till 20th November 2020, 88.5% of them have been recovered. The death rate is 2% which is one of the lowest in the region and in the world. In expert's opinion, speedy recovery and low death rate is due to a large number of young population, strong immunity, effective strategies and timely initiatives taken by the government.

A similar situation of COVID-19 pandemic is being faced by Punjab, the largest province of Pakistan. Initially, rapid increase in the cases disrupted businesses and severely affected social life, health and nutrition of population. A continuous increase in new cases and number of deaths in the month of April, May and June-2020 further affected the life of vulnerable population negatively. With strategic policies in place and its effective implementation by the Government of Punjab, led to a significant decline in incidence of new cases in the province from July 2020. The emerging second wave of COVID-19 in Pakistan is again a serious threat for economy and individual well-being, with marginalized communities being most affected.

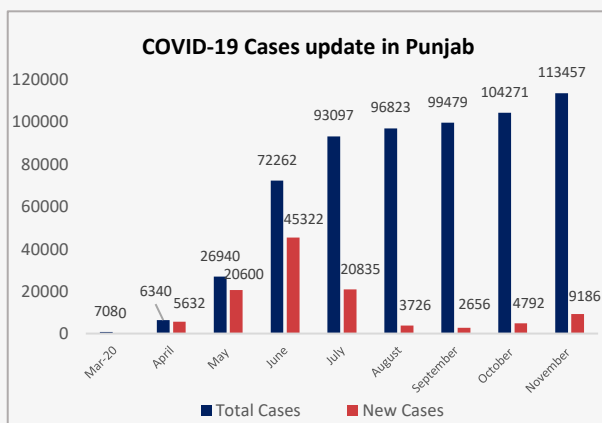


Figure 1: Total and monthly COVID-19 cases update in Punjab

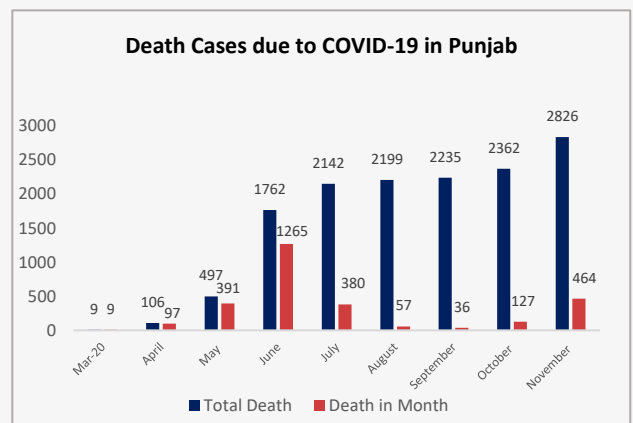


Figure 2: Total and monthly COVID-19 death cases update in Punjab

Source: Ministry of Health and Regulation, Government of Pakistan

The Government has re-initiated smart lockdown* and micro lockdown policies in large cities of Punjab. Continuous disruption in businesses, limited access and availability of services, and unemployment will have an affect on the lives of the people. Children and women will be most affected because of their different biological and social needs, and maintaining their health and nutrition status would be a challenge during this pandemic due to unavailability of sufficient, safe and nutritious food along with low outreach of health services in the hard to reach areas such as: those not covered by Lady Health Workers, river belt areas and urban slums. Pregnant women and children from deprived households and low socio-economic class have been severely affected and about 150,000 additional children across Punjab are projected to be malnourished during this pandemic.¹ Similarly, malnutrition in pregnant women will lead to low birth weight and malnourished children which will ultimately upsurge the morbidity and mortality amongst women and children. To mitigate the effects of COVID-19 and prevention of malnutrition among women and children, effective measures needs to be adopted by the government.

This 'Nutrition Response and Recovery Plan' highlights the areas that should be focused to maintain and improve health and nutrition status of population during and after COVID-19. The plan is prepared by reviewing the nutrition guidelines laid by international organizations, national and provincial technical working group's direction and in line with the discussion of relevant departmental experts. Based on these deliberations, ten thematic areas were selected. The plan will further discuss the priority actions on these areas.

Smart lockdowns are aimed at restricting maximum no of Infected Persons in a targeted manner to an identified hotspot, to contain/ retard local COVID-19 spread and thereby break the transmission cycle of disease. This would also entail increased epidemiological interventions as testing, tracing, quarantine and isolation of suspected and confirmed cases in an identified hotspot

Introduction

Almost 53% of Pakistan's population is living in Punjab, with a population mark crossing 110 million (Census in 2017). The province is home to various industrial zones and vast agricultural land and supplies 70% of all cereal production to the country. Punjab is also a leading producer of cash crops (wheat and sugarcane).

The health system across Punjab has improved significantly in the last decade because of the focused approach, allocation of resources and effective monitoring by the government. Despite improvements in health system, the health and nutrition indicators in the southern region of Punjab are still alarming due to issues such as low literacy rate, poverty and poor infrastructure. The Government of the Punjab is setting up a separate secretariat in South Punjab. This initiative will not only improve the governance in this region but also the health and nutrition indicators.

The Government of the Punjab in its post-devolution phase (after 18th Constitutional amendment in 2010) made huge investments in the nutrition portfolio to address the situation. Nutrition Program was integrated into National Program for Family Planning (Lady Health Worker Program) and Mother and Child Health Program in 2013 with the name of Integrated Reproductive Maternal Newborn Child Health and Nutrition Program (IRMNCH & Nutrition Program) and then a separate two years nutrition program for the year 2016 to 2018 with support of World Bank was launched. To ensure continuity of activities and to scale up nutrition preventive and therapeutic services all over Punjab, the Chief Minister's Stunting Reduction Program 2017-2021 with a budget of PKR 8.9 billion is being implemented. Besides this, an effective network of 43,200 Lady Health Workers covering about 68% rural and 35% urban population have been engaged to provide door-to-door services including screening of children and women, counselling on infant and young child feeding (IYCF), and iron and folic acid (IFA) distribution to adolescent girls, pregnant and lactating mothers.

The onset of the COVID-19 pandemic and its rapid spread severely complicated human life specifically its immense negative effects on the poor and the vulnerable part of the society. In addition to health implications, loss of jobs of daily wagers, factory workers and shut down of small businesses increased poverty by many folds. A large number of populations have shifted below the poverty line. It is expected that this outbreak would lead to massive negative effects on children and women. The recent findings of GALLOP Pakistan study highlights reduced expenditure by the poor people to fulfill their basic needs and daily food requirements. Availability of quality food is also a problem for them because of inflation and unavailability of healthy food.

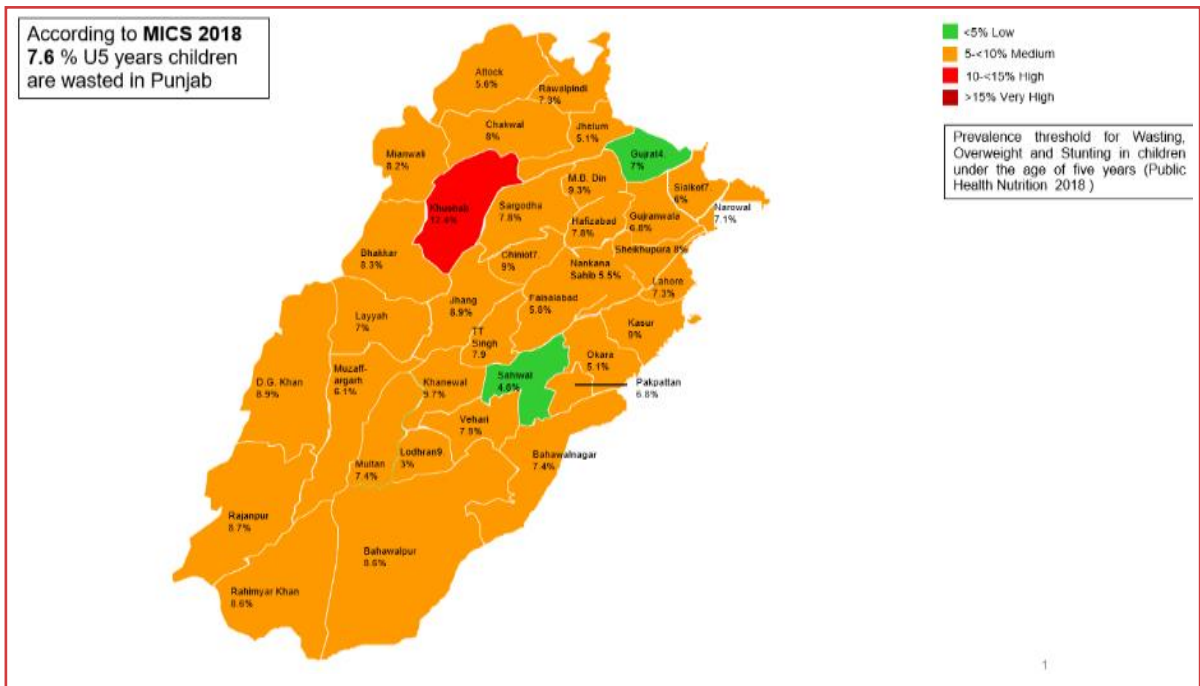


Figure 4: District wise wasting in U5 Children

Underweight, a type of chronic malnutrition (32.6% reported in MICS 2011 and 21.2% in MICS 2018) is mainly caused by low intake of food/nutrients over long periods, repeated illness/infections, eating disorders, digestive problems like inflammatory bowel disease and thyroid disease etc. High burden of underweight children is common in some southern districts of south Punjab.

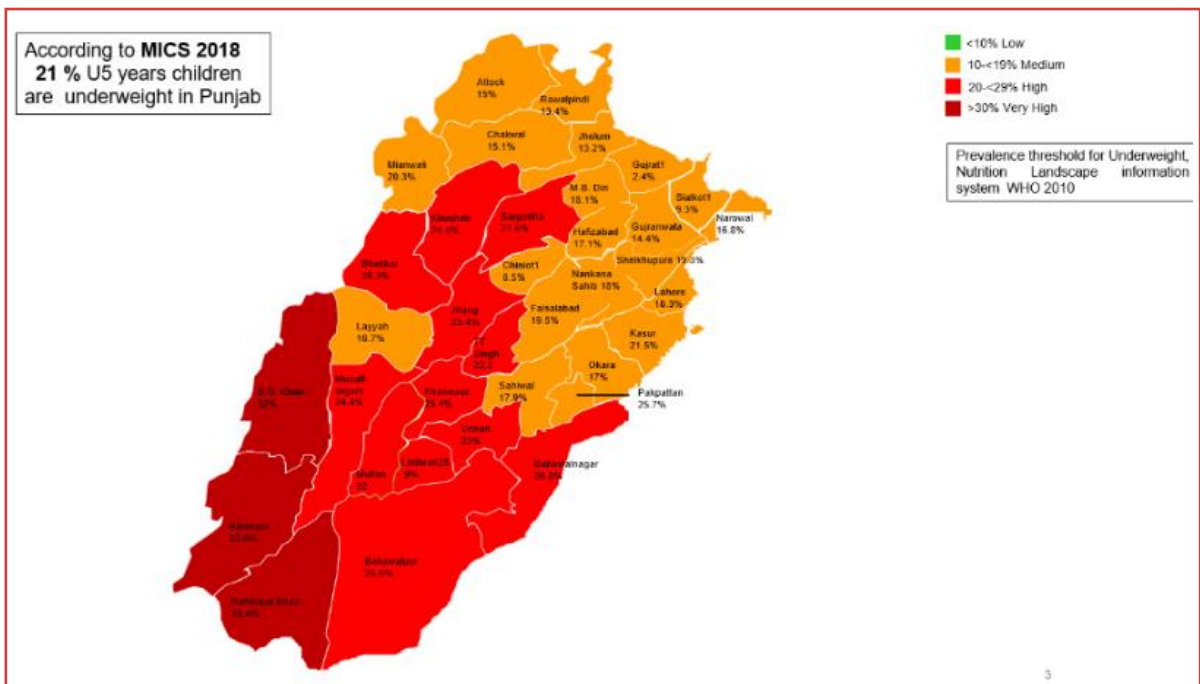


Figure 5: District wise underweight in U5 Children

Around 67% of households in Pakistan are unable to afford a minimum nutritious diet from their current food expenditure. According to the Global Hunger Index 2019, Pakistan ranks 94 of 117 qualifying countries, with dire performance when compared to other countries. However, it is also evident that even among families who can afford, dietary diversity is poor, and diets are unhealthy.

The cumulative effect of lost manpower hours, healthcare expenses and lower productivity due to malnutrition in monetary terms in Pakistan is at least 7.6 billion USD or around 3% of its Gross Domestic Product (GDP) every year.² These estimates are conservative, as most of the economic burden of malnutrition in Pakistan is long term and inter-generational.

Socio-economic impact

The WHO advisory committee on COVID-19 promotes social distances to limit the transmission of coronavirus. A partial lockdown, smart lockdown and complete lockdown policy have been used by the states as per their caseload and facilities. Initially, Pakistan started 'contact tracing policy' followed by the lockdown all over the country. After a short span, when the number of cases dropped the smart lockdown policy was implemented in high prevalence regions.

According to World Bank estimates, Pakistan's economy is likely to shrink by 1-2 percent. The recent Gallup Pakistan survey highlights that the food security situation could get worse, affecting about 6.9 million households in a day. Moreover, food shortage is expected, and poor distressed people are looking for cheap sources of food. Though, most households have spent their savings; government agencies and voluntary organizations are helping poor and marginalized people. However, all needs of this specific group could not be met. Their health issues are getting worse during this pandemic which ultimately results in an increase of morbidity and mortality. This may cause the risk of malnutrition in women and children, and if not treated timely, it will lead to severe complications and damage to their lives.

Services affected during COVID -19

COVID-19 has changed the priorities of the government, of which the main focus areas are: saving the lives of people, COVID-19 outbreak control, provision of livelihoods, food security and restoration of businesses. Programs and institutes are performing with low budgetary support because of the shift in funds from development schemes to COVID-19 emergency initiatives. The achievements made during the last few years may be compromised because of slow performance of public and private sectors institutes. The fear of reversal of progress made till date in health and nutrition sectors is rising day by day. The data of 24/7 Basic EmoNC (emergency obstetric and neonatal care) facilities nutrition services shows declining trends. There are also declining trends in the admission of severely malnourished children at 58 stabilization centres in Punjab. The difference in admission in January 2020 and July 2020 is close to half, about 45% decline in admission is because of the shortage of health staff and their deputation to COVID isolation wards, limited OPD services, transportation issues and fear of visiting health facility units during COVID-19.

COVID-19 has restricted the movement of lady health workers during this outbreak, due to the possibility of contracting the infection during house-to-house visits, and fear of spreading the same in their catchment area and risking their own lives as well. Besides this, the provision of Personal Protective Equipment (PPEs) to workers has also been a major issue during this time. The activities of distribution of IFA to pregnant and lactating women, and adolescent girls, distribution of multi micronutrient sachets among 6 to 23 months of children and family planning commodities was not consistent in their catchment area. In the current situation, a further increase of 14.3% Global Acute Malnutrition (GAM) rate is expected during and after COVID-19 pandemic and it is anticipated that there will be an additional 150,000 malnourished children in all over the province.⁴

Thematic areas of concern during COVID-19 pandemic

The international, national guidelines, studies, and research articles on the effects of COVID-19 on health and nutrition status of individuals, especially children and women were reviewed. After discussion with technical representatives from concerned departments and other stakeholders, ten important thematic areas have been selected in this nutrition response plan to mitigate the effects of COVID-19 on health and nutrition condition of the population, as elaborated ahead. Following are the ten thematic areas selected:

1. Provision of safe services at health facilities especially at OTP and SC
2. Strengthening of community services during COVID-19
3. Promotion of adolescent girls and maternal nutrition
4. Promotion of breastfeeding and Infant Young Child Feeding (IYCF) practices
5. Prevention and management of infectious diseases
6. Capacity building of staff
7. Strengthening of monitoring and supervision mechanism
8. Multi-sectoral nutrition approach during COVID-19
9. Communication and awareness during COVID-19
10. Impact of COVID-19 on gender equity

An activity plan along with the department(s) responsible for its implementation have been detailed-out for each thematic area. As a monitoring mechanism, the Multi-sectoral Nutrition Cell Planning & Development Board will coordinate and conduct fortnightly review meetings for an update on implementation of the plan.

Thematic area I

Provision of safe services at health facilities especially at OTP and SC



Provision of safe services at health facilities especially at OTP and SC

As the COVID-19 pandemic has disrupted the functioning of entire health system, the treatment and prevention of diseases are compromised because of limited access to health facilities. Children and women suffering from malnutrition are facing difficulties to manage their well-being due to interruption in the preventive and curative care which may lead to increased cases of malnutrition-related complications.

Therapeutic nutrition interventions are carried out in all 36 districts of Punjab. A total of 1710 OTP sites and 58 Nutrition Stabilization Centers are functioning under IRMNCH & Nutrition Program. About 67% of health facilities are providing therapeutic services across Punjab. The expansion of therapeutic nutrition sites during and after the outbreak will provide relief and ease to the people living in remote areas. To ensure quality treatment of malnourished children, the quality of nutrition Management Information System (MIS) needs further improvement. The real-time data of children registered in OTP is available through android based nutrition MIS. This will be helpful in analyzing gender-segregated data to know the effects of COVID-19 on gender. Similarly, a strong quality check system to improve the nutrition-therapeutic program is required. The protection and safety of staff working in OTP/SC must be ensured by providing them with PPEs and trainings. The national nutritional technical committees have issued revised guidelines for Severely Acute malnourished children for COVID-19. These guidelines may be followed in Punjab with the approval of the provincial nutrition technical committee.⁵

Table.1 Activity plan for provision of safe services at health facilities especially at OTP and SC

S.No.	Activities	Timeline	Concerned Department/ Program/Partner
1	Preparation of gender sensitive guidelines for OTP & SC staff on personal protection during COVID-19	15 th January 2020	Technical committee of Primary and Secondary Health on Nutrition/ WHO/UNICEF/ NI
2	Revision of therapeutic protocol in emergency context of COVID-19	15 th January 2020	Provincial technical working group & IRMNCH & Nutrition Program/ WHO/UNICEF/WFP

Table.1 Activity plan for provision of safe services at health facilities especially at OTP and SC

S. No.	Activities	Timeline	Concerned Department/ Program/Partner
3	Provision of uninterrupted therapeutic and supplementary food (RUTF,F-100, F 75, Resomal, etc.) for the treatment of malnourished children and women at OTP & SC	Priority / Weekly/ Monthly supplies	IRMNCH & Nutrition Program/UNICEF/ WHO/WFP/NI
4	Provision of PPEs for community and health facility staff	Priority / Weekly/ Monthly supplies	IRMNCH & Nutrition Program along with all development partners
5	Expansion of OTP services at public health facilities	Year 2020-21= 39 Year 2021-22=300 Year 2022-23=300	IRMNCH & Nutrition Program along with all development partners
6	Refresher training of healthcare provider on personal protection and continuation of nutrition services during COVID-19	30 th March 2021	IRMNCH & Nutrition Program along with all development partners
7	Development of messages and other IEC material for personal protection and continuation of nutrition services	15 th January 2021	IRMNCH & Nutrition Program along with all development partners
8	Desk Review of Nutrition MIS with special focus on gender segregated data	Fortnightly	IRMNCH & Nutrition Program along with all development partners
9	Screening, referral of malnourished children to OTP and SC	Daily on priority basis	IRMNCH & Nutrition Program
10	Strengthening of referral system between OTP and SC to shift complicated SAM cases	30 th December 2020	IRMNCH & Nutrition Program

Thematic area II

Strengthening of
community services
during COVID-19



Strengthening of community services during COVID-19

In Punjab, community-based MNCH, RH and Nutrition services are provided through Lady Health Workers (LHWs), Community Midwives and School Health Nutrition Supervisors (SHNS). The Lady Health Workers' network is an essential part of the health system and almost 68% rural and 35% urban population is covered by them. They register under five-year children, maintain their record of breastfeeding, complementary diet, growth monitoring and immunization. They also register all pregnant and lactating women in their catchment area, providing them iron-folic acid tablets and other micronutrient supplements.⁶ Also, they organize community support group meetings regularly to generate awareness more specifically on health and nutrition issues. However, during COVID-19 all these activities were interrupted. Though, LHWs have resumed the activities they have not yet returned to normal working condition due to following reasons:

- Shortage of personal protective equipment
- Lack of information on COVID-19 and its prevention measures
- Training and capacity building issues- The authorities have banned classroom training, and virtual orientations were not possible in the rural areas
- The fear among the health workers that they might spread the disease during door-to-door visits
- Limitation to visitors in homes during the pandemic
- Shortage of supplies and essential items due to the logistic and transportation issue

Before the outbreak of COVID-19, the specific role of LHWs in nutrition program was screening of children under the age of five, identification of malnourished children, referral to the nearest OTP site, and regular follow-up visits for compliance of treatment. They treat children suffering from diarrhea and pneumonia and refer them to the health facility for further treatment in case of any complication. LHWs visit households to increase awareness of reproductive health and nutrition. They have a well-defined role to ensure improvement of adolescent and maternal nutrition.⁷ There is a need to revive all the activities of LHWs in the community by providing them with personal safety equipment, uninterrupted supply of medicines and essential equipment and training. In addition, the roles and responsibilities of LHWs need to be revised with fieldwork SOPs until the situation of COVID-19 pandemic is not resolved.

With the threat of an emerging second wave of COVID-19, the government is considering to close the schools now after their re-opening. In Punjab 1890 School Health and Nutrition Supervisors (SHNSs) are working at union council level for health and nutrition screening of students and capacity building of teachers and administrative staff. When the schools were closed, they worked with LHWs in community for generating awareness on health and nutrition issues. Their services may be utilized to strengthen the community nutrition component either in the school or at village level. SHNS may be involved in all nutrition related capacity building program, nutrition education, and other preventive and curative activities during COVID-19.

Table 2. Activity plan for strengthening of community services during COVID-19

S. No.	Activities	Timeline	Concerned Department/ Program/Partner
1	Development of guidelines for personal protection of community staff (LHWs, Vaccinator etc.)	15 th January 2021	Technical Committee of Primary & Secondary Healthcare/ development partners
2	Provision of personal protective equipment for field staff	Priority basis. weekly/monthly supplies	Primary & Secondary Healthcare Department & development partners
3	Refresher training of community staff on prevention COVID-19 and safety protocol.	30 th March 2021	Primary & Secondary Healthcare Department & development partners
4	Training of community staff on communication skills	30 th April 2021	Primary & Secondary Healthcare Department & development partners
5	Provision of all necessary equipment/medicine and other logistic	Immediate/Regular	IRMNCH and development partners
6	Refresher trainings of community staff on updated preventive and treatment protocol of COVID-19	Monthly/fortnightly	Primary & Secondary Health Department/ IRMNCH/Partners

Table 2. Activity plan for strengthening of community services during COVID-19

S. No.	Activities	Timeline	Concerned Department/ Program /Partner
7	Activation of Sehat committees and women support group meeting by following SOPs in the light of COVID-19 pandemic	15 th December 2020	Provincial technical working group/ IRMNCH & Nutrition Program
8	Capacity building of community staff to deal with suspected and confirmed COVID-19 cases and isolation protocol.	15 th November 2020	Primary & Secondary Healthcare, IRMNCH & Nutrition Program
9	Training of SHNS on prevention of COVID-19 and early detection of cases and response in schools.	Start from 30 th January 2021 and continue on monthly basis	Primary & Secondary Healthcare/ School education/PSPU
10	Teachers training by SHNS on prevention and protection from COVID-19 and student screening SOPs	Start from 15 th January 2021 and continue on monthly basis	Primary & Secondary Healthcare/ School Education/PSPU
11	Establish referral system of COVID-19 suspected/ symptomatic student and teachers	15 th February 2021	Primary & Secondary Healthcare, PSPU
12	Identification of suspected students' household and ensure screening of all household members by COVID-19 rapid response team	Priority basis after case detection	Primary & Secondary Healthcare Department

Thematic area III

Promotion of adolescent girls and maternal nutrition



Promotion of adolescent girls and maternal nutrition

To break the cycle of intergenerational malnutrition, it is necessary to focus on maternal and adolescent girl's nutrition. Although the intervention related to this component was included in the current nutrition PC-1 of Nutrition Program, however, no comprehensive efforts were made during the last few years. COVID-19 directly hit the health and nutrition status of women, especially those from lower socio-economic status. Therefore, the chances for intergenerational transfer of malnutrition has increased by many folds. A model of continuum of care and necessary support to women and adolescent girls to prevent the transfer of malnutrition to the next generation is highly required. Thus, concrete steps need to be taken to prevent malnutrition in the adolescent girls, pregnant and lactating mothers. In Pakistan, the sizeable portion of women suffer from anaemia, calcium, and vitamin D deficiency. Many women belonging to low socio-economic status have severe and moderate malnutrition which leads to several health complications including birth defects, miscarriage, and maternal and infant mortality.⁸ The following activities may be performed to ensure good health and nutrition services for adolescent girls and women during this pandemic.

Table 3: Activity plan for promotion of adolescent girls and maternal nutrition

S. No.	Activities	Timeline	Concerned Department/ Program /Partner
1	Development of reproductive and nutritional guidelines during COVID-19 for adolescent girls and women of reproductive age	1 st January 2021	IRMNCH/ Primary and Secondary Healthcare/ UNFPA/Pathfinder
2	Capacity building of health staff on revised reproductive and nutrition guidelines	15 th February 2021	Health & development partners
3	Screening of adolescent girls and women of reproductive age group through BMI, MUAC	Daily / Regular	IRMNCH/ Primary and Secondary Healthcare and development partners

Table 3: Activity plan for promotion of adolescent girls and maternal nutrition

S. No.	Activities	Timeline	Concerned Department/Program /Partner
4	Focus on prevention and treatment and screening of anemia in adolescent and women	Daily/ Regular	IRMNCH/ Primary and Secondary Healthcare & development partners
5	Growth monitoring of adolescent girls and pregnant women, etc.	Daily/ Regular	IRMNCH/ Primary and Secondary Healthcare & development partners
6	Counseling of pregnant and lactating mothers about healthy dietary habits, diet diversification, personal hygiene, IYCF practices, and breastfeeding, etc.	Daily/ Regular	Primary & Secondary Health Department/ IRMNCH/ Partners
7	Provision of IFA, Calcium & Vitamin D supplementation	Daily/Regular	Provincial technical working group/ IRMNCH & Nutrition Program
8	Promotion of birth space and provision of Family Planning commodities	Daily/ regular	Primary & Secondary Healthcare, IRMNCH & Nutrition Program/ Population Welfare Department
9	Provision of multi-micronutrient to underweight adolescents and women	Daily/ Regular	Primary & Secondary health Department/ IRMNCH/ Partners
10	Provision of supplementary food to severe underweight adolescent/pregnant women when required	Daily/ Regular	Primary & Secondary Health Department/ IRMNCH/ Partners

Thematic area IV

Promotion of breastfeeding
and IYCF practices



Promotion of breastfeeding and IYCF practices

The WHO and UNICEF have issued extensive guidelines for promotion and continuation of breastfeeding practices during COVID-19 pandemic. These guidelines have instructions for lactating mothers and healthcare providers regarding the maintenance of breastfeeding during the pandemic and the precautions that need to be taken when a mother or her baby is suffering from COVID-19 to continue breastfeeding.⁹

The first 1000 days are critical for child mental and physical development. The timely introduction of semi-solid food in addition to breast milk in infants is vital for a healthy life. Introducing semi-solid food from the age of six months and its continuation with age improves health and nutrition status of children. Majority of the women know the importance of complementary diet, but there is lack of proper information and different options to prepare home-based foods that fulfil the requirement of children according to their age group. The department may prepare local recipes for women and healthcare providers which can be provided to mothers having children less than five years. Growth monitoring and micronutrients supplementation should be continued for 6 to 24-months children to promote IYCF practices during COVID-19 pandemic.

Table 4. Activity plan for promotion of breastfeeding and IYCF practices

S. No.	Activities	Timeline	Concerned Department/ Program /Partner
1	Preparation of safe breastfeeding and IYCF practices guidelines during COVID-19	Priority basis Notified before 15 th January 2021	Provincial nutrition technical committee/ IRMNCH/ development partner
2	Prohibition of distribution of formula milk in ration pack of socio-economic compromised families	Guideline/ Directives to all stakeholder 1 st January 2021	PDMA/Health & development partners
3	Issuance of notification to all Medical Superintendents and in charges of health facilities to promote/ protect safe breastfeeding and IYCF during COVID-19	30 th January 2021	IRMNCH & Nutrition Program, Primary & Secondary Healthcare Department, Specialized Healthcare and Medical Education, Development Partners

Table 4. Activity plan for promotion of breastfeeding and IYCF practices

S. No.	Activities	Timeline	Concerned Department/ Program /Partner
4	Formation of breastfeeding promotion and protection committee in Secondary and Tertiary Health facility.	15 th March 2021	IRMNCH/ Primary and Secondary Healthcare and specialized Healthcare Department
5	Establish Lactation Management Clinic in THQ and DHQs	15 th February 2021	IRMNCH/ Primary and Secondary Healthcare and Specialized Healthcare Department
6	Promotion of breastfeeding and IYCF in community through LHWs/ Religious scholars and politicians.	Daily/ regular	Primary & Secondary health department/ IRMNCH/ Partners
7	Baby friendly hospital initiative	At least in 3 hospital up to 15 th May 2021	Specialized Healthcare and Medical Education department/ Primary & Secondary Healthcare/DG Health/IRMNCH & Nutrition Program
8	Revision of breastfeeding Law and submission to Law department	30 th January 2021	Primary & Secondary Healthcare, IRMNCH & Nutrition Program/ Law Department
9	Revision of breastfeeding implementation plan in context of COVID-19	30 th February 2021	Primary & Secondary Health Department/ IRMNCH/ Partners
10	Infant feeding board meeting	Quarterly	Primary & Secondary Health Department/ IRMNCH/ Partners

Thematic area V

Prevention and management of infectious diseases



Prevention and management of infectious diseases

Repeated infections in children lead to acute and chronic malnutrition and if a child is malnourished his/her duration of disease, its severity, morbidity, and mortality may increase to many folds. Malnutrition and infection are linked to each other as malnourished children are susceptible to life-threatening infections, of which diarrhea and pneumonia are one of the major contributors of mortality in children. Therefore, extra measures should be taken at the community and health facility level for prevention and treatment of infectious diseases. The possibility of spread and severity of diarrhea and pneumonia are much more during COVID-19 outbreak. LHWs are providing initial management to thousands of diarrheal and pneumonia cases in children, every month. If their services are disrupted during COVID-19, it would lead to an increase in the severity of the infection. Limited healthcare facilities and transport issues further increase the duration and severity of infectious diseases in children and women. Healthcare Authorities and Public Health Engineering Department (PHED) may take necessary measures to prevent these infectious diseases.¹⁰

Table 5: Activity plan for prevention and management of infectious diseases

S. No.	Activities	Timeline	Concerned Department/ Program /Partner
1	Ensure availability of all essential medicines of infection prevention at health facilities and with LHWs.	Collection of No stock report on Monthly basis	Health / Development Partner
2	Ensure availability of safe drinking water at health facilities during and after COVID-19	Priority basis / Monthly report	PHED/ Health/MSNC
3	Ensure availability of soap and hand washing facility in all hospitals	30 th January 2021	Health/WHO/UNICEF
4	Establish and implement infection prevention and control mechanism at all health facilities	Priority / 30 th March 2021	Health
5	Ensure proper waste management, especially infectious and hazardous waste	Priority basis and monthly updates	Health/Waste Management Companies/Local Government

Table 5: Activity plan for prevention and management of infectious diseases

S. No.	Activities	Timeline	Concerned Department/ Program /Partner
6	Refresher training of health staff, community and sanitary workers on infection prevention	15 th February 2021	Health/ IRMNCH/ development partners/MSNC
7	Capacity building of mothers of under five years children on prevention of diarrhea and pneumonia, hygienic practices and safe drinking water	30 th December 2020	IRMNCH/Primary & Secondary Healthcare/ development partners
8	Establish mechanism for referral and treatment of emergency diarrheal and pneumonia complicated cases from community to health facility	Monthly updates	IRMNCH/Primary & Secondary Healthcare/ Specialized Healthcare Department

Thematic area VI

Capacity building of staff



Capacity building of staff

To continue health and nutrition services during COVID-19, it is of utmost importance that special training should be given to the health workers at all levels. As the healthcare workers are at high risk, they are afraid of providing services during the pandemic. The current DHIS data reveals a decline in health services, especially ANC, PNC, and deliveries by SBA. The default rate of malnourished children admitted at OTPs has increased by many folds. Moreover, there is apprehension and hesitation amongst people to visit health facilities. The healthcare staff feels unsafe to serve without availability of PPEs. Therefore, special training guidelines may be developed to train healthcare providers and for the other departments staff who are working as frontline workers to fight against COVID-19.

The important topics for capacity building program for community and healthcare staff may be as follows:¹¹

- Breastfeeding, its importance during COVID-19
- Complementary feeding practices
- Knowledge for preparation of affordable nutrient-dense recipes for children by the households
- Treatment of malnourished children and PLWs during COVID-19
- Safety protocol of health facilities (OTP and SCs) during COVID-19
- Guideline for community staff to continue the nutrition services in the community
- Behavioral change therapies related to healthy eating
- Infection prevention

Table 6: Activity plan for capacity building of staff

S. No.	Activities	Timeline	Concerned Department/ Program /Partner
1	Development of sectoral capacity assessment plan of staff	Priority Basis and Biannually	Health / development partner/ MSNC
2	Identification of knowledge gaps of staff and review of available material of COVID-19 prevention	15 th February and Biannually	Health / development partner/ MSNC

Table 6: Activity plan for capacity building of staff

S. No.	Activities	Timeline	Concerned Department/ Program /Partner
3	Formation of technical group to review national and international guidelines, and prepare departmental COVID-19 prevention guidelines.	30 th January 2021	Health/ IRMNCH / development partners/ MSNC
4	Development of capacity building plan by following the COVID-19 prevention SOPs.	30 th January 2021	IRMNCH/Primary & Secondary Healthcare/ development partners
5	Arrangement of resources like finance, logistics and PPEs etc. for capacity building plan	15 th January 2021	Health/ IRMNCH / development partners/ MSNC/PDMA
6	Development of monitoring checklist to ensure quality TOTs and Trickle-down trainings (Cascade model)	15 th January 2021	Health/ IRMNCH / development partners/ MSNC/ all relevant sectors
7	Development of feedback mechanism to improve the capacity building program and to revised and update contents	1 st February 2021	Health/ IRMNCH / development partners/ MSNC/ all relevant sectors

Thematic area VII

Strengthening of monitoring and supervision mechanism



Strengthening of monitoring and supervision mechanism

Every department has its monitoring and evaluation system to track the progress on target and indicators. Like any other activities, monitoring and supervision also faced disturbance during COVID-19. With strict restriction of large gatherings, the performance review meetings were suspended, supervision and monitoring visits of senior officers and M&E staff were limited, and the MIS staff was shifted to COVID-19 response unit; thereby, weakening the routine monitoring system. There is a need to review the existing monitoring and supervision mechanism and revise targets by keeping in mind the pandemic situation. Moreover, the purpose of monitoring is to know the performance of sectors/programs and to ensure the quality of the program in terms of its suitability, applicability, acceptability, efficiency and accuracy.¹² Thus, stressing the need to strengthen the system for improving delivery of services.

Table 7. Activity plan to strengthen monitoring and supervision mechanism

S. No.	Activities	Timeline	Concerned Department/ Program /Partner
1	Review and revision of monitoring system of all concerned sectors in COVID-19 context	Issuance of guideline by 30 th January 2021	Health/development partner/MSNC/other
2	Development of review system, feedback and follow up mechanism to ensure quality of data.	30 th January 2021/ Monthly	Health/development partner/MSNC/other
3	Establishment of online system for coordination, capacity building and programmatic and departmental progress review.	30 th January 2021	Health / development partner/MSNC/other
4	Arrangement of progress review meetings by following strict COVID-19 protection SOPs	Monthly	Health/development partner/MSNC/other
5	Establishment of SMS based real time data base and android based monitoring system to minimize physical contact	30 th December 2020	Health/development partner/MSNC/other
6	Provision of PPEs for monitoring & supervisory staff and availability of resources for field visits	Priority Basis up to 30 th December 2020	Health/development partner/MSNC/other
7	Strengthening of provincial, divisional, districts coordination mechanism to regularize the review mechanism of progress	Monthly	Health/development partner/ MSNC/other

Thematic area VIII

Multi-Sectoral nutrition
approach during COVID-19



Multi-Sectoral nutrition approach during COVID-19

To ensure multi-sectoral coordination of nutrition-sensitive and specific sectors, we need a strong coordination mechanism. In Punjab, a comprehensive multi-sectoral nutrition program under the Planning & Development Board, Government of Punjab has been established. MSNC is an innovative approach to get maximum support from nutrition-sensitive sectors like WASH, Livestock, Social Protection, Food, Agriculture, etc. The considerable achievements of MSNC are the establishment of the structure of the Provincial steering committee, District Malnutrition Addressing Committee (DMAC) and Tehsil Malnutrition Addressing Committee. The regular meetings of these forums are effective in tracking and supporting the nutrition initiatives at the grass-root level.¹³ Use of these forums to monitor the activities of provincial nutrition plan will minimize the COVID-19 outbreak effects on nutrition program and initiatives.

Table 8: Activity plan for multi-sectoral nutrition approach during COVID-19

S. No.	Activities	Timeline	Concerned Department/ Program /Partner
1	Training of Multi sectoral departments on COVID-19 prevention and safety protocol	15 th March 2021	MSNC/ SUN Unit
2	Development of revised DMAC Guidelines to monitor COVID-19 response and recovery Plan	30 th March 2021	MSNC / SUN / Planning & Development Board
3	Revision of DMAC agenda to include COVID-19 response plan	15 th February 2021	MSNC / SUN / Planning & Development Board
4	Oversight of all nutrition response plans at provincial level	Regular/ monthly	MSNC / SUN / Planning & Development Board
5	Arrangement of regular follow up meetings to monitor progress on provincial nutrition response plan	Monthly	MSNC / SUN / Planning & Development Board
6	Financial tracking and increase budgetary allocation/ utilization	Quarterly	MSNC / SUN / Planning & Development Board

Table 8: Activity plan for multi-sectoral nutrition approach during COVID-19

S. No.	Activities	Timeline	Concerned Department/ Program /Partner
7	Strengthening mechanism of availability of safe and nutritious food.	Priority Basis	Punjab Food Authority/MSNC/SUN/ Planning and Development Board
8	Media campaign to promote safe and nutritious food during and after COVID-19.	Priority Basis	PFA/Health/ MSNC
9	Development of guidelines for safe and nutrition food for school children	15 th February 2021	Health & PFA Provincial technical committee on nutrition
10	Social protection scheme to marginalized and malnourished women and children	30 th December 2020	Punjab Social Protection Authority/ Health and development partners/MSNC
11	Development of mechanism to monitor and supervise all social protection schemes related to health & nutrition	30 th December 2020	MSNC/PSPS/Health/ DMAC
12	Engagement of social sector (Private & Government) in COVID-19 relief and recovery	Priority Basis	MSNC/Health/ PSPA/DMAC
13	Establish linkage of health and social protection/ welfare sector to provide relief to poor families for their basic health and nutrition needs.	1 st February 2021	MSNC/Health/ PSPA/DMAC
14	Provision of food (eggs/meat/fish) through livestock department to vulnerable and socio-economic compromised families on subsidize rate.	Priority Basis	MSNC/ Live stock/ Social Protection Authority
15	Provision of seeds/ plants to vulnerable and socio-economic compromised families for kitchen gardening	15 th February 2021	MSNC/ Agriculture/ Social Protection Authority

Thematic area IX

Communication and awareness during COVID-19



Communication and awareness during COVID-19

During the coronavirus outbreak, it is common to see a lot of controversial & inappropriate messages on social media platforms. Nutritional messages must be used correctly & should have acceptability according to local norms of society.¹⁴ These messages are essential to generate awareness regarding IYCF (early and exclusive breastfeeding, complimentary feeding), dietary counseling about a balanced and diverse diet, WASH messages, family planning, etc. All nutrition-specific and sensitive sectors should be involved in raising awareness and mobilizing the community on the importance of nutrition during COVID-19. A multi-sectoral approach and interactions with the other relevant sectors such as Population, WASH, Education, Social Welfare & Protection, Agriculture and Food can play a significant role to achieve the desired results of nutrition education during COVID -19.

Table 9: Activity plan for communication and awareness during COVID-19

S. No.	Activities	Timeline	Concerned Department/ Program /Partner
1	Development of sectoral communication plan for COVID-19	30 th January 2021	Health/ MSNC/ all relevant sectors
2	Allocation of budget to create mass level awareness among staff and people	Priority Basis up to 30 th January 2021	Health/ MSNC/ Development Partners
3	Review and revise communication material of COVID-19 and nutrition and approval from concerned technical forum before dissemination	30 th January 2021	Health/ MSNC/ all relevant sectors
4	Formation of technical forum consisting of technical and communication specialists	30 th January 2021	Health/ MSNC/ all relevant sectors
5	Development of social media campaigns and web-based information hub for COVID-19	15 th February 2021	Health/ MSNC/ all relevant sectors
6	Engagement of technical experts in webinars and conferences to provide up to date knowledge to staff and community	Weekly/ Monthly	Health/ MSNC/ all relevant sectors

Table 9: Activity plan for communication and awareness during COVID-19

S. No.	Activities	Timeline	Concerned Department/ Program /Partner
7	Development of mechanism to deliver SMS based messages to staff and people for protection of COVID -19 and continuation of services	30 th December 2020	Health/ MSNC/ all relevant sectors
8	Development of short videos, brochures, banners, and streamers for mass level awareness on COVID -19 protection	28 th February 2021	Health/ MSNC/ all relevant sectors
9	Quarterly media campaign for awareness of COVID-19 protection and nutrition	Quarterly	Health/ MSNC/ all relevant sectors
10	Monitoring of media activities to prevent unauthentic, wrong, and irrelevant information related to nutrition, health and COVID-19	Immediate and regularly	Health/ MSNC/ all relevant sectors

Thematic area X

Impact of COVID-19
on gender equity



Gender equity and impact of COVID-19

During the COVID-19 outbreak, women and girls are experiencing more adverse effects than men on health and nutrition needs. Accessibility problems, family financial issues and lack of empowerment are making it harder for women to fulfil their nutrition, health, and hygiene needs.¹⁵ The risk is many folds, if women are pregnant and are not able to get proper ANC, PNC, balanced diet coupled with insufficient nutrition and poor dietary habits. This leads to premature birth, still birth, miscarriage, physical and mental problems in babies, and serious complications on mothers well-being. Non-availability of nutritious food will induce micronutrient deficiency, anaemia, and protein-energy malnutrition in lactating mothers. The accessibility issue of family planning services is again a serious risk to their health and nutrition status.¹⁶ Provision of better sexual, reproductive and nutrition services to women and girls during and after this pandemic is to be ensured which is only possible when all relevant sectors provide gender-segregated data and prioritize gender equality in service delivery.

Table 10: Activity plan to response the impact of COVID-19 on gender equity

S. No.	Activities	Timeline	Concerned Department/ Program /Partner
1	Departmental guidelines may be issued to ensure gender equality in all relief operations/ routine services during and after COVID-19 outbreak	December 2020	MSNC/ Health /NGO/ Development Partners / Women protection Department
2	Identify gender equality gaps in nutrition services during COVID-19, development of coordination mechanisms, action plan to reduce those gaps	20 th February 2021	MSNC/ Health /NGO/ Development Partners / Women protection Department
3	Strengthen the MIS data system of all department concerned with health and nutrition and to ensure gender segregated data	15 th March 2021	MSNC/ Health /NGO/ Development Partners / Women protection Department
4	Development of short-term capacity building program of staff to ensure gender equality during and after COVID -19	30 th December 2020	MSNC/ Health /NGO/ Development Partners / Women protection Department
5	Development of guidelines to ensure sexual, reproductive and nutrition services to women, adolescent and children during COVID -19	15 th January 2021	Health/ IRMNCH/ SUN unit/ MSNC/ UNFPA/ Pathfinder
6	Ensure that gender guidelines/ policies are fully incorporated & implemented in all concerned departments	30 th December 2020	MSNC / Health / development partners

Conclusion

Families belonging to the low socio-economic background are facing more issues to fulfil their needs compared to the others. They are unable to meet the nutritional requirement of their household members, especially children and women. It is also an enormous challenge for the government to provide nutrition support to all vulnerable segments of society. This Nutrition Response Plan comprises of the principal thematic areas that should be focused to strengthen and improve the ongoing nutrition initiatives of government. During preparation of this plan, priority was accorded to identify the areas' and activities that are more sensitive in this outbreak situation. Institutional strengthening, allocation of sufficient budget and effective governance would improve the current actions and program on nutrition.

The number of malnourished children is expected to rise during this pandemic. Therefore, improvement in the performance of existing malnutrition treatment centers, OTP and SCs in Punjab is crucial. The need to set up new OTPs and SCs is rising to assure appropriate and effective nutrition services near to the community. Lady health workers working in the community need to be provided with special training to continue the nutrition activities during COVID-19 along with essential medicine, nutrition supplements and necessary equipment so that they can perform the screening of children and women, with promotion of IYCF, awareness on adolescent and maternal nutrition. To prevent the long-term effects of chronic malnutrition, there is a need to increase the efficiency of nutrition-sensitive sectors such as agriculture, WASH, livestock, and population. It is equally important to regularly review the performance of all nutrition-specific and sensitive sectors through nutrition response plan and take immediate and effective steps to address the issues that arise.

Response to COVID-19 with focus on the identified thematic areas is bound to enable the Government of Punjab with efficient and effective tackling of the pandemic along with having a significant impact on prevention and management of malnutrition.

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