



Management Of Service Delivery Under POSHAN Abhiyaan During Covid-19 Lockdown

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Abstract

The Covid-19 pandemic brought life to standstill during 2020-2021 and to save lives, globally, a mass safety measure of lockdown was implemented. Resources and public services in different countries were diverted to curb the fatal infectious disease of Covid-19. In India, number of policy measures were taken during lockdown for continuity of essential services and to restore the necessary suspended government food supply-chain and nutrition services. Special need-based policy incentives have been taken during lockdown to restore health and nutrition services under one of the critical government scheme namely, the POSHAN Abhiyaan (mission) that was started in 2018 to address the issue of malnutrition among children, adolescent, pregnant and lactating mothers. During the lockdown there was a vital need to continue the services under the mission as health and nutrition are critical health policy issues to address and to lower the child mortality and maternal mortality rates. The Government of India issued policy guidelines under the mission for continuity of the nutrition and health services through measures like home-visits by Frontline workers. To follow the guidelines, States Governments resumed home-visits and provided essential services that ranges from providing dry rations, local preparations for supplementary nutrition, home-visits for children with severe malnutrition, staggered approach for community based events, virtual classes for preschool education.

Keywords: Nutrition, Children, Poshan Abhiyaan, Covid-19, Lockdown, Home-visits.

Introduction

The novel corona virus was first identified in December 2019 and the following two years of the 21st century can be stated as 'curse on humanity' when people across the world suffered from the unexpected sudden outbreak of fatal Covid-19 disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2¹) and large number of precious lives lost in a flick of time. The pandemic brought the life on standstill with adoption and imposition of public health safety measure of lockdown by countries to save people from the clutches of the fatal Covid-19. All kind of services, government schemes, programmes and all means of transportations were suspended and resources were assigned to curb Covid-19 and save lives.

The Government of India took all timely measures to prevent suffering and saving lives from Covid-19. The lockdown was imposed nationwide on 24 March, 2020 on the advice of the health experts and experience of other

¹ https://www.who.int/health-topics/coronavirus#tab=tab_1 Accessed on 18.6.2023

countries to contain Covid-19 and break the chain of spread of the virus at the war mode and as a proactive mitigating measure. There was a gigantic task in front of the Central Government, State Governments and different authorities to save lives, provide prompt medical services and food to the last citizen. Most of the government schemes and programmes were disrupted, nonetheless, there were several spontaneous policy interventions and adaptation which were taken at the Central Government and State Governments level to restore health, food and nutrition service deliveries during the lockdown.

The present paper studies the delivery of health and nutrition services under POSHAN Abhiyaan (Prime Minister's Overreaching Scheme for Holistic Nourishment) during the pandemic on the basis of the Fourth Progress Report on POSHAN Abhiyaan, 2021 and the National Family Health Survey (NFHS-5) 2019-21. The justification for assessing the mission on these two documents are that firstly, the Fourth Progress Report on POSHAN Abhiyaan assesses the mission on the basis of the information collected by the NITI Aayog from States and Union Territories with regard to implementation capabilities on infrastructure, human resources, training and capacity building, convergence, programme and output activities, service delivery by Frontline Workers (FLWs) during Covid-19 and the status of innovation and the flexi-plan for March and July 2020. The Health Monitoring Information System (HMIS) data and Monthly Progress Report (MPR) data from Anganwadi Centres (AWCs) from the period October, 2019 to December, 2020 were also analysed to examine changes in the coverage of health interventions over the course of the pandemic². Secondly, the NFHS-5 was conducted during the period of two years between 2019 and 2021 that covers the sad phase of Covid-19 pandemic. The NFHS-5 was conducted in two phases (phase one from 17th June, 2019 to 30th January, 2020 and phase two from 2nd January, 2020 to 30th April, 2021). The primary objective of the NFHS-5 was to provide data on health and family welfare, infant and child mortality, perinatal mortality, maternal and child health, and other related indicators.³

The POSHAN mission was started in 2018 to address the issue of malnutrition among children, adolescent, pregnant and lactating mothers in a mission mode. The issue of malnutrition is important as it is one of the serious health issue that largely contributes to neonatal mortality, infant mortality and maternal mortality rates. Reducing the mortality rates is important to achieve Sustainable Development Goals (SDGs) and is also addressed in Target 3.1 of Sustainable Development Goal 3 (SDG3), which is 'by 2030, to reduce the global maternal mortality ratio to less than 70 per 10,000 live births and the Target 3.2 is by 2030, to end preventable deaths of newborns and children under 5 years of age...and under-5 mortality to at least as low as 25 per 1000 live births'⁴. The National Family Health Survey (NFHS-5), 2019-21 also shows that 36 percent children under age five years were stunted (too short for their age) and which is sign of chronic undernutrition. 19 percent of children in India under age five

² NITI Aayog. 2021. Preserving Progress on Nutrition in India: POSHAN Abhiyaan in Pandemic Times. New Delhi. Page 2.

³ International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), 2019-21: India. Mumbai: IIPS. Pages 1, 2 and 6.

⁴ <https://www.who.int/europe/about-us/our-work/sustainable-development-goals/targets-of-sustainable-development-goal-3> Accessed on 16.6.2023

years were wasted (too thin for their height), which is a sign of acute undernutrition and 32 percent of children under age five years were underweight and only 3 percent of the children were overweight⁵.

POSHAN Abhiyaan

The bouquet of nutrition and health services provided under the POSHAN Abhiyaan were provided to the mother and child beneficiaries under the umbrella of Integrated Child Development Services (ICDS) Scheme launched in 1975 to provide early childhood care and development. The ICDS Scheme is the scheme of Ministry of Women and Child Development (MWCD) that provide package of six services namely Supplementary nutrition; Pre-school non-formal education; Nutrition and health education; Immunisation; Health check-up; and Referral services. The last three services are provided by Ministry of Health and Family Welfare (MoHFW). The nutrition and health services provided under the POSHAN mission are:

- (1) deliver a high impact package of interventions in the first 1,000 days of a child's life. This include take-home rations (THR) from AWCs; anaemia prevention and control under the Anaemia Mukh Bharat (AMB) programme; antenatal care (ANC) services; dietary counselling on the VHSND; and schemes of Pradhan Mantri Surakshit Matrutva Abhiyaan (PMSMA) and PMMVY that provide quality antenatal checkups
- (2) strengthen the delivery of these interventions through technology and management
- (3) improve the capacity of FLWs
- (4) facilitate cross-sectoral convergence to address the multi-dimensional nature of malnutrition; and
- (5) enhance behaviour change and community mobilisation⁶.

Policy guidelines for providing services under POSHAN Abhiyaan during Pandemic

In the pandemic time, the AWCs were closed as a result of which nutrition and health services were suspended. Therefore, in April, 2020, the MoHFW circulated policy guidelines to provide nutrition and health services through home-visits by FLWs. To follow the guidelines, several States Governments resumed home-visits and provided essential services like distribution of supplementary food/nutrition and counselling services to the beneficiaries. In November, 2020, MWCD issued the guidelines to open AWCs outside the containment zones by following Covid-19 safety protocols to resume nutrition services. Routine services were provided on-demand at Health Centres and Village health sanitation nutrition days (VHSNDs) were partly operational in few of the States following staggered approach and in non-containment zones⁷.

The information technology (IT) played a significant role in every aspect of life during the lockdown and a software namely Integrated Child Development Services-Common Application Software (ICDS-CAS) was also introduced in POSHAN Abhiyaan to facilitate monitoring for improving service delivery and programme management through an innovative web and mobile-phone based application. The ICDS-CAS had been rolled out in 359 districts of 29 States/UTs by September, 2020. To make the software a success during the pandemic,

⁵ International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), 2019-21: India. Mumbai: IIPS. Page 375.

⁶ NITI Aayog. 2021. Preserving Progress on Nutrition in India: POSHAN Abhiyaan in Pandemic Times. New Delhi. Pages 1 and 8.

⁷ *ibid.* Page 58

48% Anganwadi Workers and 56% Lady Supervisors were provided smartphones as of September, 2020. This shows that though the technological intervention was in-place but was not fully implemented across the country to completely assess its effects. There were many issues to it, like infrastructure issue, where many States would need to accelerate access to mobile phones and training of providers and managers. There were also gaps in network issues, capacity building and supportive systems such as help desks. The roll-out of ICDS-CAS remained slow due to network issues in many of the districts and majority of the AWWs using mobile continued to maintain records manually as well, which had led to duplication of work. Due to these operational issues, ICDS-CAS has been replaced by POSHAN Tracker – a robust ICT enabled platform, to improve governance with regard to real-time monitoring of provisioning of supplementary nutrition for prompt supervisions and management in all States, Union Territories and Districts of the country.⁸ The MWCD, MoHFW and the State authorities have issued comprehensive policy guidance during the Covid-19 pandemic to restore health and nutrition services at the AWC levels. To assess the adaptations as per the state-level policy guidance issued by MoHFW and state-level documentation for the period March, 2020 to October, 2020 a total number of 13 States (Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Uttar Pradesh and West Bengal) were selected⁹. Table 1 shows that in all of the 13 States services were suspended in AWCs and no information was available for Andhra Pradesh and Karnataka. The services at the AWCs level have been resumed in November, 2020 as per the MoHFW issued guidelines to open AWCs outside the containment zones. As for the Village health and nutrition days (VHNDs) are concerned, no information was available for Andhra Pradesh, Chhattisgarh, Jharkhand and Karnataka. Similarly, for Madhya Pradesh although VHNDs were partly operational during the month of May, 2020 no information was available for August and September/October, 2020. Also, in Assam VHNDs were partially operational in May month, services suspended during August & September/October and in Bihar it was partially operational in May and August months and fully operational during September/October. In Maharashtra, Uttar Pradesh and in West Bengal, VHNDs were partially operational and in Odisha the VHNDs were fully operational during the pandemic period. In Gujarat and Rajasthan, the VHNDs services were suspended. The VHNDs where operational, were following staggered approach and in non-containment zones.

The Home-visits services were in line with April, 2020 issued guidelines of the MoHFW to deliver the health and nutrition through home-visits by FLWs. The Home-visits during the pandemic period was fully operational in Assam, Bihar, Gujarat, Jharkhand, Madhya Pradesh and Rajasthan. In Maharashtra and Uttar Pradesh the Home-visits services were partially operational. No information was available regarding Home-visits services in Andhra Pradesh, Chhattisgarh, Karnataka, Odisha, and West Bengal. The interventions across life stages of Counselling and Food Supplementation shows these were fully operational in Andhra Pradesh, Assam, Bihar, Gujarat, Jharkhand, Madhya Pradesh, Odisha, Rajasthan and Uttar Pradesh. In Karnataka, Counselling was partially

⁸ ibid. Page 103

⁹ ibid. Page 57

operational and no information was available regarding Food Supplementation. In Maharashtra and West Bengal, Food Supplementation was fully operational, however no information was available for Counselling services. Also, no information was available for Counselling services in Chhattisgarh during the pandemic. Overall, it can be stated that though AWCs in the 13 States were closed during the pandemic period, the interventions across life stages were successful.

Table 1: Policy guidance for implementation platforms and interventions across life stages

S. No.	States	Platforms									Interventions across life stages						
		Anganwadi centre open*			Village Health and Nutrition Day			Home-visits			Counselling			Food Supplementation			
		May	August	Sep/Oct	May	August	Sep/Oct	May	August	Sep/Oct	May	August	Sep/Oct	May	August	Sep/Oct	
1.	Andhra Pradesh	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	FO	FO	FO
2.	Assam	SS	SS	SS	PO	SS	SS	FO	FO	FO	FO	FO	FO	FO	FO	FO	FO
3.	Bihar	SS	SS	SS	PO	PO	FO	FO	FO	FO	FO	FO	FO	FO	FO	FO	FO
4.	Chhattisgarh	SS	SS	SS	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI	FO	FO	FO
5.	Gujarat	SS	SS	SS	SS	SS	SS	FO	FO	FO	FO	FO	FO	FO	FO	FO	FO
6.	Jharkhand	SS	SS	SS	NI	NI	NI	FO	FO	FO	FO	FO	FO	FO	FO	FO	FO
7.	Karnataka	NI	NI	NI	NI	NI	NI	NI	NI	NI	PO	PO	PO	NI	NI	NI	NI
8.	Madhya Pradesh	SS	SS	SS	PO	NI	NI	FO	FO	FO	FO	FO	FO	FO	FO	FO	FO
9.	Maharashtra	SS	SS	SS	PO	PO	PO	PO	PO	PO	NI	NI	NI	FO	FO	FO	FO
10.	Odisha	SS	SS	SS	FO	FO	FO	NI	NI	NI	FO	FO	FO	FO	FO	FO	FO
11.	Rajasthan	SS	SS	SS	SS	SS	SS	FO	FO	FO	FO	FO	FO	FO	FO	FO	FO
12.	Uttar Pradesh	SS	SS	SS	PO	PO	PO	PO	PO	PO	FO	FO	FO	FO	FO	FO	FO
13.	West Bengal	SS	SS	SS	PO	PO	PO	NI	NI	NI	NI	NI	NI	FO	FO	FO	FO

* In November 2020, national guidance was issued to open Anganwadi centres.

NI=No Information,

PO=Partly Operational,

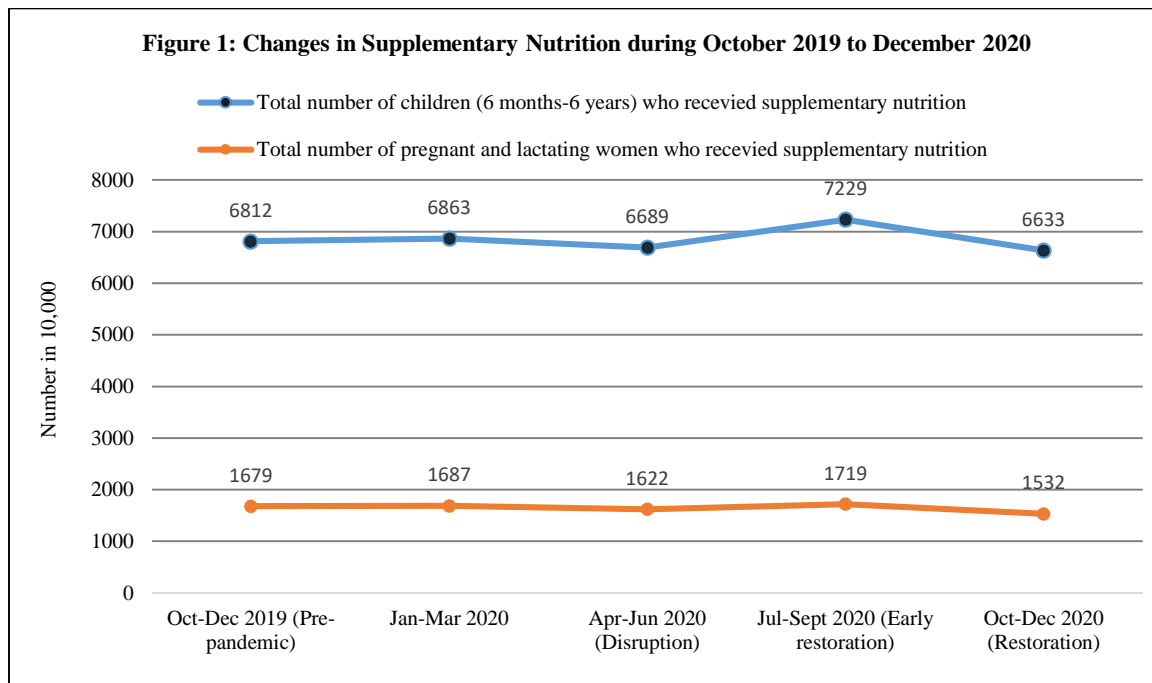
FO=Fully Operational and

SS=Service Suspended

Source: Preserving Progress on Nutrition in India: POSHAN Abhiyaan in Pandemic Times. Page 58.

The assessment of the ICDS services and the POSHAN Abhiyaan therein during the pandemic period on two of the indicators viz., (i) Number of children in the age group of six months to 6 years who received supplementary nutrition and (ii) Number of pregnant and lactating mothers who received supplementary nutrition shows that though these services continued during the lockdown, the number of beneficiaries who received supplementary nutrition declined, which suggests that services of supplementary nutrition were disrupted. The coverage of food supplementation for children of six months to 6 years of age and pregnant and lactating women were also disrupted slightly during the lockdown period. According to the MWCD directions, food supplements were to be delivered to beneficiaries at households' level during the lockdown, which greatly supported in mitigation of disruption in the supplementary nutrition services. The state-wise ICDS quarterly-data was used for assessing the services related to these two indicators. It was found that during the Pre-pandemic quarter (October-December

2019) and the second quarter of 2020 also marked as Disruption quarter (April-June 2020), the coverage of supplementary nutrition dropped by 2% and 3% for children and for pregnant and lactating women, respectively. Compared with the Pre-pandemic quarter (October-December 2019), coverage increased during the third quarter also marked as Early-restoration quarter (July-September 2020) by 6% for children and by 2% for pregnant and lactating women. This shows that coverage of supplementary nutrition programme (SNP) gradually recovered. However, the coverage of supplementary nutrition declined in the fourth quarter marked as Restoration quarter (October-December 2020), which was lower than the Pre-pandemic quarter (October-December 2019) (Figure 1)¹⁰.



Source: Preserving Progress on Nutrition in India: POSHAN Abhiyaan in Pandemic Times. Page 60.

State innovations in providing ICDS services (Core POSHAN Abhiyaan Policy Interventions)

In the pandemic time when strict lockdown was levied, different States and UTs adopted strategies to provide nutrition services to beneficiaries as per the government guidelines. A total number of 32 States/UTs adapted innovation strategies to provide services at ICDS level and data was not made available by Manipur, Mizoram, Nagaland and West Bengal. The innovations for supplementary nutrition ranges from providing milk, skimmed milk, eggs, bananas, dry rations, jaggery, and vegetables and special local preparations. To **Provide SNP**, 19 States/UTs of A&N Islands, Andhra Pradesh, Arunachal Pradesh, Chandigarh, Chhattisgarh, Dadra and Nagar Haveli and Daman and Diu (DNH & DD), Delhi, Goa, Haryana, Karnataka, Kerala, Lakshadweep, Madhya Pradesh, Mizoram, Odisha, Rajasthan, Telangana, Tripura and Uttarakhand provided the additional food under SNP using different feasible and locally available food strategies. However, 13 States/UTs of Assam, Bihar, Gujarat, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Ladakh, Maharashtra, Puducherry, Punjab, Sikkim, Tamil Nadu and Uttar Pradesh have not provided SNP services (Table 2, col 2). Most of the States/UTs provided the SNP to the beneficiaries by adopting the strategy of home-visits.

¹⁰ *ibid.* Page 59.

The innovation approaches for **Growth monitoring** were adoption of random sampling in AWCs to identify and manage cases of Severe acute malnutrition (SAM), Staggered approach in AWCs, SAM children weighed at home and home-visits in 18 of the States/UTs of A&N Islands, Andhra Pradesh, Arunachal Pradesh, Assam, Chandigarh, Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Kerala, Lakshadweep, Madhya Pradesh, Maharashtra, Mizoram, Odisha, Tripura, Uttar Pradesh and Uttarakhand. The Growth monitoring services were not provided at AWCs level in 14 States/UTs of Bihar, DNH & DD, Goa, Gujarat, Jammu and Kashmir, Jharkhand, Karnataka, Ladakh, Puducherry, Punjab, Rajasthan, Sikkim, Tamil Nadu, and Telangana (Table 2, col 3).

The innovation strategies for **Community based events** ranges from Virtual Community Based Events (CBEs), staggered approach in AWCs and home-visits. The CBEs were practiced in 16 States/UTs of A&N Islands, Andhra Pradesh, Arunachal Pradesh, Chandigarh, Chhattisgarh, DNH & DD, Delhi, Gujarat, Haryana, Kerala, Maharashtra, Odisha, Puducherry, Sikkim, Tripura and Uttarakhand. The CBEs were not provided in remaining of the 16 States/UTs of Assam, Bihar, Goa, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Karnataka, Ladakh, Lakshadweep, Madhya Pradesh, Mizoram, Punjab, Rajasthan, Tamil Nadu, Telangana and Uttar Pradesh (Table 2, col 4).

The innovations for **Counselling** were WhatsApp based broadcast system- POSHAN vani, calling through mobile and WhatsApp, home-visits and video conferencing were practiced in majority of 26 States/UTs of A & N Islands, Andhra Pradesh, Arunachal Pradesh, Assam, Chandigarh, Chhattisgarh, DNH & DD, Delhi, Goa, Haryana, Himachal Pradesh, Karnataka, Kerala, Lakshadweep, Madhya Pradesh, Maharashtra, Mizoram, Odisha, Puducherry, Punjab, Rajasthan, Sikkim, Telangana, Tripura, Uttar Pradesh and Uttarakhand. The counselling services were not provided in six of the States/UTs of Bihar, Gujarat, Jammu & Kashmir, Jharkhand, Ladakh and Tamil Nadu (Table 2, col 5).

The provision for **preschool education** is one of the important service under ICDS. The Col 6 of Table 2 shows that during the pandemic period preschool education was provided by home-visits & learning material distributed, virtual classes, phone based learning, local TV channels, children of migrant labourers provided preschool education and parents were given virtual instructions. The preschool education was provided in 20 States/UTs of A&N Islands, Andhra Pradesh, Arunachal Pradesh, Assam, Chandigarh, Chhattisgarh, DNH & DD, Delhi, Gujarat, Haryana, Karnataka, Kerala, Maharashtra, Mizoram, Odisha, Punjab, Tamil Nadu, Telangana, Tripura and Uttarakhand. However, the preschool education was not provided in 12 States/UTs of Bihar, Goa, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Ladakh, Lakshadweep, Madhya Pradesh, Puducherry, Rajasthan, Sikkim and Uttar Pradesh.

Table 2: Summary of ICDS programme delivery innovations as reported by States/Union Territories Governments in context of Covid-19

State/UT	SNP: Additional foods	Innovations for growth monitoring	Innovations for community based events	Innovations for counselling	Innovations for preschool education
Andaman & Nicobar Islands	Milk	At AWC & during home-visits	In staggered approach	Home-visits and consultation through tele calling	Home-visits
Andhra Pradesh	Special supplements for Severe Acute Malnutrition (SAM) children	Staggered approach in AWC	Virtual Community Based Events (CBEs)	Home-visits and virtual counselling	Virtual classes
Arunachal Pradesh	Eggs	Random sampling in AWC to identify and manage cases of SAM	In staggered approach in AWC	Home-visits for vulnerable groups	Parents counselled during home-visits
Assam	NIL	Home-visits	NIL	Video conferencing	Virtual classes
Bihar	NIL	NIL	NIL	NIL	NIL
Chandigarh	Dry ration & cooked foods to people in need (March to June only)	Home-visits	Virtual CBEs	Video messages, posters and calling	Phone-based activities
Chhattisgarh	Dry rations, eggs and vegetables	During home-visits and VHSNDs	During home-visits and in community spaces	Video clips shared over social media	Virtual classes
Dadra & Nagar Haveli and Daman & Diu (DNH & DD)	Special local preparations	NIL	In staggered approach in AWC	During home-visits	Phone-based activities. Learning material distributed
Delhi	Iron-rich Take-home Ration (THR)	During home-visits	Virtual CBEs	During home-visits	Phone-based activities
Goa	Micronutrient supplements for children 3 to 6 years and adolescent girls	NIL	NIL	Through WhatsApp	NIL
Gujarat	NIL	NIL	Virtual CBEs	NIL	Local TV channels
Haryana	Skimmed milk powder	SAM children weighed at home	In staggered approach in AWC	During home-visits and in shelter homes for migrant population	Children of migrant labourers provided pre-school education
Himachal Pradesh	NIL	Staggered approach in AWC	NIL	Use of mobile phones	NIL
Jammu & Kashmir	NIL	NIL	NIL	NIL	NIL

Jharkhand	NIL	NIL	NIL	NIL	NIL
Karnataka	Milk and eggs Spot feeding for PW/LW	NIL	NIL	During home-visits	Virtual classes and radio
Kerala	Dry rations & delivery of food for quarantined homes	During VHSNDs	Virtual CBEs	WhatsApp based broadcast system-POSHAN vani	Virtual classes and through local TV channels
Ladakh	NIL	NIL	NIL	NIL	NIL
Lakshadweep	Dry rations	Staggered approach in AWC	NIL	During home-visits	NIL
Madhya Pradesh	Dry rations	Staggered approach during home-visits and VHSNDs	NIL	Through calling and WhatsApp	NIL
Maharashtra	NIL	Once a week/2 week visit to SAM/ Moderate Acute Malnutrition (MAM) children by AWW	Virtual CBEs	Through calling and WhatsApp	Virtual classes
Manipur	Template not received				
Meghalaya	Template not received				
Mizoram	Vegetables from nutri-gardens	Conducted at AWC & during home-visits	NIL	Through calling and WhatsApp	Learning material distributed; parents given virtual instructions
Nagaland	Template not received				
Odisha	Dry rations	During VHSNDs and home-visits	In staggered approach in AWC	During home-visits	Virtual classes
Puducherry	NIL	NIL	During home-visits and in community spaces	Home-visits and use of television	NIL
Punjab	NIL	NIL	NIL	Home-visits	Virtual classes
Rajasthan	Dry rations	NIL	NIL	Use of mobile phones	NIL
Sikkim	NIL	NIL	In staggered approach in AWC	Home-visits	NIL
Tamil Nadu	NIL	NIL	NIL	NIL	Virtual classes
Telangana	Bananas and special local preparations	NIL	NIL	Home-visits	Virtual classes and through local TV channels
Tripura	Eggs, jaggery and milk for SAM children	Growth monitoring conducted during home-visits	During home-visits	Home-visits	Learning material provided during home-visits

Uttar Pradesh	NIL	During VHSNDs	NIL	Home-visits	NIL
Uttarakhand	Eggs, milk and bananas for 3-6-year olds	Home-visits	Home-visits	Video conferencing	Virtual classes
West Bengal	Template not received				

Note: (1) Dry ration includes rice, wheat, and pulses. (2) All the activities conducted in-person at AWC, homes or community spaces followed Covid-19 protocol.

Source: Preserving Progress on Nutrition in India: POSHAN Abhiyaan in Pandemic Times. Pages 63-66.

The pandemic was a difficult time and the lockdown limited not only services under the mission and ICDS but every aspect of life was disturbed. The resources including food grains etc. were in stock but could not be made available to the beneficiaries by the State machinery. The different combinations of the five services {(i) SNP: Additional foods, (ii) Innovations for growth monitoring, (iii) Innovations for community based events, (iv) Innovations for counselling and (v) Innovations for preschool education} that are provided at AWCs during the pandemic are given in Table 3. Eleven States/UTs namely A&N Islands, Andhra Pradesh, Arunachal Pradesh, Chandigarh, Chhattisgarh, Delhi, Haryana, Kerala, Odisha, Tripura and Uttarakhand provided services under all the five heads; 3 States/UTs namely DNH & DD, Maharashtra and Mizoram provided services under four head; 5 of the States/UTs namely Assam, Karnataka, Lakshadweep, Madhya Pradesh, and Telangana provided services under three head; 8 States/UTs namely Goa, Gujarat, Rajasthan, Himachal Pradesh, Uttar Pradesh, Puducherry, Sikkim and Punjab provided services under two heads; and only Tamil Nadu provided services under one head of Innovations for preschool education. Bihar, Jammu & Kashmir, Jharkhand and Ladakh are the 4 States/UTs that have not provided any service or the combination of the five services.

Table 3: Combination of services provided by States and Union Territories

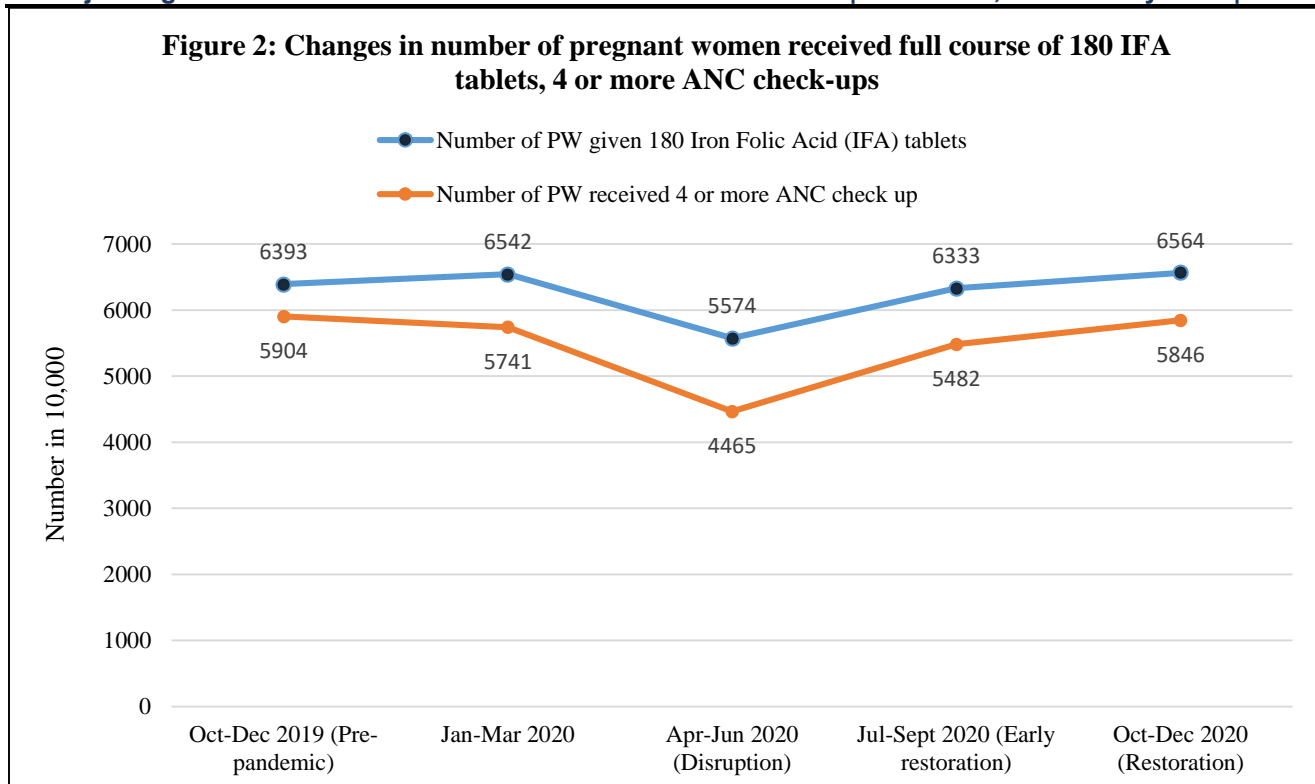
Combination of Services provided by States/UTs	States/UTs
1. SNP: Additional foods 2. Innovations for growth monitoring 3. Innovations for community based events 4. Innovations for counselling 5. Innovations for preschool education	A & N Islands, Andhra Pradesh, Arunachal Pradesh, Chandigarh, Chhattisgarh, Delhi, Haryana, Kerala, Odisha, Tripura and Uttarakhand
1. SNP: Additional foods 2. Innovations for community based events 3. Innovations for counselling 4. Innovations for preschool education	DNH & DD
1. Innovations for growth monitoring 2. Innovations for community based events 3. Innovations for counselling 4. Innovations for preschool education	Maharashtra
1. SNP: Additional foods 2. Innovations for growth monitoring 3. Innovations for counselling 4. Innovations for preschool education	Mizoram
1. Innovations for growth monitoring 2. Innovations for counselling 3. Innovations for preschool education	Assam

1. SNP: Additional foods 2. Innovations for counselling 3. Innovations for preschool education	Karnataka and Telangana
1. SNP: Additional foods 2. Innovations for growth monitoring 3. Innovations for counselling	Lakshadweep and Madhya Pradesh
1. SNP: Additional foods 2. Innovations for counselling	Goa and Rajasthan
1. Innovations for community based events 2. Innovations for preschool education	Gujarat
1. Innovations for growth monitoring 2. Innovations for counselling	Himachal Pradesh and Uttar Pradesh
1. Innovations for community based events 2. Innovations for counselling	Puducherry and Sikkim
1. Innovations for counselling 2. Innovations for preschool education	Punjab
1. Innovations for preschool education	Tamil Nadu
No service	Bihar, Jammu & Kashmir, Jharkhand and Ladakh

Source: based on Table 2.

Primary health services are provided to nursing and pregnant women under the mission at the AWCs level. The number of pregnant women who received 180 IFA (Iron and Folic Acid) tablets and the number of pregnant women who received four or more Antenatal care (ANC) visits declined post-March 2020 to lower than the pre-pandemic period by 13% and 24%, respectively. However, the coverage of these services significantly improved post-June 2020 period, such that the coverage of IFA and ANC visits was only slightly lower than pre-pandemic levels. Over the entire period, the number of pregnant women who received IFA tablets exceeded the number of pregnant women who received four or more ANC visits (Figure 2)¹¹.

¹¹ Preserving Progress on Nutrition in India: POSHAN Abhiyaan in Pandemic Times. Page 72.



Source: Preserving Progress on Nutrition in India: POSHAN Abhiyaan in Pandemic Times. Page 72.

Concurrently, the NFHS-5 was carried out during 2019-21 that also provides data on the availability of health and nutrition services at AWCs and support in assessing the policy measures taken during the pandemic for providing services at the AWCs level as well as in line with the POSHAN Abhiyaan. The Table 4 for data from NFHS-5 shows that for percentage of children age 0-71 months who received any service at the AWCs was higher than 50% in all of the States/UTs except for Arunachal Pradesh, Manipur and Jammu and Kashmir where the coverage was below 50%. In 8 States/UTs of Arunachal Pradesh, Manipur, Bihar, Delhi, Punjab, Jammu and Kashmir, A&N Islands and Lakshadweep **less than 50% of the children under age 6 years received food supplements**. In 23 States/UTs of A&N Islands, Arunachal Pradesh, Assam, Bihar, Chandigarh, Delhi, Goa, Himachal Pradesh, Jammu & Kashmir, Kerala, Ladakh, Lakshadweep, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Puducherry, Punjab, Rajasthan, Sikkim, Tripura and West Bengal **immunisation coverage of the children under age 6 years was less than 50%**. In 22 States/UTs of A&N Islands, Arunachal Pradesh, Bihar, Chandigarh, Delhi, Goa, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Kerala, Lakshadweep, Maharashtra, Manipur, Meghalaya, Nagaland, Puducherry, Punjab, Rajasthan, Sikkim, Uttar Pradesh and Uttarakhand **less than 50% of the children under age 6 years went for childhood care/ preschool**. Only is 7 states/UTs of Lakshadweep, Nagaland, Mizoram, Himachal Pradesh, Kerala, A&N Islands and Meghalaya **less than 50% mothers received counselling from an AWCs** after children were weighed and in all other States/UTs this percentage was higher than 50%. The Table 4 further shows that at the All India level, 67.5% of the children received any services at AWCs, 62.1% children received supplementary food, 53.2% children received immunisation, 56.5% children received health check-ups, 51% of the children went for

preschool, 59.7% of the children were weighed and 82.1% of mothers received counselling from an AWC after children were weighed.

It can be established from the NFHS-5 data that the POSHAN Abhiyaan and nutritional services were in place during the pandemic period. Although, the percentage of service provisions differ between States/UTs but all States and Union Territories have adapted need-based policy measures and innovations to provide necessary services of supplementary nutrition, immunisation, health check-ups, childhood care and counselling to the pregnant and lactating mothers.

Table 4: Percentage of living children under age 6 years who have received any service from an AWC in the 12 months preceding the survey, percentage who received specific services from an AWC in the 12 months preceding the survey, and among children age 0-59 months who were weighed at an AWC in the 12 months preceding the survey, percentage whose mothers received counselling from an AWC after the child was weighed, by States/UTs (2019-21).

State/Union Territory	Percentage of children age 0-71 months who received any service	Percentage of children under age 6 years who:					Percentage whose mothers received counselling from an AWC after child was weighed
		Received food supplements ¹	Received immunisation	Received health check-ups	Went for early childhood care/preschool ²	Were weighed ³	
Andaman & Nicobar Islands	50.5	48.8	21.3	42.8	40.4	51.5	45.3
Andhra Pradesh	78.3	75.6	64.6	72.5	61.9	75.9	84.3
Arunachal Pradesh	36.4	34.7	17.2	23.6	27.5	24.4	58.4
Assam	67.2	65.3	34.9	56.2	53.9	51.9	59.5
Bihar	54	41.3	45.3	34	39.3	35.2	88.5
Chandigarh	59.7	56.3	39.5	50.5	32.8	51.9	72.1
Chhattisgarh	80.1	78.1	67.3	74.3	64.6	79.1	86.9
Dadra & Nagar Haveli and Daman & Diu (DNH & DD)	69.1	63.8	60.3	65.2	59.2	67.9	89
Delhi	55.5	46.4	40.6	41.5	38.1	46.8	76.9
Goa	70.3	66.3	39.8	58.4	44.8	65.5	61.3
Gujarat	68.6	65.7	59.6	64.7	57.7	68.8	88.9
Haryana	68.7	63.2	53.7	59.4	43.4	64.6	82.7
Himachal Pradesh	73.1	70.7	30.2	60.8	39.3	68	43.6
Jammu & Kashmir	49	48.4	26	39	41.7	40.9	59.5
Jharkhand	65.9	59.5	54.9	52.3	44	56.6	87.3
Karnataka	81.4	77.3	71.7	74.8	69	76.5	90.9
Kerala	56.6	52.7	24	42.2	31.9	51.1	44.7
Ladakh	61.7	60.9	44	53.9	58.4	57.3	71.4
Lakshadweep	50.9	48.9	13.6	37.9	32.3	43.1	29.1
Madhya Pradesh	80.8	75.9	68.5	72.8	63.4	77.8	87.5
Maharashtra	56.5	53.5	43.3	49.8	48.9	53.9	79.4

Manipur	42	40.9	16.3	10.1	15.5	8.7	58.7
Meghalaya	60.1	58.7	26	43	35.7	48.9	48.2
Mizoram	65.4	64.2	27.5	48.8	57.1	61.5	42.9
Nagaland	58.6	57.7	14.1	15.1	15.2	23.4	35.6
Odisha	89	86.5	75.8	82.6	74	87.6	88.1
Puducherry	63.8	60.9	45.6	57.2	35.1	61	76.1
Punjab	52.5	48	37.5	38	35.5	40.4	79.2
Rajasthan	59.5	50.4	49.4	46.8	37.7	50.1	86.9
Sikkim	63.5	61.1	41.7	52	45.2	61.7	69.6
Tamil Nadu	76.2	73.7	61.4	69.5	58.8	72.8	83.5
Telangana	71.7	69	59	64.1	53.2	70.8	84
Tripura	72.9	70.1	42.6	53.4	62.6	59	62.9
Uttar Pradesh	67.5	61.8	57.9	56.6	46.3	57.6	88.3
Uttarakhand	69.8	67	52.5	58.8	35.5	68.2	78.6
West Bengal	79.2	77.3	44.2	66.5	70.7	72.6	58.8
India	67.5	62.1	53.2	56.5	51	59.7	82.1

1. Supplementary food includes both food cooked and served at an AWC on a daily basis or given in the form of take home rations

2. Children age 36-71 months

3. Children age 0-59 months

Source: National Family Health Survey (NFHS-5), 2019-21. India Report. Pages 369-370.

Conclusion

To sum up, it can be stated that policy innovations were adopted by most of the States and Union Territories during the lockdown period for continuity of services of supplementary nutrition and additional foods, immunisation, growth monitoring, community based events, counselling services and preschool education under the POSHAN Abhiyaan at the ICDS level. The innovations approaches varied from providing dry rations, jaggery and special local preparations for supplementary nutrition; random sampling and home-visits for SAM children; staggered approach and home-visits for community based events; WhatsApp based broadcast system- POSHAN vani for counselling; and virtual classes, phone based learning and use of local TV channels for preschool education. On the basis of the data, it can be stated that some States/UTs performed better than the others in providing services under the POSHAN Abhiyaan may be due to varied factors during the lockdown like restriction in movement, disruption in food distribution system, hesitant of the AWWs/FLWs to get exposed to Covid-19 infection etc. Finally, it is concluded that all stakeholders and frontline workers facing although the pandemic challenges continued providing package of health and nutrition services under the POSHAN Abhiyaan at the ICDS level by adopting innovations and best practices.

Notes

1. The Fourth Progress Report on POSHAN Abhiyaan assesses the progress of POSHAN Abhiyaan implementation and analysed the impact of the COVID-19 pandemic on nutrition and health services. The Report provides insights on service delivery restorations, adaptations and other related needs across India as well as presents key recommendations to deepen country's efforts in tackling malnutrition, especially in the context of COVID-19 along with it highlights five key lessons learned by the implementation of POSHAN Abhiyaan over the last three years, including following the onset of the coronavirus pandemic.
2. The National Family Health Survey 2019-21 (NFHS-5) is fifth in the NFHS series and provides data on population, health, and nutrition for India, States, Union Territories, and 707 districts. The primary objective of the NFHS is to provide essential data on health and family welfare; data on emerging health issues such as levels of fertility, infant and child mortality, maternal and child health, and other health and family welfare indicators. The NFHS data is intended to assist policymakers and programme managers in setting benchmarks and examining progress over time in the health sector of India.
3. The Sustainable Development Goals (SDGs), also referred to as the Global Goals, were enacted by the United Nations in the year 2015 as a global call to take measures to eradicate poverty, safeguard the environment, and guarantee that by the year 2030, peace and prosperity will be experienced by all. The 17 SDGs recognise that development must balance social, economic, and environmental sustainability and that actions in one area will have an impact on results in others. The 17 SDGs are: Goal 1: No Poverty; Goal 2: Zero Hunger; Goal 3: Good Health and Well Being; Goal 4: Quality Education; Goal 5: Gender Equality; Goal 6: Clean Water and Sanitation; Goal 7: Affordable and Clean Energy; Goal 8: Decent Work and Economic Growth; Goal 9: Industry, Innovation and Infrastructure; Goal 10: Reduced Inequalities; Goal 11: Sustainable Cities and Communities; Goal 12: Sustainable Consumption and Production; Goal 13: Climate Action; Goal 14: Life Below Water; Goal 15: Life on Land; Goal 16: Peace, Justice and Strong Institutions; and Goal 17: Partnership for the Goals.

