

NEED ASSESSMENT IN COMMUNITY DURING COVID-19 EPIDEMIC

EXECUTIVE SUMMARY:

The Need assessment analysis aims to provide an overview of the impact of ongoing COVID-19 emergency mothers and their family's wellbeing. Foundation for Mother and Child Health (FMCH) is currently working in two communities of Mumbai- Kurla and Bhiwandi with pregnant mothers and children up to 2 years of age. These projects focus on encouraging preventive health, balanced nutrition and child developmental practices during 1st 1000 days of life. Household in these community have unsustainable livelihood dependency and are anticipated to have severe impacts on the basic needs.

Need assessment was done in these communities with the primary goal of identifying the persistent need of the community. The results of this assessment showed *most significant impact on food security and nutrition support followed by health and basic assistance required in primary health care and on the financial stability of the primary earning member of the family*. Lack of employment has affected the purchasing power of essential goods and also developed a state of fear and anxiety about financial stability in future. The Key finding of the assessment includes 64% families facing financial complication 40% families stated an emotional shift towards stress and anxiety in house thereby affecting their mental health and 39% families have food insecurities which has led to major impact on health and nutrition. The most affected target groups in these communities are the pregnant mothers who have limited access to health services for their ante-natal check-ups and hospital delivery. Food and health services specifically to the pregnant mother are the most pressing needs of the community in the current situation

INTRODUCTION

30 January 2020 reported as the first day when COVID-19 case was identified in India. With increase in the cases of this wide spread illness, the outbreak has spread in more than a dozen states and union territories.

On 24th March Government of India had declared the phase 1 of lockdown in order to control the spread of this virus. From that day onwards the impact of the coronavirus pandemic is turning lives upside down across the world. Several communities with families below the poverty line are being most affected by this crisis, they have limited access to healthcare services, many families have lost their jobs and adjusting in minimum resources. There has been a great impact on the availability and access of food, one of the basic components required for the wellbeing.

Our work in the urban slum of Bhiwandi and Kurla have moved to a remote delivery mechanism. Several activities like phone follow up, WhatsApp group with different target groups, referral services for high risk cases and food distribution are ongoing under 1st 1000 Days health and Nutrition program. In order to further assess the need of community during this crisis a need assessment was conducted in these two communities with 59 mothers, asking them about the status of their families.

OBJECTIVES:

- To understand the impact, mothers and their families are facing during the COVID-19 crisis.
- To assess the need of the community and individual target groups (pregnant, lactating and mother of children) during and post the pandemic to overcome the changing and uncertain situations.

Data was obtained by conducting telephonic interviews with FMCH beneficiaries in two project areas- *Kurla Poshan Initiative, Jarimari Kurla and Bhiwandi*

Need Assessment questionnaire was designed to measure the discrepancy between current condition and required need of the community in order to plan appropriate intervention strategies as per the need of community.

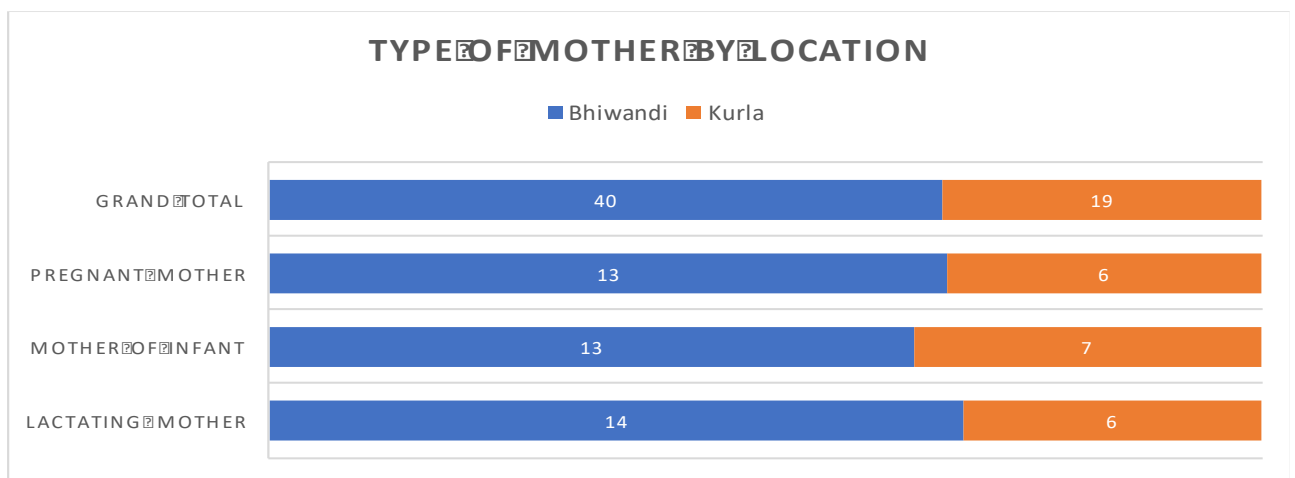
Categories of question included:

1. Understanding the emotional shift during Lockdown
2. Knowledge of Community/respondent on COVID-19 infectious disease
3. Impact of Nutrition during the lockdown

4. Assess of the community to primary health services
5. Economic condition of the families
6. Expectations and need of the families during and post lockdown
7. Existing resources in terms of help that the families have access to

DEMOGRAPHIC INFORMATION:

The types of mothers in the survey included mothers who are pregnant, lactating and mother of children between the age of 6 and 24 months.



We also ensured a good mix of religions proportionate to the population. Following is the analysis of the data collected.

A) UNDERSTANDING THE EMOTIONAL SHIFT DURING LOCKDOWN

- I. The most common problems stated by families included **financial problem** as many earning members of the family are daily wage earners. Even those members who work in companies were not given salary. Lack of money led to adjustments in buying food, taking loan from friends, neighbours and relatives. This also has direct effect on the mental health as families are scared of losing job permanently.
- II. **Second problem was food insecurities-** Some families are having difficult time in consuming even one proper meal a day. If there is any food distribution in the area the quality of food is not good
- III. Along with financial and food insecurity families are also facing difficulties to **access health care** at the nearby health facility. Pregnant women are worried about reaching the health facility for their delivery. If children have general fever, cold or cough there is an addition burden of buying medicines

Challenge Area	Details	%age Mothers who mentioned this
All okay		10%
Financial Issues	No income	64%
Mental health – stress, anxiety	Staying home, too many people at home, not able to celebrate festivals, too much home work	41%
Food/Ration	No money to buy	39%
System issues	Medicines, hospitals, police	19%
Fear of the virus		8%

Most of the families have a regular day. Time passes in doing household chores. Due to Ramzan time schedule has changed. For some mothers with more family members the workload has increased. Mothers also said that they are able to spend time with children. Some families do spend time playing mobile games and doing fun activities with everyone.

B) KNOWLEDGE OF COMMUNITY/RESPONDENT ON COVID-19 INFECTIOUS DISEASE

Information on COVID-19	
Partially informed	27
Well informed	29
Not Informed	1

It has been observed that around 50 % of the beneficiaries are well informed about the COVID-19 disease. They were able to tell how it spreads, sign and symptoms what care needs to be take, what should be avoided, what to do if somebody has fever.

C) IMPACT OF NUTRITION DURING THE LOCKDOWN

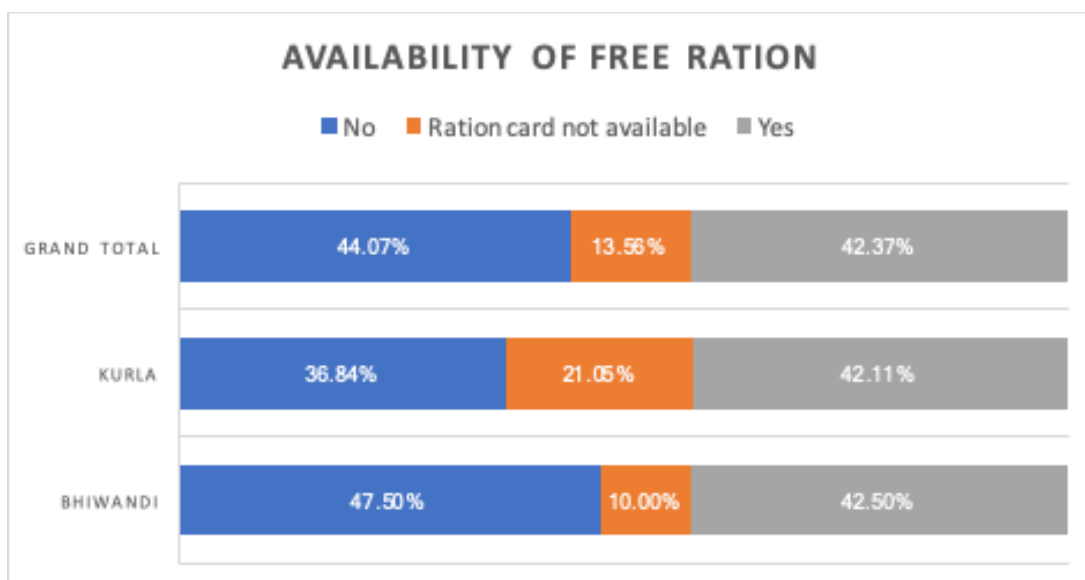
Impact of nutrition was assessed by understanding access of the families to food from ration stores (under PDS) which provides free rice, wheat, dal sugar and oil. But families can have access to these foods only if they have a ration card of that area. If families do not have ration card from where are they purchasing their grocery from? In order to understand whether there has been a shift in the diet diversity of the families the respondents were also asked about common food groups that they are consuming during the lockdown.

a) Availability of ration store (under PDS)

Ration stores under Public Distribution System are open in most of the areas. But the access and availability of food was found to be limited. 52% Beneficiaries have access to ration store but they receive limited food items mostly dal rice and wheat. 48% do not access to ration store as they don't have ration card and are buying grocery from nearby store or asking help from neighbours.

Under the Corona schemes, the grain given by the government is 5 kg of rice and 5kg of wheat or 10kg of either. The reasons said by those who said they did not receive the ration vary from saying that they don't have a card to the ration shop being rude, them not taking the ration from the ration shop due to poor quality.

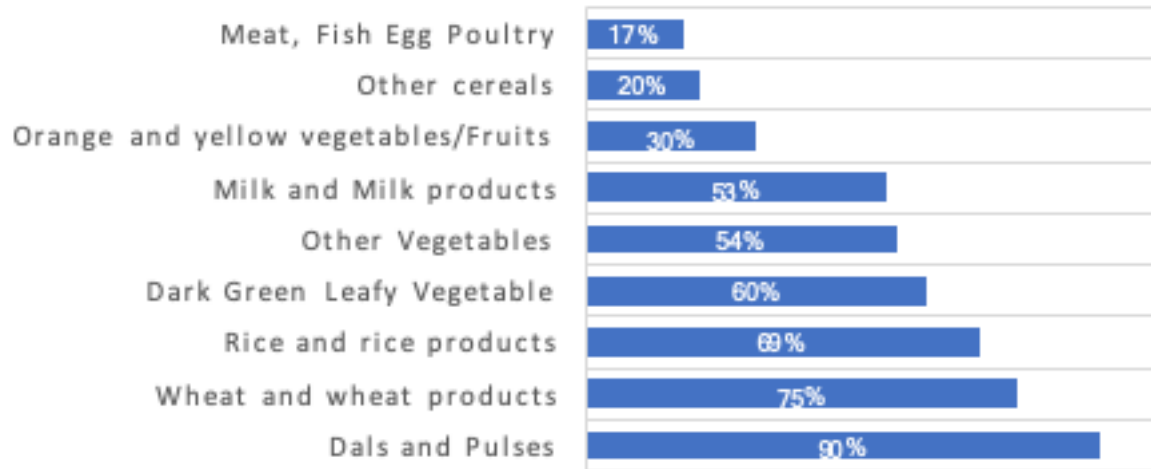
Only the very poor avail the services of the free ration.



b) Purchase of different food groups

Wheat and wheat products: wheat flour, semolina (rava), vermicelli (sevai), dalia	20% families are not able to buy cereals. 80% families said they are able to buy wheat and rice. Other cereals like semolina, broken wheat etc are no been purchased. Wheat is primarily purchased to prepare chapatis
Rice, poha	Families are able to purchase rice as it is affordable and easily available at ration stores or other general stores
Other cereals: Jowhar, Bajra, Nachni,etc	35 families not able to purchase. Variety of cereals in the diet has decreased during the lockdown
Dals and Pulses	4 families are finding it difficult to purchase dals and pulses. They are managing it on daily basis by asking help from others
Meat, Fish Egg Poultry	51% families have stopped consuming Meat and meat products as they cannot afford it during lockdown. 49% of the families are able to purchase non veg food but the quantity of consumption has decreased. Adjusting in the budget
Milk and Milk products	30% families are not buying Milk and Milk products. 70% families purchase milk in very less quantity only to prepare tea
Dark Green Leafy Vegetable	27% families cannot afford to buy green leafy vegetables. Those families who are buying DGLV only purchase 2-3 times in a week
Orange and yellow vegetables	42% families not able to buy any Vitamin A rich food (Protective food group)
Other Vegetables	30% families not buying other vegetables too

WHAT IS BEING BOUGHT MOST AND LEAST?

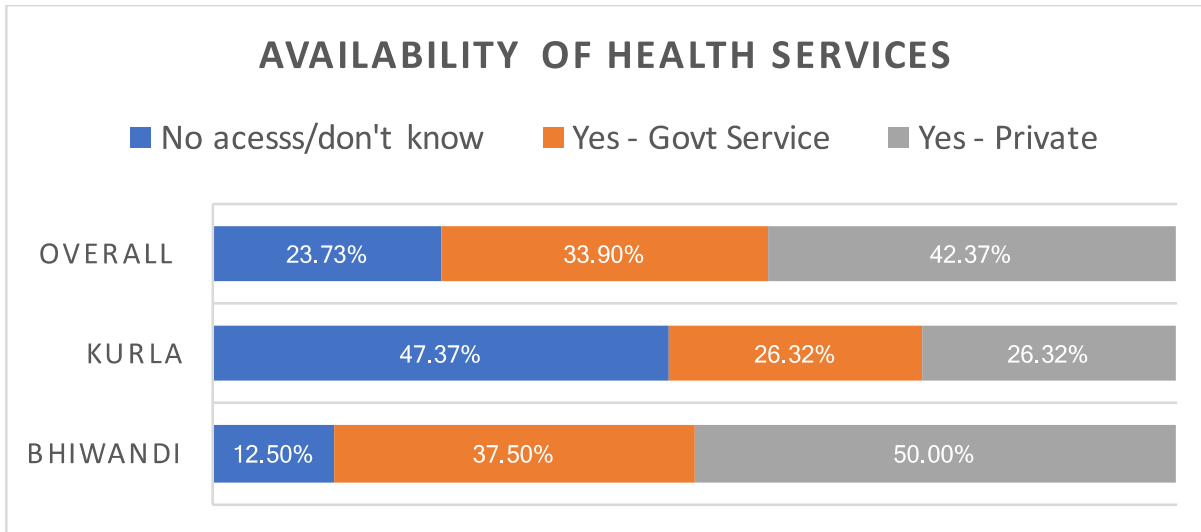


Overall: There has been a change in the dietary diversity of the families in the community. Families are consuming a monotonous diet primarily of cereal and pulses. Consumption of fruits, vegetables, milk and milk product and meat, fish, egg poultry has decreased drastically. There have been two types main types of impact on the food: quantity and diversity.

D) ACCESS TO PRIMARY HEALTH CARE SERVICES

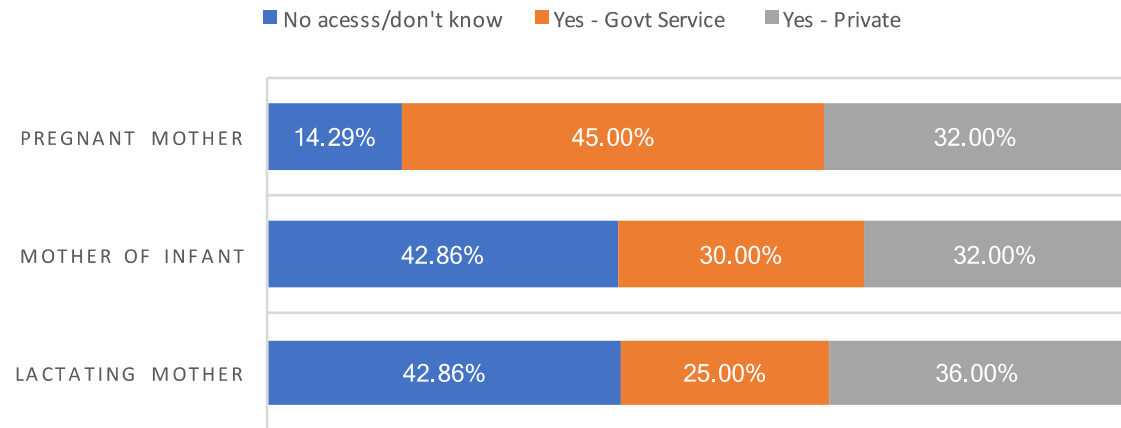
The graph given below indicates the access to primary health services by families. 34% have access to the government health facility. 42% are not having access to government health facility or they prefer to go to the private hospitals and local clinics in case of emergency.

Higher percentage of not having access or not knowing where to avail/go was recorded from Kurla area.



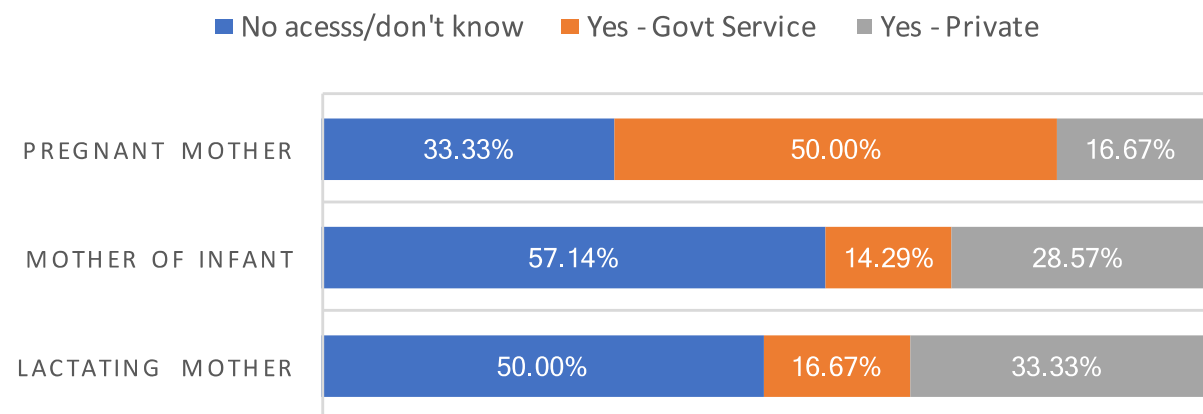
One of the major impacts of lack of primary health services was the on Antenatal Check-Ups of the pregnant women. Many health services have been affected during this outbreak and pregnant women are among the worst that are currently been affected. Pregnant women stated that they do not have access to the health services and are not going regularly for their ANC Check-ups. Reason being, there are only 2 hospitals in Bhiwandi. There is a great difference in the ratio of population and health services available in this area. Along with this reason travelling to these hospitals was also difficult due to lack of transport services. Hiring private transport services was not affordable by many families. All these reasons led to increase in home deliveries in Bhiwandi area. Primary Health care services are largely resilient during the lockdown period.

ACCESS TO SERVICES BY TYPE OF MOTHER

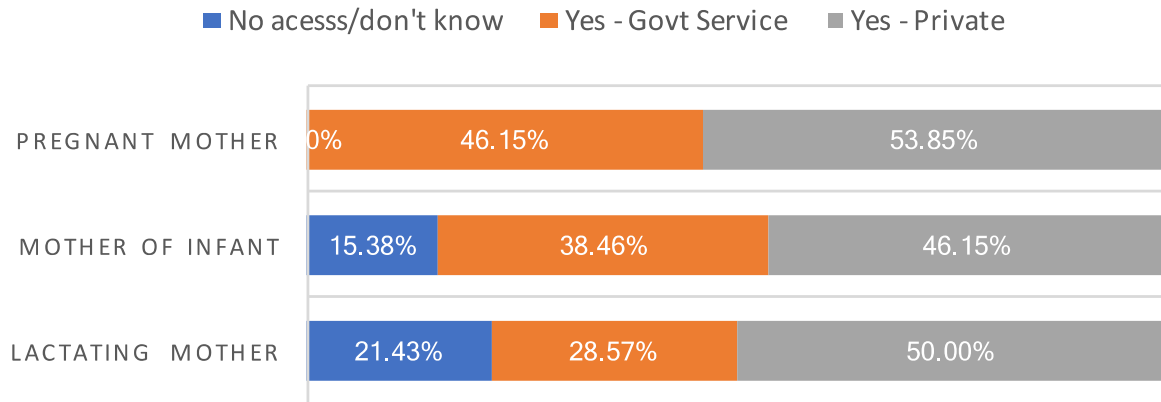


Similar decline in access to health care services was observed in Kurla. But no cases of home deliveries have been reported. Families are finding it difficult to reach higher health care facilities in case of emergencies. Pregnant mothers are not able to do sonography in higher health facilities as they have to pay extra for the test.

ACCESS TO SERVICES BY TYPE OF MOTHER IN KURLA

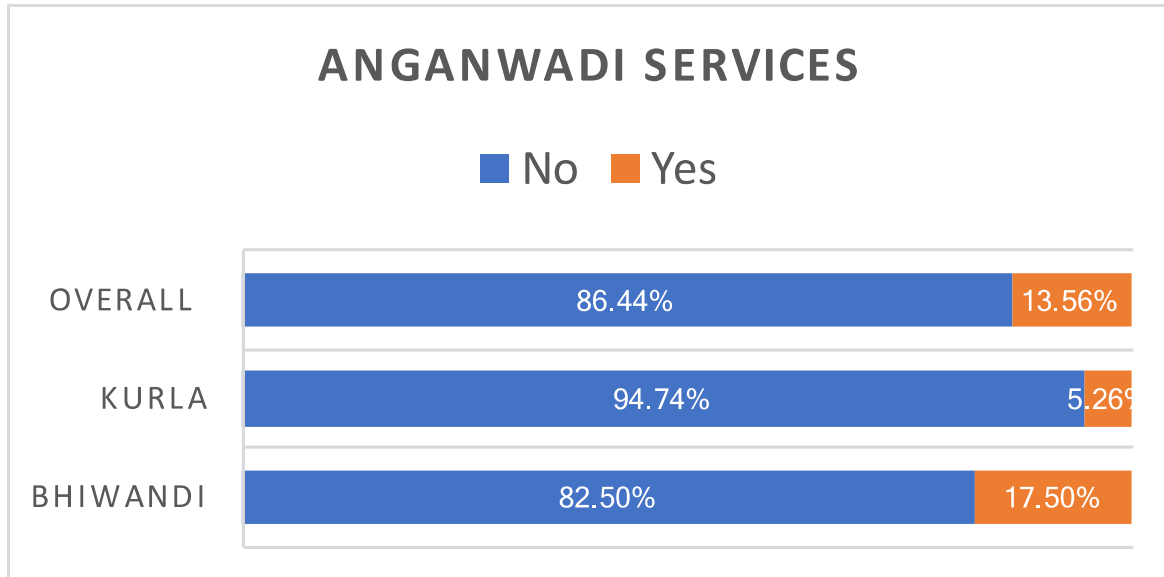


ACCESS TO SERVICES BY TYPE OF MOTHER IN BHIWANDI



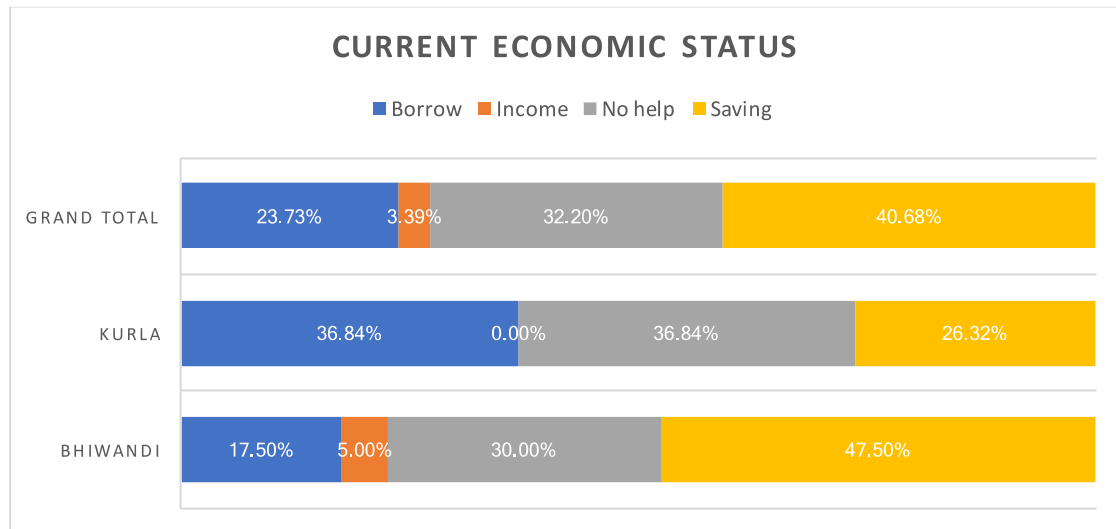
Future interventions should focus on providing support for high-risk cases. Strategies for strengthening the government health system or minimizing the case load at health post might be required in the wake of these findings.

One of the other areas where there were issues is the Anganwadi services, as seen below:



E) ECONOMIC CONDITION OF THE FAMILIES:

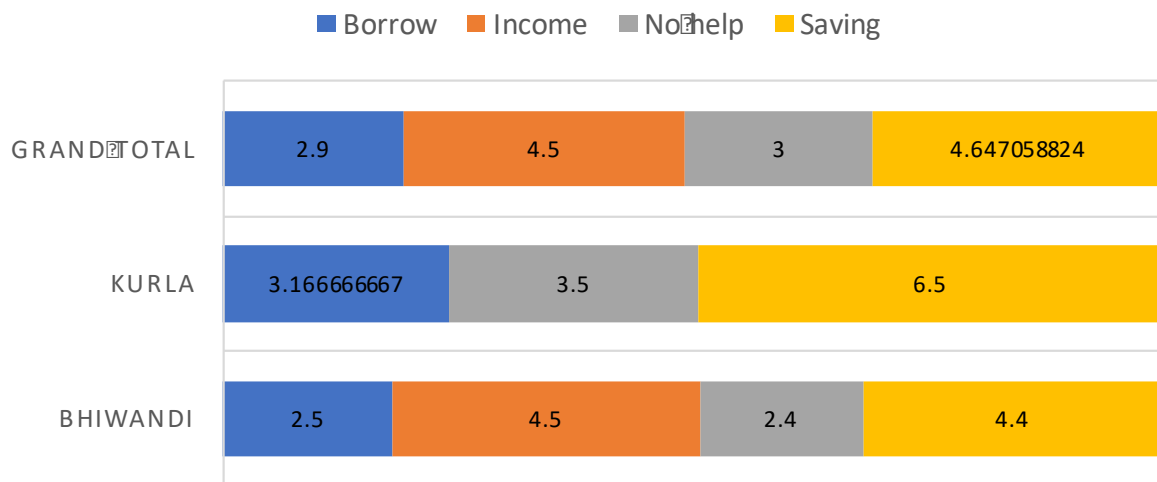
Families were asked about economic condition of the house and how are the managing this problem.



As seen in the above graph only 3% families have source of income during lockdown where as 40% families currently have no source of income and are adjusting in the savings from past. 27% families do not have any form of savings and they have to borrow money from family and friends to cover basic needs. Those who are using savings and are borrowing money also include majority of respondents that have lost jobs and are now unemployed. Unemployment has definitely affected the purchasing power of basic needs and also has affected mental health of the family members.

One of the observations as shown below is that families/mothers that have saved are able to afford more diverse food even in the time of pandemic. This presents a strong link between the social determinant of financial literacy and better nutrition. Interventions on how to make food choices in limited financial resources can be designed to educate mothers on healthy food choices even during such situations.

CURRENT INCOME SOURCE VERSUS NUMBER OF FOOD GROUPS

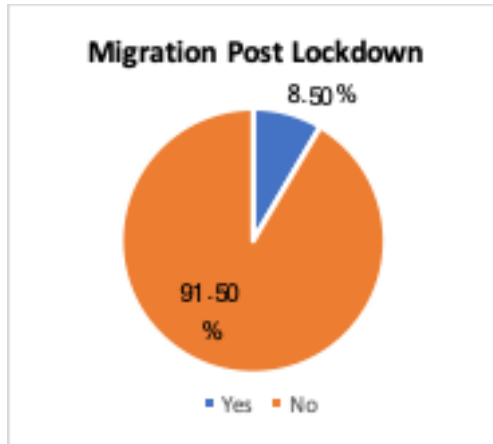


Those with savings have been able to afford more diverse meals even in this time.

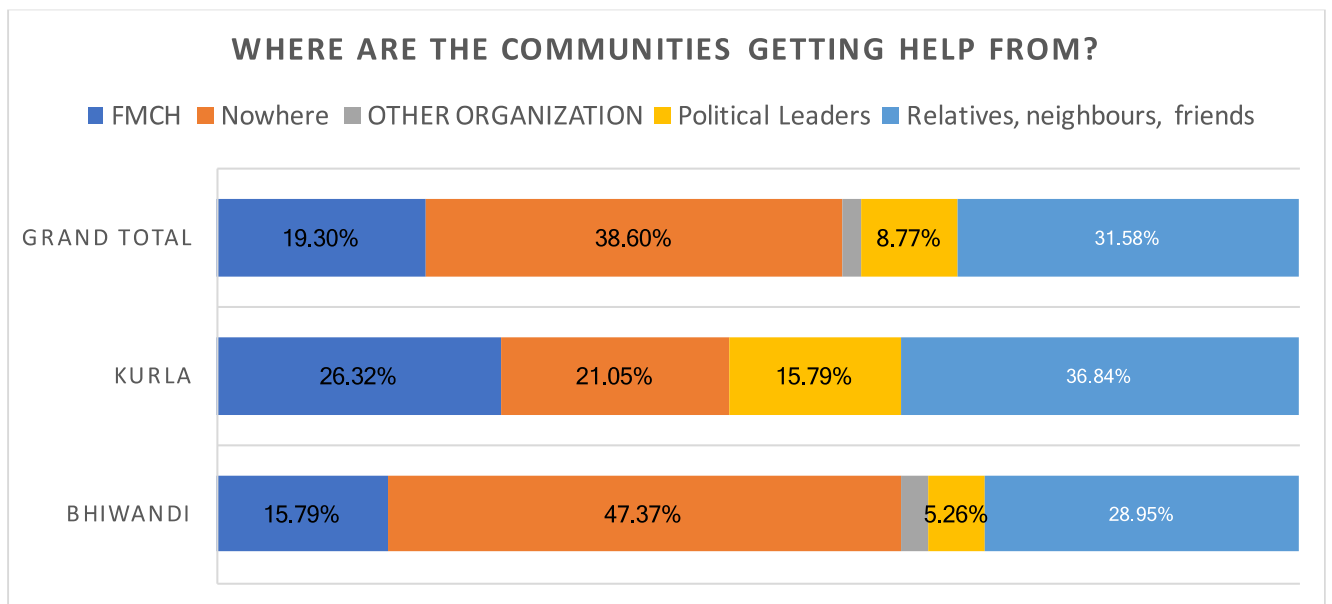
F) EXPECTATIONS AND NEED OF THE FAMILIES DURING AND POST LOCKDOWN

If you could look into the future, what can you see?	
Nothing	13
We want CORONA to go forever and Lockdown should finish	14
We want the future to be better	6
Want their Jobs backs, start new job, go back to jo and are also thinking of savings	12
Maintain social distancing	1
Worst situation in future- repaying loan etc	4
safe delivery and healthy baby better health facilities	2

G) POSSIBILITY OF MIGRATION POST LOCKDOWN

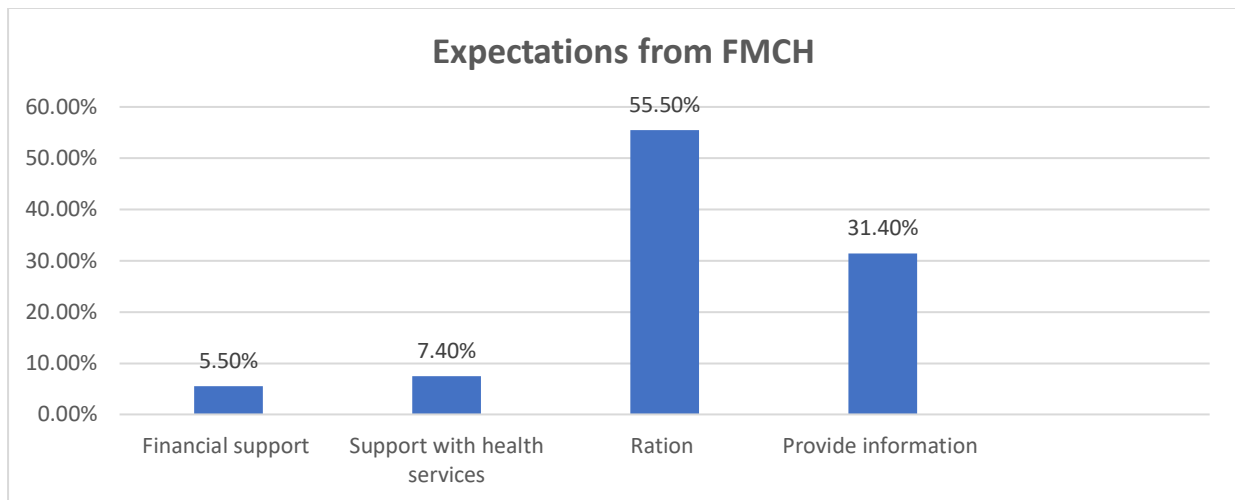


Families were asked whether they will migrate permanently to their village post lockdown. 91.5% respondents said that they will not be migrating to their village. There might be a seasonal migration but not a permanent one.



38.6% families are not receiving any help in the current situation. 40% families are receiving help from relatives, neighbours and friends. 19.30% families said they are receiving help from FMCH.

H) WHAT ARE YOUR EXPECTATIONS FROM FMCH?



The above graph indicates the responses on expectation of families from FMCH. As seen above maximum families mentioned requirement for food. Along with this higher response have also come for providing information. FMCH has been providing information on health and nutrition for target groups of 1st 1000 days. Sharing of these messages is done on phone calls and WhatsApp. We have received positive responses over these interventions and will continue to provide updated information henceforth.

CONCLUSION

- In the midst of this crisis there is a greater need for food resources – and nutrients in both the communities.
- Strategies to support access to the health facilities to minimize the case load at the hospitals.
- Emergency cash assistance is required for vulnerable households that are not able to cover their basic needs such as rent, food and medicine
- More information on health, nutrition and care during COVID-19 crisis need to be delivered to prevent the spread of disease and maintain basic health for wellbeing
- Financial literacy as a part of the nutrition module would help the caregivers plan for a situation like this in the future.