

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

January 2020 to December 2020



ACKNOWLEDGEMENTS

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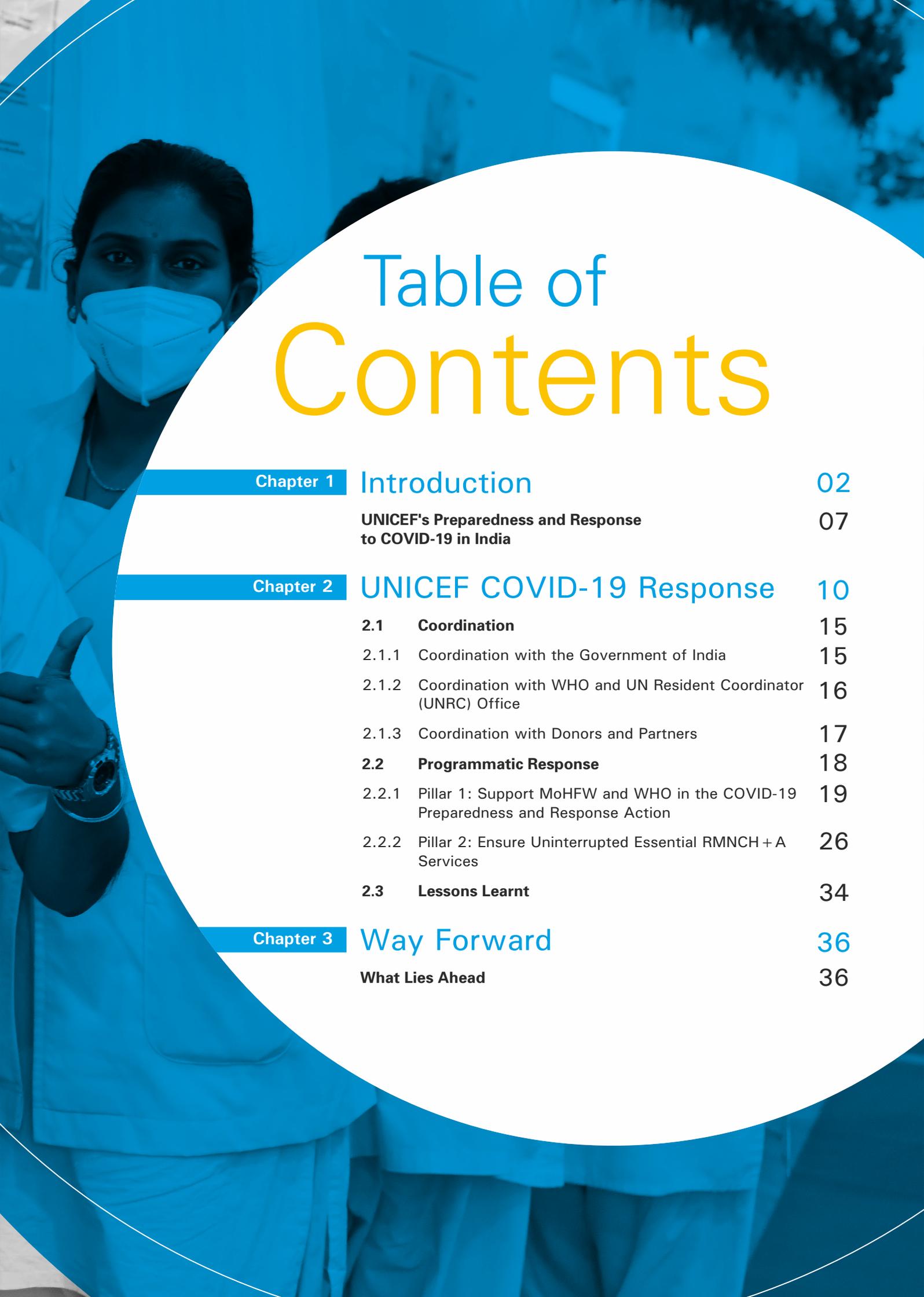


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List of Abbreviations

AEFI	- Adverse Events following Immunization	MoHFW	- Ministry of Health and Family Welfare
AIH	- Alliance for Immunization and Health	MIF	- Maternity India Foundation
ANM	- Auxiliary Nurse Midwife	NCERT	- National Council of Educational Research and Training
API	- Application Programme Interface	NEGVAC	- National Expert Group on Vaccine Administration
ASHA	- Accredited Social Health Activist	NGO	- Non-Government Organizations
AWW	- Anganwadi Worker	NHM	- National Health Mission
BCPM	- Block Community Process Managers	NICU	- Neonatal Intensive Care Unit
BMGF	- Bill and Melinda Gates Foundation	NIMHANS	- National Institute of Mental Health and Neuro Sciences
BRIDGE	- Boosting Routine Immunization through Demand Generation	NIPI	- Norway India Partnership Initiative
COVID-19	- Corona Virus Disease -19	NMG	- National Mentoring Group
CPAP	- Country Programme Action Plan	NNF	- National Neonatology Forum
CSO	- Civil Society Organizations	ODK	- Open Data Kits
DCPM	- District Community Process Managers	PHC	- Primary Health Centre
DGA	- District Gap Analysis	PMO	- Prime Minister's Office
DHS	- Directorate of Health Services	PPE	- Personal Protective Equipment
DFY	- Doctors for You	QI	- Quality Improvement
ECD	- Early Childhood Development	RCH	- Reproductive and Child Health
EMTCT	- Elimination of Mother to Child Transmission	RMNCH+A	- Reproductive, Maternal, Newborn, Child and Adolescent Health
FIC	- Full Immunization Coverage	SAM	- Severe Acute Malnutrition
FLW	- Field Level Workers	SNCU	- Sick and Newborn Care Unit
FO	- Field Office	ToT	- Training of Trainers
GVAP	- Global Vaccine Action Plan	UIP	- Universal Immunization Programme
HMIS	- Health Management Information System	UN	- United Nations
ICMR	- Indian Council of Medical Research	UNESCO	- United Nations Educational, Scientific and Cultural Organization
ICO	- India Country Office	UNFPA	- United Nations Population Fund
IEC	- Information, Education, Communication	UNICEF	- United Nations Children's Fund
INAP	- India Newborn Action Plan	VHAI	- Voluntary Health Association of India
IPC	- Infection Prevention and Control	VPDs	- Vaccine Preventable Diseases
LAQSHYA	- Labour Room and Quality Improvement Initiative	WASH	- Water Sanitation and Hygiene
MAM	- Moderate Acute Malnutrition	WFP	- World Food Programme
MNCH	- Maternal Newborn and Child Health	WHO	- World Health Organization

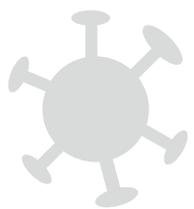


Chapter 1:
Introduction

Introduction

The Corona Virus Disease (COVID-19) pandemic, which had its origins in Wuhan, China, struck India towards the end of January 2020, bringing major sections of humanity to a standstill. It spread steadily and as on 31 December 2020, the total number of COVID-19 cases were **10,266,674**, including **257,656** active cases, **9,860,280** recoveries, and **148,738** total deaths (www.mohfw.gov.in accessed on 31 December 2020).

COVID-19 Timeline



○ **First case in Thrissur, Kerala.**

30 January 2020

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

31 January 2020

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

31 March 2020

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

○ **Cases touch 100,000 mark.**

April 2020

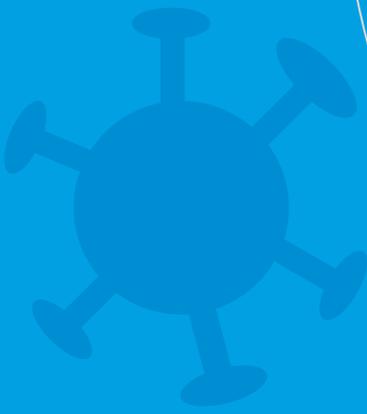
➤ Aarogya Setu app launched on April 2. Nation-wide lockdown extended till 31 May 2020. All super spreader events banned.

25 March 2020

➤ Nation-wide lockdown (Phase-1) (25 March-14 April).

14 April 2020

➤ Nation-wide lockdown in Green, Orange and Red zones (Phase-2) (14 April-3 May)



- COVID spread
- Government of India (GoI) response

○ **Second and third case reported in Kerala.**

○ **WHO declares COVID-19 as a pandemic.**

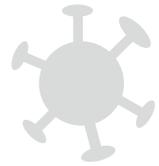
February 2020

11 March 2020

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

➤ India confirms its first death.

○ **Cases rise rapidly.**



24 March 2020

22 March 2020

➤ Lockdown 1.0 announced for 21 days. All air and train travel suspended.

➤ One-day Janata Curfew imposed.

Mass migration of migrant workers and labourers begin.

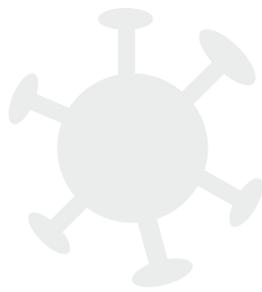


29 April 2020

May 2020

➤ Interstate transportation allowed for stranded persons only.

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



4 May 2020

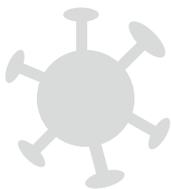
- Nation-wide lockdown (Phase-3) (4 May-17 May).

18 May 2020

- Nation-wide lockdown (Phase-4) (18 May-31 May). Relaxation allowed except in Red zones which further divided into containment zone and buffer zone.

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

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



December 2020

- Govt prepares for vaccine roll out in January 2021.

October and November 2020



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

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

June 2020

- Govt announced guidelines for Unlock 1.0.

July 2020

- Unlock 2.0 and 3.0 announced by Govt.
- First clinical trials for COVID-19 vaccine, Covaxin started.



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

September 2020

August 2020

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

With the onset of the COVID-19 pandemic, as the entire world went into lockdown - complete or partial, the human life was crippled in unprecedented ways.

The physical movement of people came to a standstill such that even access to **essential services** like healthcare became highly restricted.

On the **psychosocial front**, the lockdown severely restricted human interaction to the confines of homes and to those who had access to digital applications such as Zoom and WhatsApp, provided some solace.

India saw one of the **largest migrations** in recent years, causing untold suffering to the economically marginalised and vulnerable population¹.

For several people, fear of the disease and its spread, isolation, loneliness, loss of employment, failure in business, and sheer **lack of social interactions caused several mental health problems** such as depression and suicide².

Unemployment grew exponentially with several businesses shutting down.

Children also suffered **psychosocial distress** caused due to disruptions in education, health and absence of social interaction.³

¹Lockdown in India has impacted 40 million internal migrants: World Bank. https://economictimes.indiatimes.com/news/politics-and-nation/lockdown-in-india-has-impacted-40-million-internal-migrants-world-bank/articleshow/75311966.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst

²Govt helpline received 3,37,556 calls regarding mental health issues till Feb 27: Minister(<https://www.outlookindia.com/newscroll/govt-helpline-received-337556-calls-regarding-mental-health-issues-till-feb-27-minister/2043622>)

³(Patra.A and Patro.B, 2020, Lancet Psychiatry, COVID-19 and adolescent mental health in India, [https://doi.org/10.1016/S2215-0366\(20\)30461-2](https://doi.org/10.1016/S2215-0366(20)30461-2))

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

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

The United Nations Children's Fund (UNICEF) India's health programme, spread across 24 states of India,

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

The Guiding Principles that we Adopted

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

Prioritize and act fast.

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

Learn and be flexible.

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

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

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

Health emergency, but UNICEF multisectoral response.

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

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

The Objectives of the UNICEF Approach were two-fold:



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



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



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

Support MoHFW and WHO in the COVID-19 Preparedness and Response Actions, in collaboration with WHO

Key Activities



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



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



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



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



Research and data analysis for COVID-19.



As and when required, support MoHFW and WHO on:

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



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



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

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

Key Activities

01

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

02

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

03

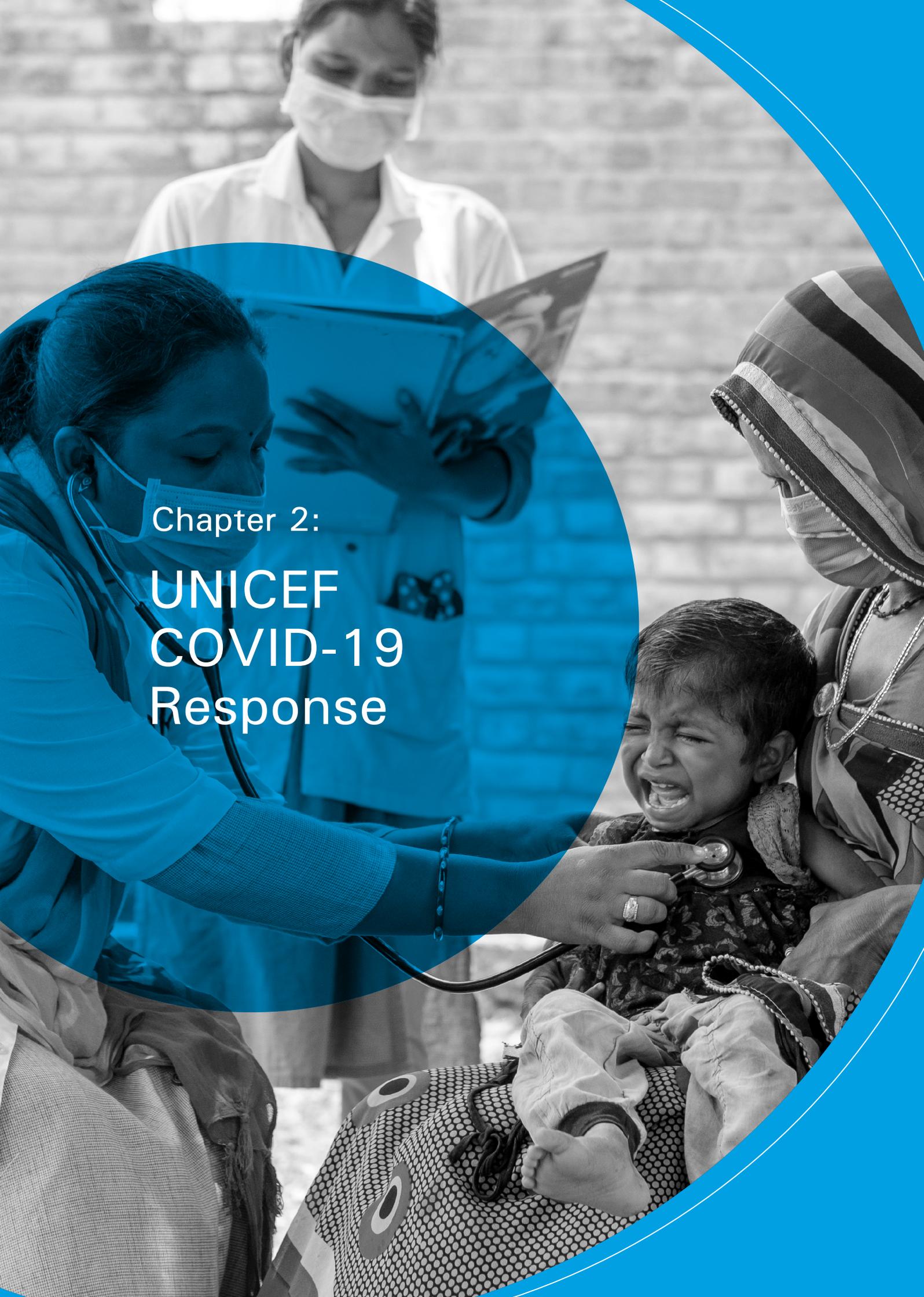
Support district or state level planning with a focus on integrated services (emergency and RMNCH + A)

04

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

05

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



Chapter 2:
UNICEF
COVID-19
Response

UNICEF COVID-19 Response

Timeline of activities undertaken by UNICEF in Response to COVID-19 and in Resuming RMNCH + A

PRE-LOCKDOWN

2020 January to March

PILLAR-1 EMERGENCY RESPONSE

- Design of the Joint Response Partners Plan to COVID-19 pandemic with WHO.
- UNICEF's Programme Guidance note on COVID-19 Preparedness and Response Plan.

STAGE - 1: LOCKDOWN

2020 March to June

PILLAR-1 EMERGENCY RESPONSE

- Procurement of 3.5 million items of Personal Protective Equipments (PPEs).
- Strategic inputs to NITI Aayog on COVID-19 testing, infection control and prevention. Assisted Gol with three rounds of supportive supervision and assessment of COVID-19 Health Facilities across India.



LOCK DOWN

PILLAR-2 RESUMING RMNCH + A SERVICES

2020 April to May

- MoHFW issued COVID-19 Frontline Workers (FLWs) toolkit.
- In coordination with Sphere India, 15 state Inter Agency Groups (IAGs) were mobilized and connected with the National and State Disaster Management Agencies (NDMA/SDMAs) for deployment of trained volunteers and providing orientation to them on COVID-19 response needs.
- MoHFW issued an advisory for taking care of mental health of children and psychological issues among migrants during COVID-19.
- The 1st round of a nationwide rapid assessment through U-Report to assess people's knowledge, attitudes, and practices around COVID-19 was completed with more than 23,000 respondents.

- By April 2020, Gol with support from WHO and UNICEF had begun working on guidelines for immunization during COVID-19 pandemic. These guidelines were formally notified on 27 May 2020.
- Partnership among UNICEF, WHO, Sphere India and other organizations to create COVID-19 Academy as a virtual platform for learning and exchange of knowledge and ideas.
- Development of IPC assessment checklist for LaQshya supported facilities in 24 UNICEF programme states.
- UNICEF developed training modules and used online training platforms such as Zoom and CISCO Webex to successfully train over one million frontline workers on IPC for COVID-19.
- Collaboration with the ICMR to support operational research on impact of COVID-19 on MNCH services, and in supporting the healthcare workers with psychosocial care for health workforce resilience during COVID-19 response to ensure continuity of services.

STAGE - 2: UNLOCK 1.0 and 2.0

2020 June to August

PILLAR-1 EMERGENCY RESPONSE

- Procurement and installation of 10 mass thermal scanners for eight international airports.
- UNICEF co-designed a strategy to address COVID-19 in urban slums. This included advocacy papers, technical guidelines and a workshop with states on addressing COVID-19 in urban slums.
- Established a Community Based Monitoring (CBM) system, engaging 13 CSOs in 12 districts of seven states to conduct a comprehensive assessment of the impact of the COVID-19 pandemic on the socio-economic condition of marginalized families. Using Open Data Kits (ODK) and Management Information System (MIS), 3,135,826 migrants were line listed and counselled on the preventive measures and quarantine protocols and subsequently linked to the COVID-19 surveillance system.
- 328 RT-PCR and RNA Extraction Thermo Fisher test kits (328,000 reactions) were procured for the ICMR.

PILLAR-2 RESUMING RMNCH+A SERVICES

2020 June to August

- Organized and supported multiple events related to breastfeeding week celebrations to raise awareness on importance of breastfeeding in the context of COVID-19.
- UNICEF created dashboards based on the Sick and Newborn Care Unit (SNCU) online software, Sample Registration System (SRS) data and HMIS data. Advocacy based on SNCU performance indicators led to "No Rotation Policy of SNCU Staff".
- National Technical Guidelines on Immunization and Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH + N) were drafted to support MoHFW, leading to partial resumption of services. GoI announced the initiation of early identification and treatment of children with acute malnutrition, Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), as priority action.
- Started mid-year LaQshya/WASH and IPC assessment in 50 UNICEF supported districts of India.
- UNICEF also drafted the Heat Wave Mitigation Guidelines for Migrant Children and the guidelines for Integrated Diarrhoea Control Fortnight (IDCF) campaign.

- Collaborations with Indian Academy of Pediatrics (IAP), National Neonatology Forum (NNF) and Federation of Obstetric and Gynaecological Societies of India (FOGSI) to train obstetricians and gynaecologists on Clinical Practice Guidelines and trainings for perinatal and paediatric COVID-19 management. Using the online tools, 35,000 obstetricians and gynaecologists were trained across six regional platforms on infection control and infection transmission prevention.
- Online training sessions were held by COVID-19 Academy, an initiative by Sphere India for over 2,000 participants from multiple stakeholder groups such as NGOs, CSO and Community-Based Organizations (CBOs) on safe environmental sanitation and hygiene and IPC during COVID-19.
- Training of doctors and counsellors and support establishment of psychosocial call centres in KEM Hospital, Pune and TISS, Mumbai.



➤ STAGE - 3: UNLOCK 3.0 and 4.0

2020 September

PILLAR-1 EMERGENCY RESPONSE

- Procurement of 3,014 oxygen concentrators through the supply division. The MoHFW tested these concentrators in two hospitals. These concentrators are ready to be distributed to 19 states and union territories of India.



PILLAR-2 RESUMING RMNCH+A SERVICES

- Shifting the Adolescent School Health Programme online with support from WHO, UNESCO and NCERT. In July, training resumed and as of October 2020, 40 National Resource Group (NRG) trainers and 1,800 state resource trainers were trained.
- Wave-2 of the Community Based Monitoring on socio-economic impact of COVID pandemic on marginalized population had been completed in August – September 2020.

STAGE - 4: RESUMPTION OF ALL ACTIVITIES

2020 | October to December

PILLAR-1 EMERGENCY RESPONSE

- Supported the MoHFW and the states on the development of strategy, planning, capacity building, updating monitoring tools, and cold chain needs assessment for the introduction of COVID-19 vaccine(s). India proposes to launch the COVID-19 vaccination drive on 16 January 2021.
- MoHFW issued Guidelines on Managing Mental Illness in Hospital Settings during COVID-19.
- UNICEF partnered with the National Institute for Mental Health and Neuro Sciences (NIMHANS) to develop an information manual on "Psychosocial Care for Frontline Health Workers" and a first responders manual titled "Psychosocial First Aid (PFA) for Children Affected by COVID-19".
- Procured and delivered 1,471 mannikins for training on newborn care and pneumonia management to 15 states. These mannikins have been used during trainings and webinars.

PILLAR-2 RESUMING RMNCH+A SERVICES

2020 | October to December

- During the month of November, UNICEF actively supported the launch of Social Awareness and Action to Neutralise Pneumonia Successfully (SAANS) campaign on World Pneumonia Day. The support to the MoHFW included development of guidelines, state progress cards, awareness generation materials, and support organizing multiple advocacy events, that included academia, UN agencies, civil society partners, professional associations and government, across the country.
- UNICEF also supported restoration of vitamin A supplementation round in 11 of the 12 states.
- Following the continued efforts of UNICEF, the Ministry of Women and Child Development issued the operational guidance in November, 2020 with the directive on national restoration of Anganwadi services.
- Under the guidance of MoHFW, Maternal Health division, designing and costing of Midwifery Lead Care Units (MLCU) was initiated for six states with the support of IQVIA.
- Initiated the procurement process for mannikins to support skill labs at State Midwifery Training Institutes (SMTIs)
- Started end year LaQshya/WASH/IPC assessment in 50 UNICEF-supported districts of India.
- UNICEF supported the GoI in celebrating the "Newborn Week" as part of the India Newborn Action Plan (INAP) 2020-2030 in 24 states. Several webinars were held and around 8,000 pediatricians and 25,000 nurses were trained on critical maternal and newborn care.
- UNICEF fully supported the Elimination of Mother to Child Transmission (EMTCT) campaign rolled out by NACO on 1 December 2020 which is also the World AIDS Day.

2.1 Coordination

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

2.1.1 Coordination with the Government of India

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

Indian Council for Medical Research (ICMR)

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

National Disaster Management Authority

With support from Sphere India, 15 state IAGs were mobilized and connected to the NDMA/SDMAs for the deployment of trained volunteers and providing orientation to them on COVID-19 response needs.

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

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

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



2.1.3 Coordination with Donors and Partners

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

Key Learnings

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



2.2 Programmatic Response

Results achieved through the Response to COVID-19 Pandemic in India, 2020



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



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



Four million people have been regularly sharing concerns and seeking clarifications on COVID-19 through established feedback mechanisms.



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



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



2.5 million healthcare facility staffs and community health workers have been trained in IPC.



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



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



Over 333,000 children and their caregivers have been provided with psychosocial support as a result of UNICEF's support, including training of child protection functionaries and counsellors together with the government.



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



102,400 children (6-59 months) have been admitted for treatment of SAM.



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

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

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

A. Emergency Procurement of Medical Supplies

- **Personal Protective Equipment Kits**

In early March 2020, as the number of COVID-19 cases were on the rise, there was a huge demand for PPE. As the lockdown was announced by the Gol, stocks of masks, sanitisers and gloves were in short supply. Approximately one crore PPE kits were required. During this period, UNICEF raised orders for a total of 11 million USD, providing emergency procurement of PPE, diagnostic tests and oxygen products to support the Government of India in its efforts to ramp up capacity to test and manage COVID-19 cases. Apart from these, through in-kind contribution from IKEA, one

million triple-layered masks were procured and supplied by UNICEF for Mumbai and Karnataka. With contributions in-kind from Johnson & Johnson, over 20,000 hygiene kits were presented as an appreciation to healthcare workers in Madhya Pradesh. UNICEF also supported state governments, other development partners, and civil society organizations to reach out to 2,318,481 vulnerable population of rural and urban areas across 15 states with critical supplies such as soaps, PPEs, disinfectants, and sanitary pads.



Procurement and supply of PPE kits, medical equipment and thermal scanners were few of the most challenging tasks during the lockdown. While materials were available and vendors were known, a ban on international and domestic travel made it almost impossible to source the PPE kits and other medical equipment. In order to overcome the shortage of PPE, UNICEF identified stocks with a vendor who was contracted by the UN World Food Programme (WFP) in their Hyderabad warehouse. However, these could not be shipped due to the lockdown. Only certain stocks from their Delhi warehouse could be procured after physical visits to the facility and third party inspection. There were also some items in the kit such as shoe covers, N95 masks, goggles, and gloves that were unavailable in the country. Hence these were procured from China by arranging special chartered flights. Within country procurement by the MoHFW was through Hindustan Lifecare Limited. Peak demand for PPE kits was managed thus till July 2020 after which Indian manufacturers had started their regular supply. The factors that had to be tackled innovatively at various stages included:




Lack of transport

Strict quarantine rules

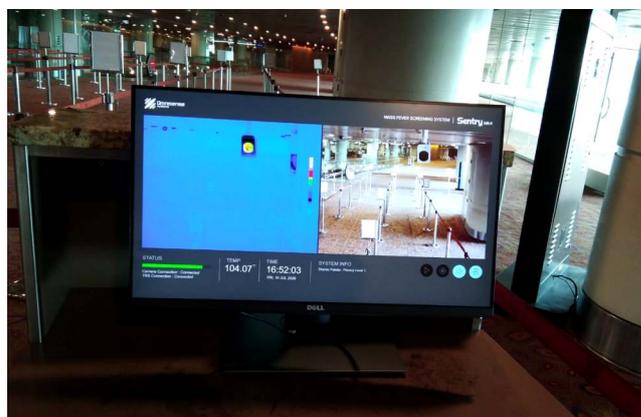
Procedural hurdles

Need for faster turnaround times

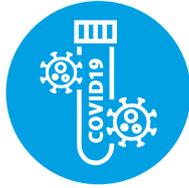
However, with support from MoHFW, funders and the supply division in Copenhagen, UNICEF was able to fulfil its commitments in a timely manner.

• Mass Thermal Scanners

UNICEF was allotted the responsibility of procuring 10 thermal scanners for eight international airports, each costing Rs. 35-40 Lakhs. This procurement was a tripartite partnership between Asian Development Bank (ADB), UNICEF and GoI. ADB provided the funding and UNICEF procured the scanners for MoHFW based on WHO specifications. Following the successful installation in eight airports, a request for scanners in 62 locations was made by MoHFW.



Procurement of thermal scanners ran into a few roadblocks. Since there was only one supplier of thermal scanners based in Singapore, UNICEF had to work around its single-vendor procurement policy. There were also several hurdles that had to be overcome during installation. For instance, in Kempegowda International Airport Bengaluru, the necessary infrastructure to install the thermal scanners was not available. Arrangements for these had to be made by coordinating between multiple organizations within the Airports Authority of India (AAI) and Bengaluru Airport authorities. The Bengaluru Airport had its own authorized vendor and no other vendor including that of UNICEF could build the infrastructure. Apart from this, UNICEF could not directly pay the authorized vendor of the Bengaluru Airport. Hence an agreement was arrived at; that the vendor of Bengaluru Airport shall build the infrastructure and upon completion of work, the vendor of UNICEF will make the payment. However, several rounds of negotiations were required with the vendor of Bengaluru Airport to undertake the work as they do not initiate the work without advance payment. In addition to this, the quarantine rules that prevailed during the lockdown meant that anyone who had entered an airport had to be quarantined for 14 days. This had serious implications for the staff involved and the total time taken to complete the installation process.



COVID-19 Test Kits

As testing was low in the country, there was an urgent requirement for RT-PCR test kits. UNICEF procured **328 RT-PCR and RNA Extraction Thermo Fisher test kits (328,000 reactions)** for the ICMR. This effort was financially supported by the Government of Germany. An online handover ceremony was arranged between the German Ambassador, UNICEF and ICMR.



Oxygen Concentrators

UNICEF procured a total of **3,014 oxygen concentrators** through the supply division. The MoHFW tested these concentrators in two hospitals. These concentrators are ready to be distributed to 19 states and union territories of India.



Mannikins for Newborn Care

UNICEF procured and delivered **1,471 mannikins** for training on newborn care and pneumonia management to 15 states. These mannikins have been used during trainings and webinars.

HIGHLIGHTS

34,700 healthcare workers within health facilities and communities provided with Personal Protective Equipment.

 **3.5 million** items of PPEs 

 **300,000** RT-PCR test kits

 **3** rounds of COVID-19 treatment facility assessment



UNICEF supply of 10 mass thermal scanners installed in eight international airports has helped in the resumption of the air travel. Twenty oxygen plants are to be installed in critical points of various hospitals of the northeast and 3,014 state-of-the-art oxygen concentrators will be installed to increase the capacity of the country to treat patients with COVID-19 symptoms.

B. Assessment of COVID-19 Health Facilities

In response to the pandemic, the Government of India had instructed state governments to set up a 3-tier system for the management of COVID-19 affected patients. However, due to a lack of adequate infrastructure and human resource, several of these facilities were not adequately prepared to treat COVID-19 patients. Based on a request by Gol, UNICEF along with WHO, UNDP, JHPIEGO and Norway India Partnership Initiative (NIPI) engaged in supportive supervision of COVID-19 containment measures in the field. The objective of this assessment was to validate the preparedness and provide supportive supervision to these hospitals for

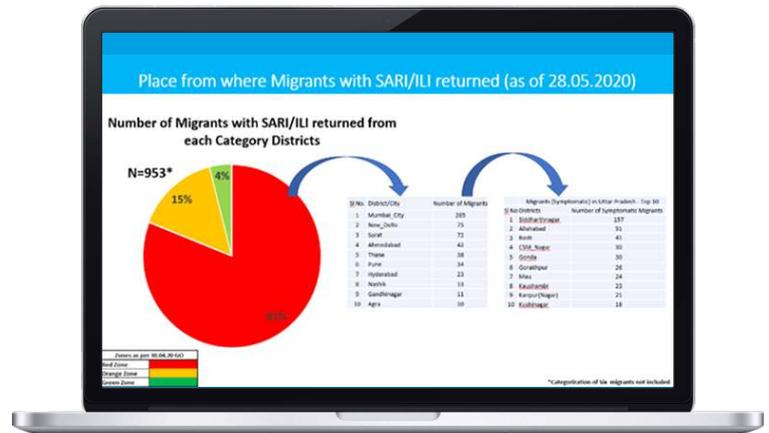
further improvement. In the month of April, UNICEF along with WHO conducted supportive supervision of COVID-19 facilities across India using the MoHFW tool kit. The findings revealed inadequate beds with oxygen and ventilator support, insufficient isolation beds, and a shortage of human resources especially anaesthetists for high-level critical care. Technical teams were formed in each state comprising state health officials and representatives from WHO and UNICEF. This team was provided instructions for corrective action which was reviewed and closely monitored by the highest levels of the government in the state.

C. Use of Data for Managing COVID-19

With the COVID-19 outbreak, the importance of creating Real-Time Data Management (RTM) systems that are resilient to emergency situations became critical. To this end, learning and development platforms for Aspirational districts, district gap analysis and data visualization and development of in-house capacities for data were among the key priorities. A CBM mechanism, planned, conceptualized and designed by UNICEF, was established as part of the UN response, to better understand the impact of the COVID-19 pandemic on marginalized and vulnerable families. UNDP, UNFPA and other UN agencies participated in the finalisation of the CBM design. The mechanism engaged 13 civil society organizations in 12 districts of seven states to collect data and network with the cohort of families in four waves (rounds) over the period from June until December 2020. Cross-sectional analysis as well as understanding trends over time has allowed comprehensive assessment of the impact of the COVID-19 pandemic on the socio-economic condition of marginalized families. UNICEF also supported the piloting and deployment of several modelling tools which were snowballed to the states. These tools were used by the states for planning and forecasting the use of commodities and resources for COVID-19 response. Some of the initiatives undertaken are discussed below:

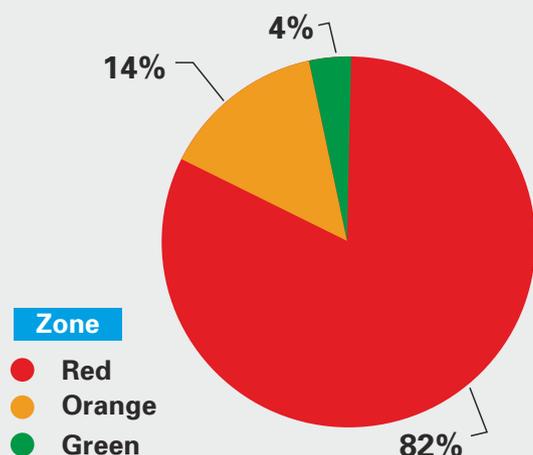
- UNICEF used the ODK resource hub and dashboard to support the epidemic response for various state governments. For instance, in Rajasthan, ODK and dashboard were used to plan the containment strategy. Similarly, in Uttar Pradesh, using ODK and MIS data, 3,135,826 migrants were line listed and counselled on the preventive measures and quarantine protocols and subsequently linked to the COVID-19 surveillance system. 8,414 migrants with symptoms of Influenza Like Illness (ILI) and Severe

Acute Respiratory Infections (SARI) were identified, nasopharyngeal swabs were taken, and COVID-19 positive among the samples collected were isolated and treated in designated COVID-19 hospitals.



- High-risk areas for containment measures were also identified using this data. Interventions like pooled sampling were implemented in areas with a high concentration of migrants and review of the progress were undertaken on a daily basis at the highest level in the government.
- Symptomatic returnee migrants were tracked and identified for COVID-19 testing. In all areas/household where positive COVID-19 cases were reported, containment measures were taken as per standard operating procedures. Districts were categorized as per vulnerability of districts for COVID-19 and as per the source of returnee migrants' districts into Red, Orange, and Green categories.

Source Districts and States from where returnee migrants have come (by risk zones: Green, Orange and Red)



District	Green	Orange	Red
Agra	4%	14%	82%
Aligarh	5%	23%	72%
Allahabad	2%	8%	89%
Ambedkar Nagar	2%	12%	86%
Auraiya	6%	22%	72%
Azamgarh	4%	12%	84%
Badaun	7%	29%	64%
Badohi	2%	7%	92%
Baghpat	12%	42%	46%
Bahraich	3%	21%	76%
Ballia	7%	26%	66%

- Migrant children and pregnant women who were identified were referred to appropriate immunization and antenatal check-up as well as for institutional deliveries respectively. Associated with these efforts included building the capacity of staff. Through virtual platforms, approximately 900 District Community Process Managers (DCPM) and Block Community Process Managers (BCPM) were trained on data entry, visualization and use. Around 158,000 Accredited Social Health Activist (ASHA) workers were also trained through the blended methodology of WhatsApp videos and telecalling in Uttar Pradesh.
- In Gujarat, a total of 169,305 healthcare providers were trained on various COVID-19 related guidelines and protocols such as field surveillance and supervision, clinical management protocol, quarantine and isolation management. Technical assistance was given to State Institute of Health and Family Welfare (SIHFW) in adopting online platforms like Zoom which helped in resuming the trainings to healthcare providers by establishing a 3-tier system (Training of Trainers (ToT) webinar, medical colleges and district level webinars) for training hosted at the state level.

D. Psychosocial Support (PSS) offered to Healthcare Workers

The unexpected COVID-19 epidemic had put the healthcare workers under tremendous untold pressure. The frontline workers faced risk, stigma and backlash from communities as they went about contact tracing, providing treatment, counselling for family members and providing other forms of medical support. During the lockdown that ensued, there was an urgent need to provide mental and psychosocial health and support to frontline and primary healthcare providers. In June, UNICEF teams started working with the ICMR to support operational research on the impact of COVID-19 on MNCH services, and in supporting the healthcare workers with psychosocial care for health workforce resilience during COVID-19 response to ensure continuity of services. In Gujarat, UNICEF facilitated the development of a manual for healthcare workers developed by UNICEF for “Ensuring Safety and Well-being through Psychosocial care and support during COVID-19 Pandemic”, adopted by the SIHFW. UNICEF partnered with the NIMHANS to develop an information manual on “Psychosocial Care for

Frontline Health Workers” and a first responders manual titled “Psychosocial First Aid (PFA) for Children Affected by COVID-19”. In Bihar, UNICEF supported the orientation on mental health and psychosocial support of CSOs/NGOs and Social Mobilization Network (SMNet) staff, in addition to healthcare workers and programme managers. Along with these modules, UNICEF contributed to the training of doctors and counsellors of helpline numbers in Gujarat, Bihar, West Bengal, Karnataka and Maharashtra. In Mumbai, a PSS cell was established in KEM Hospital that reached 7,705 COVID-19 cases and 4,965 caregivers. UNICEF also continues to support the PSS initiatives such as helpline in Tata Institute of Social Science of Mumbai and iCALL - a free counselling helpline that is run by trained and qualified counsellors for children on the move and COVID-19 patients. An outcome of these interventions is the vigour to integrate focus on mental and psychosocial health and support of frontline and primary healthcare providers as a key component of programme support.

E. Comprehensive Interventions in Urban Settings

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

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

Similarly, in Kolkata, West Bengal, urban slums in three wards were selected to implement the COVID-

19 preparedness and response activities in partnership with NGOs, Kolkata Municipal Corporation (KMC), West Bengal Doctors Forum and the local community. Fortnightly health camps were conducted in each ward to provide treatment and free medicines to the local community who were not receiving adequate healthcare during the year 2020 due to the COVID-19 situation. More importantly, the health camps were utilized for raising and spreading awareness and demonstration on COVID-19 prevention measures like masking, distancing and hand hygiene.

In Maharashtra, UNICEF partnered with Doctors for You (DFY) to implement a comprehensive programme for COVID-19 containment and RMNCH + A service continuity in G-North and M-East wards of Mumbai. In these wards, DFY supported community engagement activities and fever

Outpatient Departments (OPDs), reaching 20,203 persons with fever. Further, screening of COVID-19 was operationalized using Infra-Red (IR) thermometers and pulse oximeters in 20 health posts. A total of 1,532 children less than two years were immunized through 43 outreach camps organized by DFY

between 15 July-15 September 2020. These efforts will continue as required in 2021 and shift from an immediate emergency response approach to a more long-term investment in strengthening primary healthcare systems in urban settings.

F. COVID-19 Vaccine Introduction: The Journey

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

01 How should the **COVID-19 vaccine** be classified – as a regular vaccine or as an emergency vaccine?

02 How would the **vaccine be administered?** Would it be an injectable or drops? Would the immunization programme be able to handle the administration of the vaccine?

03 Which population segments would be the **recipients of this vaccine?** UNICEF's expertise has been in working with newborn till adolescents. Adults and senior citizens with co-morbidities have never been reached except for a campaign on Japanese Encephalitis in three states.

04 What would be the number of doses and what will be the **duration between doses?**

05 What would be the **efficacy of the vaccine?** Is there sufficient information on the trials? Vaccines administered by UNICEF as part of the immunization programme have had sufficient clinical trials with ample data on side-effects, efficacy and so on. Would the same be available for the COVID-19 vaccine?

06 What would be the **storage requirements for the vaccine?** What would be the vial size? Which manufacturer's vaccine would be ready first and how many would be available for distribution?



The NEGVAC was constituted, chaired by NITI Aayog and co-chaired by the Secretary of MoHFW. UNICEF and WHO were entrusted with the task of developing the operational guidelines for administering the COVID-19 vaccine. In the month of October 2020, a cold chain equipment procurement plan for vaccine introduction was finalized and approved by the MoHFW. There were several iterations and inputs that were considered including the global guidelines developed by WHO. All vaccine dependent and vaccine independent factors were considered during strategy formulation and eventually the strategy was kept broad enough to accommodate changes but also specific enough to train all cadres of healthcare and immunization workers. Alongside the guideline, UNICEF started working on the cold chain, identifying gaps, creating new infrastructure, planning for contingencies and building partnerships. Roll out of the vaccination

campaign was scheduled to start on 16 January 2021 to target around 300 million people within three groups - the healthcare workers, frontline workers, people above 50 years of age and people with comorbidities.

Cold Chain Strengthening: Cold chains form the backbone of the immunization programme which enables the vaccines to be stored at the required temperature, from the time of manufacture till the last session site where the vaccine is administered to the beneficiaries. It comprises electrical (walk-in-coolers, walk-in-freezers, ice lined refrigerators, deep freezers) and non-electrical (cold boxes and vaccine carriers) equipment.

Since the COVID-19 vaccine was not part of routine immunization, a landscaping exercise was conducted up to the district level to map existing infrastructure including equipment, space availability and so on.

The National Cold Chain Resource Centre (NCCRC), Pune and NCCVMRC, Delhi were consulted in this exercise. Scenario planning considered the following possibilities:

- i) Size of Vials:** Three possible vials sizes had to be planned for.
- ii) Availability of Space:** Two factors had to be considered as far as space was concerned. COVID-19 vaccine would be a rolling stock, therefore, an inadequate cold chain should not be a reason to turn down new stocks and the existing stock of vaccines used for routine immunization should not be compromised.
- iii) Temperature Setting:** The storage temperature of the vaccine candidates was unknown. Based on Indian conditions, it was expected to be $\pm 2 - 8$ degree celsius or -15 to -25 degree celsius. A gap analysis was done in order to be able to accommodate both types of vaccines. Necessary cold chain equipment was procured with the help of the KfW Bankengruppe (KfW Bank). By September 2020, manufacturers and suppliers had been identified and procurement had started by October 2020 in order to meet the delivery date of January 2021.
- iv) Bulk Storage of Vaccines in Cold Rooms:** UNICEF had to identify adequate bulk cold storage rooms well before the vaccines were ready. This was yet another challenge as sites for the construction of cold rooms were vaccine dependent. These rooms, built on stringent

specifications, require specialised electricity lines to run the equipment that comes from countries in Europe. All these steps normally involve several approvals and permissions. As a contingency measure, UNICEF decided to bring in the private sector to overcome this challenge. UNICEF, in collaboration with Bill and Melinda Gates Foundation (BMGF), reached out to several industries that used cold storage rooms such as dairy, pharmaceuticals, meat and fisheries etc. to assess the feasibility of stocking the vaccines in these facilities should they arrive earlier.

Communication, Advocacy and Capacity Building for COVID-19 Vaccine: Although the COVID-19 vaccine was one of the most awaited vaccines, there were several rumours and misinformation around it. Broadly, there were two camps – those who were vaccine eager and those who were vaccine hesitant. The absence of history to the vaccine necessitated a completely different communication and advocacy strategy. A collaborative effort was led by the MoHFW, UNICEF, WHO, BMGF and the Immunization Technical Support Unit (ITSU). As a result of this collaborative effort, India was able to initiate a dry run in four states. Another important component of deployment of the COVID-19 vaccine is the capacity building of healthcare workers. Trainings were provided at the national and state level using online tools such as Webex. UNICEF state offices worked with their respective state governments to schedule further training programmes that would cascade down to the village level.

G. Risk Communication and Community Engagement (RCCE)

During public health emergencies, people need to know what health risks they face, and what actions they can take to protect their health and lives. RCCE for COVID-19 was one of UNICEF's priority areas, to share information and advice among communities, mitigate rumours, effectively involve communities in response to the pandemic, and inform decision-making related to personal risk.

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

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

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

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

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

RCCE messaging was categorised into two broad categories:

- **COVID-19 specific messages**

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

- **COVID-19 sensitive messages**

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

2.2.2 Pilar 2: Ensure Uninterrupted Essential RMNCH+A including Immunization Services, Home-based Care, Public-Private Partnership for Care and Adapted Referral Systems

COVID-19 presented an impassable challenge by not only constraining the health system but also disrupting the essential services for mothers and children. Recent evidence in Lancet by Roberton et al (2020)⁴ estimated that service continuity disruption of essential RMNCH+A services would lead to an additional 10,000 to 50,000 under-five deaths per month in India due to the indirect impact of COVID-19. UNICEF's work around essential RMNCH+A came to an absolute standstill and funds were also diverted to COVID-19 relief once the lockdown came into effect.



A. Maternal Newborn and Adolescent Health

- **Advocacy and Policy Formulation:** In April, soon after the lockdown, UNICEF was quick to recalibrate and advocated for the re-establishment of essential health and nutrition services following the lockdown at state and national levels. National technical guidelines on immunization and Reproductive, Maternal, Newborn, Child and Adolescent Health and

Nutrition (RMNCAH+N) including HIV/AIDS testing, tracking and management were drafted by MoHFW with contributions from partners including UNICEF, leading to the partial resumption of services. This guidance was expected to further accelerate the re-initiation of essential health and nutrition services across all UNICEF supported states. Following this, GoI announced the initiation of early identification and

⁴Roberton, Timothy, et al. "Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study." *The Lancet Global Health* 8.7 (2020): e901-e908.

treatment of children with acute malnutrition (SAM and MAM) as a priority action.

INAP progress report and a road map were launched by the Hon'ble Minister of Health, GoI in November 2020. The theme for the year 2020 was **“Quality, Equity, Dignity for every newborn at every health facility and everywhere”**. The progress card on INAP targets and roadmap plan shows that India has successfully met important targets of 2017: the set target of Newborn Mortality Rate (NMR) of 24 for the year 2017 and the strides made to fulfil the target of Still Birth Rate (SBR) of 19 by 2020. The newborn mortality is at 23 per 1000 live births as per SRS 2018 and United Nations Inter-Agency Group for Child Mortality Estimation (UNIGME) estimates and SBR of 4 as per the SRS estimates and about 14 as per the UNIGME estimates. UNICEF is supporting the MoHFW in INAP 2021-30 road map with the objective that the country achieves the Sustainable Development Goals (SDG) for newborn health. Despite COVID-19, UNICEF urged the GoI to keep the newborn at the forefront of essential healthcare and advocated for prioritising this action plan. UNICEF supported the National Newborn Week in 24 states and at the national level. Several webinars were held and around 8,000 pediatricians and 25,000 nurses were trained on critical maternal and newborn care. UNICEF also updated the POSHAN COVID-19 Resources - Online Archive for COVID-19 related resources on Nutrition, Early Childhood Development (ECD), Food Security and Agriculture.

During the month of November 2020, UNICEF actively supported the launch of SAANS campaign on World Pneumonia Day. The support to the MoHFW included the development of guidelines, state progress cards, awareness generation materials, and support organizing multiple advocacy events that included academia, UN agencies, civil society partners, professional associations and government, across the country. UNICEF also supported the restoration of vitamin A supplementation round in 11 of the 12 states. In 2020, five states undertook two vitamin A rounds. Initial reporting suggests that during the rounds, over 80 per cent of eligible children were covered.

With UNICEF support and facilitation, several states issued new guidelines, led online trainings, intensified screening and referral of children with SAM, activated digital and wherever possible provided interpersonal communication/

counselling activities with appropriate COVID-19 prevention practices. This resulted in states including Maharashtra, Madhya Pradesh, Telangana, Rajasthan, Assam and Uttar Pradesh developing guidelines for initiating/ reinitiating/ adjusting services for children with acute malnutrition. Monitoring the status of children through weekly or fortnightly visits were re-established in nine states for children with SAM. UNICEF coordinated with WFP on maintenance of provision of 'Take Home Rations' for children from six months to six years of age and with WHO on in-depth research of growth failure in children under six months of age and alternate foods research for treatment of SAM.

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

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

Certification Status (as per Dec 2020 Assessment)

A. National LaQshya Certification:

1. Labour Room: 28
2. Maternity OT: 22

B. State LaQshya Certification:

1. Labour Room: 57
2. Maternity OT: 49

- **WASH in Health:** Water, Sanitation, and Hygiene (WASH) are fundamentals for preventing disease and maintaining good health. A lack of appropriate WASH services increases exposure of infection to patients and healthcare workers. UNICEF is providing support to the programme on strengthening "WASH" in health facilities in collaboration with MoHFW by focusing on 517 health facilities in 50 aspirational and priority districts, across 24 UNICEF programming states through a biannual assessment. As of December 2020, 64 per cent health facilities were fully WASH compliant.
- **Capacity Building:** As part of the COVID-19 response, UNICEF supported Gol in the continuity of essential services and emergency newborn care. The goal of capacity building activities was two-fold:
 - (i) Preparing healthcare facilities to adhere to COVID-19 protocols.
 - (ii) Train staff on how to handle potential COVID-19 cases of newborns, mothers or healthcare workers. This involved planning, content adaptation and training of HCWs across all cadres.

Professional Associations

UNICEF took the lead in liaising with the IAP, NNF, and FOGSI for dissemination of the Clinical Practice Guidelines and trainings for perinatal and pediatric COVID-19 management. Using the online tools, 35,000 obstetricians and gynaecologists were trained across six regional platforms on infection control and infection transmission prevention.



FOGSI



NNF



IAP Gender Health

Civil Society Organizations

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



WHO



UNICEF



NIMHANS



SPHERE

Elimination of Mother to Child Transmission (EMTCT)

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



NACO

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

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

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

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



B. Immunization and Child Health

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

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

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

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

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

Action: By April 2020, GoI with support from WHO and UNICEF had begun working on guidelines on immunization during the COVID-19 pandemic.⁵ These guidelines laid out the immunization protocol and operational strategy to be followed in urban and rural centres based on containment and buffer zones and areas beyond the buffer zone. Prior to the launch of these guidelines, MoHFW held a video conference on 24 April 2020 with all the states on provisions of the guidelines. States had started operationalizing them and restarted immunization activities soon after. The guidelines were formally notified on 27 May 2020.

Simultaneously, training of Auxiliary Nurse Midwives (ANMs) and ASHA workers on COVID-19 modalities

⁵Immunization services during and post COVID-19 outbreak <https://www.mohfw.gov.in/pdf/3ImmunizationServicesduringCOVIDOutbreakSummary150520202.pdf>, accessed on December 10, 2020.

under the guidelines was done through online platforms. What was unimaginable earlier, to deliver trainings to FLWs online, had to be done. States adopted innovative methods like painting SMS message (Social distancing, Masks and Sanitize) on walls. Not only were innovative communication

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



C. Data, Evidence and Monitoring and Restoring RMNCH+A Services

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

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

- With the onset of COVID-19, all RMNCH+A services came to an abrupt halt causing concern to the lives of mothers and newborns. UNICEF supported state governments in carrying out analysis of RMNCH+A service coverage data from HMIS and TeCHO+ to understand the impact of COVID-19 on health and mortality and supported state governments in carrying out analysis of causes of death to understand the proportion contribution of COVID-19 to overall deaths. RMNCH+A analysis from HMIS and TeCHO+ software also showed gaps in routine RMNCH+A services and poor service coverage. Further, analysis of various causes of deaths to understand the proportion contribution of COVID-19 to overall deaths showed less than one per cent of mortality due to COVID-19. Both these analysis helped to bring attention back to routine RMNCH+A services. Advocacy by UNICEF resulted in the following actions:
 - In order to fast track EMTCT, the HIV testing for PW at Village Health Sanitation and Nutrition Day (VHSND) sites was started post lockdown. Till December 2020, HIV testing of PW at VHSND sites was rolled out in 10 states
 - Guidance note issued on the continuation of RMNCH+A services during COVID-19 pandemic
 - Regular review of RMNCH+A services started for essential services like institutional deliveries, immunization, etc.
 - SNCU review was organized to discuss and resolve newborn care issued during COVID-19 under the chairpersonship of Commissioner Health
- UNICEF created dashboards based on the SNCU online software, SRS data and HMIS data. Work was underway with the Government of Tamil Nadu for the roll-out of the RapidPro and WhatsApp bot-based support to Pregnancy and Infant Cohort Monitoring and Evaluation (PICME) for enhancing RMNCH+A programming for
 - around 1,000 days in the post-COVID-19 era. Rapid Pro was deployed as part of the India Country Office (ICO) programme. A WhatsApp commercial channel was also procured and the bots were used for Aspirational district activity status, home quarantine, PPE use and mask use. At the time of writing this report, these were in the process of deployment in the states of Bihar, Rajasthan, Uttar Pradesh and Madhya Pradesh.
- UNICEF also advocated to incorporate SNCU performance indicators into the Chief Ministers dashboard and provided technical guidance for Application Programme Interface (API) between SNCU MIS and CM dashboard in Gujarat. The advocacy was successful in the following way:
 - State government formed a “No Rotation Policy of SNCU staff” for other departments to decrease the vacancy of SNCU staff which helped in continuing essential services to small and sick newborns admitted in the SNCUs. SNCU review meetings were held with Level 2(SNCUs) and Level 3 Neonatal Intensive Care Units (NICUs) care facilities to discuss, understand and resolve issues related to staff, equipment and referrals, based on the analysis and recommendations made by UNICEF.
- Just like other health programmes, the roll-out of ANM Online (ANMOL), an android based application designed for the collection of comprehensive reproductive, maternal, newborn, child and adolescent health information came to a standstill after March 2020 due to the COVID-19 outbreak. UNICEF worked with the Gol and state governments to take ANMOL training online and successfully launched ANMOL in the three states of Jharkhand, Arunachal Pradesh and Maharashtra. 500 ANMs participated in the online ANMOL ToT from the states. Special digital tools were used for the trainings, namely, Zoom for video conferencing and Vysor for tablet screen sharing.



D. Risk Communication and Community Engagement (RCCE)

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

1. Boosting Routine Immunization through Demand Generation (BRIDGE) aims to increase the Interpersonal Communication (IPC) skills of FLWs namely – ASHA, ANM and Anganwadi Workers (AWWs). In the first quarter of 2020, good progress was made by the states on trainings for FLWs. **Between December 2019 to March 2020, the percentage of trained FLWs increased from 46.50 per cent (1,069,397) to 53 per cent (1,215,861).** States such as Uttarakhand and Chhattisgarh managed to train 14 per cent and 19 per cent of their



FLWs up to March 2020. However, in March 2020, the COVID-19 pandemic abruptly stopped the BRIDGE trainings as these are in-person trainings that are conducted in large batches of 35 participants. COVID-19 posed a tremendous challenge for any face to face interactions of FLWs in making house visits to meet parents to encourage them to bring their children to the vaccination/ immunization sites.

Challenge

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

Priority

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

Response

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

Action

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

2. Social and Behaviour Change Communication (SBCC) Cells and Information, Education and Communication (IEC) Bureaus: UNICEF played a critical role in strengthening the health system in support of Gol to reduce the impact of the COVID-19 on RMNCH+A. UNICEF engaged with the national and state government health missions and its partners to plan and implement costed SBCC strategies to improve RMNCH+A services in 15 states. Despite the challenges brought in by the current pandemic, SBCC cells/IEC Bureaus have leveraged SBCC activities to improve

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

Challenge

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

Priority

Risk Communication and Community Engagement.

Response

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

Action

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

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

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

Challenge

Community engagement activities during COVID-19.

Priority

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

Response

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

Action

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

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

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

UNICEF implemented an innovative RCCE “community engagement” partnership with CSOs, including Digital Empowerment Foundation which has reached 1,961,594 people to enable communities to access life-saving information through its 600 Communication Information Digital Resource Centres in 61 districts of 16 states, while three national NGOs (AIH, VHAI and SEWA) continue to engage 586 CBOs, 66 CSOs to improve routine immunization and essential health services in 59 districts across 14 states. UNICEF collaborated with 124 Community Radio Stations, according to which 2,684,703 people



listened to at least two programmes per week in 20 states.

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

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

2.3 Lessons Learnt



Sustainable Capacity Development

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



Data and Evidence Generation

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



Partnerships

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



Government of Japan

Government of Germany (BMZ/KFW)

Asian Development Bank (ADB)

USAID

Centers for Disease Control and Prevention (CDC), USA

Rockefeller Foundation

Global Partnership for Education (GPE)

DBS Bank India

Hindustan Unilever Ltd.

GAVI

The Bill and Melinda Gates Foundation

IKEA

Johnson & Johnson

Piramal Swasthya

UNICEF National Committee partners

FOGSI

Neonatology Forum

Administrative Staff College of India

IAP

EngenderHealth

Maternity India Foundation (MIF)

NIMHANS

Indira Gandhi Institute of Medical Sciences (IGIMS) Patna

King George Medical University (KGMU) Lucknow

JHPIEGO

Alliance for Immunization and Health (AIH)

Voluntary Health Association of India (VHAI)

Self-Employed Women's Association

Chapter 3:

Way Forward- What Lies Ahead

The key areas of engagement for the UNICEF Health Programme during 2020-2022 will be as follows:



COVID-19 Vaccine Introduction

Continue UNICEF engagement at national and state level on strategy and tools, communication and demand generation for the COVID-19 vaccine, cold chain expansion; identification, training and supervision/mentoring of vaccinators. UNICEF will also invest in technical assistance at the national and state level, and invest in the vaccine introduction as a means of strengthening the immunization system at large.



System Strengthening for the Response to COVID-19

This will encompass actions aimed at strengthening the availability of oxygen, an improved laboratory system, enhanced capacity of healthcare providers at community and facility levels in COVID-19 prevention, identification and management, as well as on safety and infection prevention and control protocols.



Psychosocial Support to Healthcare Providers

UNICEF will continue partnering with MoHFW, NIMHANS, WHO and other relevant expert partners to introduce/sustain mechanisms for PSS for healthcare providers, during the pandemic. This will include advocacy on rationalization of the workload of frontline health workers and integration of gender action plan recommendations in all aspects of support to Primary Health Centre (PHC) support in close coordination with the health programme.



Comprehensive Interventions in Urban Settings

COVID-19 has required UNICEF to engage in COVID-19 response activities in high density, low capacity settings in selected states of India (Uttar Pradesh, West Bengal, Maharashtra, Gujarat). This effort will continue as required in 2021 and shift from an immediate emergency response approach to a more long-term investment in strengthening primary healthcare systems in urban settings.

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