

Effects of COVID-19 on maternal, child healthcare (MCH) services in slums: lessons from India

Kanupriya Kothiwala

S Agarwal¹, K Kothiwala², S Verma², M Sharma³, C B Sharma³, N Verma²

¹Programming & Research, Urban Health Resource Center, New Delhi, India

²Programming & Research, Urban Health Resource Center, Indore, India

³Programming & Research, Urban Health Resource Center, Agra, India

Contact: kanupriya381@gmail.com

Background:

The study aims to understand the effect of COVID lockdown on MCH for slum dwellers and coping mechanisms adopted in Indore and Agra, India. Slum women's perspectives on seeking, delaying, avoiding healthcare in COVID-19, barriers and facilitators were explored.

Methods:

In-person qualitative interviews were conducted in slums in Sept-Oct 2020 with mothers who had deliveries; pregnant women needing ante-natal care; mothers with children <2 yrs needing immunization during COVID lockdown. 30 mothers requiring these MCH services during April -June 2020 (lockdown phase) were interviewed. We chose qualitative study over quantitative as a shorter and useful precedent to replicate in similar situations.

Results:

Govt. and most private hospitals refused non-COVID services during lockdown.; Police restricted movement on roads. Being on COVID duty, frontline health functionaries were not doing

outreach health sessions. Women missed ante-natal check-up, Iron Folate, Tetanus toxoid; Demand side challenges included fear of COVID infection, lack of money due to livelihood loss; Home deliveries by self, neighbors were resorted to; Maternal, neonatal deaths ensued; Children missed immunization e.g., Measles, DPT. Few peri-urban slum families visited nearby rural health facility for delivery. Some families borrowed money from community saving's groups for delivery in private hospitals. Few families visited low-cost private doctor/nurse for immunization of pregnant mother, children.

Conclusions:

Demand and supply side factors led to pregnant women and children not receiving care during lockdown. Peri-urban slum families should be encouraged to link with nearby rural health facility for MCH services during COVID-19 or similar situations. Govt. partnering with private providers near slums will help access during challenging times. Promoting community savings groups as mandated under National Urban Health Mission can enable slum families borrow with ease when in need.

Key messages:

- Government health system should set up emergency (e.g., mobile clinic) MCH services for future epidemic, disaster, should partner with private doctors/nurses near slums.
- Rural health infrastructure serving nearby peri-urban slums formally recognized by Govt. despite separate jurisdictions is an approach adaptable in LMIC cities.