

JOINT WORKING IN A FRAGMENTED SYSTEM: CHALLENGES IN MATERNAL AND CHILD CARE PROVISION IN THE CORONAVIRUS PANDEMIC

Arnav Mahurkar

Msc. Student, Erasmus University Rotterdam

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Corresponding author: Arnav Mahurkar

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Abstract

In policy documents worldwide, the issue of maternal and child mortality and morbidity is identified as an urgent health concern [SDGs, 2016]. The Integrated Child Delivery Service [ICDS] and National Health Mission [NHM] jointly attempt to address the issue of maternal and child health in India. On the ground, these programs are operationalized by the frontline workers of the two programs – the Accredited Social Health Activists [ASHAs], the Auxiliary Nursing Midwives [ANMs] and the Anganwadi Workers [AWWs]. The purpose of designing joint activities between the two programs is to integrate both the social and the medical aspects of health [Sharma, 2014]. However, while the two programs are designed to be compatible, coordination issues exist in their joint implementation [Kim et al., 2017; Prasad et al., 2012]. Currently, because of the allocation of additional responsibilities for the frontline workers, challenges for frontline workers have exacerbated [Indian Express, 2020]. In real terms, the increased problems in coordination in integrated care provision could potentially result in increased incidents of morbidity and mortality for this demographic. In this context, this article discusses and anticipates challenges for the frontline workers for providing maternal and child health in India.

Introduction

Policy Context: Maternal and Child Health

Broadly, the logic of integrating maternal and child health is to provide a cohesive care package for mothers and children. On one hand, the Women and Child Development's ICDS focuses on the horizontal or social aspects of health such as nutrition and education with the help of the AWW. On the other hand, the NHM focuses on the medical aspects of health such as integrating frontline care, primary health centers and hospitals [Sharma, 2014]. The ANM and the ASHA are the frontline workers of the NHM.

The joint tasks of the workers include identification, screening and referrals, immunization and vaccination, and information and awareness dissemination among households in the locality. Supporting documents issued by the two ministries focus on directing the programs' joint implementation and avoiding the duplication of work. Reviewing and monitoring of this joint implementation occurs at the village, block, district, state and national level in different forms. Since cases of morbidity and mortality in this demographic are preventable, the frontline workers play a critical role in providing maternal and child care. As a result, such care provision is listed in the essential services category even during the pandemic. Yet, despite the important nature of their work, the frontline workers continue to remain understaffed [Indian Express, 2020]. Moreover, in the current pandemic, many frontline

workers are being socially ostracized due to their exposure to the virus. In the given context, the following section attempts to understand the institutional context for the problems in the provision of joint activities.

Referral Process

In the referral process, the Anganwadi worker identifies the malnourished child. Then, she engages the ASHA/ANM in screening the child. If the child appears to be malnourished, s/he is sent for another referral to the Primary Health Center/Nutritional Rehabilitation center. Existing research highlights that not all malnourished children are picked up by this referral system [World Bank, 2014; Prasad, 2012, Kim, 2017]. In some cases, the children being left out of the process amount to almost 44%. Primarily, the problem exists due to lack of clarity in the referral guidelines [Kim, 2017; Prasad, 2012]. Due to the reallocation of tasks, referral activities have come to a temporary halt in some places. In order to provide nutritional services, the AWW workers now provide food by going house to house. Field observations indicate that although some AWW workers inquire about nutritional status of the children during these visits, ambiguities exist in the collection and documentation process. Moreover, the effectiveness of the communication from the AWWs to the ANMs and the ASHAs remains unknown.

Immunization and Vaccination

On the MCHN day, the AWWs, ANMs and the AWWs workers are jointly responsible for the provision of

immunization and vaccination to the newborn children [GoI]. Overall, the immunization and vaccination activities work well. However, in some cases, practical issues exist in coordination among the workers from the two departments [Sharma, 2014]. Due to the different work locations [sub-center and AWW center], the frontline workers face issues in coordination. Usually, the issues include setting up the venue, and getting there on time to carry out the tasks. With social distancing measures, immunization and vaccination activities operate at reduced capacities. Field research indicates that the venue of these activities could be changed from the Anganwadi center to the Primary Health center due to these considerations. Consequently, increased issues in practical coordination among workers from the two departments are likely to arise.

Information and Awareness Activities

Together with the local governments, the frontline workers of the three programs are required to meet once in a month to spread information and awareness in the local area. Saxena [2015] finds that irregularities exist in the provision of information and awareness activities in the VHND due to the local governments' insufficient interest in this area. On top of the lack of interest, additional pandemic related responsibilities mean that the maternal and child related information activities are not given sufficient importance. Social distancing rules could also present challenges in information and awareness activities as they were previously carried out during local gatherings.

Conclusion

Despite the worsening of existing problems in coordination, the current pandemic presents a window of opportunity for maternal and child care. Increased public awareness on the frontline workers allows for a shift in policy focus. Now the traditional physician-centered view of health can be changed to a 'teams-based approach' of health. From a resource perspective, the expansion of

maternal and child care activities could be easier by expanding the non-medical staff in the area. And finally, the pandemic allows for the creation of context-specific information communication technology for the frontline workers. Studying these particular coordination issues could result in the creation of a scalable technical solution.

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