

Towards Strengthening Health Systems

2020

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for every child



CHHATTISGARH

UNICEF India Response
to COVID-19 Pandemic

HEALTH

Key statistics

Demographic Facts	Nos.	Source
Estimated Total Population	29,046,003 (mid-year population)	Statistical Department, DHS, Chhattisgarh
Estimated Live Births	616,555	Department of Statistic
Estimated Pregnant Women	678,209	Calculated on the basis of data of estimated live birth, received from Statistical Department, DHS, Chhattisgarh
Estimated Children below 1 year	626,740	Total Live Births - Total Infant Deaths (D-E)
Total no. of Districts	28	State Records
Total no. of AWC	51,513	ICDS Records
Total no. of Dedicated COVID Hospitals	8	State Records
Total no. of Dedicated COVID Health Centres	21	State Records

Chhattisgarh
State Report

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BACKGROUND

States challenges across various areas of RMNCH+A and COVID-19 preparedness and response

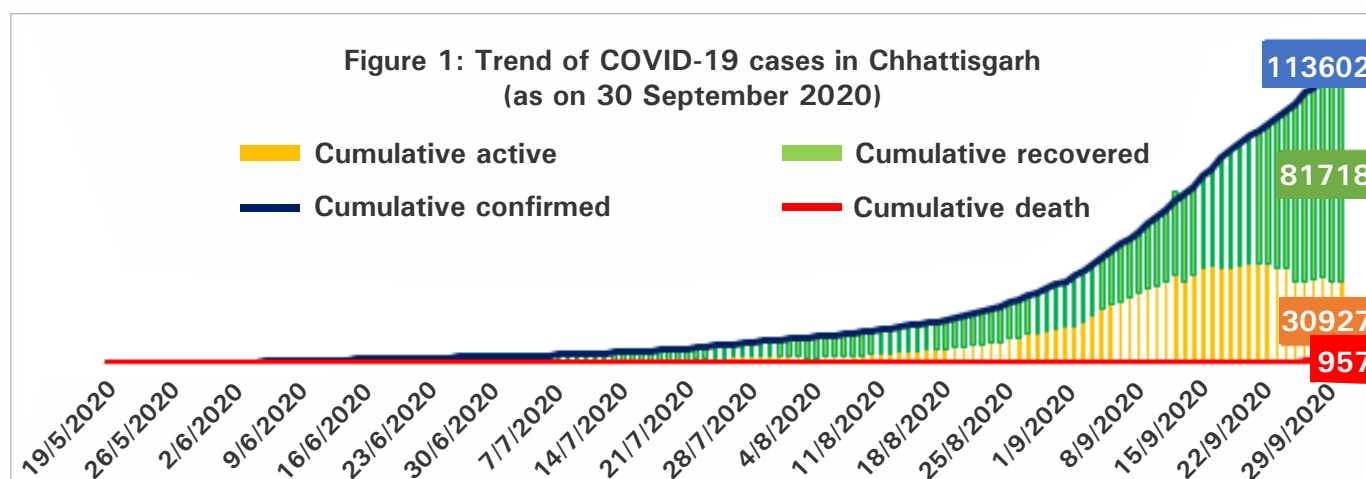


Vaccination

The State of Chhattisgarh (CG) has its own problems of left-wing extremism (LWE), tribal areas, lack of specialised human resource, and vacancies in the health system. This was further aggravated due to COVID-19 crisis. Chhattisgarh reported first case of COVID-19 on 19 March 2020 of a woman returning from London via Mumbai Airport who tested positive.

As on 30 September 2020, state has reported 113,602 cases and 957 deaths. Lockdown was a crucial step to control the infection and flatten the epidemiological curve of the

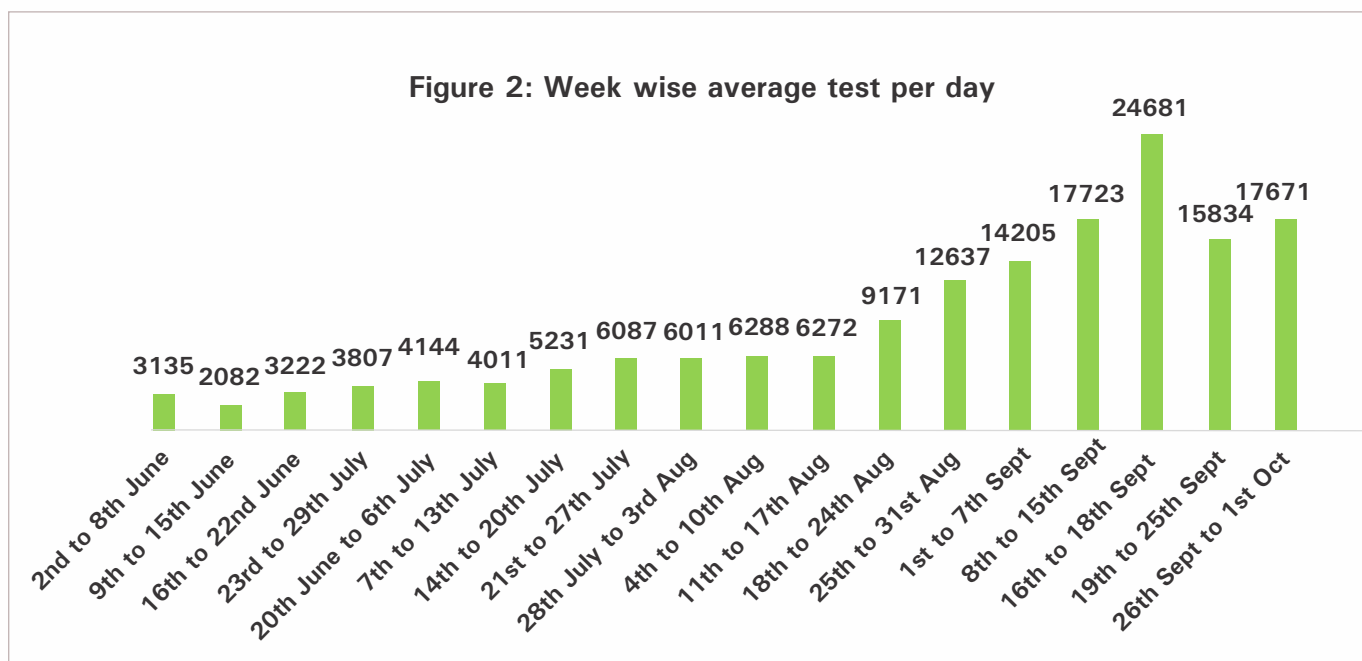
disease. It had significant effects on the lives of the people especially the marginalised, who have lost their livelihoods and are struggling for basic needs of life like food and shelter.



Source: Media Bulletin, COVID Control and Command Centre, Department of Health and Family Welfare, Government of Chhattisgarh

- 3,819 out of every 1 million people in CG have tested positive compared to 3,241 case per million in the previous week
- Average recovery rate has increased to 70.1 per cent from 57 per cent in the early September
- With 957 deaths reported, the case fatality rate is at 0.8 per cent compared to national average of 1.6 per cent
- In the last one week, the number of new infections has grown by an average of 3 per cent every day
- For every 1 million people in Chhattisgarh, 36,881 are tested. India does more than 57,000 tests per million which is much higher than state average. The state is taking initiatives to expand testing
- Doubling rate (weekly average) is 29 days which was 23 days a week before
- Out of total number of cases in the state, 59 per cent of cases are reported from five districts (Raipur-29 per cent, Durg-10 per cent, Bilaspur-7 per cent, Raigarh-6 per cent, Rajnandgaon-7 per cent)
- Out of total number of deaths in the state, 73 per cent deaths are reported from five districts (Raipur-44 per cent, Durg-11 per cent, Bilaspur-8 per cent, Raigarh-6 per cent, Rajnandgaon-4 per cent)

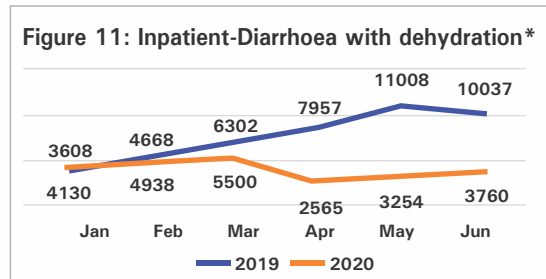
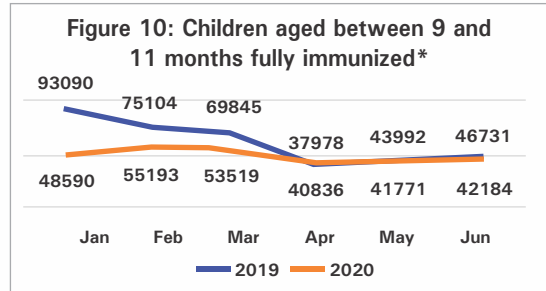
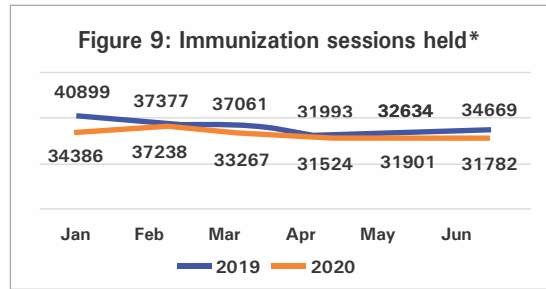
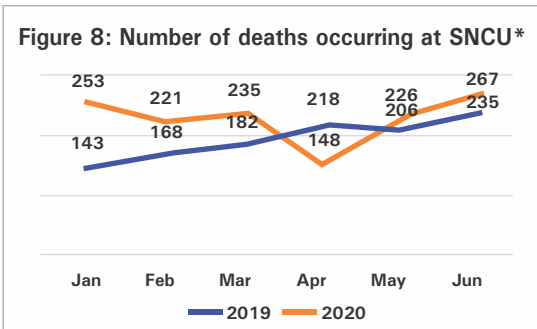
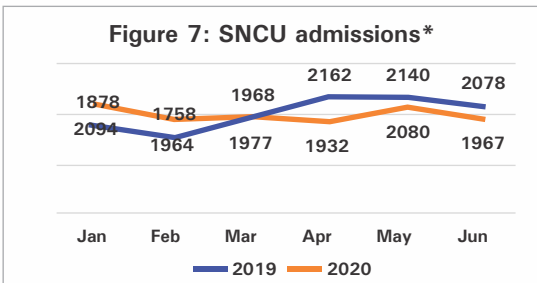
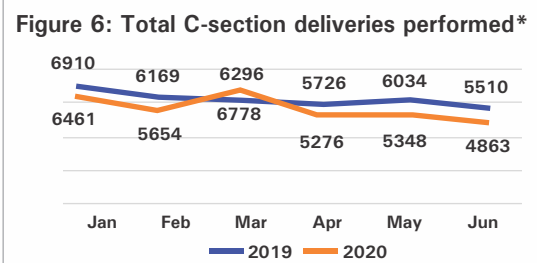
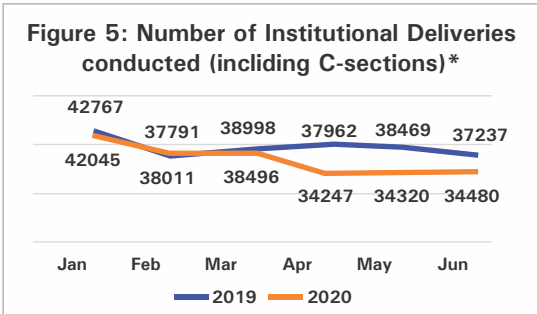
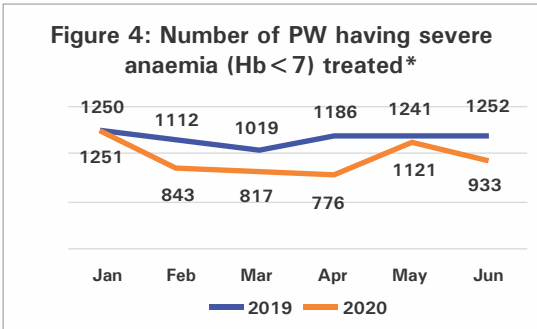
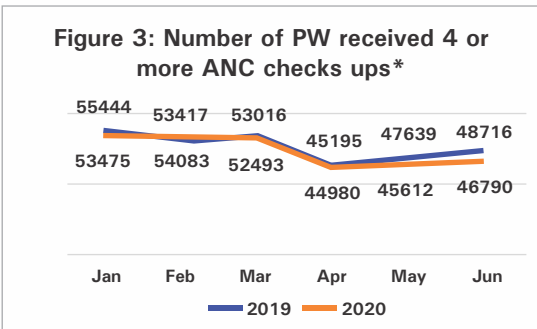
Figure 2: Week wise average test per day



Source: Media Bulletin, COVID Control and Command Centre, Department of Health and Family Welfare, Government of Chhattisgarh

Impact of COVID-19 pandemic and lockdown on RMNCH+A services

- There has been a 17 per cent decline in pregnant woman receiving four Ante Natal Care (ANC) in the month of April as compared to February in 2020. The trend is similar to 2019
- The C-sections have decreased by 7 per cent in April compared to February, but compared to the same month i.e. April 2019, it has reduced by 8 per cent
- Immunization has sustained even during lockdown without significant decline during lockdown
- The number of pregnant women treated for severe anaemia has significantly declined in April with a partial recovery later but still less compared to previous year
- There has not been a significant decline in sick newborn care admissions but there has been a slight increase in mortality in Sick Newborn Care Units (SNCUs)
- There has been a 30 per cent decline in institutional deliveries which has been a major concern for maternal mortality



*Source: HMIS

The state had to face dual burden: Increasing COVID-19 cases and the challenge to maintain essential health services

- The state had to build capacity to respond to COVID-19 with adequate quarantine/ isolation/testing and treatment centres; and supplies of Personal Protective Equipment (PPE), ventilators, and COVID-19 related medicine
- A large team for testing and contact tracing had to be institutionalized
- Along with direct COVID-19 response, major challenge was to fight the infodemic with 3600 communication approach
- The pandemic challenged the provision of routine services as most of the staff and attention was directed towards the preparation for prevention & control and management of COVID-19
- Social stigmas instilled fear to access the utilisation of health system
- Medical supply chain was disrupted due to lockdown
- The outreach activities were disrupted as the Front-Line Workers (FLWs) were busy in COVID-19 response

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

Coordination

UNICEF is part of the State Command Centre (SCC) which holds everyday meetings and takes all important decisions in close coordination with WHO and UNDP. The state has effectively established COVID-19 treatment hospitals (30 facilities, 3,383 beds, 517 Intensive Care Unit (ICU) beds and 280 ventilators), COVID-19 Care Centres (CCCs) (146 facilities and 8,161 beds) and quarantine centres (342 facilities and 4,291 beds). In addition to this, 20,946 additional institutional quarantine centres have been set up at village level with bed capacity of 679,872. More than 30 per cent of the patients were provided medical services at doorstep during home isolation of asymptomatic/mild cases. The other major decisions taken, apart from testing, contact tracing and treating were:

- Action plan for COVID-19 response in urban slums of Raipur
- Committee for death audit of COVID-19 deaths with UNICEF as a member of the committee
- Research team to generate evidence on vertical transmission of COVID-19 and Hydroxy Chloroquine (HCQ) prophylaxis among Health Care Workers (HCWs)

Capacity building

Capacity building of Front-Line Workers (FLWs) for COVID-19 response in three UNICEF supported districts. 101 counsellors from 104 dial centres were oriented on 'Stigma related to COVID-19' in four batches. UNICEF built the capacity of 200 doctors on COVID-19 for providing counselling for psychosocial support through a dedicated helpline, to be established by the state. UNICEF has built capacity of many NGOs enrolled under COVID-19 cell at the State Planning Commission (SPC) for monitoring essential RMNCH + A services in the state.

Supplies

UNICEF mobilized 250,000 triple-layered masks and 15,000 bottles of sanitizer (500 ml) for the state and five ventilators at district hospital in Surguja through the donor organization, Americares.

Preparedness assessment

Preparedness assessment of Level 2 and Level 3 COVID-19 health facilities and Level 1 facilities in Bastar region. UNICEF in

partnership with EKAM Foundation, State Health Resource Centre (SHRC) and Medical Colleges assessed 52 health facilities for emergency preparedness for any disaster and comprehensive report was submitted for corrective actions.

Technical assistance

UNICEF as a part of the state team, supported the district for roll-out of containment plan, community surveillance, contact tracing and monitoring of the current situation.

Risk Communication and Community Engagement (RCCE)

To address social stigma and discrimination, a series of webinars were conducted to reach more than 2,000 youths from various universities, Nehru Yuvak Kendra, Bharat Scouts etc. The elected representatives were also sensitized on COVID-19 and advocacy for their support for continuation of essential RMNCH + A services.

Online training for Self-Help Group (SHG) members of BIHAAN, Government of Chhattisgarh (GoC)

Concept: About 32 per cent (18 lakh) households of the state are mobilized into SHGs under Chhattisgarh Rajya Gramin Ajivika Mission, BIHAAN (also known as the State Rural Livelihood Mission (SRLM)). Further, these SHG members directly impacted 35 per cent (90 lakh) of the total state population (consisting of their own family members). Understanding the vast number of SHG members and their role as community influencers, it was found pivotal to reach out to them and educate them on the on-going COVID-19 pandemic.

Module: UNICEF and the GoC conducted an online training on **COVID-19 Response and Control** for district and block level officers of BIHAAN, who would further act as master trainers for SHG members across the state. The module was designed keeping in mind the SHG members as the primary target audience. Key information shared in the module and used during trainings:

1. What is COVID-19? - Ways to prevent and control the spread; including community surveillance, cluster containment, social distancing and home quarantine strategies
2. Roles and responsibilities of SHGs during COVID-19; including communication with

people to spread awareness and address the associated stigma, myths & misconceptions

3. Precaution and safety instructions for SHG members and their families during and after COVID-19 lockdown
4. Integrating COVID-19 messages in the existing delivery programme of SHG members
5. Breastfeeding and nutritional requirements during COVID-19



Brochure for SHG

COVID-19 training for SRLM officers by UNICEF: UNICEF Chhattisgarh conducted an online training on COVID-19 response and control for district and block level officials of SRLM, who would further act as master trainers for training the village organizations (VOs) across the state and would reach the entire SHG network in the state. The training was conducted on WebEx network hosted by the SRLM on 7 May 2020. During the training of each section, modules were explained to the participants and a long Q&A session was also conducted where participants had the opportunity to clear their doubts.

Once the master trainers are trained, they conduct similar sessions within their districts and blocks for SHG members. The training module could be converted into video/interactive software which can be

accessed through mobile phones. Along with the training module, the master trainers were also provided with various Information Education and Communication (IEC) material to be used and disseminated for public awareness and consumption.

Media engagement:

- UNICEF organized divisional media orientation sessions for journalists, reporters and stringers on 'protecting children from the impact of COVID-19 and the role of media'. **More than 100 media representatives from Sarguja and Durg/Raipur division were oriented in two separate sessions** and were urged to prioritize children's issues and put children at the centre of COVID-19 response and rehabilitation
- The wellbeing of children and women is not part of the overall COVID-19 narrative. In this context, **Digital Townhall for Children**, a lecture series featuring prominent personalities was launched. The series was launched by T. S. Singh Deo, the Health Minister of Chhattisgarh who spoke to members of media, Youth Congress and National Service Scheme (NSS) volunteers. The series featured Dr. Raman Singh, Former Chief Minister of Chhattisgarh who interacted with members of Yuva Morcha, Anuj Sharma, a noted Actor from the Chhattisgarh film industry, Rakshit Tandon, a Cyber Security Expert, Rukmini Benarji, and Subir Shukla, prominent Educationists, Alok Shukla, Principal Secretary, School Education, Government of Chhattisgarh
- As part of the Digital Townhall series, Padmashri Anuj Sharma, Actor/Director of Chhattisgarh film industry spoke to UNICEF on the impact of COVID-19 on children in an interview. In the interview, he urged the parents and caregivers to support their children to cope with the impact of COVID-19. He shared his experience as a father to ensure that his children continue to learn and have a safe and enabling environment at home. He called upon the youth to volunteer for children's wellbeing and suggested to teach, raise awareness on child protection issues and support children in distress by linking them to the right authorities. He also appealed to the public to show solidarity and respect to "COVID Warriors"
- **Webinar on 'Impact of COVID-19 on Women: Role of Media'** was organized to

leverage media's support to highlight women's issues during the pandemic. Ms. Amita Pitre, Lead Specialist, Gender Justice, Oxfam India and Job were the key speakers. More than 20 women journalists and reporters participated in the session along with members of MCCR.

Youth engagement:

- UNICEF interacted with members of Youth Congress and Yuva Morcha of Chhattisgarh at the state and district levels, on COVID-19 prevention and response messages, through a virtual meeting chaired by the Health Minister of the state. UNICEF sought the support of its 100,000-strong cadre for real-time monitoring of the situation of women and children in the state
- **Yuvaki Boli (Voices of Youth):**
 - o To encourage young people to express and voice their opinions, the campaign 'Yuvaki Boli' was launched. NSS volunteers shared their experience during COVID-19 via short videos. The videos posted on NSS social media platforms received much appreciation. The volunteers were enthusiastic to share their views and their contribution to COVID-19 response efforts
 - o UNICEF amplified the contribution of NSS volunteers at the COVID hospitals helping patients as ward boys. The 'COVID Warriors' story was posted on social media platforms of UNICEF India, which received a lot of adulation. This was done as part of the UNICEF-NSS partnership

Engagement with Members of Legislative Assembly and Parliament:

- Five Members of Parliament from Chhattisgarh appealed to the general public to show solidarity to 'COVID Warriors' as part of the anti-stigma campaign
- As part of its efforts to prioritize children in COVID-19 response, UNICEF organized an online session on "protection of children from the impact of COVID-19" with 13 Members of the Legislative Assembly of Chhattisgarh. The session aimed at leveraging support from the policymakers to protect children and respond to their needs during the pandemic. The session was organized in collaboration with Media Collective for Child Rights. During the session, UNICEF's five priority areas were discussed and the role they can play to

keep children protected from the impact of the pandemic. The priorities focused to ensure children are kept healthy and nourished, protected, have access to clean water and hygienic environment, children continue to learn, and children of migrant workers are protected too. The session also emphasized to support people to seek essential services especially for childbirth, immunization, nutrition rehabilitation centres without fear of disease spread

- **Consultation with Members of Parliament from Chhattisgarh:** UNICEF organized a consultation webinar with Members of Parliament (MP) from Chhattisgarh to attract attention to the impact of COVID-19 on women and children. **Nine MPs** joined the online session and pledged to prioritize issues of children in their respective constituency

Engagement with faith and tribal leaders:

As part of our engagement with key influencers in the state, UNICEF has been organizing orientation sessions with faith and tribal leaders. An orientation session was organized for leaders from the northern region where more than 20 faith, community and tribal leaders participated. These sessions helped to leverage support of the faith and tribal leaders to uphold the rights of children and protect them from the impact of the pandemic.



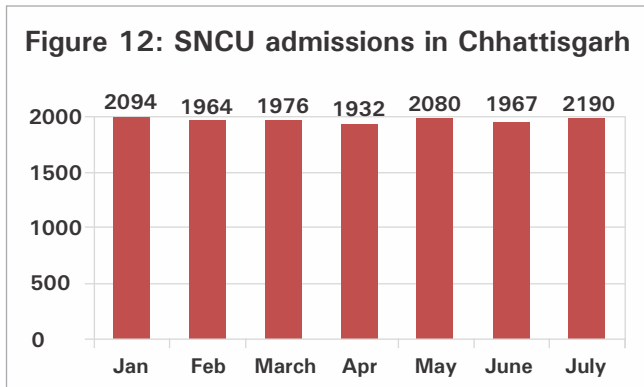
ARV prophylaxis to HIV exposed baby, PHC Patewa, DH Mahasamund, Chhattisgarh

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

Continuity of SNCU services cum review

- Very early in the pandemic, the state planned and conducted online sensitisation cum review of all 22 SNCU districts in a phased manner with technical support from UNICEF
- Online interactions for all the 23 functional SNCUs were held using online digital platform
- Total 66 participants participated (SNCU nodal officers, RMNCH + A and hospital consultant) from 22 districts and 11 participants from the state level participated in total seven sessions at different days comprising of three to four SNCUs in each session

- To understand the expectations of staff for capacity building needs, a short online internal survey was done



Source: SNCU Online Software

Results

- Clear directions received for continuing admissions in the SNCUs following COVID-19 protocols
- Improved motivation among SNCU staff
- Directions for improvement of indicators in comparison to the previous year were given
- Minutes of meeting were released to document the directions
- As per the SNCU online data, the state could sustain SNCU admissions during nationwide lockdown

Capacity building in SNCUs – Adapting to virtual trainings during COVID-19

- UNICEF explored the readiness of the system for virtual trainings

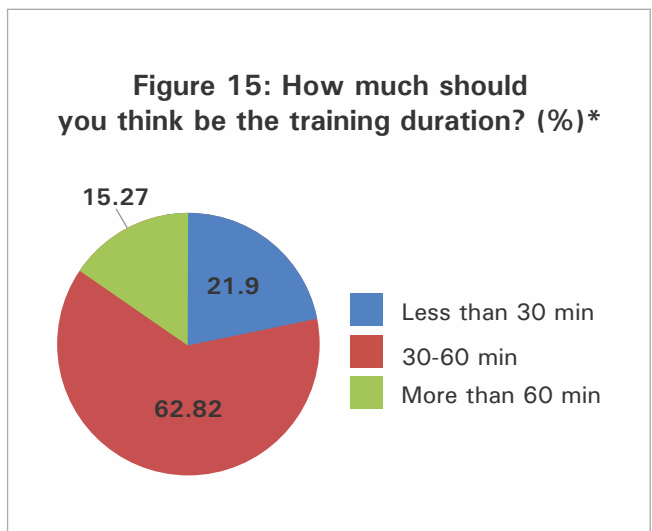
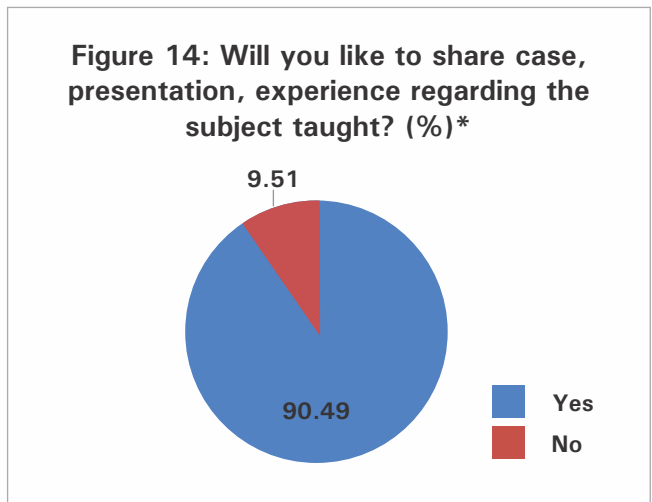
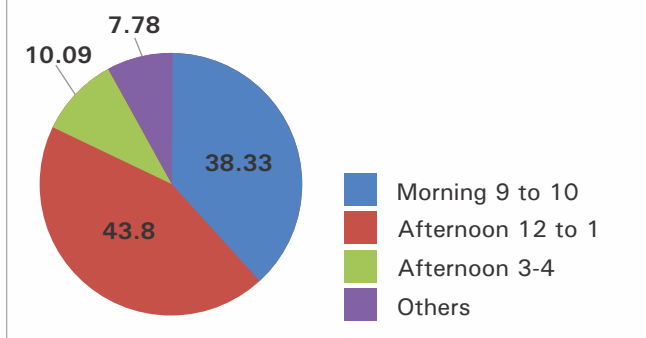


Figure 16: What would be the appropriate time for training? (%)*



Source: Online UNICEF Survey data

- Response was received from 347 SNCU staffs which include 28 paediatricians, 11 medical officers, 22 data entry operators and 286 staff nurses
- Participants were also asked about topics of interest on which they would like to have the training. Based on the responses, online training pilot session was planned on the topic suggested by majority of the participants
- **Piloting:** As per the responses received from the SNCU staff, a pilot online (Zoom platform) capacity building initiative was started in six selected SNCUs
- **Three sessions** for six selected SNCUs were conducted; duration of each session was 1 hour and 20 minutes with case presentation by participants plus 20 minutes by expert and 20 minutes of discussions
- **Output:**
 - ♦ Of all the registered participants, 80 per cent were staff nurses
 - ♦ Of the initial registrations, 52 per cent attended all the three sessions
 - ♦ Significant improvement in average scores in end line versus baseline was 19 from 15 for staff nurses and 22 from 18 for the doctors
 - ♦ Close to 60 per cent of the participants have scored more than 70 per cent marks post the training
 - ♦ More than 80 per cent of the attendees feel that they have learnt something new on neonatal resuscitation which they will apply in their work
 - ♦ 91 per cent of the attendees have said that they are more confident on the topic

- ♦ Close to 38 per cent have said that the Q&A session was more beneficial to them rather than the case presentation (15 per cent)

Telementoring of SNCUs

Another innovation during COVID-19 is that, UNICEF in partnership with AIIMS Raipur is conducting teleconsultation rounds with four districts – Narayanpur, Bijapur, Mahasamund and Dantewada.

- Telementoring/telerounds conducted in four SNCUs
- 967 telemonitoring sessions held since inception in July 2020
- More than 1,400 sick newborns benefitted
- The quality parameters such as antibiotic usage rates, referral rate, case fatality rate etc. are monitored for documenting the outcome of teleconsultation

Joint Advocacy Statement

Joint Advocacy Statement from National Health Mission (NHM), Chhattisgarh, UNICEF Chhattisgarh, Indian Academy of Paediatrics (IAP) CG with support from Kangaroo Mother Care (KMC) Foundation India to provide recommendations specific to Infant and Young Child Feeding (IYCF) and KMC in the context of COVID-19 based on the global evidence from WHO and UNICEF.

Facility and community follow-up of SNCU discharged babies

One of the major challenges faced during COVID-19 pandemic was the reduction in community and facility follow-ups of SNCU discharged babies, as travel was restricted and there was fear amongst the community members to come to hospitals. With UNICEF advocacy, the state initiated SNCU follow-up at the nearest Newborn Stabilization Unit (NBSU) or at a delivery point instead of people having to come all the way to SNCUs at district level. The contact number of Mitandin/Accredited Social Health Activists (ASHA) were mandatorily recorded at SNCUs at the time of admission so that reminder call for community follow-up can be given.

Outcome: Community follow-up for first visit showed an increase of 3.5 per cent from the last quarter, likewise 3rd visit and 6th visit increased by 4.2 per cent and 3.5 per cent respectively but only a 2.6 per cent increase in 1st facility follow-up visit.

Joint implementation guidelines for HBYC services

UNICEF facilitated interdepartmental convergence meeting to decide the line of action for (Home Based care for Young Child (HBYC) programme considering COVID-19 situation. As a result, joint signatory from both the secretary (Health and WCD) were released for co-ordinated action at various level including field level by Mitadin/ASHA and Anganwadi Worker (AWW). Also, directives were issued for implementation of HBYC services, where training of Mitadin/ASHA has been completed.

Continuing Routine Immunization (RI) in COVID-19 pandemic

State and District Administration

- As a result of advocacy by UNICEF, the state government issued a letter as early as 20 March 2020 for ensuring all essential services including immunization at health facilities as well as in community and technical guidance to continue RI activity as a part of Village Health Sanitation and Nutrition Day (VHSND)
- UNICEF continued advocacy for effective monitoring of the essential RMNCH + A services at field level which resulted in appointing three Deputy Directors to monitor the essential services
- UNICEF also supported the government for developing the checklist for effective monitoring at district level on a weekly basis
- UNICEF supported in creating COVID-19 sensitive immunization IEC material specifically for FLWs which can be easily shared on social media for wider reach
- District administrations also supported FLWs as well as others like Alternate Vaccine Delivery System (AVDS) by issuing temporary security pass for ease of movement in the district during VHSND
- UNICEF supported programme in Narayanpur project is supporting organization of VHSND in remote villages of the district as well as awareness activities

Supply chain

- Understanding the situation and in the anticipation of lockdown, the state ensured adequate stock of vaccines at all levels particularly in districts affected by LWE and remote tribal/inaccessible areas

- Field staff took care of self-protection by use of masks and followed physical distancing at all levels: Regional Vaccine Stores (RVS), District Vaccine Stores (DVS), cold chain points as well as by the Alternate Vaccine Delivery System (AVDS) field workers
- In all districts, Auxiliary Nurse Midwives (ANMs) went to session sites/villages with logistics, duelist and records from their respective Sub-Health Centres (SHC) by their own arrangement to conduct session site timely



Immunization sessions with COVID precautions

Conducting sessions

- Sessions have been done mostly on the scheduled days, at designated sites (SHC or Anganwadi Centre) as per micro plan despite COVID-19 situation
- The Rural Health Officers (RHOs) prepared the duelist which was also shared with Mitadins who mobilize the beneficiaries. RHOs helped Mitadin for home visits as per duelist
- Only 4-5 beneficiaries get mobilized at a time to limit the number of people gathered at one place
- As of September 2020, services were limited during VHSNDs and number of people gathering was cautiously controlled



COVID 19 messages on wall

- Mitanins and RHOs follow basic protective measures like physical distancing and covering nose, and mouth while delivering services
- After the end of each session, AVDS or the RHOs carry the remaining vaccines back to the cold chain points
- To prevent panic among people, awareness activities have been carried out by the Mitanins regarding the spread and prevention of COVID-19 through activities like writing messages on walls
- This crisis period has been also harnessed as an opportunity for change in behaviour regarding WASH. Handwashing demonstrations have been done and emphasis is given on washing of hands with soaps at critical times in districts like Narayanpur



Handwashing during COVID-19 at session sites

Diarrhoea control activities during COVID-19

- Intensified Diarrhoea Control Fortnight (IDCF) was conducted in all the 28 districts of state from 8 to 21 July 2020 with technical support from UNICEF
- More than 500 district/block level programme managers were trained virtually on IDCF campaign, a first of its kind experience in conducting campaign
- Digital platforms like WhatsApp, Facebook and Twitter were extensively used for the first time for state-wide dissemination and promotion of 14 days campaign
- State targeted around 30 lakh under-five children for pre-positioning during the campaign
- Budget was planned for wall writings on diarrhoea control messages at every village and soap for handwash to Mitanin and ANM

- All measures for prevention of COVID-19 were directed to be followed during the home distribution of Oral Rehydration Salts (ORS) that included physical distancing, handwashing and respiratory hygiene

Early Infant Diagnosis (EID) testing of HIV exposed babies

- During the COVID-19 pandemic, EID testing had to be stopped as there was an unavailability of courier services due to lockdown and there was no facility to send Dried Blood Spot (DBS) sample to referral lab, National Institute of Cholera and Enteric Diseases (NICED), Kolkata. Since July 2020, the testing has resumed
- After the lockdown, UNICEF did advocacy to have due checklist for DBS and all the counsellors were instructed to collect the due sample of DBS and send it to NICED, Kolkata for testing

Home delivery of Anti-Retroviral Therapy (ART) drugs

- With the lockdown in place, it was difficult for HIV positive ANC and people living with HIV to go to ART centre for their ART drugs supply
- ART drugs stock for three months was sent from state to all Link-ART and district hospitals (with no Link-ART). ART patients including pregnant women have been provided 2-3 months ART drugs
- ART drugs to critical patients on ART, who are not able to travel have been provided at home through outreach worker

Guideline for management of pregnant women in COVID-19 pandemic

- With UNICEF's technical support, comprehensive guidelines for management of Pregnant Women (PW) in COVID-19 pandemic & guideline for separate quarantine centres for PW were released from Department of Maternal Health
- Data analysis of Maternal Health (MH) services was done during COVID-19 pandemic. UNICEF also supported the state in analysing the data and facilitated review by maternal health division to ensure continuity of MH services
- Technical guidance was given to all the LaQSHYA facilities to strengthen the maternal care and delivery services through virtual orientation meetings and reviews

Human interest story

Continuity of sick newborn care during COVID-19 in a remote tribal and LWE affected district: UNICEF Telemedicine/Teleconsultation initiative support

Rajeshwari, after 10 long years of her marriage with Gopi Ram, gave birth to a child weighing just 440 grams, who is now among the lowest alive and survived baby in India. At 24 weeks of her pregnancy, Rajeshwari underwent labour pain and a premature delivery was conducted at a nearby Community Health Centre (CHC), Behrampur, where fortunately the newborn and the mother were saved. However, for survival, the extremely low birth weight of 440 grams was quickly and promptly referred to SNCU of district hospital, Bijapur. The SNCU of the district hospital, Bijapur is a government Health Care Centre (HCC) with a capacity of 10 beds. There are no private or multi-specialty hospitals in the entire district. SNCU Bijapur, having limited resources, overcame the situation with the help of its entire team's effort and dedication over a period of two and a half months. On 24 June 2020 after their continuous efforts, dedication and devotion, the team wrote history by saving the life of a newborn with improvement of weight from 440 grams to 1.41 kilograms.

Since Bijapur is located approximately 500 kilometres from the capital city of Raipur, the

intervention of video and teleconsultation by UNICEF along with experts from AIIMS Raipur supported the SNCU team of Bijapur in a big way. Dr. Atul Jindal, Associate Professor of Paediatrics Department from AIIMS Raipur provided his expertise in handling the challenging situation on a daily basis, via teleconferencing. Every day the team provided updates to Dr. Jindal and he guided the whole team regarding the steps to be taken and the medicines to be prescribed further on.

The team discharged the baby and Rajeshwari with satisfaction that they saved the life of the little angle. Rajeshwari and Gopi Ram finally had their baby in their arms and their tiny world of happiness was saved by the team of fighters at the district hospital, Bijapur. At many occasions, when the parents wanted to go back, it was the patience and counselling of the SNCU staff which held them back.

Like it is said, efforts have no hurdles; this line is suitable for the team of doctors and nurses who gave their 100 per cent effort and saved the life of a newborn even in the face of a pandemic.



Baby at the time of birth



Baby at the time of discharge

INNOVATIONS

Teleconsultation of SNCUs during COVID-19: Use of IT for quality of care

State has operationalized 23 SNCUs in 22 districts with a total bed capacity of more than 350. These SNCUs provide care to more than 20,000 newborns every year. With the increase in the number of newborn admissions, the focus or priority of the state is now on quality of care in SNCUs. Hence telementoring of selected SNCUs of Aspirational Districts was initiated by NHM, Chhattisgarh in collaboration with AIIMS Raipur and UNICEF leading to improved health outcomes in the SNCUs.

Partnership

SNCUs of Dantewada, Bijapur, Narayanpur and Mahasamund, NHM, Chhattisgarh, Department of Health Services Chhattisgarh, Department of Paediatrics, AIIMS Raipur, UNICEF Chhattisgarh.

Innovation

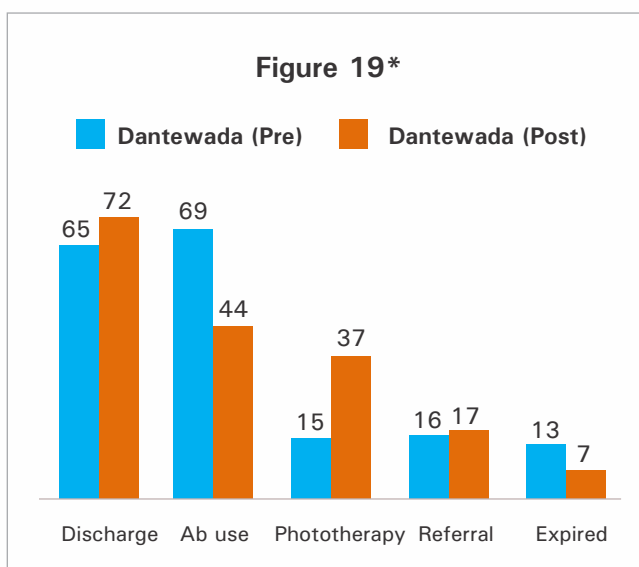
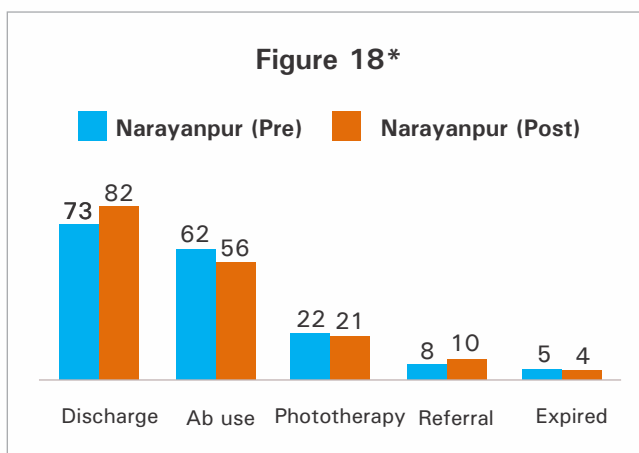
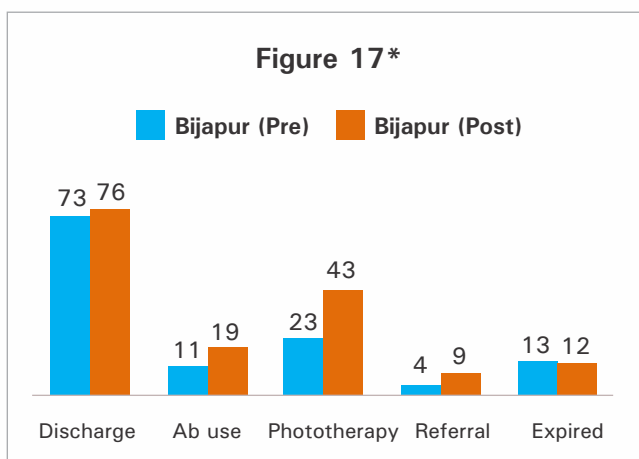
- Four SNCUs of Aspirational Districts - Dantewada, Bijapur, Narayanpur and Mahasamund were identified as pilot
- UNICEF supported quality improvement trainings for SNCU staff in Aspirational Districts
- The technical sessions which were facilitated by specialist paediatrician were selected from AIIMS Raipur
- The selected SNCUs coordinated for daily telementoring
- Internet availability – already available broadband facility for daily data entry in SNCU online software was used
- Camera for telerounds – The districts were instructed to purchase high-resolution cameras from SNCU operational cost sanctioned in the annual NHM Budget. Alternatively, districts could also use mobile phone cameras
- The telementoring done on Skype platform as per mutually agreed schedule by experts and the SNCU staff
- The AIIMS expert also conducted regular mentoring visits to the SNCUs under the QI project

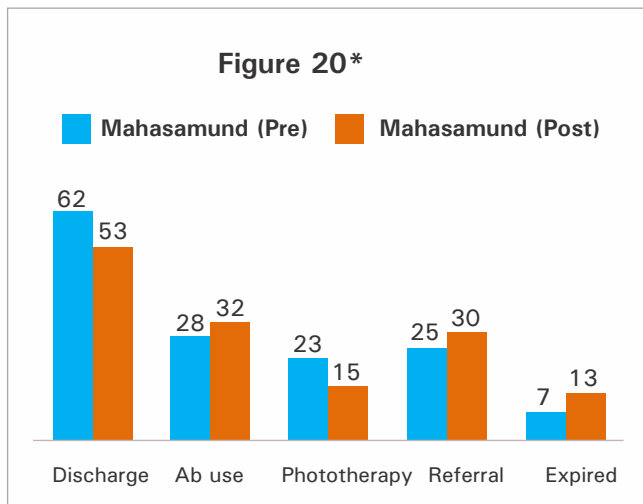
Outcomes

- Total number of sessions held till September 2020 (since start) in the SNCUs: 954

- Number of newborns benefitted till September 2020 (since start) in the SNCUs: 1189

The snapshot of improvement in services pre and post the initiation of telementoring session for the four SNCUs is presented below –





*Source: SNCU online software

The impact and effect of COVID-19 in the SNCU services should also be considered while interpreting the above data.

Scale-up

- The model was to conduct virtual rounds by the experts, like post-graduate training in medical colleges and build the capacities of the SNCU staff on a daily basis
- Telementoring turned out to be a very

effective strategy to build capacities at peripheral institutions. It is also a very cost-effective strategy as it requires a minimal setup and recurring cost

- It enables for effective linkages between secondary care (district hospitals) and tertiary care (medical colleges)
- Telementoring has proved to be a very important strategy to implement protocol-based management, improve quality of care in SNCUs and result in better neonatal outcomes
- If an expert is allotted more than one SNCU then the quality time for each SNCU would be compromised
- As there are minimal financial implications involved, the model has enough potential for replicability and scale up by any SNCU elsewhere
- With the use of technology, expert sitting in any corner of the world can be connected to SNCUs for telementoring
- The model can also be replicated in other similar areas of health care such as care during labour and paediatric/obstetric ICU care






Telementoring session in progress



On site mentoring session at the SNCU by AIIMS expert



ARV prophylaxis to HIV exposed baby, DH Korba, Chhattisgarh

HPM indicators			
HPM indicators	Target for March to December 2020	Progress up to September 2020	Source
 No. of Health worker trained in detection, referral and management of COVID-19 cases	4,000	4,000	State Training report
 No. of women and children receiving essential health care including prenatal delivery and post natal care, essential newborn care, immunization, treatment of childhood illness and HIV care in UNICEF supported facilities	822,130	1,319,000	HMIS (March to June 2020)
 No. of Health care facility staff and community staff trained in infection prevention and control	4,100	4,100	State Training report

PARTNERSHIPS

- **Piramal Swasthya** in partnership with UNICEF trained 101 counsellors from 104 dial centre on 'Stigma related to COVID-19' in four batches, to those who are providing COVID-19 counselling services by dialling 104.
- **State Planning Commission:** UNICEF in collaboration with State Planning Commission built the capacity of 200 doctors on COVID-19 for providing counselling for psychosocial support on a dedicated helpline to be established by the state. UNICEF has built capacity of many NGOs enrolled under COVID-19 cell at the State Planning Commission for monitoring of essential RMNCH + A services.
- **Americares:** UNICEF mobilized 250,000 triple-layered masks and 15,000 bottles of sanitizer (500 ml) for the state and five ventilators at district hospital, Surguja through donor organization, Americares.
- **EKAM-SHRC:** UNICEF in partnership with EKAM Foundation, SHRC and MCs assessed 52 health facilities for emergency preparedness for any disaster and a comprehensive report was submitted for corrective actions.
- **Chhattisgarh Rajya Gramin Ajivika Mission, BIHAAN (also known as State Rural Livelihood Mission (SRLM))** partnership to reach out to them and educate them on the on-going COVID-19 pandemic.
- **Media partnership:** T S Singh Deo, Health Minister of Chhattisgarh, Dr. Raman Singh, Former Chief Minister of Chhattisgarh, Anuj Sharma, a noted Actor from Chhattisgarh film industry, Rakshit Tandon, a Cyber Security Expert, Rukmini Benarji and Subir Shukla, prominent Educationists and Alok Shukla, Principal Secretary, School Education, GoC were engaged through media engagement and leveraged media's support to highlight women's issues during the pandemic.
- **Youth engagement:** UNICEF interacted with members of Youth Congress and Yuva Morcha of Chhattisgarh at the state and district level. The campaign 'Yuvaki Boli' was launched with NSS volunteers and their volunteer support at the COVID hospitals helping patients as ward boys were unique partnerships by UNICEF for youth engagement.
- **Partnership with Members of Legislative Assembly and Parliament:** Aimed at leveraging support from the policymakers to protect children and respond to their needs during the pandemic.
- **Engagement with faith and tribal leaders:** To leverage support of the faith and tribal leaders to uphold the rights of children and protect them from the impact of the pandemic.



Vaccination

LESSONS LEARNED AND WAY FORWARD

- ◆ COVID-19 situation paralysed the health and hospital management systems and hence the need for a more robust data management systems resilient to any emergencies
- ◆ Supply chain disruptions during COVID-19 has rendered shortage of essential RMNCH + A medicines and logistics such as revised Mother Child Protection (MCP) card, Iron Folic Acid (IFA) syrup, Family Planning commodities, tablet Misoprostol, syrup Amoxicillin in the districts which also call for adequate preparedness of systems for emergencies
- ◆ COVID-19 death reviews are an excellent tool for identifying system issues and initiating corrective actions
- ◆ Over a period of time, implementation of containment zone particularly in urban areas has become a challenge
- ◆ With the sudden spike in the number of cases and increased screening due to inflow of migrants, managing COVID-19 related data became a challenge
- ◆ The health facility preparedness assessment for COVID-19 response revealed that the disaster preparedness of health facilities must be embedded in the health systems and it cannot be done during the disaster
- ◆ UNICEF has strength and capacity in mobilizing donors for emergency response, which is a comparative advantage
- ◆ COVID-19 response has reinforced that more investment in six pillars of health systems, with resilience for emergencies, is essential for achieving Sustainable Development Goals (SDGs)
- ◆ The expectation of the government partners is high from UNICEF on facilitating supplies especially during such public health emergencies
- ◆ It is possible to sustain the essential services (which the state demonstrated by uninterrupted immunization services), even in adversaries, with better planning and good governance
- ◆ For sustaining RMNCH + A services during public health emergencies, differential approaches for tribal and civil strife affected districts is essential
- ◆ Online skill-based trainings can be conducted with fair output in skills of the participants. It cannot be a supplementary for induction training but a better alternative for continued medical education
- ◆ Measures for ensuring supplies in an emergency was always part of standard guidelines. However, they were written/taught from a viewpoint of emergency in a localized form. Inability of movement on large scale was unprecedented. Hence, immunization programmes should be prepared for unexpected conditions in all type of emergencies
- ◆ Community engagement should be continuous in emergencies to make services available for vulnerable and marginalized population
- ◆ Emergency preparedness prioritizes health facility preparedness but COVID-19 response has shown the importance of preparedness for community level interventions



SS of CCP preparedness, COVID vaccination

Way forward

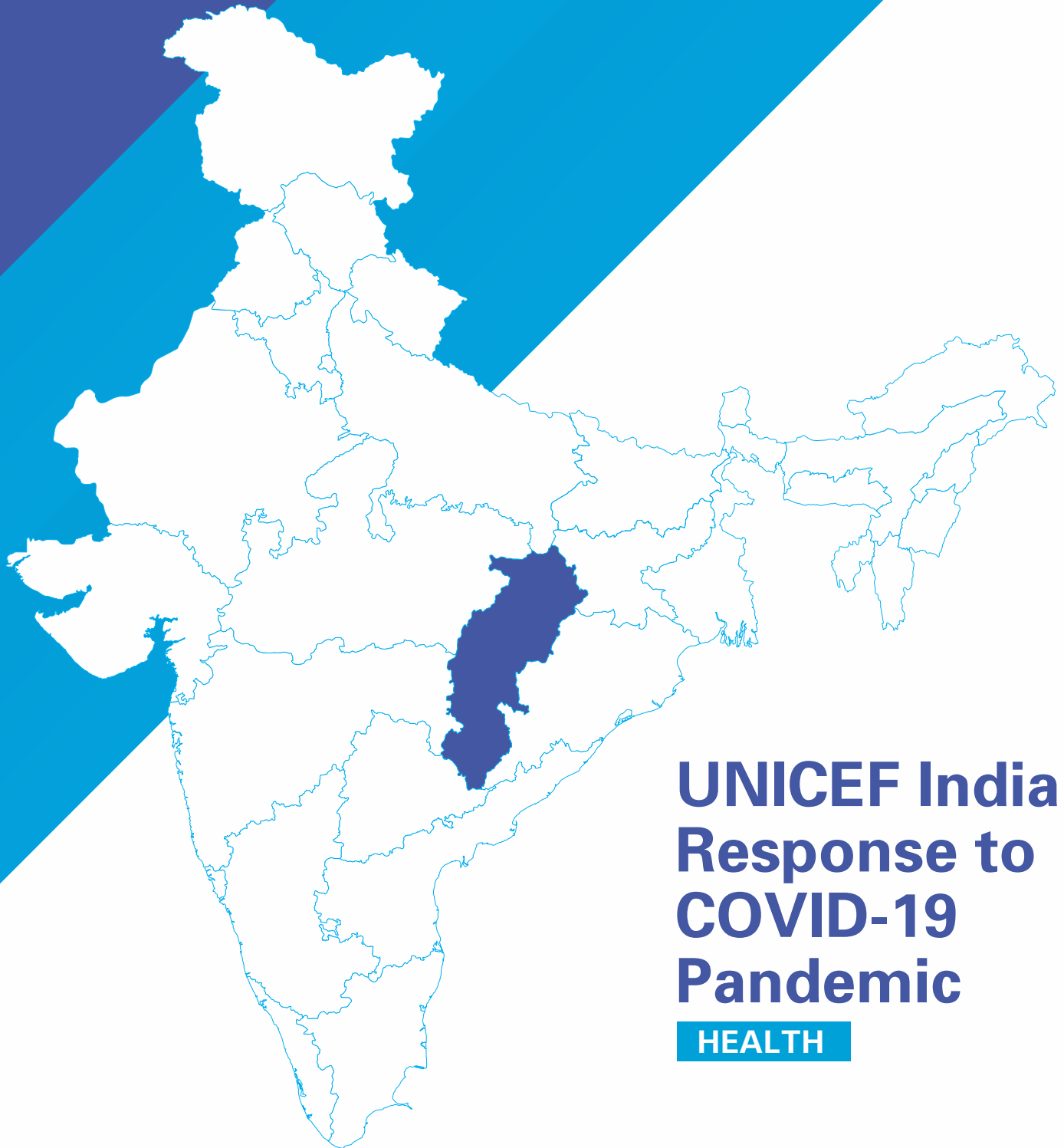
- Moving towards real-time data management systems which are resilient to any emergency situations
- Use of data for action not only at state level but at all levels of programme management (use of data by ANM to monitor ASHA/AWW, by Public Health Centre (PHC) medical officers to supervise ANMs, block level programme managers to manage PHCs/SHCs etc.)
- Data visualization should also be backed up by data validation for rationale use of data
- Ensuring the uninterrupted availability of quality vaccines at all levels and system preparedness with adequate cold chain capacity to store upcoming COVID-19 vaccine
- As secondary and tertiary care staff and health facilities are into COVID-19 response, SC strong advocacy is required to strengthen comprehensive primary health care for continuation of essential health services
- Expanding online skill-based trainings initiated during COVID-19
- Human resource management is critical in the state to increase the existing capacity and have adequate surge capacity



Malaria mukt Bastar abhiyan

Acknowledgement

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UNICEF India Response to COVID-19 Pandemic

HEALTH

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