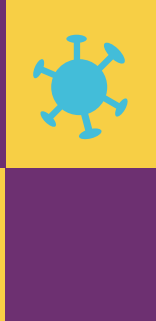
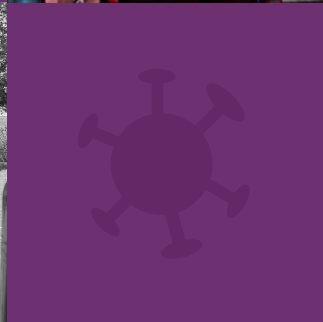
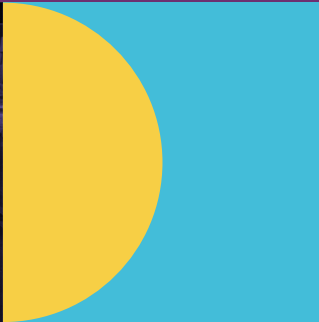


THE UNICEF HEALTH SECTOR RESPONSE to the COVID-19 Pandemic in India

December 2019 to March 2021



National Compendium



UNICEF/2020/Panjwani



UNICEF/2020/Singh

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List of Abbreviations

AOPG	: Academy of Pediatrics Gujarat	CHV	: Community Health Volunteers
ASHA	: Accredited Social Health Activist	CPAP	: Continuous Positive Airway Pressure
AES	: Acute Encephalitis Syndrome	CSR	: Corporate Social Responsibility
ACMO	: Additional Chief Medical Officer	CAB	: COVID appropriate behaviour
AIIMS	: All India Institute Of Medical Sciences	CCC	: COVID Care Centres
AP	: Andhra Pradesh	CHCs	: COVID Health Centres
APSACS	: Andhra Pradesh State AIDS Control Society	DCCC	: Dedicated COVID Care Centres
AWCs	: Anganwadi Centres	DCHC	: Dedicated COVID Health Centres
AWW	: Anganwadi Worker	DPs	: Development Partners
ANC	: Ante Natal Care	DRR	: Disaster Risk Reduction
ARV	: Anti-Retro Viral	DEICs	: District Early Intervention Centres
ART	: Anti-Retroviral Therapy	DH	: District Hospitals
Ads	: Aspirational Districts	DPM	: District Programme Manager
ASDMA	: Assam State Disaster Management Authority	DFY	: Doctors for You
AMOs	: Assistant Medical Officers	DWAs	: Domestic Workers Associations
ANM	: Auxiliary Nurse Midwife	DBS	: Dried Blood Spot
BCC	: Behaviour Change Communication	ECD	: Early Childhood Development
BCERT	: Bihar COVID-19 Emergency Response Team	EID	: Early Infant Diagnosis
BOTS	: Robots	EVMA	: Effective Vaccine Management Assessment
BSACS	: Bihar State AIDS Control Society	EMTCT	: Elimination of Mother to Child Transmission
BMGF	: Bill & Melinda Gates Foundation	ESIS	: Employee State Insurance Scheme,
BWM	: Bio-medical Waste Management	EPMM	: Ending Preventable Maternal Mortality
BJMC	: BJ Medical College	EVAC	: Ending Violence Against Children
BCMO	: Block Chief Medical Officer	EDD	: Expected Date of Delivery
BMOs	: Block Medical Officers	FBNC	: Facility based Newborn Care
BMC	: Block Mobilization Coordinator	FIMNCI	: Facility-based IMNCI
BPM	: Block Programme Manager	FBLs	: Faith-based Leaders
CBI-RI	: Capacity Building Initiative - Routine Immunization	FBO	: Faith-based Organization
CGHS	: Central Government Health Scheme	FOGSI	: Federation of Obstetric and Gynaecological Societies of India
CSSD	: Central Sterile Supply Department	FM	: Field Monitors
COE	: Centre of Excellence	FRUs	: First Referral Units
CG	: Chhattisgarh	FLWs	: Front Line Workers
CMHO	: Chief Medical and Health Officer	GNM	: General Nurse Midwife
CMO	: Chief Medical Officer	GDM	: Gestational Diabetes Mellitus
CFS	: Child- Friendly Spaces	GoB	: Government of Bihar
CRO	: Child Rights Observatory	GoC	: Government of Chhattisgarh
CSO	: Civil Society Organization	GOI	: Government of India
CAP	: Communication Advocacy and Partnership	GoJ	: Government of Jharkhand
C4D	: Communication for Development	GoMP	: Government of Madhya Pradesh
CRU	: Communication Resource Unit	GoM	: Government of Maharashtra
CHO	: Community Health Officer	GoT	: Government of Telangana
		GoUP	: Government of Uttar Pradesh
		GCC	: Greater Chennai Corporation

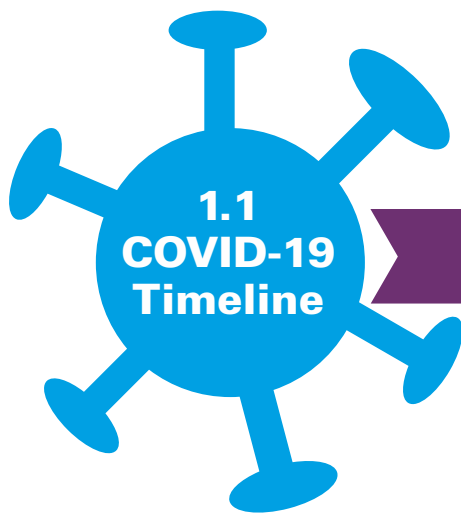
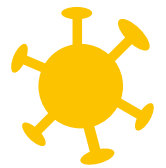
GSACS	: Gujarat State AIDS Control Society	LiSa	: LifeSaving
HB	: Haemoglobin	LBW	: Low Birth Weight
HFW	: Health & Family Welfare	MP	: Madhya Pradesh
HCPs	: Health Care Providers	MTC	: Malnutrition Treatment Centre
HCWs	: Health Care Workers	MIS	: Management Information System
HMIS	: Health Management Information System	MDH	: Mask, Distancing and Hygiene
HSCs	: Health Sub Centres	MCH	: Maternal and Child Health
HPDs	: High Priority Districts	MH	: Maternal Health
HRPs	: High-Risk Pregnancies	MCHN	: Maternal, Child, Health and Nutrition
HBNC	: Home Based Newborn Care	MC	: Medical College
HH	: House Hold	MOIC	: Medical Officer in Charge
HTH	: House to House	MDM	: Mid-day Meal
HDI	: Human Development Index	MoHFW	: Ministry of Health and Family Welfare
HR	: Human Resource	MCP	: Mother and Child Protection
HFO	: Hyderabad Field Office	MCGM	: Municipal Corporation of Greater Mumbai
HCQ	: Hydroxy Chloroquine	NCC	: National Cadet Corps
ILRs	: Ice-Lined Refrigerators	NCCMIS	: National Cold Chain Management Information System
ISM	: Immunization Strengthening Meeting	NHM	: National Health Mission
IAP	: Indian Academy of Paediatrics	NID	: National Immunization Days
ICMR	: Indian Council of Medical Research	NIS	: National Immunization Schedule
IIM	: Indian Institutes of Management	NIC	: National Informatics Centre
IMA	: Indian Medical Association	NICED	: National Institute of Cholera and Enteric Diseases
IGIMS	: Indira Gandhi Institute of Medical Sciences	NIHFW	: National Institute of Health and Family Welfare
IPD	: Indoor Patient Department	NIMHANS	: National Institute of Mental Health and Neuro Sciences
IYCF	: Infant and Young Child Feeding	NNF	: National Neonatology Forum
IPC	: Infection Prevention and Control	NNW	: National Newborn Week
IT	: Information Technology	NQAS	: National Quality Assurance Standard
IEC	: Information Education and Communication	NSS	: National Service Scheme
IECTF	: Information Education and Communication Task Force	NQOCN	: Nationwide Quality of Care Network
ICDS	: Integrated Child Development Services	NYKS	: Nehru Yuva Kendras
ICTC	: Integrated Counselling Testing Centre	NICU	: Neonatal Intensive Care Unit
IDSP	: Integrated Disease Surveillance Programme	NRP	: Neonatal Resuscitation Program
IMNCI	: Integrated Management of Childhood Illnesses	NBCC	: Newborn Care Corner
PIE	: Intelligent Edutainment	NBSU	: Newborn Stabilization Unit
IDCF	: Intensified Diarrhea Control Fortnight	NER	: North Eastern Region
ICU	: Intensive Care Unit	NIPI	: Norway India Partnership Initiative
IFA	: Iron-Folic Acid	NPM	: Nurse Practitioners in Midwifery
JBSY	: Janani Bal Suraksha Yojna	NRCs	: Nutrition Rehabilitation Centres
JSSK	: Janani Shishu Suraksha Karyakaram	OSDMA	: Odisha State Disaster Management Authority
JE	: Japanese Encephalitis	ODK	: Open Data Kit
KMC	: Kangaroo Mother Care	ORS	: Oral Rehydration Salt
KA	: Karnataka	OPD	: Out Patient Department
KSAPS	: Karnataka State AIDS Prevention Society	PS	: Panchayat Samiti
KGMU	: King George Medical University	PRI	: Panchayati Raj Institutions
KFO	: Kolkata Field Office	PPE	: Personal Protective Equipment
LaQshya	: Labour Room Quality Improvement Initiative	PDSA	: Plan-Do-Study Act
LWE	: left-wing extremism	PIE	: Platform for Intelligent Edutainment
		PDSS	: Pneumonia & Diarrhoea Supportive Supervision

PGMOs	: Post-Graduate Medical Officers	SCERT	: State Council of Educational Research and Training
PNC	: Post-Natal Care	SHRC	: State Health Resource Centre
PPH	: Post-partum Haemorrhage	SHSB	: State Health Society Bihar
PMSMA	: Pradhan Mantari Surakshit Matritva Abhiyan	SHSRC	: State Health Systems Resource Centre
PICME	: Pregnancy and Infant Cohort Monitoring and Evaluation	SIHFW	: State Institute of Health & Family Welfare
PW	: Pregnant Women	SOGOG	: State Organization of Obstetricians & Gynecologists of Gujarat
PPTCT	: Prevention of Parent to Child Transmission	SPC	: State Planning Commission
PHC	: Primary Health Care	SIA	: Special Immunization Activities
PS	: Principal Secretary	S&D	: Stigma and Discrimination
PIP	: Program Implementation Plan	SC	: Sub-Centre
PSS	: Psychosocial Support	SDH	: Subdivisional Hospital
PHFI	: Public Health Foundation of India	SHC	: Sub-Health Centres
PSU	: Public Sector Undertakings	SNID	: Sub-National Immunization Days
PMC	: Pune Municipal Corporation	SS	: Supportive Supervision
QI	: Quality Improvement	SO	: Surveillance officer
RAT	: Rapid Antigen Test	TE	: Tea Estate
RKSK	: Rashtriya Kishore Swasthya Karyakram	TAC	: Technical Advisory Committee
RMNCH+A	: Reproductive, Maternal, Newborn, Child and Adolescent Health	TSU	: Technical Support Unit
RMNCAH+N	: Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition	TS	: Telangana State
RTM	: Real-Time Monitoring	TMCs	: Temporary Medical Centres
RRCs	: Regional Resource Centres	ToR	: Terms of Reference
RCH	: Reproductive Child Health	ToT	: Training of Trainers
RCHO	: Reproductive Child Health Officer	TRIFED	: Tribal Cooperative Marketing Development Federation of India
RT-PCR	: Reverse Transcription Polymerase Chain Reaction	U5MR	: Under-5 Mortality Rate
RCCE	: Risk Communication and Community Engagement	UBRAF	: Unified Budgeting and Results Action Framework
RI	: Routine Immunization	UNJT	: United Nations Joint Team
RHOs	: Rural Health Officers	UIP	: Universal Immunization Programme
SHG	: Self Help Groups	UPM	: Urban Programme Manager
SDG	: Self-Development Goals	UP	: Uttar Pradesh
SLNMCH	: Shaheed Laxman Nayak Medical College and Hospital	NCCVMRC	: Vaccine Management Resource Centre
SNCU	: Sick Newborn Care Unit	VPDs	: Vaccine Preventable Diseases
SBA	: Skilled Birth Attendant	VCs	: Video Conferences
SAANS	: Social Awareness and Action to Neutralize Pneumonia Successfully	VHND	: Village Health and Nutrition Days
SMC	: Social Mobilization Coordinator	VHSND	: Village Health Sanitation & Nutrition Day
SMNet	: Social Mobilization Network	VDRL	: Virus Research & Diagnostic Lab
SRMIST	: SRM Institute of Science and Technology	WIC	: Walk-in Cooler
SN	: Staff Nurse	WIF	: Walk-in Freezers
SOPs	: Standard Operating Procedures	WASH	: Water Sanitation and Hygiene
GSACS	: State AIDS Control Society	WB	: West Bengal
SCHC	: State Child Health Cell	WBDF	: West Bengal Doctors Forum
SCHTC	: State Child Health Technical Committee	WCD	: Women and Child Development
SCC	: State Command Centre	WBW	: World Breastfeeding Week
		SHSB	: State Health Society Bihar
		PNC	: Post-Natal Care
		STFI	: State Task Force for Immunization

A photograph of two men in blue protective suits and hairnets. The man in the foreground is holding a megaphone and looking towards the camera. The man in the background is also looking towards the camera. The image is set against a yellow background.

Chapter 1: Introduction

The Coronavirus Disease (COVID-19) pandemic, which had its origins in Wuhan, China, struck India towards the end of January 2020, bringing major sections of humanity to a standstill. It spread steadily and on March 31, 2021, the number of active COVID-19 cases stood at 12,949,335, number of people discharged were 11,434,301, number of active cases were 552,566 and number of deaths were 162,468 (Ministry of Information and Broadcasting, accessed on 14 April 2021).



○ **First COVID-19 case reported in China.**

○ **First case in Thrissur, Kerala.**

31 December **2019**

30 January **2020**

○ **More than 1,000 cases confirmed.**

31 March **2020**

24 March **2020**

➤ Contact tracing done on a massive scale across the country. Private labs were also allowed to start COVID-19 testing. Containment and non-containment zones were announced based on the spread of COVID-19 cases. Govt announces Rs.1.7 lakh crore economic relief package. PM CARES fund was set up for donations to the pandemic relief.

➤ Lockdown 1.0 announced for 21 days. All air and train travel suspended.
Mass migration of migrant workers and labourers begin.

○ **Cases touch 100,000 mark.**

April **2020**

May **2020**

➤ Aarogya Setu app launched on April 2. Nation-wide lockdown extended till 31 May 2020. All super spreader events banned.

➤ Indian Council of Medical Research (ICMR) partners with Bharat Biotech to develop an indigenous vaccine for COVID-19. Atmanirbhar Bharat launched on 12 May 2020.



UNICEF/2021/Boro

○ COVID spread > Government of India (GoI) response

○ WHO declares COVID-19 as Global Emergency of International Concern.

○ Second and third case reported in Kerala.

31 January 2020

February 2020

> WHO names new virus as SARS-CoV-2 and the disease as COVID-19.

○ Cases rise rapidly.

○ WHO declares COVID-19 as a pandemic.

22 March 2020

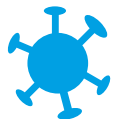
11 March 2020

> One-day Janata Curfew imposed.

> India confirms its first death.

○ India crosses the five lakh mark. By end of June 2020, the number of recoveries exceed the number of active cases.

○ India overtakes Russia to become the third worst-hit by COVID-19 pandemic.



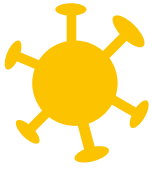
June 2020

July 2020

> GoI announced guidelines for Unlock 1.0.

> Unlock 2.0 and 3.0 announced by GoI.

First clinical trials for COVID-19 vaccine, Covaxin started.



○ **India rises to second place with the highest record of COVID-19 cases in a month. Suspected second wave.**

○ **Cases in cities like Delhi spike with the highest number of COVID-19 fatalities.**

August 2020

September 2020

October and November 2020

➤ **Unlock 4.0 announced. Clinical trials for Covishield started by Serum Institute.**

○ **New strain of COVID-19 starts spreading in the UK, reaching Indian shores through travellers.**

January 2021

December 2020

➤ **Gol launches the largest COVID-19 vaccination drive in India.**

➤ **Gol prepares for vaccine roll-out in January 2021.**



○ **Resurgence of COVID-19 - Rise in COVID-19 cases and deaths. Start of COVID-19 second wave in India.**

○ **India passes the 30,000 new confirmed cases per day mark, since 13 December 2020.**

February 2021

March 2021

➤ **The Indian government expands vaccine eligibility to include everyone above the age of 45 years. More than 63 million vaccinations administered cumulatively since the start of the immunization drive in January 2021 (as on 31 March 2021).**



1.2 UNICEF's Preparedness and Response to COVID-19 in India

With healthcare facilities across India overburdened by the pandemic, several health services were temporarily stopped. Although emergency services and limited Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) services were provided, the healthcare sector had to adapt and innovate rapidly to provide essential services under a new, unknown and evolving scenario. Guidelines for COVID-19 prevention, referral and management, for educating healthcare staff as well as patients who needed critical care, restoring services within the paradigm of the 'new normal' were challenges that had to be dealt with.

The United Nations Children's Fund (UNICEF) India's health programme, spread across 24 states of India, has historically focussed on improving

maternal, newborn, child and adolescent health through collaboration with communities, governments and partners in India, and suffered a major setback with the pandemic and the lockdown that ensued. As the number of COVID-19 cases started increasing across the country, the UNICEF health strategy had to reorient its programmatic focus and resources to address the emerging challenges. While there were several unknowns about the pandemic and the way containment measures were to be rolled out by the Government of India, the UNICEF Health team set a flexible action plan that defined its core activities in supporting the preparedness and response to COVID-19 in March 2020.

The Guiding Principles Adopted were:

- The COVID-19 outbreak is of unprecedented scale in recent history.

Prioritize and act fast.

- The current knowledge on the virus and its transmission is limited and evolving.

Learn and be flexible.

- The epidemiology of COVID-19 is fast evolving on a global scale as well as in different states, cities and districts in India.

No one-stop solution. Bundle of measures to be considered as per the local needs.

- COVID-19 is a health emergency with considerable potential effects on individual, family, social and economic life.

Health emergency, but UNICEF multisectoral response.

- GoI is on the lead for a pan-government response and WHO is the designated lead agency for the multi-partner response to COVID-19.

Under the leadership of WHO, work towards one UN Action Plan and one voice.

The Objectives of the UNICEF Approach were two-fold:



Support public health measures aimed at containing the pandemic and at minimizing its morbidity and mortality.



Ensure continuity of essential lifesaving Maternal Newborn and Child Health (MNCH) services for mothers and children with a focus on the most vulnerable communities.

Programmatic Response: UNICEF health network's programmatic response is described below:

Support Ministry of Health and Family Welfare (MoHFW) and WHO in the COVID-19 Preparedness and Response Actions, in collaboration with WHO

Key Activities



Provide technical assistance at the state and/or district level for (planning, costing, quantification) – focus on states and Aspirational Districts. Collaboration with the **Communication for Development (C4D)** team to provide Risk Communication and Community Engagement (RCCE) support to all states and Aspirational Districts.



Deliver **technical support** to strengthen Infection Prevention and Control (IPC) in healthcare and community settings [in coordination with Water, Sanitation and Hygiene (WASH)] section.



Explore mechanisms to **establish psychological support platforms** for Healthcare Workers (HCWs) and the population at large (with Child Protection section).



Support in procurement and supply to cater to the immediate needs as well as with a focus on long-term health system strengthening.



Research and data analysis for COVID-19.



As and when required, support MoHFW and WHO on:

- Surveillance and management of suspected cases (protocols, training, mentoring, monitoring, referral), from community to facilities.
- Hospital preparedness and clinical management of confirmed cases, with a focus on Pregnant Women (PW) and children.



Promote the active involvement of professional associations, private sector partners, Civil Society Organizations (CSOs) and Non-Government Organizations (NGOs) in COVID-19 response.



Provide technical support for the preparation of the **introduction of the COVID-19 vaccine** (from the development of strategy, development of tools, capacity building of actors to rolling out).

Ensure Uninterrupted Essential RMNCH+A including Immunization Services, Home-based Care, Public-Private Partnership for Care and Adapted Referral Systems

Key Activities

01

Advocate with national and state level authorities for strategies and investments for essential RMNCH+A services during the response

02

Develop guidelines and toolkit for re-design/adaptation of essential RMNCH+A services with MoHFW, Development Partners and Professional Associations

03

Support district or state level planning with a focus on integrated services (emergency and RMNCH+A)

04

Provide technical and financial support for implementing adapted RMNCH+A service delivery strategies

05

Analyse Health Management Information System (HMIS) data or other available data to document the impact of COVID-19 and its response on the update of RMNCH+A services



2.0 COVID-19 Response and Resuming RMNCH+A Activities during the Pandemic

2.1 Coordination

With the emergent situation in India, in January 2020, UNICEF engaged at multiple levels and was part of several groups and committees that coordinated the pandemic response across the country.

2.1.1 Coordination with the Government of India

Coordinating Agency	Activity
MoHFW	<p>Strategic inputs to COVID-19 pandemic: Testing, infection control and prevention and vaccine development.</p> <p>Support continuity of RMNCH+A services: UNICEF, along with other partners supported the MoHFW in the development of guidelines and its implementation with the aim to resume immunization and other RMNCH+A services.</p>
NITI Aayog	<p>Strategic inputs to COVID-19 pandemic: Testing, infection control and prevention and vaccine development.</p>
Gol Empowered Groups under the Disaster Management Act, WHO and UNDP	<ol style="list-style-type: none"> 1. Formulated plans for time-bound implementation. 2. Supportive supervision of COVID-19 hospitals across India. 3. Need for tools, services, training of staff identified. 4. Co-designed strategy to address COVID-19 in urban slums and this included advocacy papers, technical guidelines and a workshop with states on addressing COVID-19 in urban slums.
Emergency Medical Relief Division, National Centre for Disease Control, Mental Health Division	<p>Direct response to the pandemic:</p> <ol style="list-style-type: none"> 1. Supply of Personal Protective Equipment (PPE) kits and mass thermal scanners in large numbers. 2. Procurement for Gol and UN family.
NITI Aayog, MoHFW and NCCVMRC – COVID-19 Vaccine	<p>The National Expert Group on Vaccine Administration (NEGVAC) was constituted, chaired by NITI AAYOG and co-chaired by the Secretary of MoHFW. UNICEF and WHO developed the operational guidelines for administering the COVID-19 vaccine. UNICEF in collaboration with the National Cold Chain and Vaccine Management Resource Centre (NCCVMRC) worked on the cold chain, identifying gaps, creating new infrastructure, planning for contingencies and building partnerships.</p>

Indian Council for Medical Research (ICMR)

Supply of RT-PCR kits and operational research on the impact of COVID-19 on MNCH services, and in supporting the healthcare workers with psychosocial care for health workforce resilience during COVID-19 response to ensure continuity of services.

National Disaster Management Authority

With support from Sphere India, 15 state Inter Agency Groups (IAGs) were mobilized and connected to the National and State Disaster Management Agencies (NDMA/SDMAs) for the deployment of trained volunteers and providing orientation to them on COVID-19 response needs.

2.1.2 Coordination with WHO and UN Resident Coordinator (UNRC) Office

WHO was the designated lead agency for the multi-partner response to COVID-19 and UNICEF worked in close collaboration and leadership of WHO to prepare the Joint Response Partners Plan to COVID-19 pandemic. On behalf of the UNRC, UNICEF procured all the oxygen products for the GoI and the UN family. In addition to this, as part of **staff health and safety**, the UNICEF Health team created a mechanism to provide advice and support to UN staff on COVID-19 through a team of COVID-19 coordinators. These coordinators were medical doctors from amongst the staff who were the focal

point for any clarifications or medical support that was needed by the staff across the country. Staff were provided with oxygen concentrators, thermometers and pulse oximeters if they showed symptoms of COVID-19. Apart from these, a clinician for every state was identified and a list of hospitals were prepared as emergency contacts. Since this was needed for the rest of the UN agencies as well, WHO had identified two doctors in Delhi who helped quantify all the equipment needed by the UN family which was later procured by UNICEF.



2.1.3 Coordination with Donors and Partners

UNICEF's COVID-19 response would not have been possible without the support of several institutional donors and corporate partners who contributed resources of various kinds including generous financial support. During the year 2020, UNICEF forged a plethora of partnerships that have opened up several opportunities to improve the reach of our work. UNICEF is very grateful for such partnerships with various professional associations and academic institutions that have ensured timely delivery of COVID-19 response as well as in resuming RMNCH+A services. UNICEF also acknowledges the contributions of several NGOs, CBOs, and CSOs who have ensured the last mile service delivery and have been our eyes and ears on the ground during this unprecedented year.

Key Learnings

Looking back at the COVID-19 response as well as programmatic challenges that were overcome during 2020, one of the key learnings was the successful coordination at every stage. In a critical situation such as the pandemic, UNICEF adopted a "need-based" and "supportive and collaborative" approach to various agencies of the government to the extent that was needed. While working with the government, UNICEF played a supportive role alongside WHO, which took the lead in the pandemic response. All activities discussed in this booklet were planned, communicated, implemented and monitored with the full support of the GoI and state governments.

2.2 UNICEF Programmatic Response: COVID-19 Response and Resuming RMNCH+A Services

2.2.1 Pillar 1: Support MoHFW and WHO in the COVID-19 Preparedness and Response Action

Response to COVID-19 was centred around emergency procurement and supply, technical assistance for an integrated action plan, research and data, containment, health service preparedness, support to healthcare providers and psychosocial support to staff and introduction of the COVID-19 vaccine. Discussed below are some of the emergency procurements and response activities undertaken by UNICEF towards COVID-19 response.

1. Emergency Procurement of Medical Supplies

34,700 healthcare workers within health facilities and communities were provided with Personal Protective Equipment. 350,000 pieces of PPE and 300,000 RT-PCR test kits were procured by UNICEF. 36 RT-PCT machines (out of planned 85) were procured and installed across various government laboratories of India. UNICEF supply of 10 mass thermal scanners was installed in eight international airports which helped in increasing the safety of air travel. 20 oxygen plants are to be installed in critical points of various hospitals of the North-Eastern states of India and 3,014 state-of-the-art oxygen concentrators will be installed to increase the capacity of the country to treat patients with COVID-19 symptoms.

2. Assessment of COVID-19 Health Facilities

In response to the pandemic, the Government of India had instructed state governments to set up a three-tier system for the management of COVID-19 affected patients. However, due to a lack of adequate infrastructure and human resources, several of these facilities were not adequately prepared to treat COVID-19 patients. Based on a request by the GoI, UNICEF along with WHO, UNDP, JHPIEGO and Norway India Partnership Initiative (NIPI) engaged in supportive supervision of COVID-19 containment measures in the field. The objective of this assessment was to validate the preparedness and provide supportive supervision to these hospitals for further improvement. In the month of April, UNICEF along with WHO conducted supportive supervision of COVID-19 facilities across India using the MoHFW tool kit. The findings revealed inadequate beds with oxygen and ventilator support, insufficient isolation beds, and a shortage of human resources especially anaesthetists for high-level critical care. Technical teams were formed in each state comprising state health officials and representatives from WHO and UNICEF. These teams were provided instructions for corrective action which was reviewed and closely monitored by the highest levels of the government in the state.

3. Use of Data for Managing COVID-19

With the COVID-19 outbreak, the importance of creating Real-Time Data Management (RTM) systems that are resilient to emergency situations became critical. To this end, learning and development platforms for Aspirational Districts, district gap analysis and data visualization and development of in-house capacities for data were among the key priorities. A Community-based Monitoring (CBM) mechanism, planned, conceptualized and designed by UNICEF, was established as part of the UN response, to better understand the impact of the COVID-19 pandemic on marginalized and vulnerable families. UNDP,

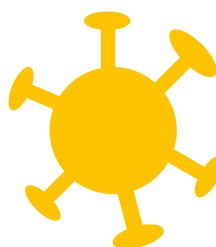
UNFPA and other UN agencies participated in the finalization of the CBM design. UNICEF also supported the piloting and deployment of several modelling tools which were snowballed to the states. These tools were used by the states for planning and forecasting the use of commodities and resources for the COVID - 19 response.

4. Psychosocial Support (PSS) Offered to Healthcare Workers

The unexpected COVID-19 epidemic had put the healthcare workers under tremendous unforeseen pressure. The Frontline Workers (FLWs) faced risk, stigma and backlash from communities as they went about contact tracing, providing treatment, counselling for family members and providing other forms of medical support. During the lockdown that ensued, there was an urgent need to provide mental and psychosocial health and support to frontline and primary healthcare providers. In June, UNICEF teams started working with the ICMR to support operational research on the impact of COVID-19 on MNCH services, and in supporting the healthcare workers with psychosocial care for health workforce resilience during COVID-19 response to ensure continuity of services. UNICEF partnered with the National Institute for Mental Health and Neuro Sciences (NIMHANS) to develop an information manual on "Psychosocial Care for Frontline Health Workers" and a first responders manual titled "Psychosocial First Aid (PFA) for Children Affected by COVID-19". In Bihar, UNICEF supported the orientation on mental health and psychosocial support of CSOs/NGOs and Social Mobilization Network (SMNet) staff, in addition to healthcare workers and programme managers. Along with these modules, UNICEF contributed to the training of doctors and counsellors of helpline numbers in Gujarat, Bihar, West Bengal, Karnataka, and Maharashtra. UNICEF also continues to support the PSS initiatives such as helpline in Tata Institute of Social Science of Mumbai and iCALL - a free counselling helpline that is run by trained and qualified counsellors for children on the move and COVID-19 patients.



UNICEF/2020/Vishwanathan



5. Comprehensive Interventions in Urban Settings

The COVID-19 pandemic has brought to light new pockets of child deprivations, given the burden of COVID-19 in mega-cities and slums. Risk factors, living conditions, a complex network of social structures and an inadequate primary healthcare system, have been exacerbated by COVID-19 and exposed urban populations to severe direct and indirect impacts of the pandemic. UNICEF co-designed a strategy to address COVID-19 in urban slums and this included advocacy papers, technical guidelines and a workshop with states on addressing COVID-19 in urban slums.

In Gujarat, following situational analyses, deep dives and planning exercises in urban slums, an integrated and multi-sectoral COVID-19 response plan was developed.

Similarly, in Kolkata, West Bengal, urban slums in three wards were selected to implement the COVID-19 preparedness and response activities in partnership with NGOs, Kolkata Municipal Corporation (KMC), West Bengal Doctors Forum and the local community.

6. COVID-19 Vaccine Introduction - The Journey

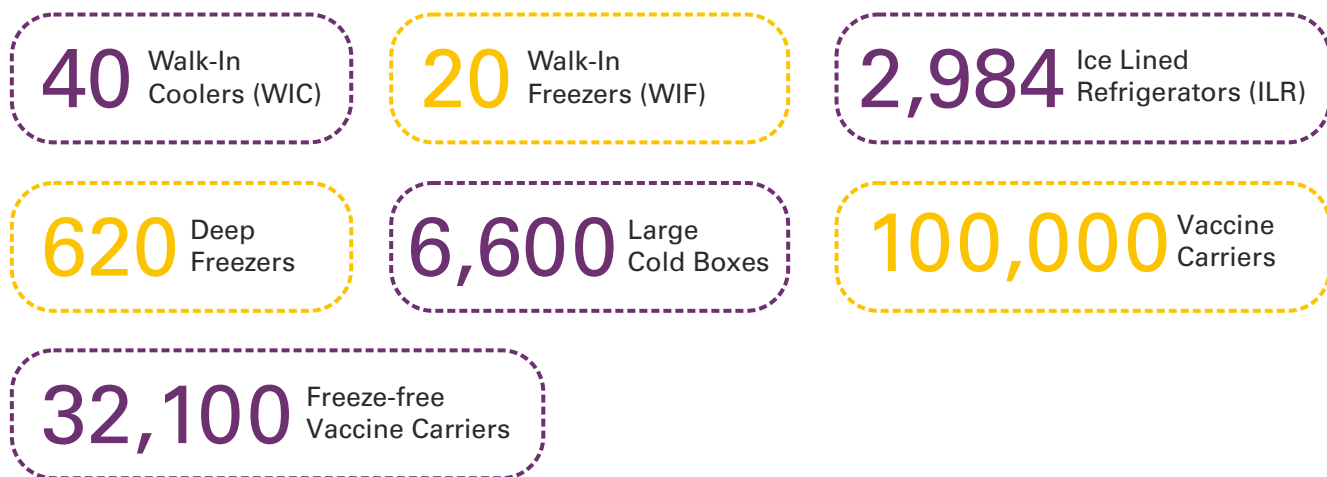
From September 2020 onwards, UNICEF, along with partners, supported the MoHFW and the states on the development of strategy, planning, capacity building, updating monitoring tools, and cold chain needs assessment for the introduction of COVID-19 vaccine(s). With the approvals for vaccine trials for COVID-19, the immunization team at UNICEF embarked on a journey that was challenging and filled with several unknowns.

The NEGVAC was constituted, chaired by NITI AAYOG and co-chaired by the Secretary of MoHFW. UNICEF and WHO were entrusted with the task of

developing the operational guidelines for administering the COVID-19 vaccine. In October 2020, a cold chain equipment procurement plan for vaccine introduction was finalized and approved by the MoHFW.

Alongside the guideline, UNICEF started working on the cold chain, identifying gaps, creating new infrastructure, planning for contingencies and building partnerships. The National Cold Chain Resource Centre (NCCRC), Pune and NCCVMRC, Delhi were consulted in this exercise.

As of March 2021, the following were procured:



UNICEF actively supported MoHFW in developing the capacity building modules, materials on COVID-19 and supported in conducting the national and state Training of Trainers (ToTs) and ensured its roll-out at the state level through the field offices. Roll-out of the vaccination campaign started on 16 January 2021, to target around 300 million people within three groups - the Healthcare Workers,

Frontline Workers, people above 50 years of age and people with comorbidities. Necessary communication, advocacy and capacity building for the roll-out of the COVID-19 vaccine was done by a collaborative effort led by the MoHFW, UNICEF, WHO, BMGF and the Immunization Technical Support Team (ITSU).

7. Risk Communication and Community Engagement (RCCE)

During public health emergencies, people need to know what health risks they face, and what actions they can take to protect their health and lives. RCCE for COVID-19 was one of UNICEF's priority areas to

share information and advice among communities, mitigate rumours, effectively involve communities in response to the pandemic, and inform decision-making related to personal risk.

UNICEF India's key RCCE strategies and interventions for COVID-19 were:

- Development of national and state-specific RCCE communication strategies.
- Development of a message matrix to be standardized, contextualized and reiterated for delivery.
- Layering COVID-19 appropriate messages with COVID-19 sensitive messaging.
- Production of communication and capacity building material.
- Capacity building of state and district level health workers, Civil Society Organizations (CSOs), Community-Based Organizations (CBOs), youth volunteers and other stakeholders to ensure an effective response.
- Social mobilization through frontline workers and other community platforms.
- Digital media engagement alongside community media, such as radio.

UNICEF's RCCE approaches included (i) Right information to the communities at the right time, (ii) Communication to build trust and confidence amongst communities, and (iii) Leveraging partnerships. Working closely with MoHFW and WHO, UNICEF provided support in developing a comprehensive COVID-19 messaging matrix, in adherence to the Government of India and National Centre for Disease Control (NCDC) guidelines. UNICEF also supported the Ministry of Jal Shakti in developing COVID-specific as well as COVID-19 sensitive messages as part of the Ministry's RCCE campaign – Badal Kar Apna Vyavahar, Karein Corona Par Vaar – under the larger

umbrella of MoHFW guidelines. The Ministry of Jal Shakti's advisories took the communication campaign forward through the Departments of Rural Development and Panchayati Raj, at the state level.

The RCCE plan developed by UNICEF was in accordance with the Government of India's containment strategy, which placed a nationwide focus on Testing, Tracing and Treatment. It was also in line with the national COVID-19 guidelines. The teams in 14 UNICEF focus states developed state-specific RCCE Action Plans, corresponding to the state's needs, and supported the state governments in implementing these plans.

RCCE messaging was categorized into two broad categories:

01 COVID-19 specific messages

It covered handwashing with soap, respiratory hygiene, facial hygiene, social distancing, wearing a mask, dos and don'ts during home quarantine and while experiencing COVID-19 symptoms. A wide array of media was used for COVID-19 specific message dissemination – print, radio, television, community radio, digital, social media and messaging through apps such as WhatsApp and SMS. Posters, signages, billboards, wall slogans, hoardings, etc. explaining the concept of physical spacing as per the context—urban spaces, rural spaces, crowded spaces, slums—were designed.

02 COVID-19 sensitive messages

It covered immunization, breastfeeding, nutrition, hygiene and sanitation behaviours, diarrhoea management, responsive parenting, safe migration and rights of migrant children, violence in marriage and against children, seeking psychological support and so on. For COVID-19 sensitive messages, actions were accelerated and a range of communication materials were swiftly developed to address the relevant themes and services. To broaden the product base, communication packages prepared on essential services prior to the pandemic, with scope for adaptation as COVID-19 sensitive messages, were repurposed to address COVID-19 related questions, fears and doubts among families, parents, workers and caregivers.

2.2.2 Pillar 2: Programme response - Ensure uninterrupted essential RMNCH+A including Immunization Services, including Home-based Care, Public-Private Partnership for Care and Adapted Referral Systems

COVID-19 presented an impassable challenge by not only constraining the health system but also disrupting the essential services for mothers and children. UNICEF's work around essential RMNCH+A came to an absolute standstill and funds were also diverted to COVID-19 relief once the lockdown came into effect. However, quick recalibrations were done to resume RMNCH+A services



Maternal, Newborn, Child and Adolescent Health

- **Advocacy and Policy Formulation:** In April 2020, soon after the lockdown, UNICEF was quick to recalibrate and advocated for the re-establishment of essential health and nutrition services following the lockdown at state and national levels. **National technical guidelines on immunization and Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH+N), including HIV/AIDS testing, tracking and management were drafted by MoHFW with contributions from partners including UNICEF, leading to the partial resumption of services.** This guidance was expected to further accelerate the re-initiation of essential health and nutrition services across all UNICEF supported states. Following this, the Gol announced the initiation of early identification and treatment of children with acute malnutrition [Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM)] as a priority action.

India Newborn Action Plan (INAP) progress report and a road map was launched by the Hon'ble Minister of Health, Gol in November 2020. The theme for the year 2020 was **"Quality, Equity, Dignity for every newborn at every health facility and everywhere"**. The progress card on INAP targets and roadmap plan shows that India has successfully met important targets of 2017: the set target of Newborn Mortality Rate (NMR) of 24 for the year 2017 and the strides made to fulfil the target of Still Birth Rate (SBR) of 19 by 2020. The newborn mortality is at 22 per 1,000 live births as per the World Health Statistics released in May 2021 and United Nations Inter-Agency Group for Child Mortality Estimation (UNIGME) estimates and SBR of four as per the Sample Registration System (SRS) estimates and about 14 as per the UNIGME estimates. UNICEF is supporting the MoHFW in INAP 2021-30 road map with the objective that the country achieves the Sustainable Development Goals (SDG) for newborn health. Despite COVID-19, UNICEF urged the Gol to keep the newborn at the forefront of essential healthcare and advocated for prioritizing this action plan. UNICEF

supported the National Newborn Week in 24 states and at the national level. Several webinars were held and around 8,000 pediatricians and 25,000 nurses were trained on critical maternal and newborn care. UNICEF also updated the POSHAN COVID-19 Resources - Online Archive for COVID-19 related resources on Nutrition, Early Childhood Development (ECD), Food Security and Agriculture.

During the month of November 2020, UNICEF actively supported the launch of the SAANS campaign on World Pneumonia Day. The support to the MoHFW included



the development of guidelines, state progress cards, awareness generation materials, and support organizing multiple advocacy events that included academia, UN agencies, civil society partners, professional associations and government, across the country. UNICEF also supported the **restoration of vitamin A supplementation** round in 11 of the 12 states. In 2020, five states undertook two Vitamin A rounds. Initial reporting suggests that during the rounds, over 80 per cent of eligible children were covered.

With UNICEF support and facilitation, several states issued **new guidelines, led online trainings, intensified screening and referral of children with SAM**, activated digital and wherever possible provided interpersonal communication/counselling activities with appropriate COVID-19 prevention practices. This resulted in states including Maharashtra, Madhya Pradesh, Telangana, Rajasthan, Assam and Uttar Pradesh developing guidelines for initiating/reinitiating/adjusting services for children with acute malnutrition. Monitoring the status of children through weekly or fortnightly visits were re-established in nine states for children with SAM. UNICEF coordinated with World Food Programme (WFP) on the maintenance of the provision of 'Take Home Rations' for children from six months to six years of age and with WHO on in-depth research of growth failure in children under six months of age and alternate foods research for treatment of SAM.

Following the continued efforts of UNICEF, **the Ministry of Women and Child Development issued the operational guidance in**

November 2020 with the directive on the national restoration of Anganwadi Services. Recognizing the importance of nutritional services, national and state level guidelines were released by the government to resume operations in a safe manner. The guidance informed states to restore essential nutrition services including supplementary nutrition, growth monitoring, counselling and Early Childhood Care and Education (ECCE) services. Anganwadi Centres in non-containment areas were advised to be re-opened following all preventive safety measures including mask, handwashing, sanitation and ensuring physical distance. Pregnant women and children younger than 10 years old were recommended to visit centres only for the provision of essential services.

Labour Room and Quality Improvement Initiative (LaQshya) Support – LaQshya programme envisages to improve the quality of care for pregnant women in the labour room, maternity Operation Theatre (OT) and Obstetrics Intensive Care Units and High Dependency Units. Quality improvement in the labour room and maternity OT is assessed through NQAS (National Quality Assurance Standards) and every facility achieving a 70 per cent score on NQAS will be certified as **LaQshya certified facility**. UNICEF supported the development of an IPC assessment checklist for 256 LaQshya facilities in 50 UNICEF supported districts spread across 24 programme states at the beginning of the year 2020. A mid-year and end-year assessment was also conducted in the 41 Aspirational Districts and nine convergent districts, the results of which show the following certification status:

Certification Status (as per Dec 2020 Assessment)

1. National LaQshya Certification:

- A. Labour Room: 28
- B. Maternity OT: 22

2. State LaQshya Certification:

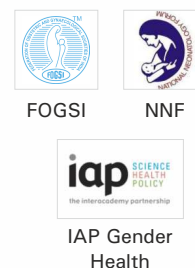
- A. Labour Room: 57
- B. Maternity OT: 49

- **WASH in Health:** Water, Sanitation, and Hygiene (WASH) are fundamentals for preventing disease and maintaining good health. A lack of appropriate WASH services increases the exposure of infection to patients and healthcare workers. UNICEF is providing support to the programme on strengthening “WASH” in health facilities in collaboration with MoHFW by focussing on 517 health facilities in 50 aspirational and priority districts, across 24 UNICEF programme states through a biannual assessment. As of December 2020, 64 per cent of health facilities were fully WASH compliant.

- **Capacity Building:** As part of the COVID-19 response, UNICEF supported the Gol in the continuity of essential services and emergency newborn care. The goal of capacity building activities was two-fold:
 - (i) Preparing healthcare facilities to adhere to COVID-19 protocols.
 - (ii) Train staff on how to handle potential COVID-19 cases of newborns, mothers, or healthcare workers. This involved planning, content adaptation and training of HCWs across all cadres.

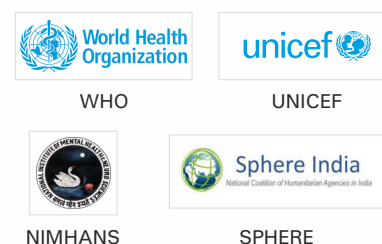
Professional Associations

UNICEF took the lead in liaising with the Indian Academy of Pediatrics (IAP), National Neonatology Forum (NNF), and Federation of Obstetric and Gynaecological Societies of India (FOGSI) for dissemination of the Clinical Practice Guidelines and trainings for perinatal and pediatric COVID-19 management. Using the online tools 35,000 obstetricians and gynaecologists were trained across six regional platforms on infection control and infection transmission prevention. This was followed by the training of 1,000 healthcare workers in the provision of obstetric care amidst COVID-19 with quality, equity and dignity. UNICEF also supported the capacity building of 600 services providers in strengthening Obstetric High Dependency Units (HDU)/ Intensive Care Units (ICU).



Civil Society Organizations

UNICEF and WHO provide training to CSOs, NGOs and CBOs on Safe environmental sanitation and hygiene and IPC during COVID-19. Online training sessions were held by COVID-19 Academy, an initiative by Sphere India for over 2,000 participants from multiple stakeholder groups. This was a departure from the usual approach as UNICEF had primarily engaged with healthcare institutions and not CSOs. Apart from these, training sessions on psychosocial support and mental health was provided to staff as well as healthcare workers in collaboration with NIMHANS.



Elimination of Mother to Child Transmission (EMTCT)

More than 8,000 pediatricians were trained in handling COVID-19 in maternal health and COVID-19 in newborns using online platforms and collaborations with a professional association. UNICEF fully supported the EMTCT campaign rolled out by NACO on 1 December 2020 through the release of the AIDS app on World AIDS Day. It was a pan India campaign implemented in 11 languages using mediums such as TV, radio and outdoors to generate awareness and to drive demand/uptake for services. It is to be noted that UNICEF was able to leverage approximately USD 1.3 million for this nationwide implementation.



Ayushman Bharat-School Health and Wellness Programme (AB-SHWP)

COVID-19 disrupted the AB-SHWP which was a joint initiative by the MoHFW and Ministry of Education (MoE). WHO, UNFPA, UNESCO and UNICEF supported the GoI in the design and roll-out of this programme. UNICEF, UNFPA and UNESCO pushed for this programme to be moved online and UNESCO worked on developing content while UNICEF's C4D team, created 56 animation modules within a span of one month. In February 2020, only 90 national resource members had been trained. However, in July, training resumed and as of October 2020, 40 National Resource Group (NRG) trainers and 1,800 state resource trainers were trained. UNICEF is the state lead for eight states for handholding the implementation of AB-SHWP including quality monitoring and facilitates the regional translation of materials. UNICEF is also supporting the baseline assessment of AB-SHWP in these states. Currently, training of Health and Wellness Ambassadors (teachers) are underway in 16 States. UNICEF has supported the completion of baseline assessment in the states of Andhra Pradesh, Telangana, Gujarat and Maharashtra. UNICEF also supported the MoHFW on mentor training of AB-SHWP for quality assurance of trainings in the programme. A big achievement in the AB-SHWP was bringing together the MoE and MoHFW, two large ministries of the GoI, to prioritize adolescent health and wellness and take the entire module online in such a short span of time.

Infection Prevention and Control

UNICEF along with the Center for Disease Control (CDC) in partnership with Administrative Staff College of India (ASCI) provided capacity building of 1,100 healthcare providers and managers in IPC and WASH compliance in Healthcare facilities. Also, intensive online mentoring was provided to eight healthcare facilities for the improvement of IPC and WASH compliance.



- **Partnerships:** With the COVID-19 pandemic taking all the attention and resources, non-COVID-19 activities took a back seat. Due to the information overload and misinformation, maintaining focus on what needed to be prioritized was a challenge. Partnerships with professional associations such as FOGSI, NNF, Maternity India Foundation (MIF) and IAP was very useful in understanding the field realities and developing new guidelines.
- **Innovative Programming:** The “new normal” due to COVID-19, necessitated the use of online platforms for programme reviews and routine monitoring. As a result, reviews and monitoring meetings were done more frequently than at normal times. Using real-time monitoring mechanisms and BOTS also increased during the lockdown. Several innovative steps were taken in programme delivery such as providing a three-month supply of medicines to pregnant women, piggy-backing Accredited Social Health Activist (ASHA) workers visit to deliver vaccinations and so on.
- **National Quality of Care Network (NOCN):** In order to showcase the Quality Improvement (QI) work and learnings from the field in Newborn and Maternal Health, a British Medical

Journal South Asia special issue is planned. The key objective of the maiden issue is to showcase the QI work by various teams from the South Asian (SA) region. This edition, supported by UNICEF has provided a platform for QI teams across India to showcase their QI stories to a global audience utilising a reputed, international peer-reviewed journal. It has led to augmentation of capacity to document, analyse and present field-level improvement work into easy to read, valid, and relevant QI manuscripts for publication. It has developed the skills of the National Mentoring Group (NMG) for LaQshya, NMG for nurses, and district QI teams across India in the fine art of writing a research paper using real-time improvement stories. It has helped the cause of Universal Health Coverage (UHC), SDG 2030 and INAP by encouraging teams to undertake improvement initiatives, directly focussing on maternal and neonatal survival using high impact strategies. It has provided a cost-effective platform for teams who could not previously afford the Article Processing Charges (APCs) GBP 1000-1500 (INR 100,000-150,000), as a result of the kind financial grant provided by UNICEF India for funding this SA edition.

Immunization and Child Health

Facilitating Resumption of Immunization Services: Disruptions in immunization services, even for a brief period, result in increased numbers of susceptible individuals and an increased risk of outbreaks of Vaccine-Preventable Diseases (VPDs) (e.g. measles, polio, diphtheria, pertussis, meningococcal disease, typhoid, cholera, influenza and yellow fever), leading to excess morbidity and mortality. Due to the high morbidity and mortality associated with VPD outbreaks, WHO recommended that countries continue Routine Immunization (RI) services as well as vaccination campaigns wherever feasible.

The COVID-19 pandemic interrupted the immunization service, like other health services, at the beginning of the pandemic, and at the same time compromised the implementation of the polio vaccination campaign on the scheduled date resulting in the postponement of the campaign. The situation could have a negative impact on the progress made in immunization in India if there is no specific action taken.

Challenge: The lockdown affected routine immunization camps, delivery of vaccines, movement of ASHA workers, and stigma associated with the visit of a health worker to the community.

Priority: The foremost priority was to resume routine immunization at the earliest while maintaining COVID-19 modalities of social distancing thus preventing potential exposure of mothers and children at the immunization site.

Response: To develop clear guidelines and provide adequate training to enable FLW to reach out to families as well as administer routine immunization while following COVID-19 protocols.

Action: By April 2020, GoI with support from WHO and UNICEF had begun working on guidelines on immunization during the COVID-19 pandemic.¹ These guidelines laid out the immunization protocol and operational strategy to be followed in urban and rural centres based on containment and buffer zones and areas beyond the buffer zone. Prior to the launch of these guidelines, MoHFW held a video conference on 24 April 2020, with all the states on provisions of the guidelines. States had started operationalizing them and restarted immunization activities soon after. The guidelines were formally notified on 27 May 2020.

¹Immunization services during and post COVID-19 outbreak

<https://www.mohfw.gov.in/pdf/3ImmunizationServicesduringCOVIDOutbreakSummary150520202.pdf>, accessed on December 10, 2020.

Simultaneously, training of Auxiliary Nurse Midwives (ANMs) and ASHA workers on COVID-19 modalities under the guidelines was done through online platforms. What was unimaginable earlier, to deliver trainings to FLWs online, had to be done. States adopted innovative methods like painting SMS messages (Social distancing, Masks and Sanitize) on walls. Not only were innovative

communication campaigns needed to spread COVID-19 messages but also behaviour change communication campaigns to dispel stigmas around health workers. People who had been earlier told to come to immunization camps at any time of the day had to be informed to strictly adhere to their time slots.



Polio Special Immunization Activities during COVID-19 Epidemic

India has been maintaining a “Polio Free” status since its last polio case in the year 2011. To sustain the gains made so far and maintain this Polio Free status, it is imperative to regularly conduct the Pulse Polio Immunization to maintain population immunity. Due to COVID -19 situation, the Sub-National Immunization Days (SNIDs) which was scheduled in the month of June 2020, had to be deferred to a later date. MoHFW in consultation with WHO, UNICEF and partners discussed the potential threat it may pose if the Polio SNID was not held in time and deliberated on the feasibility of conducting the Polio Supplementary Immunization Activities

(SIA) with specific guidelines. Subsequently, MoHFW issued a guidance note to conduct the SNIDs safely following strict preventive/protective protocols. As requested by the Ministry, UNICEF developed audio spots for radio campaigns to assure the caregivers of the safety measures being followed to prevent COVID –19 infection at the Polio booth. Two SNIDs were held in September and November 2020 covering about 10 states and union territories. SMNet in UP and Bihar monitored the Polio campaigns along with the partners and the government.



UNICEF also supported Polio National Immunization Day (NID) held from 31 January 2021 across the country. A new set of Information, Education and Communication (IEC) materials were developed for the Polio SIAs, motivating the public to continue Polio vaccination until the global eradication.



Intensified Mission Indradhanush (IMI) 3.0

In order to immunize those children who were left out or dropped out during the COVID-19 pandemic, the Government of India launched its flagship programme, Intensified Mission Indradhanush 3.0. (IMI). Two rounds were planned for February and March 2021. UNICEF along with partners supported the Ministry in drafting the operational guidelines and from the planning stage to the implementation.

UNICEF, at the state level, provided technical support in planning the operations, identifying the missed geographies, cascade training, review at the state and district levels, monitoring the headcount surveys, and supportive supervision to the session sites to ensure COVID-19 appropriate behaviours are followed.

Even though the COVID-19 impacted the immunization of children briefly, focussed efforts were made to ensure no child was left without the lifesaving vaccination. As a result, over 9.5 lakh

children and 2.2 lakh pregnant mothers were vaccinated through IMI 3.0. UNICEF along with partners supported the government at all levels from preparation till the implementation.



Pneumococcal Conjugate Vaccine (PCV) Expansion

MoHFW planned to expand the Pneumococcal Conjugate Vaccine (PCV) nationwide. UNICEF along with all partners supported the ministry in the preparatory activities at the national and state level to facilitate PCV roll-out. Operational Guidelines and FAQs for Medical Officers (MO) and health workers were updated to guide states. Capacity building of medical officers and programme managers at the state/UT and district level was planned. A two-day national level virtual "Orientation of the State and District Programme Managers, Medical Officers and partner representatives on PCV introduction" was held in April 2021. This orientation was followed by cascaded trainings for the supervisors and frontline health workers.



Data, Evidence and Monitoring and Restoring RMNCH+A Services

With the COVID-19 outbreak in India, the importance of leveraging existing data to inform the work of frontline workers at the community level had become even more of an imperative. Lack of programming and monitoring and evaluation of data at all levels of health programmes was a challenge and UNICEF actively supports the adoption of new technology to ensure real-time monitoring using Rapid Pro, WhatsApp bots, ODK Hub and building on internal dash-boarding capacities.

Some of the challenges faced due to COVID-19 and measures taken to restore RMNCH+A services are discussed below:

- With the onset of COVID-19, all RMNCH+A services came to an abrupt halt causing concern to the lives of mothers and newborns. UNICEF supported state governments in carrying out analysis of RMNCH+A service coverage data from HMIS and TeCHO+ to understand the impact of COVID-19 on health and mortality and supported state governments in carrying out analysis of causes of death to understand the proportion contribution of COVID-19 to overall deaths. RMNCH+A analysis from HMIS and TeCHO+ software also showed gaps in routine RMNCH+A services and poor service coverage. Further, analysis of various causes of deaths to understand the proportion contribution of COVID-19 to overall deaths showed less than one per cent of mortality due to COVID-19. Both these analyses helped to bring attention back to routine RMNCH+A services. Advocacy by UNICEF resulted in the following actions:
 - To fast track EMTCT, HIV testing for pregnant women at Village Health Sanitation and Nutrition Day (VHSND) sites was started post lockdown. As of December 2020, HIV testing of PW at VHSND sites was rolled out in 10 states.
 - Guidance note issued on the continuation of RMNCH+A services during the COVID-19 pandemic.
 - Regular review of RMNCH+A services started for essential services like institutional deliveries, immunization, etc.
 - Sick and Newborn Care Unit (SNCU) review was organized to discuss and resolve newborn care issues during COVID-19 under the chairpersonship of Commissioner Health.
- UNICEF created dashboards based on the SNCU

online software, SRS data and HMIS data. Work was underway with the Government of Tamil Nadu for the roll-out of the RapidPro and WhatsApp bot-based support to Pregnancy and Infant Cohort Monitoring and Evaluation (PICME) for enhancing the RMNCH+A programming for around 1,000 days in the post-COVID-19 era. RapidPro was deployed as part of the India Country Office (ICO) programme. A WhatsApp commercial channel was also procured and the bots were used for Aspirational District activity status, home quarantine, PPE use and mask use. At the time of writing this report, these were in the process of deployment in the states of Bihar, Rajasthan, Uttar Pradesh and Madhya Pradesh.

- UNICEF also advocated to incorporate SNCU performance indicators into the Chief Ministers dashboard and provided technical guidance for Application Programme Interface (API) between SNCU MIS and CM dashboard in Gujarat. The advocacy was successful in the following way:
 - State government formed a “No Rotation Policy of SNCU staff” for other departments to decrease the vacancy of SNCU staff which helped in

continuing essential services to small and sick newborns admitted in the SNCUs. SNCU review meetings were held with Level 2 (SNCUs) and Level 3 (Neonatal Intensive Care Units (NICUs)) care facilities to discuss, understand and resolve issues related to staff, equipment and referrals, based on the analysis and recommendations made by UNICEF.

- Just like other health programmes, the roll-out of ANM Online (ANMOL), an android based application designed for the collection of comprehensive reproductive, maternal, newborn, child and adolescent health information, came to a standstill after March 2020 due to the COVID-19 outbreak. UNICEF worked with the Gol and state governments to take ANMOL training online and successfully launched ANMOL in the three states of Jharkhand, Arunachal Pradesh and Maharashtra. 500 ANMs participated in the online ANMOL ToT from the states. Special digital tools were used for the trainings, namely, Zoom for video conferencing and Vysor for tablet screen sharing.



Risk Communication and Community Engagement (RCCE)

COVID-19 has dramatically affected the way families, communities and society function as a whole and continues to challenge the government systems, structures and mechanisms to enable communities to adopt new normal. COVID-19 has also affected the way UNICEF functions to deliver the intended results for women and children, especially those who, among other services, missed out on vaccinations. UNICEF adjusted and re-programmed its demand generation for routine immunization programme that includes:



UNICEF/2021/Panjwani

1. **Boosting Routine Immunization through Demand Generation (BRIDGE)** aims to increase the interpersonal communication (IPC) skills of FLWs namely – ASHA, ANM and Anganwadi Workers (AWWs). In the first quarter of 2020, good progress was made by the states on trainings for FLWs. **Between December 2019 to March 2020, the percentage of trained FLWs increased from 46.50 per cent (1,069,397) to 53 per cent (1,215,861).** States such as Uttarakhand and Chhattisgarh managed to train 14 per cent and 19 per cent of their FLWs up to March 2020. However, in March 2020, the COVID-19 pandemic abruptly stopped the BRIDGE trainings as these are in-person trainings that are conducted in large batches of 35 participants. COVID-19 posed a tremendous challenge for any face-to-face interactions of FLWs in making house visits to meet parents to encourage them to bring their children to the vaccination/immunization sites.

Challenge

Limited capacity and capability to interact with parents and caretakers, as well as communities on COVID-19 prevention and response.

Priority

To equip FLWs to continue their interaction with parents and caretakers to prevent the spread of COVID-19, as well as to enable parents to bring their children to vaccination sites.

Response

UNICEF supported MoHFW to adjust to the COVID-19 and equipped FLWs with IPC skills on COVID-19 prevention and response. UNICEF transformed the challenge into an opportunity that enabled FLWs to continue their services.

Action

During COVID-19 lockdown (April-May), **UNICEF developed training modules and used online training platforms such as Zoom and CISCO Webex to successfully train over one million FLWs** in IPC for COVID-19. This helped FLWs develop IPC skills which they utilized in their interactions with caregivers when essential services like RI resumed in June.

2. SBCC (Social and Behaviour Change Communication) Cells and IEC Bureaus:

UNICEF played a critical role in strengthening the health system in support of the GoI to reduce the impact of the COVID-19 on RMNCH+A. UNICEF engaged with national and state government health missions and its partners to plan and implement costed SBCC strategies to improve RMNCH+A services in 15 states. Despite the challenges brought in by the current pandemic, SBCC cells/IEC Bureaus have leveraged SBCC activities to improve RMNCH+A services via

Anemia Mukht Bharat, Malaria Mukht Bastar campaign, newborn and breastfeeding weeks in eight states, while the Gujarat government established an SBCC cell to implement a COVID-19 sensitive programme in partnership with Centre of Excellence in Communication for Social and Behaviour Change of Gujarat University. The technical support which began as early as late January garnered the administrative commitment at the highest levels both at the national and state level.

Challenge

Transformation of SBCC functions to support RCCE programming – being fast, first and frequent to reach communities with COVID-19 prevention messages and practices.

Priority

Risk Communication and Community Engagement.

Response

UNICEF's SBCC cells/IEC Bureaus in **Bihar, Odisha, Telangana, Andhra Pradesh, Karnataka, West Bengal, Jharkhand, Madhya Pradesh, Assam, and Maharashtra** played critical roles in transforming challenges to opportunity by **strengthening public health emergency response through RCCE at national and state level**. UNICEF worked with MoHFW in partnership with WHO to strengthen the RCCE programming pan India and contributed to the development of the National RCCE strategy.

Action

UNICEF supported national and state governments to develop state and district-specific RCCE strategies and action plans in 14 states. These RCCE strategies enabled state governments to implement COVID-19 specific and sensitive programming through well-planned RCCE campaigns on COVID-19 Appropriate Behaviours. At the national level, the SBCC cell's assessment revealed the potential in delivering evidence-driven strategic and systemic behaviour change interventions.

3. Community Engagement for Demand Generation for Routine Immunization: CSOs and CBOs embedded in society have immense potential to support and scale-up high impact behavioural interventions. UNICEF has harnessed the community mobilization skills and experiences of three CSOs, Alliance for Immunization and Health (AIH), Voluntary Health

Association of India (VHAI) and Self-Employed Women's Association (SEWA) to engage communities for demand generation which could improve routine immunization coverage among left out, drop out and resistant families in some of the most difficult and high priority areas of 14 states in the country.

Challenge

Community engagement activities during COVID-19.

Priority

Reach out to community engagement platforms to engage with parents and caretakers to stop the spread of COVID-19 disease.

Response

In consideration of the COVID-19 pandemic, these three partners (AIH, VHAI, SEWA) had realigned their interventions of demand generation to disseminate COVID-19 sensitive messages to the communities through the CBOs to build their resilience for minimizing the risk of COVID-19 and inculcating COVID-19 appropriate behaviours while accessing immunization services.

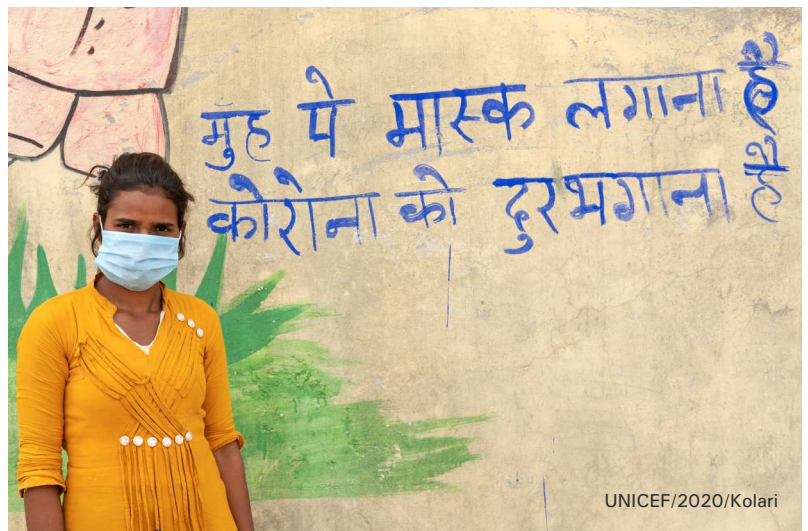
Action

UNICEF oriented and trained its field staff on COVID-19 prevention and response; guided in development and dissemination of digital communication materials.

4. Innovations and New Initiatives:

Overall, the national team facilitated and guided state teams in planning and implementation of RCCE programmes, while working closely with national-level partners, including WHO in the development and conduct of capacity development orientations, designing communication materials, establishing national partnerships. UNICEF national team also strengthened its evidence generation and conducted demand generation assessment on essential services in the times of COVID-19.

Since the key focus was and is to promote COVID-19 appropriate behaviours, UNICEF supported the MoHFW to implement the Jan Andolan and lead the coordination meetings with 13 development partners at the national level. The four pillars of the strategy (advocacy, capacity building, community engagement and media engagement) and communication approaches have been employed extensively reaching and engaging parents and caretakers, community leaders/influencers to sustain gains and remove gaps in RMNCH+A services due to COVID-19.



UNICEF/2020/Kolari

UNICEF implemented an innovative RCCE "community engagement" partnership with CSOs, including Digital Empowerment Foundation which has reached 1,961,594 people to enable communities to access life-saving information through its 600 Communication Information Digital Resource Centres in 61 districts of 16 states, while three national NGOs (AIH, VHAI and SEWA) continue to engage 586 CBOs, 66 CSOs to improve routine immunization

and essential health services in 59 districts across 14 states. UNICEF collaborated with 124 Community Radio Stations, according to which 2,684,703 people listened to at least two programmes per week in 20 states.

UNICEF also supported the Ministry of Jal Shakti in developing COVID-19 specific as well as COVID-19 sensitive messages as part of the Ministry's RCCE campaign – Badal Kar Apna Vyavahar, Karein Corona Par Vaar – under the larger umbrella of MoHFW guidelines. The Ministry of Jal Shakti's advisories took the communication campaign forward through the

Departments of Rural Development and Panchayati Raj, at the state level.

UNICEF worked with a wide range of partners, from MoHFW at the central level, to other departments at the state level, CSOs and CBOs, NGOs, Faith-Based Organizations (FBOs) and many others. This network of partners has further expanded while planning the National Stigma and Discrimination campaign for MoHFW. Partnerships with research agencies such as Kantar Public and private sector organizations such as Saathealth have also shown promise for further exploration.

2.3 Lessons Learnt



Sustainable Capacity Development

Online capacity-building experience has shown that it comes with its own challenges. Experiences of many states show that the quality of trainings was compromised initially due to network connectivity and limited scope for two-way interaction. However, online trainings also showcased opportunities for cost-effective engagement with stakeholders and the ability to reach many more people at the same time in such a short time. Learning from these experiences, it can be said that a mix of face-to-face and online trainings will be beneficial. Online mediums can be explored for refresher trainings, which many a time get compromised due to lack of availability of participants for offline trainings. The experience of online trainings also taught a lesson about the importance of refresher trainings for increased recall of the messages.



Data and Evidence Generation

Initially, UNICEF experienced sensitivity on the part of the central government around government data sharing. UNICEF overcame this challenge by partnering with the governments at the state level and jointly implementing data-driven decision-making interventions. With the COVID-19 outbreak, the importance of creating RTM systems that are resilient to emergency situations have become critical. UNICEF, through greater use of digital technology, strengthened partnerships, and capacity building interventions of government and other partners have contributed to ensuring that adequate coverage for essential health interventions continues during these times. Since March 2020, the C4D division of UNICEF has set up a system of evidence generation and analysis. Using digital tools such as U-Report and social listening, UNICEF has been gathering and analysing information on people's knowledge and attitudes related to various aspects of COVID-19. Two rounds of U-Report based assessment were completed in March and June 2020. The findings of these reports have been used to strengthen the focus on the nuances of COVID-19 prevention behaviours such as wearing masks and using helpline numbers. Three more rounds covering different aspects of the multi-sectoral effects of COVID-19 have been planned till December 2020. UNICEF has collaborated closely with organizations such as Bill and Melinda Gates Foundation (BMGF), WHO, ID insight, Population Council, SEWA and others. A COVID-19 Research Network (CORE Net) was formed to facilitate sharing of research insights, tools and plans for future researches. UNICEF was a regular participant in the CORE Net meetings.



Partnerships

UNICEF adopted a collaborative and “need-based” approach in its response to the COVID-19 pandemic. Working closely in a boundary-less manner with the GoI, WHO, private sector, Foundations, and CSOs yielded quick and sustainable results. Ownership of relief efforts by the GoI and the systematic support provided by them to all the stakeholders ensured streamlining of activities. UNICEF was able to leverage its technical expertise and deliver on its core strength with the support from the GoI. UNICEF worked with a wide range of partners, right from MoHFW at the central level, to other departments at the state level, CSOs and CBOs, NGOs, FBOs and many others. This network of partners has been the eyes and ears for UNICEF on the ground and have been critical in RCCE activities. Partnerships with NGOs and CBOs have been instrumental in ensuring that the immunization gains made over the last few years are not hampered by COVID-19.



Results achieved through the UNICEF supported response to COVID-19 Pandemic in India, March 2021



Over 660 million children and their families across India have been reached with accurate information on how to stay safe from COVID-19 through a mix of regular and innovative channels supported by UNICEF.



Biannual IPC assessments were done in 256 health facilities covering 50 Aspirational Districts across 24 States. WASH assessments have been conducted for healthcare facilities and quarantine centres. UNICEF is working with state governments to adapt existing schemes during the lockdown to ensure that essential health and nutrition services continue.



UNICEF has prioritized addressing misinformation and communal tensions to ensure communities continue to observe physical and social distancing, while social cohesion is valued and that discrimination does not become further entrenched.



34,700 healthcare workers within health facilities and communities have been provided with PPE.



More than 4 million people have been regularly sharing concerns and seeking clarifications on COVID-19 through established feedback mechanisms supported by UNICEF.



19.7 million children and women receiving essential healthcare, including prenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses and HIV care in UNICEF supported facilities.



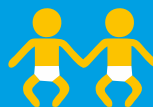
Around 61.8 million people have been engaged in activities that facilitate two-way communication, meaningful participation and local action on COVID-19 through digital and non-digital platforms related to the various elements of the response.



390,000 children and their caregivers have been provided with psychosocial support as a result of UNICEF's support, including training of child protection functionaries and counsellors together with the government.



Over 4 million people across India have been reached with critical WASH supplies (including hygiene items) and services.



Around 165,000 children (6-59 months) have been admitted for treatment of SAM.



Around 900,000 healthcare facility staff and community health workers have been trained in IPC.



1.48 million healthcare providers have been trained in detecting, referral and appropriate management of COVID-19 cases.



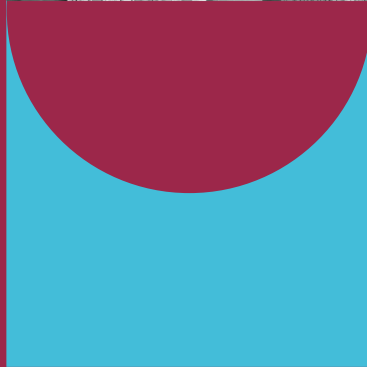
Over 1,100 healthcare providers trained in IPC and 1,500 trained in the provision of respectful maternity care.



State Offices

HYDERABAD RABAD

HYDERABAD FIELD OFFICE



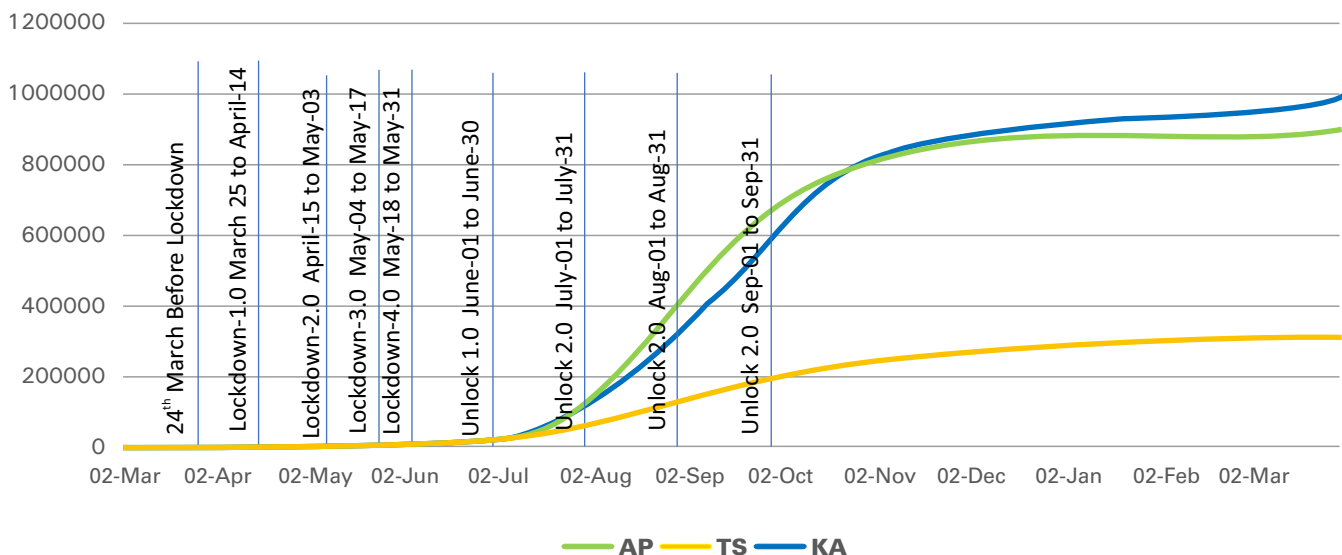
Introduction



Immunization services in remote Idbhavi Subcentre, District Raichur, Karnataka

The Hyderabad Field Office (HFO) of UNICEF covers the three large southern states – Andhra Pradesh (AP), Telangana (TS) and Karnataka (KA). These three states together account for 74 districts and a population of 146 million. These states, which have witnessed an accelerated economy, still suffer from poor social indicators on many counts. The first case of COVID-19 was reported on 2 March 2020 in Telangana, 9 March 2020 in Karnataka and 12 March 2020 in Andhra Pradesh. The graph below highlights the status of the pandemic in the HFO States as of 31 March 2021:

Figure 1: State Wise Comparison of COVID-19 Cases (As on 31 March 2021)



Andhra Pradesh and Karnataka were among the top five contributors of COVID-19 cases in the country. However, both had shown very different characteristics in terms of district-level spread. While Andhra Pradesh witnessed spread across maximum districts, in Karnataka the spread was largely restricted to Bengaluru.

Key Challenges

Apart from the widespread impact of the pandemic in general, challenges such as ensuring continuity of essential services especially for pregnant women and newborns emerged as a key area of concern. There was also an emerging need for clarity on age-old and critical interventions such as Kangaroo Mother Care (KMC) and breastfeeding in view of the uncertain mechanism of the spread of the COVID-19 infection. Ensuring personal protective devices for health care personnel, urgent need for capacity building of healthcare personnel, need for strengthening partnerships, lack of availability of testing services for COVID-19, need for the private sector and professional association engagements, change of leadership at the state level during the pandemic etc. were some of the key challenges during the pandemic.

Stigma and discrimination against healthcare workers emerged as a barrier not only for health-

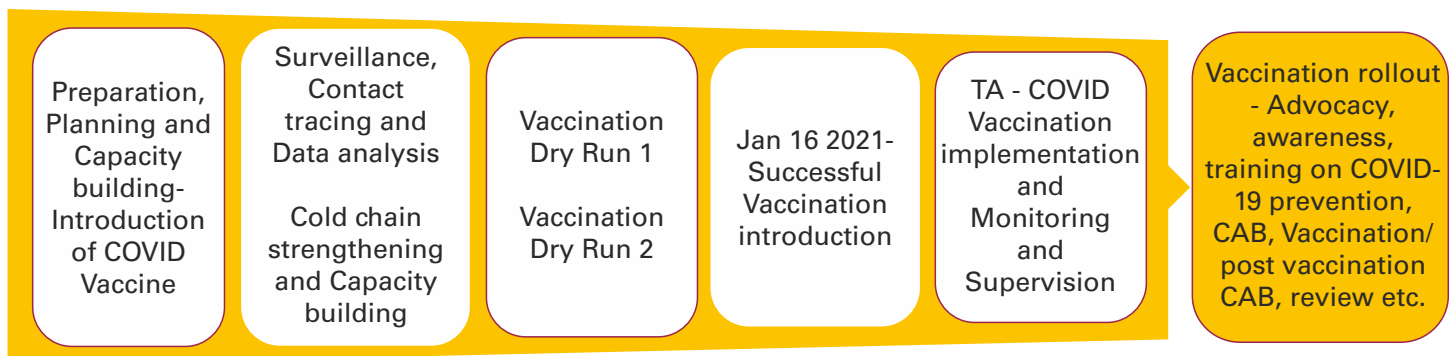


COVID-19 delivery, Chikballapura - Karnataka

seeking behaviour but also impacted motivation and mental health of many health staff.

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

UNICEF HFO continuously provided technical support to states in COVID-19 response in terms of planning, preparedness, capacity building, cold chain management, health systems strengthening, monitoring, and implementation at state, district and subdistrict levels, working with multiple stakeholders in AP, KA and TS from the initial days of the epidemic.



The following are some of the key activities supported by UNICEF HFO:

1. State and District level taskforce committee members

At the state and district level, UNICEF team members were part of the task force, involved in planning, preparedness, implementation and monitoring of COVID-19 vaccination in AP, KA and TS.

2. Creating capacities for the new normal - Capacity building for COVID-19

As soon as COVID-19 started, the Health, WASH and C4D teams of the HFO picked up the gauntlet of ensuring that health and non-health sector partners were trained on COVID-19 and IPC practices. A series of virtual trainings on COVID-19 for health functionaries and other key stakeholders from the non-health sector and communities were conducted.

Multi-stakeholders in COVID-19 Response



3. Facility assessments

Facility assessment of dedicated public and private COVID-19 level one and level two facilities in Andhra Pradesh was carried out in collaboration with WHO, UNDP and NQAS assessors. Seventeen level one facilities and 56 level two facilities were assessed using standardized checklists. The objective was to ascertain the readiness of facilities to manage the COVID-19 pandemic including an assessment of infrastructure, drugs, support services, IPC, trained HR, etc. Data from the assessments were submitted into the centralized MoHFW application for information to the state for corrective actions. Similarly, UNICEF also contributed to assessments in the State of Karnataka in collaboration with WHO, UNDP and NQAS assessors.

4. Surveillance, contact tracing and data analysis

UNICEF extended support for activities such as surveillance, contact tracing and data analysis, especially in the Aspirational Districts. In the State of Telangana, a UNICEF team member was deputed to work with Director, Public Health and Family Welfare for COVID-19 surveillance. In the State of Karnataka, UNICEF consultants provided technical support for designing and implementation of the 'Serial Cross-Sectional Sentinel Survey' for estimating COVID-19 burden in Karnataka and coordinated with Karnataka State AIDS Prevention Society (KSAPS), and Districts and Integrated Counselling and Testing Centre (ICTC) staff for the implementation of the survey.

5. Guidelines and Standard Operating Procedures (SOPs) for COVID-19

Provided technical support along with multiple partners in drafting various SOPs especially for the State of Karnataka.

6. COVID-19 Vaccination and Cold Chain Management

a. Effective Vaccine Management Assessment (EVMA): UNICEF in close collaboration with the National EVMA secretariat i.e., National Cold Chain Vaccine Management Resource Center (NCCVMRC-NIHFV), evaluated the existing performance of the immunization supply chain in Andhra Pradesh which helped in preparedness for COVID-19 vaccination planning. UNICEF also provided cold chain equipment to the state.

b. Capacity Building: UNICEF HFO trained southern states on cold chain management for COVID-19 vaccination as part of the Government of India's national TOT training programme. UNICEF team trained all the cold chain handlers and healthcare providers across the State of Andhra Pradesh on cold chain management as

part of COVID-19 vaccination preparedness. As part of the dry run for COVID-19 vaccination, UNICEF HFO developed training videos in local languages.

7. Facilitation of key government meetings in AP

UNICEF successfully extended logistical support to about 20 high-level coordination meetings including the meetings of the Hon. Chief Minister Sri Y. Jaganmohan Reddy, Chief Secretary, Special Chief Secretary – Health and Family Welfare Department, Commissioner Rural Development, Mission Director – National Health Mission, etc.

8. Supplies mobilized for PPE kits for healthcare staff working in COVID-19 hospitals from multiple donors such as TATA trusts and Aastar Urmika Health Systems Pvt. Ltd. etc.

9. Technical support for COVID-19 in Aspirational Districts

- Facility preparedness and assessments: Technical support for RCCE Campaigns
- Capacity building of district-level healthcare professionals:
 - On-site trainings and mock drills on IPC practices
 - Coordination for the establishment of quarantine centres and Virus Research and Diagnostic Lab (VDRL) at Vizianagaram lab
- Support for COVID-19 response:
 - Surveillance and contact tracing - House to House survey
 - District COVID-19 war rooms
- Facilitating partnerships for mobilization of resources



Mock Drill Exercise, Aspirational District Vizianagaram

Innovations

Maaske Kavacham campaign

UNICEF supported the Government of Andhra Pradesh (GoAP) for the launch of the Maaske Kavacham campaign.

- 360-degree approach and message strategy - Branded campaign with logo and tagline
- It focussed on creating a people's movement for the agenda
- UNICEF also facilitated the establishment of a multi-department RCCE Core Group in AP which was chaired by the Additional Chief Secretary and had Head of Departments (HoDs) of all key line departments as its members. UNICEF successfully advocated for a greater and more systematic involvement of District Collectors to provide leadership for RCCE. A joint implementation, monitoring and reporting of



Launch of Maaske Kavacham campaign

RCCE interventions was established and was reviewed by the Chief Secretary. Similarly, in Karnataka also, RCCE Task Force supervised all communication activities. In Telangana, UNICEF expanded RCCE interventions through the involvement of multiple stakeholders from government, civil society and private organizations in collaboration with the

Communication Resource Unit (CRU) at National Institute of Rural Development and Panchayati Raj (NIRD and PR).

Online Workshop on Quality Improvement

First-of-its-kind online workshop on QI with the support of the NNF. Using online platforms, a three-day workshop was organized by the Trained Nurses Association of India (TNAI) and the Department of Nursing, Government of Telangana, supported by UNICEF HFO and NNF Telangana State (TS) from 24-26 September 2020. 36 participants with 12 faculty members participated in the three-hour online workshop. Learning modules were shared in advance and participants were asked to read before joining the workshop. They had to achieve a minimum score to be eligible for taking the three-day workshop. During the online learning, case scenarios and focussed group discussions were used for effective learning.

Breastfeeding quiz for nurses to promote education with entertainment, using online platforms

Online quizzes were organized by the Department of Nursing, Directorate of Medical Education, Government of Telangana, the TNAI-Telangana Chapter, UNICEF Hyderabad Field Office and Platform for Intelligent Edutainment (PIE) with an intent of raising awareness and demystifying topics related to breastfeeding and COVID-19 on 26 August 2020. This technique is referred to as 'Edutainment' which is a portmanteau word for education and entertainment. This method used tools like quizzing, humour, trivia and a sense of competition to keep the participants engaged and not be passive listeners. The webinars gained incredible response with a full house on Zoom and 3,000+ views on YouTube.



ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

Advocacy

- **Multi-stakeholder engagement for Ending Preventable Maternal Mortality (EPMM) in Telangana**

The Government of Telangana (GoT) is committed to Ending Preventable Maternal Mortality in the state and UNICEF is supporting the government in taking this agenda forward. At the outset, a draft evidence-based roadmap for EPMM was prepared for the state, based on a detailed desk review, gap analysis and inputs from the government officials, Public Health Foundation of India (PHFI) and key experts. UNICEF supported an expert group consultation on EPMM for the GoT under the Chairpersonship of the Commissioner Health and Family Welfare (HFW) to develop a context-specific framework for the detailed situation analysis of the causes and determinants of maternal mortality in the state. Additionally, potential solutions based on a pre-consultation brainstorming meeting with key stakeholders including members were identified.

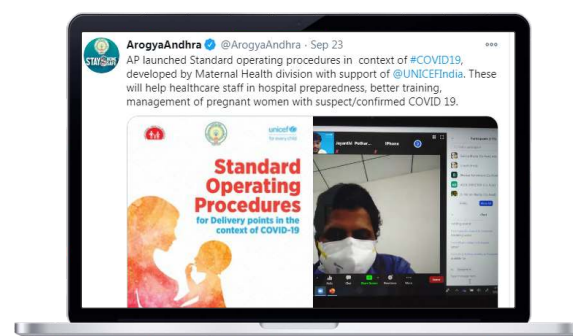
- **Support to programme implementation**

- **Newborn Care:** Telangana is the first state in the country to prepare SOPs for the management of newborns in SNCUs, in collaboration with NNF Telangana, AIIMS and the Government of Telangana (GoT). SOPs were circulated to all SNCUs in Telangana and implemented as per protocol. SOPs for Karnataka was also developed and signed by the Hon'ble Chief Minister of Karnataka. Once a week online mentoring of SNCUs were done in partnership with Telangana NNF. Release of 'State Antibiotic Policy' and exclusive webinars and orientation on rational antibiotic usage in SNCUs were held. Online review and assessment of SNCU functioning were also done.

- **Pregnancy Care:** Capacity building webinars for obstetricians on COVID-19 protocols were held for the management of pregnancy and labour in the states of Karnataka and Andhra Pradesh with experts from AIIMS, MOHFW etc.

HFO assisted the GoAP in developing SOPs for delivery points in the context of COVID-19. These guidelines were released by the Commissioner of Health and Family Welfare, GoAP on 23 September 2020. The SOPs adapted the guidelines released by the All India Institute of Medical Sciences (AIIMS), New Delhi and the FOGSI to the context of Andhra Pradesh. UNICEF also collaborated with highly distinguished experts from AIIMS - New Delhi, MGIMS -

Sevagram and senior government officials from the State of Andhra Pradesh (AP), who put in their best efforts and expertise to prepare a comprehensive module to provide guidance for all delivery points (including LaQshya facilities) on preparedness, training of clients and management of pregnant women, IPC etc.



<https://twitter.com/ArogyaAndhra/status/1308642821629341696?s=20>

A series of webinar sessions were conducted, starting with state ToT on the implementation of universal screening of all PW for Gestational Diabetes Mellitus (GDM). In addition, an orientation of all facilities on GDM till Public Health Centre (PHC) level was conducted wherein almost 4,900 healthcare providers were trained.

a. Maternal Death Reviews/Respectful Maternity Care/Anemia Mukht Bharat

- Facilitated state task force meeting on Maternal Death Surveillance and Response chaired by Special Chief Secretary, Health and co-chaired by Commissioner Health and Family Welfare (Andhra Pradesh) for several policy-level decisions for reduction of maternal deaths

- Technical support for the establishment of 104 call centres at Vijayawada, AP especially to ensure uninterrupted Ante-Natal Care (ANC) and delivery services – Tele-consultation and telemedicine services for normal ante-natal visits

- Technical and programmatic support for facilitating distribution of Iron-Folic Acid (IFA) and calcium tablets to all pregnant women in AP at their doorsteps by village and urban secretariat volunteers (One village volunteer per every 50 households)

- 102/108 based follow-up of pregnant women in their last trimester – State COVID-19 Pregnancy Monitoring Cell in Telangana

- Advocacy for implementation of Anemia Mukh Bharat – facilitated the procurement of almost 15,000 Haemoglobinometers including Haemoglobin (HB) strips – sent to all districts across AP
- Facilitated procurement of nearly 33,000 maatrusamman dresses to ensure respect and dignity of women during labour
- LaQshya capacity building workshops and supportive supervision visits in Aspirational Districts – LaQshya/WASH/IPC updates
- Support for the establishment of COVID-19 labour rooms in Aspirational Districts

b. Focus on Midwifery Initiative in Telangana

- Consistent advocacy through multiple platforms such as online workshops
- Preliminary findings of evaluation by Institute of Public Health – Bangalore, commissioned by UNICEF, shared with the Government of Telangana in August 2020
- Advocacy for posting of midwives in groups at high caseload facilities/facilities having high C-section rates
- Support for planning for Nurse Practitioners in Midwifery (NPM) trainings in government nursing colleges in Telangana

Integrated approach in providing technical assistance in the roll-out of School Health Programme in AP

Under the project titled **“Fast Tracking Progress towards the 90-90-90 HIV/AIDS targets for Children and Adolescents”**, a joint UNICEF-PEPFAR CDC and Government of India/AP project, UNICEF HFO facilitated an integrated approach in the implementation of the Government of India's school health programme. UNICEF closely worked with the education department (State Council of Educational Research and Training - SCERT), the health department (National Health Mission-NHM) along with the HIV/AIDS department (Andhra Pradesh State AIDS Control Society- APSACS) in the roll-out of School Health Programme under Ayushman Bharat in AP. So far SCERT has trained 14,502 (80 per cent) teachers as Health and Wellness Ambassadors, covering all the public and aided schools in the state of AP under SCERT (n=6972). These teachers in turn trained approximately 955,730 (70 per cent) children from classes 9-12 as part of cascade trainings. Post-training, a specific post-test for teachers (n=4743, 44 per cent) on HIV prevention was designed and administered by UNICEF/SCERT which showed good results (ranging from 69-98 per cent) and emphasizing scope for improvement.



Technical support for RMNCH+A in Aspirational Districts

- Advocacy for uninterrupted RMNCH+A services
- Advocacy for immunization services during World Immunization Week from 24 April to 30 April. Special focus was on children who were missed during the lockdown
- Monitoring for an estimated date of delivery-based line listing of pregnant women for regular follow up
- Initiation of block monitoring to health facilities to ensure RMNCH+A services at all levels
- Coordination with specialists at First Referral Units (FRUs) level to manage high-risk pregnancies
- Re-initiation of LaQshya mentoring visits to the identified health facilities



- Support for data analysis for RMNCH+A services
- Facilitating partnerships with local stakeholders

Combatting Stigma and Discrimination during COVID-19 - The Perils of a Frontline Worker

Bydepudi Kanthamm is an ASHA working in the Vepada Village of Vizianagaram District of Andhra Pradesh. For the past 13 years, she has been passionately serving many families and individuals, particularly, pregnant women, infants, children and adolescents in her area. But, COVID-19 came and changed the dynamics in the community that she works for. People were extremely scared and since she was a health worker, she was no longer welcomed in the community that previously looked forward to her visits. Her performance started declining and she was unable to fight the stigma in spite of several efforts. In the month of May 2020, she attended training on COVID-19 conducted by the Government of Andhra Pradesh and UNICEF where she learnt several facts about the transmission and prevention of COVID-19.

The training helped her understand the myths and misconceptions around COVID-19. Following the training, her superior also guided her about ways and means for educating the community and families and provided the necessary resources to help her fight the COVID-19 battle. With renewed confidence, she once again started working in the village. With support from the Vepada PHC, she conducted awareness camps, mike announcements, provided one to one counselling etc. Slowly but surely, people opened up and started supporting her activities. As a result of these efforts, she is now able to deliver her duties with new vigour. When services were delivered at the subcentre or Anganwadi Centres (AWCs), she and her colleagues helped in mobilizing beneficiaries and maintaining social distancing.



Bydepudi Kanthamm-ASHA from Vepada Village counselling pregnant woman

LESSONS LEARNED

The COVID-19 pandemic clearly highlighted the critical need and the significant potential for partnerships with health and non-health sectors for ensuring healthcare services. It also highlighted that if adequate advocacy and focus are given to ensuring essential services, the impact of the pandemic on women and children can be mitigated. Thus, pandemic response plans must inherently include specific strategies for ensuring essential services and mobilize partnerships for achieving these objectives. Lastly, the pandemic highlighted that while traditional methods may not work, experiments on innovative strategies such as the introduction of online learning platforms and experience sharing of these experiments must be central to pandemic response plans.

WAY FORWARD

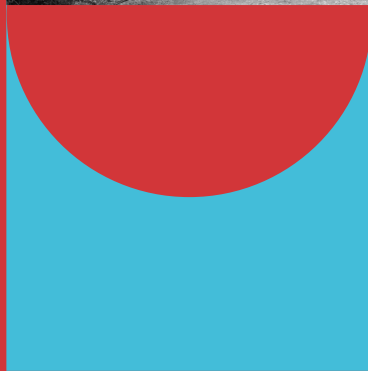
- Psychosocial support to HCWs in Andhra Pradesh
- Focus on COVAX – Support the State for COVID-19 vaccination
- Developing COVID-19 compliant comprehensive Primary Health Care model
- Capacity building of Village Panchayats to stop COVID-19 to rural areas
- Scale-up for midwifery initiative in Telangana including gender training
- Focus on Early Childhood Development and Home-based Care for Young Child (HBYC)
- Support for COVID-19 specific interventions in two districts of Telangana
- Implementation support for EPMM in Telangana as per evidence-based action plan



BIHAR



BIHAR



Introduction



Orientation of ANM, ASHA and ASHA facilitator on flood preparedness and response in Madhubani District

Bihar, with a population of 104 million (Source: Census 2011), is the third most populous state in India. UNICEF along with WHO and CARE were the lead development partners supporting the Health Department, Government of Bihar (GoB) and State Health Society Bihar (SHSB) in the containment of the COVID-19 pandemic. The first case in Bihar was reported on 22 March 2020. Bihar has seen three phases of the spread of coronavirus infection. The first phase was from 22 March to 20 April 2020 in which all international travellers to Bihar were traced and samples were collected from them and their close contacts. A total of 114 cases were detected during this phase. The second phase was marked by House to House (HTH) active case search in the community by FLWs from 21 April till 7 May 2020. A total of 443 cases were detected during this phase. The third phase was marked by the influx of migrants who returned from other states between 8 May and 31 May 2020. This resulted in 3,250 new cases. The fourth phase was marked by gradual unlock with the resumption of routine services from 1 June 2020 to 31 March 2021 with a total of 261,690 new cases reported. Till 31 March 2021, a total of 265,527 COVID-19 cases were reported in Bihar, out of which 262,371 cases recovered (Recovery Rate of 98.8 per cent) successfully, 1,579 cases were active (Active Case Rate of 0.6 per cent) and 1,576 deaths were reported during the same period with a case fatality of 0.6 per cent.

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

UNICEF is a member of Bihar COVID-19 Emergency Response Team (BCERT) along with partners like WHO and CARE (BMGF). The BCERT used to be scheduled daily from March - April 2020, weekly in May 2020, fortnightly from June – July 2020, monthly from August 2020 till March 2021. Since March 2020, the state government has faced several challenges in tackling the pandemic, including the need to develop health infrastructure and increase testing capacity, apart from tracing the contacts to curb the virus spread. UNICEF along with WHO, UNDP and CARE (BMGF) has been supporting the Health Department and SHSB in the fight against COVID-19 before the initiation of cases in the state. With less than 2,000 tests per day in March 2020, the state had gradually improved its capacity to more than 1.4 lakh tests per day. Of the total tests conducted per day, 17.3 per cent was by Reverse Transcription Polymerase Chain Reaction (RT-PCR), 3.7 per cent by TrueNat/CB-Nat and the remaining 79.1 per cent by Rapid Antigen Test (RAT). The RAT was available up to sub-block level and all symptomatic cases were re-tested by RT-PCR even if found negative by RAT.

UNICEF deployed 368 SMNet coordinators across Bihar for tracing of high-risk contacts and identification of symptomatic cases, recommending them for sample collection and monitoring and supportive supervision of isolation centres and quarantine centres. COVID-19 pandemic disrupted the community-based and facility-based routine health services to a very large extent. SMNet was instrumental in breaking refusals, tracking migrants and ensuring community participation in COVID-19 response through awareness generation, stakeholders and religious leaders' engagement.

Support to Programme Implementation

- **Technical assistance at State, Regional and District level:** Technically supported SHSB along with partners in the containment of COVID-19 in the state. A total of three senior health consultants were deployed in the State Health Society - Emergency Cell, one senior consultant positioned in the Patna Regional Response Cell in the office of the Divisional Commissioner. UNICEF along with Gates Foundation supported the roll-out of the Mask Campaign in the state.
- **Capacity building for management and response for COVID-19:** UNICEF along with partners like CARE and WHO supported in the capacity development of 10,000 medical doctors and 800 AYUSH doctors on COVID-19 response and management. They have been posted at 5 Dedicated COVID-19 Hospitals (DCH), 93 Dedicated COVID-19 Health Centres (DCHC), 259 COVID-19 Care Centres (CCC) and 293 Quarantine Centres. UNICEF also supported training of 12,000+ doctors, staff nurses and ANM/General Nurse Midwife (GNM) on the provision of Maternal, Newborn and Child Health (MNCH) care services. This was followed by training of ASHA, ASHA facilitators, ANM, AWWs (106,176 trained) on the FLW tool kit in coordination with CARE. Additionally, UNICEF supported training of district team, Civil Surgeon cum Chief Medical Officer (CMO), Additional Chief Medical Officer (ACMO), District Programme Manager (DPM), Surveillance Officer and Development Partners (DPs) on "Containment Plan of Large Outbreak".
- **Psychosocial Support (PSS) and dealing with Stigma and Discrimination:** In order to mitigate the stress and depression among service providers, UNICEF in coordination with the NIMHANS Bangalore, King George Medical University (KGMU) Lucknow and Indira Gandhi Institute of Medical Sciences (IGIMS) Patna, conducted orientation training of various stakeholders on PSS and dealing with stigma and discrimination related to COVID-19.
- **Infection Prevention and Control (IPC):** UNICEF health officials were members of the emergency Integrated Disease Surveillance Project (IDSP) Cell set up at the SHSB and have extended technical support in devising formats, guidance notes and collecting information from the field on RMNCH+A and COVID-19 cases for evidence-based decisions. UNICEF deputed a senior consultant in the office of Divisional Commissioner Patna for supporting the administration in the containment of the pandemic. UNICEF along with CARE and SHSB imparted training on IPC to 118,756 health workers including doctors, staff nurses, ANM, GNM and DPM posted in DCH, DCHC and CCC. A training was provided to 100 coordinators on IPC who are engaged in mentoring support on IPC.
- **House-to-House tracking for cases and close contacts of COVID-19:** In an attempt to identify the symptomatic cases and their close contacts, SHSB with the support of UNICEF and WHO rolled out the HTH survey across the state.

UNICEF, through SMNet and WHO through Field Monitors (FM), supported the entire activity through micro-planning, supportive supervision and reporting. This included a survey of 11 million populations in urban areas of Bihar. A total of 0.8 million people were reached during the second phase of HTH tracking.

- **Supportive Supervision:** UNICEF along with WHO, UNDP, CARE, JHPIEGO and NIPI were engaged in supportive supervision of COVID-19 containment measures in the field. In the month of April 2020, UNICEF along with WHO conducted supportive supervision of four DCH on the structured MoHFW tool kit. The findings were shared with four DCH Superintendents and Principal Secretary Health, GoB for corrective measures and followed-up subsequently for compliance. Later in the month of May 2020, UNICEF along with WHO and NIPI conducted an assessment of 61 DCHC which were operational at that time. Starting from June 2020, a total of 10 health consultants of UNICEF and 47 Social Mobilization Coordinators at the district level have been members of the supportive supervision team of SHSB along with other DPs.
- **Supported COVID-19 Vaccination:** UNICEF, through its Social Mobilization Network (SMNet) actively supported the launch of the COVID-19 vaccination-related activities in the state. The support started with a simulation exercise of



Handwashing station in SNCU, Purnea

COVID-19 vaccination and later on provided support in the listing of beneficiaries as per the government guideline, appropriate session planning, capacity development of frontline workers and vaccinators for session management, mobilization of various target groups (e.g. women, PRI members, frontline workers, 45+ beneficiaries etc.) by engaging partners and stakeholders, support supervision including feedback to government counterparts for corrective action and support in timely reporting. This was done in 291 blocks by SMNet coordinators.

Key Achievements

- A total of 14 hospitals were demarcated as DCH, 319 health facilities at district and sub-district level were designated as DCHC and 186 block and sub-block level facilities were designated as CCC with overall functional bed strength of 29,185 and 2,287 ICU beds.
- Telemedicine call centres were established in all district headquarters for following-up of home isolation cases, thrice a day since Bihar had higher tests per million (193,733) compared to the national average (1,77,390 tests per million) till 31 March 2021.
- Starting from April 2020 onwards, more than 102,000 healthcare providers were oriented on PSS as well as stigma and discrimination related to COVID-19.
- With support from UNICEF, the cold chain capacity of 670 existing cold chain points were strengthened and additionally nine cold chain points were made operational in Bihar.
- Rigorous contact tracing in the community was conducted through UNICEF-SMNET, WHO-Field Monitors and CARE teams.
- 3,072 COVID-19 vaccination centres were established in Bihar to implement the vaccination drive.
- Centralized Interactive Voice Response System (IVRS) system was developed to reach all the individuals with mobile phone connections registered in Bihar circle to understand their COVID-19 like symptom status and suspected cases were followed through the district and block healthcare facility and FLWs.
- Orientation and mobilization of local influencers and faith-based leaders in all 38 Districts and 291 SMNET Blocks to disseminate the COVID-19 Appropriate Behaviours (CAB) messages in the community.
- Ending Violence Against Children (EVAC) was imparted to stakeholders.

Use of Polio legacy in breaking refusals of COVID-19 in Begusarai District of Bihar

The almost overnight shift in the state from living a regular life to one that was contextualized by the coronavirus and its adverse effects took entire communities by storm. The districts of Bihar needed to also find out who was symptomatic and where the 'hot zones' were so that the resources and efforts could be targeted to those zones. The districts had to surmount the understandable challenge on the ground of residents being unwilling to share their travel history in fear of experiencing stigma and discrimination. The SMNet volunteers in the same communities had experience with handling such delicate conversations, having been effective in the

past in swaying 42 per cent of resistant or reluctant households towards the polio vaccine. The Social Mobilization Coordinator (SMC), along with the Block Mobilization Coordinator (BMC), took up the challenge of breaking the refusals. They discussed the situation with the local leaders, community influencers and faith leaders who in turn were able to convince the households to be compliant, with their consent. One critical element that ensured that no house was left out was the use of micro-plans developed during the Pulse Polio eradication campaign, which were still relevant to address the COVID-19 mitigation efforts as they incorporated activities like supervision and quality checks.



HTH monitoring for COVID cases and contacts, Gaya

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

Advocacy

The national lockdown was imposed for a period of 21 days initially from 24 March 2020. As a result of this, Routine Immunization (RI) services in the outreach sessions were completely disrupted in Bihar w.e.f. 24 March 2020. As a result of the lockdown, accessibility to avail health services was also disrupted resulting in a major setback to all RMNCH+A services in the state of Bihar. Food, money and medicines were the three most critical needs during the lockdown. Demand for nutrition services was the highest followed by child immunization and family planning services. In the month of May 2020, almost 2.7 million migrants from different parts of the country arrived in Bihar. This posed a huge challenge to the GoB as they had to cater to the nutrition needs, medical needs and other livelihood services of migrants amidst the COVID-19 pandemic and the associated lockdown. UNICEF Bihar along with Population Council Institute conducted another rapid assessment in May 2020 in which telephonic interviews were conducted with 794 respondents to unpack the effects of lockdown on health and nutrition services. For maintaining the continuity of RMNCH+A services, UNICEF Bihar along with partners like WHO, UNDP and CARE (BMGF) supported the SHSB in the following measures:

1. Technical Assistance at the State Level:

Supported SHSB in drafting technical guidelines for continuation of RI, ANC services, promotion of institutional delivery services, care of sick newborns and essential newborn care, HIV testing of PW, Intensified Diarrhoea Control

Innovations

UNICEF, along with partners, utilized digital platforms for maintaining the continuity of RMNCH+A services. In the initial phase, capacity building on various RMNCH+A themes including RI services with relevant stakeholders was done using YouTube, Zoom link and Facebook live streaming. This was followed by hand-holding-support digitally in the form of short films jointly developed by partners jointly and released by ED SHSB. This was followed by an online review of various programmes like Family Planning, Maternal Health, Neonatal and Child Health and HIV- AIDS and RI. All review meetings were chaired by ED SHSB. UNICEF along with partners technically supported the review meetings and followed up the guidance in the field for corrective measures for improved programme outcomes.



Disaster plan document sharing with line department, Madhubani District, Bihar

Fortnight (IDCF) campaign and other emergency services including management of COVID-19 positive mothers and newborns.

2. Continuity of RMNCH+A Services and RI:

Letter issued by Executive Director (ED) SHSB for provision of dedicated services in all comprehensive newborn care units including SNCUs, Newborn Stabilization Units (NBSU) and Newborn Care Corners (NBCC), continuation of ANC check-ups, institutional delivery services, RI services and family planning services. Dedicated ANMs/Staff Nurses (SNs) were appointed round the clock to provide delivery services. For community awareness, a total of 132 different types of audio-visuals were released by SHSB for COVID-19, RMNCH+A and Nutrition with the technical support of UNICEF.



Supportive supervision in Dedicated COVID Hospital, Bhagalpur Medical College

Key Achievements

1. Community follow up of High-Risk Pregnancies (HRPs), Low Birth Weight (LBW), SNCU graduates, sick newborns:

Despite all the challenges post lockdown, Bihar had been in the second position for consecutively four months (May-August 2020) in the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA-aimed at identification of high-risk pregnancies to ensure timely follow-up for safe delivery services) which was held on the 9th of every month in which PW gets their ANC check-up done by the medical officer in 2/3 trimester of pregnancy.

2. Respectful Maternity and Newborn Care:

In order to promote institutional deliveries, SHSB had made an arrangement of paying INR 500/- to PW through Janani Bal Suraksha Yojna (JBSY) for reaching the health facility by hired vehicles in April - May 2020. Additionally, a dedicated ambulance for bringing pregnant women to a health facility for institutional delivery was positioned in all 534 blocks by the state government. Also, SHSB had provisioned to bring mothers to the nearby health facility one week prior to the Expected Date of Delivery (EDD) to ensure safe institutional delivery in view of the ongoing COVID-19 and floods.

3. Resumption and Uptake of RI Services during COVID-19:

The outreach immunization services were resumed from 6 May 2020. Catch up immunization camps were organized in various districts in May and June 2020 to vaccinate the left out and drop out children. Japanese Encephalitis (JE) vaccination campaign was successfully completed in Sitamarhi and Sheohar Districts and commenced in nine other districts since May 2020. Till the month of Sept 2020 about 58 per cent of children between 1-15 years of age were vaccinated with JE in the selected nine districts. With UNICEF support, SMNet facilitated in conducting outreach sessions through revision of micro-plans, digitizing micro-plans, capacity building of FLWs in safe injection practices, training of cold chain handlers and vaccine courier in safe handling, storage and distribution of vaccines during the lockdown period. Immense progress was observed in 'sessions planned vs. held' in Bihar. Special catch-up campaigns were conducted in many locations for covering the drop-outs and left-outs as well.

4. Elimination of Mother to Child Transmission:

With the resumption of RI services w.e.f. 6 May 2020, UNICEF, along with other development partners, supported Bihar



Essential newborn care in SNCU, Purneah

State AIDS Control Society (BSACS) and SHSB in initiating HIV testing of PW at VHSND sites from June 2020, which had started in 19 districts out of the total 38 districts of the state. This intensified the efforts in meeting the target of EMTCT 2020. To maintain continuity of the Prevention of Parent to Child Transmission (PPTCT) services', home delivery of Antiretroviral Therapy (ART) to the PW was ensured during the lockdown period through PPTCT counsellors and FLWs.

5. Acute Encephalitis Syndrome (AES) Containment Measures:

SMNet worked in close coordination with Self Help Groups (SHG), local influencers and PRI members of 316 villages and provided orientation to community members to ensure that a child does not go to bed on an empty stomach. UNICEF supported training of medical officers (447), AYUSH Doctors (559) and FLWs (600+) across the state and training of 919 Registered Medical Practitioners (RMP) of the villages in early detection of AES cases, stabilization and timely referral to a higher health facility. Additionally, the recurrent orientation of PRI members and local influencers ensured community participation of the entire village for fighting the AES epidemic.

6. Intensified Diarrhoea Control Fortnight (IDCF):

Amidst COVID-19 pandemic and floods response, SHSB along with partners like UNICEF, WHO, CARE and Evidence Action rolled out the IDCF campaign across the state of Bihar from 16 September 2020. A total of 12,277 ORS-Zinc corners were established in all health facilities and HTH visits by ASHA helped in prepositioning of ORS-Zinc across the state during the campaign. During the campaign 76 per cent (13,116,201/17,244,648) beneficiaries were covered with the prepositioning of ORS during the campaign.

STORIES OF RESILIENCE AND COURAGE

Muni Bala takes a ride for immunization services, Aurangabad District of Bihar

Aurangabad District with a population of 3.2 million is situated in south Bihar. RI activities across Bihar were discontinued on 24 March 2020 as a result of the nationwide lockdown.

Due to the lockdown, transportation was unavailable and hence many ANMs were finding it difficult to commute to the session site. Many outreach RI sessions were planned but were being cancelled as the ANM were finding it difficult to reach the session sites. Through a house visit to the ANMs, officials understood that due to the

lockdown, they were not able to move in the field as transportation was not available. 50 years old Muni Bala, who was well motivated to start the RI sessions, learnt cycling with the help of her family members within three days. With much confidence gained through the support of her family and SMNet, Ms. Muni Bala used her cycle to commute to her outreach session sites to provide immunization services to children and pregnant women. Muni Bala provided all 12 vaccines under the Universal Immunization Programme as per National Immunization Schedule (NIS).



Muni Bala on cycle



Muni Bala giving vaccine

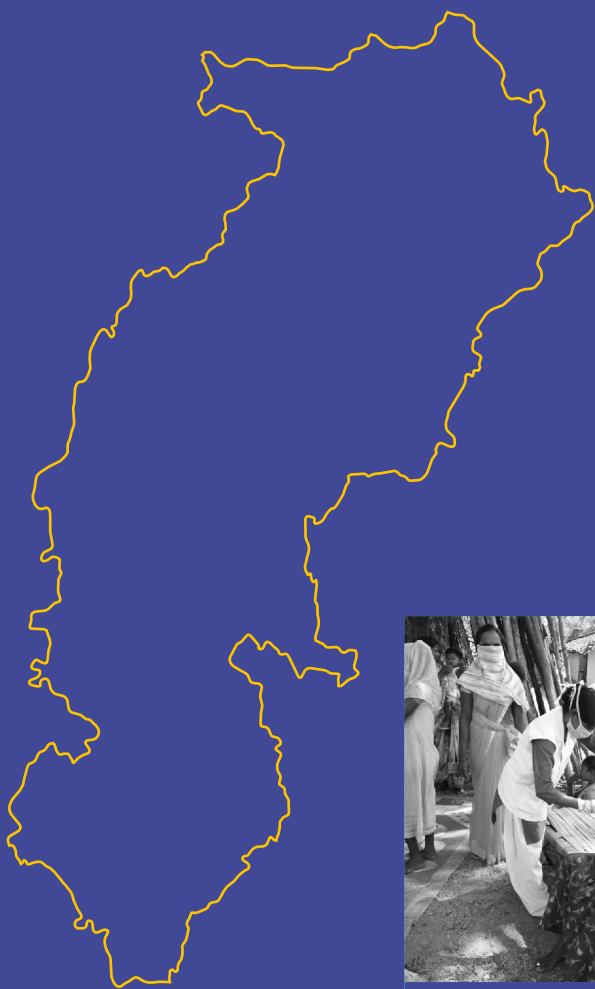
WAY FORWARD

UNICEF Bihar's approach and strategy for Reproductive and Child Health (RCH) programme, keeping in mind the Global Health Strategy of 2016-2030 and the ongoing COVID-19 pandemic, for achieving results for mothers and children through the provision of technical support to the Health Department, GoB and SHSB include:

- Address inequities in healthcare systems through the use of disaggregated data and mapping of vulnerable population groups for prioritization of interventions.
- Support health system strengthening for sustainable programme interventions and results.
- Ensuring uninterrupted accelerated routine health services to achieve the targets and coverage for RMNCH+A including Routine Immunization.
- Promote risk-informed programming through emergency preparedness, resilience and response.
- Promote health as a platform for delivery of a multi-sector and integrated package of interventions and services.
- Work with other sectors and partners to address the social determinants and underlying causes of health challenges.
- Address the challenges of Rural Transmission by reaching out to home Isolation cases.
- Ensuring pediatrics beds in lieu of the increasing COVID-19 infection amongst children.
- Rapid mass vaccination of the eligible individuals to achieve better herd immunity in the community.
- Ensure streamlining supply related issues through better planning, coordination, recourse mobilization and partnering with private providers.

CHHATTISGARH

CHHATTISGARH



Introduction



Vaccination

Chhattisgarh, located in central India is the 9th-largest state in India, with an area of 135,192 km² and a population of 29.4 million. It comprises 28 districts. It is a resource-rich state, as it provides electricity, coal, and steel to the rest of India. The State of Chhattisgarh (CG) has its own problems of Left-Wing Extremism (LWE), tribal areas, lack of specialized human resources, and multiple vacancies in the health system. This was further aggravated due to the COVID-19 crisis. Chhattisgarh reported its first case of COVID-19 on 19 March 2020 of a woman returning from London via Mumbai Airport who tested positive. As of 31 March 2021, the state had reported 349,187 cases and 4,170 deaths. The test positivity rate was 11.8 per cent, the number of active cases were 25,529 and more than 5.7 million people have been tested in the state. In the second wave, the burden of cases also saw a shift from the most affected districts of Raipur, Durg, Bilaspur to less affected districts such as Raigarh, Surajpur and Janjgir Champa. Lockdown was a crucial step to control the infection while it had significant effects on the lives of the people especially the marginalized, who have lost their livelihoods and are struggling for basic needs of life like food and shelter.

Key Challenges

- The state faced the dual burden of increasing COVID-19 cases and the challenge to maintain essential health services.
- Along with a direct COVID-19 response, the major challenge was to fight the infodemic with a 360-degree communication approach.
- The pandemic challenged the provision of routine services as most of the staff and resources was directed towards the preparation for prevention, control and management of COVID-19. Regular outreach activities were disrupted as the FLWs were busy in the COVID-19 response.
- **Rural surge:** Our analysis showed that there was no rural surge of cases in Chhattisgarh, although there was a marginal increase in COVID-19 cases in small towns and villages. Besides, testing and tracing facilities were less in rural areas and that may be a reason for a lower number of recorded cases in rural areas. Disaggregated data on urban-rural areas, was also not readily available at the state or central levels as a result of which, the team classified districts as urban dominated and rural dominated and then made their deduction.

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

- **Coordination:** UNICEF was part of the State Command Centre (SCC) which held everyday meetings and took all important decisions in close coordination with WHO and UNDP.
- With 30 DCHs, 131 CCCs and 76 private hospitals, the state now has a capacity of 24,842 COVID-19 beds including 3,104 in the private sector. Out of 24,842 beds, 3,612 are oxygenated beds and 1,782 ICU/HDU beds.
- The testing capacity of the state has also increased substantially compared to 2020 with 12 RT-PCR labs including 5 in private and 35 TRUENAT labs including 4 private labs. RAT was made available till sub-centres and overall state capacity increased up to 50,000 tests per day.
- Since January 2021, 12 COVID-19 death reviews meetings were held under the chairpersonship of the Additional Chief Secretary and more than 500 COVID-19 deaths were reviewed and corrective action initiated.
- State had vaccinated 87 per cent of HCWs (295,177/337,955) with 1st dose and had one of the highest coverages in the country. 56.5 per cent were given 2nd dose, 83.9 per cent of FLWs were given 1st dose (241,858/288,188) and 45 per cent were given 2nd dose. More than 2.2 million people above 45 years (38 per cent of target) were given 1st dose of the COVID-19 vaccine till March 2021.
- Preparedness for “rural surge”: In line with guidelines from MoHFW, the state planned for quarantine centres and isolation centres (for those who do not have facilities for home isolation) at the gram panchayat level. Efforts were also made to increase the number of oxygen beds, especially in rural dominated districts. The active surveillance of cases through Mitans (ASHA) and teachers, was strengthened by door-to-door visits in villages. About one million medical kits were given to people with symptoms. A detailed guideline on addressing the “rural surge” was issued, with inputs from UNICEF.

The other major decisions taken, apart from testing, contact tracing and treating were:

- Action plan for COVID-19 response in urban slums of Raipur
- UNICEF participated in the death audit of COVID-19 deaths as part of the committee
- Research team generated evidence on vertical transmission of COVID-19 and Hydroxy Chloroquine (HCQ) prophylaxis among HCWs

Capacity Building

Capacity building to the FLWs for COVID-19 response in three UNICEF supported districts was provided. 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 by providing counselling for psychosocial support through a dedicated helpline, established by the state. UNICEF has built the capacity of many NGOs enrolled under the COVID-19 cell at the State Planning Commission (SPC) for monitoring essential RMNCH+A services in the state.

Critical Human Resource:

- In order to support the state to handle the caseload in hospitals under HR crunch, particularly during the peak of the 2nd wave, UNICEF supported 36 counsellors for home isolation patients, 10 Lab Technicians (LTs), 10 SNs, 10 MOs, 3 specialists and operationalized 20 bed ICU at District Hospital, Pandri.
- UNICEF mobilized the support of Doctors For You for Chhattisgarh to operationalize 200 O2 beds at Mana Civil Hospital in Raipur and 30 bed ICU at Ambikapur.
- UNICEF also facilitated support from CARE India to operationalize 200 O2 beds tentatively at Janjgir Champa District.

Supplies

UNICEF mobilized 250,000 triple-layered masks and 15,000 bottles of sanitiser (500 ml) for the state and five ventilators at the district hospital in Surguja through the donor organization, Americares during the first wave. In the second wave, UNICEF again mobilized support from Americares to provide 5 ventilators and 30 Oxygen Concentrators (OC) and Sattva-Amazon for 500 OCs. With support from section, 3 RT-PCR and 50 High-Flow Nasal Cannula (HFNC) were supplied to the state. As of March 2021, another 1,150 OCs and 350,000 face shields (for Mitanins/ANMs) were in pipeline.

Preparedness Assessment

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

Technical Assistance

UNICEF, as a part of the state team supported the districts for the roll-out of containment plan, community surveillance, contact tracing and monitoring of the COVID-19 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.

Online Training for Self-Help Group (SHG) Members of BIHAAN, Government of Chhattisgarh (GoC)

About 32 per cent (18 lakh) households of the state were mobilized into SHGs under Chhattisgarh Rajya Gramin Ajivika Mission, BIHAAN. These SHG members directly impacted 35 per cent (90 lakh) of the total state population. 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 COVID-19 pandemic.

Psychosocial Support

UNICEF in partnership with the Department of Psychiatry built the capacity of the District Mental Health Team to provide psychosocial support to HCWs and FLWs.



Malaria Mukh Bastar Abhiyan

COVID-19 Vaccine Roll-out

UNICEF provided the following support for Vaccine Roll-out in the State

- Technical support in State Steering Committee meetings and State Task Force for Immunization (STFI) for the roll-out of the vaccination programme.
- Cold chain need assessment, liaison with MoHFW for allocation of required Cold Chain Equipment (CCE) and rational distribution of new CCE.
- Technical support in establishing new Cold Chain Points (CCP). 114 new CCPs were established in the state between October 2020 to March 2021.
- Conducted cold chain monitoring for preparedness of cold chain and provide technical support to bridge identified gaps.
- Capacity building of District Immunization Officer (DIO), Block Medical Officer (BMO), Vaccine and Cold Chain Manager (VCCM), and Vaccine Cold Chain Handlers (VCCH) for the roll-out of vaccination.
- Orientation of newly recruited VCCH conducted via an online platform.
- Technical support for vaccine forecasting, rational distribution of vaccine and other logistic management includes syringes, hub-cutter, plastic bags etc.
- Development of tools for preparedness of session site and visits to prospective session site. Provide technical support to the state for establishing session sites.
- Technical support to the state for disseminating guidelines to roll-out vaccination programme.
- High-end technical consultants placed at immunization division for providing technical support.



Immunization sessions with COVID precautions

- Orientation of religious leaders and influencers conducted for enabling environment for the roll-out of vaccination.
- Developed digital messages, videos of influencers, and e-pamphlet for IEC.
- Developed short videos and e-pamphlet to educate vaccinators.
- Orientation of 104 staff on FAQs related to COVID-19 vaccination.
- Capacity building of system supervisors (DIO and VCCM) on the COVID-19 monitoring checklist.

COVID-19 Vaccination: The State of Chhattisgarh procured vaccines directly from manufacturers and has been providing them free of cost to all citizens between the ages of 18-44 years. Guidelines for vaccination was issued by the state to all the districts which included the need for valid ID cards for all persons presenting for vaccination. Based on these guidelines, districts have been vaccinating persons in jails, old age homes, etc. The state had also made special provisions for vaccination of poor and marginalized population where a special quota was allocated for Antyodaya and BPL beneficiaries.

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

Very early in the pandemic, the state planned and conducted online sensitization 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 an 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 a total of seven sessions on different days comprising three to four SNCUs in each session.

- UNICEF in partnership with SHRC placed block-level supervisors in 30 out of 146 blocks for comprehensive RMNCH+A supportive supervision and feedback to state for the continuation of RMNCH+A services.

Capacity Building in SNCUs

Adapting to Virtual Trainings during COVID-19

- UNICEF explored the readiness of the system for virtual trainings. To understand the expectations of staff for capacity building needs, a short online internal survey was done. The response was received from 347 SNCU staff which included 28 pediatricians, 11 medical officers, 22 data entry operators and 286 staff nurses. Based on the responses, an online training pilot session was planned on the topic suggested by the majority of the participants.
- A pilot online capacity building initiative was started in six selected SNCUs. Three sessions for six selected SNCUs were conducted; the 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. Learning from the pilot, a unique virtual TECNeC (Training for Enhancing Capacities in Neonatal Care) programme was initiated for 46 nurses in SNCU consisting of a 13 hours module on key causes of neonatal mortality.

Telementoring of SNCUs

Another innovation during COVID-19 was the partnership between UNICEF and AIIMS Raipur for 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. were monitored for documenting the outcome of teleconsultation

Joint Advocacy Statement

Joint Advocacy Statement was issued from the National Health Mission (NHM), Chhattisgarh, UNICEF Chhattisgarh, Indian Academy of Pediatrics (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 the 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 the district level. The contact numbers of Mitandin/Accredited Social Health Activists (ASHA) were mandatorily recorded at SNCUs at the time of admission so that a reminder call for community follow-up could be given.

Joint Implementation Guidelines for HBYC Services

UNICEF facilitated an interdepartmental convergence meeting to decide the line of action for (HBYC) programme considering the COVID-19 situation. As a result, a joint signatory from both the secretary (Health and Women and Child Development (WCD)) was released for coordinated action at various levels including field level by Mitandin/ASHA and AWW. Directives were issued for the implementation of HBYC services, where the training of Mitandin/ASHA was completed.

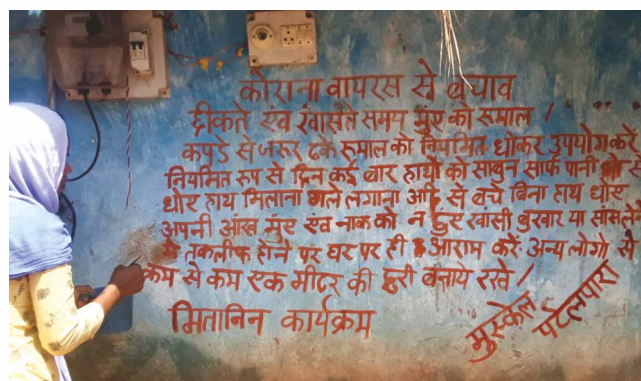
Conducting Routine Immunization Sessions

Supply Chain

Understanding the situation and in anticipation of the 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. ANMs went to session sites/villages with logistics, due list and records from their respective Sub-Health Centres (SHC) by their own arrangement to conduct sessions

Conducting Sessions

RI sessions were done mostly on the scheduled days, at designated sites (SHC or Anganwadi Centre) as per micro plan despite the COVID-19 situation. The Rural Health Officers (RHOs) prepared the due list which was also shared with Mitandins who mobilize the beneficiaries. Only 4-5 beneficiaries were mobilized at a time to limit the number of people gathered at one place, and



COVID 19 messages on wall



Handwashing during COVID-19 at session sites

services were limited during VHSNDs since the number of people gathering was cautiously controlled. Mitanins and RHOs follow basic protective measures like physical distancing and covering the nose, and mouth while delivering services. After the end of each session, Alternate Vaccine Delivery System (AVDS) or the RHOs carried the remaining vaccines back to the cold chain points. To prevent panic among people, awareness activities were carried out by the Mitanins regarding the spread and prevention of COVID-19. This crisis period was also harnessed as an opportunity for change in behaviour regarding WASH.

Diarrhoea Control Activities during COVID-19

Intensified Diarrhoea Control Fortnight (IDCF) was conducted in all the 28 districts of the state from 8 to 21 July 2020 with technical support from UNICEF. More than 500 district/block level programme managers were trained virtually on the IDCF campaign, a first of its kind experience in conducting the 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. The 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 due to the unavailability of courier services because of the lockdown and there was no facility to send Dried Blood Spot (DBS) samples to the referral lab - National Institute of Cholera and Enteric Diseases (NICED), Kolkata. Since July 2020, the testing has resumed. However, after the lockdown, based on UNICEF's

advocacy, all the counsellors were instructed to collect the due sample of DBS and send it to NICED, Kolkata for testing.

- **Home delivery of ART drugs:** With the lockdown in place, it was difficult for HIV positive ANC and people living with HIV to go to the 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 were provided 2-3 months of ART drugs. ART drugs to critical patients on ART, who are not able to travel were provided at home through outreach workers.



Guideline for the Management of Pregnant Women in COVID-19 Pandemic

- With UNICEF's technical support, comprehensive guidelines for the management of PW in the COVID-19 pandemic and guidelines for separate quarantine centres for PW were released from the Department of Maternal Health.
- Data analysis of Maternal Health (MH) services was done during the COVID-19 pandemic. UNICEF also supported the state in analysing the data and facilitated review by the MH 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.

Continuity of Sick Newborn Care during COVID-19 in a Remote Tribal and LWE affected District

Rajeshwari, at 24 weeks of her pregnancy, underwent labour pain and a premature delivery was conducted at a nearby Community Health Centre (CHC), Behrampur. For survival, the extremely low birth weight baby of 440 grams was quickly and promptly referred to SNCU. The SNCU put in efforts and dedication over a period of two and half months. After continuous efforts, the newborn showed improvement in weight (1.41kgs). The intervention of video and

teleconsultation by UNICEF along with experts from AIIMS Raipur supported the SNCU team of Bijapur in a big way by updating the steps to be taken and the medicines to be prescribed for the newborn and so on. On many occasions, when the parents wanted to go back, it was the patience and counselling of the SNCU staff which held them back. Now, the baby has been discharged and is among the lowest alive and survived babies in India.



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 was on the quality of care in SNCUs. Hence telementoring of selected SNCUs of Aspirational Districts was initiated by NHM, Chhattisgarh in collaboration with AIIMS. UNICEF supported quality improvement trainings for SNCU staff.



Telementoring session in progress

LESSONS LEARNED

- COVID-19 situation paralysed the health and hospital management systems and brought to the forefront, the need for more robust data management systems that are resilient to any emergencies.
- Supply chain disruptions during COVID-19 had rendered a 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 were an excellent tool for identifying system issues and initiating corrective actions.
- 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.
- 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).
- It is possible to sustain the essential 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 was essential.
- Measures for ensuring supplies in an emergency were always part of standard guidelines.
- 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.

WAY FORWARD

- Moving towards real-time data management systems which are resilient to any emergency situations.
- Use of data for action not only at the 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.).
- Ensuring the uninterrupted availability of quality vaccines at all levels and system preparedness with adequate cold chain capacity to store the COVID-19 vaccine.
- As secondary and tertiary care staff and health facilities are into COVID-19 response, strong advocacy is required to strengthen comprehensive primary health care for the 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.



GUJARAT

GUJARAT



Introduction



Launch of COVID Vijay Rath by Hon'ble Chief Minister of Gujarat

Gujarat, with a population of 69.4 million, spread across 33 districts and eight corporations is one of the most progressive states of India. The state has a 14.8 per cent tribal population spread over 14 districts and 43 per cent population living in 242 cities/towns. UNICEF Gujarat Field Office works closely with the government, civil society organizations, academic and research institutions, corporate and private sector and community networks for evidence-based policy advocacy, and systems strengthening at the upstream level. It also works at the downstream level with demonstrations and modelling in six high priority districts including two Aspirational Districts with a focus on tribal, urban and coastal areas for evidence-based advocacy for reducing inequities, demand generation, scale-ups, social and behavioural change.

With the outbreak of COVID-19, a serious challenge was posed to the functional efficiency of the existing health system. The first case of COVID-19 was reported in the state on 19 March 2020, and it has gradually reached 307,698 cases as of 31 March 2021 with a recovery rate of 95 per cent and case fatality rate of 1.5 per cent (Source: <https://gujccovid19.gujarat.gov.in/>). The strategy for fighting against COVID-19 in the state involved '**Prevention, Testing, Tracking and Treating**' with a primary focus on surveillance and containment measures.

Key Challenges

- 01 Poor availability and access to testing facilities at the beginning of the pandemic, especially in private health facilities.
- 02 Insufficient human resources in public health facilities with acute shortage of skilled human resources, especially specialists.
- 03 Urban settlements, both formal and informal, posed serious threats to their dwellers due to multiple deprivations of infrastructural, occupational, spatial, physical and psychosocial origin.
- 04 Limited stratification of primary, secondary or tertiary care in terms of access to health care; and a mix of service providers like municipalities, state government, Employee State Insurance Scheme (ESIS), Central Government Health Scheme (CGHS), armed forces, Public Sector Undertakings (PSU), corporates, informal service providers, high-end state-of-the-art hospitals etc.
- 05 Skill-building of health care staff in ICU care including ventilator care became a challenge considering the magnitude of the caseload.
- 06 Stigma, fear and anxiety coupled with lockdown wherein there was limited movement of people seeking timely testing and treatment.
- 07 Disruption was seen in essential services including RMNCH+A since HCWs were involved in COVID-19 response and people's movement and demand for services also reduced especially in containment zones.

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

Advocacy

1. UNICEF advocated for the adaptation of all COVID-19 guidelines to the state context and rapid dissemination, which was supported by the placement of consultants in the state emergency operation centre.
2. Represented UNICEF in key decision-making forums and provided technical inputs (State steering committee, State COVID-19 task force, State task force for COVID-19 vaccination).
3. Technical support in identifying gaps in vaccination coverage and recommendations to improve, through field-level monitoring by the UNICEF team and advocated for the implementation of key recommendations for improvement. Advocated for supportive supervision visits of vaccination session sites by experts from medical colleges (Regional Monitoring Teams). Influenced decision to engage celebrity/influential doctors, IAS/IPS officials to record their testimonials regarding COVID-19 vaccine and circulate on social media to increase vaccine confidence.
4. Facilitated enrolling the private sector into Adverse Events Following Immunization (AEFI) management through the engagement of key Pulmonologists and Physicians in each district. Facilitated planning and organizing state and district level AEFI spokespersons orientation for media management during AEFI scenarios enhancing the capacity of over 100 spokespersons in collaboration with Communication, Advocacy and Partnerships (CAP).
5. Advocated for expanding cold chain capacity of the state based on findings from Effective Vaccine Management (EVM) exercise and as a result, influenced the decision to establish nine District Vaccine Stores and procurement of additional refrigerated vaccine vans.
6. Undertaken situational analysis in urban slums and participated in the deep dive discussions on urban slums to understand the issues. Initiated a planning exercise along with WASH, C4D, CAP and Social Policy Monitoring and Evaluation (SPME) and developed an integrated and multisectoral COVID-19 response plan for Gujarat with an urban focus.
7. Coordinated with TATA/TCS CSR division and Gujarat Medical Service Corporation Limited for donating 1,500 face shields to COVID-19 hospitals.
8. Successfully advocated for mainstreaming COVID-19 health messages beyond the health department by engaging Integrated Child Development Services (ICDS) FLWs,

schoolteachers, WASH workforce, community-based networks such as dairy cooperatives, Nehru Yuva Kendra (NYK) and National Service Scheme (NSS) volunteers etc.

9. Supported research, use of data for improving COVID-19 response and knowledge

management by working closely with State Health Systems Resource Centre (SHSRC) and medical colleges; by creating enabling environments and systems thinking for developing short, medium and long-term strategies for health systems strengthening, making it more resilient.

Support to Programme Implementation

1. UNICEF has led supportive supervision visits to 66 Dedicated COVID-19 Hospitals (DCHs) undertaken jointly with WHO and UNDP to strengthen hospital preparedness.
2. In partnership with the State Institute of Health & Family Welfare (SIHFW), facilitated the designing of special courses on 'Clinical Care Management in COVID-19' and 'Critical Care Assistance in COVID-19 Management', enhancing the capacity of 5,644 and 1,760 medical officers respectively. Supported capacity building of field level staff in the use of rapid antigen testing for 265 teams involved in sample collection and testing for COVID-19 and 'Post-COVID-19 Cardiopulmonary Rehabilitation Programme' for Physiotherapists.
3. In consultation with the State Institute of Health & Family Welfare (SIHFW) and Gujarat State AIDS Control Society (GSACS), UNICEF technically supported the development of a manual on '**Psychosocial support during**

COVID-19 pandemic', targeting the healthcare providers. UNICEF also facilitated in the mapping of 750 counsellors in various health programmes, enhancing their capacity. Partnership established with Hospital for Mental Health, Ahmedabad to ensure safety and mental wellbeing during COVID-19 with development of awareness generation videos and development of manual on '**Psychological First Aid During Disaster**'.

4. COVID-19 response strengthened in Aspirational Districts with technical support in supply chain management of essential drugs and commodities. Capacity of frontline health workers, representatives of professional bodies and business associations, dairy cooperatives etc., enhanced safety protocols and infection prevention control. Facilitated orientation of leaders from voluntary organizations and religious leaders in continuation of essential services during COVID-19 under the chairmanship of District Collector.
5. Provided technical support to the launch of a COVID-19 vaccination campaign in the state through support in State level TOT and District level TOTs in Aspirational Districts.
6. Contributed to the strengthening of preparedness for COVID-19 vaccine roll-out by supporting in dry run activity, through the deployment of the UNICEF team for monitoring as well as the development of a short film documenting the process of vaccination during dry run activity. Observations from monitoring of dry run activity were shared with the state government for strengthening preparedness of vaccine roll-out.
7. Technical support in ensuring adequate cold chain space availability in the state for the roll-out of COVID-19 vaccine through the strengthening of cold chain and vaccine logistics utilizing the Effective Vaccine Management Improvement Plans. To expand the cold chain space at the regional level, two walk-in coolers and one walk-in freezer were supplied and to expand at the district level, 139 ice lined refrigerators and 126 large cold boxes were supplied.



Supportive supervision of COVID facilities in the field

8. Advocated, facilitated and technically supported capacity building of Regional Monitoring Teams from Medical Colleges in Supportive Supervision of COVID-19 vaccination session sites, enhancing the capacity of 112 participants from Preventive and Social Medicine departments of medical colleges.

9. Collaboration with CAP in advocating and facilitating media engagement through orientation of media professionals on COVID-19 vaccine, live programmes in Doordarshan with weekly thematic panel discussions etc.

10. Development of state-specific IEC/SBCC materials related to COVID-19 and COVID-19 vaccination campaigns and their dissemination, in collaboration with C4D.

Innovations

- 1. Adoption of innovative platforms for capacity building:** Technical assistance was given to SIHFW to adopt innovative online platforms to resume trainings of healthcare providers. A three-tier system for trainings was established. A total of 41,000 participants were trained at the state level and 129,500 were trained at the district level.
- 2. Youth platforms were used for promoting mental health and wellbeing, engaging youth icons and celebrities.**



COVID Vijay rath

including the elimination of COVID-19 related stigma and discrimination: Along with C4D and UNICEF, Gujarat developed many materials and engaged CSOs, faith leaders and academic institutions. COVID-19 Vijay Rath was launched by the Hon'ble Chief Minister of Gujarat with the objective of awareness generation about COVID-19 through a dedicated van with trained educators and artists who travelled across the state, travelling approximately 11,600 km across 33 districts, reaching more than 10.5 lakh people.

3. An interpersonal communication toolkit was developed as an innovation for social behaviour change. It was initially piloted in the Mahisagar District and later scaled up across the entire state. Technical support was given by UNICEF to SIHFW in conducting a state level ToT on the same.

4. Risk Communication and Risk Communication Engagement (RCCE)

5. Webinar series on 'Addressing safety and well-being of healthcare workers and continuity of essential RMNCH+A services during COVID-19' was initiated in partnership with the Indian Institute of Public Health (IIPH), Gandhinagar. It included eight webinars inviting expert speakers from the state government, professional bodies, academic institutions and other UN organizations.

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

1. Through sustained advocacy for continuity of essential RMNCH+A services during COVID-19, UNICEF influenced the state government to keep a track of essential RMNCH+A services as well as resume services in non-containment zones and supported the NHM team to plan the distribution of budget under NHM Programme Implementation Plan (PIP) 2020-21 to all districts and corporations. Leveraged over 2.7 million USD for scale-up of SNCUs, labour room upgradation, setting up and strengthening of Skill Labs, scaling-up of midwifery initiative, awareness generation for HIV/EMTCT, innovative Mobile Mamta Diwas/VHSNDs, capacity building for RMNCH+A, immunization etc.
2. Analysed the situation of Maternal and Child Health in the state utilizing data from NFHS-5 and SRS 2018, identifying the determinants, and developed key recommendations for improvement.
3. Analysis of Infant mortality data (Infant Mortality Rate (IMR)) from Sample Registration System bulletin 2018, conducted and shared with the state advocating for specific strategies for accelerated reduction in IMR in the state.
4. Facilitated and supported the development of a roadmap for Early Childhood Development (ECD) for the country in partnership with the Indian Academy of Pediatrics (IAP) and WHO at CIAP PEDICON 2021 by demonstrating learnings in Gujarat and piloted convergence model for ECD in Aspirational District, Narmada. Accelerated implementation of ECD in the State by collaborating with IAP in publishing a 'Consensus Statement of Indian Academy of Pediatrics on ECD'.
5. Leveraged budget from the state for supplying Continuous Positive Airway Pressure (CPAP) machines for SNCUs across the state to help children with respiratory distress.
6. Advocated for scale-up of Midwife Led Care Units (MLCUs) in 14 medical college hospitals, following the successful demonstration in Surat and Vadodara with UNICEF partnership. Operational guidelines drafted for scale-up of MLCUs was endorsed by Commissioner, Health. Advocated for the introduction of a course on neonatal nursing and midwifery in six regional nursing colleges and influenced the decision to recruit 166 NPMs. LaQshya state mentoring group meeting was facilitated to fast track the LaQshya certification process and advocated for on-job training of the staff in LaQshya targeted facilities.
7. Advocated and supported in drafting guidelines for continuation of immunization at health facilities and outreach session sites during COVID-19 and in developing tribal immunization strategy. Facilitated organizing a consultation with 29 medical colleges for resuming immunization and VHSND services with supportive supervision to cold chain points and session sites using the S4i mobile application.
8. Advocated and facilitated National Cold Chain Management Information System (NCCMIS) workshop for vaccine cold chain managers, handlers and technicians in the state in collaboration with NCCVMRC.
9. Advocated and supported the Department of Health and Family Welfare and GSACS for issuing directives for strengthening care of pregnant and lactating mothers living with HIV.
10. Technical support for the development of roll-out strategy of School Health Programme under Ayushman Bharat and adaptation of the guidelines into Gujarati. Training was carried out in seven identified districts to enhance the capacity of school teachers as Health and Wellness Ambassadors. 238 batches were completed against a target of 318 batches and 13,206 teachers were trained.

Support to Programme Implementation

1. State level SNCU review was facilitated under the chairpersonship of Commissioner, Health. Recommendations and follow-up actions drafted were circulated with the approval from Commissioner, Health and influenced the decision in developing costed plans for the establishment of 10 new SNCUs at sub-district levels.
2. Technical support was provided for prioritizing 1,000 days agenda for accelerated implementation of ECD interventions, integrating them in facility and community service delivery packages.
3. In convergence with the state government and NCCVMRC, supportive supervision of primary vaccine stores was initiated by organizing the capacity building of UNICEF and UNDP consultants in the usage of the supervision checklist using the SS tool. Effective Vaccine Management improvement plans were developed, following the EVM exercise in 2019

which was circulated to all the districts and corporation vaccine stores for strengthening the cold chain and vaccine logistics systems. Subsequently, follow-ups were planned on a quarterly basis.

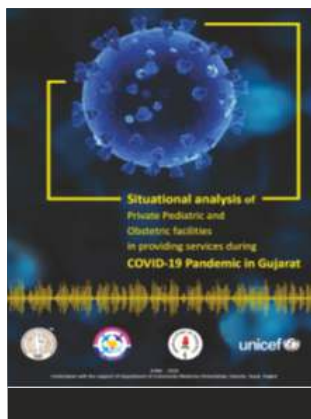
4. Supported SIHFV and child health division to develop child health training plans, including immunization, Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS), HBYC, KMC, Neonatal Resuscitation Program (NRP) and Facility Based Newborn Care (FBNC) etc. to resume and strengthen RMNCH+A services. Training calendar for essential RMNCH+A sessions was prepared, the budget for which was leveraged from the NHM/state budget.
5. Technical support was provided for the roll-out of Intensified Diarrhoea Control Fortnight (IDCF)

campaign and in the launch of the SAANS programme.

6. As part of Unified Budgeting and Results Action Framework (UBRAF), partnership with GSACS and Joint UN team for AIDS in India, support was provided in identifying districts that achieved 95-95-95 target for the EMTCT, where EMTCT data validation could be prioritized. Online capacity building workshop for PPTCT services was facilitated at the state level. Supported development of a proposal for the establishment of a new laboratory for EID and development of the guidance note, for testing and management of the HIV and exposed children because in such situations, sending the DBS samples for the DNA PCR testing was not feasible.

Innovations

1. To increase immunization service availability during COVID-19 lockdown, Public-Private Partnership was formed between the Surat Pediatric Association and Surat Municipal Corporation, facilitated by UNICEF. Technical support was provided for micro-planning and capacity building in collaboration with WHO, with the involvement of a total of 100 private pediatricians.
2. In line with the Digital India campaign to boost citizen-centric services and create demand for HIV related services through online platforms, NACO was supported to develop a smartphone application 'NACO AIDS App' which is available in 12 languages on the Play store and iOS.
3. Situational analysis of private pediatrics and obstetric facilities in providing services during COVID-19 pandemic, in partnership with four medical colleges, Academy of Pediatrics Gujarat (AOPG), State Organization of Obstetricians & Gynecologists of Gujarat (SOGOG) was completed. This partnership informed actions to facilitate private sector practitioners to resume the practice with appropriate precautions and PPEs adapting their practice to the COVID-19 situation.



Situational analysis of private facilities during COVID



Vaccination of a child at a private clinic in Surat

COVID-19 positive very low birth weight preterm newborn, a twin child with multiple complications - A roller coaster experience

Bhavnaben and Shaileshbhai Patni were eagerly awaiting the arrival of their double bundle of joy - their twins. Sadly, their happiness was broken into pieces when Bhavnaben was diagnosed with COVID-19 and delivered her twins preterm. While she was admitted to a hospital in Ahmedabad for COVID-19, one of her twins, the baby girl also tested positive for COVID-19. The baby girl who was fragile and weak with a very low birth weight of 1,400 grams because she was born preterm at merely 32 weeks of gestational age, was brought to the 1,200 bedded COVID-19 care hospital in BJ Medical College (BJMC), Ahmedabad, and was admitted in the NICU. The child had received surfactant therapy for her weak and premature lungs and was initially ventilated mechanically, and then put on machine support (Continuous Positive Airway Pressure). While she was recovering, she

was diagnosed with Necrotizing Enterocolitis and it was also found that her right kidney was in an abnormal position. The baby developed a new complication of low sugar levels. She was treated to maintain her sugar levels and was given expressed breast milk of her mother. The NICU staff was already trained in the management of small and sick newborns through the Facility Based Newborn Package, facilitated by UNICEF. Slowly and steadily, she overcame all her illness and emerged hale and hearty as a real fighter. To the joy of the family and the treating team, her COVID-19 report eventually came negative and was safely sent home after a period of one month. The data of the baby girl was entered in the SNCU Online Management Information System, developed and supported by UNICEF.



Baby discharged from NICU BJMC, Ahmedabad

LESSONS LEARNED

- All UN partners in the state namely UNICEF, WHO and UNDP worked together as one team for supportive supervision visits to COVID-19 hospitals.
- Creating a pool of resource persons at SIHFV for various trainings for COVID-19 as well as for RMNCH+A continuity.
- Use of digital platforms like CISCO WebEx, Zoom and SATCOM can be continued for capacity building of staff.
- Google mapping of COVID-19 positive cases for effective tracking and tracing by geographic area was demonstrated in Aspirational District, Narmada. The state level identification of a cluster of cases and hot spots was done utilizing ITIHAS software.
- Dhanvanthri Rath – A mobile outreach service using Rashtriya Bal Swasthya Karyakram (RBSK) vehicles including testing of low-risk cases helped in containment screening and treating patients.
- Reprogramming of some donor funds (e.g. UBRAF) to COVID-19 response was possible due to open discussion with donors along with United Nations Joint Team for AIDS in India which was indeed a great opportunity to mobilize resources for COVID-19 response in Gujarat.

WAY FORWARD

- Strengthening multi-sectoral response and strengthening systems for COVID-19 response and continuity of essential services.
- Strengthening the cold chain preparedness of the state at the State, Regional and District levels.
- Regular analysis of COVID-19 situation with trend analysis of RMNCH+A indicators to identify programmatic gaps, develop recommendations and ensure adequate response towards COVID-19. Continuity of essential RMNCH+A services, with a focus on children, adolescents and pregnant women.
- Leverage on existing partnerships and develop new strategic partnerships.
- Building back better health systems and strengthening existing infrastructure including urban centres, to make them more resilient and better prepared for pandemics and emergencies in future.
- Documentation of lessons learnt and evidence generation for knowledge management.

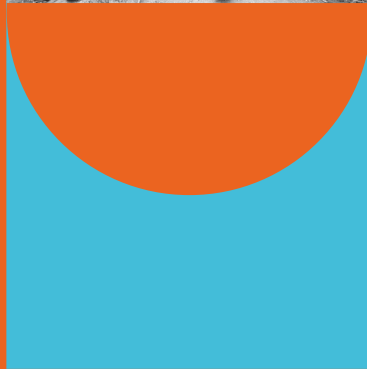


Mamta session in Junraj village of Narmada



JHARKHAND

JHARKHAND



Introduction



ASHA worker

Jharkhand State has a population of approximately 33 million. Out of 24 districts in Jharkhand, 19 districts are affected by LWE. In Jharkhand, there are many areas that are inaccessible due to conflict and difficult geography which makes providing health services to mothers and children very difficult in these areas. Although the neonatal mortality rate and maternal mortality ratio in Jharkhand are less than the national average, there is a significant geographical inequity across the state.

The first COVID-19 case in Jharkhand was reported on 31 March 2020 and showed a consistent increase thereafter from the month of June 2020. Till 31 March 2021, the state had clocked 124,892 confirmed cases. The mortality rate in the state was 0.89 per cent with 1,114 COVID-19 deaths and a recovery rate of more than 98.83 per cent, better than the national average. COVID-19 testing in Jharkhand has increased significantly over the past year with 155,970 tests per million population. More than 5.88 million tests were conducted in the state till 31 March 2021.

Key Challenges

The following added to the woes of the state to provide essential services to all the beneficiaries:

- Sub-optimally functioning private health sector
- Lack of coordination between departments; especially for outreach services
- Shifting of human resources to COVID-19 hospital and care centres
- Inadequate supervision and monitoring
- Disruption of procurement and supply chains

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

Strengthening of COVID-19 Facilities through Assessments and Follow-ups

As a response to the pandemic, the Gol had instructed the state to set up a three-tier system for the management of COVID-19 patients. Jharkhand established 23 DCH, 27 DCHC and 127 CCC across the state with a total bed capacity of 7,000. In the month of April 2020, UNICEF and WHO had received a request from Gol to conduct the assessment of dedicated COVID-19 hospitals and district COVID-19 health centres to validate the preparedness and provide supportive supervision for further improvements. A plan was prepared and an assessment of 23 DCH and 27 DCHC was completed with support from WHO and UNDP in two phases.

Some Observations from the Assessment were

Most of the private facilities were grossly unprepared and there was a huge disparity in districts for oxygen availability. Only 50 per cent of beds had ventilators available and there was a severe shortage of human resources in all the facilities. After the submission of the report by UNICEF, a technical team was formed by the state for day-to-day follow-up actions. Instructions were sent to districts for corrective actions and a special review was conducted by the Principal Secretary, Health with all the districts to discuss gaps and resolve issues. Since September 2020, the state has had adequate availability of beds with oxygen and ventilators.



Resumed RI services in the state

Establishment of DCH

Jamtara, a remote district had only one government facility and converting it to a COVID-19 facility meant doing it at the cost of compromising essential and emergency services for the entire district. Therefore, one of the old age homes in the district was converted into a COVID-19 facility with the help of UNICEF, Dr. Durgesh Jha (Medical Officer in District Hospital) and the local

MLA. Equipment and human resource were not available, and the facility was not at all ready to manage the patients of COVID-19. After a quick assessment, the MLA provided one ventilator and two oxygen concentrators initially to start the facility. The facility now has been upgraded to a DCH with 16 ventilators, nine oxygen concentrators and a team of human resource.



Playing with COVID positive children

Capacity Building for Robust COVID-19 Pandemic Response

UNICEF spearheaded various training programmes for the sole purpose of capacity building of various healthcare workers, for them to respond effectively to the pandemic.

Name of Training Details	Details of Training and Participation
Capacity building of FLW on COVID-19	UNICEF supported the training of 1,498 District and Block level functionaries through an online platform following which Sahiyas, AWW and ANM were trained in small batches.
Capacity building of private and government doctors on the management of COVID-19	UNICEF in collaboration with Rajendra Institute of Medical Sciences (RIMS), Ranchi supported capacity building on clinical management of COVID-19. Training of 162 private practitioners and 652 government doctors in two batches were conducted through an online platform.
Capacity building of Medical Officers and Intensivists on use of ventilators	UNICEF in collaboration with the Department of Critical Care, RIMS, Ranchi supported an online capacity building on the use of ventilators. A total of 168 Medical Officers (MO) and Intensivists deputed in the ICU and isolation wards were trained.
Infection Prevention and Control	UNICEF supported orientation on infection control practices. A total of 530 in-charges, officials, medical officers, sanitary officers of district hospitals, medical colleges, quarantine centres were trained. UNICEF supported the state in the training of IPC as well as biomedical waste management. A total of 458 district and block-level programme managers and 3,549 ANMs have been trained on biomedical waste management and IPC.
Psychosocial support	UNICEF in collaboration with the Central Institute of Psychiatry conducted capacity building on PSS counselling for 153 mental health and psychosocial counsellors of the NHM.

Integrated Risk Communication and Community Engagement

UNICEF, with its partner NGO, established a team of community volunteers, with 50 per cent female volunteers to specifically reach out to female community members. About 50,000 people from 12,000 families reached out with key messages to promote COVID-19 preventive behaviours. 385 local influencers and religious leaders were oriented and seven main leaders were put on the ground to spread messages among the community. UNICEF partnership was leveraged to link RCCE activities with COVID-19 relief work of various NGOs to gain access to families (more than 3,000 families received ration), ensured integrated COVID-19 related messages with food distribution. About 2,371 masks, 7,930 soaps and 2,282 hygiene kits including sanitary napkins with relief materials were distributed in the area.



Counselling done by volunteer at outreach Urban Health Nutrition and Sanitation Days (UHND) Site

STORIES OF RESILIENCE AND COURAGE

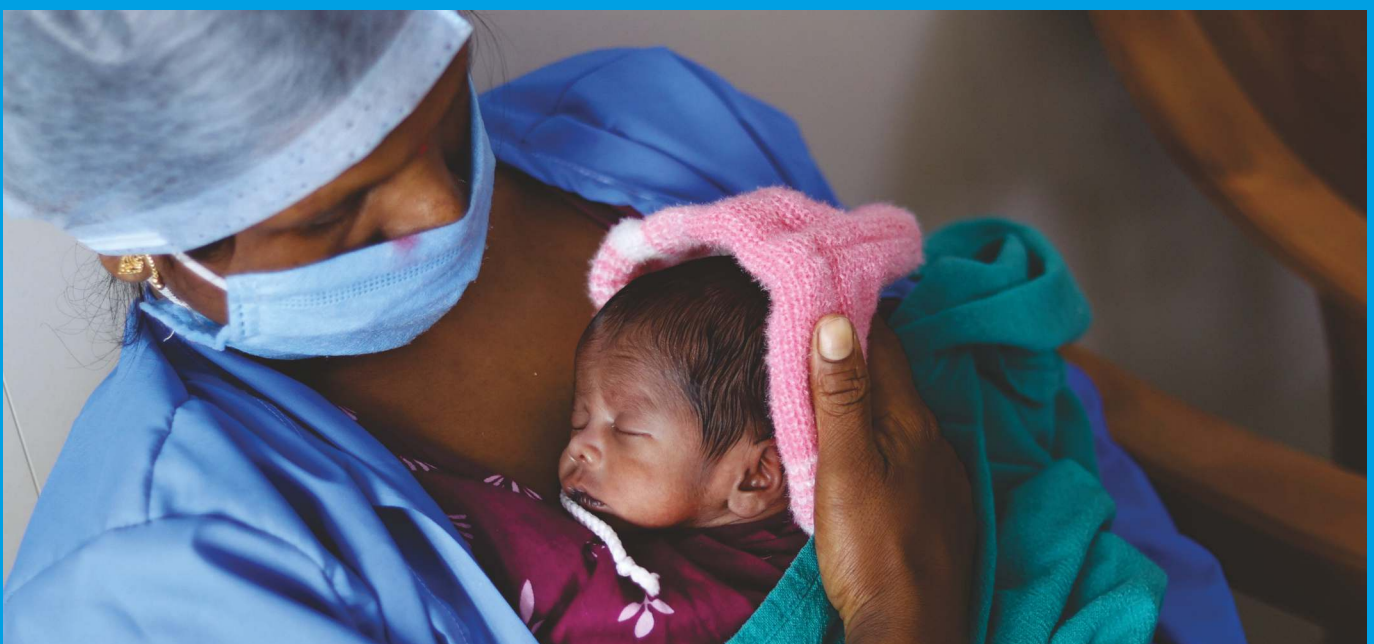
Kangaroo Mother Care and Breastfeeding in a COVID-19 Positive Mother

Dhaniya Oraon delivered twin male babies who were born with low birth weight (1.58 kgs and 2.0 kgs). After delivery and subsequent discharge from the hospital, it was known that the mother had tested positive for COVID-19. She along with her two babies were shifted to the COVID-19 ward in RIMS. The mother was advised to continue breastfeeding for both the babies while wearing a mask and gloves while she

was provided with all essential newborn care to the babies. The mother and babies were discharged following her negative COVID-19 test result. Dhaniya and her husband contacted Sahiya (ASHA) Pinky Devi for help as both the babies were weak and underweight. Pinky demonstrated to them KMC with all the safety measures. As a result, the babies gained weight and grew healthier.



Community visits by Sahiya



Kangaroo Mother Care being provided to a baby

Psychosocial Counselling for Children and Migrant Population

UNICEF (Health and Child Protection sections) in consultation with the government and Central Institute of Psychiatry in Ranchi formed a partnership to address mental health issues. UNICEF led the partnership and conducted online capacity building on psychosocial support counselling for 153 mental health and psychosocial

counsellors of NHM. These trained counsellors provided online teleconsultation as well as offline support to healthcare workers (including frontline health workers) and the general community. A 24x7 dedicated helpline service, attended by trained mental healthcare professionals was established for individuals.

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES



Sahiya counselling & mobilizing beneficiaries for taking up essential MCH services

Technical Support for the Continuation of RMNCH+A Services

All RMNCH+A services were severely disrupted in the month of April and May 2020 during the period of intense lockdown but improved gradually. Institutional delivery dipped below 50 per cent and improved thereafter. Some major bottlenecks like non-availability of referral transport, non-availability of Human Resource (HR) at the delivery point, fear among family members needs were addressed. Routine Immunization (RI) was almost nil in the month of April 2020 but improved later. The Government of Jharkhand focussed on coverage, especially of basic and emergency obstetric and neonatal care, routine immunization coverage and resumption of Home-Based Newborn Care (HBNC). UNICEF supported the state in identifying pockets for home deliveries, low immunization coverage pockets and then reviewing them for improvement with the government.

Provision of Essential Services to Migrant Women and Children

COVID-19 pandemic had an ill effect on all migrant workers. An estimated number of more than 600,000 people returned to the state. UNICEF advocated and provided technical assistance for essential health service provision including to the migrant population. The service provision was ensured both at the government quarantine centres and those undergoing home quarantine. A total of 44,000 children were identified across 24 districts who were due for any of the age-appropriate vaccines. UNICEF supported in the planning of the sessions and subsequent supportive supervision of the sessions. Districts then organized RI/VHSND across villages.

Scaling up of Facility-based Newborn Care

UNICEF provided support to scale up facility-based newborn care at different levels. Eight SNCUs were renovated and put to use after lockdown. UNICEF worked with the government for the completion of the renovation to make them operational by December 2020. To address the gap of human resources in the care facilities, a joint initiative by the Government of Jharkhand (GoJ), Rani Children Hospital and Kalawati Sharan Hospital in Delhi along with technical support from UNICEF launched a three-month course on Neonatology and Emergency Paediatric on 24 February 2020. Kalawati Sharan Children Hospital mentored the initiative. In the first batch, a total of 15 Doctors from the district hospital undertook the training.

Improving the Quality of Care in SNCUs and NBCC

UNICEF technically supported the state in the review of data across all SNCUs using SNCU online



New SNCUs established and made functional

software. Inborn admissions were 55 per cent and there was a significant reduction in outborn admissions and referral from communities, whereas only 8.9 per cent of neonates admitted were born and referred from the community. The bed occupancy rate improved in the month of July and August 2020. Based on the analysis, necessary instructions were sent to respective deputy commissioners for preparing an action plan and addressing the gaps in the service.

Capacity Building Measures for Continuation of Essential Services

Name of Training	Details of Training and Participation
Dissemination of guidelines to restart essential Maternal and Child Health (MCH) services through online and offline training	UNICEF supported in the dissemination of state level guidelines for initiating essential MCH services and continuation of delivery services and SNCUs and Malnutrition Treatment Centre (MTC) using an online platform that reached 1,149 district and block-level programme managers.
Dissemination of guidelines to restart outreach RI and VHND services through online and offline training	More than 1,100 district and block level functionaries were oriented in conducting outreach RI services while following all IPC norms.
Dissemination of guidelines on essential Maternal and Child Health services in the context of COVID-19 to frontline health workers	UNICEF technically supported offline dissemination of guidelines on essential Maternal and Child Health services to frontline health workers. Training of more than 26,000 FLWs, ANMs and Sahiyas (ASHA) have been completed.
Strengthening Cold Chain and Vaccine Management	UNICEF coordinated with NCCVMRC and technically supported the government in a four-day online training of newly joined VCCMs in all 24 districts on NCCMIS and on the online platform.

Health System Strengthening Efforts during COVID-19 Pandemic

Strengthening referral and transport during the COVID-19 pandemic: UNICEF supported the Government of Jharkhand in improving referral transport. UNICEF conducted an assessment to identify the extent of disruption in referral and transport during the initial phases of the pandemic.

To address the issues in referral and transport, UNICEF advocated for: Rationalization of basic as well as advanced life support ambulances. Instructions were sent to all districts to restart Mamta Vahan where it is not functional. The state had formed a special committee to prepare and plan for the rationalization of the 108 Advanced Life Support/Basic Life Support (ALS/BLS) as well as the procurement of new ambulances.

Strengthening of First Referral Units (FRUs) during the COVID-19 pandemic: UNICEF supported the Government of Jharkhand in strengthening of FRUs as many services got disrupted during COVID-19.

As a way forward, three major areas of work will be: Human resource deployment, operationalization of blood storage units and providing essential equipment to operational theatres.

State with support from UNICEF has prepared a plan to address the issue in three steps: State level review and prioritizing FRUs/actions, bringing all partners together for advocacy, fund leveraging, mentoring and supportive supervision.

Improving Skilled Birth Attendant (SBA) coverage: State and UNICEF renewed focus on SBA as coverage across the state had dropped significantly. UNICEF supported the situational analysis of around 440 SBA, trained ANMs in Giridih and West Singhbhum for the place of posting and number of deliveries. UNICEF also submitted a comprehensive training plan with timelines for



Skilled Birth Attendance

satürating all delivery points with SBA.

Regained focus on LaQshya initiative: UNICEF, along with the government and other partner agencies, convened to review the progress of LaQshya certification to facilities within the state. UNICEF supported the government in the preparation of an action plan for identifying and supporting facilities to achieve the certification of 19 facilities in five districts.

Strengthening Routine Immunization during the COVID-19 pandemic: UNICEF initiated advocacy for resuming outreach services and based on the guidance received from the GoI, UNICEF worked with the Department of Health for issuance and dissemination of necessary instructions to restart routine immunization services. Using an online platform, UNICEF supported the government to train 1,149 district and block-level programme managers in two batches. UNICEF supported state level review of RI/VHND sessions and implementation of COVID-19 prevention guidelines.

Innovation -

Using Technology as a Solution in times of COVID-19 Pandemic

Village Health Sanitation and Nutrition Day (VHSND) is a convergent platform for the provision of equity-based preventive services, especially to the marginalized and vulnerable communities. To monitor the quality of services at VHSND, UNICEF had supported the development of a joint supportive supervision plan with the government and partner agencies like WHO for combined supportive supervision visits. Before the onset of the pandemic, data collection, compilation and analysis were done manually using the paper-based format. UNICEF later planned and designed electronic supportive supervision and data collection tool for the VHND session site and interaction with beneficiaries. UNICEF developed a mobile application using Open Data Kit (ODK) software platform for data capturing and transmission. It was developed using in-house expertise in the UNICEF state office with no extra cost to the organization. Electronic data entry at the session site ensured correct/valid data entry. The supportive supervision findings were immediately shared on the server for automated analysis.

Strengthening Cold Chain System

UNICEF supported the state with the assessment of available cold chain space in the state. This capacity assessment was done considering COVID-19 vaccination and the new Pneumococcal vaccine launch in 2021. UNICEF technically supported workshops for the repair of cold chain equipment in the state. UNICEF ICO also provided critical cold chain supplies to the state which included walk-in

freezer (1), walk-in coolers (2), ice lined refrigerator (91), deep freezer (27) and cold boxes large (510), which has considerably increased the cold chain capacity in the state and across all districts.

Support to COVID-19 Vaccination in State

UNICEF supported the statewide launch of the COVID-19 vaccination campaign which was inaugurated by the Chief Minister along with a national launch on 16 January 2021. To support an efficient roll-out, UNICEF in collaboration with partner UN agencies supported the planning, capacity building and vaccine logistics management within the state. UNICEF supported the capacity building of all field staff of UN agencies and facilitated the capacity building of government district/block health level functionaries on COVID-19

operational guidelines.

As a lead agency, UNICEF supported the government in conducting two dry runs for COVID-19 immunization in the state to identify the gaps in preparation. Till 31st of March, a total of 1,748,615 doses of COVID-19 vaccine had been administered of which 1,499,669 were the first dose and 248,946 were the second dose.

To ensure the quality of services at the session site, UNICEF conducted supportive supervision visits to COVID-19 vaccination sites. UNICEF conducted 170 supportive supervision visits till 31 March 2021. Key gaps in planning and mobilization of beneficiaries for uptake of vaccines were shared with the government and reviews were conducted for action.

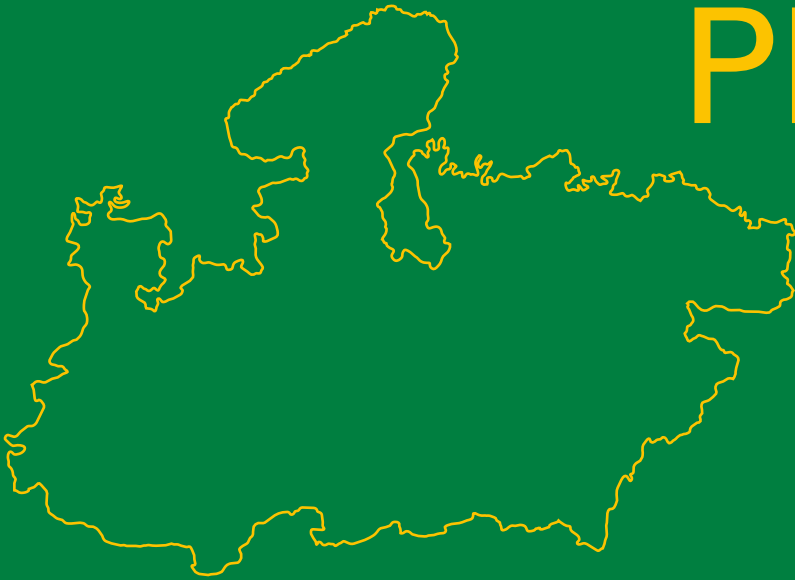
LESSONS LEARNED

- State should have a response plan to pandemics. Health facilities should be resilient and equipped with all the necessary infrastructure, human resource and equipment as procurement and recruitment is a difficult task during a nationwide pandemic.
- Inter-sectoral and interdepartmental coordination like ICDS and Health are important. These need to be resumed and quality delivery of essential services at outreach VHND sessions must be ensured.
- Broad guidelines and preparedness for pandemic response to be included in routine capacity building packages like ASHA modules, ANM induction trainings and MO training.
- Concurrent evidence generation and analysis for programme improvement are important for ensuring reach and quality of service.
- Online forms of training have limited impact and need to be complemented with smaller one-to-one modules for improving the practices of health workers.
- Involvement of the community especially Panchayati Raj Institutions (PRI) is essential to resume the services to its optimum potential.
- Regular reviews are required to improve the services and on-site monitoring immensely help in advocacy for the resumption of RMNCH+A services.

WAY FORWARD

- Continue focussing on improving coverage of RMNCH+A services in hard to reach and inaccessible areas.
- Regain focus on the quality of care by initiating SNCU mentoring, LaQshya certification process, WASH in a health facility and continue supporting the state in various quality assurance activities.
- Advocate use of various community platforms, strengthen PRIs and involve the community in strengthening the health system.
- Continue working on key health system issues in the state, like weak referral and transport and FRU functionality.
- Supporting in the roll-out of Pneumococcal vaccine across the state.
- Create partnerships for comprehensive response to COVID-19 and service provision of essential services.

MADHYA PRADESH



Introduction



UNICEF MP hosted zoom webinar training of rural doctors, civil surgeons, Chief Medical Health Officers (CMHOs), treating doctors on revised COVID-19 protocols under the chairpersonship of Principal Secretary Health on 16 May 2020

Madhya Pradesh (MP), located in the heart of India, is one of the largest states with 52 districts, 72.6 million population (2011 Census) that is growing at the rate of 2 per cent per annum. Tribal population comprise a substantial portion at 21.09 per cent, whereas 15.62 per cent of the population belong to scheduled caste, facing multiple deprivations and vulnerabilities. The state has a birth cohort of 2.1 million babies and 2.3 million pregnant women, with an under-five mortality rate at 56 per 1,000 live births, the infant mortality rate at 48 per 1,000 live births and the newborn mortality rate at 35 per 1,000 live births (SRS 2018).

MP has 9,192 functional Health Sub Centres (HSCs), 1,171 Primary Health Centres (PHCs), 334 Community Health Centres (CHCs), 66 sub-divisional hospitals and 51 district hospitals. The COVID-19 pandemic, which the world is grappling with, reported its arrival in Madhya Pradesh on 20 March 2020 when four people tested positive at a government laboratory in Jabalpur. Acting in anticipation, the government declared nationwide lockdown on 25 March 2020. As of 31 March 2021, Madhya Pradesh reported 295,511 positive cases with the districts of Indore (69,671) and Bhopal (51,451) sharing the maximum caseload. The state had recorded a recovery rate of 92.9 per cent and a fatality rate of 1.3 per cent. As of March 2021, the pandemic started showing an increasing case trend again with 17,096 active cases. The government had 29,294 isolation beds, 27,697 oxygen beds and 10,556 ICU beds to tackle the second wave. (Source: MP Health Bulletins)

WHO, UNICEF and UNDP conducted a joint assessment of the Dedicated COVID-19 Health facilities in 2020. The findings of the assessment highlighted the need for the capacity building of healthcare workers in COVID-19 SOPs, the urgent requirement of PPE supplies and the shortage of human resources. This slowly, recovered over the period, with revised guidelines being rolled out but was affected slightly by the second surge of cases and curfew in March 2021.

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

- **Technical support for:** Programme planning, implementation and monitoring, supportive supervision, capacity building, IPC, WASH, Bio-Medical Waste Management (BWM) protocols, hospital assessments, pediatric care guidelines and Maternal Health care guidelines, supplies like N-95 masks and COVID-19 care kits, preparedness and roll out of COVID-19 vaccination.
- **Innovations included:** Clinical case rounds for virtual monitoring, reaching the unreached migrants through partnerships on mobile-first aid, health camps, WASH and sanitation protection and medical first aid, nutrition, including ORS and Zinc for management and prevention of diarrhoea and drive-in vaccination centre.
- **Communication:** Media, Faith-based Leaders (FBLs), Panchayati Raj Samiti (PRI) and Commissioner Health were engaged in the COVID-19 containment strategy while Sahyog se Suraksha was an RCCE campaign where youth volunteers, unorganized sector, women's groups, The Tribal Cooperative Marketing Development Federation of India (TRIFED), Nehru Yuva Kendras (NYKS), among other partners were engaged. "Hum Tayaar hai- Desh Tayaar hai"- a COVID-19 Vaccination communication strategy and "Mera Mask Meri Suraksha" campaign promoted the use of face masks and CAB.
- **Partnerships and Advocacy:** Inter-sectoral partnerships were forged with the media for sensitization, FBL advocacy and messages, mass media, social media messaging and awareness. Partnerships with professional bodies included the Indian Academy of Pediatrics, the Indian Medical Association (IMA), medical colleges and nursing training institutions.

UNICEF's Support to the State in the Fight against COVID-19

- Technical support to NHM and Integrated Disease Surveillance Programme cell on COVID-19 response planning, monitoring, reporting, developing guidelines, capacity building and providing inputs for health bulletin.
- Development of training modules for the state, district and block level officials.
- State level training workshops for Chief Medical Health Officers (CMHO), civil surgeon, District Programme Manager (DPM), Block Programme Manager (BPM), district media, Information Education and Communication (IEC) officers, pathologist, IDSP surveillance officers, block officials and Block Medical Officers (BMOs) of 52 districts.
- District level training workshops for all district level healthcare, workers, prison hospital workers and jail superintendents.
- COVID-19 orientation trainings for employees of the UN, development partners and CSO.
- Support to NHM in hospital preparedness and WASH in health assessment and WASH in health with a view to create an infection-free environment.
- Procurement of 12,000 N-95 masks (Apr - May 2020) to address the shortage of PPE for frontline workers.

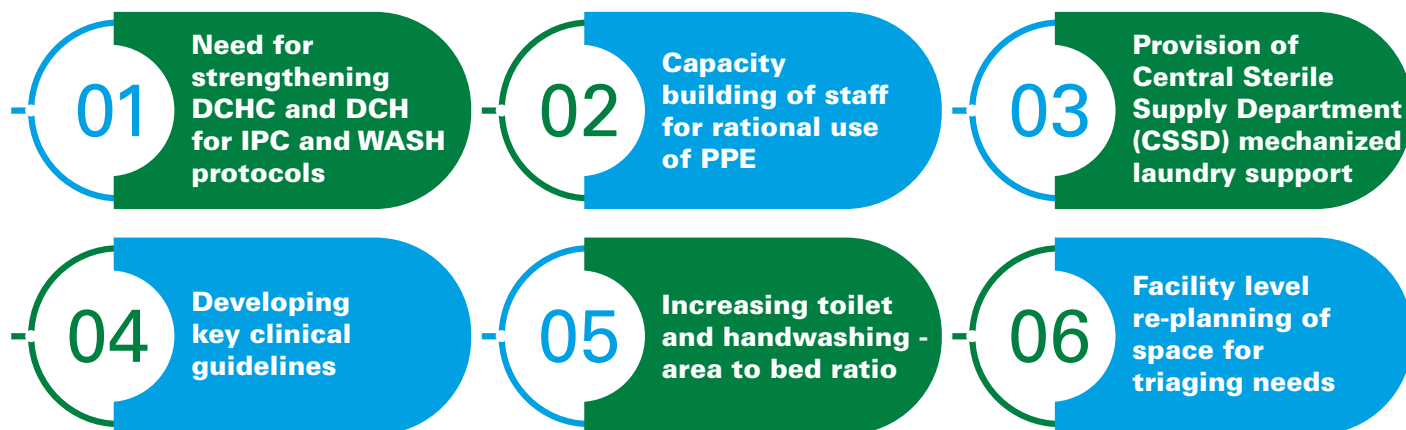


Staff wearing full PPE in isolation ward

- Capacity building workshops for counsellors arranged for COVID-19 warriors.
- Comprehensive assessment of 25 Dedicated COVID-19 hospitals.
- COVID-19 related IPC and WASH assessment onsite monitoring and capacity building.
- COVID-19 prevention and control guidance and training materials provided to selected healthcare facilities.
- Capacity building workshops for private and government health facilities, professional bodies and medical colleges on the latest COVID-19 protocols, clinical management and IPC measures.

As a result of the support provided, UNICEF identified the gaps and suggested appropriate measures to the state for corrective action.

Key Findings



Intersectoral convergence with media, social mobilisers, State Nodal for Climate Change and Human Health (SNCCHH), Tribal Department, TRIFED, Self Help Groups (SHGs), domestic workers, Forest Department and Nehru Yuva Kendras (NYKS), CM COVID-19 volunteers, Child Rights Observatory, Counsellors and PRIs for comprehensive COVID-19 response. It enabled UNICEF to reach six million print and electronic users, one lakh volunteers and 500+ CSO partners/counsellors.

COVID-19 Vaccination Roll-out

- UNICEF in collaboration with State RI cell, NCCRC and UNDP, conducted a series of cold chain capacity building meetings for 1,337 cold chain handlers, 47 cold chain technicians, 102 storekeepers and VCCMs in preparation of COVID-19 vaccination roll-out.
- UNICEF supported the state in the planning of the expansion of cold chain points resulting in the addition of 50 new CCPs. 108 ILR and 1 WIF were supplied by UNICEF ICO through donor support.
- UNICEF supported a series of capacity building workshops at state, district and block levels for the roll-out of COVID-19 vaccination in collaboration with State RI cell, WHO, UNDP and Clinton Health Access Initiative (CHAI).
- UNICEF supported the state government of MP in organizing media workshops for sensitizing media about the COVID-19 preparedness activities conducted by the government and the further plan of action.
- UNICEF supported trainings of AEFI spokespersons, professional organizations, inter-faith-based leaders, key social media influencers, Radio Jockeys, Media representatives, NYKS, Swachh Bharat Mission-Gramin (SBM-G), Youth volunteers, academia, CSO and NGO partners for COVID-19 vaccination and CAB.
- UNICEF closely coordinated to track media stories and coordinate media response with the state and district officials.
- Telemonitoring system cell was set up with UNICEF support in the State Headquarters for daily tracking of preparedness activities, corrective measures, dissemination of vital information about COVID-19 vaccination campaign, etc.
- Communication planning for COVID-19 vaccination was conducted for 850 district and block level officials including programme managers, media officers and communication mobilisers.
- **Innovative approaches include:**
 - Targeted plan for COVID-19 vaccination mid-media E-rickshaw raths for eight urban slum locations and 10 urban markets in Bhopal reaching over 150,000 urban population
 - Drive-in cinema converted to 'Drive-in vaccination site', by Madhya Pradesh Tourism in partnership with National Health Mission, Madhya Pradesh and UNICEF wherein 100+ people per day were vaccinated in their vehicles

Humanitarian Response

As the world grappled with COVID-19, India had just initiated the lockdown by the mid of March 2020 and by the end of April, thousands of people were out on the roads, on the way to their homes either walking or by means of any available transport. Due to the lack of choice and bargaining resources, over 10,000 migrants were passing through Sukhi Sewaniya junction, at Vidisha Bypass Road transit point. Considering the urgent need for assistance, UNICEF in collaboration with the government and the support of the National Service Scheme, NGO Awaaj, Peoples Medical College and IMA, developed an integrated approach for addressing the issue of migrants and their needs.

Based on a joint rapid need assessment, UNICEF prepared an advocacy note, for the delivery of life-saving needs for in-transit migrants which led to the establishment of services for migrants. Apart from this, distribution of ORS and Zinc packages, sanitisers, liquid hand wash, hygienic food packets, essential medicines for pregnant women and children, etc. were also made available at the relief site. Medical care of migrants was given special



Health camp at Sukhi Siwaniya, Bhopal for people who are on road or migrating, organized by IMA Bhopal with UNICEF and People's Hospital

attention. NSS volunteers and NGO Awaaj staff were prepared to provide basic counselling services as well as facilitate social distancing and other preventive measures among migrants. Thus, over 60,000 migrants including women, children, sick and old were given necessary handholding support in their fight against COVID-19 and migration.

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

- **Support to Programme Implementation:** Developed revised SOPs, capacity building programmes, Nationwide Quality of Care Network, Quality Improvement, Routine Immunization, Pneumonia and Diarrhoea Supportive Supervision (RIPDSS), Capacity Building Initiatives for – Routine Immunization (CBI-RI), RI Cold Chain, SAANS roll out, pneumonia diarrhoea Integrated Management of Newborn and Childhood Illnesses (IMNCI), Facility-based IMNCI (FIMNCI) and Community Health Officers (CHO) capacity building.
- **Innovations:** Partnerships with NQOCN, bedside clinical rounds, pediatric care and MH guidelines and skill-based HBYC-HBNC.



Village Health Nutrition Sanitation Day (VHNSD) service continuity during COVID-19 lockdown



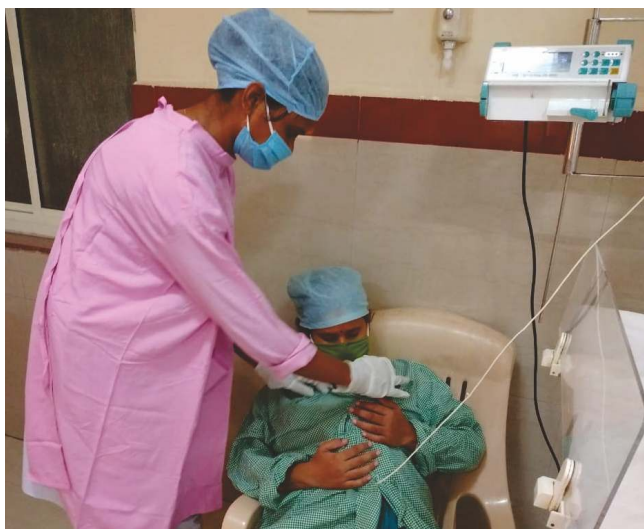
Facility based RMNCH+A service continuity with Caesarean Section in the Operation Theatre during COVID-19 lockdown

- **Advocacy and Partnerships:** Evidence-based advocacy meetings with Commissioner Health, MD-NHM and partners, sensitization workshops for the media, youth, adolescent counsellors, peer volunteers, cross-sectoral departments like Tribal, Women and Child Development, FBLs, professional bodies - IAP, IMA, training cell, nursing training, ASHA cell, CSO, SHGs and Domestic Workers Associations (DWAs). UNICEF consistently provided technical support and guidance to the government on key directives for the continuation of RMNCH+A services.

Areas of Intervention

Newborn and Child Health

- UNICEF provided 50 high flow nasal canulas for Pediatric Intensive Care Unit (PICU) and COVID-19 care centres.
- UNICEF was the lead partner for technical support to State Child Health Technical Committee (SCHTC) to revise the facility-based pediatric care guidelines during COVID-19.
- UNICEF also led the facility building webinar for “Training on facility-based pediatric care during COVID-19” where 771 treating pediatricians, Post-Graduate Medical Officers (PGMOs), doctors and SNs were oriented through the interactive session by experts from UNICEF, National Health Mission and Medical Colleges.
- As per the pediatric Technical Advisory Committee (TAC), it was envisaged to further strengthen PICUs - with capacity building on pediatric care guidelines revised by state TAC for 2nd wave preparation.
- UNICEF-CHAI supported NHM to complete on-site IMNCI, protocol-based pneumonia diarrhoea modules and skills-based modular training of trainers which were cascaded further.
- To improve SNCU data quality and validity, UNICEF supported State Child Health Cell (SCHC) for Child Death Review (CDR) review, SNCU data review and refresher trainings on telephonic counselling through online webinars for SNCU staff and district officers.
- UNICEF in partnership with NHM MP and CHAI supported the state launch of the 'SAANS' campaign. During the workshop, knowledge products developed with the support of UNICEF were formally released. Subsequently, 246 participants were trained in the state which was followed by further cascade trainings.



Kangaroo Mother Care (KMC) at Special Newborn Care Unit (SNCU) ongoing during lock-down

Maternal Health – LaQshya and WASH in Health

UNICEF in partnership with NQOCN supported the Maternal Health Division, GoMP in Quality-of-Care Improvement (QI) cycles at LaQshya facilities. For the staff of UNICEF supported LaQshya health facilities, an innovative way of online bedside clinical perinatal case reviews, QI cycles, as well as for perinatal case management and theme-wise webinars were implemented. This was followed, by developing Plan-Do-Study Act (PDSA) cycles to improve the quality of case management at the facility with ongoing QI mentoring webinars to improve similar perinatal case management. UNICEF ICO-FOGSI partnership was leveraged for supporting LaQshya mentoring visits in the state. WASH and IPC capacity building and facility preparedness for National assessments (Kayakalp, LaQshya) was supported for all UNICEF supported Health facilities.



Facility Based Neonatal Services continuing at SNCU during lockdown

Routine Immunization (RI)

UNICEF advocated for immunization service continuity during the COVID-19 pandemic especially focussing on tribal and migrant immunization with revised COVID-19 prevention protocols. UNICEF conducted a need-based assessment and based on the key findings, UNICEF, in collaboration with the State Immunization Cell, Directorate of Health Services, GoMP, organized a series of Zoom webinars on 'Immunization services during COVID-19'. UNICEF, in collaboration with NCCVMRC, supported the capacity building of 854 supervisors in MoHFW Supportive Supervision (SS) checklists and SS Application leading to 27,130 VHND SS visits. UNICEF supported communication planning, cold chain preparedness, supportive supervision planning and tracking of preparedness activities for Intensified Mission Indradhanush 3.0 and Intensified Pulse Polio Immunization (IPPI).

STORIES OF RESILIENCE AND COURAGE

Ensuring RMNCH+A Service Delivery during COVID-19 Lockdown

Jyotibala Jhaniya, an ANM works at subhealth centre Kadela in Thandla block of Jhabua District (a predominantly tribal district). During the COVID-19 lockdown induced migration, many tribal migrants returned to their homes. Pramod had recently lost his job and returned with his 2-month-old daughter. He had just heard that using their government-issued special passes, ANMs were still providing services during the lockdown. He got the contact details of Jyotibala from his village ASHA didi and decided to enquire if it is safe to vaccinate his daughter Nandini during the pandemic. She allayed his fear that the government issued guidelines on service provision with strict COVID-19 precautions being followed and that she has received training on providing safe immunization services during COVID-19 as well.

During the Mangal divas, she counselled Pramod on all the precautions and hygiene practices, using the state slogan of 'S.M.S – Sanitization, Mask use and Social distancing' to combat COVID-19. On resolving Pramod's queries, Jyotibala was able to vaccinate Nandini after which she asked the father-daughter duo to wait for 30 minutes at the session site. During their casual conversation, on learning about the challenges faced by her during the



Jyotibala ANM at session site Khokar Khandan, Sub Health Centre (SHC) Kadela Jhabua

pandemic, Pramod could feel her unwavering determination. He thanked Jyotibala for all her efforts and stated the pride he felt for thousands of the FLWs who are working while risking their lives for providing services even during the pandemic. Jyotibala asked Pramod to bring Nandini back for her next vaccination along with the MCP card and to follow all COVID-19 precautions.

National Representation of MP Good Practices and Convergent Programming

UNICEF in partnership with Sphere India, National Institute of Disaster Management (NIDM), WHO and HCL foundation at the National level conducted a series of sessions for “Essential and sick newborn care during COVID-19: Voices from the field”, “Immunization services during COVID-19 Pandemic”, “Continuum of Nutritional Care for LBW Newborns”, “Management of COVID-19 cases in primary health care setting” and “WASH in Health care and Roll-out of COVID-19 vaccines”.



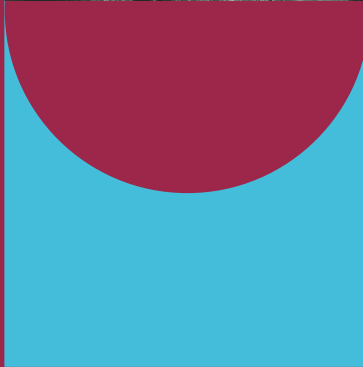
SPHERE Academy Webinar on Essential & Sick Newborn Care in partnership with UNICEF, NIDM, WHO & HCL foundation during COVID-19 : Voices from the field

LESSONS LEARNED AND WAY FORWARD

- UNICEF advocates for a sustained effort to ensure quality RMNCH+A service continuity, strengthen COVID-19 prevention policies and the need for more investment in order to develop vaccines for children. The in-surge of migrants into rural and tribal areas, also pointed the way forward, for planning and investing in a tribal strategy for RMNCH+A services and COVID-19 response.
- For many healthcare worker needs, it was essential to have a blended approach, for skilling or multi-skilling of HCWs at facility, community and frontline. The government is reviewing HR rationalization (recruitment and retention) policy.
- While monitoring and triangulating health systems data, from various sources, transparency is needed to use data for evidence decision making at state, district and sub-district levels.
- Developing disaster and climate change resilient health systems and community response is an essential way forward for work planning.
- Use of Real-Time Monitoring solutions like WhatsApp surveys, online surveys, Google forms, telephonic surveys, telemedicine, supportive supervision for online case reviews and data management are essential.
- Enhancing the three CAB: Mask, social distancing and hand hygiene in order to improve awareness levels is the key to integrate into all messages, and campaigns.
- Vaccine roll-out plan and strengthening of immunization service: The next level of planning needs to include strengthening immunization and cold chain management services, with a focus on RI as well as COVID-19 vaccine which needs to be multi-pronged, multi-stakeholder and multi-partner strategies for low coverage areas and vaccine-hesitant pockets.
- Oxygen generation plants, RT-PCR and RNA extraction machines, PPE supplies are envisaged with UNICEF support for supporting MP COVID-19 response.
- Focus is needed on urban COVID-19 response strategy, psychosocial support for healthcare providers and care of orphan vulnerable children linked with pediatric care.

MAHA RASHTRA

MAHARASHTRA



Introduction

Maharashtra is the second most populous state after Uttar Pradesh, with a population of 122.1 million (Source: MoHFW, GoI 2019); the third largest state in terms of geographical area, with an area of 307,713 sq. km. The state is also the third most urbanized state with more than 45 per cent of the population living in urban areas. Maharashtra was very vulnerable to the COVID-19 epidemic due to its large urban population living in slums, where population density is among the highest in the world along with inadequate health infrastructure, poor hygiene practices, poor nutrition status and a high prevalence of infectious diseases like tuberculosis.



Children waiting at community toilet in M-East ward, Chembur, Mumbai

In Maharashtra, the first case of COVID-19 was diagnosed on 9 March 2020 in Pune in a couple who had travelled back from Dubai. Since then, the number of people diagnosed with COVID-19 rapidly increased in different cities of the state and Maharashtra has remained the worst COVID-19 affected state in India. Even though 23 per cent of all COVID-19 positive persons in India are from Maharashtra; 33 per cent of all COVID-19 deaths in India are from the state as of 31 March 2021. Case fatality ratio in Mumbai is two times higher than the national average and 1.3 times higher than the state average. Pune, Mumbai and Thane were the worst affected districts in the state. The seroprevalence survey conducted in Mumbai in July 2020 showed that 57 per cent of those surveyed in slums and 16 per cent in non-slum areas had developed antibodies against COVID-19. However, the second round of the survey indicated a lower prevalence of around 44.9 per cent of the population living in slums and 17.5 per cent prevalence of population living in non-slums, this decline as compared to the first round could be due to a decline in antibody titers or decline in the spread of infections.

The Government of Maharashtra (GoM) responded to the COVID-19 pandemic by screening travellers at international airports, seaports, scaling up of the laboratory testing facilities, surveillance of Influenza-like Illnesses (ILI), and Severe Acute Respiratory Illness (SARI). The government also massively scaled-up treatment, isolation and quarantine facilities at COVID-19 Care Centres, Dedicated COVID-19 Health Centres and Dedicated COVID-19 Hospitals; procured personal prophylaxis equipment, drugs, implemented the cluster containment strategy, contact tracing and implemented state-wide lockdown from 23 March to 31 May 2020 and Mission Begin Again thereafter.

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

Advocacy

• Risk Communication and Community Engagement

UNICEF partnered with Health IEC Bureau, Public Health Department, Directorate General of Information and Public Relations, GoM, for implementing a social media campaign for COVID-19 prevention in the whole state. Through digital marketing platforms including Facebook, Instagram, Twitter, YouTube, Google Ads, this campaign targeted high traffic websites under the category of News and Media, Breaking News, Local News and Regional News.

- **Meech Maza Rakshak (I am my protector):** A campaign designed to bring awareness among people for protecting oneself from COVID-19 through hand wash, physical distancing and addressing fake news.
- **Nutrition and child care:** The campaign focussed on promoting nutrition among pregnant women, women who delivered recently and early initiation and exclusive breastfeeding.
- **Stopping tobacco use:** The campaign was designed for preventing the use of tobacco and tobacco-related products.
- **Health and nutrition:** Through this campaign, Health IEC Bureau and UNICEF promoted messages on adequate nutrition and healthcare during the state wide lockdown.
- **Early detection and treatment of COVID-19:** This campaign aimed at early detection of symptoms and treatment of COVID-19.
- **Stigma and discrimination:** The aim of this campaign was to reduce the stigma and discrimination against the COVID-19 warriors.
- **Handwashing campaign:** A campaign was implemented for promoting regular hand wash and use of 70 per cent alcohol-based sanitisers in multiple languages, targeting both rural and urban population.
- **Care of elderly people:** For ensuring the care of elderly people, who are at a higher

risk of COVID-19, this campaign disseminated messages related to their care and promoted intake of adequate nutrition, mental health promotion along with the care of non-communicable diseases among them.

- **Social distancing and discouraging crowding:** Guidelines and messages were disseminated for reducing the number of people at gatherings.
- **100 per cent MASK use campaign:** This aimed at promoting the use of a mask by every individual while going out of the house, in a correct way.

Through all these activities, a large proportion of population in the state was reached through social media. (Facebook: 15,140,000; Instagram: 10,540,000; Twitter: 1,700,000; WhatsApp: 3,714,096; IVR Calls: 2,635,000; Link Clicks: 500,420)

• Support for the 'Majhi Kutumb, Majhi Jababdari' (My Family, My Responsibility (MFMR)) Campaign

Hon'ble Chief Minister of the state launched the MFMR campaign to reach every person in the state with COVID-19 prevention messages, screen them for symptoms of COVID-19 and non-communicable diseases on 15 September 2020 with technical support from UNICEF. Behaviour change communication materials related to 100 per cent usage of masks were also included in the 'MFMR' campaign. UNICEF supported training of 214 healthcare providers (152 out of 211 Assistant Medical Officers (AMOs) and 62 out of 211 Public Health Nurses) of Municipal Corporation of Greater Mumbai (MCGM) on containment and surveillance and on MFMR campaign from 22-25 September 2020.

Partnership between UNICEF and National Service Scheme (NSS): UNICEF partnered with NSS volunteers of different universities in the state like Mumbai University and Shivaji University, Kolhapur, and conducted several orientation programmes on COVID-19 prevention. They focussed on 100 per cent mask use, physical distancing, hand hygiene, respiratory hygiene as well as on prevention of fear, stigma and discrimination against those suffering from COVID-19.

Production of Fabric Masks by the Self-Help Groups (SHG)

The G-North and M-East wards of Mumbai is one of the most densely populated areas in the world spread over 2.4 sq. km. area, with a population of 850,000. The life expectancy in some slums of the M-East ward is as low as 40 years. UNICEF partnered with Doctors for You (DFY) to implement a comprehensive programme for COVID-19 containment and RMNCH+A service continuity in G-North and M-East wards of Mumbai and trained SHG and women in the community to stitch three-layer non-medical masks as per WHO guidelines. Women in the community/SHG members, who were interested in learning mask making were trained in batches. It was observed that there was a lack of awareness among the community on which type of mask one should use. Based on the response of the participants and the

objective of the project activity, the participants were given information on the importance of mask use, material and layers of the mask, its method of stitching and the time required for mask making. Each participant was given the material (Outer layer – Polyester, Middle and Inner layer- Cotton) and they were taught each step of stitching the mask by a tailoring expert. The participants found the training useful and mask production by the SHGs not only imparted a new skill of preparing a three-layer mask but also provided an opportunity for income generation. Women pledged to stitch such three-layer masks for their family members as well as share this information in their community. Since 15 July 2020, a total of 271 women from 27 SHGs were trained and 5,433 masks were distributed.



Women from self-help groups of M-East ward stitching non-medical mask

Support to programme implementation:

UNICEF provided technical support to the state government jointly with the team from WHO for COVID-19 response. Technical support was provided to district administrations in the development and implementation of the containment plans; contact tracing and continuity of RMNCH+A services in Aspirational Districts of Gadchiroli, Nandurbar, Washim and Osmanabad.

Support to COVID-19 facility assessments:

Jointly with WHO, UNICEF supported the assessment of six dedicated COVID-19 hospitals from 20-22 April 2020 (two in Gondia and four in Latur District). UNICEF supported the rapid assessment of 52 out of 494 Category II Dedicated COVID-19 Health Centres in Pune, Gadchiroli, Osmanabad and Jalgaon District from 11-20 May 2020. The findings of the assessment were shared with the Department of Public Health for appropriate actions to address the gaps.

State humanitarian actors alliance for COVID-19:

UNICEF convened partnership between the highest level of the political leadership of the GoM, WHO and 15 senior Faith-based Organization leaders from across the state and religions for COVID-19 prevention as well as prevention of stigma, discrimination and promotion of mental health. This consultation was held on 20 May 2020 with participation from the Hon'ble Health Minister, GoM and Hon'ble Minister for Minority Development and Aukaf; Skill Development and Entrepreneurship and prominent leaders of FBOs (Isha Foundation, Bhramakumaris, Ramakrishna Mission, Jain Faith, ISKCON, All India Muslim Personal Law Board, All India Ulema Council, Art of Living, Catholic Faith etc.). Through this meeting, UNICEF mobilized the faith-based leaders who have millions of followers in the state and outside for COVID-19 prevention.

UNICEF Maharashtra organized and facilitated multi-stakeholder consultation on COVID-19 response in G-North and M-East wards of Mumbai on 4 June 2020:

More than 90 participants from MCGM, National Urban Health Mission (NUHM), WHO, Department of Women and

Child Development, CSO, NGOs and Faith-based leaders across Mumbai, academic institutes like Indian Institute of Technology, All India Institute of Local Self Governance and Tata Institute of Social Sciences, Professor from Community Medicine Department of Seth G.S. Medical College and KEM Hospital, Mumbai and Wadia Hospital, National AIDS Control Organization participated and validated the COVID-19 response and containment plan in urban slums. The sectoral action plans for Health, Nutrition, WASH and Disaster Risk Reduction (DRR), Child Protection and Education were implemented for COVID-19 containment and continuity of different services through DFY in G-North and M-East wards. In these wards, DFY supported community engagement activities and the fever Out Patient Department (OPDs), reaching 20,203 persons with fever. Further, screening of COVID-19 operationalized using Infra-Red (IR) thermometers and pulse oximeter in 20 health posts. A total of 1,532 children less than 2 years were immunized through 43 outreach camps organized by DFY between 15 July-15 September 2020.

Strengthening of IPC, Bio-medical Waste Management (BWM) and WASH in health facilities in hospitals of Pune Municipal Corporation (PMC):

UNICEF partnered with PMC for strengthening IPC in 21 health facilities (13 hospitals and eight dispensaries). This initiative was supported by the DBS Bank. The activities completed include, baseline assessment of IPC in the hospitals, capacity building of 289/300 healthcare providers on IPC like COVID-19 screening and triage, and hospital preparedness. UNICEF provided technical support for the establishment of



Training of the staff of Kamala Nehru Hospital on IPC

the triage/screening area and isolation wards as per protocols. As part of this proposal, UNICEF supported 10,000 PPE kits for use in the hospitals. These PPE kits were distributed to approximately 300 staff of 13 hospitals and eight dispensaries. UNICEF supported a total of 438 jumbo oxygen cylinders and 20 small oxygen cylinders for operationalization of 164 beds with central oxygen supply using oxygen manifolds system in Dalvi Hospital Shivajinagar of PMC.

Strengthening of isolation wards in three Dedicated COVID-19 Hospitals: a) Khedekar Hospital, Bopodi b) Dalvi Hospital, Shivajinagar



State level Faith-based Organization meeting on 20 May 2020 with Shri Rajesh Tope, Hon'ble Health Minister, GoM and Mr. Nawab Malik, Hon'ble Minister Minority Development, Skill Development of the GoM



Established screening for COVID-19 using IR thermometers and Pulse Oximeter in Hospitals of PMC

c) Sonawane Hospital, Bhawanipeth: All isolation wards were supported with hand washing station, functional toilets, separate wards for male and female, warm water, steam apparatus, O2 supply etc. Procurement of one ventilator, two X-ray machines and oxygen support in dedicated COVID-19 facilities of PMC was completed. Through this partnership between UNICEF, PMC and DBS Bank, more than 700 in-patients suffering from COVID-19 benefited on a weekly basis for three months.

COVID-19 Vaccination Roll-out

As per Gol guidelines, the COVID-19 vaccination started in Maharashtra from 16 January 2021. Preparatory work for the vaccination started in mid-2020 and UNICEF provided technical support to the Public Health Department of GoM in areas of training and capacity building of the staff on cold chain management at the state training of trainer workshop as well as in four Aspirational Districts in collaboration with WHO. Further UNICEF supported the analysis of supportive supervision visit data of cold chain and COVID-19 vaccination session monitoring.

During COVID-19 vaccination, supportive supervision visits were conducted by UNICEF-supported consultants in four Aspirational Districts. Since beginning till March 2021, a total of 234 sessions are monitored in the state, out of which, UNICEF supported the monitoring of the sessions in Aspirational Districts: Gadchiroli - 16 sessions; Washim - 43 sessions; Nandurbar - 38 sessions and Osmanabad - 12 sessions.

UNICEF also provided technical support in site readiness of 14 WICs and three WIFs that were allotted to the state for installation at Regional Vaccine Stores (RVS). UNICEF procured six WICs and two WIFs for the state and installation will begin from 31 May 2021 in the respective sites.

Innovations: Psychosocial Support cell at KEM Hospital Mumbai: Considering the importance of psychosocial care and promoting the mental health of the people affected by COVID-19 and their

families, UNICEF initiated telephonic counselling services for COVID-19 patients, caregivers, and healthcare workers in Mumbai Municipal Corporation areas. UNICEF partnered with the Department of Psychiatry, Seth GS Medical College, and KEM Hospital, Mumbai, and established a PSS cell run by professional counsellors.

Key Achievement

UNICEF supported the GoM in conducting training of a total of 5,981 healthcare workers on IPC.

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

Advocacy

The evidence and response to COVID-19 evolved rapidly since the beginning of the pandemic. Different countries implemented different strategies for containment of the epidemic and continuity of the RMNCH+A services. UNICEF provided technical support to the Department of Public Health in preparation of different maternal and child health guidelines for continuation of the RMNCH+A services during the COVID-19 pandemic, which was issued to all districts by the Director of the Health Services of the GoM. These guidelines include management of pregnant women in the COVID-19 pandemic, care of the small and sick newborns in the SNCUs and support for the intensification of the RI services.

Support to Programme Implementation

During the COVID-19 pandemic, UNICEF supported the government in strengthening of the RI services across the state by providing technical support for monitoring of the RI services. In collaboration with NCCVMRC, National Institute of Health and Family Welfare, Government of India, UNICEF supported the Department of Public Health to organize NCCMIS review cum orientation and supportive supervision application training in the state from 3-16 September 2020. UNICEF supported Public Health Department in developing the tribal RI strategy for the state during 2019. As part of tribal RI support, UNICEF supported RI strengthening activities in Nandurbar and Gadchiroli. As the lockdowns were lifted, UNICEF revisited the action plans with district administrations and started the implementation in Nandurbar and Gadchiroli, resulting in an increase in the monitoring of the VHSND sessions including household visits for RI. In Nandurbar District, from June-Aug 2020, a total of 979 children (0-11 months) in 218 sessions were monitored through home visits. Similarly, in Gadchiroli, UNICEF monitored 339 such sessions.

STORIES OF RESILIENCE AND COURAGE

Continuity of RI and VHSNDs in Gadchiroli District of Maharashtra

Gadchiroli is one of the most deprived tribal districts in the state, having the highest under-five and maternal mortality. Because of low population density and less urbanization, it was the last district in Maharashtra to report the COVID-19 case. Further, Gadchiroli had the lowest number of people detected with COVID-19 in the state. However, women and children have been majorly affected by the state-wide lockdown and consequent loss of jobs, and the return of migrants from cities to the district. UNICEF supported the district administration for the continuation of RI services in the district through supportive supervision, regular review and monitoring of services.

Hritik, a 23 months old child from Mutnur village, sub-centre-Pavimuranda, primary health centre-Kunghada, block-Chamorshi, Gadchiroli, is one of the thousands of children who received full immunization before their first birthday every year. This is due to the efforts from healthcare providers from the GoM and technical support and community mobilization from development



Hritik, child from Mutnur village, (sub-centre-Pavimuranda, primary health centre - Kunghada, block-Chamorshi) at VHSND session

partners like UNICEF. Hritik regularly got services at routine VHSND in his village irrespective of national and state lockdown. This is a major success as many challenges like hard-to-reach terrain, poor roads, and telephone connectivity, bad weather, poverty, lack of awareness, and left-wing extremism over the last few decades were overcome.

Key Achievements

UNICEF supported the Government of Maharashtra in reaching a total of 493,882 children with full immunization. UNICEF provided technical support for the continuation of routine immunization in the state. A total of 14,726 newborns were treated in the

SNCUs of the state by the Government of Maharashtra from March to June 2020. A total of 402,129 women were delivered in government facilities and 745,897 pregnant women were tested for HIV from March to June 2020.

LESSONS LEARNED AND WAY FORWARD

The partnership between the GoM, civil society organizations, and development partners like UNICEF and WHO has improved the effectiveness of the COVID-19 and RMNCH+A response. Maharashtra had to tailor its health sector response to the emerging evidence related to COVID-19 prevention and treatment, which evolved rapidly. One of the most important strategies would be to strengthen and prioritize regular health services as well as strike a balance between essential RMNCH+A services and COVID-19 responses. UNICEF will continue to promote behaviours for preventing new infections of COVID-19 (100 per cent masking, physical distancing, and handwashing) and reduce the patient load on hospitals.

The programme interventions will strengthen the capacities of healthcare providers of the Health posts, Urban Primary Health Centres, Urban

Community Health Centres, and other health facilities of the Municipal Corporations and leverage NUHM and municipal corporation budgets. UNICEF will also continue to provide technical support for scale-up of the primary healthcare approach for promoting ANC, institutional delivery, HBNC, home-based KMC and RI for preventing maternal and child death in the whole state. COVID-19 has provided an unprecedented opportunity for strengthening telemedicine and telehealth care including self-care.

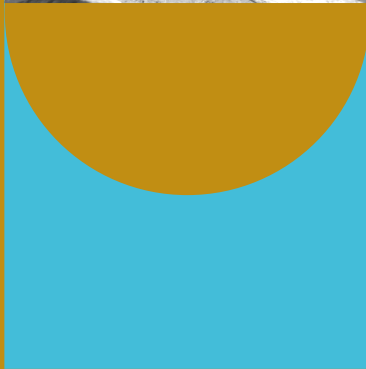
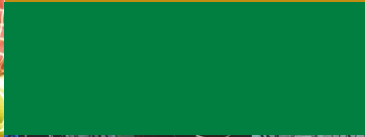
UNICEF, in partnership with the GoM, will leverage technology for strengthening primary healthcare in the urban areas of the state which have been badly affected by the COVID-19 pandemic. UNICEF will advocate for the strengthening of the health system, which is disaster and pandemic resilient so that the state is better prepared for the next disaster.



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Introduction



Alternate Vaccine Delivery System: Ensuring timely delivery of vaccines to ANM at session site

Odisha is in Eastern India and is the eighth largest state by area (155,707 sq. km) and the 11th largest by population (41,974,218). 85 per cent of the population of Odisha resides in rural areas. Out of the total population, Scheduled Tribe and Scheduled Caste communities constitute 23 per cent and 17 per cent, respectively.

The emergence of the COVID-19 pandemic had posed challenges to the state for providing routine health services which resulted in shifting the focus towards COVID-19 response and management. The healthcare delivery system also faced significant challenges in the face of 'Lockdowns' and 'Shutdowns' that affected the mobility of both, beneficiaries, and healthcare providers. Since the pandemic was evolving and the latest information kept emerging, it was challenging to ensure that the updated guidelines and protocols were regularly informed to the health team at all levels. As the epidemic progressed, the system also adapted and responded with a wide range of actions.

In April 2020, the Government of Odisha identified 19 Dedicated COVID-19 Hospitals across the private and public sectors. Odisha was the first state in the country to announce a 1,000 bedded COVID-19 hospital. To minimize disruptions to the routine healthcare services, additional infrastructure was identified from within the public and private facilities and 26 DCHs, 12 DCHC and 18,000 Temporary Medical Centres (TMCs) were set up. As a "One UN" team, UNICEF, WHO and UNFPA worked together along with the government on capacity building, hospital assessments and mentoring of the districts to ensure preparedness, identification of gaps and health service provision of standard quality.

The state witnessed a massive influx of migrants during the months of May to July 2020. Around 8.5 lakh migrants returned to Odisha during the lockdown. To manage this, the government adopted a multi-pronged approach such as facilitating travel, issue of online passes, monitoring of migrant's movement, setting up TMCs, contact tracing, provision of food and accommodation, monitoring their health and adherence to safety measures. As of March 2021, Odisha has 340,402 cases, 336,809 recoveries and 1,921 deaths.

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

Temporary Medical Centres (TMCs)

The GoO (Government of Odisha) developed an information portal for facilitating the movement of migrants and setting up of more than 18,000 TMCs. All basic arrangements were ensured in the TMCs. In an unprecedented move, power was decentralized and the Sarpanch was given powers of the Collector regarding COVID-19 management in the Panchayat. Empowering the Panchayat representatives strengthened community involvement and participation in

taking steps for COVID-19 prevention and managing the TMCs. Quality control was ensured through regular supportive supervision by the district and the state teams. UNICEF supported the capacity building of the Panchayat representatives state-wide and monitoring of the TMCs in the Aspirational Districts along with the government functionaries. The COVID-19 care committees were set up at all Gram Panchayats.

Strengthening Services at the COVID-19 Care Facilities

- 1. Mock drills:** While training on essential COVID-19 management, there was an emerging need for intensive practical coaching and mentoring of the hospital teams. Staff had been kept in readiness for deputation to other hospitals as per the surge requirement. The gaps and challenges in operationalization, as well as practices, had to be understood for further improvement. With this objective, the government embarked upon conducting mock drills to test the preparedness at COVID-19 health facilities.
- 2. Assessment of District COVID-19 Hospitals and District COVID-19 Health Centres:** MoHFW directed the states to assess the DCHs and DCHCs strengthening service quality in the facilities. Teams comprising of WHO, UNICEF and UNFPA were formed, and online trainings were conducted. Over the next two weeks, 22 DCHs and nine DCHCs were assessed, and technical proposals were developed. All the training and communication materials were uploaded to the GoO portal to enable easy access. Video Conferences (VCs) were conducted with the DCH nodal officers for reviewing preparedness.
- 3. Mentoring of the DCH, DCHC and district teams:** By June – July 2020, COVID-19 cases had steadily started to rise in all districts, and more so in districts with migrant returnees. There was an urgent need to build capacities of the districts around all preparedness activities like surveillance, containment, contact tracing, IPC, advocacy with the district administration, multi-sectoral collaboration etc. Hence it was decided that mentoring would be taken up through all the seven government medical colleges in the state.

Leadership and Governance

- **Administrative leadership during COVID-19:** By the time, the first case of COVID-19 was reported in the state, the GoO had laid down a strong governance framework with the 'Empowered Group of Ministers' for quick decision making and created verticals for key areas, which were headed by senior bureaucrats. The senior bureaucrats pooled in from various departments and functioned under the direct supervision of the Chief Secretary who coordinated with the Chief Minister's office for the effective implementation of the preparedness and response measures. This arrangement worked effectively to provide dedicated leadership and brought in multi-sectoral skills and support.
- **Human resources:** COVID-19 capacity building: As the state started reporting the initial cases of COVID-19, the GoO geared up to augment the capacity of the health functionaries towards COVID-19 response of both, public and private sectors.

An institutional mechanism was created with human resources and capacity building committee as an oversight body. Department of Medical Education and Training, SIHFW, NHM, WHO, UNFPA, UNICEF, IIPH etc. were involved. The committee coordinated with nodal officers at districts, medical colleges, COVID-19 hospitals, professional bodies, and other private hospitals. The trainings were organized using virtual/online platforms as per a defined training calendar for the Front-Line Workers. The ASHAs, AWWs and ANMs were trained in small groups at the Primary Health Centre or Sub-Centre level. WhatsApp groups were created for discussions, participation, and feedback.

Around 6,200 MBBS doctors, 2,600 AYUSH doctors and 5,200 staff nurses were trained on:

- a) COVID-19 basics
- b) Field surveillance
- c) Epidemiology
- d) Critical care management
- e) ICU management
- f) IPC

Around 3,300 pharmacists and lab technicians were trained on a) COVID-19 basics b) Sample collection, packaging, and transportation c) IPC practices.

• **Information systems and data management:** A daily analysis of the key COVID-19 indicators of national, state and district level were done to keep a close watch on the progression of the testing, isolation policy, morbidity, and mortality data. The data was also used for scenario building and calculation of the requirement of beds and equipment in the state.

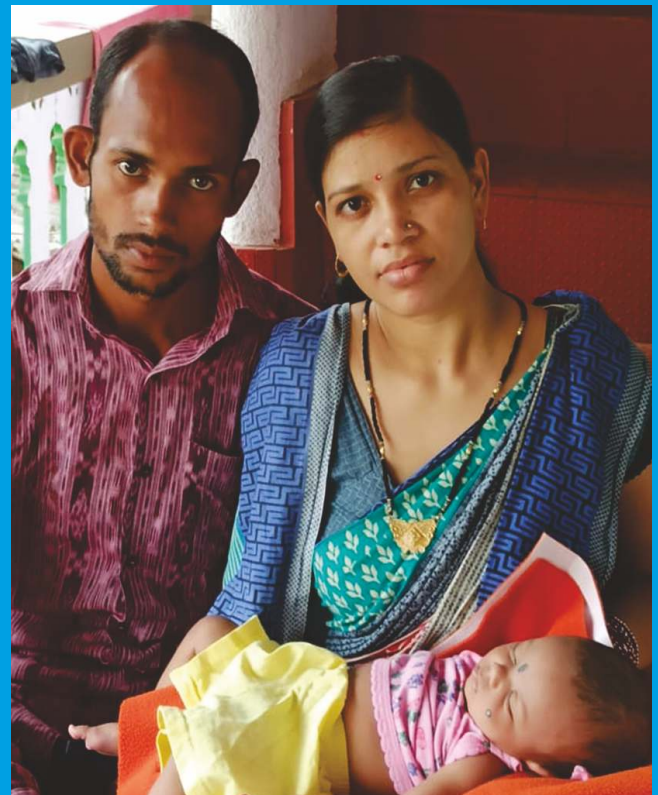
• **Demand generation and community engagement**

- **Mass media for risk communication:** It was particularly important that the correct information regarding prevention and keeping oneself safe was provided to the public as well as updating the information as and when new facts emerged. Support was provided to the state Information Education and Communication Task Force (IECTF) which created a lot of materials. The content of the communication material was vetted by SIHFW and UNICEF teams.
- **Social mobilization through NGOs:** The NGO/CSO partners were extensively used for using different platforms and engage with communities to spread awareness about COVID-19 appropriate behaviours, prevention of COVID-19 etc.

STORIES OF RESILIENCE AND COURAGE

Battling COVID-19 during Pregnancy

A 22-year-old Sasmita Rana was in the ninth month of her first pregnancy when she was diagnosed with COVID-19. The news was a shock to her and her family, who were extremely worried about Sasmita and the baby. Sasmita was admitted to the BBMC Hospital and closely monitored and treated in the isolation ward with appropriate protocols. Once the delivery pain started, she was taken to a separate labour room which had been set up for such cases, where she delivered a healthy term baby. She breastfed the newborn successfully. All birth vaccinations were provided. She was kept under observation for 72 hours post-delivery in the isolation ward. She was discharged with due advice for quarantine and regular check-ups. It was through webinars and different trainings; the whole hospital team and management could handle Sasmita safely and confidently.



Happy couple with baby born during COVID-19 lockdown

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

Supportive supervision of Maternal, Newborn and Child Health (MNCH) services: Availability of adequate and skilled human resources and delivery of quality services has always been a challenge. UNICEF supported Regional Resource Centres (RRCs) located at Medical Colleges in Koraput and Bolangir Districts and worked with the district administration for strengthening supportive supervision, capacity building and reviewing activities around RMNCH+A services in the Aspirational Districts. With the easing of lockdown, the onsite supportive supervision was restarted to ensure visits to the health facilities and outreach sessions. The RRC conducted more than 300 supportive supervision visits to various VHSND, RI sessions and health facilities after the COVID-19 started. With the rising incidence of COVID-19 cases and more so among the health facility staff, across all districts, onsite supervisory visits were discontinued, and virtual mentoring was initiated.

Monitoring of Integrated Campaign (IDCM): Every year with the onset of monsoon, the Department of Health and Family Welfare, Odisha conducted a state-wide campaign for awareness, identification and management of malaria, dengue,



Monitoring of Integrated Campaign by the Regional Resource Centre staff

and diarrhoea. In 2020, in view of the COVID-19 pandemic, the government decided to expand the campaign to additionally include activities like:

- Sensitization and surveillance for COVID-19
- Identification of persons with comorbidities i.e., hypertension, diabetes, cancer, chronic kidney diseases etc.
- Active case finding for tuberculosis
- Distribution of ORS and zinc to households with under-five children
- Sensitization and surveillance for malaria, dengue and diarrhoea

Cold chain strengthening during COVID-19: An efficient cold chain system is the backbone of the



Cold chain monitoring by state team

Universal Immunization Programme (UIP). There are 1,182 cold chain points, 32 district stores and eight regional vaccine stores in the state for storing and distributing the vaccines. In wake of the COVID-19 pandemic, during the lockdown and shutdown periods, maintenance and repair of cold chain equipment and supportive supervision was a challenge throughout the state. It was decided to fast track the activities for strengthening the existing cold chain system as soon as the restrictions were lifted. In this context, virtual capacity building workshops were conducted to enhance the knowledge of refrigerator mechanics, cold chain technicians and the WIC operators from the eight existing regional vaccine stores.

Supportive supervision for ensuring WASH compliance: Regional Resource Centre, which is nested in the Koraput Medical College, has Health, WASH and Communication experts who are instrumental in improving the WASH compliance of the health facilities. During COVID-19 (April 2020), a rapid assessment was done for 62 facilities. The fully functional facilities have improved significantly over the years, and during the assessment, it was found that around 58 per cent of the facilities were fully compliant, 38.3 per cent were partially compliant and three per cent were not compliant. Advocacy was done with the local and district authorities based on the findings for action, which are ongoing.

Ensuring full immunization in tribal districts through Regional Resource Centre: The RRC was established with UNICEF support in Shaheed Laxman Nayak Medical College and Hospital (SLNMCH) of Koraput District which is a tribal-dominated district in South Odisha. The establishment of SLNMCH in this area serves as a health hub and referral facility for the surrounding tribal districts. The role of RRC in SLNMCH is to strengthen the health interventions with a focus on Maternal, Newborn, Child Health and immunization

services in terms of planning, monitoring, supportive supervision, feedback, corrective actions, and research activities. Full Immunization is one of the key focus areas of RRC.

Support in COVID-19 Vaccination drive: Odisha launched the COVID-19 vaccination drive from 16 January 2021 onwards. UNICEF was actively involved in the various preparatory activities. One of the key activities supported by UNICEF was the needs assessment of the adequacy of the cold chain space and dry storage space at the state vaccine store, eight regional vaccine stores, 32 district vaccine stores and 1,186 cold chain points. Following the procurement, UNICEF supported in the distribution plan of new 936 small and 70 large ILRs throughout the state. To increase community awareness many technical videos and community awareness videos were developed or translated into the local language. Around 290 state level and district level functionaries were trained on the COVID-19 vaccination. During various phases, the monitoring and supportive supervision of vaccination sites were carried out and 203 session sites in 15 districts were monitored through medical colleges, Regional Resource Centre, and state level consultants. The concurrent monitoring reports helped the state to take corrective actions and



Staff nurse ensuring IPC protocols

improve the programme, further. As a part of the fortnightly AEFI, the committee analyzed the AEFI reports along with other state level experts. UNICEF also provided strategic advocacy support in the planning, rollout, procurement, and registration process in the state. Partnerships were established (CSO partners) to convey critical messages and promote positive behaviours in the hard-to-reach areas and tribal communities.

Innovations

Virtual Capacity Building and Mentoring Initiatives

The onsite mentoring, capacity building and supportive supervision activities undertaken by the government and development partners were interrupted. To overcome this challenge, UNICEF collaborated with NHM and the Directorate of Family Welfare for strengthening the capacities of the staff working in the health facilities at various levels and more specifically at the lower-level

facilities on quality ANC, intrapartum care, and essential newborn care. These webinars were initiated with an objective to mentor and coach the medical officers and staff nurses to improve the knowledge, skills, and practices on diverse topics, by a panel of experts. A panel of obstetricians and pediatricians identified from the public and private sector from within and outside the state, from both public and private sectors, interact with the participants and coach them on the practical aspects of quality maternal and newborn care.

LESSONS LEARNED AND WAY FORWARD

The GoO has vast experience in planning, preparing and mitigating natural disasters and works relentlessly by the motto of 'zero casualty' in the wake of any natural disaster. Keeping past experiences in mind, the state leadership was proactive in taking steps and following a multi-sectoral approach, bringing in experienced and senior officers and collaborations to involve the private sector. Involving the Odisha State Disaster Management Authority (OSDMA) and tackling the COVID-19 pandemic not only as a health issue but as a state emergency, pooling in resources and partnering with organizations at various levels has helped reach the farthest of the communities. Strengthening the public health system has emerged as an imperative, especially ensuring the availability of adequate and skilled human resources. Because the majority of the population is

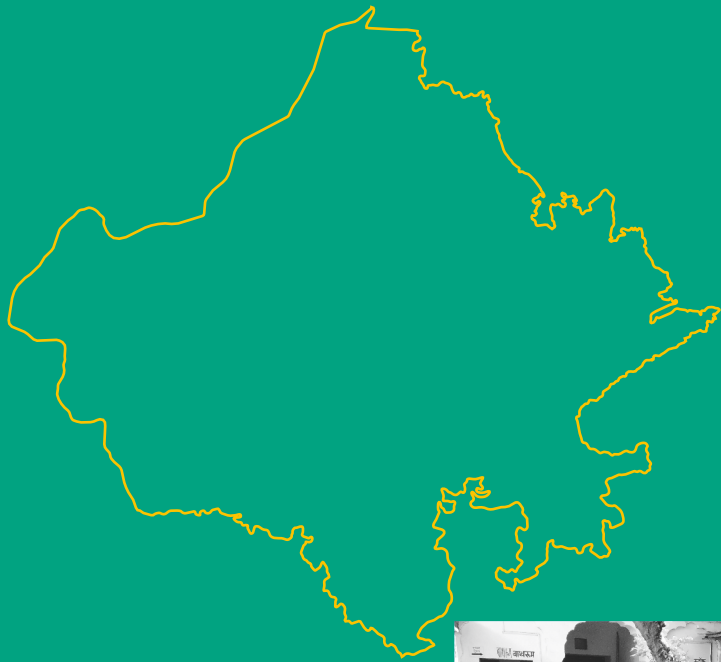
dependent on public facilities for health needs, it is critical to have a fully functional public health system providing services of standard quality.

This epidemic has also provided an opportunity to expand the laboratory network in the state. Call centres can be extended for other essential services. Many data systems, dashboards, and IT infrastructure has been/has to be created. It would be rational to expand the data systems to enable it to be used effectively for other areas like disease surveillance, mortality registration etc. Further, considering that there might be a cohort of unimmunized children, it would be useful to carry out focussed campaigns to ensure catch up immunization and other services. With a huge population getting the vaccination, UNICEF is supporting the quality of the vaccination process and community awareness process continuously.

RAJASTHAN

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RAJASTHAN



Introduction



Webinar participation

Rajasthan is the largest Indian state by area and the seventh-most populous with a population of 68 million (Census 2011). Diverse and difficult geographical conditions, deep-rooted social norms and cultural practices have put the state in a more vulnerable situation during the pandemic. Rajasthan has a significant population that migrate in and out of the state on a daily basis for their livelihood. The first COVID-19 positive case in Rajasthan was identified on 2 March 2020, in an international traveller from Italy. Following this, the cases of COVID-19 gradually increased over the period and recently (31 March 2021) crossed 3.3 lakh cases across the state. The top contributors are districts with large urban areas like Jaipur, Jodhpur, Alwar and Kota.

In the initial phase of the epidemic, the priority was only COVID-19 and related activities but over a period of time, the priority shifted from 'Only COVID-19' to 'COVID-19 and essential RMNCH+A services'. UNICEF is one of the key technical partners who supported the state for COVID-19 and non-COVID-19 activities during the pandemic. As of 31 March 2021, Rajasthan had a total of 333,149 laboratory-confirmed cases of COVID-19, out of which 113,225 have recovered and discharged from the hospitals with a recovery rate of 96.55 per cent. The death rate is 0.85 per cent, a total of 2,818 deaths occurred in the state. As of 31 March 2021, there were 8,663 active cases still under treatment at various hospitals and in-home isolation. The COVID-19 positivity rate of Rajasthan is 4.82 per cent and more than 6.9 million tests have been done wherein more than 10,000 migrants were tested positive.

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

STORIES OF RESILIENCE AND COURAGE

Positive story of a corona survivor

Mr. Juzar and his son were tested COVID-19 positive after his wife died of pneumonia, even though the doctors suspected it to be COVID-19. They were immediately taken to Rabindra Nath Tagore (RNT) Medical College where they were given compassionate/timely care by the staff. This helped in their fast recovery. "It is the positive attitude and compassionate care by the health staff which boosted my immunity and

confidence to defeat COVID-19. I urge people at large to follow the social distancing norms and protocols set by the government as prevention is better than cure. The government is taking COVID-19 and the steps involved in containing the spread of the disease very seriously and if all the citizens also take it seriously then WE WILL surely OVERCOME this pandemic too" said Juzar after discharge.



Mr. Juzar after recovery from COVID

Development of COVID-19 Protocols and Posters: UNICEF contributed to the development of a strategy for COVID-19 response and formulation of guidelines for the state of Rajasthan. The team also contributed to the preparation of COVID-19 related clinical protocols for health facilities and other capacity development products. To ensure the quality and technicality of the content, a technical committee was constituted with members of UNICEF, UNFPA, WHO and department officials. A total of 38 protocol posters were drafted and designed in Hindi and English. These were distributed throughout the state.

Mission LiSa (LifeSaving): UNICEF contributed in the development of a strategy for saving lives in the

early stages of the COVID-19 pandemic response, which was then implemented across the state. As part of the Mission LiSa, enumeration of all at-risk population was done and their family members were sensitized on early identification of disease and danger signs.

Data Analytics and Decision Support Systems: UNICEF supported the state government in the effective use of data for critical decision making. The state gathered a large amount of data related to COVID-19 and RMNCH+A services. For the best use of data, UNICEF supported the state by developing decision making dashboards for facilitating timely evidence-based actions and for further planning.

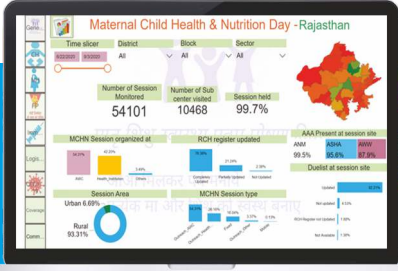
- Features of the Dashboard

- **Interactive visuals:** The dashboard was very dynamic, and all visuals showed the data analysis as required, in an interactive way.
- **Auto data update:** Global, country, state and district wise data sets are on auto-update mode which refreshes the data automatically. The actual and real-time data of the state is dependent on self-updating mode. It compiles the data automatically and establishes a relationship between them to make the visuals interactive.
- **Trend analysis:** Trends on various key parameters can be seen over the period.
- **Data and Indicators:** All the data and indicators can be drilled down to the district level.
- **Case status*:** The status of testing and confirmed positive cases can be seen in the table view. (*COVID-19 dashboard specific points)

- Four Types of Dashboards

1

Maternal, Child, Health and Nutrition Session Dashboard: Provides information on the monitoring findings of MCHN day held across the state. This information is used for the improvement in the quality of services and identification of the knowledge gap.



MCHN Session Dashboard

2


Sector Meeting Dashboard: Purpose of the dashboard is to provide information on the sector meetings for the programme review at the sector level where dialogue was to be initiated between the service providers and supervisors, discussion on programme, policies and finances.



Sector Meeting Dashboard

3

COVID-19 Dashboard: Day to day information on COVID-19 status across the state with the key parameters and indicators. The information is being used for planning, decision making and prioritization.



COVID-19 Dashboard

4

Anaplan - COVID-19 Resource Planning Tool: A predictive analysis tool that is being used for forecasting of cases, planning for the consumables and supplies, requirements vs the availability of infrastructure for all levels.



COVID-19 Rajasthan Projection

COVID-19 Vaccination

- **Support to COVID-19 vaccination in the state especially cold chain strengthening and capacity development:** UNICEF worked in collaboration with UNDP and facilitated a detailed assessment of cold chain points in the state and its capacity to accommodate the requirements of the COVID-19 vaccination drive without compromising on the cold chain space required for childhood vaccination. UNICEF supported in conducting various scenario planning exercises and multiple variable situations according to the supply of COVID-19 vaccine. This was also used as an opportunity to improve the total number of cold chain points so that access to the cold chain point was evenly distributed and the time taken in transporting vaccine from the cold chain point to the vaccination site was less than an hour. Also, a detailed geo-mapping of all cold chain points, analysis of the availability of equipment at every cold chain point, identification of surplus equipment, identification of PHC or institutions to be made as cold chain points to ensure even access and prioritizing those based on certain criteria was also done.
- Total of 169 new cold chain points were established during the year 2020-21 and now total cold chain points in the state are 2,459. Detailed analysis on time-to-reach was also done and it was observed that 2,350 sessions in the state were taking more than one hour in transporting vaccines. This was reduced by 30 per cent during the year and now only around 1,500 MCHN sessions take more than one hour in the transportation of vaccine from the nearest cold chain points.
- UNICEF also supported in the capacity building of cold chain handlers. In 2020, a total of 97 district level trainers have been trained on cold chain and logistics management who have cascaded the training to 1,100 cold chain handlers with more being planned in the next financial year (2021-22). UNICEF has also developed a training module for capacity development of the service providers on COVID-19 vaccination and more than 20,000 health workers have been reached through this.

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES



STORIES OF RESILIENCE AND COURAGE

Support beyond guidelines - Save the newborn

Munna, the baby of Kailashi Devi born on 13 August 2020 was underweight and was referred to a SNCU. The baby was given various treatments and after 22 days, he started showing progress. Since the family was poor, the

baby was given free treatment under Janani Shishu Suraksha Karyakaram (JSSK) and also helped the family with food and shelter. The mother was counselled for exclusive breastfeeding and KMC for the better health of the baby.



After 15 days facility follow up of the baby, 22 September 2020. Parents came with a smiling baby who was breastfeeding and gaining weight.

Strengthening MCHN Day

For better prevention, control and management of COVID-19, the whole focus of the Health Department of Rajasthan shifted to the pandemic. As a result, all the districts in Rajasthan were struggling to keep all the essential healthcare services running smoothly. In this context, the maternal and child healthcare service being provided through MCHN day in villages, hamlets and urban slums were badly affected.

• Key challenges in organizing MCHN days

- Immunization and reproductive health outreach services were being put on a halt as the community and frontline health workers were engaged with COVID-19 surveillance and contact tracing.
- Mobilization of the community at the session site, while maintaining social distancing and providing the required protection to the beneficiaries from the infection of COVID-19.
- Fear and anxiety among beneficiaries to move out of their homes to avail immunization and reproductive healthcare services.
- Difficulty in monitoring MCHN days due to the unavailability of transportation services.
- Ensuring protection of care providers from the COVID-19.

• Role of ODK (Open Data Kit) App (Electronic Data Collection) for effective monitoring of MCHN days

Due to the COVID-19 pandemic, continuous monitoring and reporting of the MCHN sessions

had become a major challenge. To resolve this issue, UNICEF provided technical support to the Department of Medical and Health for effective and real-time monitoring of MCHN sessions through the ODK app. Electronic data collection through the ODK app has multiple benefits including real-time data collection, improvement in the overall quality of data, accuracy in monitoring, reduction of paperwork and greater efficiency and transparency.

To ensure the effective roll-out of MCHN monitoring and reporting through the ODK app, UNICEF facilitated the Department of Health in conducting a series of brainstorming meetings with the state-level officials to reframe ODK tools according to the protocols of COVID-19. As an outcome of this, up to August 2020, a total of 258,795 sessions were held against the planned session of 296,352 which is 87 per cent of the planned sessions. A total of 127,682 PW received ANC and 375,026 children were immunized all over the state through MCHN day. An average of 45 per cent of sessions were monitored and reported on the ODK App. An average of 99 per cent of sessions were held during the monitoring visit by monitors. Vaccine and other essential logistics were available in 98 per cent of the session sites and an average of 98 per cent of the session sites followed the COVID-19 protocols during MCHN sessions.

Success Story of Effective Implementation of MCHN days in Pali District during COVID-19 Pandemic

A dedicated team of district and block level officials such as Chief Medical and Health Officer, Reproductive Child Health Officer (RCHO), District Programme Manager, Urban Programme Manager (UPM), and Block Programme Manager facilitated the health workers of PHCs/Urban PHCs and Sub-Centre (SC) to prepare advance monitoring plans for MCHN sessions. Roles and responsibilities were allotted to all district and block level officials for continuous monitoring of MCHN days. In addition to this, in-house virtual meetings were conducted under the chairmanship of RCHO for reviewing the progress that has been made, related to MCHN days. In August 2020, Pali District had achieved the maximum number of MCHN sessions monitored across the state. 94,802 children were immunized through MCHN days from April to August 2020. 85 per cent sessions were held against the planned sessions from April to August 2020.

The capacity building and learning initiative:

After the COVID-19 pandemic, regular training sessions were on hold due to restricted movement; physical meetings and supportive supervision visits were also impacted. Amidst all these challenges, the state health officials with technical support from UNICEF explored other technology options and introduced alternative means of on-going capacity building of health functionaries like self-learning video training modules, interactive videos and immunization quiz.

The Immunization and Maternal Health Quiz:

To maintain continuity for the learners, the overall learning experience had to be made interesting. Therefore, health officials and UNICEF introduced 'The Immunization and Maternal Health Quiz'. A few questions were floated across all levels and these questions could be accessed and answered by all

health functionaries across all cadres in one go. This quiz was developed on an ODK and floated through WhatsApp every Monday and the answers would be detailed out the following week.

Interactive videos: During the COVID-19 lockdown period, all training activities were stopped as frontline functionaries along with the professionals were involved in COVID-19 duty in the state. In this situation, all the trainings related to capacity building and RCH activities were on hold as it was very difficult to maintain the continuum of learning for the frontline functionaries. At UNICEF, the entire team exclusively focussed on ideas to impart the trainings and skill assessments in a suitable and safe way. With the help of IT professionals, a platform named “assanvassan” was designed. The training presentations were converted into videos which were then converted into an interactive mode so that the viewer was able to interact with the video. The interactive videos were very safe and proved to be the best way to impart the training without any limitation of time and place. People really liked these videos because they felt free and had a strong and interesting tool to assess themselves.

Childhood Diarrhoea Prevention and Control (Intensified Diarrhoea Control Fortnight (IDCF))

1. Sensitization of health workers by using the Zoom meeting platform.
2. Pre-positioning of ORS by ASHA at every household having under-five children.
3. IEC/Behaviour Change Communication (BCC) activity by ASHA regarding prevention of diarrhoea and use of ORS in case of diarrhoea.
4. The ORS-Zinc corner to be used for IEC/BCC purpose; no treatment to be given in the corner.
5. Use of standard treatment protocols in diarrhoea case management.

6. Inauguration of the programme on MCHN day (16 July) at each AWC by PRI members, as per COVID-19 guidelines and by taking precautionary measures.

Monitoring through a digital platform with UNICEF's support

For the purpose of monitoring, a checklist was prepared on the ODK, an android based application.

- A total of 238 sectors were monitored in 104 blocks and 34 districts
- In 65 sectors, campaign activities had not started on time due to the containment zone labelling
- In 16 sectors, no sensitization about the programme in sector meeting was done
- 16 sectors did sensitization training on virtual mode
- One sector did not have ORS and four sectors had a lack of Zinc tablet supply
- **The major findings were:**
 - Out of 3,204 sectors in the state (except medical colleges), 3,016 sectors (94.13 per cent) did campaign activities.
 - The 3,016 sectors had 16,981 sub-centre/Health and Wellness Centres (HWCs)/wards and 301 (1.77 per cent) sub-centre/HWC/wards did not organize campaigns.
 - In 2020, 5,583,676 under-five (U5) children (67.2 per cent of the total targeted U5 population of the state) received ORS as prepositioning.
 - 126,116 children were found having diarrhoea, out of which 99.25 per cent received ORS and 91.85 per cent received Zinc. 1,426 U5 children were referred to a higher centre due to some complications.

LESSONS LEARNED

- A new way of communication by using digital/e-platform
- Real-time data for quick actions for better and effective planning
- Teaching and capacity building by using interactive videos and capacity building capsule video modules
- Development of new protocols by using past learnings and experiences
- Keeping the priority of COVID-19 and continuous advocacy for RMNCH+A services, the epidemic was used as an opportunity for health system strengthening and infrastructure up-gradation at the facility level

Achievements

More than one lakh sessions were monitored during the last six months, **more than seven lakh PWs** were reached and more than seven lakh children were vaccinated during the same period

More than 5,000 sector meetings were monitored by the supervisors

Near about **50 guidelines** were translated into Hindi for better understanding at the field level

COVID-19 related **38 protocols** posters reached the health facilities

Nearly **60,000 health workers** were trained on COVID-19 related topics on the digital platform

WAY FORWARD

UNICEF shall continue to provide technical support related to COVID-19 as well as essential health RMNCH+A services in Rajasthan by implementing the following activities:

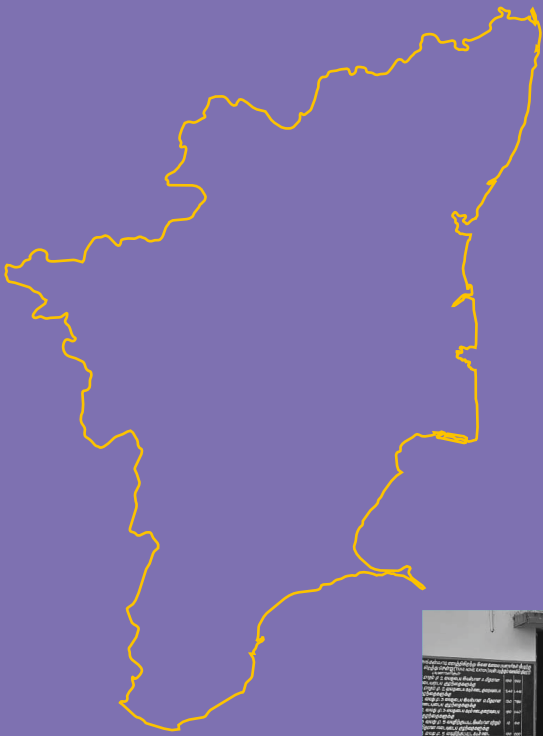
- Regular evidence generation for necessary action, using digital tools
- Advocacy by using the health system strengthening approach with the help of using various decision-making tools and learnings and evidence from other areas of monitoring and supervision
- Continued support for quality of care at the facility as well as at the community level by using LaQshya, NOAS, Kayakalp and WASH in health facility assessment tools
- Continue to support in the roll-out of the COVID-19 vaccine by cold chain assessment and support in the expansion of the cold chain wherever required
- Advocacy to prepare for the epidemic and disaster management policy for the state and to include it as an integral component in health programming
- Regular and intense capacity building activities across healthcare providers using new methodologies for training including digital as well as interactive ways of capacity building
- Collaborative efforts with other UN agencies for strategic planning and advocacy related to the mother and child will be continued





TAMIL NADU

TAMIL NADU



Introduction



Orientation of Pregnant Women on Mask Use, Kanyakumari

Tamil Nadu has a population of 7.21 crores, with 3.61 crore male and 3.59 crore female population. The state is home to 1.44 crore people belonging to scheduled caste communities and only 794,697 people from scheduled tribe communities. Tamil Nadu is also one of the states in India that has undergone significant demographic transition with a total fertility rate of 1.6, which is considerably lower compared to 2.3 in India. The birth rate stands at 14.9 which is lower, as compared to 20 for India (National Health Profile 2019). With more than 10 per cent of the population above 60 years and a lower fertility rate, opportunities for reaping demographic dividends for the state is closing fast and the need for more focussed efforts for child and maternal health is imminent.

Since early February 2020, the COVID-19 pandemic had become a reality in Tamil Nadu, with a significant number of passengers from different parts of the world arriving at its busy international airport. Passenger screening and quarantine became a centre-piece of the health system response of the state government. By 31 March 2021, the state had witnessed a total number of 886,673 COVID-19 patients out of which 858,075 patients were treated successfully and discharged. With 12,719 succumbing to COVID-19 in the state, the case fatality rate in the state was 1.4 per cent. The state has enhanced its COVID-19 testing capacity significantly and has put in place 259 COVID-19 testing facilities of which 69 facilities are run by the government and 190 by the private sector. The state has tested around 19.3 million individuals exclusively through RT-PCR as of date.

Impact of COVID-19 on Health System and Services

Since February 2020, Tamil Nadu started to see an inflow of COVID-19 passengers into the state and the state government took early precautions in terms of testing and quarantine measures and designating COVID-19 care facilities in the state. The state also adopted measures for proper care and protection of women and newborn children including establishing rigorous protocols and SOPs. Pregnant women with an expected date of delivery during the pandemic were listed and followed up. However, outreach related activities of the state government were substantially impacted during this time period due to the lockdown and containment measures.



Expected Date of Delivery (EDD) tracking in Theni District

UNICEF adopted a two-pronged approach with a primary focus on RCCE and technical assistance to the state on key COVID-19 response activities along with WHO. Along with WHO, supportive supervision visits were undertaken in three medical college hospitals in Chennai for interaction with health and paramedical staff involved in the COVID-19 response.

In addition, jointly with WHO and UNHCR, an assessment with Greater Chennai Corporation (GCC) was undertaken to develop a multi-sectoral plan for assistance to GCC, as the catchment area under GCC had the highest incidence of COVID-19 cases in the state. UNICEF also participated in

several state level advisory and task force meetings on COVID-19 to provide inputs on RCCE approaches, continuity of services and unlock guidelines. Direct support, in terms of budget and technical assistance to the state government, was provided for the development and dissemination of IEC tools for COVID-19 preparedness and safety in PHC setting along with SOPs developed by the state for COVID-19 response for HCWs. Support for the training of the state level ToTs was provided and training of key medical staff across Tamil Nadu was conducted by the state government.

COVID-19 Vaccination

UNICEF has provided support to the state for COVID-19 vaccine roll-out by providing inputs and facilitating state-level and district level trainings. The team was well-represented in the state task force meetings in the state and have provided critical inputs on cold chain management, stakeholder engagement and reduction of vaccine hesitancy. In Tamil Nadu, the team also helped the state government to establish a helpdesk for the vaccination drive and in also preparing for a supportive supervision plan of cold chain points in the state to identify and reduce the issue of cold chain sickness. A joint monitoring and supportive supervision visit was also conducted along with WHO for monitoring of COVID-19 vaccine uptake and organizing of session sites. Findings of the visit were shared with the office of the Directorate of Public Health (DPH) for corrective action.

Risk Communication and Community Engagement at the Community Level

In partnership with Communication Advocacy and Partnership (CAP), RCCE training with adolescents and youths were prioritized along with civil society partners. Around 500 students were reached out, through a series of webinars. IEC materials with COVID-19 adaptive messages, especially on universal mask use was developed and disseminated through the government and civil society channels. In partnership with EKAM Foundation, volunteers at the grassroots level were mobilized for orientation of new mothers and youth on COVID-19 adaptive behaviour. Orientation sessions were also held at selected PHCs in every district for pregnant women visiting health facilities for ante-natal checkups. Since January 2021, UNICEF has supported the state government in developing content for mass messaging on CAB and COVID-19 Vaccination. Experts from the health department and independent experts were roped in to provide bytes on the vaccination and the importance of CAB even after vaccination.

COVID-19 Vaccine Beneficiary Assistance System (CVBAS)

A WhatsApp-based chatbot initiative in Tamil Nadu was rolled out by UNICEF in partnership with the Department of Public Health and Preventive Medicine (DPH and PM). The chatbot was aimed at bringing accurate, credible, authenticated and comprehensive information on the COVID-19 vaccines and the process of getting vaccinated as per guidelines provided by the Government of India. The Chatbot is bilingual, and users can opt to interact either in English or Tamil. A distinctive feature is that it makes two-way communication possible, allowing users to send their feedback as well as access information.

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

Due to the lockdown measures, including social distancing norms and travelling restrictions, with ensuing financial constraints at the household level and fear of contracting the virus at facilities, the health-seeking behaviour among pregnant women and new mothers had seen a negative impact. A significantly high number of pregnant women were tested positive in Tamil Nadu since the outbreak. It became more imperative for UNICEF to work with the state government for strengthening of health facilities as well as strengthening community-centric approaches. 'Adaptation and Continuity of RMNCH+A services during COVID-19 in Tamil Nadu' programme was launched to understand the critical gaps in continuity of non-COVID-19 essential health services in the state and support the state government.

Adaptation and Continuity of RMNCH+A Services

Telephonic post-natal follow-up visits

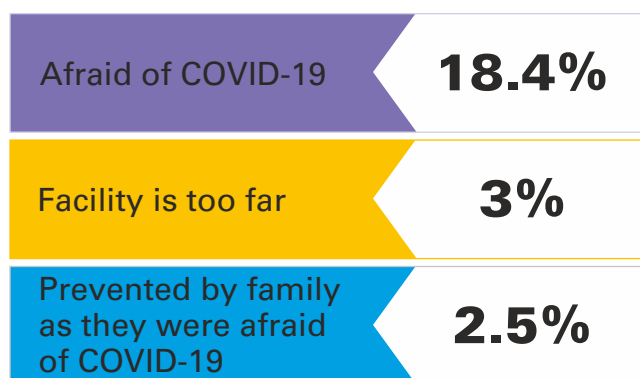
The days and weeks following childbirth – the post-natal period – is a critical phase in the lives of mothers and newborns. Most maternal and infant deaths occur during this time. To complement the government healthcare service delivery, UNICEF through its CSO partner, EKAM Foundation brought together a team of first responders for children – Community Health Volunteers (CHV) – from the community who were trained on important maternal and child care practices, transformational leadership and monitoring and tracking of MCH outcomes in the community. The project team, in consultation with the government and CSO stakeholders, had shortlisted participants (approximately 7,000), across select districts, blocks and panchayats, to undergo a three-day online training (2-3 hour sessions per day).

A pilot of the activity was carried out over August and September 2020, based on the Expected Date of Delivery with a list of 685 high-risk pregnancies shared by the office of the Director of Public Health. For the pilot activity, 50 nursing students from the



Orientation on SMS to ANC Mothers, Ramanathapuram

Chennai-based Omayal Achi College of Nursing were identified and trained in telephonic counselling. The volunteers were able to reach only 428 new mothers over the phone. More than 50 mothers with ongoing post-delivery health issues were identified and referred back to their nearest health facilities. 62.6 per cent of babies were followed-up and received their immunization dose as per schedule. For the mothers missing out on Post-Natal Care (PNC) follow-up, the main reasons for not going to the health facility were reported to be:



Eventually, the activity was scaled up to reach 8,670 mothers and caregivers on sensitization. 2,351 high-risk pregnancies across 14 districts in Tamil Nadu

were tracked, advice on referrals were provided to 150 new mothers who had ongoing health issues post-delivery and advice on COVID-19 appropriate behaviour and newborn care were provided across the board. Around 173 SNCU discharged babies were also tracked using the same process of the telephonic post-natal visit.

UNICEF also supported the scale-up of RI initiatives taken up by the state government in unlock phase by providing support on IEC and state-centric messaging, as well as dissemination of appropriate guidelines and FAQs to FLWs in the state. Based on the feedback from the pilot round of activities, the state government shared with UNICEF and EKAM Foundation, details of an additional 70,000 mothers for telephonic post-natal visit and follow-up. The activity was taken over by the CHVs, who were trained as mentioned above and guided by experts in gynaecology and neonatology. A WhatsApp group of volunteers was created so that any doubt can be clarified immediately.

Scaling-up of the CHVs

In its efforts to mobilize a pool of community health volunteers, the project team held discussions with several NGOs who had a strong presence at the grassroots. In addition, private sector leveraging for such an activity also had significant benefits. Through these partnerships, the robust SHG ecosystem in Tamil Nadu was tapped as a potential enabler of generating awareness among pregnant



CHV Orientation, Dindigul

women and mothers and promoting healthy behavioural practices at the community level. A total of 632 CHVs were trained to be mobilized for post-natal care visits and follow-up of babies discharged from SNCUs in the state.

Digital Real-Time Monitoring Platform for RMNCH+A Services

The Tamil Nadu state government had put in place a robust online platform, called Pregnancy and Infant Cohort Monitoring and Evaluation to capture data related to services provided to pregnant women, from Ante-Natal Care services to immunization of children. The goal of the platform is to monitor and

reach out to pregnant and lactating mothers in order to improve service delivery in the state and reduce maternal and infant mortality. The platform reaches out to registered mothers through SMS text messages, to provide key information. At the time of writing this report, UNICEF was supporting the Department of Public Health and Preventive Medicine, Government of Tamil Nadu to develop a Real-Time Monitoring platform that will leverage the existing technology and database available with the state government to capture information on pregnancies, maternal health and child health on an ongoing basis. In this regard, UNICEF is assisting the state government, to explore the capacity of the platform to deliver key messages related to MCH to its client base, through text messaging on WhatsApp, and the potential for delivery of infographics or other social media handles.

Community-level Outreach on Maternal and Child Health Care

The rationale for the project started with the thought that during lockdown when FLWs are unable to reach PWs and lactating mothers, there would be a gap in critical information flow on self-care for



Orientation of Pregnant Women at a PHC in Thoothukudi

pregnant women and newborn care. The need for a digital outreach programme, leveraging social media to inform and educate mothers and to bridge this gap was apparent. UNICEF funded a digital outreach programme rolled out by EKAM Foundation to produce tools that could be used to inform and educate mothers using social media and other suitable platforms. UNICEF led this initiative in the identification of content, technical vetting of scripts and in overall supervision and guidance of the programme.

Trainings Organized

A few trainings at the community level, with AWWs and supervisors, ANC and PNC mothers visiting PHC were also organized on correct mask usage, hand washing and hygienic practices. WhatsApp groups have been created for potential beneficiaries by EKAM Foundation, through which the IEC and training tools developed were also disseminated.

Animoji Lakshmi helps new mothers in Tamil Nadu to access critical information

Raising a newborn in isolation can be daunting for many new mothers, especially when they may not be receiving the level of in-person support that they might otherwise have expected before the pandemic affected mobility and service reach. Devi was going through the same. UNICEF Chennai partnered with the EKAM foundation to develop a nurturing and endearing figure, Lakshmi, who broadcasts information through the form of an online 'animoji' that supports mothers in Tamil Nadu by providing the best 1,000 first days for their newborns. Leading the behavioural change in the community, Lakshmi is a middle-aged 'animoji'

character who is spreading awareness on healthy and safe MCH care practices. It was through Lakshmi's video that Devi got to understand the importance of exclusive breastfeeding. UNICEF partnered with EKAM Foundation to support the government's efforts in ensuring maternal and newborn health services in Tamil Nadu during COVID-19. Digital outreach through social media channels, a programmatic element funded by UNICEF formed a core component of this project. The last few months have been busy for Lakshmi as she has been advising mothers on addressing knowledge gaps.



Lakshmi is an animated emoji character or 'animoji' who imparts useful advice on newborn and maternal care in an approachable way.

Ensuring services: Labour rooms with a focus on the quality of care

Training modules on LaQshya, with revised IPC protocols for COVID-19, have been drafted to be used to train mentor nurses within the state department to undertake quality improvement in labour rooms at the PHC and CHC level and undertake supportive supervision visits.

Knowledge products on Home-based Newborn Care and Home-based Care for Young Child

A training module and toolkit for FLWs like Village Health Nurse (VHNs) and AWWs was developed under the advice and guidance of expert advisors like Dr. Arasar Seeralar (ex-Director, Institute of Child Health (ICH) and Hospital). The topics highlighted included breastfeeding, immunization and the importance of wearing masks. A video on breastfeeding (linked) was released during World Breastfeeding Week (WBW). Every month, a couple of more videos were produced and released on all topics relevant to ensuring that the first 1,000 days of a newborn's life are well catered for. These toolkits were used to train the FLWs as well as community health volunteers to strengthen community-led health behavioural changes towards better newborn and young child care.

Knowledge products on Sick Newborn Care Unit during COVID-19

A tele-counselling toolkit and information capture

module under the expert guidance of Dr. Arasar Seeralar (ex-Director ICH) was developed. The toolkit was used for telephonic follow-up of babies discharged from SNCUs and potential referral to District Early Intervention Centre (DEIC) if required. In addition, a webinar on "Challenges of Caring for Sick Newborn during COVID-19" was organized under the guidance of the state Integrated Management of Childhood Illnesses (IMNCI) nodal officer for training and orientation of SNCU nurses, doctors and neonatologists in government and private sector. This webinar was conducted in partnership with the National Neonatology Forum Tamil Nadu and the Indian Academy of Pediatrics, Tamil Nadu. A follow-up training webinar for neonatal nurses on "Neo-natal Resuscitation" was also organized in partnership with NNF Tamil Nadu.

Webinars

Webinar series on the impact of COVID-19 on health systems, MCH services and psychosocial support for adolescents were held in partnership with SRM Institute of Science and Technology (SRMIST) Chennai, in partnership with CAP section. The webinar was well-attended by students and practitioners of public health, from across India. Apart from these, a series of webinars were also organized in partnership with FOGSI on quality improvements in Labour Rooms and a combined policy webinar with NNF and FOGSI on Birth Dose Immunization.



Babies discharged from SNCUs require extra support and care at home and community

LESSONS LEARNED

- **Towards a Risk Resilient Health System:** A plan for risk-proofing of the health system is required for the potential pandemic situation or any other natural or man-made disaster. The plan should be able to map infrastructure, human resources and community assets for potential deployment and identifying gaps. This would also ensure continuity of health services during periods of emergency response.
- **Real-time Data Analytics and Information Systems:** Data and information capture systems in Tamil Nadu is quite advanced, however, there is scope for reduction in the lag period between information capture and reporting. Reducing this

lag can considerably improve decision-making and its effectiveness manifold in emergency as well as business-as-usual situations.

- **Enhanced Community Engagement:** A well-trained cadre of health volunteers and first responders especially with a focus on maternal health and child care will improve significantly the health outcomes and is essential to shift the emphasis to preventive and primitive care at the community level from facility-based care. The involvement of Panchayati Raj Institutions in this regard is important. Key lessons on this can be drawn from the experience of urban local bodies like the Greater Chennai Corporation.

WAY FORWARD

- Continued efforts at training and orientation of nursing and medical staff, especially in primary healthcare setting on revised guidelines and SOPs on care during pregnancy especially perinatal care, post-natal care of mother and newborn.
- Focus on scale-up of HBNC and HBYC trainings in the state with emphasis on caring for sick newborns and follow-up of SNCU graduates. Strengthen convergence with Integrated Child

Development Services programme on Early Childhood Development (ECD) interventions and referrals.

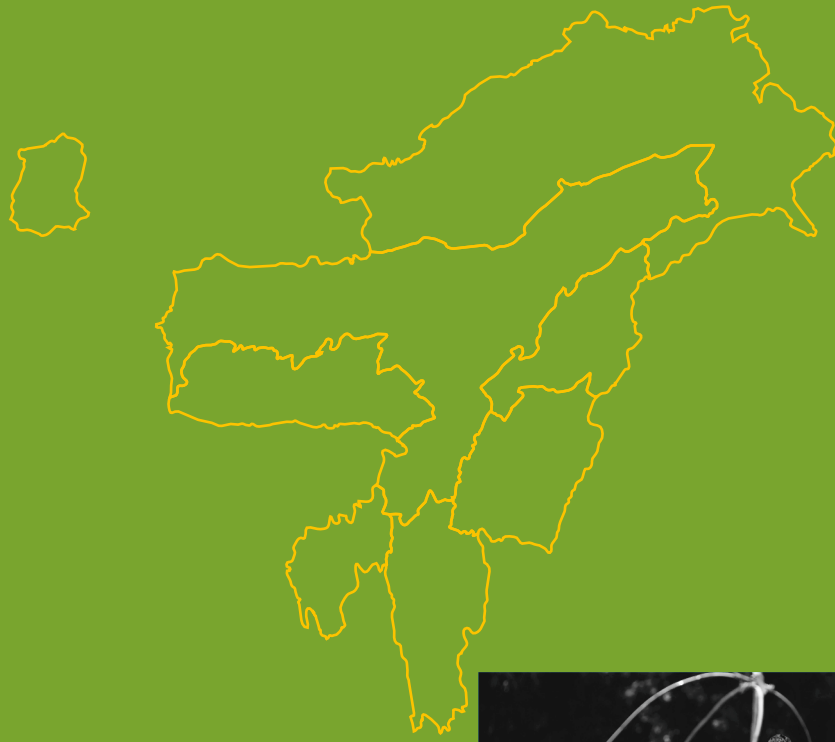
- Strengthening monitoring and supervision systems using digital platforms for real-time decision making.
- Support the state in the COVID-19 vaccination drive. Improvements in vaccine management systems is another area of priority.



Orientation of AWW and Anganwadi Helper (AWH) - Salem

NORTH-EASTERN STATES

NORTH-EASTERN STATES



Introduction



COVID Steering Committee Meeting under chair of CM and HM - March 2020

The North-East India (North Eastern Region (NER)), comprise eight states – Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura and is one of the largest panhandles in the world; and constitutes almost five per cent of the total population of the country. Assam, the major metropolis serves as the gateway to the entire North-Eastern region and owing to this fact Assam could have easily succumbed to the pandemic, had it not been proactive in its preparedness and response towards the situation. The NER has put up a stellar fight against COVID-19 and deserves credit for efficient handling of the pandemic. The entire NER swung into action with just one mantra of 'prepare, prepare and over-prepare' and undertook the sole mission to minimize contingencies that could arise once the virus reached the region. The strong political will clubbed with the formulation of need-based policies, professionalism of medical and para-medical fraternity, the readiness of health facilities, ensuring availability of required logistics, support of private sector hospitals in managing non-COVID-19 cases, support from development partners, support of other allied department officials and support from districts and citizens at large have all contributed immensely in this fight against COVID-19 pandemic.

NER managed the initial wave of the pandemic quite well with no confirmed case till 20 March 2020. The respective state governments were quick to seal their borders and initiate stringent checks for all those entering the boundaries. Manipur reported its first case on 21 March 2020 followed by Mizoram on 25 March 2020. The first case in Assam was reported on 31 March 2020. By this time, NER with active support from UNICEF and WHO had already initiated efforts for containment of infection, started active contact tracing and mandated facility isolation of the cases. It is noteworthy that Assam declared lockdown prior to the Government of India on 15 March 2020 and later followed the lockdown timelines given by the Government of India. Total cases in NER were less than 250 till 15 May 2020.

Phase-wise relaxations in interstate and intrastate travel after the first lockdown allowed passengers from hotspots and red zones to reach Assam and the entire NER, which led to the exponential increase in the positive cases. Along with effective lockdown, the respective state governments had taken strict preventive measures and enforced 'COVID-19 Appropriate Behaviours' in areas of high public movement. Hand hygiene, respiratory hygiene and physical distancing were implemented in letter and spirit. The total tally of positive cases in NER stood at 343,077 as of 31 March 2021. The region had a good recovery rate of around 98.7 per cent and the case fatality continues to be lower than the national average at 0.5 per cent only. Arunachal Pradesh was declared Corona free on 28 February 2021 and continues to remain infection-free till date.

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

War Rooms were established with the support from UNICEF, which closely monitored the containment policies, all positive cases, contact tracing and isolation and strengthened the states' response in terms of capacity building of healthcare providers. Assam adopted "Ruthless quarantine with humane heart" mandating institutional quarantine for all arrivals. The state was the first in the entire NER to initiate the provision of a 14-days quarantine to all the COVID-19 warriors and as a mark of gratitude made the arrangement in a 5-star hotel. With active support from UNICEF, the state of Arunachal Pradesh and Sikkim were able to get testing equipments through the Indian Air Force's special flights during the quarantine. Seventeen Indian Council of Medical Research accredited government RT-PCR testing laboratories and some private laboratories have enabled NE and Assam to conduct more than 97 lakh tests till 31 March 2021. All 14 medical



"War Rooms"

colleges in the NER have been upgraded to provide critical care to the COVID-19 patients, whereas Dedicated COVID-19 Hospitals in all the districts cater to moderate and severe cases. Assam was the first state in the entire NER to establish the first Plasma Treatment Unit at the Government Medical College, Guwahati.

Public Awareness

Assam started a YouTube channel and mobile application called COVAAS for spreading awareness, issuance of lockdown e-pass, provision of live help desk and much more. The government, with the help of the National Informatics Centre (NIC) of Assam, launched an app called COVID-19 Suraksha to monitor the status of every home quarantined person.

COVID-19 Vaccine Preparedness and Launch

Early October 2020, as discussion around vaccine availability started, the states started the preparation towards vaccine logistics and planning.

Cold chain and vaccine logistics assessments were done, gaps were identified and addressed. Capacity building trainings were prioritized and initiated at state, district, block and sub-block levels to orient and train the respective cadres. Vaccinators were identified and trained. Identification and registration of Healthcare Personnel (HCP) as beneficiaries for the first phase of vaccination was initiated. Identification and listing of public and private facilities as potential vaccination sites were done and orientations were conducted. The entire NE region launched the vaccination for HCPs on 16 January 2021 and the phasic inclusion of FLW and age-appropriate beneficiaries was done as per the guidance from the GoI. Till 31 March 2021, 1,851,849 vaccine doses were administered in the entire NE.



COVID awareness rally being flagged off by MD- National Health Mission (NHM)

MEGHALAYA - Developing COVID-19 checkpoints and quarantine centre at Aspirational District – Nongpoh

Nongpoh, an Aspirational District serves as an entry point for all commercial/private vehicles, coming from mainland India via Assam. With the partial mobility restoring with unlock 2.0, people started coming back to their states from all over the country, carrying with them, the risk of transmission. Realizing the strategic position of the district, UNICEF proposed that a screening checkpoint be built-in Nongpoh. Operational inputs on check-point location,

screening criteria, and further isolation plan, were all provided by UNICEF. A makeshift sample collection centre and a quarantine facility were established at the entry to Nongpoh. UNICEF also supported in the development of key messages around COVID-19 appropriate behaviours such as “Social Distancing” and “Hygienic/Safe Practices” that were displayed at the established screening and quarantine centre.



Quarantine centre at Aspirational District - Nongpoh

Double Pandemic of COVID-19 and Floods

For other parts of the country, the monsoon might be a sheer rainy delight but for the people in Assam, it is that time of the year when everything they have gets drowned in the floodwater. 626 relief camps in 20 districts provided temporary shelter to 156,874 affected people. State and Civil Society Organizations provided relief kits containing essentials such as groceries, clothes, sanitary napkins, masks, and sanitisers in the affected areas. People were shifted to higher places from the submerged areas, helped to build temporary abodes and were provided with necessary medications. UNICEF supported Assam State Disaster Management Authority (ASDMA) in developing the SOPs on Relief Camp Management and Guidelines for Child-Friendly Spaces (CFS) in the COVID-19 context.

COVID-19 Response in Tea Estates

Tea Estates (TE) are made up of multi-ethnic groups of Tea Estate workers and their dependents who have been living on the plantations for generations.



Flood ravaged Goalpara

Tea communities constitute an estimated 18 per cent of Assam's total population of 31.2 million. Poor socioeconomic conditions, ignorance due to illiteracy, overcrowding and poor living conditions in the residential colonies make the Tea Estate population vulnerable. The Tea Association suspended all activities during the pandemic and advised workers to follow state government decisions and guidelines. UNICEF conducted a dip-stick assessment to collate insights on the impact of COVID-19 on essential services.

Achievements

- The state and district COVID-19 war rooms were set up with dedicated empowered teams
- 100 per cent of FLWs were trained on COVID-19 response
- 1,500 state, district and programme managers were trained on COVID-19 response
- COVID-19 adapted relief camp SOPs were in place
- 141/626 relief camps operated 'Child Friendly Spaces' that catered to approximately 14,000 children
- 49 relief camps across 11 flood-affected districts assessed
- Awareness dialogue and bytes run on AIR Guwahati

- 87 pregnant women in the third trimester of pregnancy identified in the relief camps and were linked to the appropriate Ante-Natal Care services
- Reached 2,000+ peer leaders of adolescent groups using in-person and online platforms
- Raised community awareness around preventive measures through folk songs and mike announcements reaching 16,000 TE population
- Awareness campaigns around stigma and discrimination done aggressively
- TE management sensitised around COVID-19 preventive and promotive measures
- 85 counsellors from the helpline number 104 were trained on COVID-19 stigma and discrimination

Innovations

Effective Vaccine Management Assessment Data Cleaning and Analysis

Assam completed its state EVMA in February 2020 and the data was collected from all the sampled 134 sites successfully. EVMA data cleaning exercise and a room-based activity were organized at NCCVMRC-NIHF. Due to the pandemic and subsequent travel restrictions, the visit to NCCVMRC could not happen. To ensure the second phase of EVMA was taken up and the efforts and resources invested in phase-1 were not wasted, UNICEF proposed to organize the data cleaning exercise remotely by using an online e-platform that was duly agreed by the NCCVMRC-NIHF and the state Universal Immunization Programme Cell. Five sessions of two hours each of online data cleaning were conducted with 100 per cent participation of all the members of the core group in the months of May and June 2020. The entire data was analysed, final scores were generated, and a draft of an improvement plan was prepared.

Immunization Strengthening Meeting (ISM)

To ensure the continuation of quality immunization services on-field, periodic capacity building review meetings were continued. UNICEF advocated and



Dedicated COVID Hospital Assessment Visit - May 2020

technically supported the UIP Cell of Assam to initiate a series of ISM on a fixed day and time. Post the successful completion of the EVM data cleaning exercise, now the state UIP Cell is more confident in taking up such online modules of meetings and capacity building.

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

Disruption of Essential Services

The imposition of nationwide lockdown suddenly brought the health system to a stand-still. There was a substantial reduction in the number of Pregnant Women reporting for walk-in ante-natal care and fewer PW reported for institutional deliveries. Out Patient Department (OPD) attendance fell sharply and only emergency Indoor Patient Department (IPD) admissions were open. The Government of India ordered to stop immunizations which threw the immunization programme out of gear. A large number of Healthcare Workers were diverted for COVID-19 response and the health facilities were upgraded into exclusive COVID-19 Care Centres. Regional and local supply chains for essential supplies and equipment got disrupted due to the closure of units, decline in production due to disruptions in the availability of raw materials, delay in delivery due to transport and movement restrictions, shutting down of railways and subsequently production shifting to COVID-19 related supplies. People started availing fewer essential services due to lockdowns and mobility restrictions. Income loss due to lockdowns has limited people's ability to pay for services and limit

utilization. There was also a concern about being exposed to COVID-19 that was deterring people to avoid health facilities.

UNICEF Support in the Continuation of RMNCH+A Services

UNICEF remained committed to preserve essential health care services to prevent avoidable losses of maternal and child lives during COVID-19. UNICEF successfully prioritized the continuity of essential RMNCH+A services amidst COVID-19 response. All outreach health services including immunization were suspended. However, immunization at facilities and zero-dose vaccines were continued in the entire NER. The fixed immunization sessions were restored back by 15 April 2020 and outreach sessions were initiated in early May 2020. With the help of the state and district technical team, UNICEF extended support in streamlining the essential services, especially in Aspirational Districts and TEAs areas. Monitoring and supportive supervision of ante-natal services, labour rooms, FBNC services, SNCU, NBSU, NBCC, cold chain points and RI sessions were carried out by the district consultants and regular feedback was shared with the district authorities for continuous improvement.

STORIES OF RESILIENCE AND COURAGE

MANIPUR - Health System Strengthening

A sudden surge in COVID-19 cases, in the state of Manipur, took people by surprise. Manipur, a state covering 22,327 sq. km. has a population of three million. With a sudden surge in the number of COVID-19 cases, the health system was overwhelmed. UNICEF supported the state in developing a testing centre in Jawaharlal National Institute of Medical Sciences (JNIMS). 4,332 FLWs out of a total of 4,660 were trained by the State Health Authorities with UNICEF's support on the

importance of service continuity, RI and continuation of RMNCH+A services. Emphasis on RI was given to minimize the impact of VPDs on children, during COVID-19. Continuation of RMNCH+A services was focussed upon, along with demand generation of services during the lockdown. During COVID-19, irrespective of the geographic/climatic challenges, UNICEF actively advocated for a continuum of RI services and linking the same with Village Health and Nutrition Days.



Village Health Nutrition Days



Incentive scheme for birth of female child, Chandel

Achievements

- State guidelines on pregnancy care amid COVID-19 were issued
- IEC around ANC and PW care was developed and translated into local languages
- RCH review meeting under the Chair of Commissioner of Health was convened to discuss key issues for restoration and strengthening of Reproductive Child Health services
- More than 1,100 VHND sessions were visited to provide onsite hands-on support and mentoring for the restoration of RCH services
- 36 monitoring visits done to high-load delivery hospitals in seven Aspirational Districts for ensuring continuity of quality maternal services and WASH compliant facilities
- Five SNCUs in seven Aspirational Districts were supported on quality of newborn care
- 300 visits exclusively done by system supervisors for strengthening of Routine Immunization
- EVMA validation and data cleaning exercises completed
- Immunization Strengthening Meeting Series initiated and till the date of September 2020, nine virtual events were conducted successfully
- 5,000 PW and children aged 12-23 months who returned to the state, linked to ANC and immunization services
- Prioritizing the quality of services, virtual assessment of selected facilities on LaQshya and Kayakalp initiated
- State Coordination Committee constituted, first meeting under the co-chair Principal Secretary Health and the Education convened

LESSONS LEARNED

Learning from the evidences, gathered from across the world, the state picked up the best practices for decision making, fostered collaborations with different stakeholders and adapted to innovations. Timely administrative decisions ensured the allocation of adequate financial and other resources needed to mount an effective response. Reaching out to the most vulnerable, the state ensured provisions for Tea Estate communities, prisons, detention centres, Childcare Institutions (CCIs) and migrant populations. Early establishment of helplines helped promoting confidence in the communities. Quarantine vigilant teams not only helped to ensure compliance but also provided support to those under home quarantine. Reaching out to the faith-based leaders helped fight discrimination and allay any fears. Daily COVID-19 updates through the state portal helped to keep the general public informed and fight misinformation. Deviating from the traditional methods of in-person

training, the state adapted various technological platforms that worked well.

Public health services, politically neglected for decades have proven their irreplaceable value during this crisis. As 80 – 90 per cent of the cases were being treated at the public health centres, it is imperative to reinvent and rejuvenate public health services across the country. The strategy of successful containment of COVID-19 primarily lies at the primary health care level. All public health activities required for epidemic control – testing, early detection of cases and various preventive measures can be easily carried out by PHC-level staff. The real heroes during the COVID-19 response have been the healthcare providers. Working at considerable personal risk, often without adequate personal protection, toiling long hours daily, sometimes even subjected to violence, these frontline workers have been protecting all of us.

WAY FORWARD

- Continue the current momentum of integration of COVID-19 into general health services to ensure restoration and recovery of health services.
- Adaptation to digital health technologies in public health for providing regular, routine and follow up health services.
- Advocacy and support towards investment in operationalization and strengthening of a robust Primary Health Care system. Evidence-based planning, adequate financial commitment, service re-organization as per the local health needs of the population, tele-health facilities and local accountability mechanisms are some of the areas that need strengthening.
- Advocacy to ensure Epidemic and Disaster preparedness enters our policy and is included as an integral component in health programming. Regular and intense capacity building across healthcare in short term and planning for resilient health facilities in the long term.
- Strengthen the quality of care initiatives at UNICEF prioritized facilities
 - Labour Room Quality Improvement Initiative
 - National Quality Assurance Standard
 - WASH in Health facilities
- Complete the EVM assessment and plan for the State Improvement Planning workshop.
- Expedite the recovery of the RCH services
 - Revamping of programme reviews at state and district levels
 - Priority Health Management Information System data updation, review of data and evidence-based policy advocacy
 - Need-based remote and on-site capacity-building of healthcare providers
- Evidence generation through COVID-adapted supportive supervisions and concurrent monitoring. Bridge the health inequities and promote, prevent and provide curative service in vulnerable populations like Tea Estates.



World breastfeeding week celebration

UTTAR PRADESH

UTTAR PRADESH



Introduction



ASHA Suman along with AWW Sita, village Lana Baba, Block Shivrampur, District Chitrakoot doing community surveillance under Vishesh Surveillance Abhiyan, Uttar Pradesh

Uttar Pradesh (UP) is the biggest state in India with a population size of approximately 200 million. The state contributes approximately one-third of the national maternal death and a quarter of under-five and newborn death, with over 11,200 maternal and 260,000 under-five deaths every year. While the maternal mortality ratio has been decreasing over the past few years, the neonatal and child mortality rates increased in 2018 as compared to 2017 (Neonatal Mortality Rate from 30 to 32 per 1,000 and Under-5 Mortality Rate (U5MR) from 46 to 47 per 1,000 live births). The state suffers from serious health system challenges like human resource shortages, capacity issues, weak monitoring and supervision systems which got further exacerbated during the pandemic. The first case of COVID-19 was reported in Uttar Pradesh on 4 March 2020. The Government of Uttar Pradesh (GoUP) responded immediately and UNICEF has been supporting the government right from the first day.

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

On 5 March 2020, UNICEF supported the first Training of Trainers through video conferencing, even before the national ToT took place. Coincidentally, the first round of the Dastak campaign where ASHAs moved house-to-house with messages on prevention and control of Acute Encephalitis Syndrome and Japanese Encephalitis was already scheduled from 16-31 March 2020. Having been the lead partner supporting the GoUP for AES/JE campaign from 2018, UNICEF was able to advocate for the integration of messages on COVID-19 Appropriate Behaviours into the Dastak package. UP became the first state where ASHAs went house-to-house across the state with messages on CAB. The UNICEF-supported Social Mobilization Network took this forward through the following ways:

- Support to the orientation of **138,149 ASHAs** across 75 districts
- Facilitation of **47 inter-departmental** district-level meetings
- Review of micro plans
- Monitoring of the visits by ASHAs in **30,674 households in 6,708 villages of 424 blocks in 60 of the 75 districts**. The monitoring findings indicated that:



73% of families visited by ASHAs received messages on symptoms of COVID-19.



Training of ASHAs on COVID-19 messaging during Dastak (13 March 2020). ASHAs display the COVID-19 message flyer developed by UNICEF



61% families were able to recall the messages on prevention from the disease.



49% families informed that ASHA demonstrated handwashing to them.

Subsequently, two rounds (Oct 2020 and Mar 2021) of DASTAK-SRNA (Sanchari Rog Niyantaran Abhiyan) have been conducted with the integration of CAB messaging. SMNet has supported district and block-level planning, capacity building and has monitored approximately 80,000 households across 60 districts. Sharing of this data at the state, division and district levels has led to corrective actions.

From the early days of the pandemic, the Additional Chief Secretary of GoUP convened daily planning and review meetings. In all these, the Health team from the UP Field Office were actively engaged and contributed to the ideation, planning and strategy development. In a scenario where not much was known about the pathogen and disease as well as management protocols, these meetings proved to be extremely important in mounting an appropriate response. The UNICEF Field Office, facilitated by the Communication for Development team and the

Communication, Advocacy and Partnership team was at the forefront in supporting the government's Risk Communication and Community Engagement. Complementing these efforts, the Reproductive and Child Health unit was also engaged in the technical reviews and vetting of the communication materials. More than 150 materials were developed during the pandemic. The Social Mobilization Network continues to facilitate the dissemination and use of communication resources developed for COVID-19.

Interventions and Innovations

Migrant tracking and community surveillance

Uttar Pradesh, according to the 2011 Census, had more than a million migrants working outside the state. They posed a dual challenge, that of dealing with the risk of importation of COVID-19 infection while ensuring their welfare. UNICEF advocated with the government for the need to track the returning migrants and link them up with local health surveillance systems. UNICEF established an online mechanism for tracking these migrants and provided technical assistance in drawing up Standard Operating Procedures. UNICEF also supported the capacity building of approximately 150,000 ASHAs and their supervisors through online platforms and WhatsApp videos on the SOPs and on personal protection. The GoUP formed Village/Mohalla Nigrani Samitis to ensure that the returnees followed all protocols related to home quarantine and received relevant social protection schemes.



Snapshot of the online migrant tracking dashboard developed by UNICEF

The SMNet coordinated capacity building efforts for the orientation of 53,511 members of the Nigrani Samitis (44,149 Pradhans/ward members and 9,362 village development officers across the state). Migrant tracking was done in two phases: first, between 30 March to 18 April 2020, and the second phase between 1 May to 2 July 2020.

More recently, UNICEF supported the re-orientation of Nigrani Samiti members and more than 8,429 people have been oriented on management and support to COVID-19 patients in home isolation and COVID-19 vaccination.

Using the Polio legacy for combatting COVID-19: Engagement of Faith-based Leaders

Amongst the many strategies that contributed to the polio-free status of Uttar Pradesh was the UNICEF supported network of community mobilizers - the SMNet. The Network was instrumental in creating community-based assets for social mobilization such as the network of 20,000 faith-based leaders

and institutions. Through the network, approximately 3.5 million people were exposed to messages on COVID-19 appropriate behaviours. The signed and video appeals have been disseminated to more than 20 lakh people through WhatsApp and have garnered more than 20,000 views on YouTube.

Strengthening Infection Prevention and Control practices

Uttar Pradesh has a weak health system with facility resilience and quality of care being important constraints. With the onset of the pandemic, the state was faced with the challenge of preparing quarantine and treatment facilities quickly. In the early days of the pandemic, UNICEF advocated for the importance of infection prevention and control measures in all health facilities. It also facilitated joint consultation amongst the various stakeholders in the government and partners like WHO and Bill and Melinda Gates Foundation-assisted the Technical Support Unit (TSU) to draft the strategy for implementation of new IPC guidelines. Based on the strategy, a government order was released on 24 April 2020 laying down IPC protocols for facilities.

UNICEF along with the government and other partners trained health facility staff on IPC. ToT was done in April 2020 through video conferencing where approximately 800 health facility staff was trained. UNICEF field coordinators were part of IPC committees formed at the district level. They facilitated the training of more than 58,485 staff (doctors, staff nurses, ward boys, ayahs, pharmacists and other support staff) working in COVID-19 and non-COVID-19 hospitals of public and private sectors across the 75 districts along with the government and other partners. UNICEF contributed to preparing a standardized checklist for monitoring and assessing the preparedness of COVID-19 facilities and private hospitals. UNICEF field coordinators carried out more than 200 supportive supervision visits to public and private sector COVID-19 and non-COVID-19 facilities along



Supportive supervision visit to a health facility for IPC assessment

with the government and other partners. The findings were used to address identified gaps. Standard IPC posters for facilities were also developed.

Telephonic monitoring of the quality of home isolation

The GoUP issued guidelines for home isolation of asymptomatic and pre-symptomatic COVID-19 cases. While home isolation is an important strategy to reduce unnecessary burden on health facilities, incorrect selection of patients for home isolation and inadequate care and monitoring has the potential, both for increased spread of infection and mortality. UNICEF supported the government in telephonically monitoring the quality of home isolation through SMNet. More than 166,777 patients in home isolation have been monitored since August 2020. UNICEF has shared the feedback from this monitoring at state, division and district levels that led to improvements in important indicators, for instance, rapid response team visits to patients in home isolation increased from 71 per cent to 78 per cent and availability of medicine with patients increased from 59 per cent to 94 per cent.



Telephonic monitoring of home isolation cases by BMCs, Ghaziabad

New community-based platforms

During the pandemic, particularly the migrant crisis points to the importance of building strong community platforms. UNICEF supported the government in building a network of community youth volunteers called 'COVID-19 Volunteers' who were drawn from organizations like National Service Scheme, Nehru Yuva Kendra Sangathan, Red Cross, Yuwak/Mahila Mangal Dal and National Cadet Corps. UNICEF, both Health and C4D, assisted in conceptualizing, drawing up the Terms of Reference (ToR), coordination with the various organizations and capacity building. More than 34,500,888,000 volunteers were registered, trained and took the e-sapath. These volunteers were engaged in awareness generation activities,

addressing stigma and discrimination, reporting symptomatic individuals and supporting home quarantine. Jointly, the Health, CAP and C4D teams engaged 52 COVID-19 survivors, or popularly known as 'COVID-19 Vijetas,' in awareness generation and psycho-social support through tele-calling to COVID-19 positive patients. They were also contributing to bring down stigma and discrimination by sharing stories and experiences of COVID-19 patients online.

COVID-19 Vaccination Preparedness

As a member of State Core Group and STFI, UNICEF provided technical support to plan, implement and monitor the COVID-19 vaccination drive. A desk review assessment and field validation for the need of cold chain space required to cater to this huge cohort for COVID-19 vaccination and routine immunization was done. As a result of this assessment, INR 33 million were leveraged for cold chain infrastructure strengthening in 75 districts. A gap of 123,205 litres in the available cold chain space was calculated. 754 large and 716 small Ice-Lined Refrigerators were received by the state till 15 March 21 to address this gap. Advocacy for the upgradation of Regional Vaccine Stores (RVS) to State Vaccine Stores (SVS) resulted in nine additional SVS in the state. UNICEF also provided regular monitoring feedback on the progress of cold chain infrastructure improvement through SMNet, in the run-up to the campaign.

Standard operating procedures for the COVID-19 vaccination drive were derived from the operational guidelines by UNICEF with support from WHO and UNDP. UNICEF supported trainings on operational guidelines, communication and advocacy to AEFI spokespersons, and cold chain officers at state and district levels (through SMNet).

Technical support was provided in conducting three rounds of dry run of COVID-19 vaccination drive before the actual launch. Prototypes of IEC material including the vaccination card were developed in collaboration with C4D.

SMNet also supported districts in preparing communication plans to improve coverage of COVID-19 vaccination. SMNet has supported various social mobilization activities like orientation meetings with religious/faith-based leaders, IMA/IAP/Medical Colleges, NYK, ration dealers/supply inspectors, CSOs, SHGs, Mahila Arogya Samitis (MAS) etc. SMNet has also coordinated with local influencers to obtain advocacy videos and dissemination on various social media platforms,

UNICEF with SMNet is supporting the state and district administration to take corrective measures by monitoring the COVID-19 Vaccination Centres (27,582 CVCs monitored) and providing feedback.

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

In the context of the high maternal and child mortality burden that Uttar Pradesh suffers from, the restrictive measures put in place during the lockdown and the shifting of focus to COVID-19 management meant that RMNCH+A service provision was compromised during the pandemic. This had very serious potential of adverse impact on maternal and child health outcomes. Therefore, support for the continuation of RMNCH+A services has been an important pillar of UNICEF support to the government along with direct support on COVID-19. UNICEF adopted the following strategies under this pillar:

- Advocacy using data analysis
- Technical assistance for drafting service continuity guidelines
- Alternative mechanisms for mentoring/ monitoring
- Online programme reviews

UNICEF supported the orientation of about 2,000 personnel on service continuity guidelines during the first wave.

More than 300 online mentoring visits to SNCUs and labour rooms were made. 15,807 telephonic calls were made to monitor HBNC coverage and quality. 28,395 VHND sessions and 1,038 PMSMA sessions were physically monitored during the pandemic and subsequent feedback was shared with the government. 65,646 community follow up visits to SNCU graduates were monitored by SMNet. Regular feedback sharing at the district level has resulted in an increase of 19 per cent points in the community follow up from 24 per cent in March 2020 to 43 per cent in March 2021.



Demonstration of handwashing by ASHA during HBNC visit, District Bulandshahar

Resuming outreach health services in an Aspirational District after COVID-19

In view of the adverse impact of the suspension of outreach health services to women and children, the Government of Uttar Pradesh decided to restart antenatal and immunization services at VHND while meeting following the infection prevention protocols for COVID-19. These protocols included maintaining social distancing, following hand hygiene practices by field level workers and beneficiaries and disinfecting the instruments and session sites.

Subcentre Bankat in Shivrampur Block of Chitrakoot District has a population of 9,455 and an annual target of 255 infants and 280 pregnant women. This Aspirational District is situated 20 km from the nearest primary health centre in Barwara. The subcentre area has three villages and eight hamlets and is served by Auxiliary Nurse Midwife, Manju Devi, five Anganwadi Workers and seven ASHAs. The disruption of VHNDs, for around one and a half months, resulted in a dropout of 142 infants and 42 pregnant women for immunization. The team of ANM Manju Devi, seven ASHAs, five AWWs and Pradhan Sona Devi started to plan for infection prevention measures at the session site beforehand. All frontline workers were given training by district officials on the correct usage of masks, the conduct of outreach services by maintaining social distancing and protocols of infection prevention.

The major challenges faced by Manju Devi were the identification of a proper site for conducting VHND sessions and mobilizing the community by overcoming their apprehensions and minimizing the risk of exposure to infection. For this, she conducted an orientation of ASHAs and AWWs on due-list updating, mobilization and infection prevention measures. Along with the Pradhan and other influential persons from the village, she managed to relocate the session site so as to maintain social distancing during the session. During house-to-house visits for mobilization, queries related to COVID-19 infections were



VHND session -Mansarover colony-Moradabad

addressed by ASHAs and AWWs. ASHAs further enquired about the travel history and symptoms like fever, cough or respiratory symptoms to screen for any suspected COVID-19 patients amongst due beneficiaries.

Caregivers were given a time slot to stagger the arrival of beneficiaries and only one caregiver per beneficiary was allowed to come. On the session day, session sites were sanitized before and after the sessions with sodium hypochlorite solution. In the waiting areas, a distance of 3-4 feet was maintained between beneficiaries and only one beneficiary was allowed to reach the vaccination area at a time. The ANM and ASHAs oriented the beneficiaries on the importance of handwashing and social distancing at the session sites. With the efforts of Manju Devi and her team, people started coming to VHND sessions to get their children immunized in the given time slots with all the necessary precautions. In three weeks, six sessions were conducted in which 28 pregnant women were provided with antenatal services and 112 children received due vaccines. Now, parents and caregivers are calling Manju Devi and the ASHAs on their own, enquiring about the date and time of the next session. People are also in touch with the ASHAs regarding symptoms of COVID-19 like fever and cough.

LESSONS LEARNED AND WAY FORWARD

The work during the pandemic has brought with it, multiple lessons for working in an emergency. The most important ones have been:

1

The importance of being quick in our responses

2

Anticipating upcoming challenges and responding to them

3

Using data for influencing decisions

4

The importance of working together within and outside UNICEF

It has pushed us to think of ways to work within the limitations posed by the lockdowns, movement restrictions and inadequate availability of data. In the coming days, the work on RMNCH+A service strengthening needs to be undertaken vigorously. One particular area which has suffered is the various skill-based trainings such as Facility-based Newborn Care and Home-based Care for Young Child. Ingenious ways to conduct these trainings through blended methodologies need to be devised and the experience with online platforms will come

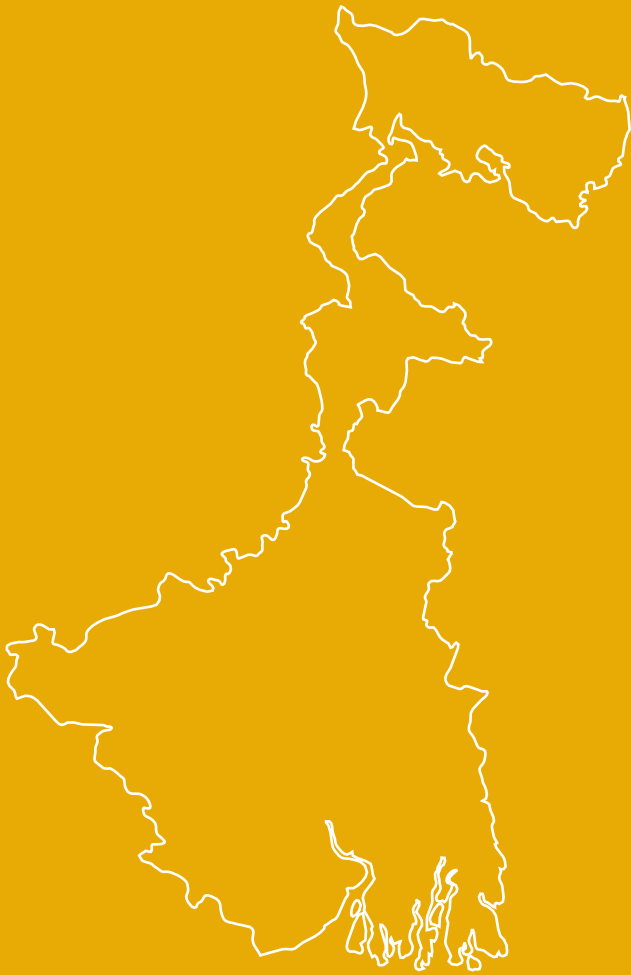
in handy. Physical supportive supervision visits were initiated between the two waves but were impeded again during the second wave. They need to be put back on track.

COVID-19 has also brought the focus on hitherto neglected areas like urban health and mental health. UNICEF will incorporate programming in both these areas in plans as appropriate after agreement with the government. COVID-19 vaccination will continue to be a core area of support to the government.



Monitoring of Vishesh Surveillance Abhiyan by Block Mobilisation Coordinator in District Maharajganj

WEST BENGAL



WEST BENGAL



Introduction

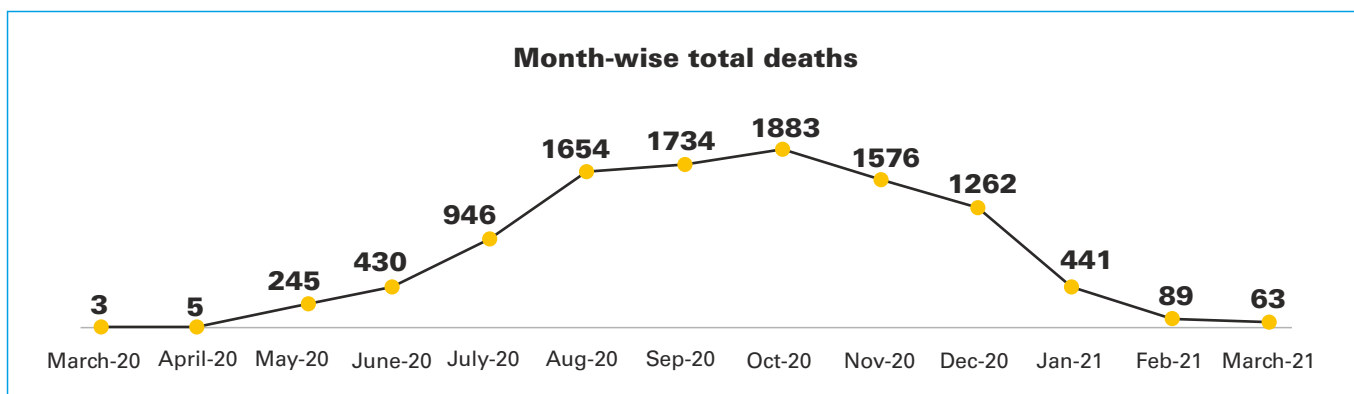
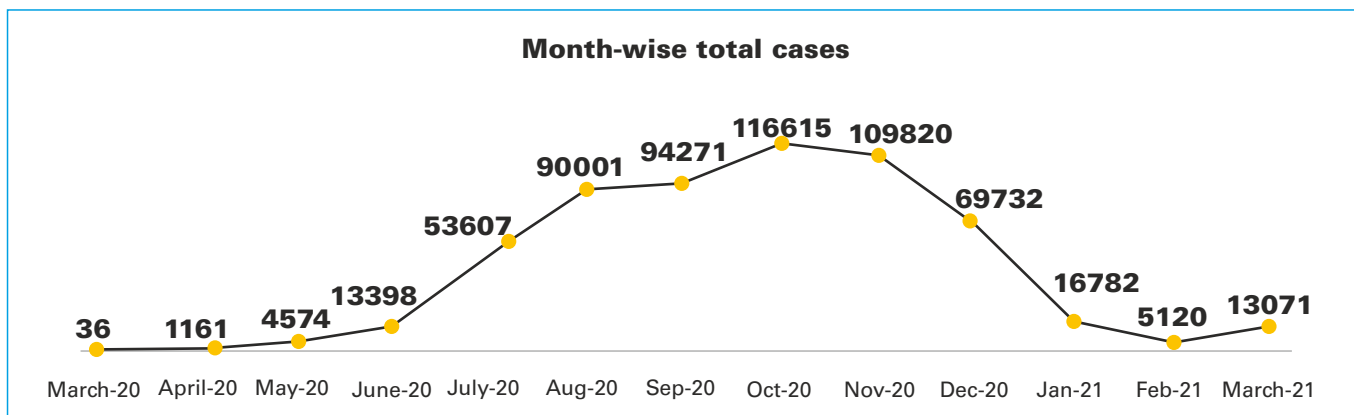


Mobile medical camp at Gosaba, WB after Amphan

West Bengal is situated in the eastern part of India bound by the Himalayas in the north, the Bay of Bengal and Sundarbans delta region in the south and Bangladesh in the east. As per the 2011 census, West Bengal (WB) is the fourth most populous state and second-most densely populated state in India. During the last two decades, West Bengal has made significant progress in many areas of health. Challenges remain in high child marriage rates, high teenage pregnancy rates, child malnutrition and anaemia prevalence. Disparities and inequities in healthcare and poor coverage of services among the marginalized communities continue to persist, including in the population residing in urban slums.

The COVID-19 pandemic started in West Bengal in March 2020. Cases steadily increased till June 2020 and then more sharply from August to October 2020 to reach more than 100,000 cases in a month, after which the cases started declining up to February 2021 to a little more than 5,000 cases in a month. However, since March 2021, cases have again started increasing in the state, like other states across India. The COVID-19 deaths in the state have also followed an almost similar pattern.

Month-wise Status of COVID-19 in West Bengal



As of 31 March 2021, there have been 586,915 cases in the state, with 10,329 deaths, with a discharge rate of 97 per cent. From March 2020 to 31 March 2021, 9,172,599 samples have been tested with a test positivity rate of 6.4 per cent. The highest number of cases were in Kolkata, North 24 Parganas, South 24 Parganas, Howrah and Hooghly. However, the pandemic seems to be moving and spreading to the rural areas since late March 2021.

Since the COVID-19 pandemic started in March 2020, UNICEF's support to the state government has been two-pronged. The first pillar comprised, support towards COVID-19 preparedness and response, while the second pillar was support for continuation and strengthening of essential Maternal, Newborn and Child Health services. During the current pandemic, UNICEF worked hand in hand with the

Health Department in the state. UNICEF advocated and supported for COVID-19 appropriate behaviour, strengthening infection prevention and control, capacity building of Healthcare Workers on COVID-19 and other preparedness and response activities, especially in the vulnerable areas. On the other hand, as the state's lead developmental partner for RMNCH+A, it continues to provide technical and on-site support in terms of planning, assessment, capacity building, monitoring and supportive supervision for the continuation and strengthening of essential Maternal, Newborn and Child Health services during the pandemic. District Monitors were continuously in the field and working closely with the government to support the district team (High Priority Districts (HPDs)) during this pandemic and other natural disasters faced by the state.



Mobile medical camp at Gosaba, WB

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

Assessment of COVID-19 hospitals:

UNICEF, in collaboration with WHO, played an active role in leading, planning, undertaking and supervising the assessments for 66 COVID-19 hospitals across the state at the beginning of the pandemic. WHO and UNICEF conducted supervisory visits and reviewed the preparedness and functionality of the hospitals and also supported the state in training the staff of these hospitals. The visits focussed on the hospital's status for oxygen support and ventilator availability, Intensive Care Unit and ward arrangements, the capacity of human resources to perform necessary duties and the ability to implement Infection Prevention and Control protocols adequately. This coordinated support in the early stage of the pandemic helped the state to plan better and strengthen their response.

Capacity building: To strengthen COVID-19 preparedness and response, UNICEF supported state-wide training on two important thematic



COVID preparedness assessment

areas - Risk Communication and Community Engagement and Infection Prevention and Control.

The state government with technical support from UNICEF organized the first orientation on the COVID-19 pandemic for all healthcare workers up to the block level, which was further cascaded down to the ANMs, ASHAs and other field level functionaries, a workforce comprising of more than 80,000 personnel.

STORIES OF RESILIENCE AND COURAGE

Nurses of COVID-19 Hospitals

UNICEF facilitated online training on Infection Prevention and Control across the state in collaboration with State H&FW. In addition, on-site training was organized for nurses working in COVID-19 hospitals. To understand the fear, apprehension and motivation level of the nurses working in a Dedicated COVID-19 Hospital (Medical College, Kolkata), a short questionnaire was given to the nurses before starting the onsite IPC and psychosocial care training. It revealed that most of the nurses were afraid of contracting and spreading the infection among the elderly members and children of their families. Some also feared falling ill themselves. The inability to go home to their families, stigmatization because of their working in a COVID-19 hospital and the general uncertainty of the situation also contributed to their stress and depression.

The most challenging part of working in a COVID-19 hospital, according to the nurses, was the long shifts wearing PPEs and not being able to drink water or visit the toilets during duty shifts - all of which were physically very taxing. Doffing the PPEs, washing work clothes daily after the duty hours, lack of



Onsite training - Nurse telling her story

proper training and good quality PPE were also some of the other challenges being faced by them. Despite all these, the nurses were proud to be working in a COVID-19 hospital as they were saving lives and contributing to society in these difficult times. A psychiatrist facilitated the session and offered suggestions on how to stand up against stigmatization, cope with their feelings, keep up their motivation and sustain a positive attitude. The nurses came out more confident, motivated, and upbeat after the sessions.

COVID-19 Response in Urban Slums

In view of the COVID-19 pandemic raging across the globe, residents of urban slums were among the most vulnerable populations. UNICEF piloted multi-sectoral COVID-19 preparedness and response activities in the slums of selected wards of Kolkata (wards 58, 66 and 80). The preparedness and response activities were implemented in partnership with the non-governmental organizations and in collaboration with Kolkata Municipal Corporation and the local community. The initiative was considered an entry point for urban programming for the entire Kolkata Field Office (KFO). The three wards were selected for the multi-sectoral response keeping in mind the vulnerability of the population to communicable diseases, poverty and marginalized population.

Health sector of KFO established a partnership with West Bengal Doctors Forum (WBDF) for urban COVID-19 response in the slums of three wards of Kolkata - The objectives of this partnership were:

- Awareness generation, social support and mobilization of the community for COVID-19 prevention, early detection, and linkages with service delivery points
- Facilitation for the continuation of essential RMNCH+A services, maintaining COVID-19 compliance, through advocacy, planning, capacity building, monitoring and demand generation
- Capacity and confidence building of formal and informal health service providers for prevention, screening and referral of COVID-19

From September to December 2020, during the first peak of COVID-19 in the state, this project was implemented. More than 14,000 household visits were made in the slum areas for awareness generation about COVID-19 appropriate behaviour as well as care of mothers and children during the



Health camp, Kolkata slums by WBDF

pandemic. 30 health camps were held in the area, where more than 2,300 local residents were given treatment for various diseases. The medical camps were very popular among the residents because these provided medical relief to the patients with long term diseases like hypertension, diabetes mellitus, etc. who could not avail treatment due to lockdown. Also, new patients with risk factors, pregnant and post-partum women without proper care, sick and malnourished children, children with no vaccination or vaccine drop-out were identified from these medical camps and linked to the local health facilities. The medical camps were also utilized for COVID-19 awareness, awareness on RMNCH+A and immunization. Masks and leaflets— in Bengali and Hindi were distributed in the medical camps, to educate local people on mask usage and COVID-19 appropriate behaviour. Local healthcare workers- formal and informal were also trained on COVID-19 response, RCCE as well as organizing COVID-19 compliant RMNCH+A services.



Training of SHGs in mask making

Mask campaign by Self Help Groups (SHGs) – Partnership with ANAHAT: UNICEF partnered with ANAHAT, an NGO, for a campaign on mask usage with SHGs as the face of the campaign. Women SHG members were trained to produce cloth masks and distribute them in the local community and raise awareness on the correct usage of masks through the house-to-house visits, using Information Education and Communication booklets as the brand ambassadors of mask usage themselves. More than 200,000 cloth masks were produced by the SHGs and distributed to local residents. During the biggest festival of West Bengal- Durga Puja- in October 2020, a mask campaign was organized in the local area. Masks were distributed and its use was demonstrated along with the promotion of other COVID-19 appropriate behaviour through the Puja pandals, local clubs and other platforms where families gathered during the festival season.

Psychosocial Care and Mental Health: UNICEF developed short videos where eminent psychiatrists of Kolkata spoke on different aspects of psychosocial care of children, parents and the



Mask manufacturing

elderly during COVID-19 times. Six such videos in Bengali and English were disseminated through social media and were found to be very useful by the general population.

COVID-19 Vaccination Campaign: Since its roll-out in the state from 16 January 2021, UNICEF has played an important role in supporting the State H&FW in the planning, capacity building and monitoring-supervision of COVID-19 vaccination including monitoring the dry run just prior to the launch of the vaccination campaign. In collaboration with WHO and UNDP, UNICEF facilitated the capacity building of District and Block/Urban Local Bodies (ULB) officials (200 interfaces) on cold chain, BWM, AEFI and Communication in convergence with CAP and C4D. Capacity building of Principals and nodal persons of different Medical Colleges (160 interfaces) on conducting the COVID-19 Vaccination campaign was done. On-site training was also conducted at some of the big vaccination centres in Medical Colleges, District Hospitals and private vaccination centres prior to the campaign and also to bolster mid-course improvement.

Cold Chain Strengthening: As part of preparedness for the COVID-19 Vaccination campaign, UNICEF supported the state for assessment of cold chain including space requirements, maintenance, identification of additional space and need for additional cold chain equipment and cold chain points. Additional cold chain equipment was supplied to defence establishments and few other cold chain points were created. Support was provided for the identification and preparation of sites for the installation of five walk-in coolers and one walk-in-freezer supplied by UNICEF. Coordination and planning support were also provided for the distribution of UNICEF supplied 52 ice-lined refrigerators and five deep freezers. Support was

also provided for the planning of distribution and installation of the GoI supply of cold chain equipment.

Just prior to the launching of the COVID-19 vaccine and with a view to strengthen cold chain in the state, the handbook of Vaccine and Cold Chain Handlers' was updated with the latest guidelines. Technical support was provided for conducting onsite state level TOTs for 150 District Officials, selected Faculties of Medical Colleges, Surveillance Medical Officers of WHO and District consultants of UNDP. The districts subsequently organized training for cold chain handlers of cold chain points. Training of District officials on supportive supervision of cold chain and Routine Immunization/ COVID-19 vaccination session using android based NCCMIS App in collaboration with NCCVMRC (NIHFW) has resulted in enhanced supportive supervision of cold chain by the government officials across the state with 493 RI sessions monitored and 52 per cent visited by the government officials. 21 of the 28 districts in the state were using the NCCMIS app to monitor cold chain points.

Monitoring - Supervision: 884 COVID-19 Vaccination Sessions (CVCs-Government and Private) were monitored till 31 March 2021 using the android-based NCCMIS app. Of these, 221 (25 per cent) sessions were visited by UNICEF Officials, State Consultants and District level Monitors. 50 more CVCs were visited by UNICEF supported faculty members of Medical College Kolkata. The monitoring findings of these 271 CVCs including 16 Private CVCs were shared with State and District officials for corrective measures. In addition, RI sessions have also been monitored.

AEFI Surveillance for COVID-19 Vaccination: UNICEF successfully advocated for the expansion of State and District AEFI Committees and co-facilitated a state workshop for capacity development of District officials on AEFI reporting. AEFI causality analysis for COVID-19 vaccination is now routinely undertaken at the state level and UNICEF is one of the team members engaged in this activity.

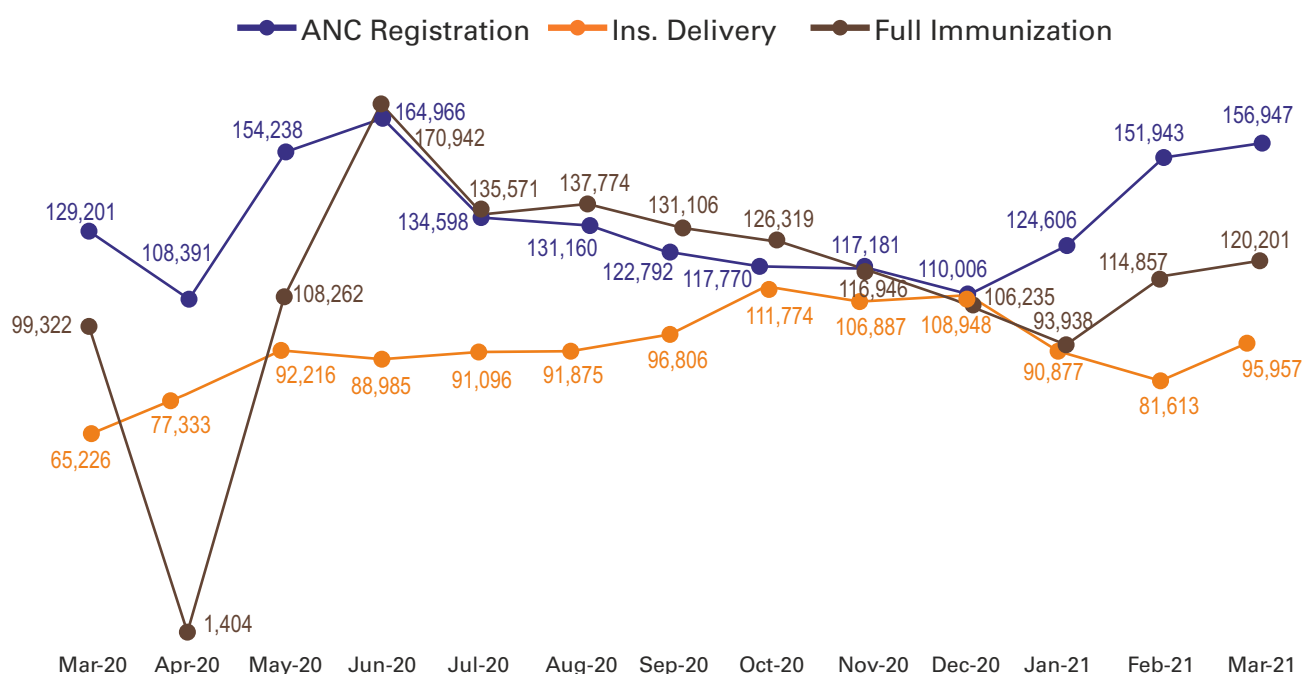
COVID-19 Supplies: UNICEF, India Country Office procured many supply items for all states including West Bengal. This included 500 oxygen concentrators for the state, which would arrive shortly to boost the oxygen supply in hospitals in rural areas, where COVID-19 cases were being admitted. Five RT-PCR machines are being supplied, two of which have already been installed in a Medical College and is contributing to the detection of COVID-19 cases in the state. Six thermal scanners for Kolkata and Bagdogra Airports and Kolkata Port have been procured by UNICEF, of which three have already been installed. Personal Protective Equipment including 800,000 triple-layer surgical masks were also being procured which would contribute in protecting healthcare workers from the infection.

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

RMNCH+A services were compromised during the pandemic and especially during the lockdown. Community-level outreach services were temporarily stopped during the first lockdown and facility-based services were also compromised to a large extent. Many were unable to access services due to the unavailability of transport. The cessation of services during lockdown affected immunization, institutional deliveries and coverage of other essential services, with serious repercussions on maternal and child health. There was an increase in maternal and neonatal deaths in some districts

compared to the same period in the previous year. UNICEF customized its technical support to the state for strengthening different service delivery platforms. UNICEF supported the resumption of some services, continuation of others while identifying opportunities to intensify and strengthen some services. The situation also provided scope to innovate especially towards improving access to essential services, which has been compromised due to the pandemic, often using remote means.

WEST BENGAL - HMIS



Advocacy: The first responsibility of UNICEF was to strongly advocate with the State H&FW department to restart/continue the essential RMNCH+A services (like immunization and institutional delivery) even during the pandemic, bringing in evidence from the field and pointing out the serious damage that could happen if the services were not resumed.

Development of Guidelines: UNICEF supported the state in preparation and adaptation of COVID-19 compliant guidelines on maternal and newborn care, SNCU care and follow-up, immunization and Prevention of Parent to Child Transmission services. After sustained advocacy, the government issued the guidelines to continue or resume essential services with COVID-19 compliance, detailing out the dos and don'ts. Support was also given for orientation on guidelines, onsite and remote monitoring of the implementation of guidelines.

Support was also provided for planning, capacity building of vaccination campaigns (IMI 3.0) and other activities like preparedness for the launching of PCV. In 2021, UNICEF provided technical support in the assessment of a designated medical college as National Midwifery Training Institute, as preparedness towards the roll-out of the midwifery initiative in the state. UNICEF also facilitated coordination between H&FW and School Education departments for initiating School Health and Wellness Programme. However, both the initiatives were temporarily stalled, due to the second wave of the pandemic.

Capacity Building: During COVID-19 times, UNICEF continued its support on Maternal, Newborn and Child Health to facilitate the continuation, resumption and strengthening of RMNCH+A services. Online trainings were organized extensively. For skill-based training



HBYC training



HBYC home visit

which could not be organized online, face to face training were organized in smaller groups, maintaining COVID-19 protocols during 2020 and 2021. Some of the training programmes organized with technical and quality assurance support from UNICEF were on HBYC, SAANS or Pneumonia management, cold chain, SNCU follow-up etc. held at state and district level.

An audio-visual training material was developed on organizing COVID-19 Compliant Health and Nutrition and Immunization Sessions held at Subcentres or in Outreach. The A-V tool was shared with the state for the training of frontline functionaries. To promote Respectful Maternity Care in the health facilities, a set of posters were developed and training materials were developed on the same subject.

Monitoring and Supervision: Throughout the lockdown and thereafter in 2020, UNICEF continued monitoring in HPDs, collected information on RMNCH+A services from facilities and community level through onsite visits, telephonic interviews and from secondary data to understand the status of RMNCH+A services and activities, to identify the major gaps and challenges and give appropriate feedback at different levels. Data analysis was done and used for advocacy, planning and gap-filling. In 2021, as part of the continuation of RMNCH+A support, monitoring, supervision activities have continued, in the High Priority Districts. Monitoring, mentoring and quality improvement of LaQshya facilities continued involving senior nursing faculties. A total of 191 supervisory visits to the facilities and 149 community supervisory visits were made during the period from March 20 to March 21.

STORIES OF RESILIENCE AND COURAGE

Parimita's story of overcoming the COVID-19 challenge

Parimita Mandal works as an ANM in Sahebramtola health sub-centre, which is situated in a remote riverine block of Malda District. During COVID-19 nationwide lockdown, Parimita faced a lot of trouble in reaching her workplace as transport was not available. She had to opt for a scooter or else sometimes walk on foot to reach her health sub-centre. She has been facing challenges while organizing immunization sessions as the families were under the presumption that the health workers are COVID-19 positive and if they go

to them, coronavirus would attack them too. Parimita had to make the families understand that all the necessary precautions are being taken and she will not be carrying the infection to them. Gradually the mothers and babies started returning to the vaccination sessions.



Parimita Mandal

Data analysis and review: UNICEF supported and continue to support analysis of secondary and primary data and shared the analysed data for reviews and advocacy at the state and district level, highlighting reduction or improvement in coverage of RMNCH+A services, trends in maternal or newborn deaths, as well as highlighting issues on quality of services and providing recommendations for improvement.

Campaigns: During COVID-19 times, a few campaigns were undertaken in the state where UNICEF played an important role.

- **Celebration of World Breastfeeding Week (WBW): First week of August:** The main celebration at the state was an online event, attended by around 2,000 participants from the Departments of Health and Family Welfare and Women and Child Development. High-level officials as well as frontline functionaries participated in the event.
- **Celebration of Elimination of Mother to Child Transmission (EMTCT) Week during COVID-19 pandemic (13 to 19 September 2020):** In order to bring the focus back on Elimination of Mother to Child Transmission of HIV and Syphilis under the prevailing COVID-19 pandemic and imposition of lockdown, a dedicated EMTCT week was observed across the state during the third week of September 2020 as achievement of all the process indicators that suffered a setback with a decrease of coverage of HIV testing among pregnant women. 58 dedicated EMTCT vans moved across the state covering 40,602 kilometres during the week which reached 2,119,900 people and 326,311 IEC materials were distributed. Furthermore, over 2,000 radio spots were aired and numerous sensitizations, meetings and activities were undertaken.
- **Celebration of National Newborn Week (NNW) - 15 to 21 November 2020:** With technical support from UNICEF, an online state level panel discussion was organized which was attended by about 500 participants including doctors, staff nurses and health workers. Eminent experts and specialists including faculties of the Department of Neonatology/ Pediatrics of MCHs were the speakers in the panel discussion.

Innovations

Response to Amphan Cyclone: Gales, at a speed of more than 180 kmph accompanied by heavy rains making it the strongest cyclone ever to have been recorded in the Bay of Bengal, ripped across West Bengal on 20 May 2020. It came to be known as Cyclone 'Amphan'. The cyclone displaced over 13.60 million people from their homes and recorded the worst devastation that the state had witnessed

in a long time. UNICEF utilized the experience of Cyclone Aila to plan immediate interventions. This natural disaster during the early days of the COVID-19 pandemic created havoc and immense difficulties in the lives of the residents of Sunderbans. UNICEF quickly responded to the severe calamity by a multi-sectoral approach involving Health, WASH and Disaster Risk Reduction sections. The main support from Health was establishing Oral Rehydration Therapy (ORT) corners in public health facilities to disseminate messages on diarrhoea prevention and COVID-19 appropriate behaviour, distribute ORS, Zinc and halazone tablets and demonstrate their use to cyclone-affected population. Medical camps were also organized in the cyclone-affected areas, in partnership with NGOs to provide the much-needed



ORT corner Amphan

healthcare to the affected population.

Telephonic outreach to mothers: Access to routine health services was severely compromised and, in this respect, pregnant women, postpartum women and newborns were among the most vulnerable. To overcome the access issue, UNICEF conceptualized initiatives based on telephonic outreach to pregnant and postpartum women. The aim was to reach out over the telephone to pregnant and postpartum women as well as to mothers with children who are discharged from the SNCUs. From July 2020 up to March 2021, more than 40,000 telephonic contacts have been made to pregnant and postpartum women by government's health supervisors and public health nurses and they have been given appropriate advice on the care of mothers and newborns especially during the COVID-19 pandemic. In addition, about 1,600 SNCU discharged newborns were telephonically followed up by SNCU data entry operators and about 20,000 newborns were telephonically followed up by ASHAs.

LESSONS LEARNED

As the entire world is struggling to adapt to the “new normal” of the COVID-19 pandemic, the traditional way of UNICEF programming has also been thrown considerable challenges as well as some opportunities to learn from.

- During an emergency of a massive scale like the COVID-19 pandemic, it is extremely important to be flexible and adaptable in our programmatic approach and look for opportunities and possibilities to add value in UNICEF's support to the government.
- Not only conceptualizing and planning innovations as small pilots, in COVID-19 times innovative approaches conceptualized by UNICEF for reaching out to mothers and children are actually being quickly taken to scale with full participation by the government.

WAY FORWARD

With the rise in COVID-19 cases amongst pregnant women and children, the capacity building of doctors and nurses of labour rooms, obstetric wards, Sick Newborn Care Units, pediatric wards on the management of COVID-19 infected pregnant and postpartum women, newborns and children to be started by the state, involving experts and with the active participation of UNICEF.

Refresher Training on Infection Prevention and Control is in the pipeline, incorporating new research findings and guidelines on the transmission of COVID-19 and infection control measures.

Youth volunteers and NGO members will be trained on different aspects of COVID-19 in collaboration with the Child Protection and DRR section of UNICEF, to build their capacity for community response to COVID-19.

In 2021, UNICEF is rejuvenating its support for the urban COVID-19 response with a primary healthcare approach, focussing on the urban slums.

As the pandemic is moving from urban to rural areas, UNICEF has proposed specific activities for the involvement of health frontline workers, namely ANMs and ASHAs for rural COVID-19 response including their support for families and individuals on home isolation. Training materials are being

- It is the need of the hour to focus on the well-being of healthcare providers who are under tremendous physical and mental stress, to improve their physical safety and invest in their mental health and psychosocial care.
- With a practical and balanced approach, it is not only possible to continue or resume but also intensify certain aspects of essential RMNCH+A services.
- COVID-19 pandemic has also given UNICEF, West Bengal, an opportunity to learn about urban programming and create a platform on which the future urban programme can be built.

developed and will be shared with the State Health and Family Welfare Department for refresher training of health frontline workers.

As part of the COVID-19 response, as the much-awaited UNICEF supplies arrive, their appropriate distribution will be tracked to ensure that these are used optimally across the state.

While direct COVID-19 response will remain to be a part of our programming, including supporting public health measures and the introduction of COVID-19 vaccine, UNICEF's programme in West Bengal will continue as per the Country Programme guidelines, with modifications to meet the challenges of the COVID-19 pandemic. Strengthening RMNCH+A with the ultimate goals of reduction in maternal, newborn and child mortality, will remain a core commitment, with maximum focus on the high priority districts. Investing in strengthening primary healthcare, focussing on the most vulnerable will be the main approach. Promoting a multi-sectoral approach, internally and externally, engaging with traditional and non-traditional partners for evidence generation, monitoring and provision of technical support for identifying and sustaining solutions to restore and strengthen RMNCH+A services will be the main aim of UNICEF's programming in Health in West Bengal.



Thank You



Government of Japan

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Global Partnership for Education (GPE)

DBS Bank India

Hindustan Unilever Ltd.

GAVI

The Bill and Melinda Gates Foundation

IKEA

Johnson & Johnson

Piramal Swasthya

UNICEF National Committee partners

FOGSI

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Administrative Staff College of India

IAP

EngenderHealth

Maternity India Foundation (MIF)

NIMHANS

Indira Gandhi Institute of Medical Sciences (IGIMS) Patna

King George Medical University (KGMU) Lucknow

JHPIEGO

Alliance for Immunization and Health (AIH)

Voluntary Health Association of India (VHAI)

Self-Employed Women's Association

UNICEF India Country Office

UNICEF House, 73 Lodi Estate,
New Delhi - 110 003
Tel: + 91 11 2469-0401 | + 91 11 2469-1410
Email: newdelhi@unicef.org

 www.unicef.org/india

 www.facebook.com/unicefindia

 www.instagram.com/unicefindia

 <https://twitter.com/UNICEFIndia>