

India's Policy Response to COVID-19 and the Gendered Impact on Urban Informal Workers in Delhi NCR

Study by The Quantum Hub and ICRW

Thematic Brief 5

Policy Responses and
Impact on Sexual and
Reproductive Health



Sneha Pillai, Sonakshi Chaudhry, Rohan Barad, Nilanjana Sengupta,
Sneha Sharma, Sharmishtha Nanda, Aparajita Bharti

Published as part of a larger ongoing research study Rebuild:
COVID-19 and Women in Informal Economy in Kenya, Uganda and India

Suggested Citation

Pillai , S., Chaudhry, S., Barad, R., Sengupta , N., Sharma, S., Nanda , S., & Bharti, A. (2022). India's Policy Response to COVID-19 and the Gendered Impact on Urban Informal Workers in Delhi NCR : A Policy Landscaping by The Quantum Hub and ICRW (Asia). New Delhi The Quantum Hub - International Center for Research on Women.

Publication Rights

The learnings documented in this publication were collated as part of a three-country research study undertaken by ICRW Asia, REBUILD: COVID-19 & Women in the Informal Economy in Kenya, Uganda & India, with the support of the Bill & Melinda Gates Foundation and the International Development Research Centre. The facts and information in this report may be reproduced/quoted/cited only for non-commercial use and with appropriate attribution.

Sexual and Reproductive Health Services (SRH)

With the immediate impact of the pandemic on the healthcare sector, medical centres across the country were burdened by the need to respond to the emergency health contours, resulting in tremendous pressure on hospitals. An oxygen crisis, particularly in NCR, created a greater chasm between the Centre and certain states like Delhi; with the country's judiciary stepping in at both the High Court and Supreme Court levels to mediate.^{1,2} In the face of rising COVID-19 fatalities, the discussion around Sexual and Reproductive Health and Rights (SRHR) receded into the background.

In both waves, issues such as disrupted supply of over the counter (OTC) medicines, restricted footfall at chemists and general stores, fear of COVID-19, and limited access to non-COVID-19 healthcare further impacted SRH services across the country, with reports of a dip in institutional deliveries even in urban centres like Delhi emerging during this time.³ Not only were OTCs difficult to find within India but the country also limited the export of 26 pharmaceutical ingredients and medicines during this time. One among these was progesterone, which is used in contraceptive pills and IUDs.



1 Dash, D. (29 Aug, 2021). *With 29,000 transactions, Delhi tops in ration offtake by migrants from other states/UTs*. Times of India.

2 Vaidyanathan (23 April, 2021). *People dying due to lack of oxygen, why can't TN govt take over Vedanta's unit to produce it?* Supreme Court. Economic Times

3 Singh, P. (26 Feb, 2021). *Delhi: Why surge in births at home is a worry*. Times of India

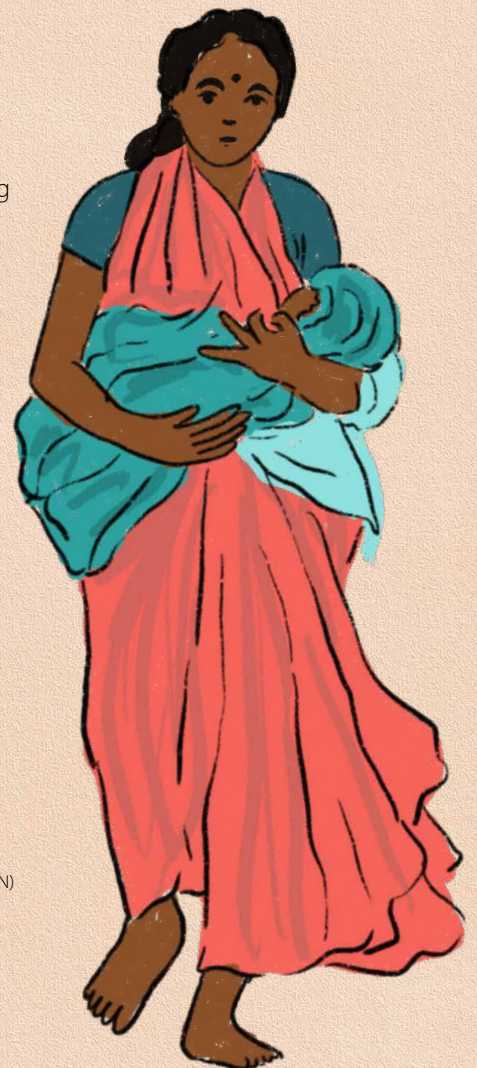
Somanchi, A. (2020). *Covid-19 relief: Are women Jan Dhan accounts the right choice for cash transfers*, Ideas for India.

For pregnant women, the pandemic had its own challenges. While several conversations in the public domain centred around COVID-19 vaccines for pregnant women but routine antenatal care and postnatal care seemingly took a backseat. ICMR released guidelines around the care of pregnant women, emphasizing that routine processes should be reduced but check ups be maintained for certain periods during gestation and in cases of emergency.⁴ The guidelines also recommended that women who had delayed an appointment by more than three weeks were to be contacted by healthcare providers. Adequate nutrition is critical to pregnancy care and iron supplements are an essential component. While there are stories from certain states suggesting that Anganwadi workers were able to support women with these needs, experts also suggest that the coverage of these practices was patchy.⁵

In terms of access to abortion procedures, despite it being legal in certain circumstances under Indian law,⁶ there is still a great deal of information asymmetry among service providers ranging from health centre functionaries to compounders and chemists. During the lockdown, it is expected that women would have been impacted deeply by the lack of access to safe abortion services. Research from the Guttmacher Institute⁷ also suggests that in Lower- and Middle-Income Countries (LMICs), this was likely to lead to rise in unsafe abortions. Both the waves of pandemic have shown similar impact on health services, with essential SRH services being disrupted, along with this second wave also saw a rise in reported cases of women impacted by COVID-19.⁸

Policy Response

In April 2020, MOHFW released a note⁹ identifying 'essential' services during the pandemic that included reproductive, maternal, new-born, and child health. This was followed up by a second, detailed note¹⁰ on the Reproductive, Maternal, New-born, Child, Adolescent Health services during & post COVID-19 pandemic. While these two notes provided comprehensive guidelines including regarding telemedicine, there was an ambiguity in its deployment, particularly with medical abortion drugs (a combi-pack of Mifepristone and Misoprostol). The guidelines did not either make room for or explicitly prohibit the prescription of these drugs.¹¹



4 Ministry of Health & Family Welfare, Government of India (2021) *Provision of Reproductive, Maternal, New-born, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during & post COVID-19 pandemic*.

5 Source: KII with expert

6 The Act has been amended as of 2021, with the latest details available here.

7 Guttmacher Institute (July 2020) *Unintended Pregnancy and Abortion Worldwide*

8 Pandharipande, N. (12 June, 2021). *Overburdened ASHA workers, lack of access to contraceptives: How COVID-19 impacted family planning services across India*. Firstpost.

9 "Enabling Delivery of Essential Health Services during the COVID 19 Outbreak."

10 "Provision of Reproductive, Maternal, New-born, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during and Post COVID-19 pandemic"

11 Jain, D; Diwan, A; Kartik, K; and Saraf J. (2021) *Legal Barriers To Abortion Access During The Covid-19 Pandemic In India*, Centre for Justice, Law and Society (CJLS) Jindal Global Law School

During the 2nd wave in April 2021, the National Commission for Women (NCW) also started a helpline for pregnant women, which received 648 calls in its first 20 days. Most importantly, however, primary health care centres remained dedicated to COVID-19 care, and in the hierarchy of health needs, sexual and reproductive health remained low. Women informal workers were marginalized and neglected owing to still further limited access (both digital as well as physical) than those with greater advantages.¹²

Analysing Policy Responses

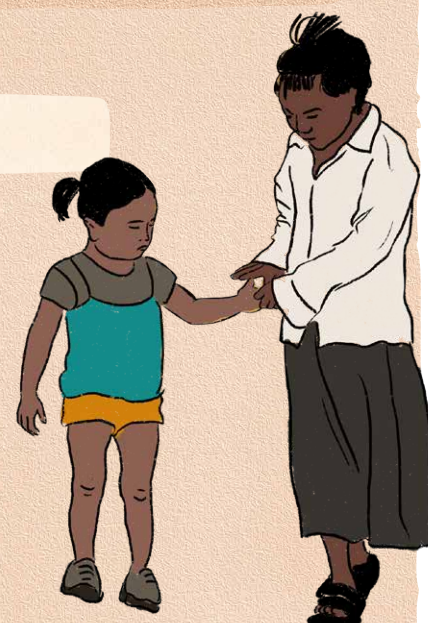
To study the overall impact of responses addressing risks of health insecurity, we have looked at four policy announcements and schemes. The first two are the MoHFW advisories on "Enabling Delivery of Essential Health Services during the COVID-19 Outbreak" and "Provision of RMNCAH+N services during & post COVID-19 pandemic," that have been clubbed together for the purposes of an outcome analysis. The remaining two are the central Ayushman Bharat-PMJAY Scheme (functional in the other states in the NCR, apart from Delhi), and the Delhi Government's Aam Aadmi Mohalla Clinics (AAMCs).

Policy Response	Effectiveness	Unintended effects	Equitable access	Cost	Feasibility (institutional capacity)	Acceptance	Informal/ alternative mechanisms
MoHFW Advisories referencing SRHR	-	0	-	-	0	0	+
AB-PMJAY	-	-	+	+	0*	0	+
AAMC	-	-	+	+	+	-	+

(Key: '-': Negative impact or outcome, '0': Neutral impact or outcome; '+': Positive impact or outcome; 0*: impact varied across states)

Effectiveness

Despite the MoHFW advisories on ensuring essential services like reproductive, maternal, new-born, and child health, service delivery in these areas remained minimal, as they were relegated in the COVID crisis. Certain initiatives were resumed when lockdowns were partially lifted. For instance, the UP government put out guidelines for door-to-door distribution of condoms and birth control pills towards the end of May 2020.



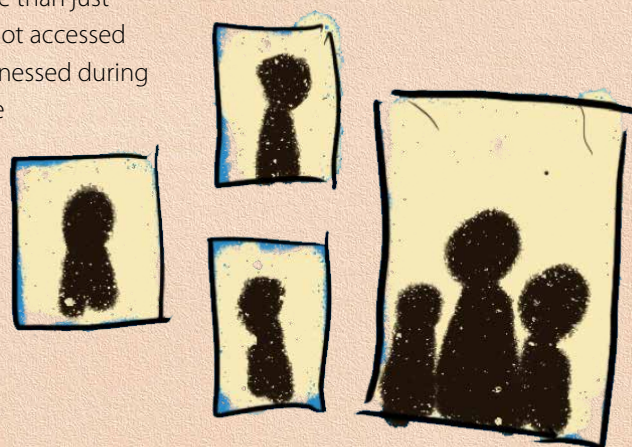
12 Source: KII with expert *reflective of mixed reporting on the subject, in this case

For AB-PMJAY, the Economic Survey of India 2020-2021 highlights that the states that implemented the scheme saw improved family planning indicators. Yet the states that did not adopt the scheme actually showed a much higher improvement in delivery care indicators i.e. **institutional births, institutional births in public facility, and home births**.¹³ Additionally, despite its deployment across the country, the scheme is not being implemented in Delhi, a major urban hub in India. Interestingly, there have also been announcements of supplementary schemes in other states ; Haryana, for instance, announced a COVID-19 healthcare insurance scheme for BPL patients “who are not covered under Ayushman Bharat Scheme,” which calls into question the targeting mechanism of AB-PMJAY.¹⁴ Government data also suggests that as of July 2021, the number of authorized hospital admissions under the AB-PMJAY scheme was at 290,815. Rajasthan also rolled out the Chiranjeevi Yojana, another state health insurance scheme.

As mentioned previously, Delhi is not yet implementing the centrally sponsored AB-PMJAY scheme despite reports of a 2020 announcement of an intent to do so by the Deputy CM Sh. Manish Sisodia.¹⁵ The Delhi Government’s Health Department runs Aam Aadmi Mohalla Clinics, which make reference to “antenatal and postnatal care of pregnant women.” The scheme’s implementation saw some critique during the pandemic, with its coverage and efficacy being questioned.¹⁶ In June 2021, the Mohalla clinics came under fire from the Delhi High Court.¹⁷ A bench of justices Vipin Sanghi and Rekha Palli suggested that it was “a waste of resources,” if the clinics were not being used. This came in response to the government’s submission that the clinics could not handle “serious patients,” because they are small, single entry and exit facilities meant for community services. There has also reportedly been a lack of antenatal services despite the scheme outline.¹⁸

Unintended Consequences

Under the AB-PMJAY, an RTI response revealed that private healthcare admissions greatly outnumbered public ones.¹⁹ In certain states like Kerala, with robust public hospitals this was not the case, but in others like Haryana and Uttar Pradesh, this can be indicative of more than just consumer preferences. If public healthcare infrastructure is not accessed then the incentive to strengthen it declines. As has been witnessed during the pandemic, public hospitals and community centres have been crucial in the fight against the coronavirus and ensuring a supply of uninterrupted services is vital.



13 Ministry of Finance, Government of India (2021b) *JAY Ho: Ayushman Bharat's Jan Arogya Yojana (JAY) and Health Outcomes*, Economic Survey of India 2020-2021, Chapter 9

14 The notification for the Haryana State COVID Support Programme can be found here.

15 Upadhyay, M. (23 Mar, 2020). *Delhi government to implement Ayushman Bharat Yojana, says Manish Sisodia*. LiveMint

16 Kumar, N. (5 Oct, 2020). *Mohalla clinics relegated in Delhi's battle against Covid-19 pandemic*. Business Standard

17 Upadhyay, M. (23 Mar, 2020). *Delhi government to implement Ayushman Bharat Yojana, says Manish Sisodia*. LiveMint

18 Tiwari, S. (7 Feb, 2020). *Aam Aadmi Mohalla Clinics: What Has Worked, What Hasn't*. IndiaSpend

19 Kumar, V. (6 Jun, 2021). *Most of Ayushman Bharat spend goes to private healthcare, reveals RTI*. The New Indian Express

Equitable Access

Considering the MoHFW advisories, access to elective clinical family planning services as well as contraceptives remained an issue for women across the country during the pandemic. According to a 2020 policy brief by Foundation for Reproductive Health Services (FRHS) India, projections estimate that between 24.55 and 27.18 million couples were not able to access contraception during 2020.²⁰ A study by the Population Foundation of India further revealed that in certain states (including UP and Rajasthan), young people reported a lack of access to sanitary pads, among other reproductive health products and services.²¹ In these cases, while there was access to supplies at district level, lack of public transport access for frontline workers hampered supply at block and village levels.

With respect to health insurance coverage, in June 2020, the National Health Authority announced that AB-PMJAY scheme benefits would be extended to migrant workers. Around 45 days after the announcement, government data suggested that 14.6 lakh migrant workers had availed benefits under the scheme.²² Women also accounted for 45% of the total authorized hospital admissions under the scheme between April 2020 and June 2021.²³ In a PIB press release²⁴ from July 2021, it was stated that beneficiaries under the AB-PMJAY scheme 'automatically' include certain marginalised groups like manual scavenger families and those who are destitute. Additionally, domestic workers, street vendors, home-based workers, and construction workers are also among the groups specified in the urban occupation-based criteria. As per a RTI filing, the private healthcare admissions greatly outnumbered public ones. While this does indicate a need to revamp public healthcare facilities, it also sheds light on the fact that the scheme has made private healthcare accessible for many who would not otherwise be able to avail it.

Delhi's AAMCs have been lauded for the access provided to beneficiaries. An article published in EPW found that accessibility for the scheme was impacted by proximity as 90% of AAMCs were closer to respondents' homes than other healthcare facilities and this helped over 57% choose to make the shift to AAMCs.²⁵



Cost

In the Union Budget 2021-2022, under Section B of Statement 13, i.e., the Gender Budget, the MoHFW made a gender budgetary allocation of Rs. 110 crore to 'contraception,' lower than the previous year's initial estimate of Rs. 120 crore.²⁶ Given the rise in reports of hampered access to contraceptives and other sexual and reproductive health products, this figure can perhaps be re-assessed to ensure greater coverage for family planning across the country.

20 FRHS (2020). *Impact of COVID 19 on India's Family Planning Program*. Policy Brief

21 Population Foundation of India Policy Brief (2020) *The Impact Of Covid-19 On Women*

22 Sridhar, G. N. (23 Jul, 2020). *Over 14.6 lakh migrant workers received free healthcare under Ayushman Bharat*. The Hindu Business Line

23 PTI, 2021

24 The release can be accessed here.

25 Sethi, A; Sharma P; Agrawal T; and Bhattacharya S (2020) *Delhi's Mohalla Clinics Hold the Potential to Significantly Improve Access to Quality Healthcare*, Economic and Political Weekly, Vol. 55, Issue No. 40

26 Ministry of Finance, Government of India (2021a). *Expenditure Budget 2020-21*.

The total allocation of the AB-PMJAY scheme in 2021-2022 is Rs. 6400 crore, unchanged from its initial allocation of the same amount in the year prior.²⁷ Of this, the gender budget 2021-2022 reflects an allocation of Rs. 1920 crore, indicating that 30% of the funds have been earmarked for women.

The Delhi Government announced a budgetary outlay of Rs 365 crore for Mohalla clinics in 2020. In 2021, a further allocation of the newly announced 'Mahila Mohalla Clinics' for women was made to the tune of Rs. 704 crore. Recognizing the stigma around women's health, the Deputy Chief Minister also mentioned that women tend to neglect their ailments and the services of gynaecologists and diagnostic tests across the city would help address these issues.²⁸

Institutional Capacity

An analysis of institutions from both formal actors such as MoHFW, state health departments, PHCs, hospitals, ASHA workers, Anganwadi workers, judiciary as well as informal actors including CSOs, volunteers, chemists, general stores, vigilante groups, unelected political actors was done.

According to a February 2021 Labour Committee report, some of the issues faced by the AB-PMJAY scheme include an insufficient database owing to the reliance of SECC 2011 information for determining eligible beneficiaries, issues of portability in states where the scheme was not being implemented, awareness among beneficiaries, as well as a lack of good hospitals in some states.²⁹ The insufficient database also further corroborates the issue of targeting discussed under the "effectiveness" bucket.

The Delhi Government's Outcome Budget in March 2021 reflected that against a target of 750, only 496 AAMCs have been established, with an indicator of 80% 'on track' reflected. With the Delhi government allocating nearly 13% of its budget to healthcare and the push for Mahila Mohalla Clinics, the institutional set-up for the implementation of sexual and reproductive healthcare for women seems to be underway.

Informal/Alternative Mechanisms

Efforts to address women's health, especially SRHR, were undertaken by several CSOs across the country. A KII with a stakeholder working in the wider NCR region revealed that while their organization aided those who needed abortions, they faced several instances where vigilante groups and government functionaries stopped women who stepped out for the procedure. In these instances, their team members had to either speak to these people, or send ambulances to fetch women from their homes, which were often very far from the healthcare centres.³⁰ Another expert revealed that their organization helped connect women who were denied services in a different part of the country with service providers that would be able to help.³¹

27 Ministry of Finance, Government of India (2021a). *Expenditure Budget 2020-21*.

28 Saxena, A. (10 Mar, 2021). *New initiative: Mahila mohalla clinics across Delhi*. Indian Express

29 Standing Committee On Labour (2021), *Social Security And Welfare Measures For Inter-State Migrant Workers*, Lok Sabha Secretariat

30 Source: KII with expert

31 Source: KII with expert

With COVID-19 majorly impacting the healthcare facilities, women's sexual and reproductive health was side-lined. Policy responses around SRHR remained largely ineffective, with family planning and access to reproductive health products in particular becoming an issue during this time. The lack of focus on women's health during this time meant that there was less institutional access and the system relied on already overburdened ASHA workers to disseminate healthcare for women on ground.

Recommendations

- a. Awareness campaigns for chemists and medical providers around India's latest Medical Termination of Pregnancy (Amendment) Act, 2021, to ensure that the necessary drugs and procedures are made available to women. Ensuring steady supply chains for both contraceptive and medical abortion drugs, and utilizing other local channels in addition to ASHA workers to ensure their distribution during periods of lockdowns.
- b. Capacity building for greater involvement of ULBs in public healthcare.

