

Reaching the last mile

2020

unicef 
for every child



JHARKHAND

UNICEF India Response
to COVID-19 Pandemic

HEALTH

Key statistics

Demographic Facts	Nos.	Source
Estimated Total Population	37,758,983	Census 2011 and Natural Growth rate
Estimated Live Births	853,353	Census 2011, Natural Growth rate, SRS 2018
Estimated Pregnant Women	938,688	
Estimated children below 1 year	827,752	
Total no. of Districts	24	State Records
Total no. of AWC	38,432	ICDS Records
Total no. of Dedicated COVID Hospitals	20	NHM, Government of Jharkhand
Total no. of Dedicated COVID Health Centres	48	NHM, Government of Jharkhand

Jharkhand State Report

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BACKGROUND



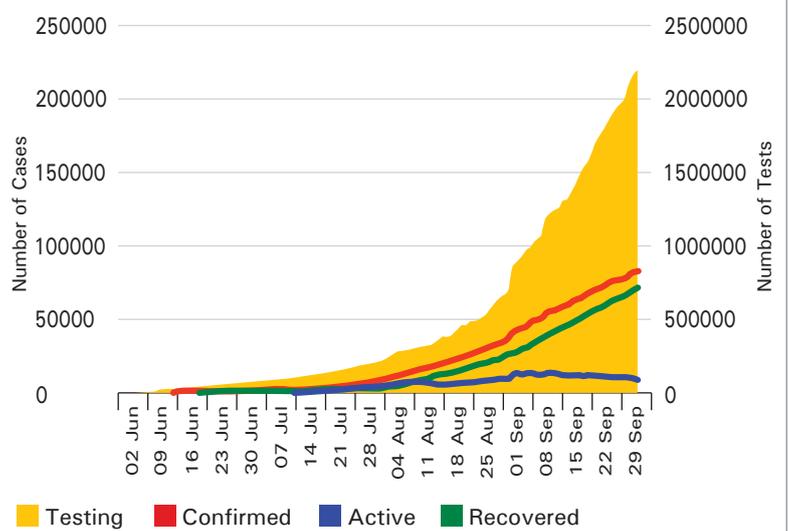
ASHA worker

Jharkhand state has a population of approximately 33 million with 38 per cent people belonging to the marginalized communities of scheduled caste and scheduled tribes. Out of 24 districts in Jharkhand, 19 districts are affected by Left-Wing Extremism (LWE). In Jharkhand, there are many areas which are inaccessible due to conflicts & difficult geography and providing health services to mothers and children is very difficult in these areas. Although neonatal mortality rate and maternal mortality ratio in Jharkhand is less than the national average, there is a significant geographical inequity across the state.

COVID-19 pandemic in Jharkhand

The first case in Jharkhand was reported on 31 March 2020 and showing consistent increase thereafter from the month of June. Till 30 September 2020, state had clocked 82,929 confirmed cases with about 2,000 people affected per million population. Mortality rate in state is 0.9 per cent with 713 COVID deaths and recovery rate of more than 80 per cent which is in line with national average. COVID-19 testing in Jharkhand has increased significantly over the past four months with 47,200 tests per million population. More than 2.2 million testes have been conducted in the state till end of September. However, state is showing decline in number of new cases in the month of October.

Figure 1: COVID-19 status in Jharkhand (Cumulative)



* Accessed on 30 September

Source: <https://www.mohfw.gov.in/> COVID-19 Statewise Status

Impact of COVID-19 on health systems and services

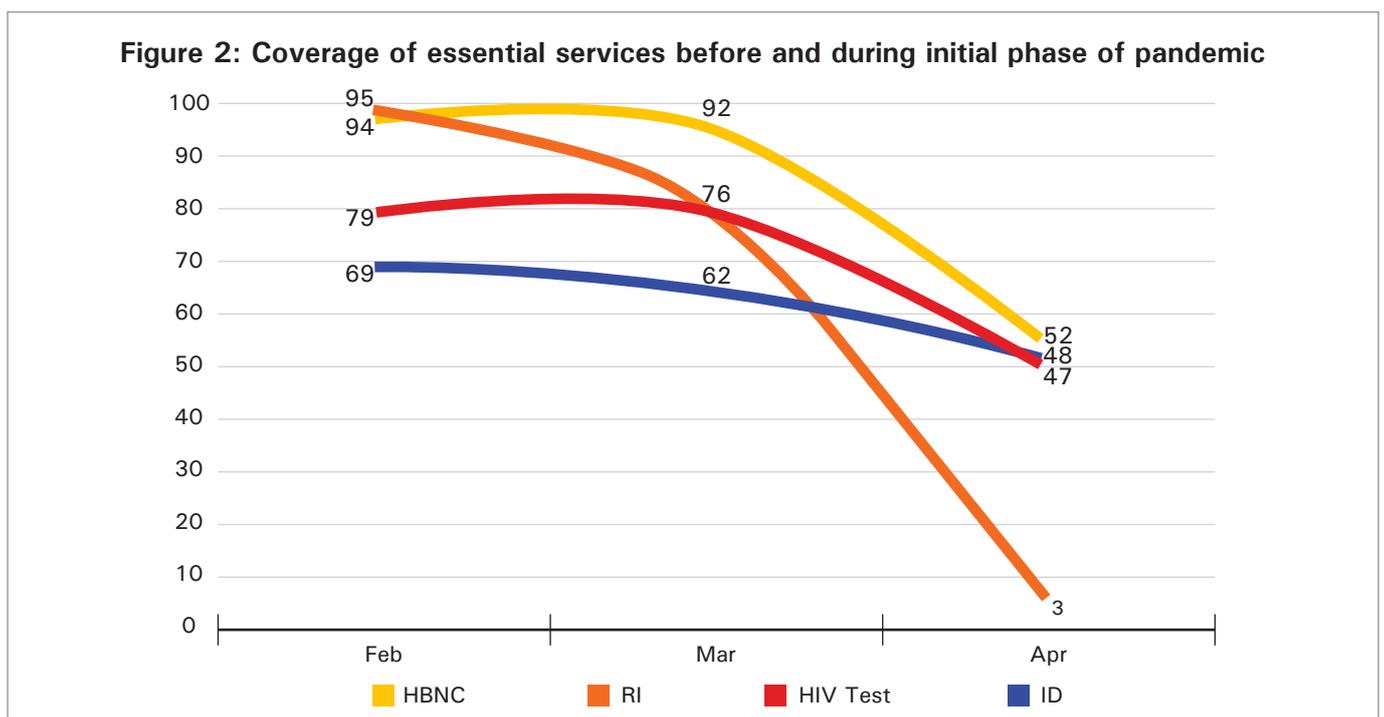
COVID-19 pandemic and nationwide lockdown affected health service delivery within the state which was already working in challenging external environment and limited resource in terms of health infrastructure and human resource. COVID-19 response by state involved converting health facilities into COVID facilities (Dedicated COVID Hospitals (DCH), Dedicated COVID Health Centres (DCHC) and COVID Care Centres (CCC)) and reassignment of health workers from essential routine Maternal Newborn and Child Health (MNCH) services to COVID response. Weak health systems coupled with impact of COVID-19 and lockdown, thereby inversely impacted the availability and quality of health services within the state. (Figure 2)

One of the main reasons behind poor immediate coverage after the pandemic was

Sub-optimally functioning private health sector, lack of coordination between departments; especially for outreach services, shifting of human resource to COVID hospital and care centres, inadequate supervision and monitoring, disruption of procurement and supply chains added the woes of the state to provide essential services to all the beneficiaries.

UNICEF actions

UNICEF's technical expertise across a range of sectors, bringing in learnings from pan India puts it in a position to advocate and bring in new thoughts and ideas to respond to the pandemic. UNICEF, with its unique positioning is ideally suited to leverage the benefits of working with civil society organization and



Source: HMIS data (2019-2020) (Accessed on 20 September 2020)

suspension of outreach services, non-availability of public transport as well as the government run transport for pregnant women (PW) and children. This was exacerbated by the fear of infection that led to communities not seeking proper services during the lockdown period. This reduced demand was observed equally in rural as well as in urban areas.

sharing those learnings to strengthen the government systems. UNICEF as a part of state control room contributed in policy making, for both COVID-19 pandemic response and continuation of services across the state. UNICEF led the upstream advocacy work along with other partners for establishment & review of COVID-19 responsive services and for continuation of essential RMNCH + A services.

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

Strengthening of COVID-19 facilities through assessments and follow-ups

As a response to the pandemic, the Government of India (GOI) had instructed state to set up 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. However, due to lack of infrastructure, human resource and equipment many of these COVID facilities were not up to the mark for treating the patients of COVID-19. In the month of April, UNICEF and WHO had received a request from GOI to conduct the assessment of dedicated COVID-19 hospitals and district COVID health centres. The objective of the assessment was to validate the preparedness and provide supportive supervision to these hospitals for further improvements. UNICEF was a lead partner in the state of Jharkhand and had been assigned the task to coordinate assessment with the government and WHO within the state. Accordingly, a plan was prepared and an assessment of 23 DCH and 27 DCHC was completed with support from WHO and UNDP in two phases.



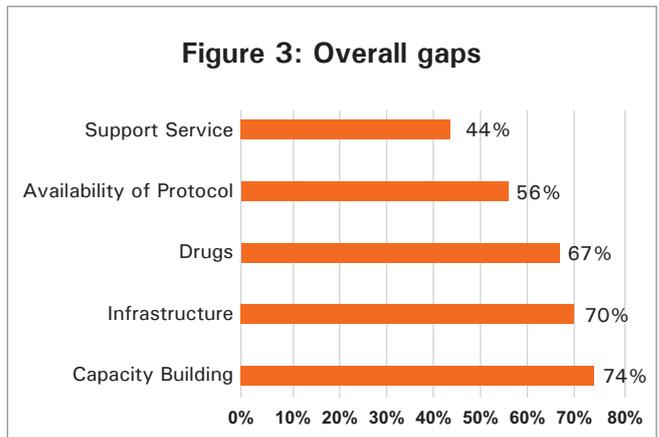
Some observations from the assessment were:

Most of the private facilities were grossly unprepared.

14 health facilities were reporting lesser number of isolation beds as compared to initial assessment.

Huge disparity in districts for oxygen availability, only 50 per cent beds had ventilators available and there was a severe shortage of human resources in all the facilities.

After the submission of report by UNICEF, a technical team was formed by the state for day to day follow-up actions which included representations from UNICEF and WHO. Instructions were sent to districts for corrective actions and special review was conducted by principal secretary health with all districts to discuss gaps, and resolve the issues. As of September 2020, the state has adequate availability of beds with oxygen and ventilators. Although human resource situation has improved but many facilities still need anaesthetist for high level critical care.



Source: Gap Assessment Report

Human interest story

Establishment of Dedicated COVID Hospital (DCH)

Jamtara, a remote district was not having COVID hospital during the initial phase of the pandemic. Since the district had only one government facility and converting it to COVID facility meant doing it at the cost of compromising essential and emergency services for the entire district. Therefore, district COVID hospital was set up in one of the old age homes. Equipment and human resource were not available, and the facility was not at all ready to manage the patients of COVID-19. UNICEF conducted an assessment, identified the gaps and shared with the administration. Districts deputed Dr. Durgesh Jha (Medical Officer in District Hospital) and made him in-charge of the facility.

Dr. Jha along with UNICEF advocated with MLA to provide ventilators and oxygen concentrators as these were not available even in state warehouse. MLA provided one ventilator and two oxygen concentrators initially to start the facility. The facility is upgraded to dedicate COVID hospital with 16 ventilators, 9 oxygen concentrators and a team of human resource. Till 12 September 2020, out of 552 COVID-19 patients admitted in the facility, 469 have been successfully treated and discharged with no deaths till 12 September 2020. Of these 18 were pregnant women, 6 infants and 15 up-to 10-year-old children.



Capacity building for robust COVID-19 pandemic response

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

Name of Training	Details of Training & Participation
<p>Capacity building of Front-line Workers (FLW) on COVID-19</p>	<p>UNICEF supported training of 1,498 District and Block level functionaries through online platform following which Sahiyas, Anganwadi Workers (AWW) & Auxiliary Nursing Midwives (ANM) were trained in small batches while following social distancing and Indian Penal Code norms.</p>
<p>Capacity building of Private and Government Doctors on Management of COVID-19</p>	<p>UNICEF in collaboration with Rajendra Institute of Medical Sciences, Ranchi supported capacity building on clinical management of COVID-19. Training of 162 private practitioners and 547 government doctors in two batches were conducted through online platform.</p>
<p>Capacity building of Medical Officers & Intensivists on use of ventilators</p>	<p>UNICEF in collaboration with Department of Critical Care, RIMS, Ranchi supported an online capacity building on the use of ventilators. A total of 149 Medical Officers (MO) & Intensivists deputed in the ICU & Isolation wards were trained.</p>
<p>Infection Prevention and Control</p>	<p>UNICEF supported orientation on infection control practices. A total of 464 in-charges, officials, medical officers, sanitary officers of district hospitals, medical colleges, quarantine centres were trained.</p> <p>UNICEF supported the state in training of infection prevention and control as well as biomedical waste</p>

	<p>management. Using online platform, a total of 458 district & block level programme managers and 3,549 ANMs have been trained on biomedical waste management and infection prevention and control.</p>
<p>Psychosocial support</p>	<p>UNICEF in collaboration with Central Institute of Psychiatry conducted capacity building on Psychosocial Support Service (PSS) counselling for 153 mental health and psychosocial counsellors of National Health Mission (NHM), who are providing online and offline support to health care workers and general community.</p>

Integrated Risk Communication & Community Engagement (RCCE) intervention to promote key behaviours to prevent COVID-19 and other important Health, Nutrition and Water, Sanitation and Hygiene (WASH) behaviours in urban slums of Ranchi

Initially during the pandemic, the largest number of cases in the state were reported from Hindpidi area of Ranchi and the reasons for higher transmissibility were due to over crowding, social mixing, large family sizes, poor water & sanitation services, common water collection areas, mass gatherings for religious and other activities and lack of awareness about overall health and sanitation especially about COVID-19. Health & Communication for Development (C4D) teams within UNICEF came together to address this issue through RCCE strategy. UNICEF partnered with a local NGO with key objectives of improved practice of key health and hygiene behaviours and social distancing to prevent the spread of COVID-19 in urban slums. Increased engagement of local influencers to promote community dialogue around COVID-19 prevention, improved liaison with the government to improve health and sanitation services in the area, improved practice of key health, nutrition and WASH behaviours.

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 preventive behaviours. 385 local influencers and religious leaders were oriented and seven main leaders were put on ground to spread messages among the community. We conducted 12,000 handwashing

demonstrations and oriented 62 staff members of local health facility. UNICEF partnership was leveraged to link RCCE activities with COVID 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. The success of this programme has helped in extending RCCE interventions to semi-urban and rural block of adjacent district without additional budget.



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

Human interest story

Kangaroo Mother Care (KMC) & Breastfeeding in a COVID-19 positive mother

Dhaniya Oraon was admitted in the medical college for institutional delivery and on 11 May 2020, she delivered twin male babies. Both the babies were born with low birth weight. One of the baby weighed 1.58 kgs and the other baby weighed 2.0 kgs at the time of birth. Mother Dhaniya and her two babies were discharged from hospital after three days. Upon reaching home they received information that mother Dhaniya had tested positive for COVID-19. She along with her two babies were shifted to COVID ward in RIMS the same evening. Dhaniya was advised to continue breastfeeding of both the babies while wearing mask and gloves. The nursing staff in the ward provided all essential newborn care to the babies. Her babies were discharged after 10 days following her negative COVID test result.

Dhaniya & her husband contacted Sahiya (ASHA) Pinky Devi for help as both the babies were weak & underweight. Pinky demonstrated them Kangaroo Mother Care (KMC) with all the measures. She also counselled them for physical distancing of mother & babies from other members of the family. Mother provided KMC to both the babies as per the guidelines given by Sahiya and as a result both the babies grew well. Their recent assessment shows that both the babies have gained weight, one has reached 5.2 kgs and the other baby has reached 5.8 kgs. The entire family has forgotten all the stress they went in to and they thank all the health care workers, both at the hospital, and community for giving a healthy life to the mother and children.



Community visits by Sahiya



Kangaroo Mother Care being provided to a baby

Psychosocial counselling for children and migrant population

Pandemics like COVID-19 and other natural disasters, negatively affect the physical and mental health of an individual and a community in general with a more pronounced effect on people with pre-existing mental illnesses. COVID-19 and the nationwide lockdown adversely affected the access to mental health facilities and care.

UNICEF (Health & Child Protection sections) in consultation with the government and Central Institute of Psychiatry in Ranchi formed a partnership to address this issue. UNICEF led the partnership and conducted online capacity

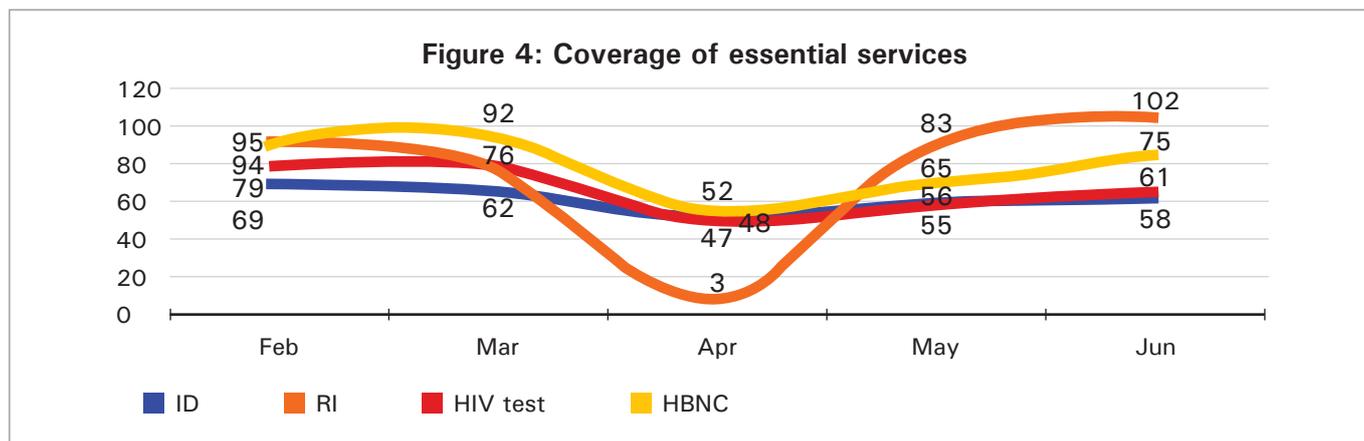
building on psychosocial support counselling for 153 mental health and psychosocial counsellors of NHM. These trained counsellors provide online tele-consultation as well as offline support to health care workers (including frontline health workers) and general community. Helpline 104 is also providing psychosocial support in the state. A 24x7 dedicated helpline service providing comprehensive PSS to the individuals through trained mental health care professionals under the ambit of "CIP Tele Mental Health Services" was established.

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

Technical support for continuation of RMNCH+A services

All RMNCH+ A services were severely disrupted in the month of April and May during the period of intense lockdown. But gradually it is showing signs of improvement. Institutional delivery dipped below 50 per cent but improved thereafter but still it is not at pre-COVID levels. Some major bottlenecks like non-availability of referral transport, non-availability of Human Resource (HR) at delivery point, fear among family members needs to be addressed to improve it further. Similar trends were observed in all indicators like HIV testing.

Routine Immunization (RI) was almost nil in the month of April but improved thereafter. The Government of Jharkhand is focusing on coverage, especially of basic and emergency obstetric and neonatal care, routine immunization coverage and resumption of Home Based Newborn Care (HBNC). UNICEF is supporting the state in identifying pockets for home deliveries, low immunization coverage pockets and then reviewing them for improvement with the government.



Source: HMIS 2020-2021 data accessed on 10 September 2020



Sahiya counselling & mobilizing beneficiaries for taking up essential MCH services

Provision of essential services to migrant women and children

COVID-19 pandemic had an ill effect on all migrant workers. A major population had to return back to the state, which included pregnant women and children up-to five years of age. An estimated number of more than 600,000 people have already returned to state and it was vital that all essential health services to migrant population like antenatal care (ANC), linkages for institutional deliveries and routine immunization to children/pregnant women is to be provided to prevent morbidity and mortality. UNICEF advocated and provided technical assistance for essential health service provision including to 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 district who were due for any age appropriate vaccine. UNICEF supported in planning of the sessions and subsequent supportive supervision of the sessions. Districts then organized RI/Village Health Sanitation Nutrition Days (VHSND) across villages while following all recommended protocols to immunize these children. Many migrant children have already been immunized in these RI sessions and some are being covered as per the plan. These children have also been included in the RI micro plan of their respective blocks.

Scaling up of facility-based newborn care

UNICEF is providing support for scaling up facility-based newborn care at different level of facilities by providing technical support towards establishment and service provision with quality of care. Renovation has restarted in eight Sick Newborn Care Units (SNCUs) of the state after lockdown and almost completed in five out of eight facilities. Procurement of equipment which got halted, has now started again and is in final stages of delivery.

UNICEF is tirelessly working with the government for completion of renovation in the remaining three districts which is expected to be operational by December 2020. Human resource is one of the major constraints in Jharkhand to run specialised care facilities. To address this gap, a joint initiative was launched by the Government of Jharkhand (GoJ), Rani Children Hospital and Kalawati Sharan Hospital in Delhi along with technical support from UNICEF as a three-month course on Neonatology and Emergency Paediatric on 24 February 2020. Kalawati Sharan Children Hospital is providing the mentoring support to the initiative. In the first batch, total 15 Doctors from district hospital are undertaking the training.



New SNCUs established and made functional

Improving quality of care in SNCUs and Newborn Care Corner (NBCC)

COVID-19 and lockdown impacted the access to quality of service delivery in SNCUs. UNICEF technically supported the state in review of data across all SNCUs using SNCU online software. Inborn admissions were 55 per cent and there was a significant reduction in out born admissions and referral from communities, whereas only 8.9 per cent neonates were admitted born and referred from community. The bed occupancy rate improved in the month of July and August but still it is around 66 per cent which is lower than pre COVID-19 period. Based on the analysis, necessary instructions were sent to respective deputy commissioners for preparing an action plan and addressing the gaps in the service. The progress on the action is being monitored at the state level. UNICEF is also supporting the state in conducting district-wise review of NBCCs. Mentoring of the SNCUs was put to a halt during the lockdown period. UNICEF identified the mentors and restarted mentoring from the month of September.



Newborn Care

Human interest story

Alleviating fear among community for seeking newborn care and community follow ups during COVID-19 pandemic

Mrs. Lilmuni Devi has been working as a SAHIYA (Accredited Social Health Activist (ASHA)) in village Madnadih, which is a part of LWE affected and hard to reach district of Giridih, Jharkhand. Even during COVID pandemic and the subsequent lockdown, Lilmuni Devi did not compromise with community follow-ups of especially high-risk newborn children. Mrs. Phul Kumari Hansda who belonged to a poor and tribal family, returned home only after one day in SNCU where her twin and low birth weight daughters were admitted. Knowing about their return from SNCU, Lilmuni Devi, reached out to them for community follow up and found out that condition of both the babies was worsening as they showed signs of refusal to feed and lethargy. Lilmuni Devi counselled the family members for taking the babies to SNCU again for treatment. She also informed them about the benefits of Janani Shishu Suraksha Karyakram (JSSK) scheme and assured them of free treatment. Finally, the parents agreed to admit their sick babies in the SNCU. When

the twins became stable after five days' treatment at SNCU, they were discharged and sent home safely. Lilmuni Devi continued her further community follow-up visits and advised the mother for KMC. As the routine immunization services were resumed, the babies got their due dose of vaccines. Now, both babies are healthy and out of high-risk.



Sahiya conducting home visit for community follow up

RMNCH+A service delivery in hard to reach area of Latehar during COVID-19 phase

Latehar is a predominantly rural and tribal district mostly covered with forest and hills and it is also one of the worst affected left-wing extremists district.

Shushila Xalxo, an ANM posted at Hami Health sub-centre of Mahuadanr block, crosses river "Merhari" and walks along the hilly area to reach her workplace every day. During the COVID pandemic, she travelled on foot to reach the village Gothgao to provide support in terms of ANC, RI and other relevant health activities. To support her activities, AWW Rajkishori Beck and Sahiya Theresa Xalxo of Chikani Kona were always there to mobilize the beneficiaries to the session site. The village "Gothgao", was under containment zone and people feared going anywhere outside for their health needs, hence initially they refused to attend VHND sessions. With consistent efforts of ANMs along with AWW and ASHA workers, VHND sessions started taking place again in the village and all Pregnant Women (PW) and children availed RMNCH+A services. UNICEF conducted 15 VHND supportive supervision visits from June 2020 to August 2020 period to ensure quality essential maternal & child health services are provided in these sessions.

UNICEF provided support to track the babies for community follow-ups through SNCU



ANM visiting hard to reach area for RMNCH+A services

online programme. UNICEF linked SNCU online software with state HBNC Management Information System (MIS) from where SMSes were sent to both parents and health workers for follow-ups. Also, as a part of its hard to reach tribal immunization strategy, UNICEF technically supported the tribal dominated blocks & districts for improving outreach maternal & child health and immunization services. During COVID pandemic and resumption of services, UNICEF supported in preparing revised guidelines, conducting supportive supervision, field visits for initiation of VHND and review of community-based child health programme to increase the follow-up of sick newborn babies.

Capacity building measures for continuation of essential services

Name of Training	Details of Training & Participation
<p>Dissemination of guideline to restart essential Maternal & Child Health services through online and offline training</p>	<p>UNICEF supported in dissemination of guidelines for initiating essential Maternal and Child Health (MCH) services. State level dissemination on guidance for continuation of delivery services and SNCUs and Malnutrition Treatment Centre (MTC) was conducted using online platform that reached out to 1,149 district and block level programme managers.</p>
<p>Dissemination of guideline to restart outreach RI & VHND services through online and offline training</p>	<p>More than 1,100 district and block level functionaries were oriented in conducting outreach RI services while following all IPC norms.</p>
<p>Dissemination of guidelines on essential Maternal & Child Health services in the context of COVID-19 to frontline health workers</p>	<p>UNICEF technically supported offline dissemination of guidelines on essential Maternal & Child Health services to frontline health workers. Training of more than 26,000 Field Level Workers (FLWs), ANMs & Sahiyas (ASHA) have been completed.</p>

Strengthening Cold Chain and Vaccine Management

UNICEF coordinated with National Cold Chain & Vaccine Management Resource Centre (NCCVMRC) and technically supported the government in a four-day online training of newly joined Vaccine Logistics & Cold Chain Managers (VCCMs) in all 24 districts on National Cold Chain Management Information System (NCCMIS) and on online platform for supportive supervision of cold chain using mobile application.

UNICEF support to programme reviews for further improvement of coverage and quality of essential services

- » **Review meetings for Maternal Health & Delivery Services at state level:** UNICEF supported the review of maternal and child health services at state and district level. **Using online platform, it conducted review of delivery services at delivery points across the state. A total 788 participants** joined the review from district & block in four batches.
- » **Strengthening of Labour Room (LR) LaQshya initiative:** A state level review was convened by UNICEF along with the government & other partner agencies to review the progress of LaQshya certifications to facilities within the state. As a follow up of the review, necessary action points and instructions were issued from the state.
- » **Review of facility and outreach based newborn care programme:** UNICEF also supported the review of facility and outreach based newborn care programme; a total of 850 participants (district block functionaries, including SNCU MOs, Staff Nurses (SNs), LR in-charges) participated in the review meeting.
- » **SNCU reviews at state level and at district level:** UNICEF technically supported the state level review of data across all SNCUs in the state using SNCU online software. UNICEF technically supported the district level reviews with deputy commissioners and preparation of the action plan.
- » **Review of Newborn Care Corners (NBCC) within the state:** UNICEF supported the government for a state level review with all 24 districts (a total of 12 reviews, 2 districts per review) with the objective of restarting (wherever required) and further strengthening of 596 NBCC across the state.
- » **State level review of Routine Immunization programme:** UNICEF supported state level review of Routine Immunization programme in context of COVID-19 guidance. A total of 500 participants attended the online review in four batches.
- » **Strengthening Immunization Supply Chain:** Supply Chain is critical to maintaining adequate supply of potent vaccine. UNICEF supported a state level review of Effective Vaccine Management (EVM) and NCCMIS for all 24 districts and a total of 80 participants joined the online review in four batches.

Health system strengthening efforts during COVID-19 pandemic

Strengthening referral and transport during COVID-19 pandemic: Although Jharkhand has showed significant reduction in maternal mortality (71/100000 population), many areas still need significant improvement especially the remote and hard to reach areas. UNICEF is supporting the Government of Jharkhand in improving referral transport. UNICEF conducted assessment to identify the extent of disruption in referral and transport during the initial phases of the pandemic and found that the state of Jharkhand has around 33 per cent areas which are not easily accessible and the population dwelling in those areas are

deprived of any medical facilities including safe delivery of to-be mothers. Pregnant Women/Mothers with life threatening complications are not getting Advance Life Support (ALS) ambulance services in 45.8 per cent of district hospitals due to unavailability of 108 ALS ambulances. Pregnant women/mothers with complications are not getting basic life support referrals in 13 per cent of Community Health Centres (CHCs) due to unavailability of 108 Basic Life Support (BLS) ambulances and 20 per cent blocks are yet to activate the local transport for PW (MamtaVahan).

To address the issues in referral and transport, UNICEF advocated for:

Rationalization of basic as well as advance life support ambulances.

Restoring local transport system for pregnant women (MamtaVahan).

Instructions have been sent to all districts to restart MamtaVahan in 40 per cent blocks where it is not functional. State has formed a

special committee to prepare and plan for rationalization of the 108 ALS/BLS as well as the procurement of new ambulances.

Strengthening of First Referral Units (FRUs) during COVID-19 pandemic: UNICEF is supporting the Government of Jharkhand in strengthening of FRUs as many services got disrupted during COVID-19. To know the current status of the facilities, UNICEF and the GOJ conducted an assessment of 73 FRUs to

identify the gaps. Maximum gaps were observed in human resources for providing healthcare services. The deficiency of specialists got further aggravated due to posting of specialist healthcare providers in COVID hospitals, 42 per cent blood storage units being non-functional.

As a way forward, three major areas of work will be:

Human resource deployment

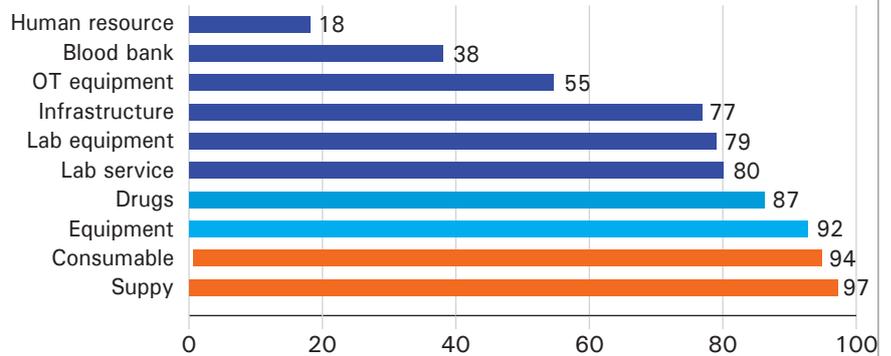
Operationalization of blood storage units

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 prioritising FRUs/actions, bringing all partners together for advocacy, fund leveraging, mentoring and supportive supervision.

Figure 5: Domain-wise gaps identified in First Referral Units



Source: FRU Gap Assessment Report, August 2020

Improving Skilled Birth Attendant (SBA) coverage: State and UNICEF wanted to renew focus on SBA as coverage across the state had dropped significantly. UNICEF supported situational analysis of around 440 SBA trained ANMs in Giridih and West Singhbhum for place of posting and number of deliveries conducted by them in last three months. The exercise was used for rationalization of SBAs. UNICEF also submitted comprehensive training plan with timelines for saturating all delivery points with SBA. However, it has not kick-started yet due to the COVID situation.

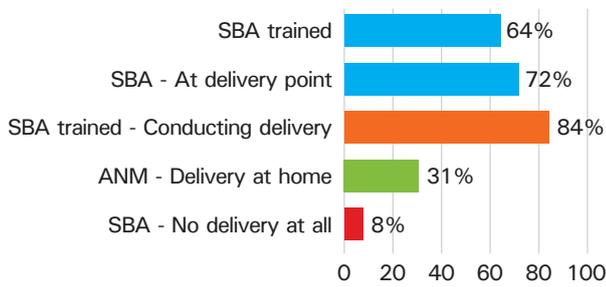


Skilled Birth Attendance

Steps taken to improve the SBA coverage:

- One year training plan for coverage of SBA trained staff in functional facilities
- Assessment of readiness of training centre
- Training preparation and budget proposal, constitute District Monitoring Team (merging with LaQShya DCT (District Coaching Team))
- Supportive supervision visits to the facilities

Figure 6: Status of SBA trained staff in Focus Districts



Source: SBA Training Assessment Report

Regained focus on LaQshya initiative:

Strengthening the quality of care in delivery services post COVID-19 lockdown has been a key priority area. UNICEF convened along with the government and other partner agencies to review the progress of LaQshya certification to facilities within the state. UNICEF supported the government in preparation of an action plan for identifying and supporting facilities to achieve the certification of 19 facilities in five districts. For 2020, UNICEF is targeting six facilities for an online certification of LaQshya

and has already started the certification process of two facilities which targeted to be done by October. UNICEF has initiated the certification process in the month of July 2019 in CHC Kumardungi and CHC Manhorpur facilities by conducting the internal assessment for gap identification and development of action plans to bridge the gaps in the stipulated time frame.

Strengthening Routine Immunization during COVID-19 pandemic: COVID-19 pandemic and nationwide lockdown has adversely impacted the outreach routine immunization and health service delivery. Health Management Information System (HMIS) analysis showed that in the month of April 2020, only 6 per cent of the sessions could be conducted and only 3 per cent children received full immunization (HMIS April 2020) leading to more than 69,000 children being left without receiving any vaccine in month of April 2020.

UNICEF initiated advocacy for resuming outreach services and based on the guidance received from the Government of India (GOI), UNICEF worked with Department of Health for issuance and dissemination of necessary instructions to restart of routine immunization services. Using online platform, UNICEF supported the government to train 1,149 district and block level programme managers in two batches. More than 500 district and block level programme managers were trained on new micro-planning guidelines and tool.

UNICEF supported state level review of RI/VHND sessions and implementation of COVID prevention guidelines. During these online state level review implementation of RI guideline, micro-planning, human resource deployment and supervision by staff were



LaQshya mentoring visits to labour room



Resumed RI services in the state

assessed. UNICEF also supports regular HMIS data review which shows that the session organization of the state has now increased to 96 per cent and full immunization coverage as per HMIS has reached 71 per cent in August 2020 as against 3 per cent in April 2020. Continued supportive supervision and review of programme is required to ensure consistent high level of full immunization coverage with equity is achieved every month.

VHND Monitoring: COVID-19 pandemic and lockdown services in outreach got suspended which adversely impacted the services at Village Health Sanitation & Nutrition Day (VHSND) session sites. With the restart of service in the outreach, ensuring availability and quality of services while following all necessary COVID prevention protocols was critical. UNICEF supported development of a joint supportive supervision plan with the government and partner agencies for combined supportive supervision and hand holding support to VHND sessions. A feedback plus corrective loop was developed. Data collected during field visits was compiled with UNICEF support. Some of the knowledge attitude and practices for COVID-19 response of the frontline workers was also assessed with some modification in the checklist.

A total of 1,182 supportive supervision visits were made to VHND sites since the restart of services. A total of 2,340 pregnant women and 2,295 lactating women were interviewed to assess their knowledge and the services they received.

Since the restart of services, the availability and quality of VHSND/outreach sessions has seen a steady improvement, however progress in some areas has been variable. Availability of Mother Child Protection (MCP) cards has been above 90 per cent, availability of Haemoglobin

(HB) meter has increased from 77 per cent to 85 per cent in August. However, availability of urine kit has remained around 50 per cent. Availability of HIV kit has shown a decline since May 2020 because of the issues around procurement and supply. On interviewing mothers, it was found that women are now increasingly seeking ANC and institutional deliveries. In August 2020, ANC increased from 48 per cent to 60 per cent. Institutional deliveries reported went up by 78 per cent amongst the mothers who were interviewed. This has increased from 62 per cent reported in May. However, still about a quarter of pregnant women were delivering in home with key reasons being non-availability of transport (28 per cent), family did not allow (25 per cent) and lack of knowledge (23 per cent).

(Source: VHND Concurrent Monitoring Data up-to August 2020)



Convergence approach to improve the health facility and services in Giridih, Jharkhand - An Aspirational District Story

Giridih is among the 117 aspirational districts in India and one of the largest districts of the Jharkhand with 13 administrative blocks and a total population of 24.5 million. As per NFHS-4 figures, institutional birth percentage in public health facility is mere 39.1 per cent. A District Gap Analysis (DGA) was conducted with UNICEF support in January and February just before the pandemic struck, to identify the

key gaps in the areas of human resource deployment, infrastructure facilities, status of WASH at health facilities, availability of necessary drugs and consumables at health facility; and training status and skills of the service providers. Mapping exercise was conducted under this DGA at 57 centres including the district hospital, 11 CHCs, 7 PHCs and 38 Health & Wellness centres.

The gap analysis helped the district to identify the areas of immediate intervention. The Deputy Commissioner proactively constituted a core group consisting of the Deputy Development Commissioner, Civil Surgeon, officers from the line agencies Public Works Department (PWD), Public Health Engineering Department (PHED), District Programme Manager, Aspirational District Fellows and the UNICEF Consultant to work on these gaps. The core group meeting was organized in March 2020 to work on the detailed budget for necessary actions to address these gaps. The convergence planning based on District Gap Assessment has helped the district under the leadership of the Deputy Commissioner to mobilize a total sum of INR 10.76 million for

the improvement of health facility, out of which INR 3.37 million were allocated for MCH upgradation and INR 7.37 million for strengthening of CHC facilities from District Mineral Fund trust (DMFT). After the approval, all the work had started during the pandemic. Human resource recruitment is completed, extra beds have been allocated and SNCU equipments have been purchased for district hospitals. At HSCs, 46 ANM, 23 MSW and 23 Sweepers were provisioned with DMFT funds. 64 School Health Committees (SHCs) and 14 Primary Health Centres (PHCs) were targeted to upgrade as Health & Wellness centres and the Building Construction Department was instructed to provide estimates for further action.

Innovation - Using technology as a solution in times of COVID-19 pandemic

Village Health Sanitation & Nutrition Day (VHSND) is a convergent platform for provision of equity based preventive services especially to the marginalised and vulnerable communities. To monitor the quality of services at VHSND, UNICEF had supported 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 paper-based format which was a time-consuming process and prone to errors. Moreover, restrictions during lockdown made it difficult to share collected information.

Recognising the problems, UNICEF planned

and designed electronic supportive supervision & data collection tool for VHND session site & interaction with beneficiaries. UNICEF developed a mobile application using Open Data Kit (ODK) software platform for data capturing & transmission. It was developed using in-house expertise in UNICEF state office with no extra cost to the organization. Electronic data entry at session site ensured correct/valid data entry. The supportive supervision findings are immediately shared on the server for automated analysis. UNICEF and the government are using this ODK platform for VHND monitoring and supportive supervision. A total of 1,182 session site observations and details from 4,635 women have already been captured using this tool.

HPM indicators			
HPM indicators	Target for March to December 2020	Progress up to September 2020	Source
 No. of Health worker trained in detection, referral and management of COVID-19 cases	65,000	62,627	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	852,500	470,941	HMIS (March to June 2020)
 No. of Health care facility staff and community staff trained in infection prevention and control	2500	3549	State Training report

PARTNERSHIPS

COVID-19 pandemic along with all the complexities also brought forward opportunities for creating partnership both within the UNICEF across sections, externally with other UN agencies and other NGOs/Community-based Organizations (CBOs). This helped in coordinating efforts for both COVID-19 response and continuation of RMNCH+A activities.



Routine Immunization Monitoring

Ensuring service delivery quality at RI session site is important in improving immunization coverage. UNICEF partnered with WHO to jointly monitor RI session site in the state. Between May and August 2020 UNICEF conducted 1,775 sessions visits and 4,845 house to house visits. During the same time WHO monitored 2,783 RI sessions and conducted 6,010 house to house visits wherein a combined feedback is shared with the state and district.



Cold chain supportive supervision & capacity building

UNICEF works very closely with UNDP and the government in supportive supervision of cold chain point, capacity building of cold chain handlers and vaccine cold chain managers. Jointly cold chain handlers and VCCMS of all 24 districts were trained on NCCMIS, use of supportive supervision application and electronic vaccine management.



Improving quality of care in private sector

UNICEF and JHPIEGO has prepared a package to improve quality of care in West Singhbhum which is UNICEF supported districts. It is a non-financial partnership with leveraging funds from district for improvement. Under the partnership, UNICEF and JHPIEGO will provide technical support to all hospitals offering Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services in the district. The hospital will be supported to accept and adhere to clinical and facility standards as laid down in LaQshya (Public sector) or Manyata programme (Private sector) and establish District Working Groups for safe motherhood that involve both public and private health care institutions.



Tribal Immunization strategy development and implementation

UNICEF convened and conducted a collaborative workshop. Health section worked closely with C4D internally and with Department of Health, Department of Women & Child Development, Rural Development and NGOs/CBOs externally for development of strategy for improving immunization in tribal and hard to reach areas. For implementation of strategy, UNICEF (Health & C4D) is working in partnership with NGOs and the Panchayati Raj at village level to ensure every child is immunized.



HTRA, Khatgama



NGO network

COVID-19 pandemic led to flooding of information and instructions from different quarters. UNICEF conceptualized and created a non-financial partnership & collaboration platform of 48 NGOs and CBOs working in Jharkhand in the field of health & nutrition to share various standard guidelines issued by the GOJ, the GOI and WHO/UNICEF along with learning and awareness materials with organizations. UNICEF also promoted use of this platform for synchronising activities around COVID response and resumption of RMNCH + A services like supportive supervision at facilities and outreach activities. UNICEF also supported capacity building of representatives of these CBOs and NGOs on COVID.

LESSONS LEARNED AND WAY FORWARD

- State should have a response plan to respond 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 in a nationwide pandemic.

Clear guidelines and appropriate trainings are required for resumption of services. Human resource planning for both COVID-19 response and provision of essential services should be done well in advance. Regular monitoring and supportive supervision are required to improve the response capacity of COVID-19 hospitals.
- Inter-sectoral and interdepartmental coordination like Integrated Child Development Services (ICDS) and Health are important for resumption and quality delivery of essential services at outreach VHND sessions. Inbound migrants/temporary settlements to be included in micro plans. Urban communities specially slum areas need specific interventions.
- Broad guidelines and preparedness for pandemic response to be included in routine capacity building package like ASHA modules, ANM induction trainings and MO training.
- Concurrent evidence generation and analysis for programme improvement is important for ensuring reach and quality of service.
- Online forms of training have limited impact and need to be complimented with smaller one-to-one module for improving 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 resumption of RMNCH+A services.

Way forward

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

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UNICEF India Response to COVID-19 Pandemic

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