

REPRODUCTIVE AND OTHER HEALTH SERVICES DURING COVID-19: FRONTLINE HEALTH WORKERS' PERSPECTIVES FROM BIHAR

BRIEF

RESEARCH

Background

The restrictions brought on by the COVID-19 pandemic not only impacted the daily lives of individuals in rural India, but also impacted its healthcare systems as delivery of essential and regular healthcare services became a challenge. Like all other health care service providers, Accredited Social Health Activists (ASHAs) being at the frontline of providing health services including COVID-19 services to rural households. The additional responsibility that emerged from COVID-19 related healthcare activities necessitated ASHAs to re-align their regular work. With an upsurge in the volume of reverse migration, the demand for sexual and reproductive health (SRH) services increased substantially. However, currently there is no documented evidence showcasing how ASHAs functioned during the pandemic to provide COVID-19 prevention services and the continuation and accelerated the SRH services.

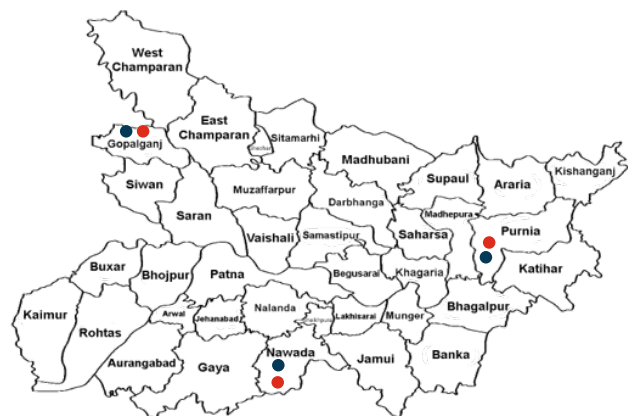
The Population Council conducted a telephone based rapid research in three districts of Bihar (Purnea, Nawada and Gopalganj) to understand the functionality of ASHAs since the emergence of COVID-19. The research sought to answer the following questions:

- **How were ASHAs delivering SRH services when COVID-19 restrictions were in place? How did ASHAs adapt themselves to the new normal?**
- **How extensively are ASHAs engaged in COVID-19 management and what learnings did ASHAs have from the experience of managing COVID-19? Did the engagement of ASHAs in COVID-19 management activities affect their regular SRH health services delivery?**

Methods

Telephone-based interviews were conducted with ASHAs in three high male out-migration districts of Bihar: Purnea, Gopalganj and Nawada. Data was collected in November 2020. In each district, one high and one low male out-migration blocks were selected after consulting with local CSOs and the district labor officer. With the help of local CSOs, a list of ASHAs attached to block level primary health centres (PHCs) and who were working in the survey blocks was compiled. The survey team spoke to 119 ASHAs who were randomly selected from the compiled list. Data were collected on how ASHAs' functioned during COVID-19, SRH service delivery during the pandemic, COVID risk mitigation strategies during home visits, support received from health facilities, challenges in making home visits, SRH issues among women and

response mechanism during COVID-19. The survey results should be interpreted with caution due to the sampling procedure used for selection of ASHAs given the COVID-19 context.



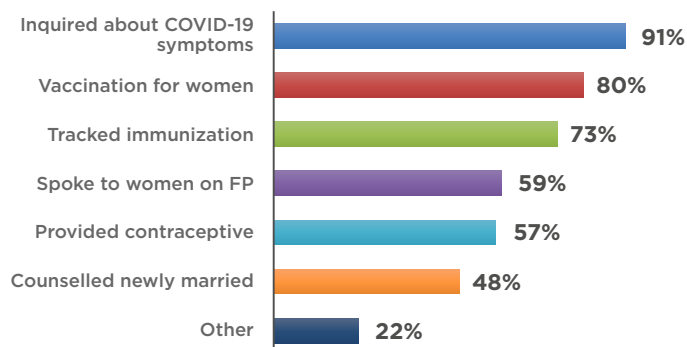
● High out-migration blocks ● Low out-migration blocks

Results

Activities performed by ASHAs' during COVID-19

Since the COVID-19 outbreak, ASHAs have made home visits mostly to enquire about COVID-19 symptoms (91%), track vaccination for women (80%) and immunization of children (73%) (Figure 1). Additionally, the conversation on topics related to family planning and distribution of contraceptives remained low compared to other topics as only three-fifths of ASHAs reporting to have done so.

Figure 1: Activities performed by ASHAs while making home visits during COVID-19 pandemic, ASHA Survey, Bihar 2020



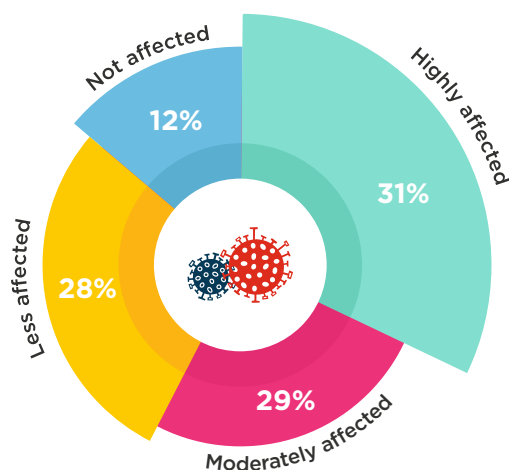
Challenges faced by ASHAs during and immediately after COVID-19 lockdown

As most of the ASHAs (88%) were given additional responsibilities for COVID-19 management, their regular activities were expectedly derailed. Half of the ASHAs (50%) reported that the regular activities were either moderately or highly affected (Figure 2).

“ In the first three months of lockdown (March-May), I could not do my regular work.
- ASHA, Nawada, Age 31 years ”

“ We could not focus on sterilizations in the last 7-8 months, as most of the doctors were busy with COVID-19 related work.
- ASHA, Nawada, Age 45 years ”

Figure 2: Extent to which regular activities of ASHAs were affected due to COVID-19, ASHA Survey, Bihar 2020



88%
FLWs were given additional responsibilities for COVID-19 management

84%
FLWs conveyed the difficulty in undertaking regular work to superiors at PHC

54%
FLWs could not conduct home visit even when they wanted to

35%
FLWs could not visit health facilities

15%
FLWs could not contact women

87%
FLWs had to ask women to wait for sterilization

54%
FLWs were unable to provide better SRH services

49%
FLWs could not provide contraceptive to women even though they wanted to use them

19%
FLWs were unable to provide abortion services to women but could not do so

14%
FLWs faced contraceptive stock out

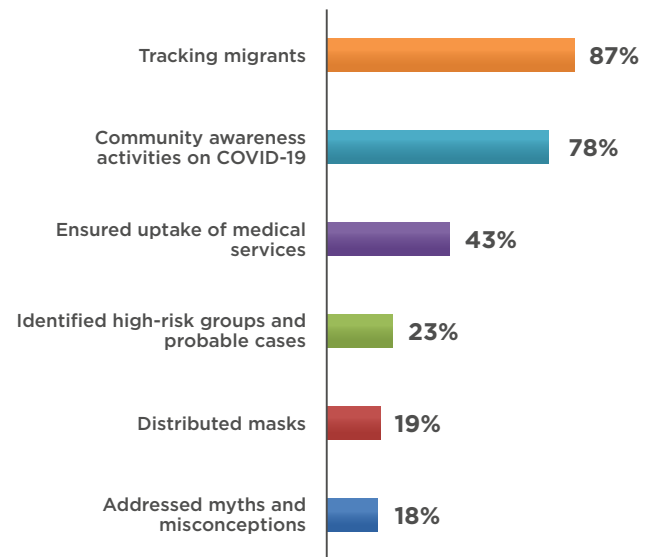


COVID-19 specific activities undertaken by ASHAs

Since onset of the pandemic in March 2020, ASHAs undertook several COVID-19 prevention and management activities (Figure 3). Majority (87%) of them reported being engaged in tracking returnee migrants, more than three fourths (78%) of ASHAs were engaged in community awareness on COVID-19 prevention and management and slightly less than one fourth of ASHAs were engaged in identification of high risk cases.

“ I was deployed on COVID-19 duty such as awareness generation, screening of returnee migrants, contact tracing and facilitating access to COVID-19 prevention and diagnostic services.
- ASHA, Purnea, Age 32 years ”

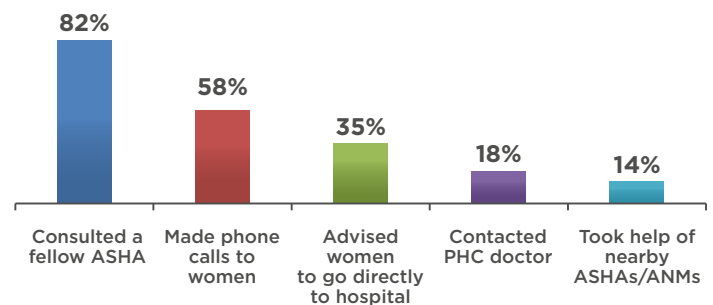
Figure 3: COVID-19 specific activities performed by ASHAs since lockdown, ASHA Survey, Bihar 2020



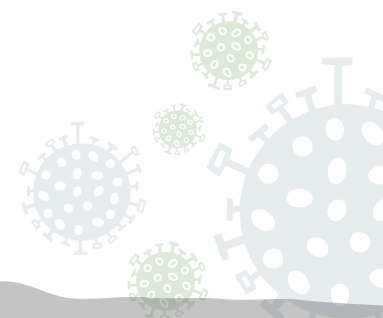
Adjusting to the new “Normal”

Due to the COVID-19 pandemic ASHAs made efforts to adjust to the new “Normal”. To be more effective at work, most of the ASHAs (82%) consulted a fellow ASHA to understand their approach in undertaking different activities (Figure 4). Nearly three-fifths (58%) of the ASHAs also used phones to connect with women. About 14% also took help of nearby ASHAs/ANMs to accomplish various tasks.

Figure 4: Efforts made by ASHAs to adjust to new normal, ASHA Survey, Bihar 2020



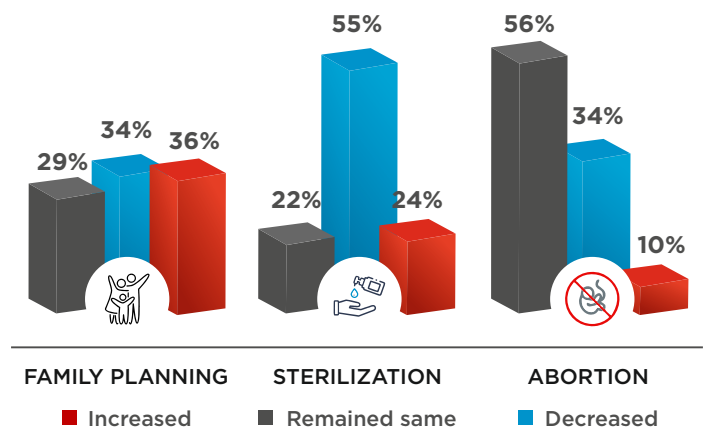
“ During the first few months of COVID-19 it was very tough for me to conduct home visit, but I was connected with the women through phone.
- ASHA, Purnea, Age 33 years ”



Demand for SRH services during COVID-19

ASHAs were asked about their perceptions on demand for SRH services since the COVID-19 outbreak as compared to the pre-COVID-19 situation. As per ASHAs, there has been considerable increase (36%) in demand for family planning services during the COVID-19 pandemic (Figure 5). Notably, a significantly higher proportion of ASHAs reported increase in contraceptive methods among migrant couples (Data not shown). Further, a majority of ASHAs perceived that the demand for sterilization reduced and the demand for abortion remained more or less the same as pre-COVID-19.

Figure 5: ASHAs' perception around demand for SRH services since COVID-19 outbreak, ASHA Survey, Bihar 2020



Discussion

The research assessed the key challenges faced by ASHAs during COVID-19 to provide SRH services in high migration districts. More than half of the ASHAs mentioned their regular work on SRH has been affected. More than half of the ASHAs mentioned they could not provide SRH services to

women due to their engagement in COVID-19 related activities. Assuming that this situation will persist for some more time or at least until the COVID-19 vaccine reaches rural population, it is important for ASHAs and the healthcare system to develop strategies for effective outreach.

Acknowledgments

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