The impact of COVID-19 on maternal, newborn and child health and nutrition services

Analysis, based on the LiST and key informant interviews 2020–2021

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Introduction

UNICEF, with financial support from the European Union, implemented a two-year regional multi-sector action that focused on mitigating the impact of COVID-19 on the lives of children and families in the Western Balkans (Albania, Bosnia-Herzegovina, Kosovo, Montenegro, North Macedonia, Serbia). The action’s health objective aimed to strengthen the continuity of essential health and nutrition services and the capacity of health service professionals.

In 2020–2021, in order to better align the maternal, newborn and child health and nutrition (MNCHN) programming and response in the midst of a pandemic and to mitigate the risks of a prolonged pandemic on MNCHN services, UNICEF conducted a mixed-method analysis examining the impact of COVID-19 on MNCHN status and services in the region. This country brief presents key findings and recommendations.

Key findings include:

At the onset of the pandemic, Albania had relevant policies in place (e.g. a National Pandemic Influenza Preparedness and Response Plan), which served as a starting point for the national response.

Access to essential MNCHN services was moderately worse during the government-enforced lockdown in March and April 2020.

Modelling suggests that the interventions during childbirth and postnatally for small and sick newborns were the most critical, and regressions were determined to be the most detrimental in the first two years of the pandemic, subsequently returning to the pre-pandemic level. The modelling indicates that child nutrition status is expected to deteriorate in years two to three, showing an increase in low birth weight and stunting among children.

A strong and resilient health system is required to maintain the delivery of essential MNCHN services during a global pandemic and other emergencies. Recommendations for Albania focus on the central importance of contingency planning, a strong healthy workforce, ensuring an adequate supply of essential resources, establishing reliable information systems and other technologies, and relying on committed leadership and governance.
The impact of COVID-19 on maternal, newborn and child health and nutrition services

National Response to the COVID-19 Pandemic

The global increase in the number of confirmed cases and reported deaths from COVID-19 has necessitated many countries, including Albania, to take tough measures to curb the further spread of the virus. Albania recorded its first COVID-19 case on 9 March 2020, and the first fatality was recorded soon thereafter. Albania had policies in place, for example the National Civil Emergency Plan, National Pandemic Influenza Preparedness and Response Plan, which provided a starting point for organizing a national response to an outbreak and establishing emergency operations. The government acted swiftly to curb infection by employing strict restrictions on movement, closing schools, gyms, and nightclubs, suspending religious observances, and closing restaurants and bars. Lockdown measures were implemented and strictly enforced from 15 March to 18 April 2020.

Changes in Access to Essential MNCHN Services

Access to essential MNCHN services deteriorated moderately during the government-enforced lockdown in March and April 2020. The government-imposed containment measures changed the way essential health and nutrition services were provided to mothers, newborns and children. As shown in Table 1, immunization services, family planning, antenatal care, routine postnatal care, sick-child, severe acute malnutrition and infant and young child feeding services were modified.

Table 1. Changes in access to essential MNCHN services

<table>
<thead>
<tr>
<th>Service</th>
<th>Suspended</th>
<th>Modified</th>
<th>No change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning</td>
<td></td>
<td>•</td>
<td></td>
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<tr>
<td>Antenatal care</td>
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<tr>
<td>Labour and delivery</td>
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<tr>
<td>Emergency labour and delivery</td>
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<td>Routine postnatal care</td>
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<tr>
<td>Care for small and sick newborns</td>
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<tr>
<td>Immunization</td>
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<tr>
<td>Well-child care</td>
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<tr>
<td>Sick-child care</td>
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<tr>
<td>Severe acute malnutrition</td>
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<tr>
<td>Infant and young child feeding</td>
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<tr>
<td>Maternal nutrition</td>
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<td></td>
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<tr>
<td>Salt iodization</td>
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<td></td>
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<tr>
<td>Fortification</td>
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<td></td>
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<tr>
<td>Vitamin A supplementation</td>
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<td></td>
</tr>
<tr>
<td>Water, sanitation, and hygiene</td>
<td></td>
<td>•</td>
<td></td>
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<tr>
<td>Infection prevention and control</td>
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</table>
As the pandemic influenced community and social interactions, service delivery modalities were adjusted. Health facilities introduced various measures to prevent the transmission of infection yet maintain the quality of services. Key measures applied were the introduction of a staff duty schedule, allowing health personnel to work from home, providing online consultations (by phone, WhatsApp, video, messaging) to their service users/clients, and promote the continuity of care by encouraging caregivers to bring children for routine services. For the management of routine visits, health facilities introduced the scheduling of visits, limited the presence of accompanying persons to one, and placed posters on handwashing, wearing masks and social distancing on walls in waiting areas and consultation rooms. Health workers provided guidance regarding wearing masks and social distancing to women and children visiting health facilities.

Modified service delivery modalities were introduced for the provision of family planning, antenatal and postnatal care, immunization, well-child care, infant and young child feeding, maternal nutrition, and growth monitoring and promotion programmes. Moderate disruption was reported in terms of both the quality and uptake of antenatal and postnatal services for this period, but labour and delivery services were only mildly impacted. Bans in early March 2020 on vehicle movement affected non-emergency care-seeking.

Although no major crisis in service delivery was noted for urgent care, the quality of services may have been affected in some instances. Emergency medical services struggled to maintain transport capacity and meet increased demand for emergency transport as the use of all private cars and transport were prohibited.

Access to health services was further compromised by the lack of personal protective equipment and other prevention supplies, which resulted in the infection of health professionals with COVID-19 and related absenteeism. Two maternity facilities were closed for approximately two weeks as a result of increasing COVID-19 infections among frontline health workers.

While the government ensured full access to services for labour and delivery, and care for small and sick children, immunization services were suspended for a month. Once strict movement restrictions were lifted around mid-April 2020, the national immunization programme promptly resumed activities and initiated catch up activities to deliver delayed immunization.

Routine monitoring and inspection of iodized salt by health authorities was reportedly scaled down during the lockdown as efforts were diverted to focus intensively on monitoring and inspection in order to track compliance with COVID-19 prevention policies.
Utilization of Essential MNCHN Services

To explore the impact of the disruption on health system outcomes, the Lives Saved Tool (v6.06, https://www.livessavedtool.org) was used to model the impact of the pandemic in Albania. Models were created based on statistical data (DHS, MICS) and based on the responses to surveys. The modelling exercise showed that on average utilization rates of essential services that were modified or suspended declined by 18 per cent in Year 1 and 16 per cent in Year 2. The most affected services were family planning, antenatal care, postnatal care, well-child care, growth monitoring and promotion, infant and young child feeding and maternal nutrition. Utilization of these services declined by 2 per cent in Year 1 and 19 per cent in Year 2 (see Figure 1).

Figure 1. Modelled reduction in service utilization, %

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Impact on MNCHN Outcomes

Using available data, the Lives Saved Tool (v6.06, https://www.livessavedtool.org) was used to examine the impact of the pandemic based on MNCHN indicators.

In Albania, antenatal and postnatal services were disrupted more than labour and delivery care, but modelling suggests that the interventions during childbirth and postnatally for small and sick newborns were the most critical, and regressions were determined to be the most detrimental in the first two years of the pandemic, returning to pre-pandemic levels subsequently. As modelling shows, child nutrition status is expected to deteriorate in year 2 and year 3 showing an increase in low birth weight and stunting among children (Figure 3).

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**Figure 2. Impact on MNCHN Outcomes: U5MR**

![Figure 2](https://example.com/figure2.png)

U5MR - Under 5 Mortality Rate; NMR - Neonatal Mortality Rate; SBR - Stillbirth Rate; MMR - Maternal Mortality Rate

**Figure 3. Impact on MNCHN Outcomes: Stunting and low birth rate**

![Figure 3](https://example.com/figure3.png)

Child stunting 12–23 months, Child stunting 0–59 months, Low birth rate
Recommendations to Safeguard the Health and Nutrition of Mothers, Newborns and Children

Maintaining the delivery of essential MNCHN services during a global pandemic and other emergencies requires a strong and resilient health system. Several key areas will be critical to restore, rebuild, and strengthen in order to improve health outcomes. Recommendations for Albania focus on the importance of contingency planning, a strong healthy workforce, ensuring an adequate supply of essential resources, establishing reliable information systems and other technologies, and relying on committed leadership and governance.

While we now better understand the virus and have the vaccines, diagnostic tools, treatments and other public health and social measures to end the acute phase of the pandemic, we must remain vigilant for the evolution and spread of new variants and redouble efforts to guard against the already stressed health systems and health workers being overwhelmed by new waves of COVID-19.

The pandemic has reinforced the need for countries and partners to be proactive and to react quickly in the face of a public health emergency.

Human resources

- Ensure the allocation of human resources, supplies and infrastructure required to prioritize infection prevention and control programmes.

- Enhance forecasting resources and planning for the future. All commodities must be available, and with sufficient reserve stockpiles, at all operating health facilities. This will ensure that care does not lapse during the critical childbirth and postnatal window in line with modelling results.

- Revisit human resource planning including mid-term and long-term workforce planning strategies, through the analysis and determination of how to prepare for future staffing requirements.

- Address the exposure of the healthcare workforce to COVID-19 infection, and ensure an adequate supply of personal protective equipment and disinfectants.

- Manage workforce availability by applying shifts and efficient scheduling of patient visits. Support the health workforce’s mental health and safety from being infected by non-compliant patients.

Service delivery

- Ensure the inclusion of MNCHN services as essential services in national emergency preparedness and response planning.

- Reinforce basic infection, prevention and control measures, insist on respecting social distancing, especially by symptomatic patients. Employ measures to discourage patients with COVID-19 symptoms from visiting out-patient facilities during a two-week self-isolation period.

- Complement centre-based services with telemedicine, and plan and mobilize parents for immunization catch-up campaigns.

- Plan and schedule appointments with caregivers and children to avoid crowding; encourage visits of just one caregiver per child.

- Address long waiting lists in public facilities that prompt patients to use expensive private services instead. Bring services in public facilities to the level of private ones.

- Streamline the testing process to reduce waiting time and ensure compliance with self-isolating measures of those who test positive.

- Schedule antenatal care visits in order to reduce waiting time and encourage such visits in public health facilities.

Risk communication and community engagement

- Anticipate and address caregiver resistance/concerns with respect to infant immunization.
The following recommendations are designed to improve children’s healthcare services:

- **Strengthening healthcare systems**: Improving access to essential healthcare services such as immunization, and investing in the healthcare infrastructure and human resources.

- **Increasing community engagement**: Engaging parents, caregivers, and community organizations in the planning and delivery of children’s healthcare services, and promoting public awareness of the importance of children’s health.

- **Ensuring equity**: Addressing health disparities among different groups of children, including those living in poverty, in rural areas, and from minority populations.

By implementing these recommendations, healthcare systems can improve the quality and accessibility of healthcare services for children, ensuring that every child has the opportunity to grow up healthy and thrive.