

# Sustaining Capacity Building, Mentorship, and Supportive Supervision for RMNCH + A During COVID-19 Through Digital Platforms

Between March and September 2020, about **1.3 million** health functionaries had been oriented through online trainings and programmes. They were instrumental in working towards implementing national and state level plans at the ground level. UNICEF, WHO and Ministry of Health and Family Welfare (MoHFW) have built the capacities of more than **300 Civil Society Organizations (CSOs)** and **542,180 National Service Scheme (NSS)** volunteers to reach communities with information and advice on the importance of right behaviour to reduce the risk of COVID-19 infection.

Following the nationwide COVID-19 lockdown in late March and April 2020, face-to-face engagement for trainings and orientations proved to be a challenge. To help address this challenge, a shift to virtual and online trainings was implemented across UNICEF capacity building support, since these could be undertaken despite restricted movement.

Large scale capacity building of health providers and managers across all the states were delivered using digital and online mediums including Zoom, Microsoft Teams, YouTube, and Facebook Live streaming. The healthcare functionaries and other trainees could access these trainings at their workspaces or at home through their mobile phones or computers.

# UNICEF provided technical assistance to MoHFW in developing and delivering training modules

- To orient the healthcare functionaries, frontline workers and others on coronavirus, and its transmission behaviours, crucial for prevention of transmission
- O2 Communication skills while dealing with COVID-19 positive patients
- 03 The importance of being sensitive and non-judgemental
- 04 Dealing with stigma and discrimination
- Provision of Mental Health and Psychosocial Support (MHPSS) to the healthcare workers



These modules were replete with simulations to keep the participants' interest alive, to reiterate the learnings, and to ensure retention of content by the participants. UNICEF state teams supported state National Health Mission (NHM) in state level adaptations of training modules to suit the specific context and need of every state. The modules were adapted for CSOs, youth, Panchayati Raj Institutions (PRIs) and Faith-Based Organizations (FBOs).

#### **Training provided to:**

- Department of Health and Family Welfare
- State Institutes of Health and Family Welfare (SIHFW)
- Department of Rural Development
- Department of Panchayati Raj
- State Rural
  Livelihood Missions

- Tribal Co-operative Marketing Federation of India (TRIFED)
- State Training Institutes
- >> 104 Health Helpline personnel
- >> Frontline workers
- National Cadet Corps (NCC), NSS, Nehru Yuva Kendra Sangathan (NYKS) volunteers
- Self-Help Groups (SHGs)

- CSOs, Community-Based Organizations (CBOs) and NGOs
- Community Radio Stations
- >> Faith-based leaders
- > Community volunteers
- > Local and folk media artists

Large scale, cascaded digital orientation was supported by UNICEF in the focus states by building capacities of officials of several departments, agencies, training institutes, schemes and programmes, CSOs, NGOs and volunteers from different organizations at the state and district levels. These state and district level government officials then carried these trainings forward to the block and community levels in cascade mode.

#### **Case Studies**

In **Odisha**, UNICEF supported state NHM to establish a capacity building vertical and all the trainings were coordinated under the aegis of Director, SIHFW.

An extended lockdown in **Maharashtra** severely restricted mobility, and the departments found it difficult to shift their focus from supplying essential services and commodities to the community to COVID trainings. The UNICEF state office modified its approach and secured tie-ups with programmes and training institutes such as the Maharashtra State Rural Livelihoods Mission and Tribal Research and Training Institute, respectively, to include messaging around the new normal after lockdown and COVID-sensitive issues and services as part of their skilling and other trainings. In the meantime, the state office has focussed its energies on training CSOs and completed 370 trainings, helping them clear their doubts and informing them about COVID-specific and sensitive messages endorsed by the government.

In **Telangana/Andhra Pradesh/Karnataka**, UNICEF had used a model of Zoom trainings followed by efficient use of WhatsApp groups for dissemination of training models and related material.

In **Gujarat**, UNICEF facilitated the training of 64 local and folk media artist groups of the Song and Drama Division of Press Information Bureau/Regional Outreach Bureau (PIB/ROB) to communicate key COVID-specific and sensitive messages.

## Few of the capacity building programmes, UNICEF undertook are as follows:

Professional Associations: UNICEF took the lead in liaisoning with Indian Academy of Pediatrics (IAP), National Neonatology Forum (NNF) and Federation of Obstetric and Gynaecological Societies of India (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.





- Civil Society Organizations: UNICEF and WHO provide training to CSOs, NGOs and CBOs on safe environmental sanitation and hygiene and Infection Prevention and Control (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 the staff as well as healthcare workers in collaboration with National Institute of Mental Health and Neurosciences (NIMHANS).
- Elimination of Mother to Child Transmission (EMTCT): More than 8,000 pediatricians were trained in handling COVID-19 in maternal health and newborn care using online platforms and collaborations with professional association. UNICEF fully supported the EMTCT campaign rolled out by NACO on 1 December 2020 which is also the 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.
- wellness programme which was a WHO, UNFPA, UNESCO and UNICEF supported Government of India (Gol) initiative. UNICEF, UNFPA and UNESCO pushed for this programme to be moved online and UNESCO worked on developing content while UNICEF's Health and Communication for Development (C4D) teams created 56 animation modules within a span of one month. In February 2020, only 90 National Resource members had been trained. However, in July, the training resumed and as of October 2020, 40 National Resource Group (NRG) trainers and 1,800 State Resource trainers were trained. UNICEF became the state lead for eight states on supporting the roll out, quality monitoring and facilitating regional translation of materials. UNICEF also supported the baselines assessment in these eight states and the training of state mentors for quality assurance of the programme. Currently, training of health and wellness ambassadors is underway. A big achievement in this programme was bringing together the Ministry of Education and MoHFW, two large ministries of the Gol, to prioritise the adolescent programme and take the entire module online in such a short span of time.
- Mental Health and Psychosocial Support: In order to keep the service providers and volunteers motivated during the pandemic, UNICEF in Bihar supported orientation of various stakeholders (HCW, ICDS, SHG, CSO and NSS) on MHPSS. Almost one lakh service providers were provided orientation on MHPSS in coordination with NIMHANS, Bengaluru, Indira Gandhi Institute of Medical Sciences (IGIMS), Patna and King George Medical University (KGMU), Lucknow.













IAP Gender Health



Maternity India

Foundation (MIF)







Indira Gandhi Institute of Medical Sciences (IGIMS), Patna



King George Medical University (KGMU), Lucknow

### **Reflections and Lessons Learnt**

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 span. 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 times get 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.



# Supportive Supervision of COVID-19 Facilities

In response to the pandemic, the GoI had instructed state governments to set up a three-tier system for management of COVID-19 affected patients. However, due to 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 the GoI, UNICEF along with WHO, UNDP, CARE, 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 toolkit. The findings revealed inadequate beds with oxygen and ventilator support, insufficient isolation beds, and 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.

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