



ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHA) AND MATERNAL HEALTH AMID COVID-19- A STUDY OF BAGESHWAR DISTRICT IN UTTARAKHAND

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ABSTRACT

Community health workers are the lifelines of Indian health care system. Their role as the port call for any health-related information between the health officials and the rural community has come to the fore more prominently in COVID-19 pandemic. Importantly, in the pandemic maternal health care has been a primary concern globally and in India. The pandemic has affected maternal health i) putting pregnant women at greater risk and ii) also minimizing their access to healthcare. In this milieu the article examines 1) COVID-19 implications on maternal health and 2) the role of Accredited Social Health Activists (ASHA) in facilitating the maternal health care amid the pandemic. The argument in the article is based on extensive fieldwork carried out in Kathayatbara, Mandalsera and Manyura Mafi villages of Bageshwar district, from Feb-April 2021. Thus, it is being argued that a) interventions during pregnancy play an essential role in promoting reproductive outcomes for women, surveillance, and psychological well-being of mother and children. b) ASHA workers have played a pivotal role in the pandemic by spreading awareness on COVID-19 precautions for safer childbirth, informing the antenatal women about the vaccination, educating about the nutritional diet, and tracking the antenatal visit record. Despite the lockdown, ASHA workers have provided continued maternal care and optimum health services to the women in rural areas in addition to performing COVID related duties. Note, according to WHO & UNICEF (2020), 'The interim Guidance Module stated that within the same country different areas require different communication approaches in context to essential health services. In this milieu, ASHA workers have been maintaining these services and responding to the COVID-19 Pandemic. COVID transmission pattern has burdened baseline capacity for delivery of service to the community.

Keywords- Maternal Health, COVID-19, Pandemic, Community Health Workers, Accredited Social Health Activists (ASHA), Bageshwar, Uttarakhand

INTRODUCTION

Indian healthcare system has been impacted by COVID-19 Pandemic. It is argued that pandemic had profound implications on health and put immense pressure on the capacity of healthcare workers. Lynch et al., (2021) in

the study *The effects of COVID-19 in the Healthcare System* emphasized on the drastic COVID-19 impact on developing resilient healthcare systems. OECD (2020) in the study *The impact of the COVID-19 outbreaks on Asia-Pacific systems* discussed upon the direct and indirect effect of COVID-19. The direct COVID-19 impact that includes indirect and long-complications on the health conditions of an individual, new-born and young children and effects on pregnant women. This argues on the novel coronavirus effect on health of women especially during pregnancy and post-Partum period. In this context, the paper asks the research question on Why is addressing COVID-19 and Maternal Health important? The Report published in National Institute for Research Reproductive Health (2020) *Guidance for Management of Pregnant Women in Covid-19 Pandemic* also stressed that over general population pregnant women are less likely to contract the infection. It also highlighted those cases of COVID-19 pneumonia are milder in pregnancy and with good recovery. However, it argued upon risks to the maternal health that was observed in last trimester of pregnancy. It also stressed upon avoiding maternal health associated risks by strengthening of health systems. Studies have argued that Maternal health got affected amid the Pandemic and health systems were disrupted. There was a growing need in safeguarding women's rights amid COVID-19 Pandemic. Mehta et al., (2021) argued upon key maternal health issues in a developing country like India. The study argued that amid COVID-19 Maternal health programs didn't function appropriately. The direct and indirect effect of the Pandemic is also devastating in nature. Secondly, The study also argued upon limitations in the availability of healthcare workers and health systems have lowered coverage of antenatal services.

Another study highlighted that due to disruption and decreased utilization of routine health, there was an increase in maternal deaths accounting to 8.3-38.6% of maternal deaths in countries like India. Against this milieu, the study was conducted in Bageshwar district. Through field work, it came to the light that amid COVID-19 Pandemic, Maternal health status of district Bageshwar worsened. Besides that, Maternal health and Child Tracking system under Uttarakhand Health and Family Welfare Society highlighted District Bageshwar a low performing state in context to Maternal health. Findings from field work have highlighted that Community health worker (ASHA) played a crucial role in maternal health awareness amid COVID-19. It also stresses upon challenges faced by ASHA worker while performing their duties in the field and strengthening of health systems. During in-depth interviews ASHA workers shared their Pandemic experiences. ASHA from Village Manyura Mafi, Saruli Devi informed "One of the Pregnant women in Chetrawal village got covid infected. So, I advised her to stay home quarantined for 14 days. I told her to not be anxious, eat healthy balanced protein diet and not to worry. I advised pregnant women about the vaccination on my field visit. I informed her about diet high on nutritional diet that includes good diet, hot water and green leafy vegetables.

Another ASHA from same village Manyura Mafi informed “One of the pregnant women got severe pain in Chetrawal Village as she lifted heavy-weight water bucket. I quickly took her to the hospital amid lockdown. I also advised her not to lift heavy weight and take the assistance from the family members. I also didn’t receive remuneration. The remuneration given to us also is not a sufficient amount. We are engaged in field visits and taking care of the antenatal till nine months. We have been working tirelessly in covid duty, yet not receiving payment in timely manner. We have no time for our families. I have been advising pregnant women to take timely vaccination on the third trimester and explained her about nutrition and good hygiene”.

Therefore, this paper is an attempt to study COVID-19 pandemic challenges posed to maternal health, maternal health services utilization amid lockdown phase and experiences of ASHA workers in villages of Bageshwar district.

Objectives: 1) To study the impact of COVID-19 on Maternal Health in 3 Villages (Kathayatbara, Mandalsera and Manyura Mafi) of District Bageshwar

2) To study utilization of healthcare services due to Pandemic disruption.

3) To examine Community health workers (ASHA) workload in context of Maternal health during COVID-19 pandemic.

Methodology - Bageshwar is a hilly district of Uttarakhand. The Maternal health status prompted to study district Bageshwar amid COVID-19. The fieldwork was conducted in three villages of district Bageshwar; namely Kathayatbara, Manyura Mafi, and Mandalsera using in-depth interview and non-observation participant technique. The period of the study chosen was from Feb-April 2021.

Maternal Health in Bageshwar District

UNICEF Report on Maternal Health highlighted “due to complications two-thirds of all maternal deaths occur like severe bleeding (mostly after Childbirth), infections (usually after childbirth), high blood pressure (pre-eclampsia and eclampsia), complications from delivery and unsafe abortions”. Another similar Report on Maternal Health Programme stated Maternal health as an important aspect in development of any country. It argued that 8 percent of maternal deaths are attributed to unsafe abortions. Secondly, it also argued that women who survive unsafe abortions are likely to suffer long-term reproductive morbidity (Ministry of Health & Family welfare,2014)

Hamal et al., (2020) in the study *social determinants of maternal health: a scoping review of factors influencing maternal mortality and maternal health service use in India* mentioned India estimates in 2015 for one-fifth of

maternal deaths globally. There are disparities in the utilization of maternal health services. The study argues that northern states like Uttarakhand and Uttar Pradesh have high maternal Mortality accounting to 328,292 and 255 maternal deaths per 1,00,000 live births in comparison to southern states. Pandey et al., (2019) in the study *Utilization of Maternal Health Care Services in Uttarakhand: Comparative study between two divisions: Kumaon and Garhwal* argued Uttarakhand as a low performing state under JSY. Therefore, it is essential to do analysis on maternal health services utilization in Uttarakhand. It also emphasizes on identifying poor maternal health regions in Uttarakhand.

Vora et al., (2015) stated India as the second most populous country and contributor of maternal deaths. The study argues that due to geographical vastness and socio-cultural diversity maternal mortality and maternal healthcare utilization varies across India. Followed this, National health programmes were implemented in India in 1990's like the Child Survival and safe Motherhood (CSSM) Programme. Later, National Rural Health Mission started in 2005 with the goal to enhance quality healthcare access for people residing in rural areas. NRHM facilitated accessible, quality and affordable health services to the rural population especially the vulnerable section of society. The mission aims to establish a decentralized and fully functional health delivery system on a variety of health determinants like nutrition, sanitation, and gender equality. It focuses on Maternal, Reproductive, Newborn, Child Health, and Adolescent (RMNCH+A) services. It strategizes on providing continuum care for women and Child Health. Under the NRHM, the ASHA project became a successful venture for rural people health improvement and provide thrust to reduce maternal and child mortality and fertility.

In context to Bageshwar district, ASHA workers performed a variety of tasks that includes motivating and accompanying women for institutional delivery, informing women about the vaccination, educating her about the nutritional diet, Providing essential provisions like Iron Folic Tablet (IFA) ,Oral Rehydration Therapy (ORS), and Disposable Delivery Kits. In addition to this, amid COVID-19 work burden intensified. Community health workers (ASHA) besides performing their regular duties, have to perform emergency COVID-19 and maternal health related tasks.

Effect of COVID-19 on Maternal Health

Riley et al., (2020) in the study *Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health* argued that epidemic impact remained unrecognized on reproductive health because the effects of the infection are indirect in nature, but the consequences are indirect in context to disruption in healthcare. It also highlighted that in Western Africa Ebola Virus Outbreak showed negative and indirect effects due to virus on reproductive health. Statistics showed that there was decrease in Maternal and Newborn care

due to service disruption contributed to the estimated 3,600 maternal, neo-natal, and stillbirths, directly caused by the Ebola virus. (Pp 73-76)

Efforts were made that COVID-19 effect of pandemic on maternal health could be controlled. Besides the disastrous effects on maternal health that were observed in Ebola virus outbreak. Consistent efforts were made to safeguard maternal health associated risks and outcomes.

Goyal et al., (a,2021) stressed upon COVID-19 doesn't affect pregnancy outcomes directly over indirect effect on mother and Child Health. It also depicted those 32 asymptomatic women who tested COVID-19 positive could manage good maternal and Fetal outcomes. UNPFA (2020) mentioned that COVID-19 adverse effects on pregnant women cannot be traced. Changes in immune system during and after were considered. The study emphasized that according to National Guidelines and standards women must have access to continuum of antenatal and postnatal care and access to services to lactating women is negatively impacted. It also discussed on protecting health workers and limiting spread of COVID-19.

Patrick et al., (2021) stated that "Newborn, old age and antenatal are identified at greater risk. Therefore, the hospitals need to maintain the safety of individuals and minimize the transmission of COVID-19 for infection." It states that it is important to gauge safety precautions in the hospitals to avoid the risk of the transmission of infection. Pregnant women have a high risk of COVID-19 contraction. Boelig et al., (2020) identified the "second stage of labor as the period of potential contagion. The healthcare personnel should wear personal protective equipment (PPE) and N95 masks during the progressive stage of labor". According to the study, the second stage of labor is considered contagious. Hence, health professionals should ensure protective measures while conducting maternal delivery.

Singh et al., (2021) mentioned "COVID-19 pandemic and health delivery system disrupted the provision of the RMNCH services. The disruptions occurred due to imposed regulations by the government like containment zones, reassigned health workers, cater facilities to COVID-19 patients, and concerns over infection contraction while availing health facility. UNICEF Report (2020) *Management of Pregnant women Guidance in COVID-19 Pandemic* mentioned COVID-19 effect on Pregnancy that states 1) Pregnancy responses to viral infections in general alters immune system and hence, less likely to contract the infection ., 2) The reported cases of COVID-19 are also milder among pregnant women ., 3) The risk of mother contracting the COVID-19 is highest during the last trimester of pregnancy.,4) Pregnant women with the highest disease are at greater risk of contracting the infection ., 5) The Coronavirus epidemic increased perinatal anxiety risk and depression. It lead to domestic violence. 6) Women's help groups and support systems need to strengthen mental health. It highlights the

multiple effects of covid infection in antenatal that argue that infection contracting risk is highest in last trimester pregnancy. Perinatal Anxiety and depression were also observed among Pregnant women leading to Perinatal Anxiety and depression.

UNFPA (2020) in the study 'COVID-19: A Gender Lens' 'stated 70 percent of the health and social sector workforce is represented by women globally and special attention should be given to how work environment may expose to discrimination, thinking about sexual and reproductive health and psychosocial needs as frontline health workers. The study stated disease outbreak affected women and men differently due to Pandemics. The study highlighted that special attention to be given to frontline health workers in context to the work environment.

Scholarly works presented COVID-19 effects infection affecting reproductive health. In context of Bageshwar district, there was the case of lactating women who contracted COVID-19 infection as informed by the CHW's. The case was asymptomatic. She had been informed to stay quarantined and avoid physical contact with the community. Secondly, The Community Health worker (ASHA) also informed the Pregnant community women to not worry and take tension during the Pregnancy. They were instructed to take proper diet and avoid food from outside as there was the chance of contracting the infection. Third, women complained about poor medical health services and the issues with the ultrasound lab.

COVID 19 Restriction and Disruption of Maternal Health Services

Ombere (2021) in the study *Access to Maternal Health Services during COVID-19 Pandemic: Experiences of Indigent Mothers and Health Care Providers* argued "The COVID-19 pandemic has implemented measures to curb the spread and disrupted access to healthcare services in many countries. Globally, COVID-19 pandemic had impacted health care delivery systems and had devastating effects for people of all ages, but pregnant women face particular challenges". Floyd & Guts chow (2021) conducted a similar study *The Global Impacts of COVID-19 on Maternity Care Practices and Childbearing Experiences* stated the experiences and challenges faced by healthcare providers and Child-bearers in context to Maternal health across countries including India. It argued upon inequalities and dysfunctionality in context to Maternal Health Care Services.

Kotlar et al., (2021) stated that temporary shutdown of clinics during Pandemic affected women due to unavailability of timely maternal and Reproductive Healthcare and prenatal health checkups. The study also argued that

due to nationwide lockdown, restriction on social distancing and physical movement negatively impacted maternal health-seeking behavior. COVID-19 impacted maternal health in different ways, firstly through infection and secondly, changes in social, political, and economic circumstances in the healthcare systems.

Studies have argued that pregnant women have accessible antenatal and neo-natal care during COVID-19. Disruptions in the maternal health care services resulted in more cases on maternal, newborn, child morbidity, and mortality. Similarly, Ebola outbreak disrupted maternal and newborn health services in 2014. To counter COVID-19, it is imperative to trust health departments and equal thrust shall be given to all the essential health services covering sexual, maternal, reproductive, newborn, and Child health (SRMNCAH).

COVID-19 effects were observed in the RMNCH services in urban areas were first. Movement restrictions imposed by the Government, Secondly Malnutrition among the newborn and the infants, Thirdly, mortality rate increase, Fourthly, WHO guidelines on Maternal Health Care during COVID-19 – The WHO has released the guidelines on the administration of health care services essential in nature to prevent the disruptions that involve 1) Government and Policymakers adhere to guidelines that ensure equal access to all health services. 2) Emergency pregnancy cases and temporary birth centers ensures accessible points in each state , 3) Shift to online and virtual consultation – Hotline consultation with expert health professionals such as midwives and obstetricians in seeking medical healthcare.

Women in Bageshwar informed pandemic issues as follows *1) The gynecology ward lacks equipment and facilities was missing from duty. They had to rush from one district to another. 2) The entire community health center (CHC) had just one lab for the ultrasound. They had to stand in queue and even have to wait for another day,3) The gynecologist often suggests referrals in cesarean cases, 4) The Khushiyo ki Sawari under JSY is temporarily dysfunctional.*

This reflects the poor medical health facilities in district Bageshwar amid Pandemic. This emphasizes measures to ensure proper medical facilities in the Community Health Centre, Baijnath, and medical staff to avoid emergencies and referrals.

ASHA workers amid Covid-19 Pandemic

UNICEF argued that “An estimated 2.8 million pregnant women and newborns died every year, most of the preventable causes before Pandemic”. Therefore, it emphasizes training health workers in context to Pandemic to prevent complications during pregnancy, birth, and delivery.

The Azim Premji Foundation report discusses the ASHA worker capacity development that presents the structure of the training module as follows: “S1) Understanding Covid-19: Communication for response and

containment measures, S2) Safe Practices in the community, S3) Community Surveillance, S4) Managing Stigma and Discrimination, S5) Communication, Personal Safety for Health and ICDS Personnel, S6) Special communication essentials in Urban Areas.” Session1 of the training module involves the tasks and responsibilities of the health worker, The session2 includes Preventive services for the ASHA and ANM to communicate for preparedness in pandemic at the community level, The session3 includes supportive services, control services, handling myths and misconceptions, and Effective use of information, Education and Communication (IEC) material.

Nanda et al., (2020) in the study ‘*From the Frontlines to Centre Stage: Resilience of Frontline health workers in the context of the COVID-19*’ mentioned ‘Important role of community-based health worker has been recognized by state and national government. CHW’s role has been defined as firstly spreading awareness on preventive measures, secondly community surveillance engagement that includes surveys, assessing the migrants, and addressing myths and misconceptions in mitigating discrimination.

Case 1: Beena Devi, ASHA worker performing her regular antenatal visits despite Pandemic and Lockdown Situations in Village Mandalsera, district Bageshwar

“I advised pregnant women on precautions to be undertaken during covid-19. Despite the lockdown, I have to accompany two pregnant women for the institutional delivery to be conducted this month. Pregnant women are safe and doing fine. I informed them to stay home quarantined. These days I am not going for the field visits as it is not allowed. I stay updated about pregnant women through the regular phone calls”.

- Beena Devi, Asha Worker (Village Mandalsera)

In context of Bageshwar district, ASHA workers acted as frontline warriors in dealing with the maternal health crisis and facilitating the health facilities to community women. ASHA workers were interviewed in in-depth mode along with the community women in three villages, Kathayatbara, Mandalsera, and ManyuraMafi respectively. The COVID-19 Pandemic posed hardships to the community health workers in context to remuneration yet they continued to provide antenatal and post-natal care to pregnant women. 2) Facilitated maternal with healthcare advice through home visits and mobile consultations, 3) Educating antenatal about the coronavirus and precautionary measures to avoid contact with the infection, 4) To avoid gatherings in social places and maintain distancing, 4) Inform if in case, pregnant women face difficulty problems, 5) Instruction regarding wearing masks and handwashing infrequent intervals, 6) Ensure accompanying pregnant women to the community health center.

Kalita et al., (2019) stated that ASHA workers are the prime health care service providers of the community-based surveillance program in Assam. During pandemic, ASHA tracked the status of people. One of the significant contributions is to create awareness door-to-door on how to maintain hygiene at home, demonstrate handwashing proper steps to be taken outside the home. During the crisis, door-to-door visits peaked 300 households every day. The ASHA workers remain unrecognized and poorly paid for the services they render”.

In context of district Bageshwar, ASHA workers were monitored and guided by ASHA facilitators and Block coordinators. The ASHA workers continued to provide help to community women amid pandemic. Due to the efforts, safe maternal deliveries were ensured. The ASHA workers accompanied them to community health centers for check-ups, institutional delivery and maintained interpersonal communication with antenatal women throughout their course of pregnancy and post-pregnancy. The ASHA workers however complained that “Their healthcare was being denied. They had to be present for the COVID-duty 24*7 and health emergencies. They have not been provided sanitizers and masks.”



Figure 1: Poster showing Vaccination session site, ASHA workers were engaged in vaccination duty in Community health centre of district Bageshwar.



Figure 2: Saruli Devi (ASHA worker) from Village Manyura Mafi performing her Post-natal visits amid COVID-19 Pandemic.

“I wasn’t provided with sanitizer, mask, and PPT Kit. I also didn’t receive the salary ... I was given 4 months’ salary, while the rest of the 4 months’ salary remains unpaid that including December, January, March, and April. I also informed the pregnant women about vaccination and made antenatal care visits. One of the lactating women travelled from Dehradun got covid positive, I informed her about the home isolation. I informed her about the covid tests to be conducted. I also spread awareness and information regarding masks, sanitization, avoiding food from outside, Proper monitoring and tests. The doctors in the gynaecology ward are also covid infected, however, new doctors have joined in for a while ”- Saruli Devi (Asha Worker, Village-Kathayatbara)

The fieldwork stated that during pandemics frontier warriors suffered issues due to negligence by the governing bodies. The issues depicted are as follows 1) Lack of recognition- ASHA Workers had to face poor treatment as they were not treated unlike other frontline warriors like doctors who were given due credits and importance for the tasks and services they performed. 2) Overburdened with work 3) Lack of safety measures- They were not⁸⁹ provided with adequate PPE kits, gloves, sanitizers, and masks. They had to purchase masks at their own expense. They are financially weak and cannot afford it.4) Lack of economic assistance – ASHA workers were not salaried in time even when they responsibly performed their tasks without failing. 5) sole breadwinners of the family – Some of the ASHA are the only earning members which makes it difficult for them to work further and survive. Against, the number of solutions as recommendations that can be part to deal with the issues that

ASHA's faced includes firstly, Recognition of ASHA's Work-The ASHA's work needs to be recognized through Financial and non-financial incentives. Secondly, Development of Institutional Mechanisms-Policy making can only be substantiated when ASHA's needs and experiences are met. Lastly, Establishing Capacity building strategy- Capacity building needs to be established concerning the use of technology and initiate initiatives for ASHA and Complement the health worker with nutrition and livelihood facilities.

Strengthening essential Health services amid COVID-19 Pandemic

According to WHO & UNICEF (2020), *'The interim Guidance Module* 'argued that different areas within the same country require different approaches in communication in context of essential health services. Community health workers maintain these services and respond to COVID-19 Pandemic. COVID-19 transmission pattern has burdened baseline capacity for delivery of service to the community. Public health messaging mode was adopted to ensure people do not delay seeking healthcare for potentially life-threatening illness. The study also emphasized the vital role of Private sector Providers, NGOs, Stakeholders, and key service providers in some communities.

To meet negative impacts of the COVID-19 outbreak and meet ongoing population health needs. National Health Schemes and Primary Care Programmes ensured capacity for the prevention of Mortality and Morbidity through delivery of essential services that include: Firstly, Preventing Communicable diseases through the delivery of vaccines and treatment, Secondly Maintaining treatment regimens for people living in chronic conditions, Thirdly, Taking measures to protect vulnerable populations that includes Lactating and Pregnant women, Fourthly, Managing emergency condition in context to time-sensitive intervention and maintaining referral systems functioning in nature.

Antenatal care includes Facility-based Maternal Health services for the management of Maternal Health Complications that continued to be prioritized throughout the Pandemic. It was argued that Pregnant and Post-Natal women with Mild COVID-19 don't require routine Antenatal Care Checkups and Post-Natal Care. Therefore, healthcare guidance was provided through Telemedicine, Home-visits and Mobile Phones. The Community efforts were focused on addressing concerns about COVID-19 transmission risks at health facilities and supporting family care practices.

CONCLUSION

Maternal Health was severely affected in the Covid-19 Pandemic. The direct consequences were traced to pandemic stress and infection spread among pregnant women. The indirect consequences involved disruption in healthcare facilities in Bageshwar district due to lack of medical staff and equipment availability. It caused

serious implications to the pregnant woman as she faced emergency obstetric complications. Besides that, pandemic consequences shaped emotional and psychological experiences of Pregnant women. Referrals by the female doctors in the gynecology ward posed a challenge due to medical emergencies. ASHA coordinators ensured community health workers provide timely antenatal care to the pregnant women in Bageshwar. They performed tirelessly even during the covid times and ensured safe maternal delivery. The health communicators spread awareness about the covid-19 infection and precautionary measures to be followed. They were available for medical help 24*7 on daily basis. However, ASHA workers faced challenges from the government authorities in receiving recognition from the government. They complained about their safety concerns and personal care on visiting homes for personal interaction with the community women. They faced an economic crisis due to untimely remuneration and workload stress. Hence, Adequate measures need to be adopted under the National Health Mission to provide financial assistance for tasks they performed. The Community Health Centre (CHC), Bageshwar also needs to be equipped with lab equipment, medical services, and staff to avoid maternal deaths and morbidity cases.

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