

Combatting COVID-19 through collaboration, technology and capacity building

2020

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for every child



GUJARAT

**UNICEF India Response
to COVID-19 Pandemic**

HEALTH



Gujarat State Report

Key statistics

Demographic Facts	Nos.	Source
Estimated Total Population	68,862,000	Census 2011 and projection for 2020
Estimated Live Births	1,237,100	Annual workload by State Govt.
Estimated Pregnant Women	1,360,900	
Estimated Children below 1 year	1,202,462	Annual workload by State and Sample Registration System (SRS) 2018
Total no. of Districts	33	State Records
Total no. of AWC	53,029	Dept. of Women and Child Development (DWCD)
Total no. of Dedicated COVID Hospitals	304	State Records
Total no. of Dedicated COVID Health Centres	102	State Records

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BACKGROUND



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

Gujarat, the state with an estimated population of 68.4 million, spread across 33 districts and 8 corporations is one of the most progressive states of India. The state has 14.8 per cent tribal population spread over 12 districts; 43 per cent population living in 242 cities/towns. Children (0-18 years) constitute 36 per cent and adolescents (10-19 years) represent 20 per cent of the state's population.

Gujarat presents thought-provoking dichotomy with an impressive sustained economic growth rate of over 10 per cent, well developed physical infrastructure – roads, ports, airports, uninterrupted power, telecom, IT on one hand and poor social indicators and Human Development Index (HDI) ranking of 11 among the states on the other hand, along with the glaring disparities and inequities. However, political will and mandate for social development, as reflected in state vision 2030, Self-Development Goals (SDG)/Aspirational Districts targets; strong institutional presence in the state with academic & research institutes; Confederation of Indian Industry – Corporate Social

Responsibility (CII-CSR) partners; media-social media; Civil Society Organizations (CSOs); vibrant women's dairy cooperatives and better governance structures with adequate resources offer a ray of hope in achieving results for children by reaching out to the last mile. This is coupled with the fact that Gujarat has emerged as a 'State of Choice' for various development activities with a stable government for over a decade and the ex-Chief Minister of Gujarat becoming the Prime Minister of India.

Gujarat, in the current UNICEF Country Programme (2018-2022) is categorized as a 'Learning Lab' that presents specific policy environment marked by high GDP growth,

good development infrastructures, governance structures and systems, rapid urbanization, migration with pockets of inequities and deprivation manifested in regional and social disparities, that place Gujarat at critical development trajectory with unique opportunities and challenges associated with it. Gujarat office works closely with the government, civil societies, academic and research institutions, corporate and private sector, community networks for evidence-based advocacy, policy influencing and systems strengthening at upstream 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 behaviour change on the ground at downstream level.

Every year approximately 13.6 lakh pregnant women, 12.3 lakh newborn and 11.7 lakh adolescents are expected to receive care from the health system. Gujarat registered 49 per cent reduction in the neonatal mortality rate from 37 per 1000 live births in 2008 (Sample Registration System (SRS) to 19 per 1000 live births in 2018 (SRS). Similarly, about 49 per cent reduction was observed in the maternal mortality ratio from 148 deaths/100,000 live births (SRS 2007-09) to 75/100,000 live births (SRS 2016-18). Even though there is a significant reduction in mortality rates, a lot needs to be done to ensure the quality of care with respect and dignity to everyone with a reduction in equity gaps (addressing challenges of urban poor, tribal communities, salt pan workers in coastal areas etc.) to reach universal health care goals.

With the advent of COVID-19 in the state, 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 March 19 2020, and it has gradually reached to 137,394 cases as on 30 September 2020 in the state, with a recovery rate of 89 per cent and case fatality rate of 2.26 per cent (Source: <http://geoportal.natmo.gov.in/COVID-19>). The State has deployed 5,393 health teams for daily surveillance and testing & treatment facilities have been gradually expanded.

The strategy for fighting against COVID in the state primarily involved 'Prevention, Testing, Tracking and Treating' with lot of focus on surveillance and containment measures.

UNICEF Gujarat supported the state government and the State Emergency Operation Centre for facility preparedness, containment measures, capacity building, improving testing, tracking and treatment strategies in addition to Risk Communication and Community Engagement (RCCE). UNICEF's ongoing partnership is helping the state government, State Institute of Health and Family Welfare, Hospital For Mental Health Ahmedabad (centre of excellence for mental health in the state), the State Health Systems Resource Centre, Professional bodies/private health sector, academic institutions like Indian Institute of Public Health Gandhinagar, district administrations in Aspirational Districts and Civil Service Officers for strengthening multi-sectoral COVID response in the state both in urban high-density areas as well as rural areas.

Challenges

COVID-19 pandemic has posed several challenges to the health system in preparedness and response. Below are some of the challenges posed and how they were overcome.

1. Poor availability and access to testing facilities in the beginning of pandemic especially in private health facilities, which was overcome by procuring and distribution of testing kits till Primary Health Centre (PHC) levels expanding laboratory networks in the government and private facilities.
2. Insufficient human resources in public health facilities with acute shortage of skilled human resources especially specialists, MBBS medical officers and staff nurses. Some efforts were made to recruit HR on contractual basis, walk-in interviews and recalling retired staff to serve for an extended period on contract and decentralizing these recruitments to district authorities. Shortage of specialists really has stretched the overburdened public health facilities.
3. Urban settlements, both formal and informal, pose serious threats to their dwellers due to multiple deprivations of infrastructural, occupational, spatial, physical and psycho-social origin. Majority of the inhabitants of the slums are migrants. Their day-to-day struggle with the housing conditions, lack of safe

drinking water in premises, poor sanitation (dependency on shared toilets and wastewater flowing in the open), poor access to formal health services, mushrooming of informal health care providers, risk of various forms of infections etc. constitute multiple concurrent risk factors to which slum dwellers are exposed, which further gets compounded by limited availability of welfare service by the government. A more invisible but direct impact of poor living conditions in slums is on children. Children in urban settlements are also far more vulnerable to abuse and domestic violence. These risks increase during COVID-19. With the lack of access to other basic services, children who were under stress and anxiety, can lead to negative coping mechanisms like substance abuse and indulging in violence themselves. In addition, for girls, the risk of child labour, early marriage and trafficking can be a real threat.

4. 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 and weak coordination mechanisms between these facilities and private sector largely unregulated, have posed serious changes.
5. Skill-building of health care staff in ICU care including ventilator care became a challenge considering the magnitude of the caseload. Network of medical colleges

used to impart trainings at district level, following all physical distancing and other COVID-19 measures. Online platforms such as Cisco WebEx, SATCOM, iGOT, Zoom etc. were adopted to continue capacity building activities for both COVID and essential services under RMNCH + A.

6. Stigma, fear and anxiety coupled with lockdown wherein there was limited movement of people to seek timely health care for testing and treatment. Lot of efforts were made to create awareness utilizing mass media, social media, engaging with faith-based organizations, youth collectives, and innovations such as COVID Rath/mobile outreach Information, Education and Communication (IEC) activities.
7. Disruption was seen in essential services including RMNCH + A since the Health Care Workers (HCWs) were involved in COVID response and people's movement and demand for services reduced especially in containment zones. The government issued guidelines to resume essential health services taking all COVID precautions, and efforts were also made to strengthen public-private partnerships to improve access to health services. Innovative approaches like e-Sanjeevani and telemedicine services further helped to reach out to people who were in need for health services. Ensuring safety of HCWs was a concern initially due to shortage of Personal Protective Equipment (PPE) and later due to overburdening in COVID duties often working for late hours and risking life. Special efforts were made to address the safety and wellbeing of HCWs through psychosocial support and providing them with adequate PPEs etc.



Supportive supervision visit to Himmatnagar Sabarkantha Gujarat COVID facility, by team lead by Health Specialist, UNICEF Gujarat

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

UNICEF as the state lead partner to the state government in all areas of RMNCH + A strategy is well positioned to support the government and its partners as a partner of choice on all matters related to children. Multi-sectoral COVID response was initially (including Health, Water Sanitation and Hygiene (WASH), Risk Communication etc.) supported in Ahmedabad, Surat, Vadodara and other cities where there was heavy burden of COVID cases. Later the support was extended to rural areas as the pandemic spread, including two Aspirational Districts.

Advocacy

UNICEF was a part of several decision-making forums and task forces during the development of a response strategy for COVID. With multi-sectoral coordination, engaging developmental partners, professional bodies etc., UNICEF was able to support the government technically in several forums for formulating strategies. Below are some of the activities which deserve a special mention.

1. UNICEF advocated for adaptation of all COVID-19 guidelines to the state context and rapid dissemination which was supported by placement of consultants in the state emergency operation centre.
2. UNICEF provided technical inputs and support to the state government in projecting the hospital and ICU admissions for COVID-19 for the upcoming months, based on the doubling time method. This ensured that adequate amount of resources in terms of HR, infrastructure, equipment, drugs and logistics were procured in time.
3. Undertaken situational analysis in urban slums, participated in the deep dive discussions on urban slums to understand the issues, and initiated planning exercise along with WASH, Communication 4 Development (C4D), Communication Advocacy and Partnership (CAP), and Social Policy, Monitoring and Evaluation (SPME) and developed integrated and multi-sectoral COVID-19 response plan for Gujarat with urban focus.
4. Coordinated with TATA/TCS CSR division and Gujarat Medical Service Corporation Limited for donating 1,500 face shields to COVID hospitals.

5. Successfully advocated for mainstreaming COVID health messages beyond health department by engaging Integrated Child Development Services (ICDS) Front Line Workers (FLWs), schoolteachers, WASH workforce, community-based networks such as dairy cooperatives, Nehru Yuva Kendra (NYK) and National Service Scheme (NSS) volunteers etc.

Support to programme implementation

1. **Support to hospital preparedness for COVID-19 management:** UNICEF has led supportive supervision visits to 66 Dedicated COVID Hospitals (DCHs) undertaken jointly with WHO and UNDP. The objectives of these visits were to improve the facility preparedness and improve the quality of care in the facilities and make recommendations for enhancing human resources, infrastructure, equipment, logistics etc. to make the facilities fully operational. In addition, on-the-job support was provided during the visit to strengthen the facilities, observations and strategic options were shared with facility heads, district nodal officers and regional deputy directors in some places. Some good practices were documented and shared for replication where ever feasible. Preparedness checklist devised to collect the relevant information at national level was used for these technical support visits.



Supportive supervision of COVID facilities in the field

2. Supporting the State Institute of Health & Family Welfare (SIHFW) and the state government in capacity building: Technical support was provided to the SIHFW for the following:

- ◆ Developed plans in consultation with the government for capacity building of health care providers in the state, divisional and district level training institutions, to effectively respond to COVID-19. A total of 195,323 health care providers were trained till the end of September 2020 on various COVID related guidelines such as field surveillance and supervision, clinical management protocol for COVID, quarantine and isolation management, Infection Prevention and Control (IPC), medical/nursing care in non-COVID area, ventilator care management, psychosocial care, sample collection, packaging and transport, management of COVID-19 in Pregnant Women (PWs) etc.
- ◆ Facilitated the designing of special courses on 'Clinical care management in COVID-19' and enhanced the capacity of over 1,900 medical officers, while improving the quality of COVID case management. Provided technical support to start a three-day course on 'Critical care assistance in COVID-19 management'. This support was for non-clinical department faculties, to support in the management of COVID-19. Around 811 faculties are trained till date
- ◆ Technical support was provided for organizing the state level orientation on the use of rapid antigen testing for 265 teams involved in sample collection and testing for COVID-19 at district level through webinars
- ◆ Facilitated capacity building of 245 participants in 'Post-COVID-19 Cardiopulmonary Rehabilitation Programme' for all physiotherapists working at COVID Health Centres (CHCs), sub-district hospitals and district hospitals.

3. Mental health and psychosocial support during COVID-19: In consultation with SIHFW and Gujarat State AIDS Control Society (GSACS), UNICEF technically supported in the development of a manual

on 'Ensuring safety and wellbeing through psychosocial support during COVID-19 pandemic', targeting the health care providers. UNICEF also facilitated in mapping of 750 counsellors in various health programmes (mental health, Non-Communicable Diseases (NCDs), RMNCH + A, Rashtriya Kishori Swasthya Karyakram (RKSK), HIV/PPTCT etc.) and they were brought under one platform to strengthen their capacities for addressing psychosocial issues related to COVID-19. Many of these counsellors were already working in DCHs, Dedicated COVID Health Centres (DCHCs) and other health care facilities.

UNICEF has established a partnership with the Hospital for Mental Health, Ahmedabad to ensure safety and mental wellbeing during COVID-19. The following actions were undertaken:

Development of training module on mental health first aid during disasters for the healthcare providers and other social workers

Assessment of psychological mental health problems among patients admitted to COVID facilities in Ahmedabad and Surat, the most affected during the COVID pandemic

Development of short videos for awareness generation for promoting safety and wellbeing through psychosocial care and support during COVID-19 pandemic



Video on mental health awareness

Capacity building of Health Care Providers (HCPs) and FLWs from various departments in psychosocial support, addressing safety and wellbeing

On World Mental Health Day, the state facilitated a multi-stakeholder consultation in partnership with the State Mental Health Authority under the chairmanship of the Principal Secretary (Health & Family Welfare). It was a great platform for inter-sectoral convergence and multi-sectoral response action.



World Mental Health Day consultation with Chief, UNICEF Gujarat, and Principal Secretary, Health & Family Welfare

- Support to Aspirational Districts for COVID-19 response:** Narmada and Dahod district administrations were supported for improving facility preparedness for isolation and Intensive Care Unit (ICU) treatment, containment measures contact tracing, drugs & logistics management of triple-layer masks, N-95 masks, PPE kits, sanitizers, etc., supportive supervision visits to COVID facilities etc., which has led to improved preparedness of facilities to handle the COVID-19 cases. The district administration was also technically supported in analyzing COVID-19 trends, co-morbidities and ensuring logistics management.
- An Interpersonal Communication** toolkit was developed as an innovation for social



behavioural change. It was initially piloted in 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 with the objective of carrying out the training till the FLWs. Capacity of 77 participants enhanced the training, which included SMOs and DQAMOs.

- Supported research,** use of data for improving COVID response and knowledge management working closely with State Health Systems Resource Centre (SHSRC) and medical colleges. Supported in creating enabling environments and systems thinking for developing short, medium and long term strategies for health systems strengthening, making it more resilient. The state consultation was facilitated for the same and follow up with National Health Mission (NHM) and the state government is ongoing for leveraging resources and monitoring the plans proposed. Assessments were conducted to understand the coverage and access to basic services such as maternal and child health services (Ante-Natal Care, immunization etc.), nutrition services Integrated Child Development Services (ICDS) and Mid-day Meal (MDM)), WASH practices and social protection schemes in rural and urban areas, through Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs) and other Gram Panchayat functionaries in all major cities, in partnership with IIM Ahmedabad.

Innovations

- Adoption of innovative platforms for capacity building:** Technical assistance was given to SIHFW in adopting innovative online platforms like Zoom, Cisco WebEx, Plexus MD, SATCOM, iGOT to resume trainings of HCPs. A three-tier system for trainings was established, which was hosted at the state level ToT webinar, Medical Colleges and District level webinars. A total of 30,664 participants were trained at the state level and 101,823 were trained at district level through the webinars.
- Youth platforms** used for promoting mental health and wellbeing, engaging youth icons and celebrities. Increasing participation of adolescent and young people in the

COVID-19 response was one of the key activities in multi-sectoral response plan, especially in urban areas.



3. Use of digital platforms for capacity building



Digital platform for capacity building

4. **Risk Communication and Risk Communication Engagement (RCCE) including elimination of COVID related stigma and discrimination:** Along with C4D and UNICEF, Gujarat developed many materials and engaged CSOs, faith leaders and academic institutions (e.g. Gujarat University, PDU etc.). COVID Vijay rath was launched by the Hon'ble Chief Minister of Gujarat with the objective of awareness generation about COVID through a dedicated van with trained educators and artists which travelled across the state, travelling approximately 8,600 km across more than 22 districts and reaching more than 8.4 lakh people.



COVID Vijay rath

(Source: <https://www.covidvijayrath.in/>)

Key achievements

01 9,880 health care providers trained at facility level and 23,055 at community level to detect, refer and appropriately manage COVID-19 cases in children, pregnant and breastfeeding women.

02 70,000 health care facility staff trained in IPC at COVID facilities like DCHs, DCHCs, and CCCs to prevent infection among HCWs. Do's and Don'ts explained clearly to the staff at COVID facilities to contain COVID.

03 66 COVID hospitals were given supportive supervision to enhance facility preparedness and improve quality of care for COVID-19 patients.

Human interest story

Corona warriors amid COVID-19

Providing emergency and essential maternal and child health services remained a top priority for the Aspirational District, Narmada even during COVID-19. This pandemic might have shaken the world, but it did not affect the courage of our FLWs. However, pregnant women and mothers with newborn babies are quite reluctant to come to the health facilities and get proper care. But, our FLWs made this their duty to assure that care reaches every pregnant woman and new mothers, despite the lockdown measures. FLWs gave utmost importance to assure that pregnant women have access to safe birth and continuation of antenatal and postnatal care during COVID-19, though it was indeed challenging.

This is a story of Junaraj, village in Nandod Taluka under PHC – Lachrash in Aspirational District, Narmada. The village is situated in a hard to reach area with difficult roads. During rainy season, it is very difficult to provide routine health services in such areas.

In this village, the Accredited Social Health Activists (ASHAs), with constant support from the PHC staff have played a critical role in tracking migrants, contact tracing and

surveillance during COVID-19 and sensitize community for risk management. They have been instrumental in providing emergency and essential maternal and newborn services which were directly affected by lockdown measures. One such story is of ASHA Kokilaben Sukhben Vasava and Auxiliary Nurse Midwife (ANM) - Varshaben Vasava. Under the guidance of PHC medical officer Dr. Zankhna Vasava, they tracked the high-risk mothers through home visits and referred them to health facilities by calling ambulances. Despite the lockdown, they provided community follow-ups to Sick Newborn Care Units (SNCUs) discharged babies and Post-Natal Care (PNC) visits of all the babies born before or during COVID-19. For left out and drop-out children for immunization, she facilitated outreach Mamta session in coronation with ANM and PHC medical officer. Together, they mobilized 32 children for immunization in session site with the help of boats in the hard to reach areas, which were cut off during rainy season. 32 children and 4 ANC mother were vaccinated during outreach Mamta session. Their dedication and support has helped in proper immunization of many babies.



Mamta session in Junraj village of Narmada

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

Advocacy

1. UNICEF helped the state to analyze the trends of coverage of key RMNCH + A indicators to understand the gaps, availability and access to services during COVID-19 using Health Management Information System (HMIS) and SNCU Management Information System (MIS) and other sources of data. Through a sustained advocacy for continuity of essential RMNCH + A services during COVID scenario, UNICEF influenced the state government to keep a track of essential RMNCH + A services and resume services in non-containment zones, adapting all national guidelines to the state programming context. Supported NHM team to plan the distribution of budget under NHM Program Implementation Plan (PIP) 2020-21 to all districts and corporations, to continue RMNCH + A activities.
2. **Enhancing focus on continuity of care for newborn and child health services with focus on Early Childhood Development (ECD)**
 - Infant mortality data analyzed from SRS bulletin 2018 and shared with the state advocating for specific strategies (list shared) for accelerated reduction in IMR in the state
 - Successfully advocated for a demonstrating convergence model for ECD in Aspirational District, Narmada. Garudeshwar block identified by district administration for demonstration with multi-sectoral action from district administration with technical support from UNICEF. Technical support was also provided in drafting of a proposal for renovation and expansion of labour room, provision of safe delivery kit etc. to make PHC Bhujeta a 1000 days/ECD compliant facility in Narmada
 - Successfully advocated for introducing a course on neonatal nursing and midwifery and in six regional nursing colleges
 - Strengthening of District Early Intervention Centres (DEICs), Rashtriya Bal Swasthya Karykram (RBSK) and Rashtriya Kishore Swasthya Karykram (RKSK) programmes through a state level consultation: Technical support was provided to the government in developing strategies to strengthen the existing system of DEICs, RBSK and RKSK programmes, facilitating the state level consultations at SIHFW. Decision was taken to conduct a rapid assessment of DEIC performance with support of UNICEF to identify good practices and bottlenecks, linkage of each district to a DEIC and linkage of all DEICs with SNCUs.
3. **Strengthening maternal health services through respectful maternity care and midwifery services**
 - Successfully advocated for scaling up of Midwife Led Care Units in 14 medical college hospitals and in selected urban areas, after successfully demonstrating the strategy in Surat and Vadodara with UNICEF partnership. Operational guidelines drafted scale-up of Midwifery Led Care Units (MLCUs) were endorsed by Commissioner health. Influenced decision to recruit 47 nurse practitioner midwives through Gujarat Socio-Economic Development Society (GSEDS) to operationalize more MLCUs. Midwifery Mentoring Group formed to guide Nurse Practitioner Midwives (NPMs) in performing their duties during COVID, keeping their safety and wellbeing as priority
 - Facilitated LaQshya state mentoring group meeting on 27 August (Google Meet) under the chairpersonship of MD NHM to fast track LaQshya certification process and advocated for on-job training of the staff in LaQshya targeted facilities for national-level certification and ensuring respectful maternity care
 - Facilitated CSR partnerships in Aspirational District, Narmada for setting up of the birth waiting home (Mamta Ghar) at PHC Piplod, where many villages get cut off during rainy

season due to flooding of river. The proposal developed was discussed with Indian Oil Corporation Limited (IOCL) under their CSR activity

- Dakshata National Online TOT: Facilitated participation of six participants in the training held at Skills Lab SIHFW Vadodara, from 10-14 August 2020 and facilitated development of the state capacity building plans and leveraging the government's budget

4. Strengthening cold chain and vaccine logistics and supportive supervision to resume routine immunization services

- Advocated with the state government and supported drafting guidelines and orient district health managers through video conferences for continuation of immunization at health facilities with a focus on birth doses and outreach Routine Immunization (RI) and other health and nutrition outreach services in non-containment areas following all IPC and physical distancing measures. Supported the Aspirational Districts in resuming RI and other outreach health and nutrition services, incorporating all migrants coming into districts in the revised micro plans for Village Health Sanitation and Nutrition Day (VHSND)/RI sessions
- Facilitated organizing a consultation with 29 medical colleges along with the state immunization cell for resuming immunization and VHSND services with

supportive supervision to cold chain points and session sites using S4i mobile application. Recommendations made to strengthen Supportive Supervision (SS), expanding partnership with more medical colleges, building their capacities and using SS data for action

- Successfully advocated for organizing National Cold Chain Management Information System (NCCMIS) workshop for vaccine cold chain managers, handlers and technicians in the state. Facilitated the workshop in collaboration with National Cold Chain & Vaccine Management Resource Centre – National Institute of Health & Family Welfare (NCCVMRC-NIHFV). A total of 131 participants from all the regions of the state attended the workshop and the capacity was enhanced

5. Improving service delivery for People Living with HIV (PLHIV) receiving Anti-Retroviral Therapy (ART)

Advocated and supported the Department of Health and Family Welfare for issuing directives for strengthening care of pregnant and lactating mothers living with HIV. The ART counsellors have been informed to provide 2-3 months dispensation of ART medicines to the clients coming to the ART centres, to avoid frequent visits and minimizing COVID risks. For those clients, who were not able to come to the ART centres, the distribution plans of ART medicines and Anti-Retroviral (ARV) drugs were made to deliver them at their doorstep in coordination with Gujarat Socio-Economic Development Society (GSACS) and District AIDS Prevention and Control Units. An advisory for the precautions to be taken for the PLHIV mother and the children in the COVID scenario was issued by the GSACS.

6. School Health Programme under Ayushman Bharat

Technical support was provided for development of the state level roll-out strategy of School Health Programme under Ayushman Bharat and translated/adapted the guidelines into Gujarati. Advocated the government to roll out the strategy in select seven districts, promoting convergence between health and education departments.



Health Specialist and Health Officer, UNICEF Gujarat, leading the consultation with Medical College teams and State Immunization Cell for improving immunization coverage

Support to programme implementation

1. The state level SNCU review was facilitated after undertaking detailed performance analysis of all SNCUs under the chairpersonship of Commissioner Health for all district hospitals (DH) and medical college (MC) hospitals. Recommendations and follow up actions drafted were circulated across all DH and MC SNCUs with the approval from commissioner health. Expanding bed strengths in existing SNCUs, developing plans for ten more SNCUs at sub-district levels, approvals to purchase essential equipment were some of the key decisions/outcomes for these meetings. The state government has issued instructions to all medical college hospitals and district hospitals on '**No Rotation Policy of SNCU staff**' to other areas including COVID.

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. Facilitated designing of guidelines and communication materials on first 1,000 days approach for ECD for health facilities and for FLWs including communication strategies for caregivers in Gujarati. Special event was organized on Father's Day on digital platform to create awareness for responsible parenting for ECD, ending violence against children and positive parenting for adolescents. Capacity of 400 district level trainers enhanced for ECD, Kangaroo Mother Care (KMC) and responsible parenting.

3. Technical support to the State Immunization Cell in continuing RI services:

- Supportive supervision of primary vaccine stores initiated by organizing capacity building of UNICEF and UNDP consultants in the usage of the supervision checklist using SS tool, in convergence with the state government and NCCVMRC through online orientation. Visits are being made on a monthly basis and monthly reports are being shared with the state government for corrective actions. These visits will help in implementation of the recommendations made following the Effective Vaccine Management (EVM) assessment
- EVM 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 and follow-ups were planned on a quarterly basis. Report on EVM assessment were finalized and designed for printing and circulation across the state

4. Supported SIHFW and child health division to develop child health training plans, including immunization, SAANS, HBYC, KMC, NRP and FBNC etc. to resume and strengthen RMNCH + A services. Training calendar for essential RMNCH + A sessions was prepared, the budget for which is leveraged from the NHM/ state budget.

5. Technical support was provided for the rollout of Intensified Diarrhea Control Fortnight (IDCF) campaign: We supported the state level preparations for IDCF including calculation of logistics for essential commodities (ORS, Zinc, Antibiotics, IV Fluids etc.) and IEC activities and disseminating state-specific IDCF guidelines and letters to districts, health facilities and other concerned departments, promoting inter-sectoral coordination. Supportive supervision visits were made in Aspirational Districts to ensure good quality implementation.

6. Support was provided to the government and its partners for implementing ECD interventions and parenting during COVID. Zoom sessions were held with Surat Pediatric Association on 7 July 2020, inviting national experts and demonstration of good and replicable models of ECD in Surat city was

Let's celebrate Father's Day!

Join us for this webinar:

Reimagining Fatherhood

JUNE 20, 2020 | SATURDAY | 6 - 7:30 PM

Watch here: [f LIVE](#) / [ElxirIndiaOrg](#)

Panelists: Moderated by

Geurang Jari
Surat Hospital

Ki Dhavit
Populaxi

Anil Patangadan
Freelance Writer

Narayan Ganekar
Health Specialist
UNICEF India

Dr. Sonali Pandya
Professor & ICMC
Surat University

To join on [Zoom](#) REGISTER here: www.bit.ly/fathersdaygujarat

Organized by: [CENTRE for COMMUNICATIONS, RESEARCH & SERVICES](#)

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Reimagining fatherhood

discussed. Series of webinars and advocacy events were organized to promote parenting, ECD at facility and community settings in collaboration with SIHFW and KMC foundation. A capacity of over 400 district-level trainers enhanced to carry out these trainings to cover all staff in public health system.

Zoom session on Early Childhood Development with private pediatric associations

No.	Time	Topic	Speaker
1	09:00 am - 10:00 am	Supporting Early Childhood Development: A general Pediatrician perspective!	Dr. Ranjeet Gaurkar, Health Services Officer (HSO)
2	10:15 am - 11:00 am	Supporting Early Childhood Development: From children aged 0-3 years	Dr. Hiba Ghosh, Community Health Officer (CHO)
3	11:15 am - 12:00 pm	Supporting Early Childhood Development: 3-4 years old and under 5 years old	Dr. Pooja Kulkarni, Health Services Officer (HSO)
4	12:15 pm - 1:00 pm	Q&A	Dr. Ranjeet Gaurkar, Health Services Officer (HSO)
5	1:15 pm - 2:00 pm	Actual case	

Date: 7 July 2020 Time: 09:00 - 04:30 pm
Venue: Online Platform

7. Unified Budgeting and Results Action Framework (UBRAF) partnership with Gujarat State AIDS Control Society (GSACS) and Joint UN team for AIDS in India

- Support was provided in identifying districts that achieved the 95-95-95 target for the Elimination of Mother to Child Transmission (EMTCT), where EMTCT data validation can be prioritized. The learnings during the validation process and good practices in these districts could be replicated in the other districts
- Online capacity building workshop for the Prevention of Parent to Child Transmission (PPTCT) services was facilitated at the state level in two batches on 6 and 7 August 2020. It was participated by a total 407 participants. Their capacity was enhanced for strengthening the linkages of the PPTCT and related services during COVID-19 pandemic including psychosocial support and outsourcing by PPTCT counsellors and health workers
- Supported GSACS in the supply of the ART medicines for the PLHIV mother and children and Anti-retroviral (ART) prophylactic medicines for the HIV exposed babies who were not able to access the services due to the COVID-19
- UNICEF provided technical support for the development of the proposal for the

- establishment of new laboratory for Early Infant Diagnosis (EID) since there are no laboratories for the DNA PCR testing in Gujarat. UNICEF also provided support in setting up four additional viral load testing facilities to improve the access to PLHIVs for HIV-1 Viral load testing. Support was also provided in facilitating the process of online approval of PLHIV beneficiaries
- UNICEF has provided technical support to GSACS for the development of the guidance note, for testing and management of the HIV exposed children because in such situations, sending the Dried Blood Spot (DBS) samples for the DNA PCR testing is not feasible

Innovations

1. **Public-Private Partnership (PPP) between Surat Pediatric Association and Surat Municipal Corporation:** Increase in COVID cases accompanied with lockdown reduced the availability of vaccination services in big cities. To increase the service availability, PPP was formed between 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 involvement of a total of 100 private paediatricians.



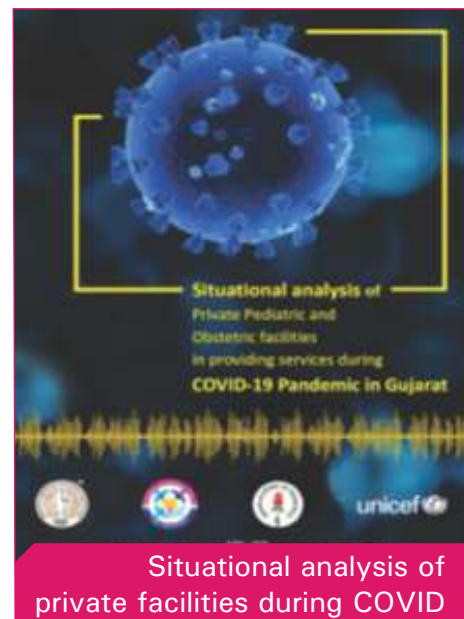
Vaccination of a child at a private clinic in Surat

2. National AIDS Control Organization

(NACO) AIDS App: In line with ongoing 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 Play store. Soon the iOS version will be launched. A feature of risk evaluator is also available in the application through which, a person or user can assess his/her risk related to HIV in different situations and ascertain next steps in case of a risk. A person based on his/her location can identify the nearest healthcare facility where he can avail HIV AIDS/STI counselling, testing and management related services.



3. Situational analysis of private paediatrics 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, which will further inform actions to facilitate private sector practitioners to resume the practice soon with appropriate precautions and PPEs adapting their practice to COVID situation.



Key achievements

01

744,403 women and children have received essential healthcare, including prenatal, delivery and postnatal care, essential newborn care, immunization, treatment of childhood illnesses and HIV care in UNICEF supported facilities during Mar-Jun 2020 (HMIS). Regular monitoring and reviews are done to ensure that services are being provided as per guidelines. Weekly review of data through video conferences was facilitated. Review meeting of district level officers was held through video conference on weekly basis.

02

258,615 institutional deliveries were conducted during Mar-Jun 2020 in the state (HMIS). Periodic review of institutional deliveries through video conference helped in prioritizing actions in select pockets. Operational guidelines for scaling up the midwifery initiative have also contributed for these efforts.

03

31,870 newborns were admitted in SNCUs for small and sick newborn care during Mar-Sep 2020 (SNCU online MIS).

04 309,315 children were fully immunized as part of the immunization services care during Mar-Jun 2020 (HMIS).

05 Three SNCUs in Kutch and Sabarkantha (UNICEF focus districts) were operationalized with UNICEF's technical support, improving access to small and sick newborns. Technical support was provided in the development of plans for establishment of 10 new SNCUs at sub-district levels, leveraging government budget and development of SNCU mentoring plan in consultation with SIHFW.

06 Midwifery care initiative scale up across the state, leveraging state government resources.

Human interest story

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 once they came to know about their twin pregnancy. Sadly, their happiness was broken into pieces when Bhavnaben was diagnosed with COVID-19 and she delivered her pair of twins with preterm labour. 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 was fragile and weak with very low birth weight of 1,400 grams because she born preterm at merely 32 weeks of gestational age. She was brought to the 1,200 bedded COVID care hospital in BJ Medical College (BJMC), Ahmedabad, and was admitted in the Neonatal Intensive Care Unit (NICU). The other twin, a baby boy weighing 2 kilograms was fortunately COVID-19 negative and was taken care at home. The family passed through a lot of turmoil as the trio of mother and twins were separated from each other.

The baby girl was brought to the COVID care NICU of BJMC, Ahmedabad on the 6th day of her birth with severe respiratory distress and signs of severe sepsis. The NICU staff was already trained in the management of small and sick newborn through the Facility Based Newborn Package, facilitated by UNICEF. The child had received surfactant therapy for her weak and premature lungs, was initially ventilated mechanically and then put on



Baby discharged from NICU BJMC, Ahmedabad




machine support (Continuous Positive Airway Pressure) for her respiratory disease. Gradually she starting recovering and was put on nasogastric tube feeds. But to add to the woes of the child and family, she could not tolerate the feeds and her abdomen got distended, which resulted in a bleed through her gastrointestinal tract. Being diagnosed with Necrotizing Enterocolitis, a severe type of bacterial infection of gut characteristically found in premature infants, she was treated with higher antibiotics and her bleeding was managed with Fresh Frozen Plasma (FFP).

During her ultrasound screening of abdomen, she was found to have her right kidney in an abnormal position. The baby developed a new complication of low sugar levels - a nightmare any treating paediatrician would face while

managing a preterm infant. A treatment plan was devised for her dropping sugar levels and she finally succeeded to maintain her sugar values at normal levels. Fortunately, she had her cranial ultrasound scans where her eyes found to be normal which infused a lot of enthusiasm in the young brigade of resident doctors and staff nurse who encouraged the relatives with a lot of hope of intact survival in this ailing infant. Also, the tender loving and care showered by the father of this child helped in her fast recovery. With constant support of the team, he managed to bring the expressed breast milk of the mother for his

baby girl. Slowly and steadily, she overcame all her illness and emerged hale and hearty as a real fighter, and to the joy of the family and the treating team, her COVID report eventually came negative. At last, the day came when she was ready to go home to join her twin brother and mother who were eagerly waiting for a joyous reunion after separation for nearly 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. The parents were counselled to come back for regular follow-ups as a part of the strategy.

HPM indicators

HPM indicators	Target for March to December 2020	Progress up to September 2020	Source
 No. of Health workers trained in detection, referral and management of COVID-19 cases	11,000	10,636	State Training report
 No. of women and children receiving essential health care including prenatal delivery and post natal care, essential newborn care, immunization, treatment of childhood illness and HIV care in UNICEF supported facilities	1,785,000	744,403	HMIS (March to June)
 No. of Health care facility staff and community staff trained in infection prevention and control	70,000	70,526	State Training report

PARTNERSHIPS

- » **Department of Health and Family Welfare** is a key partner for all COVID-19 response and continuity of RMNCH + A services.
- » **State Emergency Operation Centre** is a key partner coordination of multi-sectoral response with a control room at the state headquarter.
- » **State Institute of Health and Family Welfare (SIHFW)** is a partner for all capacity building initiative for COVID-19 and RMNCH + A. UNICEF is also supporting the state consultant in this institute to facilitate planning and monitoring of all training activities.
- » **GSACS** a key partner for all works related to EMTCT, reducing HIV risk among children and adolescents and providing ARV drugs to people living with HIV/AIDS including children.
- » **Partnership with Hospital for Mental Health Ahmedabad for MHPSS**, which a centre of excellence for mental health in the state. It hosts a Gujarat Digital Academy for Mental Health (GDAMH) and works in close collaboration with NIMHANS. It has proven to be a viable platform for multi-sectoral strengthening of mental health and psychosocial support in the state.

- » **Partnership with academic institutions like Indian Institute of Public Health, Gandhinagar for webinar series** on COVID-19 containment and continuity of essential health services including RMNCH + A during COVID-19, IIM Ahmedabad for COVID impact assessment and KMC foundation for promoting KMC during COVID-19.
- » **Partnership with the State Health System Resource Centre established** to improve data management and generate evidence for policy decisions for Health Systems Strengthening.
- » **Medical college partners** are playing a key role in capacity building, situational analysis of COVID-19 and guiding containment strategies in urban areas.
- » **Partnership with UN partners in the state namely WHO-NPSP and UNDP** for supportive supervision visits to COVID-19 hospitals, resuming immunization services etc.
- » **Municipal Corporations** for urban COVID-19 response and RMNCH + A service continuity.
- » **District Health Societies in Aspirational Districts of Narmada and Dahod** continued to be partners for ensuring Maternal, Newborn, Child Health (MNCH) continuity as well as for COVID Response in close coordination with Regional Programme Management Unit, Vadodara.
- » **Partnership with private health care sector and professional bodies** (IAP, IMA, FOGSI, IAPSM etc.) is really helping to enhance health systems capacity to effectively deal with COVID-19 health emergency.
- » **CSR partnerships** facilitated in Aspirational District, Narmada by leveraging District Mineral funds/CSR for procurement of gap-filling supplies of SNCUs including 13 radiant warmers. CSR support from ONGC facilitated for COVID-19 response activities and for getting two ambulances to strengthen perinatal referral services.
- » **Partnerships with CSOs** (e.g. Tribhovandas Foundation Anand, SEWA Rural Jhagadia, INRECA Sansthan, Narmada etc.) for demand generation for continuation of essential RMNCH + A services and RCCE.
- » **COVID-19 Academy** platform used to share experience on (1) 'Pioneers of Respectful Maternity Care in India'. It has helped to keep the health care team motivated for midwifery care in India even during COVID-19 scenario. (2) 'Care of Low Birth Weight Newborns - Kangaroo Mother Care (KMC)': Expert voices and experience from field was organized on May 15 2020. Over 560 people from all over India joined the session on this special day which was 'International KMC day'.

LESSONS LEARNED AND WAY FORWARD

- All UN partners in the state namely UNICEF, WHO and UNDP worked together as one team for Supportive Supervision visits to COVID-19 hospitals, which can be further harnessed for COVID response in coming days and months in Gujarat.
- Creating a pool of resource persons at SIHFW for various trainings for COVID-19 as well as for RMNCH + A continuity was very useful and can be readily used.
- Use of digital platforms like CISCO WebEx, Zoom and SATCOM can be continued for capacity of staff in various areas by SIHFW at the state, Regional and District level, even beyond COVID-19.
- 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 cluster of cases and hot spots is being done utilizing ITIHAS software.
- Dhanvanthri rath – A mobile outreach service using RBSK vehicles including testing (antigen testing) of low-risk cases is helping in containment screening and treating patients.
- Reprogramming of some donor funds (e.g. UBRAF) to COVID-19 response was possible with open discussion with donors along with United Nations Joint Team (UNJT) for AIDS in India which was indeed a great opportunity to mobilize resources to COVID response in Gujarat.

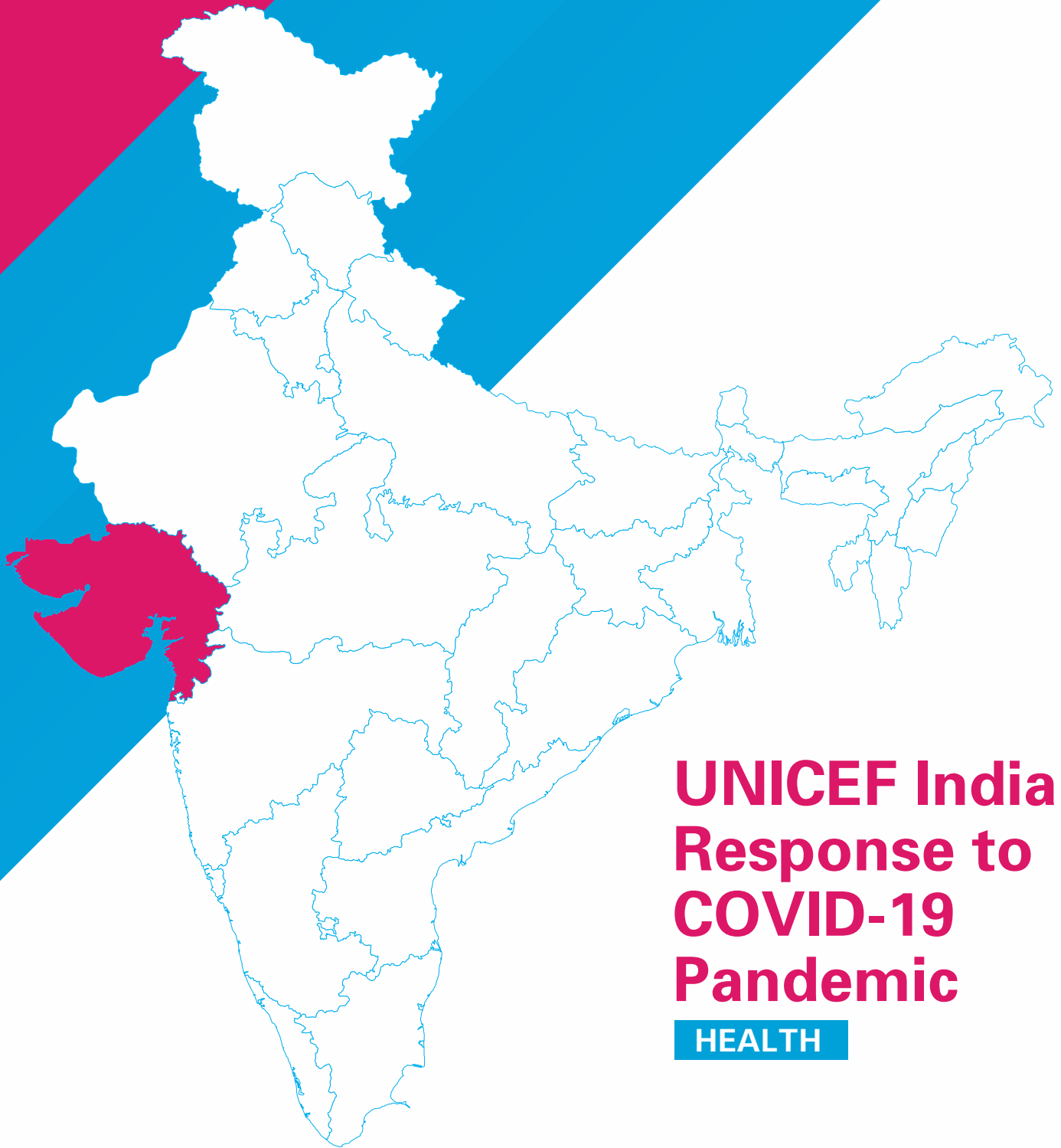
Way forward

- » Strengthening multi-sectoral response and strengthening systems for COVID response and continuity of essential services.
- » Strengthening the cold chain preparedness in the state in terms of repairing the cold chain equipment, condemning the non-repairable equipment, entry of data in NCCMIS portal, placement of adequate number of cold chain handlers and technicians at the vaccine stores and cold chain points, preparation of adequate dry storage space for receiving new vaccine etc. The state level review of the cold chain preparedness to be organized for follow up actions. Follow up on the implementation of recommendations made under the EVM improvement plan to ensure strengthening of cold chain and vaccine logistics system in the districts for receiving and distribution of new vaccine. Planning for a state level review of progress made under the EVM improvement plan.
- » Monitoring implementation of the state-specific strategy for routine immunization for Gujarat for resuming immunization services in the COVID context, along with WHO, UNDP and medical colleges will need to be prioritized.
- » Regular analysis of COVID situation with trend analysis of RMNCH + A indicators to identify programmatic gaps, develop recommendations, ensure adequate response towards COVID and continuity of essential RMNCH + A services. Engagement with the state health Systems Resource Centre has provided the opportunity to execute these activities along with the documentation of good practices adopted during COVID scenario.
- » Leverage on existing partnerships and developing strategic new partnerships.
- » Monitoring the progress including desk review of the COVID-19 situation with a focus on children, adolescents and Pregnant Women (PWs) and its direct and indirect impacts.
- » Building back better and system strengthening including urban, to make them more resilient and better prepared for pandemics and emergencies in future.
- » Documentation of lessons learnt and evidence generation for knowledge management.

Acknowledgement

UNICEF is grateful to the Government of Gujarat in the Department of Health & Family Welfare, State Health Systems Resource Centre, State Institute of Health and Family Welfare, Hospital for Mental Health Ahmedabad, District administrations in Aspirational districts, Professional bodies/Private health sector, Academic institutions, and the Civil Society Organizations for their unstinted cooperation. A special appreciation for all the development partners who collaborated with UNICEF for the response.

Special thanks for the contributions of the UNICEF Field Office of Gujarat under the leadership of Chief of Field Office (CFO) and the guidance received from Health Section of UNICEF India.



UNICEF India Response to COVID-19 Pandemic

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