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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This report is part of the programme ‘Mitigation of the impact of COVID-19 on the lives of children and parents in the Western Balkans and Turkey’ which has received funding from the European Union.

This publication was produced with the financial support of the European Union. Its contents are the sole responsibility of UNICEF and do not necessarily reflect the views of the European Union.
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 was aimed at strengthening 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 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:

Since March/April 2020, preventive services including family planning, antenatal and postnatal care, well-child and nutrition programmes have continued to be offered, although availability was modified. The quality of services was reported to only be mildly disrupted and demand/use and utilization was mildly or moderately disrupted.

Changes in coverage were not significant because services were either rapidly restored (e.g., immunization catch-up campaigns) or maintained with adaptations.

Recommendations for Kosovo focus on rebuilding and maintaining adequate stockpiles of key resources needed to deliver high-quality clinical care, ensuring that widening human resource gaps are addressed, and fostering demand for health services including COVID-19 immunization with diminished barriers to access in order to promote greater equity.
National Response to the COVID-19 Pandemic

The first documented cases of COVID-19 infection were recorded in Kosovo in mid-March 2020. After the government announced a state of Public Health Emergency, policy measures including the closure of universities, schools and borders, movement restrictions and quarantines, and suspension of large gatherings, were initiated to mitigate the spread in affected cities and municipalities. Strict movement restrictions and curfews were in place from April to June 2020 and the public reaction included massive stockpiling and excessive purchasing of essentials such as flour.

Changes in Access to Essential MNCHN Services

Since March/April 2020, preventive services including family planning, antenatal and postnatal care, well-child and nutrition programmes have continued to be offered, although availability was modified. The quality of services was reported to be only mildly disrupted and demand/use and utilization was mildly or moderately disrupted. Investment in water, sanitation, and hygiene and infection prevention and control increased during the pandemic, particularly during the very early months of April to May 2020 (Table 1).

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>
<th>Increased</th>
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<tbody>
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<td>Family planning</td>
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<td>Antenatal care</td>
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<td>Care for small and sick newborns</td>
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<td>Immunization</td>
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<td>Well-child care</td>
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<td>Sick child</td>
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<td>Infant and young child feeding</td>
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<td>Maternal nutrition</td>
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<td>Growth monitoring and promotion</td>
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<td>Water, sanitation, and hygiene</td>
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<td>Infection prevention and control</td>
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Immunization for children was suspended for two months (March to May 2020) and catch-up activities that started in September 2020 were continued into early 2021. Immunization for children aged 2 months to 2 years was briefly halted although immunization of newborns continued in hospitals and for older children attending school. Monitoring data showed a slight 7 per cent reduction in DPT/MMR coverage that was addressed through subsequent catch-up campaigns. The administrative data from the National Institute of Public Health for 2020 and 2021 indicate a significant decrease of 10 per cent in immunization coverage within two years. The basic immunization coverage (DTP3) fell from 97 per cent in 2019, to 92 per cent in 2020 and 87 per cent in 2021.

To restore coverage and maintain the country’s previously high levels of immunization, catch-up efforts included immunization tents and sites set up outside health centres to deliver vaccines. Parents were initially hesitant to bring healthy children to healthcare providers for routine vaccination due to lingering concerns about COVID-19 exposure at health facilities. Health promotion messaging was developed as part of communication campaigns and aimed to reach these reluctant caregivers.

Vulnerable populations, such as marginalized communities or migrant groups, remain at high risk of not accessing these valuable catch-up immunization services. Additionally, in 2021 UNICEF through community-based organizations organized a door-to-door campaign to identify children from marginalized and vulnerable communities with missed vaccines.

Overall, state-run public health institutions face shortages of medical equipment and supplies, and health services have been severely strained with each rise and fall of the COVID-19 pandemic. After schools reopened in autumn 2021 and fuelled a new wave of COVID-19 infections and deaths, the number of frontline healthcare workers was insufficient to keep pace with patient caseloads, and patients were sent home for care. A decline in the number of skilled doctors, nurses, and other health professionals has been a growing problem in many Eastern European countries as the low local wages and frustrating lack of government investment in health has led to increased migration and worsening staff shortages.

The first batch of AstraZeneca vaccines was received through the COVAX platform in late March 2021 and Kosovo has continued to replenish by relying on this United Nations vaccine-sharing mechanism. The government has worked in collaboration with UNICEF, WHO, Gavi, US and European Union as global partners to secure additional doses. The eligibility for COVID-19 vaccination was expanded to include everyone over the age of 18, since up to that time it was limited to priority groups (elderly, health workers, people with chronic diseases etc.) and proof of vaccination was required for all workplaces, including hospitals, offices, schools and shops until April 2022. Despite being one of the last West Balkan countries to start immunization, coverage has rapidly increased with approximately 50 per cent of the population now fully immunized with two doses as of October 2022. In contrast to the coverage with the first vaccination, the uptake with the booster dose has been relatively low compared to other countries in the region at 6 per cent as of Q3 2022.

Recognizing that both rapid expansion of COVID-19 immunization and efficient management of new variants is critical for economic recovery, the health system will be relied upon as a cornerstone for Kosovo’s next phase of rebuilding and potential growth.
Utilization of Essential MNCHN Services

To explore the impact of health system disruption on health outcomes, the Lives Saved Tool (v6.06, https://www.livessavedtool.org) was used to model the impact of the pandemic in Kosovo. Models were created based on statistical data (DHS, MICS) and based on survey responses. According to modelling, the utilization of the following services shows the largest reduction: well-child, antenatal care and family planning, infant and young child feeding, maternal nutrition and growth monitoring programmes (Figure 1).

Figure 1. Modeled reduction in service utilization, %

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Impact on MNCHN Outcomes

With data available from Kosovo, the Lives Saved Tool was used to examine the impact of the pandemic based on MNCHN indicators. Models were created from survey responses submitted by in-country informants that included local practitioners and/or health programme staff.

The impact on maternal and child health outcomes was not sizeable in Kosovo although the effects due to poor clinical care for COVID-19-infected patients was not modelled and this may have led to an underestimation of disruption and its related health consequences (Figures 2 and 3).

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

![Graph showing impact on U5MR](image1)

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

![Graph showing impact on stunting and low birth rate](image2)

- 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 will require 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 Kosovo focus on rebuilding and maintaining adequate stockpiles of key resources needed to deliver high-quality clinical care, ensuring that widening human resource gaps are addressed, and fostering demand for health services including COVID-19 immunization with diminished barriers to access to promote greater equity.

Building health system resilience

- Ensure key areas are addressed to not only improve recovery from this crisis but foster resilience to face future crises.

- First, ensure that adequate stockpiles of drugs, supplies, and commodities are available and maintained at operational facilities, in order to continue the delivery of essential service for mothers and children.

- Second, maintain a robust up-to-date information system to support the decision-making process. Data collected should include service utilization as inputs, morbidity and mortality as outputs, and resource mapping. Reporting mechanisms should appropriately represent the municipalities, regional branches, and central offices to improve the use and flow of key information and ultimately improve the health of the population.

Effective leadership

- Maintain key partners such as WHO and UNICEF who can contribute by offering technical leadership or guidance as clinical and epidemiology insights are quickly emerging. Address demand during critical periods from childbirth to postnatal, as the quality and consistency of care in the public sector is gradually improved.

Human resources as a precious asset:

- Address the current need of both primary health care providers and advanced specialists, in order to avoid further burnout and risk of health system collapse when demand rapidly increases. Additional training programmes, increasing incentives, and task-shifting may offer some short-term options, and a holistic strategy must be adopted to address this worsening crisis.

- Support professional development based upon updated clinical guidelines and protocols and supportive supervision, with the aim to improve the quality of care of existing providers.

- Consider immediate action to offset the pandemic’s profound impact on mental health, as health care workers report more symptoms of anxiety and depression. Expanded mental health resources are needed for frontline workers and the vulnerable populations they serve, which may require additional triage or referral options. Stakeholder buy-in is the critical first step and working with health professional societies or NGOs to both assess the most urgent needs and plan for implementation are also critical. The impact on minorities and vulnerable population subgroups must also be explored as they may require outreach or customized efforts to deliver mental health support.

Service delivery

- Strengthen existing public programmes, such as the Home Visiting programme for maternal and child health, to reach marginalized groups. These populations face a high level of poverty and are reluctant or unable to access public health services. The success of a coordinated national response to COVID-19 will ultimately be tied to reaching these most vulnerable mothers and children to ensure that they can safely access key preventive and emergency medical services.

- Organize outreach activities for COVID-19 and childhood immunizations and connect them to available safety net measures already in place. Innovative strategies to target these missed opportunities should address associated maternal and child factors or obstacles that lead to delays in seeking care, reaching care, and receiving adequate high-quality care after arrival.
Risk communication and community engagement

- Develop programmes to efficiently create demand as immunization to fight COVID-19 is being rapidly rolled out to reach the general population. Providing vital information about the vaccine in clear and concise language and endorsed by reliable authorities is essential to combat vaccine hesitancy and misinformation that may be more prevalent in vulnerable communities.

- Use promotional materials about COVID-19 and childhood vaccines to communicate technical information, logistics details about where or how to seek care, and advocacy, and share these across multiple media platforms. Older populations, for example, who bear the greatest risk of serious COVID-19 complications and mortality, are most familiar with the print media including daily newspapers as a reputable source.

- Given the shift to online media, alternative approaches must be piloted while also promoting media literacy for all population age groups. The ability to understand what is accurate and informed news from trusted authorities is essential as the country strives to vaccinate the population and measures that modified service delivery can be lifted and rebuilding can continue.

Further recommendations to improve children’s health care services:

- **Strengthening primary healthcare:** Invest in primary healthcare services, including well-child check-ups, immunization, and preventive care, to ensure that children receive the care they need from an early age.

- **Improving health literacy:** Increase public awareness of children’s health issues, and promote education and health literacy among parents, caregivers, and healthcare providers to improve health outcomes.

- **Investing in the healthcare workforce:** Increase the number of healthcare providers, especially in underserved areas, and provide ongoing training and education to ensure high-quality care for children.

- **Encouraging multidisciplinary collaboration:** Foster collaboration between healthcare providers, social workers, educators, and other stakeholders to address the social determinants of health that affect children.

- **Promoting family-centred care:** Emphasize the importance of family-centred care, which involves families and caregivers in all aspects of their children’s healthcare, to improve outcomes and patient satisfaction.

- **Advocating for children’s health:** Advocate for policies and programmes that prioritize children’s health, including funding for research and development of new treatments, and expansion of healthcare services.

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.