

Data Use Aids Adaptation and Continuation of Maternal, Infant and Young Child Nutrition (MIYCN) Services in Urban Health Facilities in Bangladesh During the COVID-19 Pandemic

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Objectives: The COVID-19 pandemic disrupted health services worldwide. Alive and Thrive (A&T) is testing MIYCN integration into non-governmental organizations' (NGOs) health services in eight facilities in Dhaka. We aimed to develop a data-driven urban MIYCN intervention pathway adapted to continue delivering nutrition services during COVID-19.

Methods: A&T used its learnings from previous interventions and formative research to design an urban MIYCN intervention with a social and behavior change strategy set to improve nutrition practices. Mixed monitoring data were used to track the intervention elements capacity building, demand creation, service delivery, and supervision; and COVID-19 situation domains lockdown, restrictions, guidelines, staff turnover, contextual and behavior changes, adaptations, and budget implications. COVID-19 studies as well as external value chain,

market, and food security reports were used. Monthly monitoring data were used to identify and validate potential adaptations.

Results: Intervention adaptations and adoption of government requirements for nutrition services allowed MIYCN services to continue during the pandemic; recurrent users reached seven or more counseling sessions. The intervention incorporated virtual capacity building; MIYCN counseling, supervision, and demand creation for services via mobile phones; and community mobilization via satellite clinics and referrers. The use of monitoring data allowed documenting the intervention pathway with some original intervention components pre-pandemic, and other components delivered after adapting to restrictions during lockdown and after lockdown was lifted. Adaptations were based on national and global requirements and on social and individual behaviors during the pandemic (e.g., fearful mothers not coming to facilities).

Conclusions: Data use elucidated how to deliver urban MIYCN services and adapt amidst the ongoing pandemic. NGOs providing government-aligned health services can potentially address the urban gap, and advance nutrition services and improved practices during crisis. Documenting an evidence-based intervention pathway visualizing adaptations will guide the endline study to maximize learnings for the MIYCN community in Bangladesh and globally.

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