POLICY BRIEF
2021 | MAY

IPE GLOBAL
Expanding Horizons. Enriching Lives.
IDSJ

STRATEGIC POLICY ADAPTATIONS TO MITIGATE THE EFFECT OF COVID-19 ON MATERNAL AND CHILD HEALTH SERVICES, RAJASTHAN

Introduction

The COVID-19 pandemic is a health and human crisis threatening the nutrition of millions of people around the world, particularly that of poor and vulnerable populations. To contain the spread of the virus, states across the country adopted strategies like mass awareness drives, lockdowns, physical distancing, school closures and trade restrictions, among others. While these strategies helped to contain the spread of the virus, they also created socio-economic shocks for vulnerable families resulting in the loss of livelihoods, reduced family income and limited access to affordable food and nutrition. In mitigating the impact of COVID-19, the regular services particularly health and nutrition, management and delivery of social protection schemes have also been adversely impacted, leading to increase in economic and food insecurity.

There is ample evidence to show that women and children have been the worst affected during the pandemic, owing to their multi-faceted vulnerabilities. COVID-19 and its subsequent second wave in 2021, is likely to add to the challenges in achieving the long-term health and nutritional targets for women and children. It is expected that a third wave may occur and affect children as well. Therefore, timely preparedness and response of the governments is essential.

Rajasthan, the largest state in India, in terms of geographic area, bears a significant burden of anemia, malnutrition, and other health concerns. To address the poor nutritional status of women and children, the Government of India and the Government of Rajasthan have instituted several program and initiatives. These programs seek to provide financial, maternal health services and nutrition supplementation, in addition to information to key beneficiary groups. They also seek to mobilize communities to change behaviors and act on issues of nutrition.

Objectives

- To understand the impact of COVID-19 on the functioning of health and nutritional programmes designed for women and children.
- To assess the enhanced risk factors at the household level due to COVID-19.

With the onset of Covid-19 in 2020, a number of maternal and child health services were disrupted in Rajasthan during the lockdown. To assess how the delivery of health and nutrition programs were affected; a study was undertaken by IPE Global with Development Solutions, New Delhi as their research partner and Institute of Development Studies, Jaipur as their knowledge partner.

The study was undertaken in four districts of Rajasthan- Baran, Jhunjhunu, Jodhpur and Udaipur[1]. A mixed-method approach of data collection was used: Primary data was collected through qualitative interactions from community members, front line service providers, and officials of the Women and Child Development (WCD) and health departments. Secondary data was triangulated with primary data to enable comprehensive understanding of research questions.

A total of 64 interviews were conducted with lactating mothers, 32 with heads of the household, 40 with Field Level Workers and 18 with health department and WCD personnel at district and block level. A total of 8 mini-group discussions were held with community members. This policy brief presents the major findings and suggests evidence-based strategic recommendations to mitigate the effect of COVID-19 on maternal and child health services in the state of Rajasthan. It also provides actionable recommendations for timely systemic preparedness to face the next wave of COVID-19.

Key Findings

Field interactions across four selected districts revealed that service provision i.e., access to outreach health services and nutritional services was hampered between April–May 2020. Varied modes of service provision and access were reported during this period, including doorstep delivery of services, phone-based support by FLWs, access to primary health centres / Government hospitals and even private hospitals.

Access to Health Care

The study reveals that provision and access to most health services were disrupted during the pandemic. However, the impact on Maternal Child Health and Nutrition (MCHN) Day and Ante Natal Care (ANC) service, institutional deliveries, growth monitoring and identification of Severely Acute Malnutrition (SAM) inchildren was more acute.

MCHN and ANC

Antenatal Care (ANC) is a key pillar of maternal health in India. ANC interventions, including iron-folic acid (IFA supplementation, tetanus toxoid (TT) vaccinations, diagnostic tests and counselling are vital to achieving desired maternal and infant health outcomes. With the onset of COVID-19, platforms to provide ante-natal care and child health services at the community level, such as MCHN Day and Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), were suspended. This led to delays in providing ANC services to pregnant women. An analysis of secondary data shows that there was a decline in conduct of MCHN days/meetings, against those planned, in April – June, 2020, at the state level and across the study districts. In the absence of the MCHN days, the FLWs followed up with pregnant women over phone or during home visits. In case of any discomfort, women were referred to the health facility. No physical ANC examinations or

1 The districts' selection was purposeful based on nutritional indicators, population groups, geography, topography, and agro-ecology.

Provision of Iron and Folic Acid and Calcium supplementation to pregnant women:
Initially, a few supply concerns were reported. FLWs took additional stocks from PHCs and accessed stocks available at schools, which were closed due to the pandemic.

Counselling for pregnant and lactating women:
In the absence of routine care, FLWs provided women advice and counselling on aspects of pregnancy, breastfeeding, nutrition and diet, childcare, consumption of IFA and calcium tablets during home visits or over the phone.

Post Natal Care (PNC) and Home-Based Newborn Care (HBNC):
During the lockdown (more so in the initial months), many households did not permit the ASHAs to come into their homes or meet women and children, owing to the fear of COVID-19. While ASHA's continued to undertake PNC and HBNC visits, they spoke to the older women of the house, to enquire about the health and wellbeing of the woman/child.

monitoring was done in Jhunjhunu, however, women accessed ANC services, on 9th of each month at the PHCs under the PMSMA.

As cost of private transportation were reported to be high across districts, women who could afford and had own transportation facilities accessed ANC at Government or private hospitals. Others relied on home visits and phone-based support provided by the FLWs; and accessed ANC once MCHN day and outreach services were resumed.

"During the lockdown, services like ANC, MCHN day have been compromised. We could not provide vaccinations for children, or ANC services, or any other outreach services. Post that we have increased the number of MCHN days from 2 to 3 days or even 4 days in a month, we put in extra efforts to make up for the time and services lost in the initial phase" – Health Official, Baran

Accredited Social Health Activist (ASHAs) and Anganwadi Worker (AWWs) reported to feeling significant pressure during this period to follow up with pregnant and lactating women and children, ensure delivery of Take-Home Ration (THR), as well as manage COVID-19 responsibilities. Community members were also apprehensive of the FLWs and in several cases, did not allow them to come into their homes and provide services.

"People would say, these women have gone to 10 places and have unnecessarily come here to bother us. Even if we wanted to follow up or provide services, they would not let us come into their homes" – ASHA, Udaipur.

Some women reported facing financial strain as they visited private health facilities for ANC check-ups. While government services – where available – remained free, many could not afford to travel to distant facilities. In such scenarios services under PMSMA could have also been expanded to more private hospitals to ensure that ANC services were not hampered especially since PMSMA follows a systematic approach for engagement with the private sector.

Across districts, immunization services were also disrupted between March-May, 2020. Catch up rounds of immunization and MCHN days were conducted on resumption of services.

Institutional Deliveries

Secondary data analysis indicates a marginal decline in access to institutional deliveries in Government facilities between April -June, 2020. Interaction with various stakeholders pointed out that delivery services were reported to be available at Government health facilities, throughout the year, irrespective of the pandemic. At all Government facilities, safety protocols were established, to ensure uninterrupted provision of delivery services.

However, there was a fear among women and families of accessing Government facilities. They perceived Government facilities to be unsafe as COVID-19 cases were being treated there. There was also a perception that quality of care was poor, given that health personnel were overburdened by COVID-19 care. Those who could afford to, chose to access private care for deliveries. A few instances of home deliveries with assistance from private doctors and Dai's were reported in Baran and Udaipur.

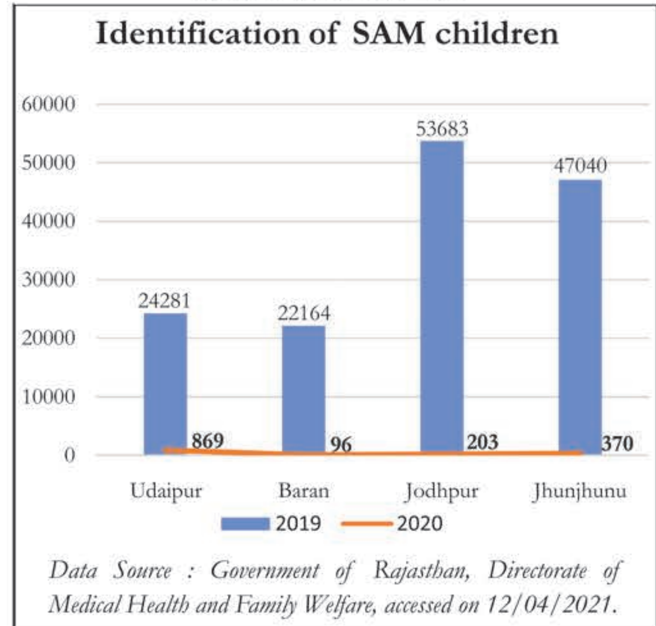
"We had decided to go to a government hospital. We went there but no doctor checked us properly and there was a complication, so we went to a private hospital" – Woman, Jhunjhunu.

Identification and Referral of Severe Acute Malnutrition (SAM) children

The government, in its efforts to continue the identification and referral of SAM children, released an order instructing ASHAs to monitor the growth of children between the ages of 6-59 months, take their Mid-upper Arm Circumference measurements, and check for oedema in both feet during home visits during the lockdown. However, there was a gap at the field level. ASHAs reported that observing children at home was not always feasible. Most of the time, parents did not allow frontline workers to come inside their homes or near the child, owing to the fear of COVID-19. In such instances, the FLWs only spoke to the mother or the family about the wellbeing of the child and asked if the child looked weak or unhealthy. Only those who looked visibly malnourished or unwell were referred.

Secondary data analysis from the study suggests that the identification of SAM children was severely affected in 2020. Overall, a lower number of SAM children were reported in 2020, in Rajasthan, as compared to 2019. The Child Development Project Officer (CDPOs) also felt that fewer malnourished children were identified and referred, more so during April–June, 2020. Only those who looked visibly malnourished or unwell, were referred. Figure 1 shows comparison across the study districts. A decline in the reported SAM cases was noted in Baran and Jodhpur in 2020, compared to 2019. This may be due to specific interventions for SAM children in Baran. Whereas in Jhunjhunu and Udaipur, a higher number of SAM cases were reported in 2020, as compared to 2019.

Figure 1 : Identification of SAM Children in 2020 vis-a-vis 2019



Data Source : Government of Rajasthan, Directorate of Medical Health and Family Welfare, accessed on 12/04/2021.

Even though the weight of children was not measured, some of the AWWs reported consistently filling up registers with the previously measured weight of the child. Similarly, a few AWWs reported filling up data on SAM and MAM children based on

previous data and occasionally, known cases of malnourished children.

Studies[2] indicate that malnourished children have an increased risk of death from respiratory conditions and that the presence of SAM can increase mortality from pneumonia 15-fold[3]. Malnourished children are immune-compromised and therefore may be at higher risk of becoming critically ill and/or death from COVID-19.

Therefore, every effort should be made to reduce malnourished children's and caregivers' exposure to COVID-19 while ensuring continuity of malnutrition detection and treatment.

Access to Supplementary Nutrition Services

The focus of the supplementary nutrition services during the pandemic was to ensure adequate nutrition support and that no one was left hungry. Pregnant and lactating women were provided Take Home Rations (THR) uninterrupted through 2020. Children, 3-6 years of age, who received Hot Cooked Meals (HCM) at the AWCs, were provided THR instead.

Efforts were made, at the state and district levels, and at the level of the Anganwari Worker (AWW)s to ensure access to rations to all eligible beneficiaries. AWWs delivered THR at the doorstep of the beneficiaries, between April – June, 2020, following which they were called in smaller batches to collect ration. Some households however felt that children when provided HCM at the AWCs were assured of at-least one good meal, which may not always be the case at home, given that the food grains were distributed and consumed by all.

An order dated May 12, 2020, issued by the Department of Women and Child Development, Government of Rajasthan, directed officials and service providers to ensure provision of wheat and chana dal to beneficiaries at the AWCs, for 25 days in a month (300 days in a year) instead of the repackaged dry mix rations (that were prepared by SHGs).

"In March-April, 2020, to ensure food supplies, Matr Samitis were told to buy and distribute the dry rations; they were informed that the payment would be reimbursed. However, there was a delay in supplies from the food department, so in April we distributed rations that were stored in schools. However, when the supply started, it was not consistent, so we told FLWs to take ration from the panchayats which had received supply. We tried to ensure that beneficiaries in every area got supply of rations and no one was left out." - CDPO, Udaipur

Women and community members across districts reported to have received THR at the AWCs, nearly each month during 2020. Significant variation in the quantity of THR was reported across respondents and districts. Given inconsistent supplies, some reported receiving two months' ration at a time (as opposed to monthly). Hence, a lack of clarity on quantity received from different sources was noted.

The change in the provision of THR was preferred by nearly all women and communities (across districts), compared to the dry mix provided earlier.

"The dal and wheat provided now is good. We can bring it and mix it up with the other food grains in the house.

2 Chisti, M.J., Tebruegge, M., La Vincente, S., Graham, S.M. and Duke, T. (2009), Pneumonia in severely malnourished children in developing countries – mortality risk, aetiology and validity of WHO clinical signs: a systematic review. Tropical Medicine & International Health, 14: 1173-1189. doi:10.1111/j.1365-3156.2009. 02364.x

3 Brief No. 1 Management of child wasting in the context of COVID-19, 27 March 2020 found here: https://www.ennonline.net/covid19wastingbrief

We can cook it as we like and eat it" – Woman, Jhunjhunu.

Owing to the provision of food grains, AWWs reported an increased number of beneficiaries who were now coming to collect the ration.

"The food grains provided now are more liked and acceptable to the community. There is a better uptake of this" – LS, Baran.

Only two Lady Supervisors (LS) highlighted that the earlier dry mix provided to pregnant women was more nutritious, since supplements were added to it. However, it was pointed out that most women did not like the taste of the mix, and often threw it away. Therefore, the provision of food grains had higher acceptance and consumption.

Coping with Loss of Livelihoods and Income

During the lockdown period, many respondent households reported loss of livelihoods and income, and increased expenses leading to cash distress. There was an increased need for cash for food, but also accessing health services like ANC and institutional deliveries. Household coping strategies included use of savings; borrowing from friends and relatives or purchasing on credit to make ends meet. However, there was a concern that this may not be the case for long - that people would eventually stop lending and that money borrowed would have to be returned. The need for employment was highlighted. Other effects included:

- Restrictions on mobility and lack of public transport affected access to healthcare and other essential services.
- There was an additional burden on women to manage children, cook and provide for all household members.
- In the absence of schools, education and engagement of children was affected.
- Access to some food items such as fruits and vegetables was affected as they were expensive during and post the lockdown.

Despite increasing expenses, most households, made an effort to ensure that pregnant and lactating women and children were given adequate food and nutrition. However, it was reported that women from poorer households skipped meals or reduced the frequency of eating.

While access to Pradhan Mantri Matru Vandana Yojana (PMMVY) was not significantly affected during the lockdown, systemic delays in receipt of payments by beneficiaries were a challenge.

Challenges in Service Delivery

In addition to their routine roles and responsibilities, FLWs were engaged in community-based response to COVID-19. They faced several challenges in undertaking both roles. There was resistance and hostility from the community, lack of safety and protective equipment, lack of adequate transportation services, they had increased workload and role management; had to balance management of household responsibilities and faced fear and stress.

Supervisors and officials also faced challenges in coordination and management of field based and other activities. There was a heavy reliance and sudden adaptation to use phone/ technology for remote monitoring and updates.

Conclusion and Recommendations

The present study reveals that the health and nutrition systems in the state adapted to enable service provision during the pandemic. Communities and households also coped and adjusted to the new challenges arising due to COVID-19. They tried to ensure that the nutritional needs, especially of pregnant and lactating women and children were met. The government's support, both at the state and local level, support from NGOs, and leveraging the social capital enabled the adaptation.

It is evident that while communities do leverage social capital or other support, there is a significant reliance on government support. In pandemic times, such as the COVID-19, while the Government systems are invariably geared to address the immediate challenges, there is a trade off. It is likely that the attention shifts from the long-term program activities. With the pandemic continuing to spread in waves, the effort should be to strengthen Government systems, that are robust and functional during critical times, while not losing the long-term program focus. It is also important to build community resilience, so that they can manage without significant disruptions. This is especially important for the poorer households, who are more dependent on government support.

1. Strengthening Maternal and Child Health Services

In view of the current pandemic situation and anticipation of a third wave, government needs to explore alternatives for in-person outreach health services like ANC, growth monitoring of children, Home Based New-born Care (HBNC), identification of SAM children as resistance and hostility towards the FLWs from the families was reported. There was a perception that FLWs may be the carriers of Covid disease. Use of mHealth, tele counselling and tele-medicine can prove to be useful in such a scenario. More so in the case of Rajasthan, where several villages are difficult to reach, population is scattered owing to the state's topography. Tele counselling can be adopted to continue giving nutrition related education and information to the pregnant and lactating mothers on continuing exclusive breastfeeding, eating and feeding nutritious food, etc. Telemedicine approach like E-Sanjeevani under Aayushman Bharat can be expanded, information and capacity building of the beneficiaries and FLWs should be increased to utilise these services. These services may especially prove to be useful in the case of High Risk Pregnant (HRP) women.

In case a need arises in future to suspend MHCN days, ANC services under PMSMA, can be expanded to more private hospitals.

Under HBNC services, demonstration of Kangaroo Mother Care (KMC) can be shown through videos on mobile phones or using demonstration material like dummy dolls. Appropriate method of optimal feeding of low-birth-weight infants can also be shown through videos on mobile/tablets. Use of phone or demonstration material will ensure physical distancing is maintained while services are being delivered.

2. Use of Mother Mid Upper Arm Circumference (MUAC) approach to identify Severely Acute Malnutrition in Children.

The Family MUAC approach, also known as Mother MUAC, is an established strategy to increase screening coverage and promote early detection of wasting and/or deterioration. Training of care givers can be organised to assess MUAC and check for oedema at home. In the context of COVID-19 caregivers especially ASHAs should also conduct these assessments during home visits thereby eliminating the need for FLWs to touch a child.

3. Meeting health and nutrition needs of Mothers and Children during distress through Conditional Cash Transfer (CCT) schemes

Despite the rations and support provided by the Government and civil society organizations, many households still felt the need for cash for household, transportation and medical expenses. Since, outreach services like MCHN days were suspended in such scenarios those who could afford accessed government or private hospital services, but there was an increased transport cost.

There was also a fear among pregnant women to get deliveries at a government facility due to spread of COVID-19. Hence, those who could afford preferred private health facilities. In such situations Conditional cash transfer schemes are an option for protecting maternal health from the distress. Maternity benefits of at least Rs. 6,000 per child are a legal right of all Indian women under the National Food Security Act, 2013. The Government of India's PMMVY, which provides financial relief to first-time pregnant women, is also a step in this direction.

However, this research shows that delay in paper work and lack of an automated system has created challenges for beneficiaries in receiving the benefits of such schemes, especially when they need it the most. In case of delayed payments, pregnant and nursing women might not be able to buy nutritious foods during the crucial 1,000 days of a child's life. Schemes like the Jan Dhan Yojna, and PMMVY could be made paperless and seamless to ensure easy access. It is also recommended that pending dues be cleared. Cash made available through the schemes could be used by households for nutritional and health needs of pregnant women, lactating mothers and children or any other related expenses.

4. Addressing challenges faced by Front Line Workers.

Support and guidance to FLWs is required to ensure continuum of care. Tele-counselling, during health emergencies can be facilitated by training FLWs and giving them hand holding support. This will equip them to continue giving maternal health services through tele-counselling even during the pandemic. Adequate supply of protective equipment and materials to FLWs must be ensured. In addition, ongoing information, and guidance to FLWs on the COVID-19, its symptoms and management; and ensuring safety protocols during care provision is necessary. There is a need to support and provide guidance to FLWs to ensure effective role and workload management. Timely release of payments and incentives for FLWs must be ensured.

AWW workers also face the challenge of arranging transportation to pick up ration from distribution centers. Hence, transport facilities can be arranged for picking up supplies from storage/warehouses. Distribution of ration from Anganwari to Anganwari can be organized till there is restricted movement during lockdowns. Pre-packed ration can be given to the Anganwari worker, instead of them packaging the ration.

5. Ensuring food availability

To ensure food availability, during the pandemic, communities accessed Government support programs, food support provided by panchayats, NGOs, and influential persons from the community. Some started kitchen gardens: others cultivated vegetables in their farmlands. Local food security could be enabled through encouraging local kitchen gardens, local cultivation of vegetables, and local foods for cooking. The feasibility of encouraging home-based ownership of livestock or poultry for meat should also be considered. Increased support and guidance to AWWs to establish and manage *PoshanVatikas* should be provided.

Institute of Development Studies
8-B, Jhalana Institutional Area, Jaipur-302004, Rajasthan India. www.idsj.org

Development Solutions Inc
17/109, (Basement), Vikram Vihar, Lajpat Nagar IV. New Delhi-110024. www.devsolutions.org

IPE Global Limited
301-303, Signature Tower, Tonk Road, Lal Kothi, Jaipur-302007. www.ipeglobal.com