

1. Read about about our report on COVID-19's impact

2. How RajPusht is counselling beneficiaries and communities during the second wave

3. Yes, COVID-19 positive mothers can—and must—breastfeed their babies

4. How an ASHA helped her community fight COVID-19



COVID-19 Issue



The Pandemic's Impact on Mothers & Children

While India has made significant progress in health and nutrition, the pandemic has impeded—and perhaps even reversed—many of these gains. As we are likely to face multiple waves in the future, it is important to understand how the disease and lockdowns are affecting mothers and young children and plan accordingly. This is crucial since a child's nutrition status during the first 1,000 days has life-long impacts.

To assess COVID-19's effect on the health and nutrition of mothers and children in Rajasthan, we conducted a study in collaboration with Development Solutions. It was undertaken in Baran, Jhunjhunu, Jodhpur and Udaipur districts in December 2020. We gathered primary data through interviews with nursing mothers, community members, frontline workers, government officials, etc. as well as secondary data from government systems and Anganwadi Centre (AWC) registers. Here is a summary of the study's findings.

Effect on Maternity, Health & Nutrition Services



- **Antenatal Checkup (ANC) & Counselling:** Maternal & Child Health & Nutrition (MCHN) days were suspended from March – July 2020 and no physical ANCs, weight monitoring, etc. were done. Frontline workers (FLWs) monitored and counselled pregnant women over the phone or during home visits.



- **Institutional Deliveries:** While pregnant women could deliver at government healthcare facilities throughout the year, many women perceived them as unsafe and chose private hospitals if they could afford it.



- **Post-Natal Care (PNC) and Home-Based Newborn Care (HBNC):** During the initial months of the lockdown, households were not comfortable with ASHAs visiting them due to the fear of infection, so ASHAs just enquired about their wellbeing and shared advice from a distance.



- **Immunisation:** Vaccinations were suspended from March – May 2020.



- **Identification and referral** of children with Severe Acute Malnutrition dipped.



- **Take-Home Rations (THR):** Between April – June 2020, Anganwadi Workers delivered THR to beneficiaries' homes. After that, they called beneficiaries to AWCs in small batches to collect THR. Children between 3-6 years of age received THR as a substitute for the hot cooked meals they received at the AWC.



- **PMMVY:** The pandemic did not majorly affect registration for the maternal cash benefit scheme, but delays in payments have been a persistent problem.

“ During the lockdown, services like ANC, MCHN day, vaccinations, etc. were suspended. When restrictions eased, we increased the number of MCHN days from 2 to 3 or even 4 days in a month. We put in extra efforts to make up for the lost time and services. ”

– Health Official, Baran

Effect on Households



- With migrant workers returning home, household expenses increased as job losses led to decreased incomes. Households were compelled to take on loans for daily expenses.
- Many households could not eat nutritious foods such as fruits, vegetables, dairy, etc as they were expensive during and after the lockdown.
- Most households reported that they had made efforts to ensure that pregnant women, lactating mothers, and children received adequate food and nutrition, despite increasing expenses.
- Women from low-income households said they had to skip meals or reduce their intake frequency.
- Restrictions on mobility and lack of public transport affected access to healthcare and other essential services.

“ We know the person running the local dairy, so we have been getting milk on credit for the past few months. ”

– Respondent from Jhunjhunu

“ People would say, these women have gone to 10 places (suggesting that we are spreading the infection) and are unnecessarily bothering us. Even if we wanted to provide maternity or childcare services or follow up, they would often not allow us into their homes. ”

– ASHA, Udaipur

“ As government hospitals were treating COVID-19 cases, women feared infection. So, they preferred going to private hospitals. ”

– ASHA, Baran

Recommendations

In light of these findings, here are our recommendations to mitigate COVID- 19's impact and enable better delivery of maternal and childcare services:

- Provide cash to mothers to ensure proper nutrition and healthcare. Payments under existing cash transfer schemes such as PMMVY must be expedited, especially in times of crisis
- Provide telemedicine and counselling over the phone as a 'mobile clinic' alternative to in-person check-ups
- If FLWs cannot make physical contact with children, continue monitoring growth and signs of malnourishment through the Family MUAC method or apps using Artificial Intelligence
- Support FLWs with protective gear (masks, face shields, etc.), educate them about safety protocols, enable them with training and technology, and provide incentives on time to motivate them
- Enhance local food security through Nutri-gardens in AWCs and homes



Counselling is just a Call Away



RajPusht has tele-counselled over 47,000 beneficiaries since April 2021

Most of India is under lockdown with the onslaught of the second COVID-19 wave. To avoid putting expecting/new mothers and their families at risk, RajPusht has embraced tele-counselling (counselling over the phone) to stay in touch with them. This has yielded several benefits:

- POSHAN Champions (PCs) now counsel 14-15 women over the phone as opposed to the 6-8 they could earlier reach through community- and home-based counselling. They have already reached out to over 47,000 beneficiaries since tele-counselling began in April 2021.
- PCs are optimising on the lockdown to reach and counsel beneficiaries' husbands and other family members.
- Tele-counselling is cementing the trust between the households and PCs. These days, beneficiaries are also calling PCs over the phone for help in getting take-home rations and iron-folic acid tablets. Our team helps in connecting beneficiaries and their frontline workers to ensure service delivery.

The strike rate with telecounselling is not 100%; sometimes, PCs end up listening to the cold ring of an unanswered call. The *purdah* seems to extend to phone calls as well, with some hesitation reported in discussing issues of maternal and child health over phone. However, with time, PCs are learning to assuage these concerns and ensure that pregnant women and new mothers are adequately counselled.



PC Shaeina Parveen (right) informs a woman about IGMPY in Anta Block, Baran

“We had just started field operations in Baran when cases started rising and we switched to tele-counselling. So, we could not meet many beneficiaries in person beforehand. We called them to inform them about IGMPY and the documents required for enrolment. However, many of them suspected a fraud as this was our maiden interaction with them and they hadn't seen us before. To overcome this, we took the help of Anganwadi Workers, whom they know well and trust. They talked to the beneficiaries and told them to expect a call from us. This helped us connect with households. As women learnt about the cash transfers for second-time mothers under IGMPY, they and their families started engaging more with us.”

– Kiran Nagar, Poshan Champion, Block Anta, Baran



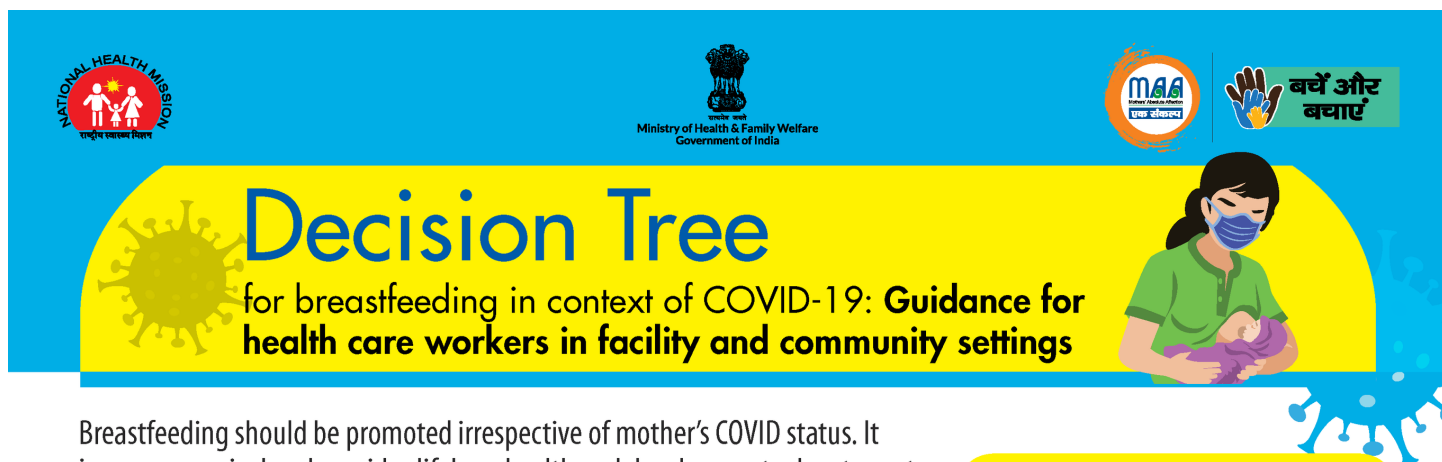
PC Rajendra Kushwah (above) shares advice on pregnancy care, Kishanganj Block, Baran

“Our team also checks on the wellbeing of frontline workers as they are overworked during these times. Not only has our support has been encouraging for them, but it has also strengthened our relationship.”

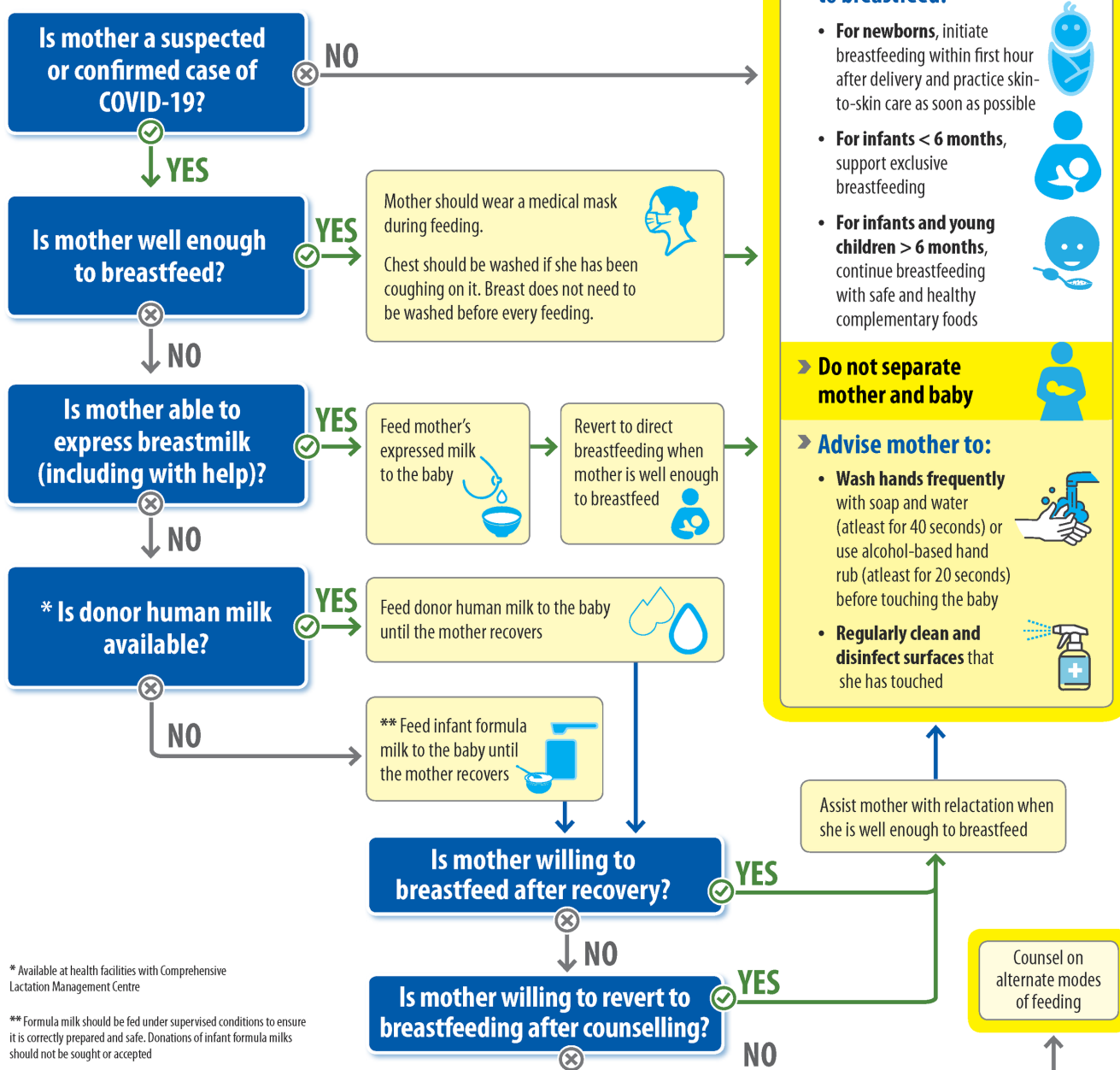
– Mukesh Sharma, Jhonthri BPM, Dungarpur

Breastfeed, even during the Pandemic

Breastmilk provides unparalleled nutrition and immunological benefits to the child and hence is vital for a child's wellbeing. COVID-19 is an airborne infection and the virus has not been detected in the breastmilk of any COVID-19 positive mother. Therefore, it's unlikely that the disease could be transmitted through breastfeeding. Here is the Government of India's advisory on the subject.



Breastfeeding should be promoted irrespective of mother's COVID status. It improves survival and provides lifelong health and development advantages to newborns and infants. Breastfeeding also improves the health of mothers.



Of Hope and Solidarity

By Divakar Jharbade, BPM, Salumber, Udaipur District

While on duty for door-to-door COVID-19 surveillance in early 2020, I saw that many people in my village Seriya were struggling to cope with the lockdown,” says ASHA Bharati Menaria. “Some elderly residents couldn’t get rations and medicines; a mask was a novelty for almost all of us. My priority was to promote COVID-19 safety measures in the village. I then consulted with the community and drew up a list of 15 households in dire need of food.”

Narmada Lawat is a disabled woman who relies on disability pensions for sustenance. Due to the lockdown, she was not able to go to the bank and access her pensions. Bhimji Natuvat and his wife are an elderly childless couple who also depend on pensions to sustain themselves. Rodibai Bindawat is a senior citizen who fell on hard times as her son was stuck outside the village due to the lockdown. They are among the 15 households Bharati assisted with rations.



Bharati distributes rations with her husband

She proactively informed the Health Department about the issue and raised funds with the help of her neighbours and government officials to provide food to them. She made a ration kit with flour, oil, salt, chilli, sugar, etc. and delivered it to each household. Bharati also ensured that they received medicines for chronic illnesses at their doorstep. Another woman, Bhuribai Bindawat, was all by herself as her son had abandoned her. Bharati not only provided rations to her but also reached out to her son and facilitated their reconciliation. He is now living with Bhuribai.

Bharati was determined to increase mask use in her village. While she was experienced in sewing, she had never made one before. She bought masks like the ones used in a hospital nearby and studied the design. Then, with her own money, she purchased cotton cloth and set about making masks from scratch.



Bharati sews masks with her husband

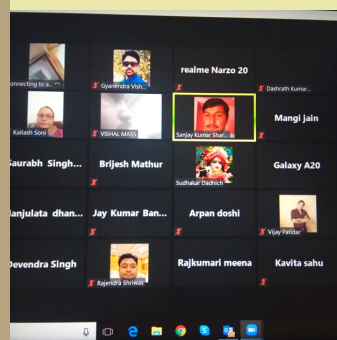


Mask made by Bharati

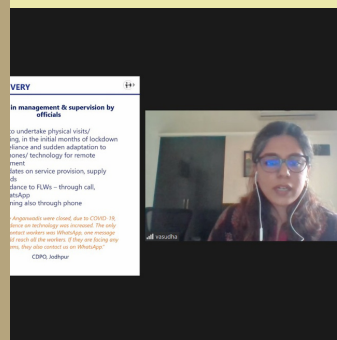
With her husband’s help, she sewed and distributed over 300 masks in her village—for free. Her work inspired confidence among the villagers, which helped her screen and test 500 people for COVID-19. She monitored those under home quarantine for 14 days, ensured that symptomatic people got tested and provided medicines.



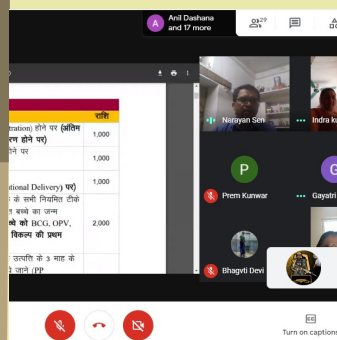
Yogesh Menaria, BPM, Gogunda, Udaipur, upgrades the Digital Weighing Machine in PHC Sayra



Online orientation on SSO ID and IGMPY beneficiary verification for Lady Supervisors and computer operators, Pratapgarh



RajPusht's webinar with CSO partners to discuss how to mitigate the impact of COVID-19 on mothers and children



Webinar with LS, AWWs and BPM Narayan Sen of Mavli Block, Udaipur, on IGMPY beneficiary verification process