Community engagement, Continued services, COVID management.

2020

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ODISHA

UNICEF India Response to COVID-19 Pandemic

HEALTH

Odisha
State Report

Key statistics

Demographic Facts	Nos.	Source
Estimated Total Population	46,019,138	Directorate Of Economics & Statistics, Odisha
Estimated Live Births	688,000	State Health and Family Welfare Department
Estimated Pregnant Women	722,400	HMIS Calculations (2019-2020)
Estimated Children below 1 year	668,000	State Health and Family Welfare Department
Total no. of Districts	30	State Govt.
Total no. of AWC	72,587	Women and Child Welfare Department
Total no. of Dedicated COVID Hospitals	22	State Health and Family Welfare Department
Total no. of Dedicated COVID Health Centres	13	

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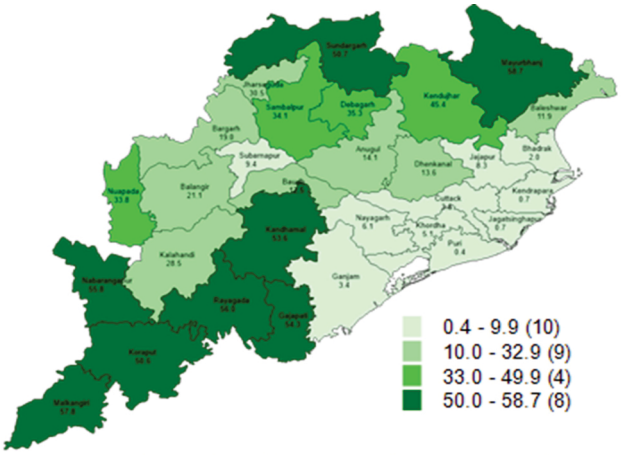
BACKGROUND

Alternate Vaccine Delivery System: Ensuring timely delivery of vaccines to ANM at session site

Eighty-five per cent of the population of Odisha resides in rural areas. Out of the total population, Scheduled Tribe; Scheduled Caste; communities constitute 23 per cent and 17 per cent respectively. Most of these communities reside in remote and hard to reach areas characterized by difficult geographical terrain with road and telecommunication challenges.

These communities also face significant difficulties regarding access and utilisation of health services and carry an inequitable burden of maternal and child mortality. More than 85 per cent of the households in Odisha are dependent on the public health system, as private hospitals are limited and available only in major urban areas. The primary health care system is already challenged to provide adequate and quality health care services because of high demand. The availability of tertiary care facilities is sparse and distantly located. The other public health problems facing the state are malaria, tuberculosis, non-communicable diseases, diabetes, cancer and hypertension. Due to its location, next to the Bay of Bengal, the state also faces natural calamities like cyclones and floods frequently. The focus of the health strategy is around ending preventable maternal, newborn and child deaths; and promote health and development of all children while addressing inequities in tribal regions. The state has made commendable progress and follows a health system strengthening approach with integrated multi-sectoral policies along with emergency preparedness and resilience.

Figure 1: Proportion of Tribal population, Odisha



Source: Census 2011

Context

The emergence of COVID-19 pandemic has posed additional challenges to the state for providing routine health services with a COVID-19 lens and deal with the expected surge of COVID-19 cases, which resulted in shifting the focus towards COVID-19 response and management. The health care delivery system also faced significant challenges in the face of ''Lockdowns'' and ''Shutdowns'' and affected the mobility of both, beneficiaries and health care providers. Since the pandemic was evolving and new information kept emerging, it was challenging to ensure that the updated guidelines and protocols were regularly informed to the health team at all levels. As the epidemic progressed, the system also adapted and responded with a wide range of actions.

The Government of Odisha (GoO) took up significant proactive steps in the early phases of the pandemic. In April 2020, the Government of Odisha identified 19 Dedicated COVID-19 Hospitals (DCHs) across the private and public sector, under the power of the epidemic act. In fact, Odisha was the first state in the country to announce a 1,000 bedded COVID-19 hospital in collaboration with the private sector hospitals. To minimise disruptions to the routine health care services, additional infrastructure was identified from within the public and private facilities and 26 DCHs, 12 District COVID-19 Health Centres (DCHC) and 18,000 Temporary Medical Centres (TMCs) were set up. Funds were arranged for procurement of equipment, logistics, identify and train human resources, and ensure functionalisation within a short period of time. As a ''One UN'' team, UNICEF, WHO and UNFPA worked together along with the government in this process specifically on the capacity building, hospital assessments and mentoring of the districts to ensure preparedness, identification of gaps and health service provision of standard quality.

The state witnessed a massive influx of migrants during the months of May to July 2020. Around 8.5 lakh migrants returned to Odisha during lockdown mainly from Gujarat, Tamil Nadu, Andhra Pradesh, Telangana, Karnataka and Kerala. To manage this, the government adopted a multi-pronged approach such as facilitating travel, issue of online e-passes, monitoring of migrant's movement, setting up TMCs, contact tracing, provision of food and accommodation, monitoring their health and adherence to safety measures.

ANM providing immunization services for a tribal child

COVID-19 PREPAREDNESS AND RESPONSE ACTIONS

Temporary Medical Centres (TMCs)

The GoO developed an information portal for facilitating the movement of migrants and setting up of more than 18,000 TMCs which served as quarantine centres. All basic arrangements were ensured in the TMCs with special attention to vulnerable groups like pregnant women, elderly, young children, persons with chronic health conditions, transgenders etc. In an unprecedented move, power was decentralised, and the Sarpanch was given powers of the Collector regarding COVID-19 management in the Panchayat. Empowering the Panchayat representatives strengthened community involvement and participation in taking steps for COVID-19 prevention and managing the TMCs. Quality control was ensured through regular supportive supervision by district and the state teams. UNICEF supported the capacity building of the Panchayat representatives state-wide and monitoring of the TMCs in the Aspirational Districts along with the government functionaries. The COVID-19 care committees were set up at all Gram Panchayats to take care of the overall operation of TMCs and COVID-19 Care Centres, with the fiscal outlay for each Panchayat.

Strengthening services at the COVID-19 care facilities

The state of Odisha has been working towards strengthening the preparedness to manage the COVID-19 epidemic since the first week of March 2020, when the first series of the state level capacity building workshops were held. For strengthening hospital services, the following steps were taken by the state:

a) Mock drills

While training on essential COVID-19 management, there was an emerging need for intensive practical coaching and mentoring of the hospital teams. Staff had been kept in readiness for deputation to other hospitals as per the surge requirement. The gaps and challenges in operationalisation, as well as practices, had to be understood, for further improvement. With this objective, the government embarked upon conducting mock drills to test the preparedness at COVID-19 health facilities.

Scenarios were developed, and checklists were prepared. Assistant professors from Medicine and Anaesthesia departments of tagged medical colleges, and teams from the United Nations (UNFPA, UNICEF and WHO) jointly facilitated these mock drill exercises, together with the district health officials. Mock drills were conducted in DCH facilities in Puri, Sambalpur, Rayagada, Malkangiri, Nabarangpur, Nayagarh, Bargarh, Gajapati and Bhadrak Districts.

The drill covered various components of the COVID-19 response and consisted of, organization of services, patient flow, screening, triage, isolation wards, Intensive Care Unit (ICU), waste segregation, disposal of waste, sample collection, donning, doffing, transfer of patients between hospitals etc. At each facility, around 30 to 40 personnel participated in

SCHEDULE FOR CONDUCTING MOCK DRILLS
(In DCH & DCHCs without any admitted Covid cases)

Sl no	Name of Hospital	Date	State / District member	Member from tagged Medical College	Member from UN team
1	IDH Hospital, Puri	10th May	Authorised Medical Officer the Hospital	SCB Medical College	WHO / UNICEF / UNFPA
2	GAMC, Puri	10th May	-Do-	SCB Medical College	WHO / UNICEF / UNFPA
3	Rayagada	19.05.2020	-Do-	SLN Medical College	UNFPA / WHO
4	Bharatmata Covid Hospital), Gajapati	21.05.2020	-Do-	MKCG Medical College	UNFPA / WHO
5	Old DHH, Malkangiri	18.05.2020	-Do-	SLN Medical College	UNICEF / WHO
6	Old DHH, Dhenkanal	13.05.2020	-Do-	SCB Medical College	UNFPA / WHO
7	Deogarh	21.05.2020	-Do-	VIMSAR, Burla	WHO
8	Jyoti Hospital, Balasore	11.05.2020	-Do-	SCB Medical College	UNFPA / WHO
9	Kendrapara	14.05.2020	-Do-	SCB Medical College	UNFPA / WHO
10	Boudh	21.05.2020	-Do-	MKCG Medical College	UNICEF / WHO
11	Sonepur	21.05.2020	-Do-	BB Medical College	WHO
12	Mayurbhanj	20.05.2020	-Do-	PRM Medical College	UNFPA / WHO
13	Bargarh	14.05.2020	-Do-	VIMSAR, Burla	WHO
14	Nuapada	15.05.2020	-Do-	BB Medical College	UNFPA / WHO
15	Sambalpur	21.05.2020	-Do-	VIMSAR, Burla	WHO
16	Nayagarh	12.05.2020	-Do-	SCB Medical College	WHO / UNICEF / UNFPA
17	Jagatsingpur	15.05.2020	-Do-	SCB Medical College	UNFPA / WHO
18	MCL Hospital, Angul	16.05.2020	-Do-	VIMSAR, Burla	WHO
19	Nabrangpur	16.05.2020	-Do-	SLN Medical College	UNFPA / WHO
20	Kalahandi	20.05.2020	-Do-	BB Medical College	UNFPA / WHO
21	Joda, Keonjhar	20.05.2020	-Do-	PRM Medical College	WHO
22	Old DHH, Keonjhar	20.05.2020	-Do-	PRM Medical College	WHO
23	Salandi Hospital, Bhadrak	12.05.2020	-Do-	FM Medical College	WHO

the exercises, including doctors, nurses, paramedics, attendants, ambulance, other support staff and volunteers. In almost all the facilities, the district administration, Chief District Medical & Public Health Officer (CDM&PHO), Additional Medical Officers (AMO), Additional District Magistrate (ADM) and Collectors showed a keen interest. Special emphasis was laid on Infection Prevention Control (IPC) practices at the hospital, including the use of Personal Protective Equipment (PPE) and Bio-medical Waste Management (BWM).

Areas needing improvement were identified, and debriefing was done, in order to address the gaps and improve the performance. The hospital teams felt that the mock drills were helpful; supported in confidence-building and knowledge sharing of updated protocols.

b) Assessment of the district COVID-19 hospitals and district COVID-19 health centres

MoHFW directed the states to assess the DCHs and DCHCs strengthening service quality in the facilities. Teams comprising of WHO, UNICEF and UNFPA were formed, and online trainings were conducted. Over the next two weeks, 22 DCHs and 9 DCHCs were assessed. The findings of the assessment were discussed and the ''One UN'' team was requested to develop technical protocols, templates for hospital management, counselling requirements, waste management plans, mock drills and review meetings with the nodal officers of the COVID-19 hospitals. All the training and communication materials were uploaded in the GoO portal to enable easy access. Video Conferences (VCs) were conducted with the DCH nodal officers for reviewing preparedness. Subsequently, the need for handholding support to the districts was felt, and mentoring was initiated.

c) Mentoring of the DCH, DCHC and district teams

By June - July, COVID-19 cases had steadily started to rise in almost all districts, and more so in districts with migrant returnees. There was an urgent need to build capacities of the districts around all preparedness activities like surveillance, containment, contact tracing, infection prevention & control, advocacy with the district administration, multi-sectoral collaboration etc. Hence it was decided that mentoring would be taken up through all the seven government medical colleges in the state. A total of 15 teams were formed, and two to three districts were tagged to each of the teams comprising of partner agencies (WHO, UNICEF, UNFPA), state officials (nodal officers), medical colleges, academic and research institutions (IIPH, RMRC). The mandate of the teams was to visit at least two TMCs, two containment zones, two blocks, to review the district and block preparedness. The thematic areas which would be reviewed were: district and block preparedness, containment plans/ redesigning of micro plans, sample collection, COVID-19 surveillance, supervision/review by district and block officials, recording and reporting, Influenza Like Illnesses (ILI) and Severe Acute Respiratory Illnesses (SARI) surveillance, preparedness of COVID Care Centres (CCC), Dedicated Covid Hospitals (DCH) and Dedicated COVID Health Centres (DCHC). This helped to understand the situation and provide appropriate technical support. Further, the state team received reports/feedbacks/issues/good practices. Cross learning among mentors and standardisation of the implementation of protocols uniformly across districts were the added benefits.

Debriefing with CDMO following mentoring of COVID care facilities

Leadership and Governance

a) Administrative leadership during COVID-19

By the time the first case of COVID-19 was reported in the state, the GoO had laid down a strong governance framework with

the 'Empowered Group of Ministers' for quick decision making and created verticals for key areas, which were headed by senior bureaucrats. Verticals were created for advisories & guidelines, capacity building, procurement, establishment of COVID-19 hospitals, communication materials, mass media etc. The senior bureaucrats pooled in from various departments and functioned under the direct supervision of the Chief Secretary who coordinated with the Chief Minister's office for the effective implementation of the preparedness and response measures. This arrangement worked effectively to provide dedicated leadership and brought in multi-sectoral skills and support. Senior bureaucrats were also given charge of high COVID-19 burden districts to provide additional support to the district administration. The dedicated teams worked in close coordination with the Department of Health and Family Welfare (DHFW). The development partners like UNICEF, WHO and UNFPA supported the various verticals as a "One UN" team.

b) Human resources: COVID-19 capacity building

As the state started reporting the initial cases of COVID-19, the GoO geared up to augment the capacity of the health functionaries towards COVID-19 response of both, public and private sectors. Under the capacity building vertical led by a senior bureaucrat, an institutional mechanism was created with human resources and capacity building committee as an oversight body; technical committee for vetting and approval of training contents, working group for strategizing, planning, coordination, maintaining database, review and feedback. These teams consisted of members from medical college, Department of Medical Education and Training, State Institute of Health & Family Welfare (SIHFW), NHM, WHO, UNFPA, UNICEF, IIPH etc. The committee coordinated with nodal officers at districts, medical colleges, COVID hospitals, professional bodies and other private hospitals.

The trainings were organized using virtual/online platforms as per a defined training calendar. For the Front-Line Workers (FLWs), a cascade method was followed, and a pool of state and district master trainers were created. The Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs) and Auxiliary Nurse Midwives (ANMs) were trained in small groups at the Primary Health Centre (PHC) or Sub-Centre level. WhatsApp groups were created for discussions, participation and feedbacks. Trainings on critical care were done onsite at SCB Medical College with ICU facilities and master trainers. The nurses were trained through the nursing Directorate and nursing schools. The content was dynamic and was adapted continually depending on the technical updates and requirements of the trainees. Every healthcare worker was encouraged to attend the webinars of MoHFW and premier institutions. Modules and guidelines were released by the MoHFW and National Institutes such as ICMR and AIIMS. Repository of all materials were made available at the websites and training portals.

Around 6,200 MBBS doctors, 2,600 AYUSH doctors and 5,200 staff nurses were trained on a) COVID-19 basics b) field surveillance c) epidemiology d) critical care management of COVID-19 patients e) ICU management of patients f) IPC. Around 3,300 pharmacists and lab technicians were trained on a) COVID-19 basics b) sample collection, packaging and transportation c) IPC practices. Throughout the state 130,600 Frontline Health Functionaries – ANM, ASHA, AWWs were trained on COVID-19 basics, field surveillance and IPC. 4,200 drivers and staff of ambulance services were trained on the basics of COVID-19, transportation of cases and IPC. Videos in the local language were created for training the hospital sanitary workers on BMW management and around 4,500 cleaning staff and hospital attendants were trained through master trainers. Participation of 8,300 nursing, AYUSH and MBBS students from final semesters in the trainings was also ensured so that they could be used as back up resources. 76 microbiologists and virologists have specially trained on sample collection and lab investigation and setting up of COVID-19 diagnostic labs. 175 doctors and 106 staff nurses were trained hands-on for critical care management, and further trainings are ongoing. Around 700 counsellors of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH + A), Integrated Counselling and Testing Centre (ICTC) helplines were trained to provide psychosocial support

to COVID-19 patients. Clinical management trainings were also continued as and when new information came in. 263 district and block-level public health education officers were trained in supporting communication activities.

UNICEF, along with UNFPA, WHO NPSP and WHO RNTCP units worked as a "One UN" technical and coordination support in advocacy, planning, coordination and technical support in the capacity building process for the state.

Also, UNICEF and UNFPA trained 2,470 volunteers from teachers, Gaon Kalyana Samiti (GKS) members, Self-Help Groups (SHG), Panchayath Raj Institutions (PRI) members, Yubak Sangh, District Coordinators from universities, scouts and guides etc. on COVID-19 and the role of youth in addressing stigma and discrimination.

c) Information systems and data management

COVID-19 data analysis: A daily analysis of the key COVID-19 indicators of national, state and district level was done to keep a close watch on the progression of the testing, isolation policy, morbidity and mortality data. The data was also used for scenario building and calculation of the requirement of beds and equipment in the state.

Figure 2: Regular Odisha COVID data analysis from various Govt. sources

Source: Dept. of Health and Family Welfare https://health.odisha.gov.in

d) Demand generation and community engagement

- Mass media for risk communication

Apart from the provision of services, it was very important that the correct information regarding prevention and keeping oneself safe was provided to the public; as well as updating the information as and when new facts emerged. Support was provided to the state Information Education and Communication Task Force (IECTF) which created a lot of materials like 19 thematic films, 1,120 scrolls for leading TV channels, TV spots, bytes from celebrities and distinguished personalities etc. The content of the communication material was vetted by SIHFW and UNICEF teams. Feedback on use of communication materials was obtained and gaps addressed. NGOs were trained and deployed by district administration across all 30 districts. WhatsApp groups with district representatives were formed, and a daily reporting of activities/ interventions/ gaps with pictures were uploaded. This helped in immediate and effective information dissemination, sharing of good practices and dispelling of rumours at all levels. This also ensured that standardised communication messages and IEC materials were used. Engagement and mobilization of religious leaders, faith healers to engage with communities was extremely useful. Women members of the Self-Help Groups (SHGs) under various platforms like Van Dhan Kendra, TRIFED, Swachhagrahis etc. were engaged.

About seven community radio stations supported in giving messages on COVID-19 in areas with low media outreach. Further, narrowcast sessions were also conducted. Regular messages from the Honourable Chief Minister, Odisha were broadcast through print and mass media. Daily live press conferences were held to provide

daily information and build public confidence. Social media like Twitter and Facebook of the I&PR Department of Health & Family Welfare Department were extensively used. A special website named "https://statedashboard.odisha.gov.in/" was created by GoO and key information uploaded daily including important guidelines, tests, active cases, deaths, district wise breakup etc.

- Social mobilization through NGOs

  The NGO/Civil Society Organizations (CSO) partners were extensively used for using different platforms and engage with communities to spread awareness about COVID-19 appropriate behaviours, prevention of COVID-19 etc. They supported the frontline functionaries to conduct door to door surveillance and counsel families. They engaged with the returnee migrants and connected them to the district administration and Panchayat functionaries.

  Further, advisories and guidelines were issued to the districts to ensure continuity of RMNCH + A services at community and facility levels.

Human interest story

Battling COVID-19 during pregnancy: Case study from an Aspirational District of Odisha

Sasmita Rana, 22 years of age, was in the ninth month of her first pregnancy when she was diagnosed with COVID-19. Along with her routine tests, she was tested for COVID-19 when she developed fever and cough. The health care provider advised her to be admitted at the Bhima Bhoi Medical College and Hospital (BBMC & Hospital) located 12 kms away from her village, which had all the necessary facilities. The news was a shock to her and her family, who were extremely worried about Sasmita and the baby.

BBMC and Hospital was well prepared since the early part of the pandemic for managing COVID-19 cases with other conditions. The staff were trained in COVID-19 clinical management and the hospital was following strict IPC practices. The entire delivery room team was confident of managing Sasmita. Sasmita was admitted to the BBMC and Hospital and closely monitored and treated in the isolation ward with the staff following all appropriate protocols. Once the delivery pains started, she was taken to the separate Labour Room which had been set up for such cases, where she delivered a healthy term baby.

Jannakamaa, the staff nurse, who had attended Sasmita told that "many infected with COVID-19 don't have complications but we take extra care and precautions; we have learnt about this during the different trainings and webinars on COVID-19 especially about IPC and Management, using PPE kits and sanitisation."

Labour room staff of Balangir Medical College with full PPE

The Head of the Department shared that "Our team is extremely well prepared to manage such deliveries. In September 2020 alone, 47 COVID-19 deliveries were managed in BBMC and Hospital including 12 C-sections".

Sasmita was made to wear a mask throughout her stay at the hospital and disinfect her hands with soap and sanitizer at frequent intervals. She breastfed the newborn successfully. All birth vaccinations were provided. She was kept under observation for 72 hours post-delivery, in the isolation ward. She was discharged with due advice for quarantine and regular check-up.

Her husband Mr. Susanta Rana, an agriculture worker shared that, "I panicked, when I came to know that she was COVID-19 positive. The reassurance from our ASHA and the hospital staff was very helpful. The follow up COVID-19 test was done on 24 September 2020 in our Panchayat and we are all negative."

Happy couple with baby born during COVID lockdown

Haemoglobin testing of pregnant woman at VHSND session

ENSURING UNINTERRUPTED ESSENTIAL RMNCH+A SERVICES

Supportive supervision of Maternal, Newborn and Child Health (MNCH) services during COVID-19

During COVID-19, the health system and especially the health human resources faced challenges to deliver the routine services due to two reasons: (a) the priority of the entire health system shifted towards delivering COVID-19 services (b) frequent lockdowns and local shutdowns affected the delivery of essential RMNCH + A services in the facilities as well as in the communities. Availability of adequate and skilled human resources and delivery of quality services has always been a challenge. UNICEF supported Regional Resource Centres (RRCs) located at Medical Colleges in Koraput and Bolangir districts and worked with the district administration for strengthening supportive supervision, capacity building and reviewing activities around RMNCH + A services in the Aspirational Districts. With the easing of lockdown, the onsite supportive supervision was restarted to ensure visits to the health facilities and outreach sessions. The RRC conducted more than 300 supportive supervision visits to various Village Health Sanitation and Nutrition Day (VHSND), Routine Immunization (RI) sessions and health facilities after the COVID-19 started. With the rising incidence of COVID-19 cases and more so among the health facility staff, across all districts, onsite supervisory visits were discontinued, and virtual mentoring was initiated.

ANM visiting session site crossing river

Monitoring of Integrated Campaign (IDCM)

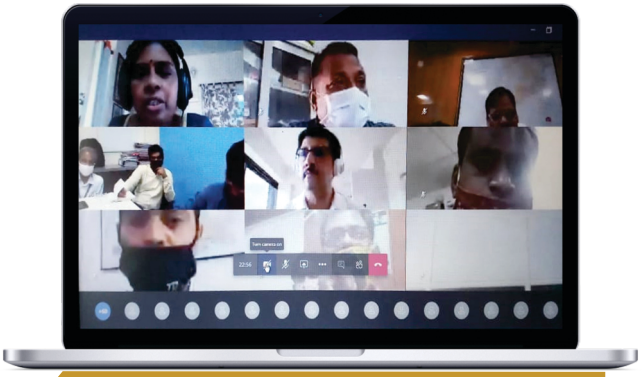
Every year with the onset of monsoon, Department of Health and Family Welfare, Odisha conducted a state-wide campaign for awareness, identification and management of malaria, dengue and diarrhoea. In 2020, in view of the COVID-19 pandemic, the government decided to expand the campaign to additionally include activities like (a) sensitisation and surveillance for COVID-19, (b) identification of persons with comorbidities i.e. hypertension, diabetes, cancer, chronic kidney diseases etc. and (c) active case finding for tuberculosis (d) distribution of ORS and zinc to households with under-five children (e) sensitisation and surveillance for malaria, dengue and diarrhoea. As a part of the integrated campaign, door to door visits were conducted by the frontline functionaries with the above-mentioned objectives. The campaign was conducted over a six-week period across the state between 16 June to 31 July 2020. The community-level activities were conducted by ASHAs and health workers (Male and Female) under the guidance of the health supervisors. Instructions were issued by the Additional Chief Secretary, Department of Health & Family Welfare to all the District Magistrates. State mentors were identified, who supervised and guided the district activities. For effective implementation, six state level nodal officers were designated for overall monitoring and supervision. UNICEF was involved in advocacy and technical support at the state level; planning, monitoring and supportive supervision at the district level mainly in the Aspirational Districts (Deogarh, Kenojhar, Nuapada, Rayagada, Sonepur, Koraput, Kandhamal, Bolangir and Malkangiri) through field visits and virtual platforms.

Monitoring of Integrated Campaign by the Regional Resource Centre staff

Cold chain monitoring by state team

Cold chain strengthening during COVID-19

An efficient cold chain system is the backbone of the Universal Immunization Programme (UIP). There are 1,182 cold chain points, 32 district stores and 8 regional vaccine stores in the state for storing and distributing the vaccines. In the recently concluded state Effective Vaccine Management (EVM) assessment, it was identified that the cold chain system needs to be further improved to ensure the quality of vaccines. In the wake of the COVID-19 pandemic, during the lockdown and shutdown periods, maintenance and repair of cold chain equipments and supportive supervision was a challenge throughout the state. It was decided to fast track the activities for strengthening the existing cold chain system as soon as the restrictions were lifted. In this context, virtual capacity building workshops were conducted to enhance the knowledge of refrigerator mechanics, cold chain technicians and the Walk-in Cooler (WIC) operators from the eight existing regional vaccine stores. Experts from the National Cold Chain and Vaccine Management Resource Centre (NCCVMRC), Pune and UNICEF facilitated the virtual workshop on 31 August 2020. 113 state, regional and district participants including 36 WIC operators attended the workshop. This training helped to enhance the knowledge of technicians and WIC operators on preventive maintenance of cold chain equipment like Ice Lined Refrigerators (ILR), Deep Freezers (DF), Walk-in Freezers (WIF) and WIC. Further, state level immunization teams were oriented on the strengthening of National Cold Chain MIS (NCCMIS) through regular updating of the status of cold chain equipment, strengthening of supportive supervision and immunization Training MIS (iTMIS). The orientation regarding the supportive supervision app was done for 110 participants during this workshop. The question and answers sessions were lively, with numerous queries being raised and discussed. An online review was conducted by the Directorate of family welfare on 25 and 28 September 2020 to assess the progress of implementation of EVM recommendations and plans. 15 districts participated on each day. It was observed that in the state, about 75 per cent of the EVM recommendations had been implemented by September 2020. More work continues to be done in this area.



Regular virtual capacity building activity

Supportive supervision for ensuring WASH compliance

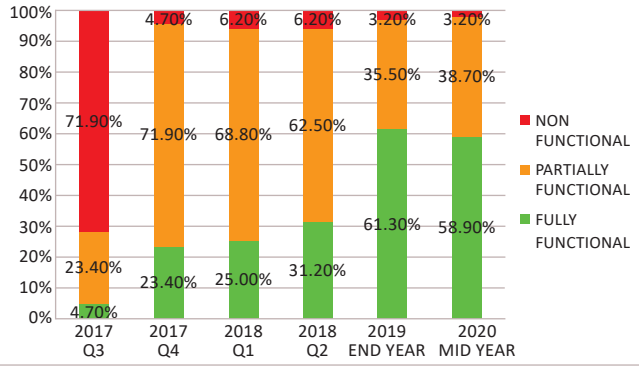
Under Sustainable Development Goal (SDG) 6 (safely managed water and sanitation), the status of Water Sanitisation and Handwashing

Staff nurse ensuring IPC protocols

(WASH) in health facilities is regularly tracked and reported as evidence for action in the four Aspirational Districts of the state. The high caseload facilities, with more than 25 deliveries per month were chosen for this continuous monitoring and support. Ensuring good and consistently applied WASH and waste management practices in the health facilities, will further help to prevent human-to-human transmission of the COVID-19 virus in addition to other infections.

Regional Resource Centre, which is nested in the Koraput Medical College, has Health, WASH and Communication experts who are instrumental in improving the WASH compliance of the health facilities. During COVID-19 (April 2020), a rapid assessment was done for 62 facilities. The fully functional facilities have improved significantly over the years, and during the assessment, it was found that around 58 per cent of the facilities were fully compliant, 38.3 per cent were partially compliant and 3 per cent were not compliant. Advocacy was done with the local and district authorities based on the findings for action, which are ongoing.

Figure 3: Proportion of facilities with wash compliance (n = 61)



Source: Semiannual WASH in Health facilities monitoring data by UNICEF

Ensuring full immunization in tribal districts through Regional Resource Centre during COVID-19

The RRC has been established with UNICEF support in Shaheed Laxman Nayak Medical College and Hospital (SLNMCH) of Koraput District which is a tribal-dominated district in South Odisha. The establishment of SLNMCH in this area serves as a health hub and referral facility for the surrounding tribal districts. The role of RRC in SLNMCH is to strengthen the health interventions with a focus on Maternal, Newborn, Child Health (MNCH) and immunization services in terms of planning, monitoring, supportive supervision, feedback, corrective actions and research activities. Full Immunization is one of the key focus areas of RRC and provides continuous monitoring and supportive supervision support to improve coverage using a system strengthening approach. To engage with the communities and address the demand-side issues, UNICEF also partnered with local CSOs to improve access to and utilisation of Maternal and Child Health (MCH) and immunization services in the hard to reach areas. There have been significant improvements in key indicators.

VHND monitoring by the RRC Koraput staff

Human interest story

VHND-RI sessions in the tribal areas of 'Podia'

'Podia' is one of the conflict-prone tribal blocks of Malkangiri District in Odisha constituting of 61,460 population where 19 sub-centres are consistently providing health services. Naliguda sub-centre is one of them, where a special integrated VHND and RI session was supervised by the RRC team during the COVID-19 lockdown period. AWWs Laxmi Madkami and Arati Podiyami along with ASHAs Saraswati Boipari and Singe Madkami have supported the preparation of the Due list and mobilised the beneficiaries to the integrated VHND-RI session site at T-Naliguda AWC. Across the state, VHND and RI sessions are carried out on separate days. RI sessions are conducted on Wednesdays, while VHNDs are conducted on Tuesdays and Fridays. Under the special initiative of SAMPurNA (Shishu Abom Matru Mrutyura Purna Nirakaran Abhiyan) being implemented in 15 districts, it

was decided by the GoO to conduct special integrated VHND and RI sessions in the hard to reach areas located mostly in tribal regions, staying in scattered hamlets; with an intent to reach all pregnant women and children and provide the complete basket of services to enhance survival.

RRC Koraput staff monitoring the child care services provided by ANM

In the backdrop of COVID-19, there was a need to conduct the session following COVID-19 appropriate behaviours which meant that all the service providers wore masks, sanitised the space, made handwashing arrangements etc. The beneficiaries were kept apart and distancing of at least two metres and provided services in a staggered manner in small groups of not more than 4-5 mothers. Other than providing the mandated services, sensitisation of the attendees regarding COVID-19 was also done. All the vaccines were brought to the session site using the AVDS (Alternate Vaccine Delivery System). With due care, all the services like Ante-natal Check-ups, a blood test for haemoglobin, weighing, blood pressure check, vaccination etc. were done for two pregnant women and seven eligible children.

Debriefing and discussions were held by the RRC team with the district officials regarding their observations in the various sessions supervised. Comparative analysis of antigen-wise achievement between 1st quarters of 2019-20 and 2020-21 was presented, which indicated that the coverage was 90 per cent and 81 per cent respectively. Supervision plans were prepared for all the low coverage sub-centres. The block teams were instructed to make home visits to identify 'Left outs' and 'Dropouts' to reach the 90 per cent target of Full Immunization.

Ensuring PPTCT services during COVID-19 times

With massive efforts over the past few years, coverage of HIV screening of pregnant women has increased substantially from 40 per cent to more than 95 per cent; however, most mothers are being tested for HIV after the 1st trimester as the testing facilities are available at the Community Health Centre (CHC) level and above.

- **Expanding testing services**

  "We are happy as we are getting the services at our doorstep, said one beneficiary Ms. Satybhama Harijan". Pregnant women were happy since travelling to a health facility for early HIV testing, and out of pocket expenditure is reduced, says the ASHA worker, Mrs. Sarathi Harijan on her village.. The ANM of the village Ms. Banishree is happy to provide testing service for HIV at the village level. She advises HIV positive mothers to stay strong and continue with the treatment regularly.

  Nabarangpur District where the HIV prevalence among Antenatal women is more than 1 per cent, is leading the state by testing pregnant women for HIV & Syphilis at the Village Health and Nutrition Day (VHND) conducted at the village level. They can get testing services close to their home and do not need to travel to the CHCs located distantly. Providing community level testing services will help meet the global target of reduction of transmission of HIV from around 30 per cent to less than 5 per cent by 2020, from mother to child. Funds have been provided from the state budget and NHM to procure refrigerators and flasks at all the cold chain points to ensure the maintenance of the cold chain till the village level for test the kits. ASHA is provided with an incentive of Rs. 100 for ensuring that pregnant women are tested for HIV and Syphilis in her area. UNICEF continued the advocacy efforts to expand testing, capacity building of key staff and rolling out across the state. Odisha also became the first state in the country to roll out the combo kit for testing the pregnant woman for both HIV and Syphilis with a single prick.

- **Ensuring continuity of HIV treatment services in Odisha**

  During the period January to August 2020, 197 HIV positive pregnant women were

detected, in Odisha, of which 196 have been put on treatment. During the COVID period, in Odisha a total of 7675 HIV positive persons, including pregnant women were provided with ART drugs. Positive persons from states who were unable to travel back to their place of origin due to travel restrictions were also enrolled in Odisha and provided treatment to prevent treatment interruptions. Necessary information was communicated to the relevant states. All the positive pregnant women were tracked to ensure institutional delivery and newborns were also provided transportation support for testing. Prophylactic drugs as appropriate were also provided for newborns at their doorstep.

Pregnant women being examined and counselled at VHSND session

INNOVATIONS

Virtual capacity building and mentoring initiatives

Despite all the efforts to address mortality, Odisha records a neonatal mortality rate of 31 per 1,000 live births (SRS 2018), which is the third-highest in the country and translates into an estimated 24,500 newborn deaths annually. Many of these deaths are preventable. At least 75 per cent of neonatal and maternal deaths occur during the period of late pregnancy to 48 hours following delivery. In the state, more than one-third of the newborns are dying due to birth asphyxia. Twenty seven out of the 40 Special Newborn Care Units (SNCUs) in the state are reporting Birth Asphyxia admission rates of at least 20 per cent or more (SNCU online data). Inability to provide quality intrapartum care, early caesarean section and prompt resuscitation measures are found to be the major underlying factors. Various labour room quality improvement initiatives are ongoing in the state namely Dakshata, Laqshya, National Quality Assurance Standards (NQAS) and Kayakalp. The state has also implemented a special strategy for accelerating the reduction of infant and maternal mortality 'SAMPurNA' since 2017.

The COVID-19 pandemic has slowed down many of the gains made so far. The onsite mentoring, capacity building and supportive supervision activities undertaken by the government and development partners have been interrupted. To overcome this challenge, UNICEF collaborated with NHM and the Directorate of Family Welfare for strengthening capacities of the staff working in the health facilities at various levels and more specifically at the lower level facilities on quality ANC, intrapartum care and essential newborn care. These webinars were initiated with an objective to mentor and coach the medical officers and staff nurses to improve the knowledge, skills and practices on various topics, by a panel of experts. A panel of obstetricians and paediatricians identified from the public and private sector from within and outside the state, from both public and private sector, interact with the participants and coach them on the practical aspects of quality maternal and newborn care. District level administrative officers are also invited to take part in the webinars to ensure necessary support for adhering to these protocols and their ownership of the district for quality newborn management. The webinars are also followed up with review meetings for each district. The RRC supported by UNICEF anchors this initiative. Pre-test and post-tests are conducted for each webinar, and a detailed report on the questions and discussions are shared with the participants after each

webinar. WhatsApp groups have been for staff working in the maternity and newborn care areas to encourage discussion and engagement. All the sessions are recorded and uploaded in the RRC YouTube account for future reference. This initiative has evoked a tremendous response and enthusiasm and has generated high participation.

Topics	Date	No. and type of Participants
Essential Newborn Care, Kangaroo Mother Care (KMC), Breastfeeding	1, 10, 12 Aug and 4 Sep 2020	223 participants (Medical officers and staff nurses) working at the Delivery points of Bolangir, Koraput, Malkangiri and Kalahandi
Neonatal resuscitation	5 Sep 2020	150 participants (Medical officers and staff nurses) working at the Delivery points, state-wide
Birth asphyxia	12 Sep 2020	276 participants (Medical officers and staff nurses) working at the Delivery points, state-wide
Maternal and neonatal sepsis	19 Sep 2020	165 participants (Medical officers and staff nurses) working at the Delivery points, state-wide
Postnatal care and feeding of babies	26 Sep 2020	173 participants (Medical officers and staff nurses) working at the Delivery points, state-wide
Active Management of Third Stage of Labour (AMTSL), Episiotomy, Neonatal Jaundice	3 Oct 2020	180 participants (Medical officers and staff nurses) working at the Delivery points, state-wide
Prevention and management of Eclampsia and Hypoglycemia	10 Oct 2020	200 participants (Medical officers and staff nurses) working at the Delivery points, state-wide
Partograph, Thermoregulation, prevention and management of Hypothermia	17 Oct 2020	205 participants (Medical officers and staff nurses) working at the Delivery points, state-wide

Distribution of ORS during the Integrated Campaign

HPM indicators

HPM indicators	Target for March to December 2020	Progress up to September 2020	Source
No. of Health worker trained in detection, referral and management of COVID-19 cases	**170,000**	**169,245**	**State Institute of Health and Family Welfare**
No. of women and children receiving essential health care including prenatal delivery and post natal care, essential newborn care, immunization, treatment of childhood illness and HIV care in UNICEF supported facilities	**1,670,000**	**563,998**	**HMIS (March to June 2020)**
No. of Health care facility staff and community staff trained in infection prevention and control	**12,000**	**11,215**	**State Institute of Health and Family Welfare**

PARTNERSHIPS

To understand the coverage of outreach services, UNICEF supported work at two levels; community-level services and facility-level services. The existing partnerships with local CSOs were used to understand and support MNCH services at the community and household levels. Key outreach services like Village Health Nutrition Day (VHND) and RI sessions were monitored, home-based newborn care visits at households with newborns and SNCU discharged babies were facilitated. Process data like testing for haemoglobin, measurement of blood pressure, weighing, availability of all vaccines, duelist, four key messages to family etc. was collected for the outreach services. Data collected by CSO volunteers working in the hard to reach tribal region and Particularly Vulnerable Tribal Groups (PVTG) areas, every month was analysed and discussed. Local advocacy was done for corrective actions.

Facility level services were monitored through district consultants of both UNICEF and UNFPA who support the Aspirational Districts of Odisha. UNICEF support is provided through RRCs located within the Medical Colleges in Koraput and Bolangir districts. They visited the First Referral Units (FRUs) to understand critical Maternal, Newborn and Child Health (MNCH) service provision across the 10 Aspirational Districts from 18 high caseload FRUs. Information was collected about institutional deliveries, caesarean sections, safe abortion and family planning services, vaccine stock-outs, admissions at Nutritional Rehabilitation Centres (NRC) and SNCUs etc. These were compared against the pre-COVID-19 coverage data. Information was collected telephonically and through physical visits, using google forms, weekly and were analysed and discussed regularly. Data was used for advocacy and corrective actions.

Along with the supportive supervision activities, evidence generation was also done by RRC to understand the changes in key process indicators pertaining to maternal, newborn, child and immunization activities in the six Sampurn Barta tribal districts, specifically in the hard to reach areas. A comparison was done between 2018-19 and 2019-20 and between intervention and non-intervention sub-centres. Sampurn Barta intervention entails engagement with key community stakeholders to address demand-side issues and facilitate the utilisation of health services. Health Management Information System (HMIS) database was used to understand the change. A positive change was seen in some of the important indicators like home deliveries, haemoglobin measurement among pregnant women, first-trimester registration, full immunization etc. No improvement was seen regarding the prevalence of severe anaemia across both types of Sub-Centres (SC). Mapping and identification of home delivery pockets and mechanisms developed for increasing institutional delivery and other supportive COVID-19 and non-COVID-19 related activities were carried out by the RRC, Koraput. This provided guidance to the district for improvement of actions and plans.

Figure 4: C-section status of Aspirational Districts. Data monitoring by the monitors of UNICEF and UNFPA in the Aspirational Districts of Odisha during lockdown

Source: Field Monitoring data by the Aspirational District consultants of UNICEF and UNFPA

LESSONS LEARNED AND WAY FORWARD

The GoO has a vast experience in planning, preparing and for mitigating the natural disasters and works relentlessly by the motto of 'zero casualty' in the wake of any natural disaster. The state has won accolades in the past for its handling of cyclones and floods, which have been occurring in the state at regular intervals. By virtue of its location along the Bay of Bengal, it is one of the most disaster-prone states in the country. Keeping the past experiences in mind, the state leadership was proactive in taking steps and following a multi-sectoral approach, bringing in experienced and senior officers and collaborations to involve in the private sector. Involving the Odisha State Disaster Management Authority (OSDMA) and tackling the COVID-19 pandemic not only as a health issue but as state emergency, pooling in resources and partnering with organizations at various levels has helped reach the farthest of the communities.

Way forward

Understanding the challenges which COVID-19 has thrown up some important lessons learnt and areas of improvement. Strengthening the public health system has emerged as an imperative, especially ensuring the availability of adequate and skilled human resources. Considering the fact that majority of the population is dependent on public facilities for health needs, it is critical to have a fully functional public health system providing services of standard quality. Promoting public health research in areas relevant to the state is useful to inform policy. This epidemic has also provided an opportunity to expand the laboratory network in the state. During this period, 22 Bio-Safety Level II (BSL-2) laboratories have been made functional in the medical colleges across the state. This laboratory network can be maintained and used for disease surveillance during outbreaks like malaria, Japanese Encephalitis (JE) and other potential epidemic diseases. Call centres can be extended for other essential services. The equipment which has been procured can be maintained properly and used rationally for strengthening the health facilities. Many data systems, dashboards and IT infrastructure has been created. It would be rational to expand the data systems to enable it to be used effectively for other areas like disease surveillance, mortality registration etc. Further, considering that there might be a cohort of unimmunized children, it would be useful to carry out focused campaigns to ensure catch up immunization and other services. This would help prevent the outbreak of Vaccine Preventable Diseases.

Acknowledgement

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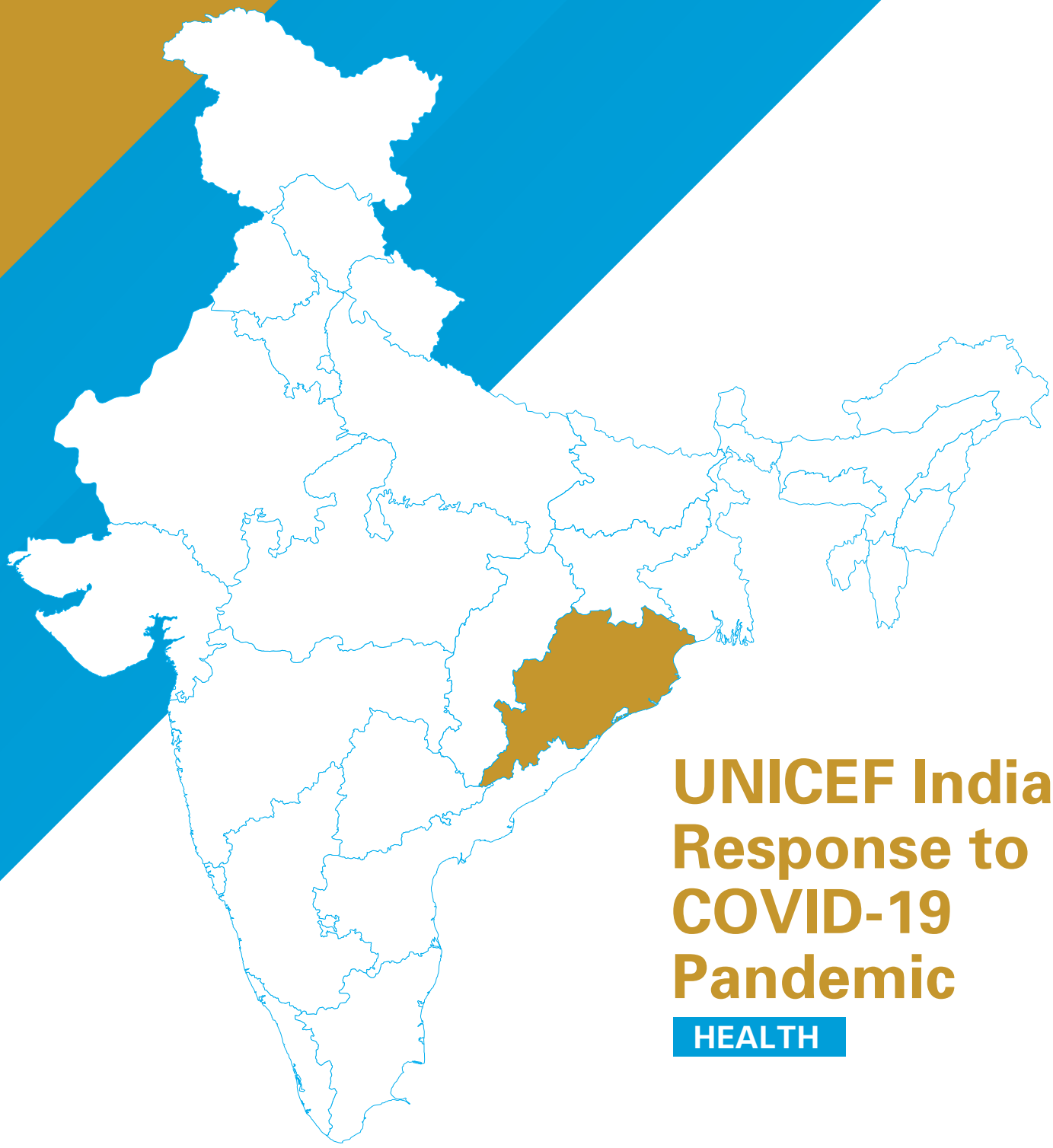

UNICEF India Response to COVID-19 Pandemic

HEALTH

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