



# Delivery of health and nutrition services in COVID-19 in India

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	Pre-	Pregnancy							Lactation		Infancy					
State	Iodised salt	Received IFA	Consumed 100+ IFA	Deworming	Weighing	Breastfeeding counseling	Food supplementation	Health & nutrition education	Food supplementation	Health & nutrition education	Vitamin A	Pediatric IFA	Deworming	Food supplementation	Weighing	Counseling on child growth
India	93.2	77.9	31.0	18.6	75.6	39.5	52.8	39.8	49.2	36.4	61.1	27.2	34.6	53.1	46.3	29.7
A&N Islands	98.7	92.8	58.3	3.9	97.5	64.9	47.5	37.7	39.5	32.6	63.0	23.8	49.4	55.0	54.6	43.3
Andhra Pradesh	88.3	91.1	55.7	21.7	97.5	56.8	71.4	65.0	70.6	64.1	74.4	31.7	24.3	68.1	61.0	42.7
Arunachal Pradesh	99.2	65.7	9.0	12.7	58.1	13.4	14.7	7.2	16.1	6.8	42.1	22.8	33.4	23.1	12.6	5.3
Assam	99.5	85.6	32.7	10.0	88.1	45.2	59.1	36.1	54.5	32.8	50.4	21.2	32.8	58.7	41.7	25.9
Bihar	93.1	55.6	10.0	9.4	43.0	21.1	35.0	18.7	35.4	16.8	62.9	22.4	26.8	37.6	24.0	12.1
Chandigarh	99.2	90.1	46.6	16.1	94.2	49.5	43.2	22.8	37.8	21.3	50.8	12.1	19.7	50.0	42.2	30.7
Chattisgarh	99.1	91.3	29.9	23.1	93.2	68.9	87.3	78.2	85.9	71.5	71.3	36.1	41.8	79.6	80.2	58.2
D&N Haveli	65.3	84.0	42.9	11.7	90.3	34.2	41.3	35.5	24.0	19.5	62.9	17.9	17.3	50.1	49.2	37.7
Daman&Diu	97.0	73.6	44.0	20.9	80.5	15.7	18.9	17.9	13.6	15.1	65.8	26.3	23.8	23.9	23.4	13.8
Delhi	96.4	89.7	54.5	14.8	87.4	22.2	12.1	12.3	8.9	7.8	58.8	29.5	44.4	14.5	13.4	7.4
Goa	97.7	94.2	66.3	59.3	96.4	60.9	66.7	55.7	68.5	58.4	86.2	54.5	67.7	59.9	56.3	44.8
Gujarat	95.4	76.2	37.5	20.5	83.5	37.4	55.5	47.7	50.1	42.1	73.6	34.3	30.4	58.9	58.1	41.9
Haryana	91.9	83.8	33.6	16.7	80.2	39.2	33.4	28.9	30.2	26.3	67.9	43.1	37.4	40.2	41.3	28.3
Himachal Pradesh	99.3	93.0	49.6	11.2	86.0	29.6	78.7	44.9	68.5	38.5	65.8	20.8	45.9	77.6	53.8	29.4
Jammu&Kashmir	93.9	74.3	31.6	10.0	80.5	33.7	27.0	14.0	20.0	11.3	65.8	19.9	41.9	36.5	25.1	13.0
Jharkhand	97.5	69.6	15.6	12.6	70.3	33.2	69.6	40.8	65.3	36.2	54.5	17.9	23.1	60.2	45.1	27.1
Karnataka	87.8	84.5	46.3	32.0	88.0	38.0	60.9	48.4	52.6	45.1	78.6	51.2	53.9	59.0	55.5	34.2
Kerala	98.3	96.5	74.6	23.3	98.7	46.0	30.2	22.9	23.3	16.2	75.6	18.3	56.1	55.4	49.7	21.1
Lakshadweep	94.5	96.6	86.3	15.9	99.5	32.0	67.6	28.2	55.1	23.3	50.0	10.8	54.5	69.0	39.7	7.2
Madhya Pradesh	92.4	82.6	23.2	18.5	72.5	41.7	69.9	54.0	65.1	48.2	60.8	26.7	31.3	65.5	60.5	37.1
Maharashtra	96.1	84.8	40.4	26.6	90.5	37.0	43.5	36.5	40.1	33.9	70.5	42.6	47.0	50.7	49.0	28.5
Manipur	99.2	83.6	40.5	2.3	86.9	11.0	26.7	2.6	22.5	1.5	33.5	5.3	10.3	32.1	3.0	0.4
Meghalaya	98.5	80.8	37.4	4.3	79.5	38.8	52.7	30.3	49.5	29.5	55.2	33.3	32.8	56.0	41.6	21.8
Mizoram	98.8	83.3	55.3	5.5	84.8	37.7	68.1	40.7	63.8	38.2	69.5	26.3	61.0	71.2	63.2	24.7
Nagaland	99.2	42.8	4.0	1.8	38.3	3.1	9.3	0.8	8.3	0.7	29.1	9.5	19.1	38.3	4.3	0.3
Orissa	92.9	90.4	36.7	32.1	92.7	69.9	87.8	79.2	84.7	76.3	71.0	29.7	29.8	80.0	75.6	53.0
Pondicherry	94.1	95.3	65.5	49.0	96.5	66.5	65.0	63.5	67.3	64.5	72.1	46.9	51.2	60.9	60.7	48.9
Punjab	98.5	88.9	42.8	21.7	94.3	58.3	58.5	38.0	50.7	34.0	70.0	33.1	30.5	59.7	45.5	26.9
Rajasthan	92.6	64.6	17.5	7.2	78.8	28.2	45.5	29.2	38.0	23.4	40.9	14.7	17.1	36.1	29.4	17.5
Sikkim	99.7	97.4	53.6	9.0	94.9	48.3	50.3	41.3	47.2	37.9	81.4	50.7	49.7	52.8	48.2	36.4
Tamil Nadu	84.3	94.0	64.4	47.0	92.8	59.4	61.4	58.3	59.9	56.6	67.1	34.5	55.2	60.9	59.1	48.7
Tripura	99.0	86.7	14.6	10.1	92.5	32.4	56.0	28.6	52.0	27.0	63.0	8.9	60.7	64.1	53.7	25.5
Uttar Pradesh	93.1	62.0	13.1	8.1	45.9	22.4	34.1	16.2	29.4	13.1	40.4	13.5	18.6	32.8	24.1	11.5
Uttaranchal	95.3	79.7	25.0	7.3	65.5	28.6	48.4	24.1	55.3	24.8	36.2	14.6	17.9	63.5	51.8	26.1
West Bengal	94.7	90.6	27.8	19.4	90.9	57.1	73.0	61.4	70.7	57.6	66.4	29.1	58.7	76.1	72.4	52.5

# Pre- COVID: Coverage of health and nutrition interventions in 2016

- Highest level of coverage for key nutrition interventions - <65%
- Coverage varies by:
  - Life stage
  - Intervention type
  - State

Source: National Family Health Survey -4, 2016

# A vision for change, enabling policy environments, and catalysts & champions played key roles in supporting scale-up of interventions



## 1 Vision

- Vision to address an outcome– IMR, MMR

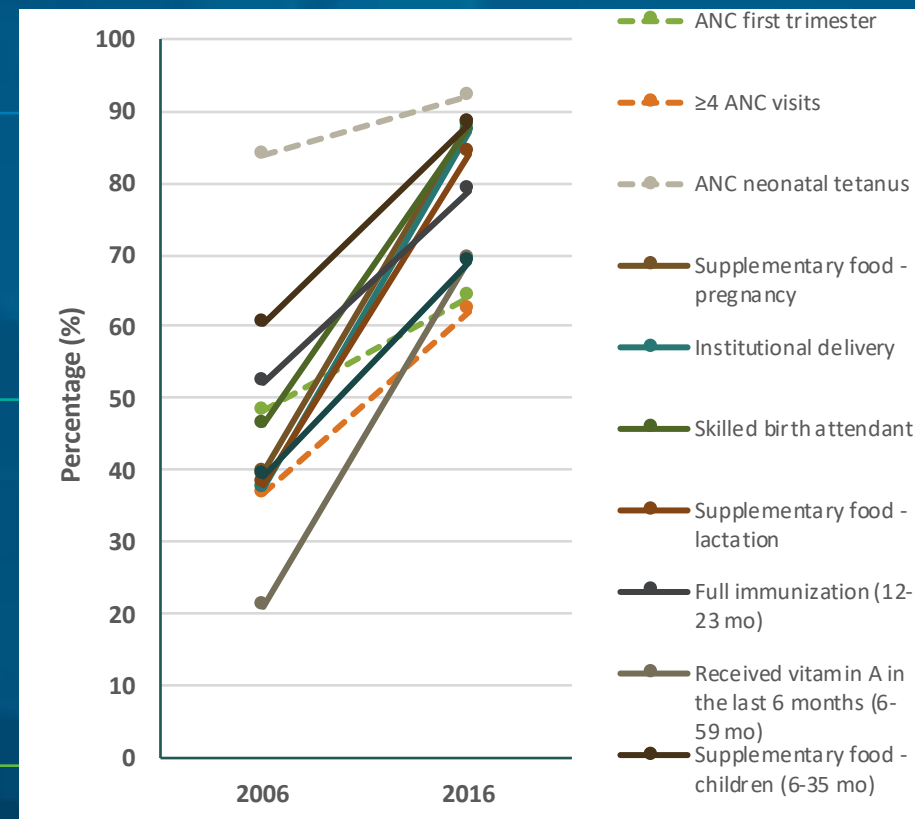
## 2 Policy environment

- Political leadership and political stability
- Bureaucratic capabilities, financial adequacy, stability, implementation systems

## 3 Catalysts and champions

- Catalysts, champions of various types played a role (media, civil society, human rights commissions, politicians, bureaucrats)

Improvements in coverage of interventions (2006-2016) in Odisha



# In COVID-19: India's lockdown approach and dynamic policy environment



MARCH

- Mar 8: Cabinet secretary issued guidance to all Ministries
- Mar 17: Ministry of Health & Family Welfare (MoHFW) issued guidance on social distancing measures including school closures
- Mar 13-18: States issued notifications to close village centers
- Mar 20 – MoHFW reiterated social distancing guidance to ensure uniform compliance across states
- Mar 24: Ministry of Home affairs (MHA) issued the first lockdown order

APRIL

- April 14: MoHFW issued guidance on essential health services
- April 30: MoHFW issued guidance on changes to COVID-19 zoning advice

MAY

- May 1: MHA issued guidance on COVID-19 zoning
- May 20: MoHFW issued detailed guidance on immunization services based on the zoning
- May 24: MoHFW provided guidance on RMNCH+A services

## Guidance Note on Provision of Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during & post COVID-19 Pandemic

### Introduction

In India, with the second largest global population, the growing epidemic of Coronavirus requires that special efforts have to be made to continue the essential routine RMNCAH+N services. With more than 2.5 crore pregnancies each year in the country, it is important to ensure the availability of services during this period as any denial of services can have an impact on maternal and newborn mortalities, morbidities as well as the health care costs. Also unwanted pregnancies have negative impact on maternal and new born health. Regulating fertility is thus a necessity. There is need to enhance provision of safe abortion services besides post-partum and post-abortion contraception.

India also has the largest adolescent and youth population. Therefore, in addition to the current priority for COVID-19 for the health facilities and health workers, it is also vital that essential health services for vulnerable population like this segment are continued during the pandemic.

MoHFW released the guidelines on "Enabling Delivery of Essential Health Services during the COVID-19 Outbreak" dated 14th April 2020 for provision of essential services.

The guidelines outlined the following services as essential:

- ✓ Services related to pregnancy care and management
- ✓ New-born care and childhood illness management
- ✓ Immunization Services
- ✓ Management of SAM children
- ✓ Family Planning Services
- ✓ Comprehensive Abortion Care Services
- ✓ Adolescent Health services

The guidelines also mentioned the health system approach for delivery of these essential services including facility mapping and planning, alternate service delivery mechanisms (Telehealth,

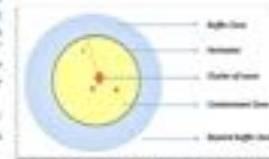
### Immunization Services during and post COVID-19 Outbreak

Immunization is an essential component of health services and needs to be continued to protect children and pregnant mothers from Vaccine Preventable Diseases (VPDs).

### Current Situation and Guidelines

India is currently undergoing extended lockdown phase; however as per MHA order dated 19<sup>th</sup> April 2020, all health services are deemed essential and need to be functional across the country.

- Based on the existing COVID-19 situation, District/Sub-Division/Municipal Corporation/Municipality or other appropriate administrative unit is categorized into Red, Orange zones with active COVID-19 cases and Green zones with no active COVID-19 cases and the list is revised on a weekly basis or earlier.
- Areas where COVID-19 cases are reported and surrounding areas with risk of COVID-19 spread are identified as 'Containment Zone' and 'Buffer Zone' respectively while area outside the buffer zone is identified as 'Area beyond Buffer Zone'
- The categorization of 'Containment Zone' and 'Buffer Zone' is a dynamic process updated on a weekly basis or earlier.



MoHFW (vide letter dated 14<sup>th</sup> April 2020) also issued a 'Guidance Note' on continuation of essential services including immunization.

### Immunization Services in different Zones

In alignment with the area categorization, immunization services will be classified under two heads:

1. Immunization in Containment & Buffer zone
2. Immunization in areas Beyond Buffer Zone and Green Zone

As a standard practice, Immunization services are delivered through the following modes:

1. Birth dose vaccination: Birth dose vaccinations at delivery points in health facilities.
2. Health Facility based sessions: Immunization sessions at fixed health facilities like DH, CHC, PHC, DC etc.



# In COVID-19: Programmatic changes to health and nutrition interventions delivery



Center to facility based service  
7 states



Center based to home delivery  
13 states



8 states



Growth monitoring suspended  
13 states

Frontline worker roles expanded to support COVID-19 prevention activities  
Mobile technology used to reach frontline workers and beneficiaries



# Essential health and nutrition services cannot take a backseat: Continuous learning on what works is needed

## A learning agenda is needed to:

- Identify frontline or local management adaptations to health and nutrition service delivery, with a focus on positive adaptations
- Analyze adaptations to identify feasible solutions that have the potential to strengthen delivery and uptake of essential health and nutrition interventions
- Map policy responses to COVID-19 to study implications on coverage and outcomes
- Examine pathways to success in maintaining coverage of interventions at sub-national and sub-state levels

## Policy focus should:

- Ensure policy responses to COVID-19 continue to be inclusive of essential health and nutrition services
- Identify opportunities for reinstating routine monitoring systems
- Bridge human resource, supplies, and capabilities gap



Photo: Shawn Sebastian for POSHAN team