



Monitoring POSHAN Abhiyaan during the COVID-19 pandemic in Rajasthan - 2020

POLICY BRIEF | MAY 2021

BACKGROUND

The Prime Minister's Overarching Scheme for Holistic Nutrition or POSHAN Abhiyaan is the Government of India's flagship program to improve nutritional outcomes among children, pregnant women and lactating mothers. It strives to do so by addressing multiple determinants of malnutrition and by prioritizing the efforts of all stakeholders on a comprehensive package of interventions and services targeted on the first 1000 days of a child's life.¹

NITI Aayog has been tasked with close monitoring of the implementation of POSHAN Abhiyaan. IDinsight is providing monitoring support to NITI Aayog by undertaking rapid evidence generation on the progress of POSHAN Abhiyaan implementation and coverage of its nutrition and health service delivery programs in Rajasthan.

This document describes the pre-post surveys conducted on the delivery of key nutritional services in Rajasthan between **January 2020** (Round-1) and **May 2020** (Round-2), before and during the COVID-19 pandemic related lockdown. As the nation saw a 68-day strict lockdown from late March 2020, it captures the impact of COVID-19 related lockdown on service delivery. We hope that the evidence from the first wave of COVID-19 in 2020 can provide useful insights on the management of nutrition services in similar situations in the future, such as during the second wave in April-May 2021.

RESEARCH DESIGN AND SAMPLING METHODOLOGY

IDinsight conducted two rounds of survey with pregnant women and mothers of young children from 7 districts of Rajasthan – Ajmer, Baran, Bhilwara, Bikaner, Jhalawar, Jodhpur, and Tonk. Round 1, an in-person survey, was conducted in January 2020. The second round was a telephonic follow-up in May 2020.² The time gap between the two rounds allowed us to capture the effects of COVID-19 on the delivery of key health and nutrition services in the state.

The 7 districts were selected to ensure our sample was *state-representative*.³ We formulated our initial sampling frame by using the state voter rolls and sampled individuals from each polling station using a two-staged stratified random sampling method. In Round 1, the sampling frame was of 1,216 households and we ended up surveying 1,140 respondents (94% response rate). Our sampling frame reduced⁴ to 1,137 eligible respondents in Round 2 and we ended up surveying 719 respondents (63% response rate) out of them.

The survey questionnaire included modules on breastfeeding practices and diet for young children, growth monitoring, supplementary nutrition for women and children, IFA supplementation, financial benefits to the pregnant women for the institutional deliveries, and practices and behaviors related to WASH.

1 Accelerating Progress on Nutrition in India: What Will It Take? Third Progress Report, NITI Aayog, WCD Division, July 2020.

2 We conducted the Round 2 of the survey over phone in May 2020 because IDinsight had paused all in-person data collection efforts in March 2020 in light of the COVID-19 pandemic.

3 We selected 7 districts across Rajasthan in our sample to represent (1) POSHAN Abhiyaan implementation status (e.g., whether implementation occurred in phase I or II), and (2) underlying differences in human and physical geography in Rajasthan that may affect maternal and child welfare outcomes.

4 The reduction in sampling frame was due to the fact that the survey was conducted over phone and only included respondents who had access to phone and continued to be eligible under Round 2.

KEY FINDINGS

A reduction in the delivery of the key nutrition services is noted in Rajasthan between January and May 2020, but with significant variations across districts. This is not surprising since the lockdown impacted essential service delivery channels. Anganwadi centers were shut for the majority of April and May 2020 and only started to re-open in June 2020. The community-based events such as Village health, sanitation and nutrition days (VHSNDs), *Godh Bharai*, etc. were also paused to avoid social gatherings. These events only started to resume by July 2020.

During the lockdown, the frontline workers were expected to provide essential services like Take Home Ration (THR), Iron Folic Acid (IFA) supplements, and monitor child growth through home visits. However, as they were also burdened with the responsibility of tracking COVID-19 spread in the community and providing counselling on prevention from COVID-19, the nutrition service delivery took a back seat.

Findings on service delivery before and during COVID-19 related lockdown:

- **Take Home Ration:** The distribution of THR in Rajasthan declined by almost 8 percentage points between Jan and May 2020. Only 26% mothers reported receiving THR in May'20 from an Anganwadi worker compared with a coverage of 34% mother reporting receipt pre-lockdown.
- **IFA tablets:** Due to disruptions in the supply chain for Iron Folic Acid, and also a drop in consumption, pregnant and lactating women reported a significant drop in IFA use. Only 10% women reported receiving IFA tablets in May'20 which is a significant drop in coverage from 22% in Jan'20. Of the women who received IFA tablets, 26% reported consuming IFA tablets regularly in May'20 which is a significant drop from 52% in Jan'20.



IDinsight Field Manager Interviewing an Anganwadi Worker



An Anganwadi Worker measuring the weight of a child

- **IFA syrup for children:** The distribution of IFA syrup for young children was also severely affected by COVID-19. Only 7% mothers reported receiving IFA syrup from a community health worker during the lockdown.
- **Growth monitoring:** Due to the lockdown, weight measurement of children dropped by 48 percentage points and only 13% of children had their weight measured in May'20. Due to the closure of Anganwadi Centers, children were being weighed at home by the Anganwadi workers. Height and upper arm circumference measurement entirely stopped during this time.
- **Pregnancy-related financial benefits:** The receipt of financial benefits under Janani Suraksha Yojana and Pradhan Mantri Matritva Vandana Yojana (PMMVY) significantly declined. Only 14% respondents received this benefit under JSY and 16% under PMMVY in May'20.

This decline in the delivery of these important health and nutrition services can largely be attributed to the fact that key service delivery platforms were closed due to the COVID-19 pandemic and the key providers of the service – frontline workers – were focusing on the government's response to COVID-19.

RECOMMENDATIONS

India is still grappling with the rising number of COVID-19 cases. It is very important to ensure the regular delivery of key health and nutritional services to populations experiencing a number of health and economic challenges. We also find that some districts performed better in ensuring the delivery of important services. We would encourage those high performing districts (see Appendix 1) to share their best practices to improve health and nutrition service delivery. Additionally, Government of Rajasthan can take following steps to ensure that women and children continue to receive important health and nutritional services.

- 1. Vaccinate frontline workers and their family members on a priority basis.** Anganwadi workers, ASHA workers and their family members should be vaccinated on a priority basis. This will enable the frontline workers to deliver the key health and nutritional services safely through Anganwadi centers and home deliveries. Any vaccine hesitancy among this group should also be addressed.
- 2. Re-open all the Anganwadi centers, if not already done so.** Anganwadi workers should give priority to providing Take Home Ration (THR), and IFA tablets and syrups to the poorest and marginalized. They should also focus on resuming the growth monitoring services. All this should take place in a socially distanced, COVID-19 appropriate way. Doorstep delivery of services, combined with COVID-19 messaging and care by frontline workers, is also recommended.
- 3. Ensure home visits by Anganwadi workers or ASHA in places where Anganwadi centers cannot be opened.** During the home visits, Anganwadi workers should try to prioritize the growth monitoring of very young children. They should combine this with providing counselling services for PLWs.
- 4. Monitor and ensure access to pregnancy-related financial benefits through direct cash transfer.** Ensure that the eligible beneficiaries under Pradhan Mantri Matru Vandana Yojana and Indira Gandhi Matritva Poshan Yojna receive their cash transfers timely to avoid burdening them further with financial responsibilities at the time of pandemic.



An Anganwadi Worker distributing THR in Rajasthan

DATA COLLECTION AND ANALYSIS

IDinsight has a team of in-house experts dedicated to make the data collections faster, cheaper, and of high quality. Using this infrastructure, we hired personnel at the local level with past experience of administering primary data collection. Specifically, we hired 7 district level coordinators (1 for each district) and a local team of approximately 200 surveyors (28 per district) in the Round 1 survey and approximately 60 surveyors in the Round 2 survey. These surveyors were trained intensively on the protocols and the questionnaire before they began the data collection.

We adopted a suite of tools to ensure high quality data collection. These include conducting: unannounced spot checks at the survey site, back checks of the survey which involve re-visiting a sample of the surveyed households and asking all or a sub-set of the questions again, audio audits of the recorded interview conversations, and high-frequency checks which prompt any red flags and logical errors in the data.

For the analysis of the survey, we applied appropriate sampling weights to reflect each observation's overall probability of selection from the voter rolls. We also adjusted the sampling weights by applying weighting *class adjustments* to account for noncoverage and nonresponse based on each household's socioeconomic status during the telephonic survey. We generated the point estimates in Stata 16 using the appropriate `svyset` commands and `svy` prefixes which account for all weights, stratification and clustering.

APPENDIX 1: DISTRICT-LEVEL INDICATOR ESTIMATES⁵ FROM FIELD SURVEYS IN JANUARY AND MAY 2020

Relatively higher performers > Median performers > Relatively lower performers

Indicator	Timeline	Ajmer	Baran	Bhilwara	Bikaner	Jhalawar	Jodhpur	Tonk
Percentage of households receiving Take Home Ration	Jan'20	31%	60%	39%	21%	44%	23%	43%
	May'20	13%	44%	36%	19%	52%	13%	42%
Percentage of mothers receiving IFA tablets	Jan'20	31%	19%	16%	13%	35%	20%	17%
	May'20	12%	7%	16%	17%	8%	5%	11%
Percentage of children receiving IFA syrup	Jan'20	16%	20%	7%	18%	27%	27%	16%
	May'20	3%	11%	10%	1%	3%	10%	5%
Percentage of children who had their weight measured	Jan'20	20%	24%	20%	9%	24%	17%	19%
	May'20	9%	19%	15%	16%	14%	8%	16%
Percentage of mothers receiving pregnancy-related financial benefits from JSY	Jan'20	40%	44%	33%	44%	38%	28%	50%
	May'20	6%	18%	30%	71%	0%	0%	15%
Percentage of mothers receiving pregnancy-related financial benefits from PMMVY	Jan'20	21%	26%	18%	24%	17%	22%	26%
	May'20	0%	0%	27%	47%	0%	0%	28%

⁵ This table provides a “point estimate”, or single value, as an estimate on the value of indicator in each district. Our results can also be presented as confidence intervals (CIs). Confidence intervals are a range (i.e., a lower bound and an upper bound number) where we have a certain amount of confidence that the true value of an indicator for the population lies within the given range. For example, in Baran, the point estimate for receiving THR in May 2020 is 44 percent; the confidence interval for the same indicator in Baran is between 34 percent and 55 percent. We can say that we have 90% confidence that the true percentage of eligible women in Baran who received THR in May 2020 is between 34% and 55%. The point estimate is useful for quickly understanding the data, but confidence intervals capture more nuance. Confidence intervals have been omitted from this version of the document for ease-of-use. Please let us know if you would prefer to receive confidence interval estimates for each of the districts.