

pahal

QUARTERLY NEWSLETTER BY UP-TSU



About UP-TSU

Uttar Pradesh Technical Support Unit (UP-TSU) was established in 2013 under a Memorandum of Cooperation signed between Government of Uttar Pradesh (GoUP) and Bill & Melinda Gates Foundation (BMGF) to strengthen the Reproductive, Maternal, Newborn, Child, and Adolescence health (RMNCH+A) and nutrition. University of Manitoba's India-based partner, the India Health Action Trust (IHAT) is the lead implementing organization.

UP-TSU provides technical and managerial support to GoUP at various levels of the health system and that includes maternal, new born, child health, nutrition and family planning. UP-TSU also supports the GoUP at the state level in policy formulation, planning, budgeting, human resource management, monitoring, contracting, procurement, and logistics to improve healthcare throughout the state.



A NOTE BY EXECUTIVE DIRECTOR

Dear Friends,

I am pleased to share with you the sixth edition of the UP-TSU's quarterly newsletter 'PAHAL' which comes to you during the difficult transition from restricted to normalized delivery of services despite the rise in COVID-19 positive cases. The UP-TSU is supporting the GoUP in creating resilient solutions to address service-delivery gaps within the evolving context. This is possible only because of the confidence the department has conferred upon us.

The lockdown prompted the UP-TSU to embrace the virtual world and explore the immense potential it offers in day-to-day planning, innovation or collaboration required to support the government at each step. Virtual communication has helped us immensely in connecting with each other and the beneficiaries.

The successful use of the digital platform that was initiated for the orientation of different providers in response to the pandemic has encouraged us to explore designing novel e-learning platforms for capacity building of the health workers.

Presently the UP-TSU mainly focuses on resumption of RMNCH+, nutrition services across the state to reduce the impact of pandemic induced coverage and quality of services deficiencies.

Together we shall soon overcome this pandemic.

Remember ...safety first and always!

(Dr. Vasanthakumar N.)
Executive Director

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- HR & Capacity Building
- IEC/BCC and Monitoring & Evaluation

Your suggestions, innovative ideas and feedback are invaluable to the success of our program.

Write to us at iec.uptsu@ihat.in



Counsellor counseling the clients on basket of choice



ASHA delivering FP commodities in district Hamirpur

FP champions in the midst of pandemic

Amid confusion and fear of the COVID 19 pandemic, the Family Planning team adopted innovative approaches to provide counselling and contraceptive services. This informed decision was prompted by the possibility of an upsurge in unwanted and unintended pregnancies across rural India, particularly in districts with a higher fertility rate.

The unmet need for contraceptives would result in an increase in unintended pregnancy as the pandemic-induced lockdown limits mobility to get necessary contraceptives and medical attention (for abortion-related services) from local health facilities.

Enabling Counsellors to serve as mentor and facilitator

Despite the lockdown, Counsellors continued to be present at the facility. They counselled the few clients, who visited the hospitals, on the basket of choice, while most of the clients referred by the FLWs, were counselled telephonically. The clients who came for institutional deliveries were provided methods like PPIUCD and were counselled on alternative methods as well. Since December 2018, most of the counsellors have been mentoring ASHAs through cluster meetings. This connection has enabled the counsellors to guide ASHAs to reach out to the community effectively.



Counsellor administering Antara to clients in CHC Jalalabad



ASHA Sangini discussing FP case study with ASHAs

The revised strategy of FP team thus leveraged technology and information to address the bottlenecks arising due to COVID 19 pandemic. And, it was made possible by the support and determination of the front line workers – the vital cogs in the medical machinery.



VHND in CHC Sahdullnagar in Balrampur



Counsellor discussing Family Planning methods

The TSU team realized the need to bring back a holistic focus on both continuation and initiation of family planning services, especially during these COVID times. Thus they employed the digital approach and devised a pilot intervention to continue capacity building training for the ASHAs. The team sent audios of FP case studies to Counsellors, ASHA Sanginis and ASHAs and asked them to discuss the client's situation and describe what they would advise the client and why.

The Counsellors facilitated these discussions and shared the responses received from all ASHAs and ASHA Sanginis with the team in a prescribed format and time on a WhatsApp Group. The team assessed feedback on this exercise via conference calls with the counsellors and ASHA Sanginis. A total of 191 Counsellors, 786 ASHA Sanginis, and 3773 ASHAs were reached through this activity.

Motivated ASHAs in the community during COVID 19

ASHAs have successfully reached out to the community during this pandemic while adhering to necessary preventive measures. Encouraged by the counsellors, they have been providing FP services to the potential clients and distributing contraceptives to the couples who are not able to come to the facility due to the lockdown. Providing contraceptives to migrants, either home quarantined or being discharged from quarantine centres is a special focus of their community work.

ASHAs mobilised clients for the Village Health and Nutrition Day (VHND), which were the first services to resume in non-COVID areas (green and orange zones) and supported the on-site family planning counselling and service provision. Most services are available in non-COVID facilities across the state since the end of June, as directed in the government order.



Quality Circle meeting chaired by MOIC



Uniform Nurse Mentoring Plan Across 75 Districts Of UP

Nurse Mentoring is the flagship program of UP-TSU since 2014. Under this initiative a Nurse Mentor is posted in 200+ facilities of 25 HPDs to improve the clinical competency of staff nurses in providing quality maternal and neonatal services. Encouraged by the evidence based improvement, GoUP has scaled up Nurse Mentoring program (in all 820 blocks in 75 districts) to accelerate the pace of improvement in the quality of care around intra- and immediate postpartum period.

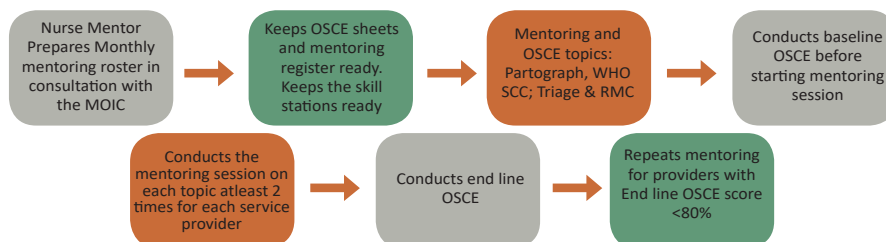
To make the intervention more sustainable, UP-TSU developed a uniform mentoring plan, in lines with LaQshya rapid improvement cycles, for nurse mentors to support service providers of labor rooms beginning June 2020.

A detailed GO is under process to be shared with all CMOs to support in the roll out of this mentoring plan. District Technical Specialists, QI mentors, and District Maternal Health consultants are supporting MOs in implementing this plan.

Quality Improvement process under LaQshya Initiative: Quality Circle headed by the facility incharge/ CMS is primarily responsible for the improvement in the quality of services in the labor rooms. Its key activities are:

- Self-assessment and preparation of action plan for the labour room based on LaQshya checklist, to be done once every two months at the beginning of each Rapid Improvement Cycle.
- Monthly Meeting – QI meetings will be done every month as per gaps identified through self-assessments. All the discussions and action points will be documented in QI meeting register.
- Review of Facility Action plan- every fortnight to track progress of gap closure.

PROCESS OF OSCE & MENTORING IN A CYCLE



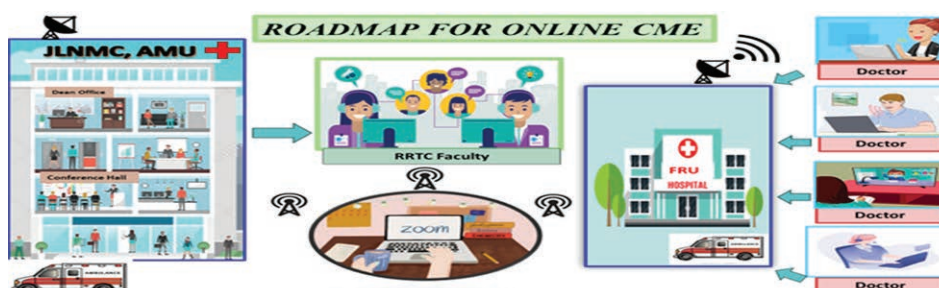
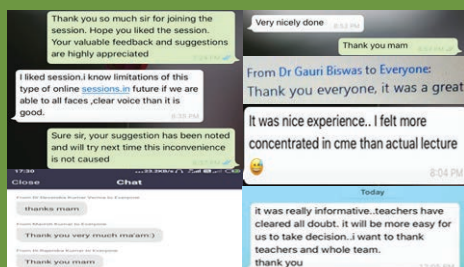
Virtual Continuing Medical Education (CME) through RRTC

Continuing Medical Education (CME) is one of the vital initiatives of the RRTC project. Its main objective is to improve the knowledge, skill, and practice of FRU Doctors through the eight medical colleges selected as Regional Resource and Training Centers (RRTCs). However due to the ongoing COVID 19 pandemic CME has been strategically reorganized into Virtual CME.

Directorate of Health and Family welfare, NHM and RRTC Nodals officers with support of UP-TSU came to a consensus on the strategy, content and procedure of the CME program. The TSU team prepared a CME calendar and developed the Learning resource Package (power point presentation, questionnaire, Case study) in coordination with medical college faculty. A mock session with live demonstration was conducted by RRTC faculty to get constructive feedback from the participants and to familiarize them with the online setup.

The virtual CME sessions presently are being organized by RRTCs of 8 medical colleges (OB/GY Department), and supported by FRU-RRTC team of UPTSU. The participants are MBBS/specialist doctors from 87 FRUs of 25 HPDs. Ten participants are nominated for each session, based on their technical scores during rounds-2 & 3 of on-site mentoring. WhatsApp groups have been created to communicate with FRU doctors/MOICs/CMSs regarding CMEs, and to share learning material. All participants are evaluated through specific questionnaire for each topic. Their respective scores are then shared with them online, before the conclusion of session.

Feedback from Service Providers



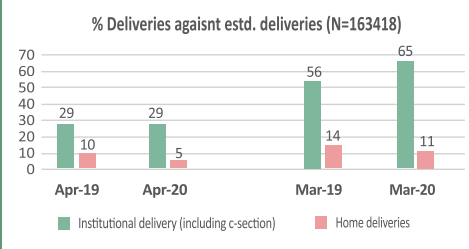
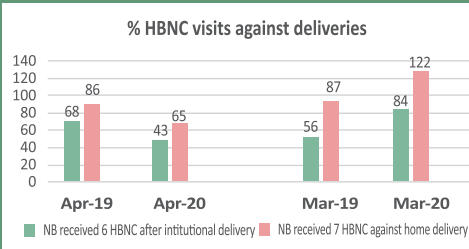
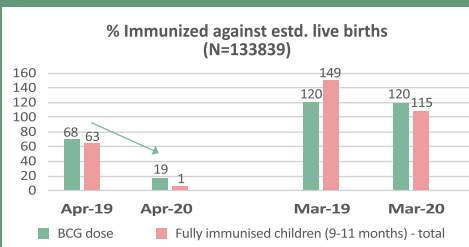
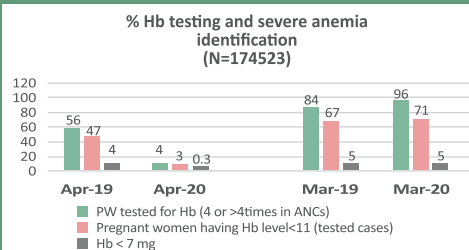
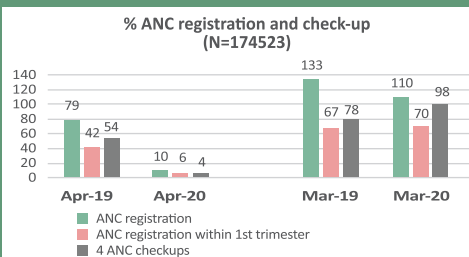


Figure 1:UPHMIS data: Impact on MNCH services during covid

“During lockdown VHND services were suspended and ANC services were hampered. Home deliveries also increased as 102 services were not used due to safety concerns. Now, VHND services have resumed and ASHA and ASHA Sangini Mentor from UP-TSU are preparing VHND sites by cleaning them with bleaching powder, drawing circles for social distancing, time slot for beneficiaries and hand washing corner. I think these initiatives will not only provide all essential health services but also protect the visitors from COVID infection”.

Deepak Roy, District Program Manager, District Kannauj.

Impact of COVID-19 on Key maternal, newborn and child health services

During the country wide lockdown due to COVID-19 pandemic, VHND sessions were also discontinued by the Department of Health and Family Welfare, GoUP, which majorly affected ANC&PNC services in UP. An analysis of facility reports on UPHMIS of the last 1 year revealed a steep decline from 79% in April 2019 to 10% in April 2020 of women registered for ANC and similar trends were observed in the quality of ANC services. Immunization services were also heavily impacted as only 1% of the children (9-11 months) were fully immunized in the month of April-20 as compared to 63% in April-19. Institutional deliveries were not affected as most of the deliveries scheduled to be conducted in the facilities that have been converted to L1 COVID facilities, were re-directed to other facilities in the vicinity. However, Home Based Newborn Care (HBNC) services were hampered due to physical distancing norms and hygiene protocols.

Recommencement of community based RMNCH+A services

In order to minimize the impact of COVID-19 on maternal, neonatal and infant mortality rates, a guideline was developed by UP-TSU in coordination with health partners and GoUP for resumption of key RMNCH services in UP and in this regard a GO was released on 28th April 2020 highlighted safety of the beneficiaries and health care provider from COVID -19 while carrying out VHND & HBNC activities through maintaining social distancing & following hygiene protocols; sanitization of VHND site and equipment. An online orientation of district and block level officials on these protocols was conducted with support from

UPTSU and under the chairmanship of Dr Ved Prakash (General Manager, RI/VHND/CH-NHM) on 1st May 2020 along with Dr Rajesh Jha, GM Community Process, Dr Usha Gangwar, GM Maternal Health and Dr Alpna Sharma, GM Family Planning. VHND services have been resumed in phased manner across 75 districts of UP from 2nd May. In 28 UP-TSU supported districts, ASHA Sangini Mentors (ASMs) are ensuring sanitization of the site, common surfaces, equipment, use of face covers and masks, following of social distancing norms and availability of handwashing corners with water and soap. ASMs are also supporting ASHAs in preparing due lists based on hourly time slots for beneficiaries to avoid large gatherings.

A total of 1957 VHND sessions were observed from 2nd May to 29th May by UPTSU staff in 28 districts and the data depicts that most of the services have reached pre-lockdown levels (Figure 2).

VHND observations

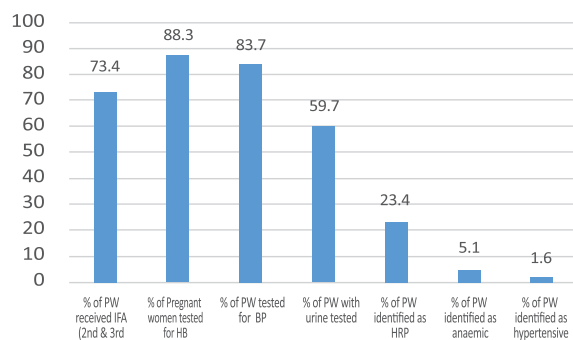


Figure 2:VHND Observation data post Redemption of services

Glimpses of service resumption from the field



Sanitization of the VHND site



Pregnant women waiting in circles drawn on the floor, maintaining social distance



BP Screening of the PW



HB Screening of PW



Immunization at VHND



Weighing of the child



Kumud Singh (AWW) demonstrating diet diversity to PW, during a video conference call, with the support of Poshan Sakhi, Behta, Sitapur



Sadhna Srivastava (AWW) doing virtual counselling of a family, with the support of Mukhya Sevika and Poshan Sakhi, Masauli, Barabanki



Menu Devi (AWW) doing virtual counselling of a mother, in the presence of DPO and Poshan Sakhi, Siddharthnagar

Virtual Counselling : An approach to strengthening Nutrition Awareness in the community during COVID19 Pandemic

The Nutrition project, initiated, "Virtual Counseling" of the beneficiaries through digital platforms like audio and video calls in 28 Districts of Uttar Pradesh starting from 20th April 2020 onwards. The approach was adopted in the wake of the COVID19 Pandemic, which largely affected the face-to-face interaction of Anganwadi workers with the beneficiaries. At the outset, a SOP on virtual counseling was developed and pilot-tested in 7 TSU districts. It was scaled up in all 28 districts of TSU intervention, based on the very positive response of the AWWs, ICDS Officials, and beneficiaries. The DNSs and Poshan Sakhis facilitated the process and supported Mukhya Sevikas and AWWs in conducting audio and video conference calls.

Virtual Counselling is gradually gaining momentum due to the growing interest of DPOs and CDPOs and is eventually expected to be owned and driven by the ICDS department. Some major challenges associated with the approach include unavailability of android phones with AWWs in non-CAS districts and beneficiaries; availability of the uninterrupted network, and data plan for video calls etc.

Data of virtual counselling from 15 May to 6 June, 2020

| # of AWWs supported by Poshan Sakhis for virtual counseling | # of calls made by AWWs | | | # of calls attended by Mukhya Sevikas | # of Beneficiaries counseled | | |
|---|-------------------------|-------|--------|---------------------------------------|------------------------------|-----------------------------|------------------------------|
| | Video | Audio | Total | | Pregnant Women | Mothers of 0-6 months child | Mothers of 7-23 months child |
| 15,614 | 9,373 | 6,264 | 15,635 | 4,123 | 4,753 | 4,825 | 6,059 |

*Data collection started from 15th May onwards. At present each Poshan Sakhi handholds about 3 AWWs to virtually counsel 3 beneficiaries per day using digital platforms like audio and video conference calls.

Subhangi Kulkarni, DPO, Siddharthnagar: Video and audio calls have proved to be very effective in reaching out to the beneficiaries during Corona Pandemic. I am happy that the technology was used at the right time in the right way.

Anganwadi workers step-up the fight against Malnutrition during COVID19 Pandemic



Suneela Singh, Santkabirnagar, stitched homemade masks and distributed it to the beneficiaries for free along with the THR



Manju Singh, Balrampur, supporting a mother to feed her child, during a home visit



Geeta Devi, Hardoi, posting message on the wall of a beneficiary's house during No Water Only Breastmilk Campaign



Anita Devi, Mirzapur, weighing a child and explaining his father about the child's nutritional status



Poonam Singh, Sitapur, during a beneficiary meeting of PW at the VHND, following physical distancing norms



Poonam Maurya, Bahraich, engaging grandfather during an Annaprashan event at the beneficiary's house

Assessment report of the Newborn Stabilization Unit (NBSU)

Newborn stabilization unit is a unit for mild to moderate sick and low birth weight newborns until they are stable. All FRU /CHC's should have a neonatal stabilization unit and a newborn corner. It is usually within proximity of the maternity ward.

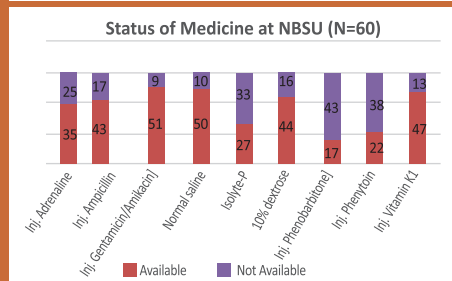
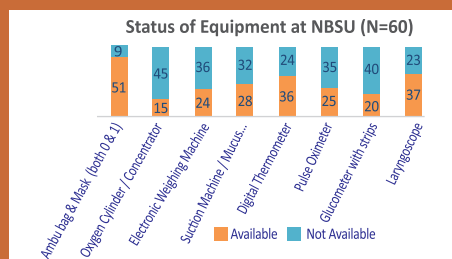


NBSU (Newborn Stabilization Unit) situated at CHC/CHC-FRU level is linked to a higher-level facility and community.

UP-TSU with NHM, UP is supporting the activation and strengthening of NBSUs in 28 districts. The baseline assessment of 60 NBSU situated in 25 TSU intervention and 3 Aspirational Districts was done in February 2020. The gaps in Human Resource availability and training, infrastructure, supply, and documentation, were identified for planning further action.

60 NBSUs in 28 districts (HPD+AD) were assessed between February to March 2020. 73% NBSUs had adequate space as per the guidelines, while 36% NBSU had Hand washing facilities as per recommendations (elbow operated tap +running water + soap present). Although, 97% facilities had Radiant warmers only 23 % NBSU had three radiant warmer as mandated in the GOI guidelines.

Similarly, 93% NBSUs had at least one phototherapy unit while 46% NBSU had two phototherapy units. 28% NBSUs did not have a Paediatrician or any dedicated trained medical officer posted at the facility. Status of equipment and medicine are shown in the chart below.



COVID-19 Management: State ToT, district level trainings and post training assessments

The COVID-19 pandemic is spreading rapidly across the country. Thus, the system's preparedness to contain its spread and manage the sick cases is a priority for the Government of UP. The UP-TSU is augmenting the capacity of GoUP by supporting state, district level training, and facility preparedness. UP-TSU, WHO, and KGMU assisted SIHFW and the Directorate to conduct two batches of state-level training on 25th and 27th March and two batches of state-level refresher training on 2nd and 8th June via video conferencing. The Principal Secretary (Health) inaugurated these training, conducted for Master trainers from all 75 districts.

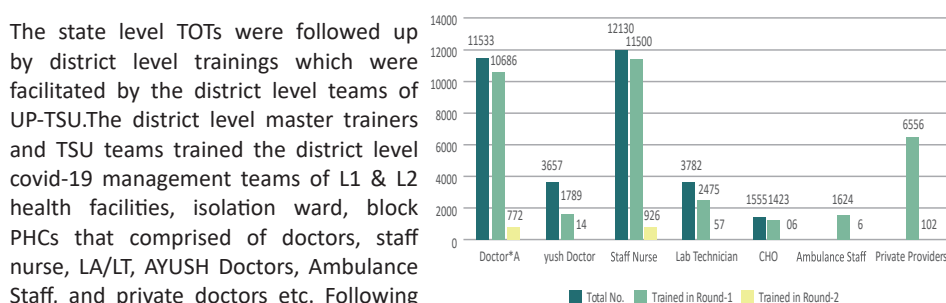


In round-1, the discussions focused on definitions of contacts, suspects and confirmed cases, principles of quarantine, IPC, hydroxychloroquine prophylaxis for health workers and disposal of dead bodies.

In round-2, the discussions covered IPC, the latest clinical testing, and quarantine protocols.

The refresher training focussed on all the clinical queries on managing COVID patients, including co-morbid conditions esp. diabetes; use of ventilators, oxygen therapy, IV fluid therapy, specific paediatric cases, and mental health counselling for patients and staff, and management of psychosis in COVID patients. Approximately 290 master trainers and doctors posted in L1/L2 hospitals attended the meetings.

Number of Staffs Trained in Management of COVID-19 Cases



The state level TOTs were followed up by district level trainings which were facilitated by the district level teams of UP-TSU. The district level master trainers and TSU teams trained the district level covid-19 management teams of L1 & L2 health facilities, isolation ward, block PHCs that comprised of doctors, staff nurse, LA/LT, AYUSH Doctors, Ambulance Staff, and private doctors etc. Following the trainings, the district teams also supported the master trainers in post training assessment of the COVID-19 team members on their critical knowledge and skills, required to successfully manage COVID positive cases. Overall 36000+ were trained in round-1 which covered 250 newly joined MBBS doctors, 2500 private facility staffs and 1624 ambulance staffs. In round 2, 23202 team members trained including around 1000 private providers as on 9 July 2020.

State Level training for government and private doctors

SIHFW and the Directorate address government and private doctors through state-level training

UPTSU supported the SIHFW and the Directorate in organizing four state-level training on COVID 19 via Zoom in April and June 2020. These training were inaugurated with an address from Principal Secretary (Health)

- Nearly 250 newly appointed MBBS doctors participated in PMHS in April 2020.
- Three batches of training for private hospitals in April saw a participation of around 2500 hospitals/ staff. The training focussed on the definitions of contacts, suspects, and confirmed cases, principles of quarantine, IPC, hydroxychloroquine prophylaxis for health workers, and disposal of dead bodies.
- 2nd round training of master trainers of all 75 districts of UP was organized by the DGMH on 2nd June through video conferencing with the support of partners UPTSU and WHO in which KGMU discussed IPC and the latest clinical, testing and quarantine protocols.
- KGMU addressed all the clinical queries raised from the field in a follow-up meeting held on 8th June 2020. Nearly 290 master trainers and doctors from L1/L2 hospitals attended the meeting and posed questions on the management of COVID patients including management of co-morbid conditions, especially diabetes; use of ventilators, oxygen therapy, IV fluid therapy, specific paediatric cases, mental health counselling for patients and staff, and management of psychosis in COVID patients.

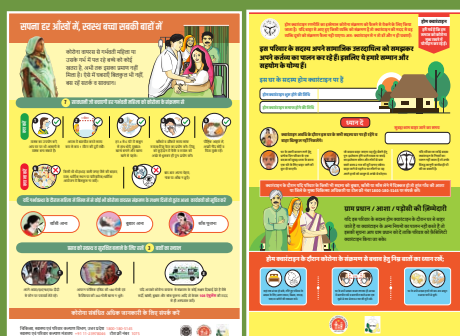
Capacity building training for DHIEOs and HEOs

Disseminating Information through the DHIEOs and HEOs



Due to COVID-19 situation the RMNCHA + Nutrition services were affected badly. Now RMNCHA + Nutrition services have again started and this is the appropriate time to train our district/block level IEC/SBCC nodal officers on current communication challenges/solution so that they can identify new challenges/barriers and explore local solutions to promote positive behaviors among community, service providers/FLWs.

District Health Information Education Officers (DHIEOs) and Health Education Officers (HEOs) develop district level IEC/BCC plan and implement it. Therefore, it is essential to equip them with accurate information on COVID-19 and new guideline related to resumption of RMNCHA + nutrition services which they can further share with every stakeholders in their respective areas.



A three-batch training program was organized by the NHM-UP from 27 to 29 May 2020 with support of UP-TSU, UNICEF and CFAR. Ms. V. Hekali Zhimomi, Secretary, Medical, Health & Family Welfare Department (GoUP) made opening remarks and Dr. Mithilesh Chaturvedi, DG-FW and Dr. Vikasendu Agarwal, Joint Director/State Surveillance Officer, IDSP made valuable technical contribution.

Gearing up the facility response by establishment and activation of dedicated COVID hospitals

Refresher training of Medical Officers and Staff Nurses started from 8th June, 2020

| Details | # Doctors Trained | # SN Trained | # LT Trained | # Other cadre staff trained | Total Trained |
|--|-------------------|--------------|--------------|-----------------------------|---------------|
| Staff trained in L1 facility | 837 | 853 | 262 | 1310 | 3262 |
| Staff trained in L1 - CCC | 673 | 713 | 213 | 1016 | 2615 |
| Staff trained in Isolation ward at DH | 98 | 117 | 0 | 214 | 429 |
| Staff trained in L2 facility | 97 | 86 | 26 | 158 | 367 |
| Staff trained in other district and block level facilities | 919 | 960 | - | 1852 | 3731 |
| AYUSH trained | 174 | - | - | - | 174 |
| Private providers nodes | 439 | - | - | - | 439 |
| LT/LA Trained | - | - | 284 | - | 284 |
| Ambulance staff trained | - | - | - | 139 | 139 |
| Overall health staff trained | 3237 | 2729 | 785 | 4689 | 11440 |

Other trainings from April – June 2020

| Type of training | Participants | No of participants | Key theme/issues covered |
|---|---|--------------------|---|
| Orientation on surveillance application to track COVID19 suspects | District Surveillance Officer, District Epidemiologist, District Data Manger, Data Entry Operator | 1251 | How to enter the data at block and district level in the application which will then be aggregated at state level and indicators can be seen on the dashboard |
| Orientation on facility and lab module of surveillance portal | District Surveillance Officers, Data Managers, Data Entry Operators and District Family Planning Specialist | 4228 | Orientation on facility and lab module of surveillance portal |
| Training session on simple packaging for COVID19 | DSOs, Nodal officer sample collection, Epidemiologists, DH Pathologists | 187 | To address issues related to sample packaging for COVID 19 testing |
| Training on ventilators | Service providers | 318 | Online training regarding ventilators |
| Refresher ToT on Infection Prevention, clinical case management and revised guidelines | Master trainers and ACMOs | 530 | IPC, Clinical case management, monitoring, referral and discharge protocol for patients admitted in L1 hospitals with special focus on management of co-morbid conditions such as diabetes and hypertension. Also, the new quarantine guidelines for travellers and revised testing guideline issued by ICMR along with the UP COVID portal were discussed |
| Capacity building on communication challenges and solution on COVID19 and RMNCH*A services | DHEIOs and HEOs | 886 | Awareness on key communication challenges in COVID-2019 response interventions in the state and in particular districts, Development of area-specific communication plans, Reporting and documentation |
| Orientation on managing pregnant and labouring women and new born | CMSs and MOICs | 580 | Training on RMNCH GO for managing pregnant and labouring women and new born |
| Online orientation meeting regarding resuming of VHND sessions and HBNC activities | ACMO, DIO, SMO, DPM, DCPM, DCS & others | 250 | Regarding resuming of VHND sessions & HBNC activities along with the on-going prevention and control measures of COVID -19 |
| Call centre training | Call centre staff in Directorate of Medical Health Swasthya Bhawan | 45-50 | On handling patient queries, Call center SOPs, identifying the case type and use of online module for patient's data entry, identifying the case type and connecting the patients with concerned specialists/mental health counsellors, basic training on health programs under Medical Health Department such as TB, Immunizations etc, so that they can answer the queries related to such programs. |
| Training on COVID19 | Private providers | 2450 | Major protocols and measures taken by the State to control the pandemic in UP followed by a Q&A session |
| Training on COVID19 | Newly joined MBBS and Specialist doctors | 250 | Basics of COVID definitions, IPC, different levels of COVID hospitals and roles of the new doctors. Orientation on the basic structure and administration of the UP public health system. |
| Training on 15 approved labs for RT-PCR testing in UP on online lab module | ICMR notified private labs having collection center or testing unit in Uttar Pradesh | 36 | Live Demo of the Lab module was presented |
| Training on clinical case management of COVID patients including management of co-morbid conditions | Doctors posted at L1/L2 hospitals | 290 | Case management of COVID patients including management of co-morbid conditions especially diabetes, dose of insulin treatment especially before referral, use of ventilators, oxygen therapy, IV fluid therapy, the use of hydroxychloroquine for prophylaxis and other specific drugs Special emphasis on mental health & counselling for patients and staff, management of psychosis in COVID patients |
| Orientation on reconciliation on deaths and discharges on surveillance portal | CMOs, DPMs, DSOs, DDMs & DFPSs | 400 | Resolution of queries on reconciliation on deaths and discharges on surveillance portal |
| Clinical training of doctors | doctors posted at L-1 & L-2 facilities | 140 | Experience sharing and query resolution; early detection, intensive contact tracing, segregation of patients on the basis of severity, keeping health staff and patients motivated and the use of PPE properly by the health staff |
| Orientation on line listing of migrants | RMs and DCPMs | 280 | line listing of migrants for identification of COVID suspects |
| Training on orientation on uploading COVID 19 cases information on portal | CMOs, ACMOs, District Surveillance Officers, District Data Mangers, Data Entry Operators and District Family Planning Specialists | 500 | On uploading COVID 19 cases information on portal |

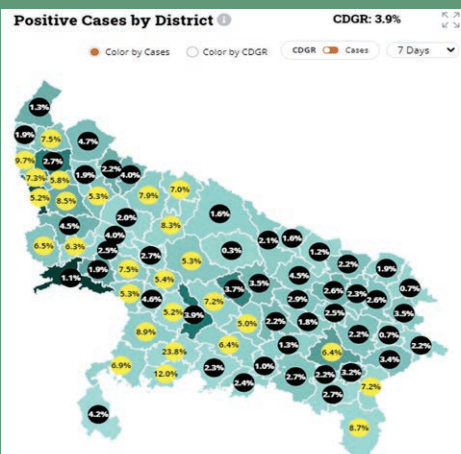


Figure 1: Compound Daily Growth Rate (CDGR) in COVID-19 cases

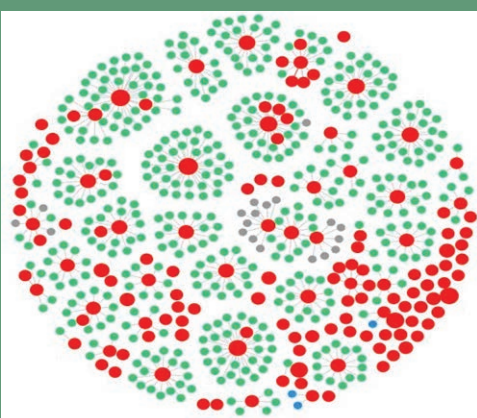


Figure 3: Contact tracing through Network Mapping

Note: Red – Tested Positive for COVID-19, Green – Tested Negative, Grey – Result Awaited, Blue – Not Tested



Photo Courtesy: Ms Sandhya Raj, ASHA Sangini Mentor, IHAT-UPTSU, Sub Center-Padaua, Block-Jagat, District-Budaun

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Government of UP's COVID-19 Dashboard

The 'COVID-19 Integrated Surveillance Platform' and 'COVID-19 Dashboard' present district-wise detailed information on the changing epidemiological pattern of the disease through incisive graphs and maps. Together these two platforms have quickly become the chief go-to for healthcare planners and managers in the state, extending from district level officers to the Chief Minister (CM), helping them in their planning, coordination and resource deployment efforts as they square off in their fight against the novel coronavirus.

These platforms have aided programme managers to monitor information in the following domains:

- Total cases of SARS-CoV-2 (Positivity Rate), with case history and treatment outcome (Recovery/Mortality Rate)
- Availability and capacity utilisation of testing laboratories
- Deployment of treatment facilities and other healthcare system resources (beds, ventilators and oxygen cylinders) essential for proper care of symptomatic and asymptomatic patients as well as for quarantining of positive case contacts
- Surveillance of each active case and contact tracing
- Movement of foreign and domestic migrant population

They thus provide comprehensive information at the district, facility, laboratory and individual level (vis-à-vis contact tracing) to cover the entire spectrum of care. This aids health managers in identifying resource utilisation across different geographies, such as the number of beds in use, their further requirement, existing facility load and regions where a sustained or even sudden surge in Positivity Rate has been recorded, among others. Backend efforts by UP-TSU to ensure the quality and reliability of data uploaded on this digital platform have further strengthened governmental belief in this initiative.

Behind the success of this initiative lies the efforts of a whole legion of community health workers (CHWs), including ASHAs and AWWs, district and state surveillance teams working under the aegis of the Integrated Disease Surveillance Programme (IDSP). They have all been involved in this mass epidemiological tracing operation and the product owes its existence to their tireless efforts.

HR Introduces an Employee Friendly App

UP-TSU introduces HR and Payroll Management Application - "EmployWise" from June 2020. With this, the payroll process gets automated for all levels of staff right from the state to the one at the community level eradicating the manual processes involved and ensuring timely release of salaries. The application attends to the option of 'work from home' in the current pandemic situation.



It empowers a staff to manage his/her leaves, supports them in their tax planning besides the other administrative functions such as capturing attendance etc. necessary for processing payroll. This user-friendly application can be accessed on computers as well as on mobile phones allowing one to manage their information and access team information from anywhere at any given point of time.



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