

## COMMENTARY

## Ensuring availability of food for child nutrition amidst the COVID – 19 pandemic: Challenges and Way forward

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### Abstract

Coronavirus (COVID-19) pandemic spread in India is steeply rising. A 21-day lockdown has been imposed by the Government of India, to curtail its spread. This has impacted all walks of life, including availability of food and nutrition related services which would affect nutritional status of children throughout India. The two major schemes, i.e. Integrated Child Development Services Scheme and Mid-day Meal Scheme have been affected leading to risk of worsening of child nutrition. Some states have evolved their own strategies to mitigate the effect of lockdown. Here we discuss the challenges and way forward for ensuring availability of food for child nutrition during this health crisis. No single, optimal response to a public health emergency exists. The government and non-government partners must coordinate and scale up child nutrition services in the community through strengthening of public distribution system and home delivery of food parcels wherever feasible for beneficiaries of child nutrition programs.

### Keywords

COVID-19; Coronavirus Disease; Nutrition; Child

Coronavirus (COVID-19) pandemic has taken the global population and even our country off guard. The government as well as the community is struggling to contain this pandemic in India. The Government of India (GOI) imposed a countrywide lockdown as a preventive strategy to mitigate the spread of the coronavirus disease. (1) The uncertainties about the future strategies to contain this pandemic compel us to prioritize and be prepared for stepping up various health interventions. An agenda which would certainly have

to be given priority by the policy makers in the midst of the pressing health needs would be to ensure the availability of food for child nutrition during this crisis.

As per Census 2011, there are 16.45 Cr children in the age group 0-6 years and 37.24 Cr in the age group 0-14 years which constitute 13.59% and 30.76% of the total population, respectively. (2) India accounts for approximately one-third of the world's total population of stunted preschool children. According to National Family Health Survey (NFHS) conducted in 2015 – 16, the prevalence of stunting in India is

38.4% while that of wasting is 15.7% and the proportion of underweight children below the age of five years is 32.7%. (3,4) To cater to the nutritional needs of this particularly vulnerable and large section of the population, Integrated Child Development Services (ICDS) Scheme and Mid Day Meal Scheme are already in place.

There are nearly 13.5 lakh Anganwadi Centres (AWCs) operational across 36 states & Union Territories in India, covering 1022.33 lakh beneficiaries under supplementary nutrition. (5) The “National Programme of Mid Day Meal in Schools” also known as the Mid Day Meal (MDM) Scheme is being implemented by the central government in collaboration with the State Governments and Union Territories. Under this scheme, each child studying in elementary classes (I–VIII) in Government and Government aided schools, are provided one hot cooked mid day meal containing the prescribed energy and protein, on each school day (at least 200 days in a year). At present, around 11.59 crore children are enrolled under this scheme through 11.34 lakh schools in India. (6)

#### **The Challenges faced with child nutrition:**

- The closure of AWCs and schools in order to ensure social distancing in the wake of COVID-19 pandemic may offer some immediate benefits in terms of containment of the disease and preventing the burden on the already overwhelmed health system but has the potential to leave the children undernourished. The closure of anganwadi centres and schools have led to interruptions of the nutrition service delivery across India. (7) For many children, it might have been the only main source of nutrition in their daily lives, deprivation of which may have long lasting repercussions. Disruption in the supply chain logistics poses another barrier in keeping the services running.
- While the food and agricultural sector should in principle be less affected than others, illness-related labour shortages, transport interruptions, quarantine measures limiting access to markets and supply chain disruptions is likely to affect the supply.
- Availability of food in local market is another issue which can affect the children in lower socioeconomic strata. Panic purchases of food — as those recently witnessed in countries around the world — could break the supply chain and would also cause localized price hikes. Transport

bans and border closures between states would further worsen the local availability of food and make them more expensive despite government’s efforts to ensure availability of essential commodities.

- Food insecurity will also be exacerbated following the economic downturn resulting from this pandemic. Loss of jobs can push the vulnerable sections into extreme poverty. It would limit people’s ability to access nutritious food in different ways, including reduced income or unemployment. Closure of factories and businesses are resulting in mass exodus of the workers and daily wagers along with their families from the metropolitan cities to their native villages. Catering to the nutritional needs of these children on the move is also a challenge which cannot be ignored.

**Way forward to ensure child nutrition:** No single, optimal response to a public health emergency exists; strategies would have to be tailored to the local context and to the severity of the outbreak.

- A provision of the MDM Rules, 2015, envisages that if the meals are not provided in schools on any school day due the non-availability of food grains, cooking cost, fuel, absence of cook-cum-helper or any other reason, the State Government shall pay the 'Food Security Allowance' consisting of quantity of food as per entitlement of the child and cooking cost prevailing in the State, to every child. This appears to be a feasible option. The Central government has advised the States and Union Territories to provide Mid Day Meals or Food Security Allowance to students till such time the schools remain closed due the COVID – 19 outbreak. (8)
- The Kerala model is at the forefront in dealing with preventing child undernutrition in this crisis period. With the Anganwadi Centres shut, a mechanism has been designed to ensure that nutritious foods necessary for the growth of small children are provided to them by delivering food items to the homes of the beneficiary children by the Anganwadi workers. (9,10,11)
- Similar models can be worked out for the Mid Day Meal Scheme as well although it would be a more challenging task as the number of children to be catered to by the school would be much more than the AWCs. Home delivery of food parcels can be taken up through the volunteers. In the

absence of the volunteers, a Grab & Go policy for the food parcels can be adopted with staggered timings so that the principles of social distancing can be followed. (12)

- Vouchers for food grains to parents of beneficiary children can be provided which may be redeemed at identified Public Distribution System. This may have the added benefit of ensuring that the vouchers would be used for obtaining food only as opposed to cash which can be used elsewhere. (13,14)
- The pros and cons of delivering cooked food vis-a-vis uncooked food items, doorstep delivery vis-à-vis delivery from fixed sites may be considered in this extraordinary situation. The best practices most suited to the local area may be adopted involving the stake holders.
- Non government partners such as Non government organizations, Self-help groups, Religious organizations and others should be encouraged to get involved in the form of monetary donations, community food banks during the emergency response phase with appropriate monitoring. (15) The Akshaya Patra Foundation, a Not-for-profits organization which has been successfully implementing its own school lunch programme in Karnataka since 2000 and has been supporting the government in implementing the MDM scheme in various parts of the country can play a pivotal role in this regard. (16) Duplication of services must be avoided to make efficient use of available resources. Compliance with hygiene and social distancing guidelines should be mandatory in every single step involved.

Even short period of food deprivation can push children into various forms of nutritional deficiency disorders including protein energy malnutrition. Hence, under the present scenario a multipronged approach involving government and non government stakeholders to coordinate with each other, support and scale up child nutrition services in the community would be required. As a short term interim measure, strengthening of the public distribution system, creation of food banks and home delivery of food parcels particularly for beneficiaries of child nutrition programs must be taken up till the time schools and AWCs reopen. Involvement of Anganwadi workers, community volunteers and NGOs to work along with the government to raise funds, cook meals, identify

children of lower socioeconomic families and distribute food to prevent child under-nutrition must be prioritized. Midterm measures should be to restore the proper functioning of the schemes providing supplementary nutrition to children. The long term measure would require a more robust strategic planning to ensure food security and employment opportunities particularly for families in the lower socioeconomic strata. Flattening the corona pandemic curve should not lead to a rise in child malnutrition curve in the country.

### Authors Contribution

All authors have contributed equally.

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