



## Chhattisgarh: Nutrition Related Service Continuity Assessment during the COVID-19 Related Lock-down



 30-April (Round-3)

# 1. Objective and Methodology

## 1.1 Background

The global pandemic COVID-19 is not only a health hazard but the related lockdown has serious socio-economic implications on women and children, especially their nutrition and health.

Chhattisgarh is a tribal dominated population with high prevalence of malnutrition (37.6% stunting<sup>1</sup>), infant mortality rate (IMR-41<sup>2</sup>) and anaemia among adolescent girls and children of 6-59 months (45.5% and 41.6% respectively<sup>3</sup>).

Given this context, it is critical that the essential nutrition related services continue during the lockdown so that the nutritional status of children and pregnant/lactating mothers does not deteriorate. Keeping this in view, UNICEF-Chhattisgarh conducted three rounds of assessments to monitor the status of various nutrition and related services provided by the Government of Chhattisgarh during the lockdown.

This report is the on the third round of assessment conducted during 22-26 April 2020.

## 1.2 Objectives

- To understand the status and continuity of nutrition services being delivered to children, women and adolescents during the COVID-19 related lockdown.
- To advocate and recommend necessary action and guide/support field functionaries to continue certain critical nutrition services piggybacking with home delivery of THR.

## 1.3 Methodology

The data for the third round was collected during 22 to 26 April 2020. Maintaining the protocols of no face-to-face interview, the data was collected by UNICEF's consultants from all the 27 districts<sup>4</sup> through telephonic interviews with ICDS (integrated child development programme) field functionaries.

For data collection, a questionnaire was developed covering the services meant for children, women and adolescents related to nutrition, health and hygiene<sup>5</sup>. The key informants were largely ICDS sector level lady supervisors (one per district), selected purposively.

Most of the data collected were qualitative in nature – largely on the availability of services in districts. Two rounds of assessments have already been conducted since the announcement of lockdown on 22 March 2020.

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<sup>1</sup> NFHS-4

<sup>2</sup> Sample Registration System Bulletin– May 2020

<sup>3</sup> NFHS-4

<sup>4</sup> The list of districts covered by each consultant is given in Annex 1.

<sup>5</sup> The Format is attached for reference in Annexure 2.

#### 1.4 Limitations:

- Due to the lock-down and UNICEF protocols, no face-to-face interviews were collected. Hence, data were collected from secondary sources – i.e. the ICDS lady supervisors.
- The method of selection of the respondents was purposive – the respondents were selected based on the perceived understanding of the ICDS sector supervisors.
- Data were collected from one ICDS project per district in the rural and tribal projects and therefore, the results may not be valid for ICDS projects in the urban and non-tribal areas of the districts.
- The changes in figures over various rounds of assessments are indicative and should be used only for the purpose of programmatic measures.

## 2. Key abstract

The assessment results reveal the following:

- All anganwadi centres continue to be closed but the anganwadi workers have resumed the growth monitoring by taking weight measurement of children during home visits for THR (take home ration) distribution and counseling.
- THR has been distributed among all 6-month to 6-year children, pregnant and lactating mothers and even the children of returning migrant families, at their doorsteps.
- IFA (iron folic acid) supplementation among children and adolescents and related counseling has improved significantly compared to the previous rounds of assessments.
- During the lockdown, only 14 districts have registered and provided cash incentives to eligible mothers under the PMMVY.
- Counselling by Mitanins (ASHA) on breast feeding and complementary feeding under MAA and HBYC programmes, is continuing in most of the districts.
- The VHSN (village health and sanitation) days have resumed services with immunization services for children and pregnant mothers.
- Most of the NRCs have been closed during all three rounds of assessment with a very few SAM admissions. However, in the latest round, it was found that the services have been resumed in some districts.
- All districts had PDS shops open and are providing food commodities.
- Two districts face serious water scarcity. The situation could worsen, and more districts could face the crises with summer season approaching fast in the state.

## 3. Key recommendations

- Growth monitoring with measurement of both weight and height need to commence immediately in all districts so that the impact of COVID-related lockdown could be measured, and an intervention plan could be developed to improve the nutritional status of children and mothers.
- All 89 NRCs in the state need to be fully operational (with 960 beds) across the state with immediate effect to prevent nutrition-led deaths of children.
- The PMMVY scheme needs to be strengthened in all districts to cover all eligible mothers for cash benefit in these crucial times of COVID-19.
- The stock of IFA from schools and PHCs/HSCs should be mobilized to field functionaries in all districts. While moving in the community they need to distribute IFA to all children, mothers and adolescents.

- The MAA and HBYC programmes are critical, especially during risks of food insecurity. Therefore, it is proposed to resume the communication of EBF and CF immediately in all the districts piggybacking with the home delivery of THR.
- The VHSND platform needs to be strengthened further to include delivery of critical services such as screening of SAM, their health check-up, SAM related counseling, ANC check-up, etc.
- Enhance PDS supplies of ration to meet the increasing demand arising out of returning migrants.
- It is important for all districts to have an action plan in place to address the impending water crises in many districts.

## 4. Findings

### 4.1 Status of functioning of anganwadi centers and Growth Monitoring

Following the order issued by the Department of Women and Child Development (DWCD), all AWCs in Chhattisgarh have been closed since 13 March 2020. As a result, all centre based activities such as onsite feeding, growth monitoring, pre-school education, THR distribution, counselling, and VHNSD have been on hold.

Based on the recommendations of the earlier rounds of assessments, the growth monitoring has commenced in 10 districts. Since mid-April, weight measurement of children in 6-months up to six years are being taken during home visits for doorstep delivery of supplementary nutrition. During home visits, AWWs are also providing counselling to the pregnant and lactating mothers on diet, infant and young child feeding, hygiene and COVID-19 related prevention measures.

### 4.2 Status of THR distribution

In all the districts, Take-Home Ration (THR) (dry supplementary ration) was provided at the doorsteps of all the beneficiaries such as children (6 months up to 6 years) and pregnant/lactating mothers.

Apart from the regular beneficiaries, the children of migrant families who returned from other locations have also been provided with the THR at their doorsteps.



### 4.3 Pradhan Mantri Matru Vandana Yojna (PMMVY<sup>6</sup>)

Institutional delivery has been affected the most. Enrolment and disbursement of first installment under the centrally sponsored cash transfer scheme PMMVY took place only in 14 districts. During one-month preceding the assessment dates, the Cash benefit transfer (any of the three installments) took place only in 16 districts (59%). The ICDS programme of Chhattisgarh has about 250,000 pregnant mothers and about 500,000 lactating mothers registered in AWCs, that are eligible for benefitting from PMMVY scheme through DWCD, GoCG.

<sup>6</sup> PMMVY is a centrally sponsored scheme with a cash transfer provision of INR 5,000/- for the first living child. The fund is transferred directly to the account of the Pregnant Women and Lactating Mothers (PW&LM) in three installments subject to certain conditions, e.g. institutional delivery. PMMVY is implemented through the ICDS platform.

#### 4.4 IFA Supplementation<sup>7</sup>

During the lockdown, the IFA supplementation is taking place in 21 districts. Syrup has been provided to under-6 children and tablets for adolescent girls and pregnant and lactating mothers. The drop-out adolescents received tablets only in 10 districts. During the doorstep delivery of IFA, counseling was provided on the diets for prevention of anemia. One reason for adolescents being missed out in most districts for IFA was also because the supplies were in schools which were closed. Thus, it was important that these supplies were mobilized from schools and given to field functionaries that could reach out to adolescents during home visits.

#### 4.5 Mothers' Absolute Affection (MAA), Home-Based Care for Young Child (HBYC) &VHSND

The MAA and HBYC<sup>8</sup> programmes are functioning well in most of the districts. The assessment revealed that in 22 districts, messages related to early initiation and exclusive breast-feeding were communicated by Mitanins (ASHA) during home visits.

In 26 districts, the field functionaries are counselling mothers on the importance and process of complementary feeding.

VHSND are being held in the districts but only immunization services are being provided on these days.

#### 4.6 Status of Nutrition Rehabilitation Centres (NRCs)

This round of assessment suggests that NRCs are open at least in 10 districts. During the initial period of lockdown, most of the NRCs were closed,

The number of children with SAM admitted was only 35 across 11 NRCs with average of ~ 3 children in each. The assessment suggests that the number of SAM children accessing the NRCs has declined significantly, thus posing significant nutritional and health risks.

In the state, a total of 89 NRCs offer service for treatment and management of children suffering from severe acute malnutrition (SAM).



#### 4.7 Status of PDS


The assessment suggests that in all the 27 districts, the public distribution system (PDS) is functioning effectively and people have received their entitled ration. There is a demand for more PDS ration due to the arrival of migrant workers from other locations.

#### 4.8 Water Scarcity

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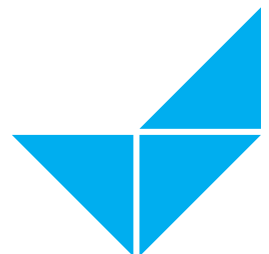
<sup>7</sup> Under the Anemia Mukht Bharat (launched in April 2018), prophylactic Iron folic acid supplementation is one of the six strategies used to combat the nutritional deficiency among children, adolescent girls and P&L women.

<sup>8</sup> The National Health Mission (NHM) under health department initiated MAA (Mothers' Absolute Affection) programme in August 2016 for enhancing optimal breast feeding and IYCF both in institutions and in the community. In April 2018, the HBYC programme was launched for additional five home visits by ASHA with support from Anganwadi workers. ASHA worker is expected to visit home starting from 2-3 month of the new-born and continuing in second year till 15 months of child's age. This is to plug the gap between health system with family and provide a platform to improve child nutrition, health and hygiene practices and reduce childhood illnesses.



Two districts of Raipur (state capital, rural sector) and Baloda Bazar were found to be facing serious water crises and require support immediately.

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## ANNEXURE 1.

Distribution of Districts for Data Collected by Consultants					
	I.N. Jha		Swami Vivekanand		Shruti Sachdeva
1.	Balarampur	10.	Bastar	19.	Bilaspur
2.	Balod	11.	Bijapur	20.	Bemetra
3.	Balod Bazaar	12.	Gariyaband	21.	Dantewada
4.	Kanker	13.	Kondagaon	22.	Durg
5.	Kanwardha	14.	Korba	23.	Dhamtari
6.	Mahasamund	15.	Korea	24.	Janjgir-Champa
7.	Raigarh	16.	Narayanpur	25.	Jashpur
8.	Rajnandgaon	17.	Raipur	26.	Mungeli
9.	Sukma	18.	Surajpur	27.	Sarguja

## ANNEXURE 2: QUESTIONNAIRE FOR ASSESSMENT OF NUTRITION SERVICES DURING COVID EMERGENCY-PHASE 3

### TOOL 3: QUESTIONNAIRE FOR COVID ASSESSMENT -DISTRICT/BLOCK /SECTOR/VILLAGE

S.No	Question	Response
<b>SECTION 1: PRELIMINARY DETAILS</b>		
DETAILS	Name of District	<input type="radio"/> Name of District
	Person contacted	<input type="radio"/> DPO <input type="radio"/> CDPO <input type="radio"/> MO <input type="radio"/> L.S <input type="radio"/> AWW <input type="radio"/> Mitanin
	Scope of coverage	<input type="radio"/> Block <input type="radio"/> Sector <input type="radio"/> AWW/ village name
	No of AWC supervised by the ICDS Officer/Functionary	<input type="radio"/> DPO <input type="radio"/> CDPO <input type="radio"/> L.S
<b>SECTION 2: WOMEN AND CHILD DEVELOPMENT NUTRITION SERVICES</b>		
AWC	Are Anganwadi centers currently open?	<input type="radio"/> Yes <input type="radio"/> No
GROWTH MONITORING AND PROMOTION	Is Growth Monitoring and Promotion conducted by AWW?	<input type="radio"/> Yes <input type="radio"/> No
TAKE HOME RATION DISTRIBUTION	Are Take Home Rations (THR) provided for Pregnant/Lactating Women?	<input type="radio"/> Yes <input type="radio"/> No
	Are Take Home Rations (THR) provided for children (6- 35, 36- 72 month of Age)?	<input type="radio"/> Yes <input type="radio"/> No
	Are any child or children from migrant families receiving THR from AWC?	<input type="radio"/> Yes <input type="radio"/> No

<b>PRADHAN MANTRI MATRA VANDANA YOJANA</b>	Are new beneficiaries get registered under PMMVY program?	<input type="radio"/> Yes <input type="radio"/> No
	Are beneficiaries receiving cash transfer under PMVVY-Y/N program? (PW& LW shall receive as cash benefits of 5000/-in three installments)	<input type="radio"/> Yes <input type="radio"/> No
<b>SECTION 3: NUTRITION SERVICES UNDER HEALTH DEPARTMENT</b>		
<b>ANAEMIA MUKT BHARAT</b>	Are children 6-59 months given IFA syrup by AWWs/Mitanin?	<input type="radio"/> Yes <input type="radio"/> No
	Are School going adolescent girls receiving IFA (Blue) tablets?	<input type="radio"/> Yes <input type="radio"/> No
	Are out of School going adolescent girls receiving IFA (Blue) tablets?	<input type="radio"/> Yes <input type="radio"/> No
	Are adolescent beneficiaries counselled on IFA consumption and anemia prevention?	<input type="radio"/> Yes <input type="radio"/> No
<b>MAA PROGRAM</b>	Is AWW/Mitanin proper counselling on exclusive breastfeeding during home visit?	<input type="radio"/> Yes <input type="radio"/> No
	Is AWW / Mitani providing proper counselling on Timely introduction of complementary feeding?	<input type="radio"/> Yes <input type="radio"/> No
<b>HOME BASED YOUNG CHILD CARE</b>	Is the Home-Based Young Child Care (HBYC) program delivering services during the child 3rd, 6th, 9th, 12th and 15th months of age?	<input type="radio"/> Yes <input type="radio"/> No
<b>SAM MANAGEMENT</b>	Is the nearest NRC open for SAM management?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
<b>SECTION 4: FOOD AND SUPPLY</b>		
<b>PUBLIC DISTRIBUTION SYSTEM</b>	Are the Rations shops open in the community/Block/district?	<input type="radio"/> Yes <input type="radio"/> No
	Is PDS providing adequate food commodities to people in the village in this lockdown?	<input type="radio"/> Yes <input type="radio"/> No
<b>WATER SUPPLY</b>	Is there water scarcity in your area or anywhere in your village?	<input type="radio"/> Yes <input type="radio"/> No