Findings from COVID-19 Research Studies

COVID-19 Risk, Access to Nutrition and Health Services

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Study #1 Methodology

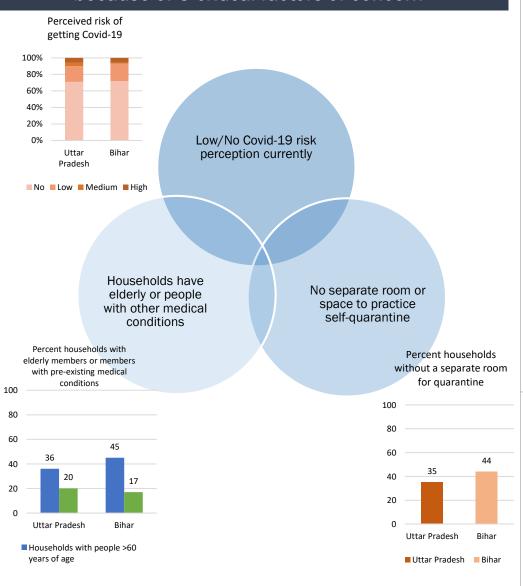
- Setting: Bihar and Uttar Pradesh; UDAYA/SDG Cohort Study (www.projectudaya.in)
- Data: Two rounds (Wave 1: 2015-16, Wave 2: 2018-19) of surveys with (unmarried/married) adolescent girls and boys with age 10-19 years as they transition to adulthood was conducted.
- Sampling Design: Population based sampling of adolescents (state representative)
- During COVID-19: Rapid telephone survey with 2041 randomly selected participants who agreed to participate

The Population Council COVID-19 study team is implementing rapid phone-based surveys to collect information on knowledge, attitudes and practices, as well as needs, among 2041 young people (ages 18–25 years) and/or an adult household member, sampled from an existing prospective cohort study with a total sample size of 20,574 in Bihar (n=10,433) and Uttar Pradesh (n=10,141). COVID-19 baseline was conducted from April 3–12; subsequent iterations of the survey are planned to be conducted on a monthly basis. Findings on awareness of COVID-19 symptoms, perceived risk, awareness of and ability to carry out preventive behaviors, misconceptions, fears, and the economic and food security impacts, mental health, access to services – all aimed to inform the development of stakeholders' interventions and/or strategies.

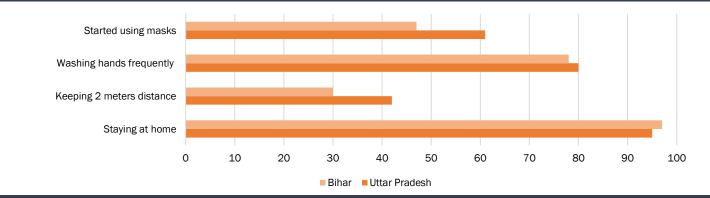
Migration and Covid-19

The return migration before or potentially with relaxation in the lockdown, makes households and the rural healthcare systems highly vulnerable,

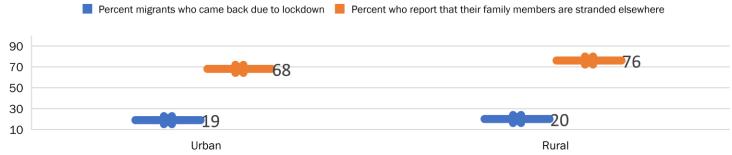
because of 3 critical factors of concern



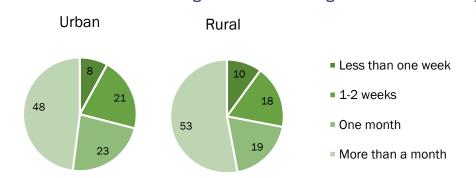
So far, migrant households in UP and Bihar are largely adhering to social distancing guidelines



However, some migrant households are facing challenges



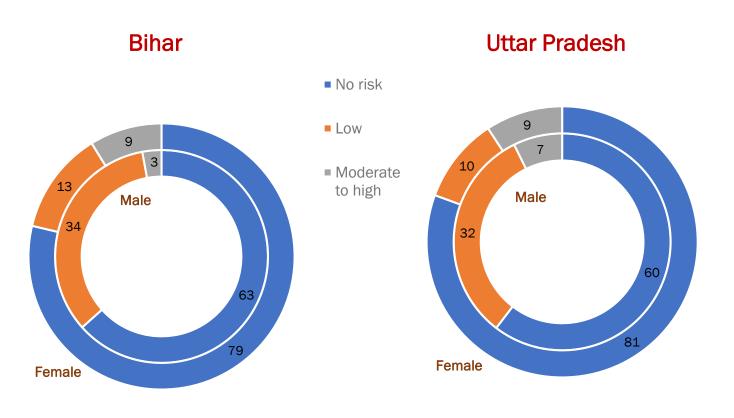
How long are finances of migrant households likely to last?



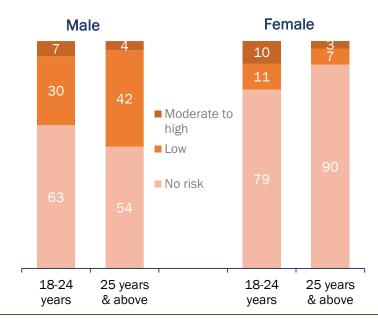
About 2 percent of migrant households in Bihar and UP currently have someone close to them who has tested positive for Covid-19.

Low perceived risk: a potential challenge to continuation of preventive behaviors in the war against COVID-19

Although all participants were aware of COVID-19, their risk perception was very low in both Bihar and Uttar Pradesh. More females than males perceived their risk to be none in both states (79% vs. 63% in Bihar and 81% vs. 60% in Uttar Pradesh).

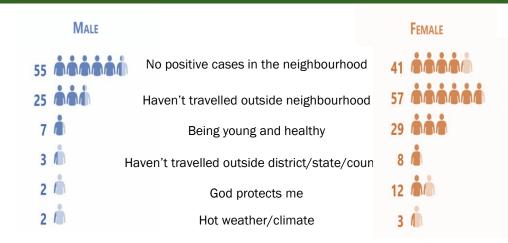


Perceived self-risk did not differ significantly between participants in urban and rural areas.



More young men and women (ages 18-24) believed that they were at moderate to high risk, compared with, adult men and women (ages 25 and above)

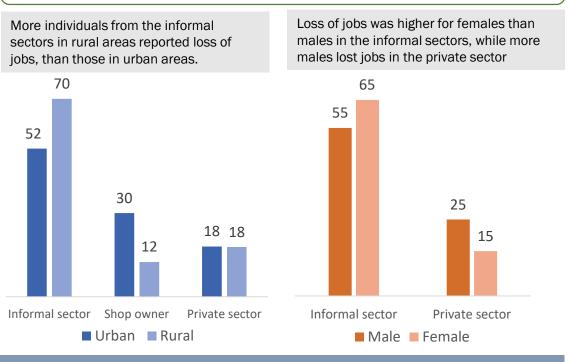
Among those who perceived their risk to be none or low, reasons include



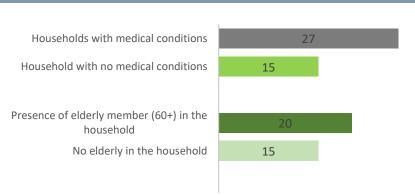
Critical needs during Covid-19 lockdown: Job, Food, Cash, Medicines – Who Needs What?

Challenges

About two-thirds (Uttar Pradesh: 64% vs. Bihar: 67%) reported that either themselves or their family members lost jobs/livelihood due to lockdown.



Medicine Needs



Similarly,
households with
elderly members
and individuals
with pre-existing
medical conditions
reported greater
needs of medicine.

Critical needs



Food (88%), money (44%) and medicine (17%) were the three most critical needs, irrespective of gender, state and area where the respondent lived.

Food items most needed were: rice, pulses, fruits, vegetables, milk.

Money needs by household CONDITIONS

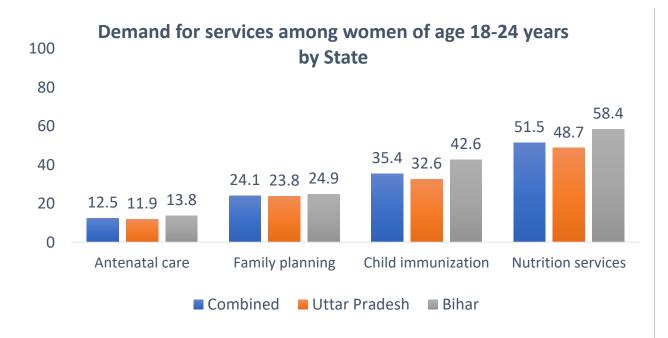


The cash needs were greater among households where family members lost jobs/livelihood, households with non-availability of >1 month resources at home, and households where family member is stranded elsewhere.

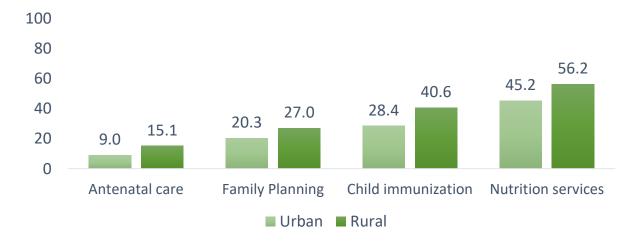
Proportion of participants who reported that resources would survive only for less		
than a month		
	Uttar Pradesh	Bihar
Sex		
Male	41.7	48.6
Female	59.5	66.5
Place of residence		
Urban	60.3	61.0
Rural	48.1	60.8
Number of rooms in the house		
1	75.6	79.7
>=2	50.1	58.5
Number of people who slept in the house last night		
1-2	67.4	59.1
3-4	52.7	58.3
>= 5	53.2	61.9

In the survey conducted in the first two weeks of April, 54% from UP and 61% from Bihar reported having resources that may last for less than 1 month and around one-third had resources to survive for less than 2 weeks.

Demand for RCH and Nutrition Services



Demand for services among women of age 18-24 years by Urban/Rural residence

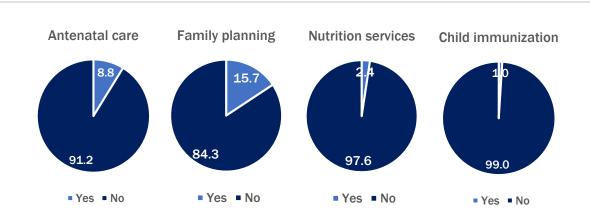


Demand for nutrition services is highest, followed by child immunization and family planning services

- 52% young women wanted nutrition services
- 35% young women wanted child immunization services
- 24% young women wanted family planning services

Demand for such services is much higher in rural areas than in urban areas

Among those wanted services, almost a negligible proportion received them



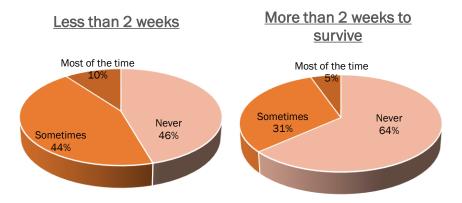
Among young women (18-24 years) who wanted different services during the lockdown, only a few (1-16%) received them

Mental health symptoms during COVID-19 lockdown

Notable proportion of participants, comparatively more female participants, felt lonely, depressed or irritable during the lockdown (38% of males and 45% of females).



Mental health symptoms among those who reported <u>household financial</u> <u>resources</u> available for:

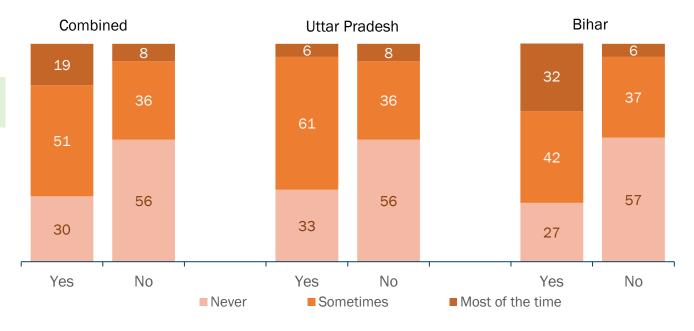


Mental health symptoms were relatively higher among the participants (in comparison to their counterparts) of:

- Households where respondent or any other family member lost the job due to the lockdown
- Households with financial resources to survive for less than two weeks
- Households with fewer number of rooms in the house
- Migrant households where a family member has not returned home
- 05 Women who experienced violence during lockdown

Of the total female participants, 2.7% reported experience of violence (2% in Uttar Pradesh & 5% in Bihar) during the lockdown.

Mental health symptoms among women who experienced violence at home during lockdown (%)



Study #2 Methodology

Setting: Nine EAG States

Data: HMIS, 2018-19 and 2019-20

COVID-19 era: March 2020; April data is yet to be released

The Population Council COVID-19 study team is analysing the health management information system (HMIS) data to understand the supply and demand side dip leading to lack of availability and access to critical maternal, child, adolescent health and nutrition services. Data covers range of indicators that are available in HMIS are studies. Trends and the Percent decline in service utilisation or provision or supply deficiencies as a result of COVID-19 are studied. For purposes of this presentation, selected nutrition indicators are shown. These analyses are again aimed to inform the development of stakeholders' interventions and/or strategies.

Selected nutrition indicators analysed using HMIS 2019-2020 data

Nutrition related indicators for pregnant women and recently delivered mothers

- Number of pregnant women given 180 Iron Folic Acid (IFA) tablets
- Number of pregnant women given 360 Calcium tablets
- Number of pregnant women given one Albendazole tablet after 1st trimester
- Number of mothers provided full course of 180 IFA tablets after delivery
- Number of mothers provided 360 Calcium tablets after delivery
- Number of pregnant women provided Free Diet under JSSK

Nutrition related indicators for pre-school age children

- Number of severely underweight children (0-5 years) provided Health Checkup
- Child immunisation Vitamin A Dose 1
- Child immunisation Vitamin A Dose 5
- Child immunisation Vitamin A Dose 9
- Number of children (6-59 months) provided 8-10 doses (1ml) of IFA syrup (Bi-weekly)
- Childhood Diseases Severe Acute Malnutrition (SAM)

Nutrition related indicators early school age children

- Number of children covered under WIFS JUNIOR (6 -10 years) provided 4-5 IFA tablets in schools
- Number of children (6 10 years) provided albendazole in schools
- Number of out of school children (6-10 years) given 4-5 IFA tablets at Anganwadi Centers
- Number of out of school children (6-10 years) provided albendazole at Anganwadi Centers

Nutrition related indicators for adolescents

- Girls (6th -12th class) provided 4 IFA tablets in schools
- Boys (6th -12th class) provided 4 IFA tablets in schools
- Girls (6th -12th class) provided albendazole in schools
- Boys (6th -12th class) provided albendazole in schools
- Number of out of school adolescent girls (10-19 years) provided 4 IFA tablets at Anganwadi Centers
- Number of out of school adolescent girls (10-19 years) provided albendazole at Anganwadi Centers

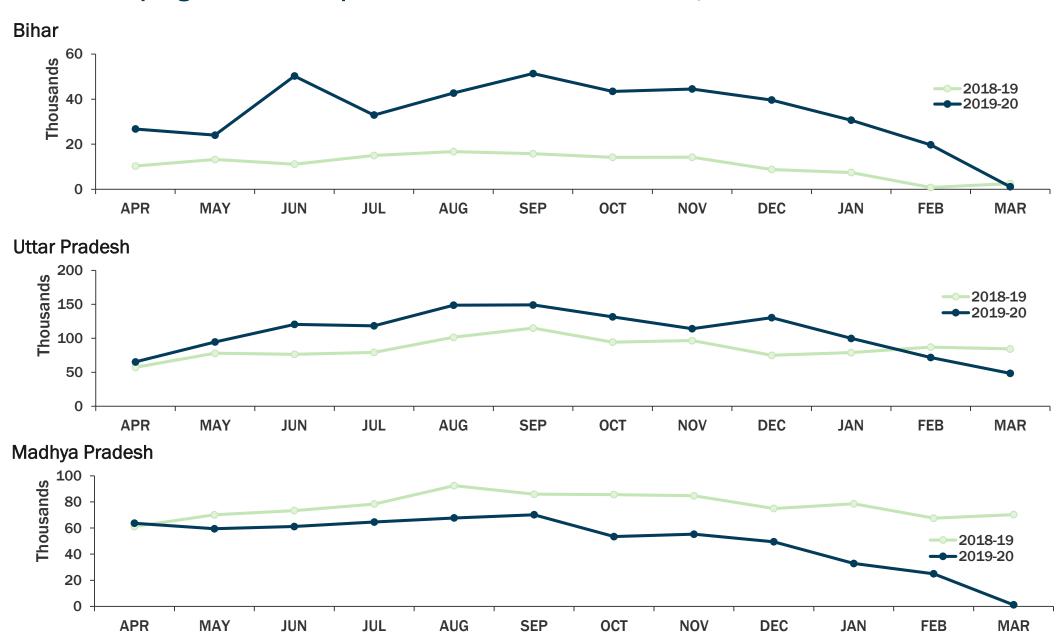
Menstrual hygiene

- Number of adolescent girls provided sanitary napkin packs
- Number of sanitary napkin packs sold to adolescents girls
- Number of sanitary napkin packs distributed free to ASHA

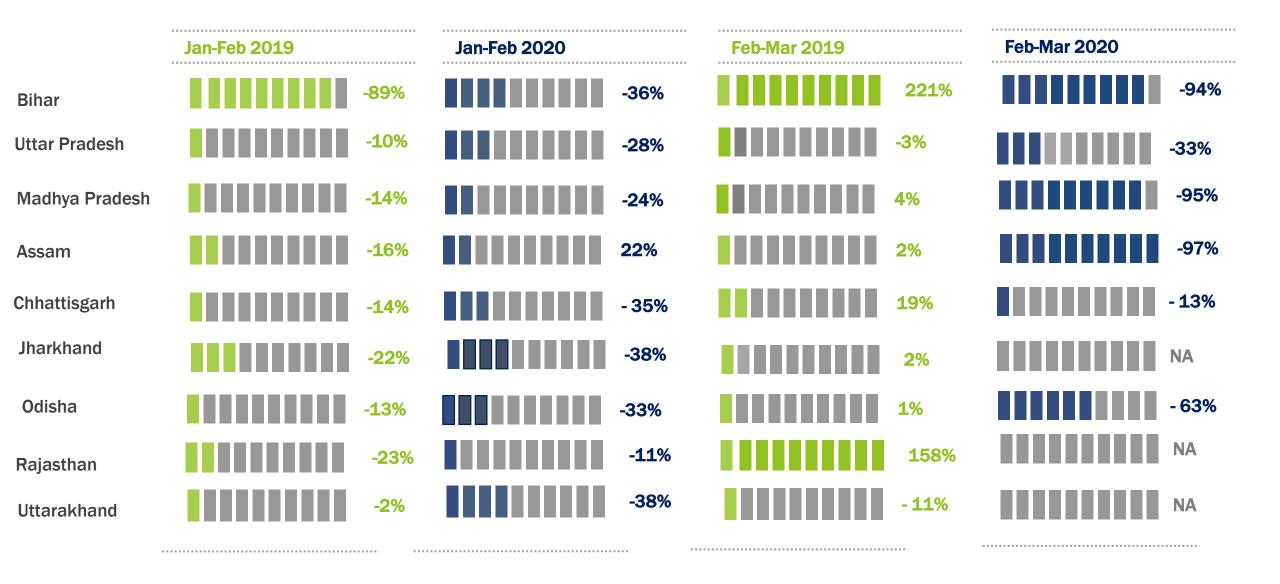
Other indicators

- · Percent pregnant women registered
- Number of children born in facilities

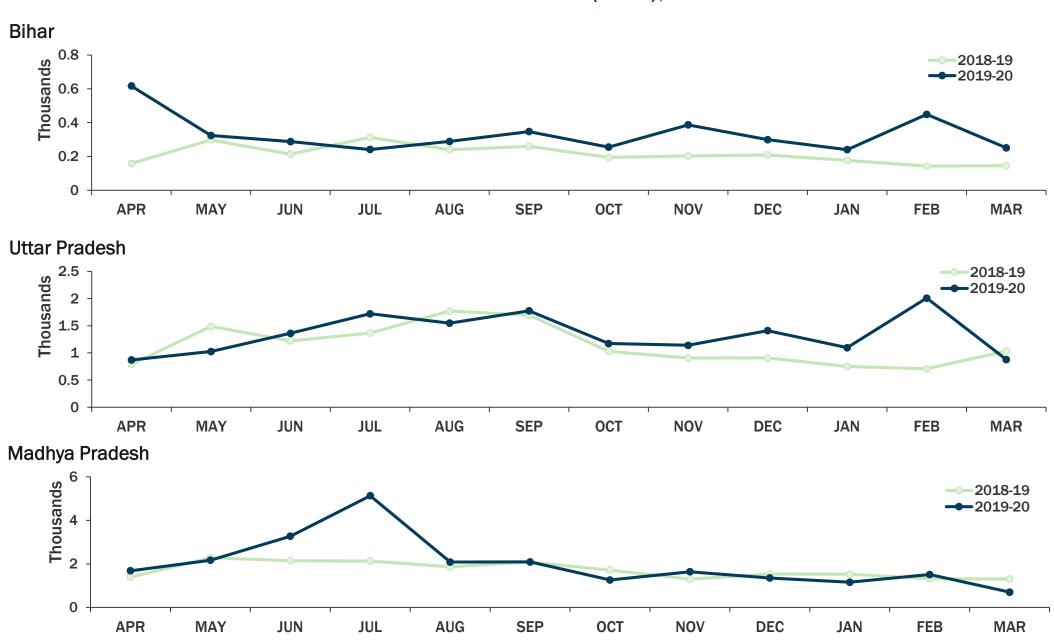
Number of pregnant women provided - Free Diet under JSSK, 2019-2020



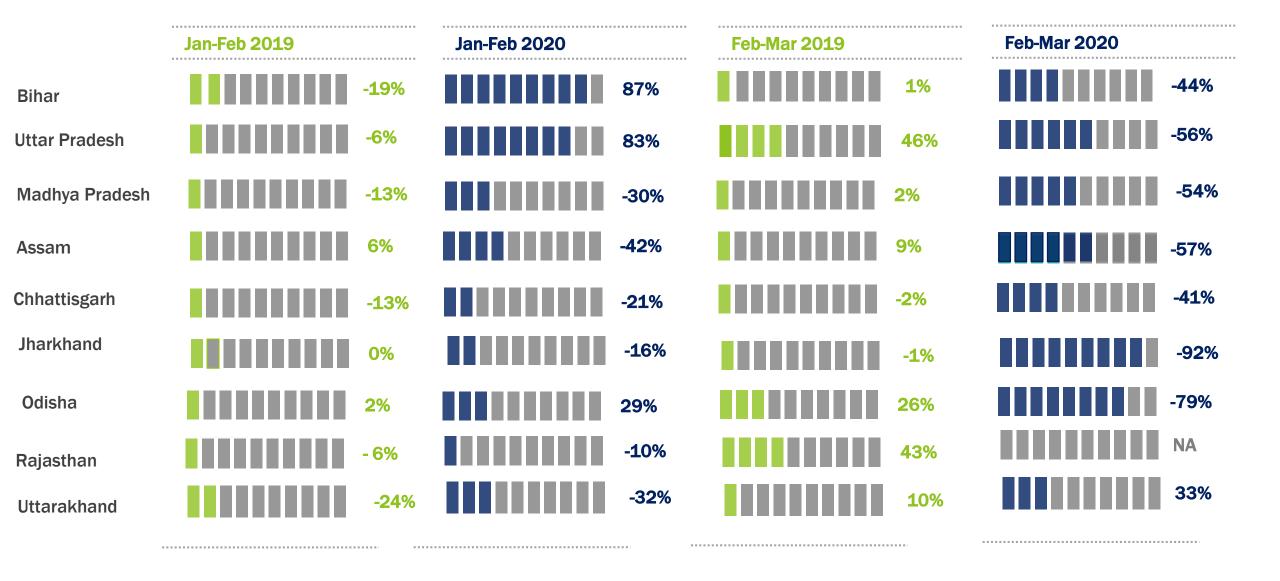
Percentage change in pregnant women provided - Free Diet under JSSK, 2019-2020



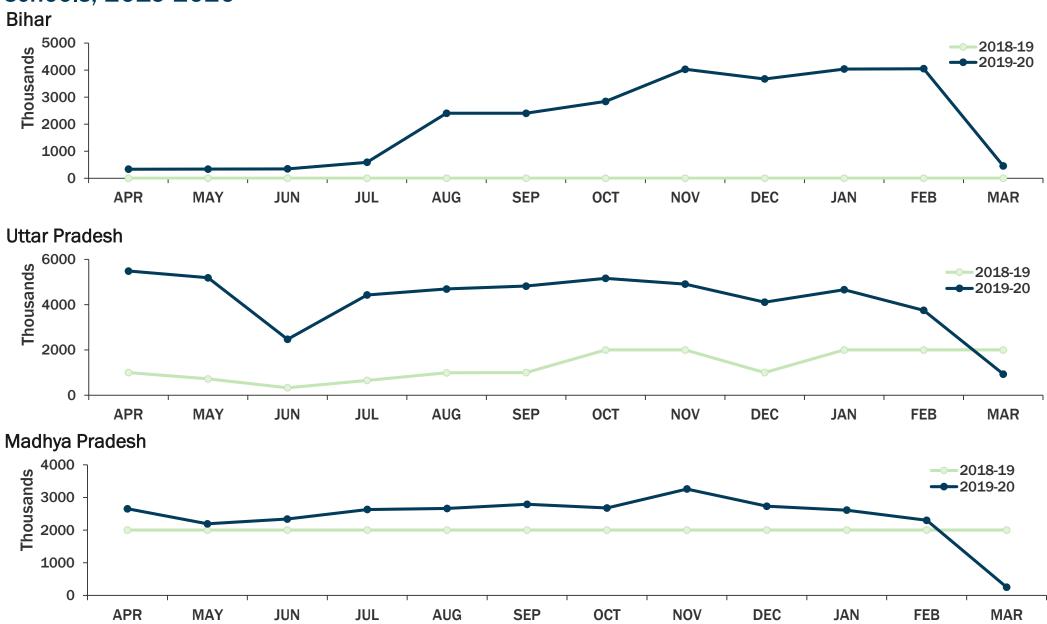
Number of children with Severe Acute Malnutrition (SAM), 2019-2020



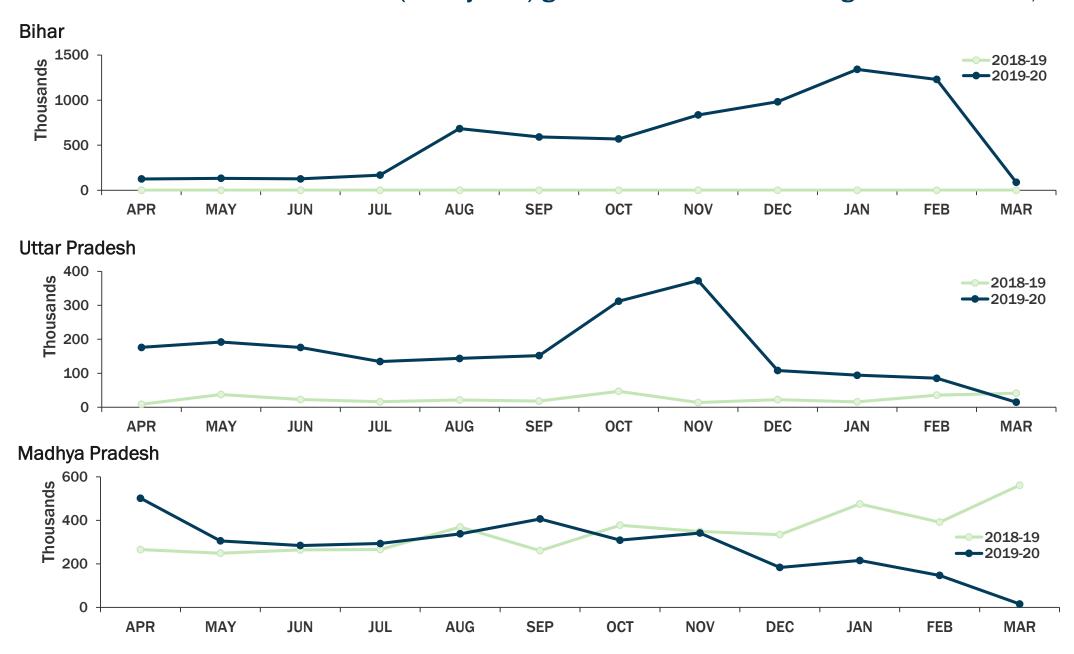
Percent change in children with severe acute malnutrition (SAM), 2019-2020



Number of children covered under WIFS JUNIOR (6 - 10 years) provided 4-5 IFA tablets in schools, 2019-2020



Number of out of school children (6-10 years) given 4-5 IFA tablets at Anganwadi Centers, 2019-2020



Number of adolescent girls provided sanitary napkin packs, 2019-2020



Number of deliveries conducted in institutions, HMIS 2019-2020

