

Prepare, prepare and over-prepare

2020

unicef 
for every child



NORTH EASTERN
REGION

UNICEF India Response
to COVID-19 Pandemic

HEALTH

Key statistics

Demographic Facts	Nos.	Source
Estimated Total Population	48,375,600	Census 2011 Estimated Projection @ assuming decadal growth rate constant
Estimated Live Births	998,345	PIP Estimation 20-21
Estimated Pregnant Women	1,053,393	PIP Estimation 20-21
Estimated Children below 1 year	957,196	HMIS
Total no. of Districts	120	HMIS
Total no. of AWC	93,921	State DSW Data
Total no. of Dedicated COVID Hospitals	117	COVID Dashboard
Total no. of COVID Care Health Facilities	130	COVID Dashboard

North Eastern Region State Report

Table of contents

1. Background	01
2. COVID-19 preparedness and response actions	03
a. State preparedness and response	03
b. Public awareness	03
c. UNICEF support during COVID-19	04
d. Human interest story: Meghalaya - Developing COVID-19 check points and quarantine centres	04
e. Double pandemic of COVID-19 and Floods	05
f. COVID-19 response in Tea Estates	05
g. Achievements	06
h. Innovation - Utilization of virtual platform for various immunization related activities	07
3. Ensuring uninterrupted essential RMNCH + A services	09
a. Disruptions of essential services	09
b. UNICEF support in continuation of RMNCH+A services	10
c. Human interest stories:	10
• Manipur- Health system strengthening	10
• Saving a precious new-born	11
• Care of a sick infant	12
d. Achievements	13
4. Partnerships	14
5. Lessons learned and Way forward	15

BACKGROUND



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

The North Eastern States (NER) have put up a stellar fight against COVID-19 and deserve credit for efficient handling of the pandemic. Northeast India (officially North Eastern Region(NER)) comprises of eight states – Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura.

NER is one of the largest panhandles in the world and constitutes almost 5 per cent of the total population of the country.

Assam, the major metropolis serves as the gateway to the entire North-Eastern region and owing to this fact, Assam could have easily succumbed to the pandemic, had it not been proactive in its preparedness and response towards the situation. The entire NER swung into action with just one mantra of 'prepare, prepare and over-prepare' and undertook the sole mission to minimise contingencies that could arise once the virus reached the region.

The strong political will, clubbed with formulation of need-based policies, professionalism of medical and para-medical fraternity, readiness of health facilities, ensuring availability of required logistics, support of private sector hospitals in managing non-COVID cases, support from development partners, support of other allied department officials, support from districts and citizens at large have all contributed immensely in this fight against COVID-19 pandemic.

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

It is noteworthy that Assam declared lockdown prior to the Government of India on 15 March and later followed the lockdown timelines given by the Government of India. There was a strict implementation of the lockdown by the government which was well supported by the public.

Phase-wise relaxations in inter-state and intra-state travel after the first lockdown allowed passengers from hotspots and red zones to reach Assam and the entire NER, which led to the exponential increase in the positive cases. Along with effective lockdown, the respective state governments have taken strict preventive measures and enforced '**COVID Appropriate Behaviours**' in the areas of high public movement, such as land borders, airports, railway stations, market-places, shops, public offices and other essential service establishments, after the relaxations on travel and other activities.

Hand hygiene, respiratory hygiene and physical distancing were implemented in letter and spirit.

Total cases in NER were less than **250** till **15 May 2020**, which testifies the strict implementation of the lockdown and the stringent respective state policies to contain COVID-19.



Assam Community Surveillance Teams on ground



Supervision by Anganwadi worker in Dholla Tea Estate

Status

The total tally of positive cases in NER stands at 245,000 as on 30 September 2020, of which 185,800 cases are reported from Assam alone. The region has a good recovery rate of around 83 per cent and the case fatality continues to be lower than the national average at 0.4 per cent only.

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

State preparedness and response

NER was quick to establish testing and quarantine centres in all the respective states. "War Rooms" were established with support from UNICEF, which closely monitored the containment policies, all the positive cases, contact tracing & isolation and strengthened the states' response in terms of capacity building of health care providers.

Assam took an appropriate decision to adopt "Ruthless quarantine with humane heart" mandating institutional quarantine for all arrivals. State was the first in the entire NER to initiate the provision of 14-days quarantine to all the COVID warriors and as a mark of gratitude made the arrangement in a 5-star hotel. Community surveillance programme launched for identification of cases of Severe Acute Respiratory Illness (SARI), Influenza like Illness (ILI), Japanese Encephalitis (JE), dengue, malaria and fever with an objective to identify any un-detected COVID cases in the communities was supplemented by other public welfare schemes like financial assistance to the people stranded outside Assam, in foreign countries and people with critical illnesses and door-step delivery of medicines to the patients with chronic diseases (under the Dhanwantari scheme).

With active support from UNICEF, state of Arunachal Pradesh and Sikkim were able to get testing equipments through Indian Air Force's special flights during the quarantine. This helped the states in saving precious time for testing and patient segregation as earlier, Arunachal was relying on Assam, and Sikkim on West Bengal for COVID-19 tests.

Seventeen Indian Council of Medical Research (ICMR) accredited government RT-PCR testing laboratories and some private laboratories have enabled Assam to conduct more than 35 lakh tests till date, one lakh tests per one million of population. In remaining NER, conducting 14,118 tests per 10 million population and conducted 12.5 lakh tests so far.

All 14 medical colleges in the NER have been upgraded to provide critical



"War Rooms"

care to the COVID patients, whereas Dedicated COVID Hospitals (DCH) in all the districts cater to moderate and severe cases. As on 30 September, NER has the capacity of 32,000 isolation beds, additional 5,000 beds with oxygen, 800 beds in ICU and 600 beds with ventilators. Assam is the first state in the entire NER to establish the first Plasma Treatment Unit at the Government Medical College, Guwahati.

Public awareness

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



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

UNICEF support during COVID-19

UNICEF supported the state governments in preparedness towards COVID response by supporting the provision of adequate health care for women, children and vulnerable communities. With an objective to minimize morbidity and mortality among mothers, children and adolescents due to COVID, UNICEF assisted the state core committees in COVID related advisories, Standard Operating Procedures (SOPs) and guidelines. Being an active member of various state and district level task force and committees, UNICEF is contributing in policy and contingent measures based on emerging trends and evolution of the pandemic, implementation of community surveillance, data management, screening, quarantine and isolation follow-ups.

Supporting the state core team, UNICEF facilitated capacity building of state, district and programme managers at various levels on COVID response. UNICEF envisaged, designed and implemented the training of Front-Line Workers (FLWs) for COVID response in collaboration with World Health Organization



On-site capacity building of FLWs in Hailakandi

(WHO) and JHPIEGO.

UNICEF helped the activation of Incident Management System (IMS) and assisted the state in surge planning and roll-out. UNICEF coordinated the development of operational guidelines for quarantine and isolation centres, conducted rapid assessment of health facilities, helped with on-site improvement planning and supported the state core committee with improvement strategy planning and roll-out. With WHO, UNICEF coordinated a joint assessment exercise for the state designated COVID hospitals, designated medical colleges and district hospitals. The feedback was shared with the state and facility improvement planning was done.

Human interest story

MEGHALAYA - Developing COVID-19 check points and quarantine centre at Aspirational District - Nongpoh

Nongpoh, an Aspirational District serves as an entry point for all commercial/private vehicles, coming from mainland India via Assam. With the partial mobility restoring with unlock 2.0, people started coming back to their states from all over the country, carrying with them, the risk of transmission. Realizing the strategic position of the district, UNICEF proposed that a screening check point should be built in Nongpoh. Operational inputs on check-point location, screening criteria, and further isolation plan, were all provided by UNICEF. A makeshift sample collection centre and a quarantine facility was established at the entry to Nongpoh. UNICEF also supported in development of key messages around COVID appropriate behaviours like-“Social Distancing”

and “Hygienic/Safe Practices” that were displayed at the established screening and quarantine centre.



Quarantine centre at Aspirational District - Nongpoh

Double pandemic of COVID-19 and floods

For other parts of the country, monsoon might be a sheer rainy delight but for the people in Assam, it is that time of the year when everything they have, gets drowned in the floodwater. Every year the floods cause huge destruction to property, farmland, tea production and loss of human lives.

626 relief camps in 20 districts provided temporary shelter to 156,874 affected people.

This year's floods have been one of the worst, moreover due to the ongoing pandemic and the fear of spreading COVID-19 infections, it has been the most difficult phase for the people. State and Civil Society Organization (CSOs) provided relief kits containing essentials such as groceries, clothes, sanitary napkins, masks, sanitisers in the affected areas. People were shifted to higher places from the submerged areas, helped to build temporary abodes and provided with necessary medications. UNICEF supported Assam State Disaster Management Authority (ASDMA) in developing the SOPs on Relief Camp Management and Guidelines for Child-Friendly Spaces (CFS) in the COVID-19 context which was a key reference for the District Disaster Management Authorities (DDMA) in the management of relief camps. UNICEF and ASDMA have also trained community volunteers (Pratirodhi Bandhu), who were deployed by DDMA to provide support in relief camp management in affected districts. Relief camp rapid assessments were also facilitated to identify gaps in the operationalisation and subsequent improvement planning at the district level.

Disease surveillance was intensified and identified cases of infectious diseases like malaria, dengue and Acute Encephalitis Syndrome (AES) were linked to appropriate treatment and management.

UNICEF supported the monitoring of health status of women and children in relief camps and handholding of FLWs in carrying out health interventions like pre-positioning/replenishment of oral rehydration solution (ORS) and Zinc, outbreak surveillance and preparing database of persons with co-morbidity and list of children and pregnant women in relief camps along with providing appropriate referral linkages.



Flood ravaged Goalpara

COVID response in Tea Estates

Tea Estate communities are multi-ethnic groups of Tea Estate (TE) workers and their dependents living on the plantations for generations. Tea communities constitute an estimated 18 per cent of Assam's total population of 31.2 million. Poor socio-economic conditions, ignorance due to illiteracy, over-crowding and poor living conditions in the residential colonies make Tea Estate population vulnerable to various harmful social norms and health, hygiene and safety risks. UNICEF in partnership with Tea Associations and District Administration works to realise the rights of children, adolescents and women in selected Tea Estates of Assam to enhance survival, development, participation and protection among children by reducing inequities and inequalities based on gender, region and ethnicity with strengthened delivery mechanisms in alignment with Sustainable Development Goals (SDGs).

UNICEF works closely in 205 TEs across 8 districts.

The rise of COVID-19 pandemic situation also impacted the population in TEs of Assam. As a safety measure, Tea Association suspended all activities within TEs and advised workers to follow state government decisions and guidelines related to lockdown. UNICEF conducted a dip-stick assessment to collate insights on the impact of COVID-19 on essential services such as health, nutrition, education, protection, water and sanitation accessed by children and their families in TEs and to identify gaps in access of services, special provision made by state as part of COVID-19 response and inform the state for relevant action.

Dip-stick Assessment of 202 Tea Gardens (TGs)



HEALTH

94% TG Health facilities were functioning and providing routine services

19% TG Health facilities were converted to quarantine and reached through IPC (Infection Prevention and Control)

23% households were covered under community surveillance



NUTRITION

54% children (3-6 years) received dry THR (Take Home Ration)

49% pregnant women and lactating women received dry THR

40% received IFA (Iron Folic Acid)



EDUCATION

12% TGs had access to digital learning platforms

81% TGs received dry ration for school children



CHILD PROTECTION

99% TG adolescents had access to some information on COVID-19

93% TG CPCs (Child Protection Centres) were reached through messages around COVID-19

18% TG CPCs received online training on COVID-19



WASH

(Water, Sanitation and Hygiene)

47% quarantine centres were equipped with WASH

75% TGs are being disinfected regularly under GoA (Government of Assam) advisory



SOCIAL SCHEMES

88% TGs reported availability of PDS (Public Distribution System) ration

79% permanent workers had access to bank accounts

47% were able to access bank services

Achievements

- The state COVID response action plan is in place
- The state and district COVID war rooms with dedicated teams empowered to take quick decisions and execute them, is working round the clock
- **100 per cent** of FLWs are trained on COVID response
- **1,500** state, district and programme managers are trained on COVID response
- COVID-adapted relief camp SOPs are in place
- **141/626** relief camps operated 'Child Friendly Spaces' that catered to approximately **14,000** children
- **49** relief camps across **11** flood affected districts assessed
- Awareness dialogue and bytes run on AIR Guwahati
- **87** pregnant women in third trimester of pregnancy identified in the relief camps and were linked to the appropriate Ante-Natal Care (ANC) services
- Reached **2000+** peer leaders of adolescent groups using in-person and online platforms to raise awareness, promote preventive measures and allay fears associated with COVID in TEs
- Raised community awareness around preventive measures through folk songs and miking reaching **16,000** TE population
- Awareness campaign around stigma & discrimination done aggressively in Mothers' clubs, Adolescent clubs and Self-help groups
- TE management sensitised around COVID preventive and promotive measures
- **85** counsellors from the **helpline no.- 104** were trained on COVID stigma and discrimination

Innovations - Utilization of virtual platform for various immunization related activities in the State of Assam

The virtual platform was utilized for 2 major immunization activities in Assam:

1. Effective Vaccine Management Assessment (EVMA) data cleaning and analysis

Background

Assam completed its state EVMA in February 2020 and the data was collected from all the sampled 134 sites successfully. As a next step, customarily, EVMA data cleaning exercise, a room-based activity organized at National Cold Chain & Vaccine Management Resource Centre - National Institute of Health and Family Welfare (NCCVMRC-NIHFW), require state core team to visit NCCVMRC and complete the process. Due to the pandemic and subsequent travel restrictions, the visit to NCCVMRC could not happen. Realizing the need to explore an alternative to ensure the second phase of EVMA is taken up and the efforts and resources invested in Phase-1 are not wasted, UNICEF proposed to organize the data cleaning exercise remotely by using online E-platform that was duly agreed by the NCCVMRC-NIHFW and the state Universal Immunization Programme (UIP) Cell.



Dedicated COVID Hospital Assessment Visit - May 2020



Cold chain storage

Outcome

Five sessions of two hours each of online data cleaning were conducted with 100 per cent participation of all the members of core group in the months of May and June 2020. The entire data was analysed, final scores were generated, and a draft of improvement plan was prepared. This first of its kind activity was highlighted in June 2020 issue of Global Immunization News (GIN) published by the WHO.

It quoted -

“The outcome is encouraging enough to consider this as a sustainable model for continued virtual data cleaning for EVMA activities countrywide”.

The learnings from this activity, which was successfully completed, have been taken up and the state UIP Cell initiated Immunization Strengthening Meeting (ISM) series for periodic capacity building and programme review exercise.

2. Immunization Strengthening Meeting (ISM) series, Assam

Due to the prevalent COVID-19 situation, conducting of regular/periodic physical trainings/workshops/meetings was severely disrupted. To ensure continuation of quality immunization services on field and periodic capacity building review meetings are continued in a more aggressive manner than before, UNICEF advocated and technically supported UIP Cell of Assam to initiate a series of Immunization Strengthening Meetings (ISM) on a fixed day-fixed time i.e. every Thursday 2-4 pm since 19 June 2020.

Post the successful completion of EVM data cleaning exercise, now the state UIP Cell is more confident on taking up such online modules of meeting and capacity building. Till date, nine such ISM series have been conducted.

On an average, the attendance count for every meeting has been around 140-150 wherein the participants have found the modality of engagement interesting.



Home visit of dropout child



Comments from participants

<p>“Very helpful” - Addl. CM & H (FW), Baksa District</p>	<p>“Excellent presentation” - Addl. CM & HO (FW), Karbi Anglong District</p>	<p>“Fruitful” - Addl. CM & HO (FW), Sivasagar District</p>	<p>“Good presentation” - NPO-IT, UNDP</p>
<p>"This should be organized fortnightly" - Addl. CM & HO (FW), Cachar</p>	<p>“Presentations are nice” - Addl. CM & HO (FW), Dibrugarh District</p>	<p>“Good session. RI in the state is back on track. Such online sessions at least once a month should be made a norm.” - SMO, WHO</p>	



Comments from State Officials

“Very good initiative by us at UIP Cell, Assam. Considering the prevalent situation in COVID times, virtual meetings have been very helpful in re-emphasizing focus on quality immunization programme. It has also helped us in guiding the districts and solve any issues that they might face.”

- State EPI Officer, Assam

“Good system adopted and with good attendance. Regular discussions with districts help us to motivate them and keep track of the programme.”

- State Cold Chain Officer, Assam

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

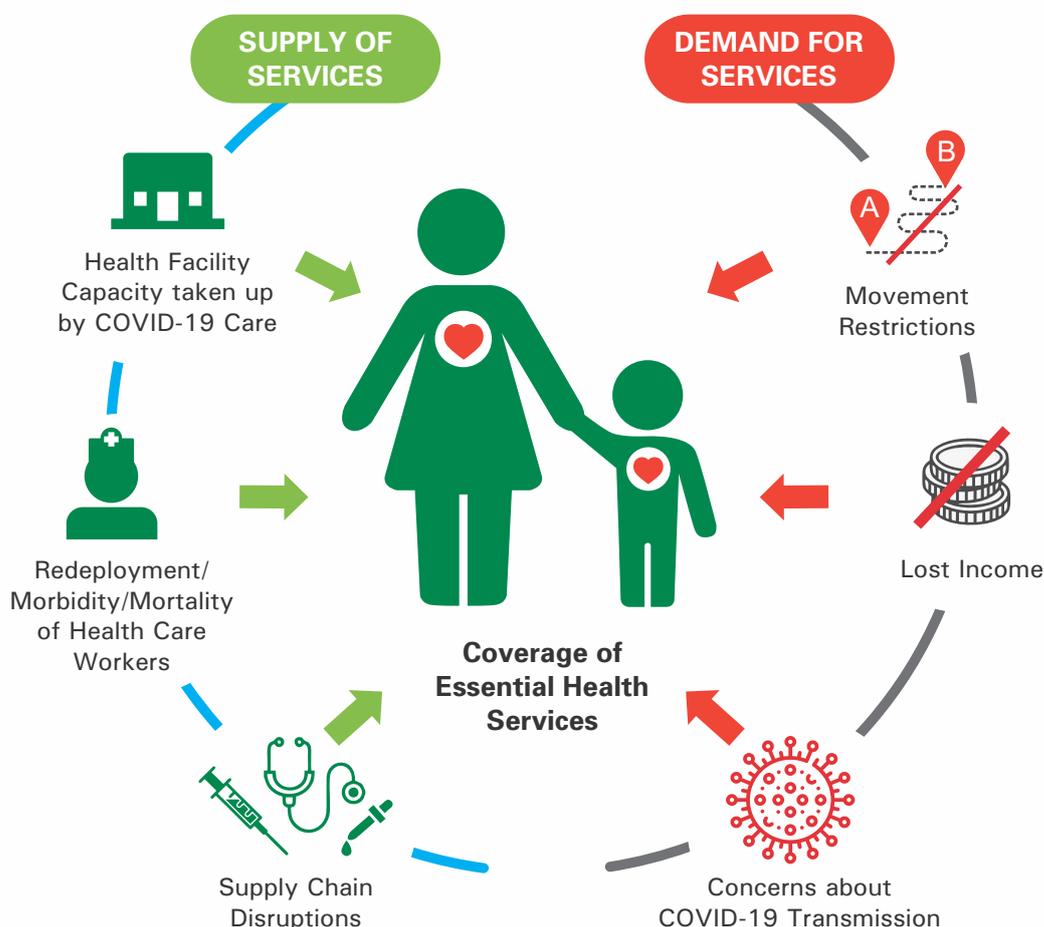
Disruption of essential services

The imposition of a nation-wide lockdown suddenly brought the health system to a stand-still, disrupted essential maternal and child health services both at health institutions and community-based platforms, and de-railed the supply chains of essential consumables for medical care. There was a substantial reduction in the number of Pregnant Women (PW) reporting for walk-in ante-natal care (ANC) and fewer PW reported for institutional deliveries. The Out Patient Department (OPD) attendance fell sharply and only emergency Indoor Patient Department (IPD) admissions were done. The Government of India (GoI) ordered to stop immunizations which threw the immunization programme out of gear albeit for a short period only.

The disruptions were a result of complex number of factors. A large number of Health

Care Workers (HCWs) were diverted for COVID response and the health facilities were upgraded into exclusive COVID Care Centres (CCCs). Regional and local supply chains for essential supplies and equipment got disrupted due to closure of units, decline in production due to disruptions in the availability of raw materials, delay in delivery due to transport and movement restrictions, shutting down of railways and subsequently production shifting to COVID-19 related supplies. People started availing fewer essential services due to lockdowns and mobility restrictions. Income loss due to lockdowns has limited people's ability to pay for services and limit utilization. There is also concern about being exposed to COVID that is deterring people to avoid health facilities to the maximum avoidable point.

Factors effecting availability of essential RCH services



UNICEF support in continuation of RMNCH+A services

UNICEF remained committed to preserve essential health care services to prevent avoidable losses of maternal and child lives during COVID. UNICEF successfully prioritized the continuity of essential RMNCH + A services amidst COVID response. In line with the order from GoI, all outreach health services including immunization were suspended. However, immunization at facilities and zero-dose vaccines were continued in the entire NER. The fixed immunization sessions were restored back by 15 April and outreach sessions were initiated in early May 2020.



Door-step delivery of essential supplies and drugs to pregnant women in TEs

With the help of state and district technical team, UNICEF extended support in streamlining the essential services, especially in Aspirational Districts and TEs areas. Monitoring and supportive supervision of ante-natal services, labour rooms, Facility based Newborn Care (FBNC) services Sick Newborn Care Unit (SNCU), Newborn Stabilization Unit (NBSU), Newborn Care Corner (NBCC), Cold chain points and Routine Immunization (RI) sessions were carried out by the district consultants and regular feedback was shared with the district authorities for continuous improvement.



House-to-House immunization survey in Darrang

Human interest stories

MANIPUR - Health system strengthening

A sudden surge in COVID-19 cases, in the state of Manipur, took people by surprise. Manipur, a state covering 22,327 sq.kms, has a population of 3 million. With a sudden surge in the number of COVID-19 cases, the health system was overwhelmed. UNICEF supported the state in developing a testing centre in JNIMS. 4,332 FLWs out of a total of 4,660 were trained by the State Health Authorities, with UNICEF's support, on importance of service continuity, RI and continuation of RMNCH + A services.



Village Health Nutrition Days



Incentive scheme for birth of female child, Chandel

Emphasis on RI was given to minimize the impact of VPDs (Vaccine Preventable Diseases) on children, during COVID-19. Continuation of RMNCH + A services was focused upon, along with demand generation of services during the lockdown.

During COVID-19, irrespective of the geographic/climatic challenges, UNICEF actively advocated for continuum of RI services and linking the same with Village Health and Nutrition Days (VHND).

Saving a precious newborn - How team management and timely decision making could save and improve the lives

On April 13 2020, Supia Khatun, the Accredited Social Health Activist (ASHA) of Fakirganj village in the catchment of Namasashow Health Sub-Centre, Dhubri, Assam, came across a 9-days old female newborn. Baby Umme, who was born premature at 28 was fighting for her life and was looking pale, limp and weak. She has vomited 7-8 times since her birth. Her mother was unable to breastfeed. She was delivered at home, as her mother Sultana Khatun could not reach the health facility due to complete lockdown in the area. Notably, Fakirganj village, South Salmara block does not have road connectivity with the district hospital. Instead, the only way to reach the hospital is by boat traversing the waters of the Brahmaputra River. Sensing the urgency of the situation, she called UNICEF District Consultant - Prabal, immediate care and dedication was seen when he immediately swung into action and looped in district coordinator Nazrul. The SNCU nodal was also informed and the unit was ready to receive the baby in SNCU, however, there was no means to ensure the transport.

Government's boat ambulance was facing some technical glitch and the family was so poor that they could not even contact the local private boat owner, as that would have cost them a fortune. Responding to the situation, UNICEF consultant requested the Joint Director (JD)-Health for provision to pay the transport charges to the private boat. JD-Health, rising to the occasion negotiated with the local boat owner and asked him to immediately transport the family from south bank to north bank of the river. An ambulance



Baby Umme in SNCU



Baby Umme post discharge

was made available at the bank of the river to take the baby to the district HQ.

The baby was diagnosed with sepsis and had to be kept in SNCU for 12 days. Post discharge, ASHA regularly followed-up the baby as per Home Based Newborn Care (HBNC) protocol and counselled the mother on essential newborn care, including exclusive breastfeeding. The baby was subsequently linked to vaccination, at six weeks of life.

Care of a sick infant - How effective counselling and follow-up by trained health workers could save and improve the lives of infants



CHO visit at Doivaki's house

In June 2020, a team of district health officials comprising of UNICEF district coordinator- Akshay, Khagan Mahanta, the additional Block Manager were on regular monitoring to Jalah Block, District Baksa, Assam. The ANM Sabita Barman informed the team about baby Doivaki, in a nearby Majorkuchi village. The 3 months old female infant was running high fever and body rashes for the last two days. ASHA Joymoti had done her best to convince the family to report to the nearest Health and Wellness Centre (HWC), Siyalmari for treatment. However, due to the fear and panic of COVID around the village, the elders in the family were not willing to take the baby to the health facility. Though no case of COVID was detected in the village till then, the news of increasing cases in the state and the district was deterring them for seeking care for their ailing infant.

The district team took the initiative and reached out to the family. The infant was not looking good and needed immediate care. It took a lot of counselling on the part of the team to dispel the myth around COVID and they were finally successful in counselling the family to seek immediate care. ASHA called the ambulance for transportation of the family.

The infant had to be admitted and finally returned back home healthy after four days. ASHA continued to track the condition of the infant after discharge. She regularly visited the mother and the infant on pre-specified days as per Home Based Young Child Care (HBYC) schedule. She monitored the infant's weight, feeding and her immunization schedule. According to her family members, the infant's condition and activity had significantly improved following the visit by the team and regular follow-ups by the health workers. The timely referral and management by the health facility saved a precious life.



Team visiting Doivaki's house

Achievements

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



Fixed Session VHND in progress in Dibrugarh Tea Estate with COVID adapted precautions

HPM indicators			
HPM indicators	Target for March to December 2020	Progress upto September 2020	Source
 No. of Health worker trained in detection, referral and management of COVID-19 cases	56,074	58,646	State Training report
 No. of women and children receiving essential health care including prenatal delivery and post natal care, essential newborn care, immunization, treatment of childhood illness and HIV care in UNICEF supported facilities	902,000	419,523	HMIS (March to June 2020)
 No. of Health care facility staff and community staff trained in infection prevention and control	10,600	10,600	State Training report

PARTNERSHIPS

RMNCH+A service continuity and strengthening amid COVID-19 through partnership with Piramal Swasthya

Accessibility to essential maternal and child health services has always been a constraint in the state of Assam due to difficult geography and terrain. The COVID pandemic exacerbated these challenges further by disrupting availability of essential maternal and child services, with likely impacts on morbidity and mortality beyond what is directly attributable to the virus. Post the lockdown scenario, ensuring FLWs follow safety norms, practice physical distancing while providing health services along with counselling and are updated on the current information regarding COVID, the supportive supervision has assumed more significance and relevance than ever. Also, planning for a post pandemic recovery as well as preparing for continuity of RCH service delivery in the current scenario is important for effective, sustainable and resilient programming.

This unprecedented situation called for

collaborative efforts involving the government and other developmental partners to identify problems as they are evolving and making timely adjustments. The two main organizations in Assam- UNICEF and Piramal Swasthya, joined hands with the common objectives of ensuring continuity and recovery of essential RMNCH+A services while limiting the spread of COVID. UNICEF providing the technical and financial support leveraged on the huge field presence of Piramal to ensure essential maternal, child and immunization services are continued uninterrupted amid COVID.

COVID-adapted Supportive supervision of VHNDs, supplemented with on-site handholding of health care providers on care and support of pregnant and lactating women with special focus on vulnerable populations like High Risk Pregnancy (HRP) and HIV positive remains at the core of this partnership.

Achievements

Within 4 months of the partnership, starting June 2020 about



have been visited by the team, reaching out to more than



More than 40%

PW attending the sessions were given full ANC and 11 per cent PW identified as HRP and linked to appropriate services.

60%



PW attending the sessions were screened for HIV and 90 per cent of HIV-exposed babies linked to



Early Infant Diagnosis (EID).



More than 3,972 FLWs

have improved knowledge on stigma and discrimination around COVID.

More than

90% children



due for vaccination mobilized for age-appropriate vaccination.

100% children



with diarrhoea were given ORS and Zinc.

LESSONS LEARNED AND WAY FORWARD

Administrative

State pro-activeness with strong administrative commitment led by the health minister himself set the things right for the State. Learning from the evidences, gathered from across the world, the state picked up the best practices for decision making, fostered collaborations of different stakeholders and adapted to innovations. Timely administrative decisions ensured allocation of adequate financial and other resources needed to mount an effective response. Reaching out to the most vulnerable, the state ensured provisions for Tea Estate communities, prisons, detention centres, Childcare Institutions (CCIs) and migrant populations. Feedback from stakeholders was welcomed and concerns raised were diligently addressed. Early establishment of helplines, helped promoting confidence in the communities. Quarantine vigilant teams not only helped to ensure compliance but also provided support to those under home-quarantine. Communities felt cared for and fear-free. Reaching out to the faith-based leaders helped fight discrimination and allay any fears. Daily COVID updates through state portal helped to keep general public informed and fight misinformation. Deviating from the traditional methods of in-person training, the state adapted various technological platforms that worked well.

Health System

Public health services, the lifeline of societies, need an upgrade

Public health services, politically neglected for decades have proven their irreplaceable value during this crisis. Although despised by the rich and middle classes, they are shouldering the lion's share of not just preventive and outreach services but also clinical care. Nearly 80 per cent-90 per cent of critical COVID-19 cases are currently being treated by public health services. Now is the time to reinvent and rejuvenate public health services across the country, for which health budgets must be substantially upgraded.

Primary healthcare (PHC) must be given primary importance within health services

The strategy of successful containment of COVID primarily lies at the primary health care level. All public health activities required for epidemic control – testing, early detection of cases and various preventive measures can be easily carried out by PHC-level staff.



COVID awareness through Boat Clinics in Majauli



NDD and IDCF preparation meeting in progress

Frontline health workers are critical to protect and care for us

The real heroes during COVID response have been the healthcare providers. Working at a considerable personal risk, often without adequate personal protection, toiling long hours daily, sometimes even subjected to violence, these frontline workers are protecting all of us. At least in keeping with enlightened self-interest, what we need to ensure is that health providers are provided with the minimum basic requirements to fulfil their duties effectively, now as well as after the epidemic. This requires large-scale regular appointments to ensure that huge understaffing is eliminated, and workload of existing staff is rationalised.



World breastfeeding week celebration

Way forward

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

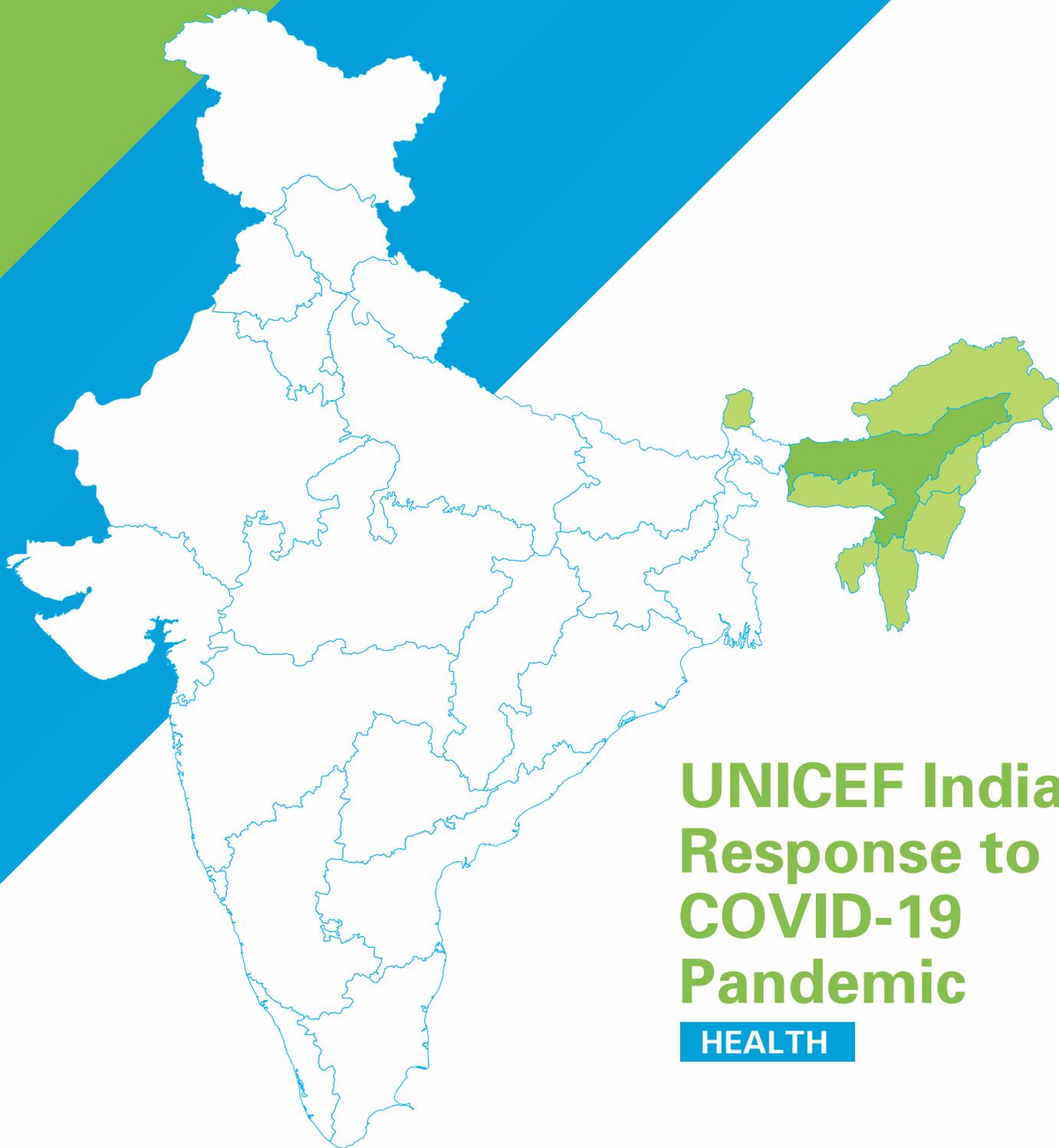


Flood affected area at Patsala in Barpeta District

Acknowledgement

UNICEF is grateful to the Governments of the eight North East States, the respective National Health Missions, the Regional Resource Centre, and the medical colleges for their cooperation. A special appreciation for all the development partners who collaborated with UNICEF for the response.

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



UNICEF India Response to COVID-19 Pandemic

HEALTH

UNICEF Office for Assam and North Eastern States

House No.27, Basisthapur, Bylan No. 3, Adjacent to
Regional Passport Office, Beltola, Guwahati – 781028
Tel: +91 0361 2235151 | +91 0361 2235153
Email: guwahati@unicef.org

UNICEF India Country Office

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