

Reaching the unreached

2020

unicef 
for every child



MADHYA PRADESH

UNICEF India Response
to COVID-19 Pandemic

HEALTH



Key statistics

Demographic Facts	Numbers	Source
Estimated Total Population	82,208,113	State Health Data (Based on Census 2011 population projections)
Estimated Live Births	2,115,848	State Health Bulletin estimates
Estimated Pregnant Women	2,327,434	
Estimated Children below 1 year	1,983,161	
Total no. of Districts	52	State Records
Total no. of AWC	97,135	ICDS Records
Total no. of Dedicated COVID Hospitals	25	MP State Health Bulletin
Total no. of Dedicated COVID Health Centres	73	MP State Health Bulletin

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BACKGROUND



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

Madhya Pradesh (MP) is in the heart of India, one of the largest states with 52 districts, 72.6 million population (2011 Census) and growing at the rate of 2 per cent per annum.

Tribal population comprises a substantial portion of its population at 21.09 per cent, whereas 15.62 per cent of its population belongs to scheduled castes, facing multiple deprivations and vulnerabilities. The state has a birth cohort of 2.1 million babies and 2.3 million pregnant women, with under-five mortality rate at 56 per 1,000 live births, infant mortality rate at 48 per 1,000 live births and newborn mortality rate at 35 per 1,000 live births (SRS 2018).

Madhya Pradesh: Health infrastructure

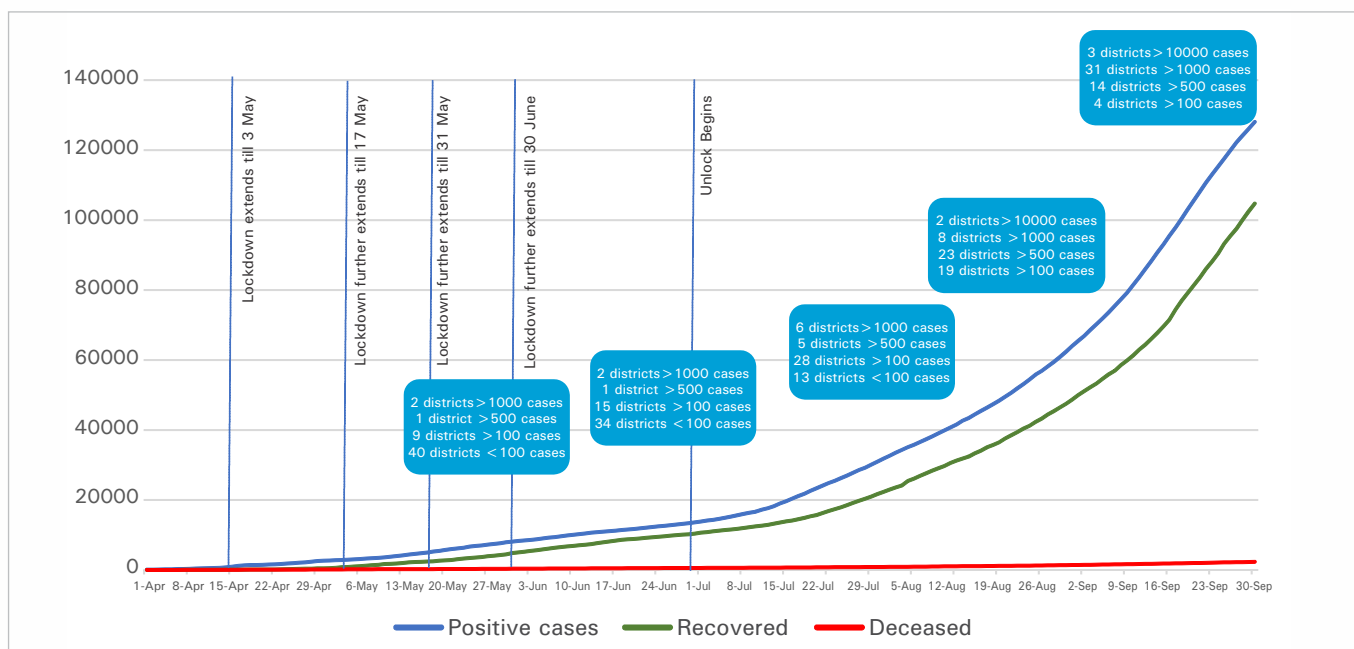
- 9,192 functional Health Sub Centres (HSCs), 1,171 Primary Health Centres (PHCs), 334 Community Health Centres (CHCs), 66 sub-divisional hospitals and 51 district hospitals
- National Health Mission (NHM) Madhya Pradesh has strengthened 1,515 delivery rooms of which 1,384 are functional. 1,000 maternity ambulances, 108 emergency

ambulances, 55,336 Gram Arogya Kendras (GAKS) and 87,211 Village Health Sanitation Nutrition Days (VHSNDs)

- 747 Basic Emergency Maternal Obstetric and Newborn Care (BeMONC) and 148 Comprehensive Maternal Obstetric and Newborn Care (CeMONC) centres. 60 Newborn Stabilization Units (NBSUs) at CHC level

The COVID-19 pandemic which had grappled the world, reported its arrival in Madhya Pradesh on 20 March 2020 when four people tested positive at a government laboratory, Jabalpur. Acting in anticipation, the government declared nationwide lockdown on 25 March 2020. The increasing number of cases compelled the government to categorize the districts into red, orange and yellow zones. As of 30 April 2020, Madhya Pradesh had 9 districts in red zone, 19 districts in orange zone and 24 districts in green zone. To tackle this increased caseload, Government of Madhya Pradesh (GoMP) designated 25 facilities as

Figure 1: COVID-19 trend in Madhya Pradesh



Source: MP Health Bulletins

Dedicated COVID Hospitals (DCH), 73 facilities as Dedicated COVID Health Centres (DCHC), 428 Dedicated COVID Care Centres (DCCC), 10 government testing labs and 3 private labs for the management and testing of COVID-19.

Issue of migrants

By the end of May, as per Health Department data, more than 14 lakh workers and labourers have migrated back to their home state due to loss of livelihood, fear and uncertainty. This led to aggravation of issues for the state such as-

- Shifting of COVID-19 hotspots from predominantly urban areas to rural areas (by 12 June 2020, all 52 districts started reporting COVID-19 cases)
- Fatigue, burn out, infections and discrimination with COVID warriors

As of 30 September 2020, Madhya Pradesh reported 128,047 positive cases within the districts of Indore (24,006), Bhopal (17,408) and Gwalior (10,529) sharing the maximum caseload. The state had recorded a recovery rate of 81.8 per cent and fatality rate of 1.8 per cent. As of September 2020, the pandemic has moved from urban cities and transport hubs of Bhopal, Indore, Ujjain, Jabalpur, and Gwalior to over 26 districts, reporting tribal and rural spread, making the situation more alarming unless action is taken in swift and sound manner.

The lockdown affected nearly every sphere of public and private life of an individual.

RMNCH + A services were no exception and were particularly affected as evident by-

- 49,823 VHND sessions lost during March and April 2020
- 14,446 SNCU admissions (Mar - Apr 2020) as compared to 17,136 (Mar - Apr 2019)

Figure 2: SNCU Admissions*

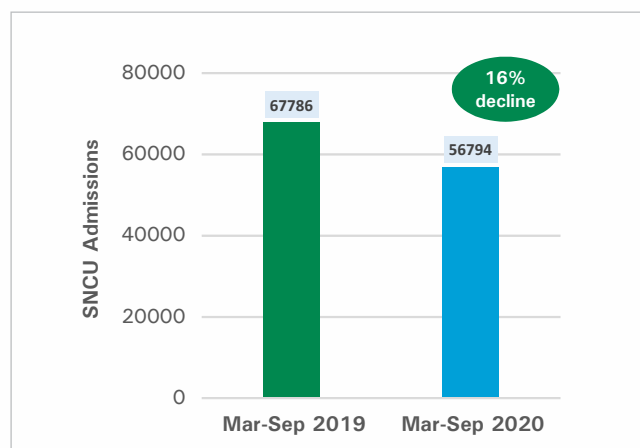
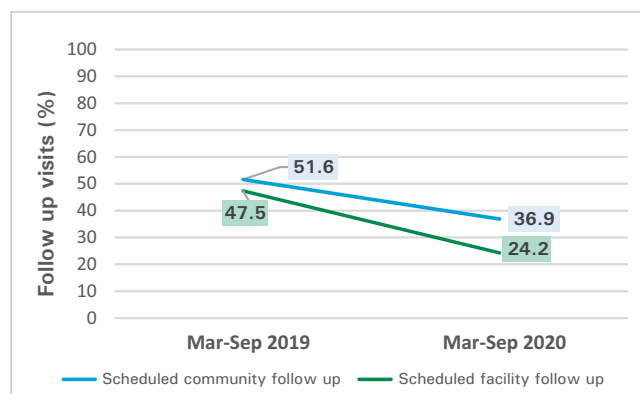


Figure 3: SNCU Follow up*



Source: SNCU MIS*

Figure 4: Full Immunization# (%)

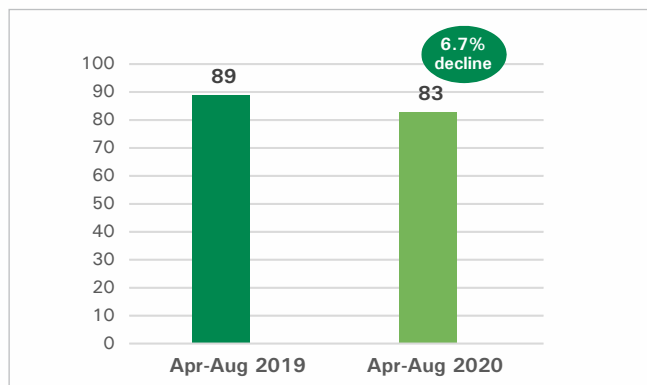


Figure 5: Deliveries#

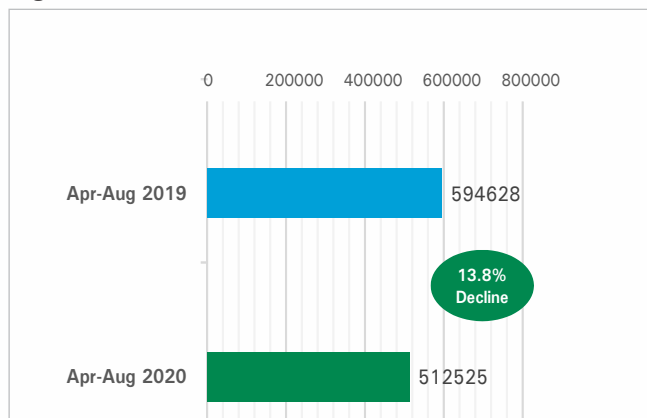


Figure 6: ANC Registrations#

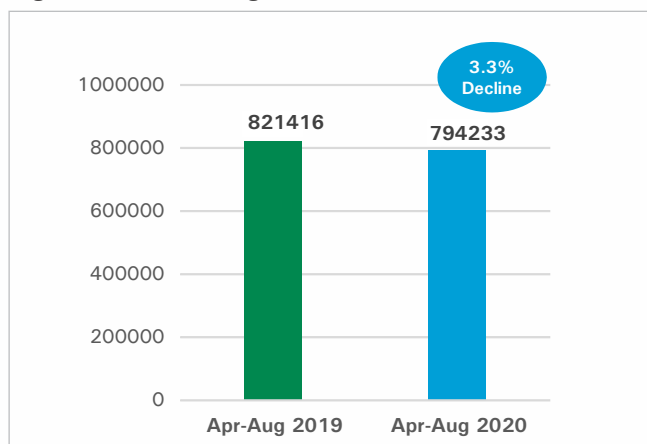
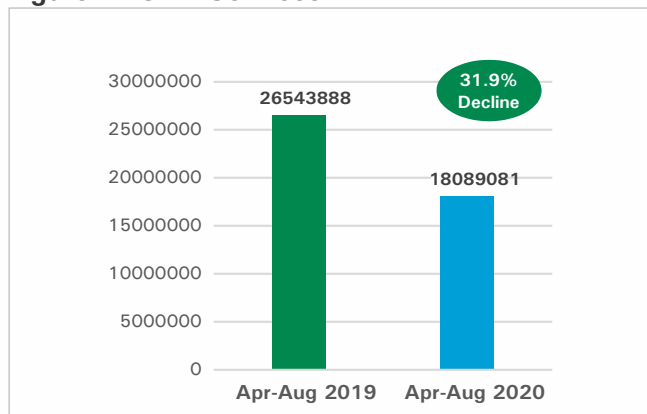


Figure 7: OPD Services#



Source: HMIS#



Dedicated COVID Hospitals (DCH) Dedicated COVID Health Centres (DCHC) assessments

WHO, UNICEF and UNDP conducted a joint assessment of the DCH facilities. The findings of the assessment highlighted the need for capacity building of health care workers in COVID-19 Standard Operating Protocols (SOPs), urgent requirement of Personal Protective Equipment (PPE) supplies and shortage of human resources.

The results of an assessment by UNICEF Nutrition team in collaboration with AIIMS Centre of Excellence (COE) revealed the gradual recovery of community services at Anganwadi Centres (AWCs) and VHSND sites in the state. In the initial period from 21 April to 10 May 2020, the villages conducting VHSNDs were reported in the range of 51 per cent to 58 per cent which again started picking up to reach 96 per cent by week 5 and by week 6 of the assessments, 100 per cent villages reporting resumption of VHSNDs services (2 - 9 June 2020).

District-level data from Special Newborn Care Units (SNCU) Management Information System (MIS), also revealed that between April - May 2020, SNCU admissions reported over 20 per cent variations in admission rates and mostly in districts with higher number of COVID cases reported reduced admissions. This slowly, recovered over the last six months as of September 2020, with revised guidelines being rolled out.



Expressed breast milk fed by Nasogastric Tube to the newborn at Special Newborn Care Unit (SNCU) in Madhya Pradesh

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

UNICEF Madhya Pradesh in its fight against COVID-19 followed a multi-pronged strategy based on four pillars-

- **Technical support** - Programme planning, implementation, monitoring, supportive supervision, capacity building, Infection Prevention Control (IPC), Water, Sanitation and Hygiene (WASH), Bio-waste Management (BWM), protocols, hospital assessments, paediatric care guidelines and Maternal Health (MH) care guidelines, supplies like N-95 masks and COVID-19 care kits
- **Innovations** - Clinical case rounds
- **Communication** - Media, Faith-based Leaders (FBLs), Panchayat Samiti (PS) and Commissioner Health - COVID containment strategy, Sahyog se Suraksha - Risk Communication and Community Engagement (RCCE) campaign
- **Partnerships and Advocacy** - Inter-sectoral partnerships, media sensitization, FBL advocacy and messages, mass, mid-media, social media messaging and awareness, prison hospitals, professional bodies, Indian Academy of Paediatrics (IAP), Indian Medical Association (IMA), medical colleges and nursing training institutions

UNICEF's support to the state in fight against COVID-19

- Technical support to NHM and Integrated Disease Surveillance Programme (IDSP) cell for COVID-19 response planning, monitoring, reporting, developing guidelines, capacity building and providing inputs for health bulletin
- Development of training module for state, district and block level officials
- State level training workshops of Chief Medical Health Officers (CMHO), civil surgeon, District Programme Manager (DPM), Block Programme Manager (BPM), district media Information Education and Communication (IEC) officers, pathologist, IDSP surveillance officers, block officials and Block Medical Officers (BMOs) of 51 districts
- District level training workshops for all district level healthcare workers

- Prison hospital workers and jail superintendents trained jointly by UNICEF, UNFPA, WHO and GoMP on COVID prevention, testing protocols and case management at prisons as well as at prison hospitals to reach over 300 prison officials
- COVID-19 orientation trainings for the employees of UN, development and Civil Society Organization (CSO) partners
- Support to NHM in hospital preparedness and WASH in health assessment and WASH in health with a view to create infection free environment
- Procurement of 12,000 N-95 masks (Apr - May 2020) to address the shortage of PPE for frontline workers
- Capacity building workshops for counsellors arranged for COVID-19 warriors
- Comprehensive assessment of 25 COVID-19 hospitals
- COVID-19 related IPC and WASH assessment
- COVID-19 prevention and control guidance and training materials provided to selected healthcare facilities

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

Key findings-

- Need for strengthening of DCHC and DCH for IPC and WASH protocols
- Capacity building of staff for rational use of Personal Protective Equipment (PPE)
- Provision of Central Sterile Supply Department (CSSD) mechanized laundry support
- Developing key clinical guidelines
- Increasing toilet and handwashing - area to bed ratio
- Facility level re-planning of space for triaging needs

Acting swiftly on the findings, state health secretary ensured implementation of corrective measures and development of mechanism for supportive supervision, which was supported by UNICEF, WHO and other development partners.

As a follow up of the key recommendations, UNICEF in collaboration with training cell,



Staff wearing full PPE in isolation ward

Directorate of Health Services, the Government of Madhya Pradesh (GoMP) conducted a series of online COVID-19 orientation webinars for private sector medical and paramedical staff of 725 private hospitals, nursing home and private practitioners and rural medical doctors from 337 government offices and public health facilities scattered in all the districts of Madhya Pradesh. The content of the training focused on technical, clinical and administrative aspects of COVID-19 management including IPC. Professional bodies like Rural Medical Practitioners (RMPs) and nursing home associations, Indian Medical Association (IMA), Indian Academy of Pediatrics (IAP), National Neonatology Forum (NNF), and medical and nursing training colleges/ institutions were also involved to widen the reach. 4,021 participants were trained during the trainings. Pre-training test of the participants revealed that there is a need for:

- Management of COVID-19 cases
- Containment and risk communication techniques
- Development of lab and community surveillance protocols
- Bio-waste Management (BWM) and use of PPE
- Psychological and mental support against stigmatization and discrimination
- Continuity of RMNCH + A services
- Implementation of IITT strategy (I – Identification of suspected cases, hotspots

and clusters, I – Isolation and quarantine of suspected cases and containment zone, T- Tracing of contacts and testing of high-risk cases, T- Treatment of suspected and confirmed cases)

UNICEF health section in collaboration with the training cell, Directorate of Health Services organized a webinar on COVID-19 containment strategy, testing guidelines, symptomatic categorization etc. for Chief Executive Officers (CEOs), Zilla Parishads (ZPs), Rural Departments (RDs), Chief Medical Health Officers (CMHOs), district epidemiologists, Regional Response Teams (RRTs), Sub-regional Response Teams (SRRTs) of 52 districts.

UNICEF Health section provided the support to health commissioner, to facilitate two clinical webinars - for clinical case reviews, and knowledge exchange, for treating teams of District Hospital/ DCHCs and medical colleges/ DCHs on 'Peer review of unique cases of COVID-19' on 16 July 2020 and 'Peer review of COVID-19 mortality in young adults' on 28 July 2020.

UNICEF health section, in collaboration with other sectors, facilitated donations of 12,000 N-95 masks and partnered with Johnson & Johnson (J&J) to facilitate a donation and distribution of 20,000 hygiene kits with sanitary pads, mouthwash and soaps for COVID-19 warriors at facility and community levels. The supplies were further distributed to the 11 districts (most affected by COVID-19) namely Indore, Bhopal, Jabalpur, Gwalior, Ujjain, Morena, Jhabua, Sheopur, Shivpuri, Alirajpur, Barwani.

Human interest story

N-95 masks: The first line of defence - A story of coordinating for supply of N-95 masks and hygiene kits for COVID-19 preparedness and response

Along with the various soft skills trainings and activities, it was also observed that the state is in acute need of urgent PPE kits. Considering the urgency, UNICEF coordinated and procured 12,000 N-95 masks for the COVID-19 warriors. Also, UNICEF in coordination with J&J facilitated the procurement and distribution of 20,000 COVID-19 hygiene kits for Health Care Workers (HCWs) for facility and community level. Considering the disease, hygiene kits consisted of mouth wash, soap and sanitary napkins. As per the reports from the districts, the supplies were distributed to **4,773** health care staff and **14,094** Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activists (ASHAs). Most of the COVID-19 warriors were delighted with the appreciation received for their work in the form of hygiene kits and expressed their



N-95 masks received by Faiz Ahmed Kidwai, Principal Secretary to Chief Minister & Commissioner Health from UNICEF MP

determination to work harder against the threat to the community.

“I felt very nice that my COVID-19 related work was appreciated. I found the hygiene kit to be very useful” – Ms. Mini Subi, Staff Nurse working in labour room of CHC Kolar.

UNICEF health section in collaboration with Communication Advocacy Partnership (CAP) teams and Communication for Development (C4D) teams conducted various advocacy workshops

A series of media advocacy workshops were held during the initial lockdown phase to sensitize media on COVID-19 pandemic, key behaviours, sensitivity of reporting to avoid stigma and discrimination for those affected and infected including health care providers and communities. A media manual was developed jointly with UNICEF support for



Immunization services during COVID-19 webinar series for RI teams of all districts of MP co-chaired by UNICEF CFO, Michael Juma

media personnel safety. Similarly, faith-based leaders, sensitization workshops were held to release preventive key messages by faith leaders. Youth and social media workshops, radio, electronic print media sensitization were carried out to reach over 6 million, news, radio, TV and social media users. Several communication messages, audio-visual messages, printed IEC protocols, communication microplanning was carried out to reach district – sub-district level and messages in different tribal languages on key COVID-19 prevention behaviours of Mask, Distancing and Hygiene (MDH). Joint trainings were carried out with C4D with tribal department, Tribal Cooperative Marketing Development Federation of India (TRIFED), Self Help Groups (SHGs), domestic workers, Forest Department and Nehru Yuva Kendras (NYKS) to reach over 10,000 volunteers. Partnerships with media, civil society partners like Child Rights Observatory (CRO) lead to community awareness and planning of messages. Collaborative work with Child Protection and UNFPA lead to reach of over 500 peer volunteers, Rashtriya Kishore Swasthya Karyakram (RKSK) and Integrated Counselling Testing Centre (ICTC) counsellors across urban, rural and tribal districts.

Engagement with domestic unorganized women workers associations, civil society

members like NSS volunteers, NGO Awaaj, child protection partners and RKSK to build capacity of in-transit migrants, RKSK peer counsellors, ICTC counsellors for a collaborative Health, WASH, Protection, Nutrition integrated response preparedness and planning for COVID-19. Over 1,000 FLWs from NYKS were trained jointly by C4D, Health, Nutrition and WASH to reach to various communities in rural, urban and tribal areas both from public and private facilities. It also included community health workers, district and sub-district programme planners for prevention, case management and surveillance related issues. UNICEF Health team collaborated with WASH in IPC and BWM capacity building, WASH assessments, grading and scoring facilities during COVID hospital assessments as well as with national experts like National Quality of Care Network (NQOCN), LaQshya & facility WASH assessments with an outreach of **200 facilities and 2,000 workers**. UNICEF Health section engaged in partnerships with CP, WASH with IMA, Peoples Medical College, Bhopal Commissioner, Collector and DHS marking a reach of over 60,000 migrants, including 20 per cent pregnant women and 5 per cent children, infants and newborns to organize, safe first-aid, nutrition, WASH services for safe passage of in-transit migrants during lockdown phase II and III from April - May 2020.

Humanitarian response: Migrating misery, resonating resilience - A convergent response by UNICEF to lessen the sufferings of in-transit migrants (most in need and unreached)

The surging temperatures, the scorching heat, the watery eyes and the blistering feet amidst soaring temperatures where even the chappals (footwear) had given up on trudging the miles but the barefooted souls seemed to be undeterred.

The above lines are befitting observations about the condition of migrants during the COVID-19 pandemic. As the world grappled with COVID-19, India had just initiated the lockdown by the mid of March 2020 and by end of April, thousands of people were out on the roads, on the way to their homes either walking or by means of any available transport. Due to lack of choice and bargaining resources, over 10,000 migrants were passing



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

through Sukhi Sewaniya junction, at Vidisha Bypass road transit point. The migrants also included women, newborns, children as well as people with special needs among them. Considering the urgent need for assistance, UNICEF in collaboration with the government and the support of National Service Scheme (NSS), NGO Awaaj, Peoples Medical College and IMA developed an integrated approach for addressing the issue of migrants and their needs. Based on a joint rapid need assessment, UNICEF prepared an advocacy note, for delivery of lifesaving needs for in-transit migrants which led to the establishment of services for migrants such as medical first-aid kits, community kitchen, counselling services and a migrant support system. Apart from this, distribution of ORS & Zinc packages, sanitizers, liquid hand wash etc. were also made available at the relief site. Medical care of migrants was given special attention which was evident from the services provided such as - 24x7 ambulance service, first-aid, thermal scanning, emergency illness service, stroke, diarrhoea and pulse oximeter check-up. Hygienic food packets were distributed by CSO partners. UNICEF provided support for advocacy, coordination, necessary approvals, and training of medical teams and migrants on personal hygiene and IPC protocols.

Pregnant Women (PW) were examined and provided with protein rich local diet, Iron and Folic Acid (IFA) tablet, multi-vitamins, calcium; examined for danger signs and referred for institutional care if needed. The NSS volunteers and NGO Awaaj staff were prepared to provide basic counselling service as well as facilitate social distancing and other preventive measures among migrants. Thus, over 60,000 migrants including women, children, sick and old were given necessary handholding support in their fight against COVID-19 and fight against distance.

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

Reaching the unreached – UNICEF's role

UNICEF played a key role with continuous use of data, evidence-based advocacy, protocol and guidelines development, capacity building, supportive supervision and partnerships, media sensitization and innovations.

- **Support to programme implementation** - Develop revised SOPs, capacity building, Nationwide Quality of Care Network (NQOCN), Quality Improvement (QI), Routine Immunization, Pneumonia & Diarrhea Supportive Supervision (RIPDSS), Capacity Building Initiative - Routine Immunization (CBI-RI), RI Cold Chain, pneumonia diarrhoea Integrated Management of Newborn and Childhood Illnesses (IMNCI), Facility-based IMNCI (FIMNCI) and Community Health Officer (CHO) capacity building
- **Innovations** - Partnerships with NQOCN, bedside clinical rounds, paediatric care and MH guidelines
- **Advocacy and partnerships** - Evidence-based advocacy meetings with Commissioner Health, MD NHM and partners, media sensitization workshops, youth, adolescent counsellors, peer volunteers, cross-sectoral departments like Tribal, Women and Child Development (WCD), FBLs, professional bodies - IAP, IMA, training cell, nursing training, ASHA cell, youth, civil society, SHGs and Domestic Workers Associations (DWAs)

UNICEF consistently provided technical support and guidance to the government on key directives for continuation of RMNCH + A services with a complete focus on maternal newborn essential institutional care, LaQshya



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

facilities, WASH in Health Care Facilities (WiHCF), SNCUs, paediatric wards, paediatric Intensive Care Units (ICUs) and immunization services. UNICEF advocated for development of key strategies to enhance continuation of RMNCH + A services for over 14 lakh migrants returning from other states to rural, tribal and urban areas of Madhya Pradesh. UNICEF also provided technical support to technical core committee, along with other development partners for development of maternal, newborn, paediatric care and immunization service continuity guidelines.

In collaboration with nursing cell of Directorate of Health Services, the GoMP and UNFPA, UNICEF facilitated series of online webinars for training of Staff Nurses (SN) for ensuring RMNCH + A services continuity with strict precautions. More than 8,000 SNs (95 per cent female, 5 per cent male) working in labour room, SNCU, Paediatric Intensive Care Units (PICU), dialysis, COVID-19 isolation/quarantine wards, etc. in medical colleges, district hospitals, sub-district hospitals, Community Health Centres (CHCs) from 51 districts of Madhya Pradesh were reached out. Subsequently, on request of the state ASHA cell, in six training batches, UNICEF skilled 1,544 master trainers including District Community Mobilizer (DCM), Block Community Mobilizer (BCM) and ASHA Sahyogi in RMNCH + A service delivery using COVID-19, IPC and BWM, precautions for self-safety with the support of UNFPA. After which, further cascade training of ASHAs were conducted, reaching 61,070 ASHAs and 3,164 ASHA Sahyogis at sub-district level by Clinton Health Access Initiative (CHAI) & evidence action.



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

Areas of intervention

Newborn and child health

- UNICEF supported child health division to build capacities of SNCU/Paediatric Intensive Care Unit (PICU) staff nurses and doctors for continuation of essential and sick newborn and child health facility-based services, critical IPC, BWM and adequate PPE measures
- UNICEF is the lead partner for technical support to State Child Health Technical Committee (SCHTC) to revise the facility-based paediatric care guidelines during COVID-19
- UNICEF also lead the facility building webinar for "Training on facility-based paediatric care during COVID-19" where 771 treating paediatricians, Post-Graduate Medical Officers (PGMOs), doctors and SNs working in SNCUs, PICUs, paediatric wards, Nutrition Rehabilitation Centres (NRCs) were oriented through interactive session by experts from UNICEF, National Health Mission (NHM) and Medical Colleges
- UNICEF-CHAI supported NHM to complete on-site Integrated Management of Childhood Illnesses (IMNCI) and UNICEF protocol-based pneumonia diarrhoea skills-based modular trainings. During the unlock phase, UNICEF will continue to support a blended approach to online as well as onsite, skills station based training at Regional Health and Family Welfare Training Centres (RHFWTCs) and ward rounds



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

- To improve SNCU data quality and validity, UNICEF supported State Child Health Cell (SCHC) for SNCU data review and refresher trainings on telephonic counselling through online webinar for SNCU data entry operators and clinical teams from 54 SNCUs of MP

Figures below, from Chief Medical Health Officer (CMHO) and Civil Surgeon Stores, were analyzed, for action, for regular monitoring of stock availability of Oral Rehydration Salts (ORS), Zinc and Antibiotics stocks at district and sub-district level.

Figure 8: ORS Zinc stock trend in CMHO stores

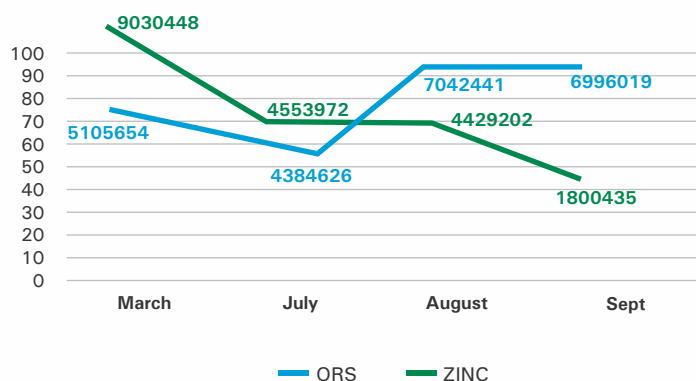
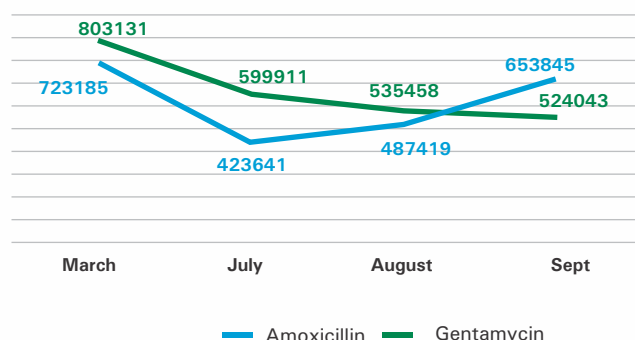


Figure 9: Antibiotic stock trend in CMHO stores



Maternal Health – LaQshya and WASH in Health

UNICEF in partnership with NQOCN is supporting Maternal Health Division, GoMP in Quality of Care Improvement (QI) cycles at LaQshya facilities. Due to COVID-19 lockdown and travel restrictions for movement of national mentors, LaQshya mentoring visits had been affected badly. Hence, an innovative way of online bedside clinical perinatal case reviews, QI cycles as well as for perinatal case management, theme-wise webinars are being implemented, for eight UNICEF supported LaQshya district hospitals and CHCs at labour rooms and SNCUs. Difficult case scenarios like pre-term, low birth weight newborn case management, early initiation of breastfeeding, managing three stages of labour, Pregnancy Induced Hypertension (PIH), Post-partum Haemorrhage (PPH), maternal and newborn sepsis and birth asphyxia management are discussed bedside with treating paediatricians, obstetricians and staff nurses. This is followed, by developing Plan-Do-Study Act (PDSA) cycles to improve quality of case management at the facility with ongoing QI mentoring webinars to improve similar perinatal case managements. The webinars were based on themes such as - 'IPC with COVID-19 Management', 'BWM in labour room and newborn units', 'Management of COVID-19 pregnancy for mother and newborn', 'Partograph and its interpretation: Risk for mother and newborn' and 'Essential newborn care practices using bundles approach at Labour Room (LR) and Post Natal Care (PNC) ward'.

UNICEF Health and WASH teams in partnership with Indian Institute of Health Management & Research (IIHMR) is supporting WASH in health interventions in 182 facilities across seven select districts which will help the health care facilities to streamline their facility improvement action plan, supportive supervision for WASH, IPC, BWM service coverage and in getting accreditation for their facilities.



Facility Based Neonatal Services continuing at SNCU during lockdown

Routine Immunization (RI)

UNICEF advocated for immunization service continuity during COVID-19 pandemic especially focusing on tribal and migrant immunization with revised COVID -19 prevention protocols. UNICEF conducted need-based assessment. Based on key findings, UNICEF in collaboration with the State Immunization Cell, Directorate of Health Services, GoMP, organized a series of Zoom webinars on 'Immunization services during COVID-19'. The participants of the webinar included District Immunization Officers (DIOs), block officials, Programme Officers (POs), Cold Chain Handlers (CCH) - district, divisions and facilities, Alternate Vaccine Delivery Service (AVDS) volunteers, Cold-Chain Technicians (CCTs), Multi-Purpose Workers (MPWs), Lady Health Volunteers (LHVs) and ASHA supervisors of all the 52 districts in Madhya Pradesh. The results of the webinar were:

13,379 participants trained with better understanding of immunization planning for resumption of services

Catch up VHSND sessions planning and supervision intensified

RI supportive supervision visits by medical college partners resumed at block, session sites and cold chain points, and household survey post lockdown

Subsequently, to increase the RI surveillance activities, UNICEF in collaboration with the State Immunization Cell, Directorate of Health Services, GoMP and WHO organized a training on the same. Data analysis of 4,122 RI supportive supervision visits were conducted during April to July 2020 and RIPDSS visits by medical colleges were shared with the state immunization cell which further indicated the need for training in Cold Chain Supportive Supervision (CCSS) and use of National Cold Chain Management Information Systems (NCCMIS) to strengthen the cold chain systems prior to Effective Vaccine Management (EVM) assessment and as part of COVID-19 vaccine preparedness. For reducing the cold chain equipment sickness rates, UNICEF jointly with the State Immunization Cell, GoMP, NCCRC Pune and UNDP organized an online state level cold chain training for 51 districts of Madhya Pradesh during which overall 137 participants were trained on preventive maintenance, common faults, user maintenance and workplace safety during COVID-19.

Human interest story

Ensuring RMNCH + A service delivery during COVID-19 lockdown – A tale of unsung COVID-19 warrior

Jyotibala Jhaniya, an ANM works at sub-health centre Kadela in Thandla block of district Jhabua (a predominantly tribal district). During the COVID-19 lockdown induced migration, many tribal migrants returned to their homes. Pramod had recently lost his job and returned back with his 2-month-old daughter. He had just heard that using their government-issued special passes, ANMs were still providing services during lockdown. He got the contact details of Jyotibala from his village ASHA didi and decided to enquire if it is safe to vaccinate his daughter Nandini during the pandemic. She allayed his fear that the government issued guidelines on service provision with strict COVID-19 precautions being followed and that she has received training on providing safe immunization services during COVID-19 as well. During the Mangal divas, she counselled Pramod on all the precautions and hygiene practices, using state slogan of '**S.M.S – Sanitization, Mask use and Social distancing**' to combat COVID-19. On resolving of Pramod's queries, Jyotibala was able to vaccinate Nandini after which she asked father-daughter duo to wait for 30 minutes at the session site. During their casual conversation, on learning of the challenges faced by her during the pandemic, Pramod could feel her unwavering determination. He thanked Jyotibala for all her efforts and stated the pride he felt for thousands of the FLWs who are working while risking their lives for providing services even during the pandemic. Jyotibala asked Pramod

to bring Nandini back for her next vaccination along with the Mother and Child Protection (MCP) card and to follow all COVID-19 precautions.

Using technology to strengthen health systems for virtual clinical perinatal case reviews in order to improve quality of care at LaQshya facilities in Madhya Pradesh; A partnership between UNICEF, National Health Mission MP and Nationwide Quality of Care Network (NQOCN) India

COVID-19 affecting MCH service delivery

In 2020 March, when the COVID-19 pandemic struck, resulting in shift of focus, affecting the maternal and child health service delivery, further, the quality improvement process was temporarily halted due to mobility restrictions and change in priorities. The national mentors from NQOCN could not visit facilities for onsite QI cycles, leading to a 3-month gap. However, it was critical to continue the quality improvement process and become much more relevant in the context of infection prevention priority during COVID-19. Dr. Devpujari, Gynaecologist at Jay Prakash Narayan (JP) Hospital had just completed her emergency caesarean section, when on 26 August 2020, there was the first clinical round. A mother - Pooja, wife of Pawan, a 28-year-old pregnant woman admitted to the JP Hospital with Pregnancy Induced Hypertension (PIH) at 7 months of pregnancy, earlier 1 living child, blood pressure 170/107 mm Hg and a new-born (the baby of Radha & Vijay Ahirwar) born on 23rd August with severe low birth weight, born as preterm, before the due date, and neonatal sepsis (infection) was reviewed by the national mentors in partnership with UNICEF, NHM Madhya Pradesh and NQOCN India, Dr. Vikram Dutta, Neonatologist and Dr. Anupa Vig, OBGY Specialist. During the case reviews, the team discussed at length the key actions, the treating teams of Labour Room and Special Newborn Care Unit (SNCU) of LaQshya Facility, Jay Prakash Narayan (JP) Hospital Bhopal can undertake to improve the quality of care and case management. The teams also interacted with the mother – with post-partum haemorrhage and the parents of the low birth weight/preterm new-born to understand their case history and provided



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

online counselling to them for further management. This session was attended by not only the facility teams of LaQshya JP Hospital but also across Madhya Pradesh by over 100 participants from more than 10-15 LaQshya facilities and state programme managers – Dr. Manish Singh, Deputy Director Child Health and Dr. Archana Mishra, Deputy Director (DD) Maternal Health were provided with the key feedback on the case management.

Dr. Devpujari - Obstetrician & Gynaecologist (OBGY) Specialist, Dr. Balram Upadhyay - Registered Medical Officer (RMO), Sr. Jincy - Labour Room Incharge, Sr. Megha Upadhyay - LaQshya Coordinator, Labour Room JP, labour room nurses and Dr. Om Prajapati, Dr. Sunil Arya, Dr. Dolly Gupta, Paediatricians SNCU JP and SNCU staff nurses, Sr. Pooja Kushwa, Sr. Shalini Badole and Sangeeta Hatial were very impressed. They mentioned that **“this is the first experience and were not aware that they can discuss clinical case management, live online with experts, and get tips for quality case management”**. The team also shared, that it was a team effort and they also learnt from Dr. Anupa Vig, National Expert, Respectful Maternity Care during the online chat with the mother, on how to take a video consent and how to provide need-based counselling online to the mother. Other facilities who joined online, from Dr. Sangeeta Goel, Paediatrician, Dr. Mandal, OBGY Specialist, Dr. RR Patel, Block Medical Officer (Community Health Centre, CHC Kolar), Sister Mini Subi, staff nurses, among others, were also learning from these discussions on nuances of preterm case management in mother and newborn facility-based quality of

care. The state programme managers - Dr. Manish Singh, Deputy Director (DD) Child Health and Dr. Archana Mishra, DD Maternal Health were highly appreciative of the clinical case management reviews bedside using technology.

Following this session, there have been over eight clinical rounds at different LaQshya facilities at Bhopal, Alirajpur, Jhabua, Shivpuri, Sheopur and Barwani. Additionally, eight quality improvement cycles for similar cases and five clinical webinars on key important themes are being guided by the national experts. This has benefitted over 200 LaQshya facility in charges from the state. This is greatly empowering the staff to empower them with skills for quality of care, clinical case rounds, perinatal case reviews and take local actions for strengthening health system management. This will be continued at the state to strengthen - **key Quality Indicators via perinatal case reviews** on High-risk-pregnancy management, birth asphyxia, maternal and newborn sepsis, Low-birth weight (LBW), preterm management at labour room and SNCU, post-natal quality of care, Early Initiation of Breastfeeding (EIBF), perinatal death and referral audits. With the advancement of the project, a skilled resource pool of mentors will be ready at state level. They will be equipped with the knowledge and awareness. The facilities will be continued to be monitored on the bedside perinatal case reviews and clinical case management, clinical QI rounds progress and webinar knowledge assessments with pre and post-test knowledge scores. Enhanced documentation of the good practices will act as source of motivation for continual efforts.



UNICEF NQOCN NHM joint virtual clinical bed-side rounds & Quality Improvement webinars for LaQshya Labour Rooms and SNCUs



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




National representation of MP good practices and convergent programming

UNICEF in partnership with Sphere India, NIDM, WHO and HCL foundation at National level is conducting a series of sessions for CSOs, Faith-based Organizations (FBOs), CBOs, Corporations, Red Cross, National Cadet Corps (NCC), NSS, NYK, individuals, students and private sector willing to support local authorities during COVID-19. UNICEF MP Health team supported the state government for representation in the national webinar on “Essential and sick newborn care during COVID-19: Voices from the field”, “Immunization services during COVID-19 Pandemic” and “Continuum of Nutritional Care for LBW Newborns”. Field experiences of MP for ensuring continuity of essential

RMNCH + A + N services during COVID-19 was greatly appreciated by the participants. UNICEF Reproductive and Child Health (RCH) in convergence with Education, Child Protection and WASH engaged in high-level policy discussions with Principal Secretary (PS) Tribal Welfare focusing on issues of tribal population (especially tribal migrants), current support provided by UNICEF team and critical future thematic areas of support to the Tribal department.

UNICEF technical assistance to the GoMP is proving to be a vital game-changer in providing time-critical and life-saving relief services to migrant workers, enabling them to have a dignified and safe life during the COVID-19 pandemic.

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	158,000	183,403	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	1,860,000	1,649,024	HMIS (March to June 2020), SNCU Online MIS, SIMS
 No. of Health care facility staff and community staff trained in infection prevention and control	158,000	183,403	State Training report

PARTNERSHIPS

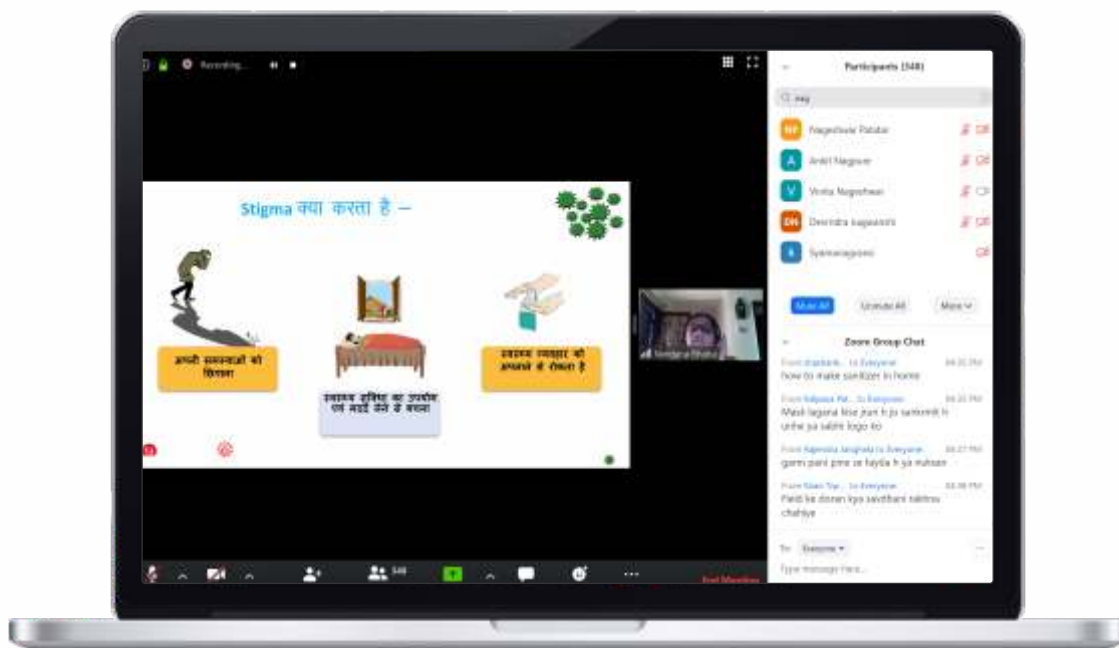
Partnerships to reach the unreached for COVID response, planning, implementation and continuity of RMNCH + A services

The epitome of convergence is the call of the hour in the COVID-19 pandemic by strengthening health systems and enhancing the reach to the most vulnerable population with equity and inclusion.

Pandemic has lessened the distance by broadening the scope of convergence not only within the various government departments but also among development partners and inter-sectoral sections. The government departments include all departments of Health, Women and Child Development (WCD), Public Health Engineering Department (PHED), Tribal, Panchayati Raj Institutions (PRIs), Urban, Rural Development, Education, civil society, media partners, youth groups, faith-based leaders, academicians and professional bodies. It equally emphasized on inter-sectoral coordination of Health, Nutrition, WASH, Child Protection, Communication Advocacy and C4D.

» UNICEF Health section collaborated with the state Directorate of Health Services (DHS), Integrated Disease Surveillance Programme (IDSP) and National Health Mission (NHM). This included partnership with state pre-service and in-service medical and nursing colleges of medical, paramedical and nursing workers in rapid COVID-19 response and key thematic capacity building

- » Various state level development partnerships with WHO, UNFPA, Tata Trust, NIPI, JHPEIGO and CHAI were initiated to conduct hospital assessments for COVID-19 designated hospital preparedness
- » Coordinated with ASHA cell to implement trainings for ASHA workers and their supervisors as well as ASHA training institutes for rapid uptake of home-based care services and COVID-19 surveillance
- » Departments of Maternal, Newborn, Child and Adolescent Health, Immunization cell were also engaged and supported by UNICEF Health section MP for COVID-19 planning, response, clinical-case management, surveillance, IPC, BWM and psychosocial support of health care providers and FLWs and continuation of essential RMNCH + A services
- » UNICEF, NHM and CHAI conducted online training of Community Health Officers (CHO) on childhood pneumonia and diarrhoea. To strengthen knowledge skills about initial management of childhood illnesses like pneumonia and diarrhoea, early identification of danger signs and referral for higher centres of care were done. **Envisaging a reach of over 480 CHOs have been trained in 12 batches**



ASHA ToT Online Trainings of DCM, BCM and ASHA Sahayogi

- » UNICEF health teams engaged in partnerships with professional bodies such as IMA, IAP, Federation of Obstetricians and Gynaecologists of India (FOGSI), rural and urban medical practitioners' associations and polyclinics and nursing homes
- » COVID hospital managers from public and private sector for case management clinical case reviews and IPC and BWM, psychosocial care and support of health care providers
- » Inter-sectoral partnerships also led to the development of RMNCH + A service continuity guidelines focusing on maternal, newborn and paediatrics care, VHSND, RI and cold chain services
- » Health section in partnership with IAP, conducted three webinars, one for IAP Bhopal and Gwalior (August 2020) to create awareness on key policies, gaps in breastfeeding week and care of low birth weight preterm newborn. It was followed by another webinar for MP IAP on promotion of management of pneumonia and diarrhoea, ORS and Zinc promotion (27 September 2020) and MP IAP Gwalior for awareness on linkages with World Antibiotic awareness day (28 September 2020)
- » Linkages with WASH, IPC, MP Action Plan for Prevention & Management of Pneumonia Diarrhoea (MPAPPD) and guidelines for prevention of irrational use of antibiotics and shared prescription audit findings to develop key recommendations for the state antibiotic policy in both public and private sector. Cumulatively each of the workshops marked a reach of over 300 paediatricians across the state
- » Other departmental partnerships engaged by Health section, along with other sectors like C4D CAP, Nutrition, WASH, Education, Child Protection, including, Tribal department, TRIFED, SHGs, the State Department of Jails and Prisons for capacity building of prison and hospital workers. UNICEF's support to advocacy with the GoMP, media and FBLs. UNICEF Health, DRR, WASH and CAP also partnered with department of Climate Change and Human Health (CCHH) for capacity building on climate and disaster-resilient health systems



Routine Immunization (RI) surveillance activities, joint supportive supervision training by State RI Cell, UNICEF, WHO

- » UNICEF Health team also partnered with corporate sector donors like Johnson & Johnson for in-kind supply donations of COVID hygiene kits. They have also been planning to appeal for diagnostic and therapeutic equipment supplies like oxygen high flow cannula, pulse oximeters and training mannequins and para-monitor consoles

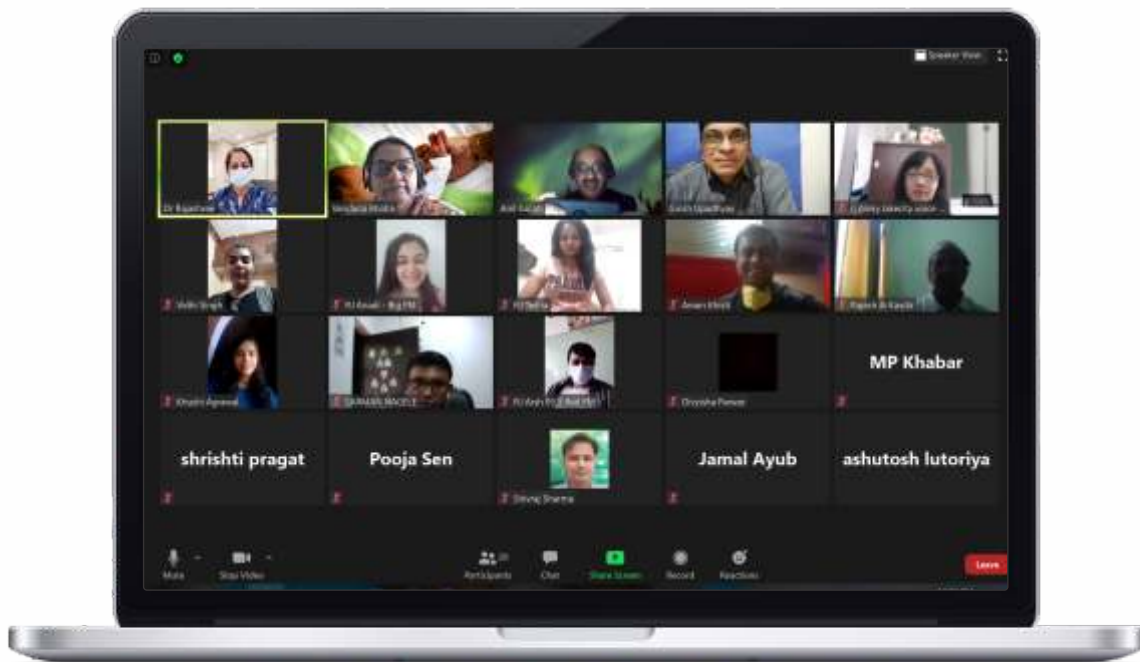
Partnerships with Sphere academy, UNICEF, India and MP and the GoMP, civil society, IAP, academia, and community-led to various awareness sessions on high-risk newborn care at facilities and continuum of care of low birth weight newborns ranging from facilities to communities. These sessions have deepened their roots by reaching over 600 national-level participants, across the state with interactive panel discussions.

Partnerships with Health, DRR, C4D, CAP with the State Programme for Climate Change for Human Health (SPCCHH) – Building climate/disaster-resilient health systems & communities

COVID-19 pandemic was worsened by a Pandora's box of disasters like floods in MP. MP is also prone to a spate of climate and disaster vulnerability like heat, cold waves, droughts, floods and air pollution. To combat this, on 26 August 2020, UNICEF provided technical support to the GoMP to conduct capacity building on flood and disaster vulnerability mapping, response and planning, capacity building of a state-wide webinar to strengthen health system planners, implementers and policymakers, along with SPCCHH. This reached to 52 districts covering 208 district and sub-district IDSP officer, programme managers. Following this, UNICEF Health, CAP section jointly supported the GoMP to sensitize media on the very first International Day of Clean Air for blue skies, which was marked on 7 September 2020.

The aim was to raise public awareness at all levels—individual, community, corporate and government—linkages of air pollution with adult and childhood illnesses like respiratory, pneumonia, cardio-vascular illnesses and action required at all levels to reduce air pollution. Media sensitization covered over 30 attendees from print, electronic, radio and social media; resulting in a state-wide coverage of print, radio and social media with over 20 radio programmes, print articles and social media posts to over 5 million listeners and users of social media in MP. The GoMP further rolled out and cascaded the trainings to reach over 72,519 district level functionaries. Health, C4D, DRR, CAP will continue partnership with the GoMP and CCHH for

building resilient health systems and communities to improve child survival. Dr. Rajashree Bajaj, State Nodal Officer for SPCCHH quoted to media-need for awareness on use of safe fuels, reducing indoor and outdoor pollution by reducing waste burning and use of unclean fuel for cooking which affects health of pregnant women, children and adults and destroys the environment, exacerbating climate change. Dr. Vandana Bhatia, Health Specialist, quoted – **“jointly we have the potential to support the GoMP, to develop resilient health systems and communities, to reduce the impact of climate change and to improve child survival, for achieving the Sustainable Development Goals (SDGs).”**



Climate change DRR training

LESSONS LEARNED AND WAY FORWARD

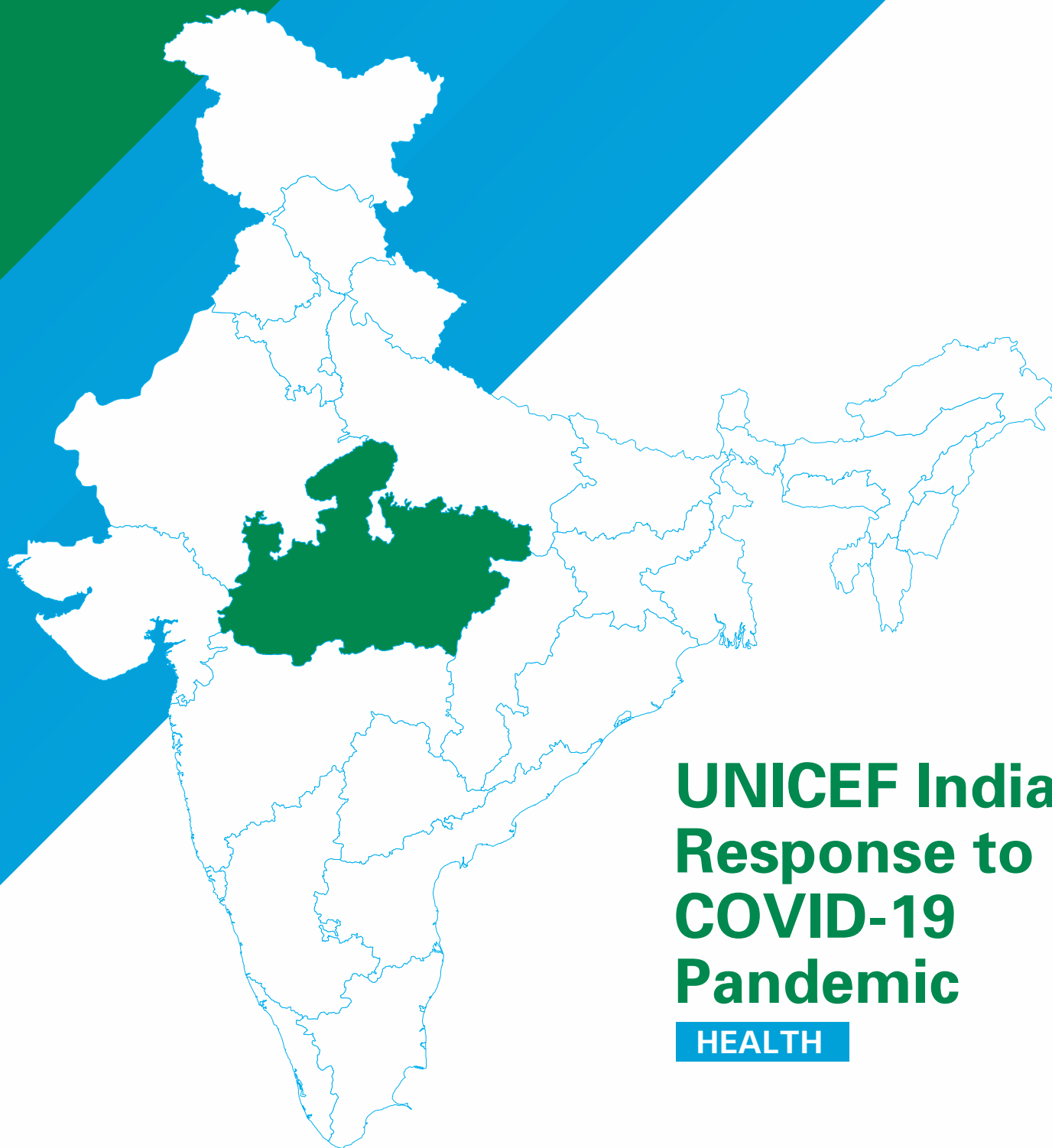
- During the initial phase of COVID-19 pandemic, there was immense fear, stigma and discrimination in the minds of people which had to be tackled by creating awareness about the do's and don't's
- At the state level, mostly urban cities were affected with COVID-19 which slowly spread to rural, district and tribal level. The data from March primarily reported pandemic in urban cities of Madhya Pradesh. Eventually, August onwards, the data showed numbers with post migrant in-surge of over 14 lakh migrants, reporting a footfall in the spread of the pandemic to 26 rural and tribal areas of MP with more cases and deaths
- As the unlock phases rolled, it had an adverse effect in terms of increasing the infection rather than decreasing the pandemic. Hence, we need continuous

- efforts to strengthen COVID-19 prevention policies and need more investment in order to develop vaccines. In-surge of migrants into rural and tribal areas, also pointed the way forward, for planning and investing into tribal strategy for RMNCH + A services with priority to tribal immunization planning with a perspective of equity and inclusion
- The advent of technological solutions like Zoom, CISCO WebEx, MS Teams, Google meet, Jio-meet, etc. led to rapid scale-up of online capacity-building webinars for COVID-19 planning response and RMNCH + A continuity. However, it also posed challenges and limitations in terms of actual onsite skill-building. For many health care worker needs, it was essential to have a blended approach, for skilling or multi-skilling of HCWs at facility, community and frontline
 - During lockdown, the RMNCH + A services were disrupted and slowly resumed, hence there is a need for advocacy in terms of continuity along with quality of care services, in turn impacting Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR), Under-5 Mortality (U5MR) and Maternal Mortality Rates (MMR)
 - Monitoring, triangulating, health systems data, from various sources - Health Management Information Systems (HMIS), SNCU - MIS, COVID - IDSP outbreak data, and data validation, transparency is needed to use data for evidence decision making at state, district and sub-district level
 - Developing disaster and climate change resilient health systems and community response is an essential way forward for work planning for Madhya Pradesh towards COVID-19 and RMNCH + A response as well as future pandemics
- Use of Real-Time Monitoring (RTM) solutions like WhatsApp surveys, online surveys, Google forms, telephonic surveys, telemedicine, supportive supervision for online case reviews, data management are essential. They have advantages in situations where physical data collection is not possible for knowledge and awareness gaps. However, for observational surveys or skill observations, there will be limitations on the use of online data tools, surveys or capacity. This will be better achieved through onsite monitoring, supportive supervision, clinical skill observations and visits. Thus, a balanced blended approach is needed, for both onsite and online skill-building, data management solutions and validation, and surveys
 - Enhancing the three behaviours: Mask, social distancing and hygiene in order to improve awareness levels is the key to integrate into all messages, and campaigns across rural, urban, tribal communities as well as health workers and bureaucrats. Also, there is a need for continuous campaigns, routine monitoring and supportive supervision
 - Vaccine roll-out plan and strengthening of immunization service: The next level planning needs to include preparedness for strengthening immunization and cold chain management services, with a focus on RI as well as COVID-19 vaccine introduction, multi-pronged, multi-stakeholder and multi-partner strategies. Partnerships developed during COVID-19 response by UNICEF will be optimized to achieve and strengthen the reach and roll-out of the vaccines

Acknowledgement

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UNICEF India Response to COVID-19 Pandemic

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