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# Supporting RMNCH + A Services' Continuity and Looking Beyond 2020

COVID-19 pandemic presented an impassable challenge by not only constraining the health system but also disrupting the essential services for mothers and children. **Recent evidence in Lancet by Robertson et al (2020)<sup>1</sup> estimated that service continuity disruption of essential RMNCH + A services would lead to additional 10,000 to 50,000 under-five deaths per month in India due to indirect impact of COVID-19.** UNICEF's work on essential RMNCH + A had to be **re-strategised** with additional support to ensure service continuity once the lockdown came into effect. However, in April 2020, UNICEF was quick to recalibrate and supported the Government of India (GoI) for the re-establishment of essential health and nutrition services which included:

- Advocacy and extending policy/guidelines formulation support to the Ministry of Health and Family Welfare (MoHFW)
- Capacity building activities for healthcare workers
- Risk communication and community engagement activities
- Support state level in implementation of virtual interim certification for LaQshya (Labour Room Quality Improvement Initiatives)
- Support in development of Infection Prevention and Control (IPC) assessment checklist for the assessment of IPC WASH standards in UNICEF supported LaQshya health facilities in 24 UNICEF programme states
- Designing and costing of Midwife Lead Care Units (MLCUs) initiated for six states under MoHFW guidance
- Support for strengthening skill labs through mannequins support at State Midwifery Training Institute (SMTI) in six states

**RMNCH + A services of UNICEF Health programme are categorised into the following themes:**



Maternal,  
Newborn and  
Adolescent Health



Immunization  
and  
Child Health



Data Evidence  
and Monitoring



Risk Communication  
and Community  
Engagement

<sup>1</sup>Robertson, Timothy, et al. "Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study." *The Lancet Global Health* 8.7 (2020): e901-e908.

# Overview of Key RMNCH + A Activities During 2020

## PILLAR - 2 RESUMING RMNCH+A SERVICES

### STAGE - 1: LOCKDOWN

**2020** April and May

- By April 2020, the GoI, with support from WHO and UNICEF, had begun working on guidelines on immunization during COVID-19 pandemic. These guidelines were formally notified on 25 May 2020.
- UNICEF developed training modules and used online training platforms such as Zoom and CISCO Webex to successfully train over one million Frontline Workers (FLWs) on IPC for COVID-19.

- Collaboration with the Indian Council of Medical Research (ICMR) to support operational research on impact of COVID-19 on MNCH services, and in supporting the healthcare workers with psychosocial care for health workforce resilience during COVID-19 response, to ensure continuity of services.
- Partnership between UNICEF, WHO, Sphere India and other organizations to provide COVID-19 academy as a virtual platform for learning and exchange of knowledge and ideas.
- Development of IPC assessment checklist for LaQshya supported facilities in 24 UNICEF programme states.



### STAGE - 2: UNLOCK 1.0 and 2.0

**2020** June to August

- National Technical Guidelines on **Immunization and Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH + N)** were drafted to support MoHFW, leading to partial resumption of services. The GoI announced the initiation of early identification and treatment of children with acute malnutrition (Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM)) as priority action.
- UNICEF coordinated with World Food Programme (WFP) on maintenance of provision of 'Take Home Rations' for children from six months to six years of age, and with WHO on in-depth research of growth failure in children under six months of age and alternate foods research for treatment of SAM.

- UNICEF created dashboards based on the Sick and Newborn Care Unit (SNCU) online software, Sample Registration System (SRS) and Health Management Information Systems (HMIS) data. Advocacy based on SNCU performance indicators led to "No Rotation Policy of SNCU Staff".
- UNICEF also drafted the Heat Wave Mitigation Guidelines for Children and the Guidelines for Integrated Diarrhoea Control Fortnight (IDCF) campaign.
- **Organized and supported** multiple events related to breastfeeding week celebrations to raise awareness on importance of breastfeeding in the context of COVID-19.
- Mid-year LaQshya/WASH and IPC assessment in 50 UNICEF supported districts of India.



## STAGE - 3: UNLOCK 3.0 and 4.0

**2020** September

- Moving the Adolescent School Health Programme online with support from WHO, UNESCO and NCERT. In July, training resumed and as of October 2020, 40 National Resource Group (NRG) trainers and 1,800 State Resource trainers were trained.
- Wave-2 of the Community Based Monitoring (CBM) on socio-economic impact of COVID pandemic on **marginalised** population had been completed in August - September 2020.
- Close follow up with the state officials regarding LaQshya certification, WASH and IPC assessment.



## STAGE - 4: RESUMPTION OF ALL ACTIVITIES

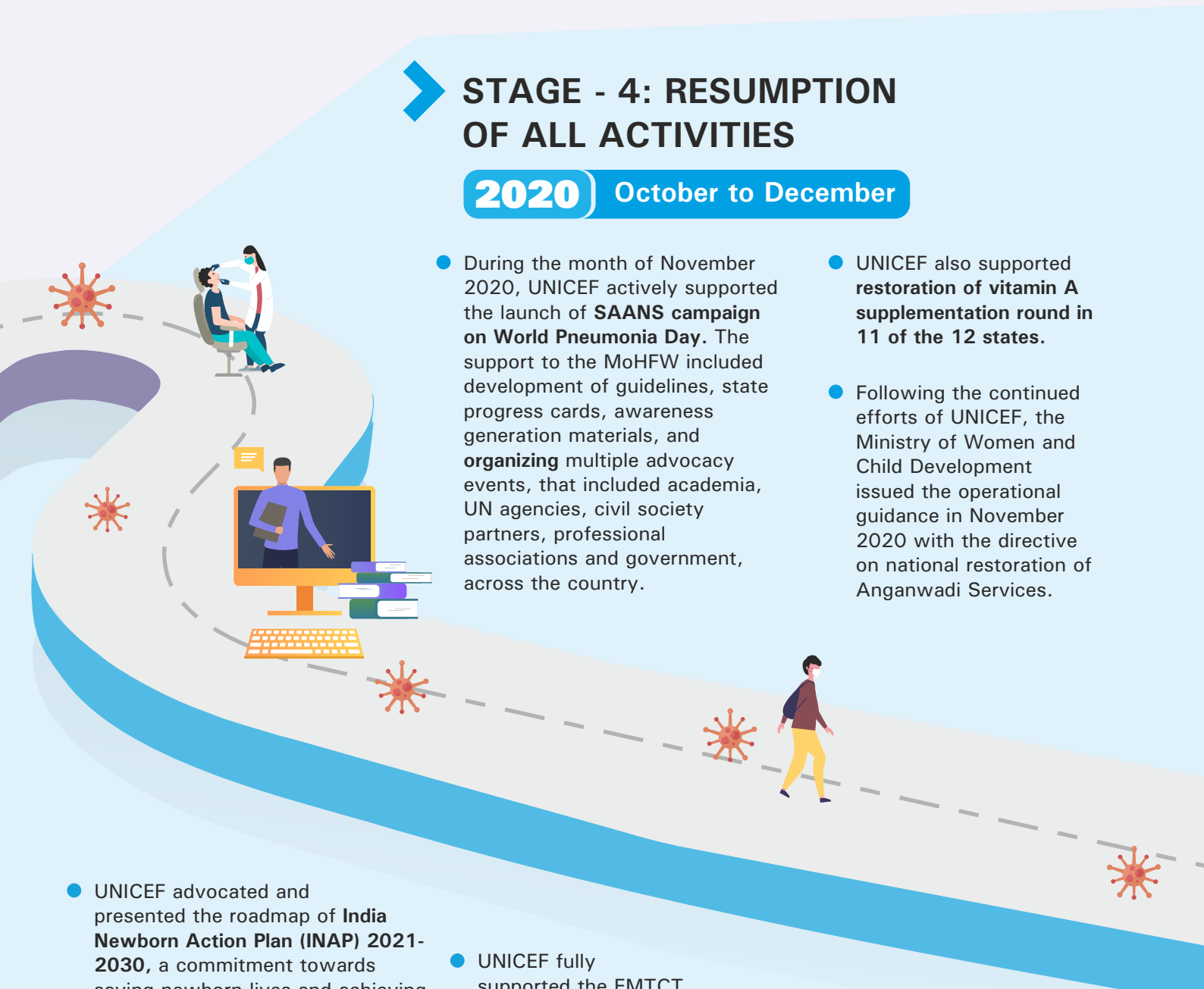
**2020** October to December

- During the month of November 2020, UNICEF actively supported the launch of **SAANS campaign on World Pneumonia Day**. The support to the MoHFW included development of guidelines, state progress cards, awareness generation materials, and **organizing** multiple advocacy events, that included academia, UN agencies, civil society partners, professional associations and government, across the country.
- UNICEF also supported **restoration of vitamin A supplementation round in 11 of the 12 states**.
- Following the continued efforts of UNICEF, the Ministry of Women and Child Development issued the operational guidance in November 2020 with the directive on national restoration of Anganwadi Services.

- UNICEF advocated and presented the roadmap of **India Newborn Action Plan (INAP) 2021-2030**, a commitment towards saving newborn lives and achieving National Health Policy (NHP) and Sustainable Development Goals (SDG). The progress report was released in November 2020. Several webinars were held and around 8,000 pediatricians and 25,000 nurses were trained on critical maternal and newborn care.

- UNICEF fully supported the EMTCT campaign rolled out by NACO on 1 December 2020, which is also the World AIDS Day.
- Under the guidance of MoHFW, Maternal Health (MH) division, designing and costing of MLCU initiated for six states with the support of IQVIA.

- Procured mannikins to support skill labs at SMTI's. Started end year LaQshya/ WASH/IPC assessment in 50 UNICEF supported districts of India.







## Capacity Building and Partnerships for RMNCH + A Continuity

UNICEF supported the GoI in providing capacity building for the continuity of essential services and emergency newborn care aimed at

- (i) Preparing healthcare facilities to adhere to COVID-19 protocols
- (ii) Train staff on how to handle potential COVID-19 cases of newborns, mothers or healthcare workers

This involved planning, content adaptation and training of Health Care Workers (HCWs) across all cadres. UNICEF adopted new methods in capacity building programmes by moving from the conventional face-to-face training format to online formats.

### Professional Associations

Indian Academy of Pediatrics (IAP), National Neonatology Forum (NNF), and Federation of Obstetric and Gynaecological Societies of India (FOGSI). 35,000 obstetricians and gynaecologists trained across six regional platforms on infection control and infection transmission prevention.



FOGSI



NNF



IAP Gender Health

### Civil Society Organizations (CSOs)

UNICEF and WHO provided training to CSOs, NGOs and CBOs on safe environmental sanitation and hygiene and IPC during COVID-19. Online training sessions were held by COVID-19 Academy, an initiative by Sphere India for over 2,000 participants from multiple stakeholder groups. Training sessions on psychosocial support and mental health were provided to staff as well as HCWs in collaboration with NIMHANS.



WHO



UNICEF



NIMHANS



SPHERE

### Elimination of Mother to Child Transmission (EMTCT)

More than 8,000 pediatricians trained in handling COVID-19 in maternal health and newborn care using online platforms. UNICEF fully supported the EMTCT campaign rolled out by NACO on 1 December 2020, which is also the World AIDS Day.



NACO

- Pan India campaign
- 11 languages using mediums such as TV, Radio and Outdoors
- UNICEF able to leverage approximately USD 1.3 million for this nationwide implementation

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

COVID-19 disrupted the AB-SHWP, which was a joint initiative by MoHFW and Ministry of Education (MoE). WHO, UNFPA, UNESCO and UNICEF supported the GoI in the design and roll out of this programme. UNICEF, UNFPA and UNESCO pushed for this programme to be moved online and UNESCO worked on developing content while UNICEF's Communication for Development (C4D) team created 56 animation modules within a span of one month.

In July, training of National Resource members resumed and as of October 2020, 40 NRG trainers and 1,800 State Resource trainers were trained. UNICEF is the state lead for eight states for handholding the implementation of AB-SHWP including quality monitoring and facilitate regional translation of materials. UNICEF is also supporting with the baseline assessment of AB-SHWP in these states. Currently, training of health and wellness ambassadors (teachers) is underway in states. A big achievement in this programme was bringing together the MoE and MoHFW, two large ministries of the GoI, to prioritise the adolescent health and wellness and take the entire module online in such a short span of time.

## National Quality of Care Network (NQOCN)

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



## Data, Evidence and Monitoring and Restoring RMNCH + A Services

Lack of programming and monitoring, and evaluation data at all levels of health programmes was a challenge and **UNICEF** actively supported the adoption of new technology to ensure real time monitoring using Rapid Pro, WhatsApp bots, ODK Hub and building on internal dash-boarding capacities.





## Risk Communication and Community Engagement (RCCE)

UNICEF adjusted and re-programmed its demand generation for routine immunization programme that includes:

01

### **Boosting Routine Immunization through Demand Generation (BRIDGE):**

UNICEF supported MoHFW to adjust to the COVID-19 and equipped FLWs with IPC skills on COVID-19 prevention and response.

During COVID-19 lockdown (April-May), **UNICEF developed training modules and used online training platforms such as Zoom and CISCO Webex to successfully train over one million FLWs** who could use these skills in their interactions with caregivers when essential services like routine immunization resumed in June 2020.

02

### **SBCC (Social and Behaviour Change Communication) Cells and Information, Education and Communication (IEC) Bureaus:**

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

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

03

### **Community Engagement for Demand Generation for Routine Immunization:**

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

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



## Reflections and Learning

Use of online platforms for trainings, programme reviews and routine monitoring resulted in more frequent capacity building programmes, reviews and monitoring meetings than in normal times. Using real time monitoring mechanisms and BOTS also increased during the lockdown, which aided in advocacy, policy formulation, and programme design. Several innovative steps were also taken in programme delivery such as providing three-months supply of medicines to pregnant women and piggy-backing ASHA worker's visits to deliver vaccinations which helped overcome COVID-19 challenges in restoring continuity of RMNCH + A services.



# Looking Beyond 2020: Building a Stronger and Resilient Health System in 2021

While the COVID-19 pandemic severely affected the way we worked during 2020, the key priorities remain unchanged. Focus on our flagship initiatives, i.e., sustaining progress in the unfinished newborn survival agenda and enhancing immunization coverage with equity was brought to the forefront. Under the new scenario determined by the ongoing COVID-19 pandemic, our current areas of strategic focus will include the following core areas of strategic shift:



## COVID-19 Vaccine Introduction

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



## System Strengthening for the Response to COVID-19

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

UNICEF is supporting the procurement and commissioning of 20 oxygen plants in four North Eastern states of Arunachal Pradesh, Tripura, Nagaland and Meghalaya. Installation of PSA oxygen concentrator plants in public health facilities is an important step to reduce the health facility's dependence on the system of store and supply and to enable these facilities, some of them in very remote areas and hard-to-reach hilly terrains to have their own oxygen generation capacity. Aside from these oxygen plants, 3,014 oxygen concentrators and more than 500 high flow nasal cannulas are to be distributed across country.

### IPC Support

Assessment conducted in 200 identified health facilities of 50 Districts (41 Aspirational Districts and 9 Convergent Districts) in 24 UNICEF programme states.

#### Major findings:

**86%**

IPC supported health facilities have hospital infection control committee

**94%**

IPC supported health facilities service providers use PPE kits while transferring patients

**97%**

Health facilities have PPE Kits

### LaQshya Support

**256** LaQshya supported health facilities of **50** Districts (41 Aspirational Districts and 9 Convergent Districts) in **24** UNICEF programme states.

#### Certification Status (as per Dec 2020 Assessment)

##### A. National LaQshya Certification:

**28**

Labour Room

**22**

Maternity OT

##### B. State LaQshya Certification:

**57**

Labour Room

**49**

Maternity OT

## Water, Sanitation and Hygiene (WASH) in Health Support

Currently, UNICEF supports WASH interventions across 517 health facilities of 50 Districts (41 Aspirational Districts and 9 Convergent Districts) in 24 UNICEF programme states.

### Current Status as per Dec 2020 Assessment

**64%** Overall WASH Compliance

**78%** Labour Room WASH Compliance

**77%** SNCU/NBSU/NBCC WASH Compliance

### India Newborn Action Plan 2021-30

UNICEF to support the GoI along with other stakeholders to prepare an action plan to achieve SDG 2030 for Newborn Health across all states and union territories.



### Psychosocial Support to Healthcare Providers

UNICEF will continue partnering with MoHFW, NIMHANS, WHO and other relevant expert partners to introduce/sustain mechanisms for PSS for healthcare providers, during the pandemic. This will include advocacy for care of caregivers, psychosocial safety at work place, rationalization of workload of frontline health workers and integration of gender action plan recommendations in all aspects of support in close co-ordination with the health programme.



### Comprehensive Interventions in Urban Settings

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

### Strategies for 2021-22

- Strengthening partnerships to support existing national health programmes
- Continue support and enhance the GoI flagship programmes with special focus on service delivery at facility, outreach and community level with social accountability and community participation
- Systematically engage in analysis, dialogue and advocacy for the optimal utilization of National Health Mission - Programme Implementation Plan (NHM-PIP) funds for RMNCH + A programming (bottleneck analysis to inform planning)
- Focus on integrated health solutions and interventions
- Support strengthening systems for health workforce capacity
- Design and deliver a compelling and unified Monitoring, Evaluation, Research and Learning (MERL)
- In respect of the Technical Assistance (TA) Strategy developed by the country office, the health network will continue to work towards creating sustainable systems for TA nationally and across states
- Use of online learning platform for healthcare provider capacity building

### 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](mailto:newdelhi@unicef.org)

 [www.unicef.org/india](http://www.unicef.org/india)

 [www.facebook.com/unicefindia](https://www.facebook.com/unicefindia)

 [www.instagram.com/unicefindia](https://www.instagram.com/unicefindia)

 <https://twitter.com/UNICEFIndia>