Management and Mitigation of COVID -19 in Uttar Pradesh

Best Practices:

COMMUNITY INITIATIVES

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Background

COVID-19 is a contagious disease caused by the most recently discovered corona virus called SARS-CoV-2 that has created havoc worldwide. Corona viruses are a large family of viruses which may cause illness in animals or humans. In humans, several corona viruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

The first case of COVID-19 was reported in Wuhan city in Hubei province of China in December 2019. Since then, it has spread across the World at a reckless pace ever since and has been declared as a pandemic by the World Health Organization (WHO). The first case of COVID-19 infection in India was recorded in late January 2020. By mid of March 2020, there were more than 50 cases across the country. Uttar Pradesh (UP) which is one of the largest and most populace state of India with 77% of its population living in rural areas has also been affected by COVID-19. The first confirmed case in UP was reported on 5th March, 2020 in Ghaziabad followed by 6 positive cases in Agra. By March 21st, UP had around 30 cases and stood at the third position amongst states with maximum number of COVID-19 cases in the country.

With a surge in the number of cases in the country, the Prime Minister announced Janta Curfew i.e. voluntary public curfew for 14 hours (7am-9pm) on 22nd March 2020. Following this the first phase of nationwide lockdown was imposed on 25th March for 3 weeks limiting the movement of the entire nation and enforcing certain rules and regulations aiming to prevent the spread of COVID-19 any further.

With a nationwide lockdown imposed to prevent the community spread of the disease, an exodus of migrant workers nationwide started returning to their native villages. UP constitutes a huge population that migrates to other states for alternate livelihood opportunities. Native migrant workers of UP too started their homebound journey. Majority of these migrant workers were coming from Maharashtra and Delhi, places with high number of COVID-19 cases. On the first day of lockdown, Maharashtra and Delhi had reported 122 and 35 COVID-19 cases respectively. This posed a potential danger for faster proliferation of the virus with incoming migrant population in UP.

Hence, in order to contain the potential spread of the virus prompted by the exodus of these migrant workers and to provide necessary services to these vulnerable groups, the state government prepared community prevention and management of COVID-19 guidelines, constituted necessary mechanisms and equipped the existing systems.

Strategic Approach

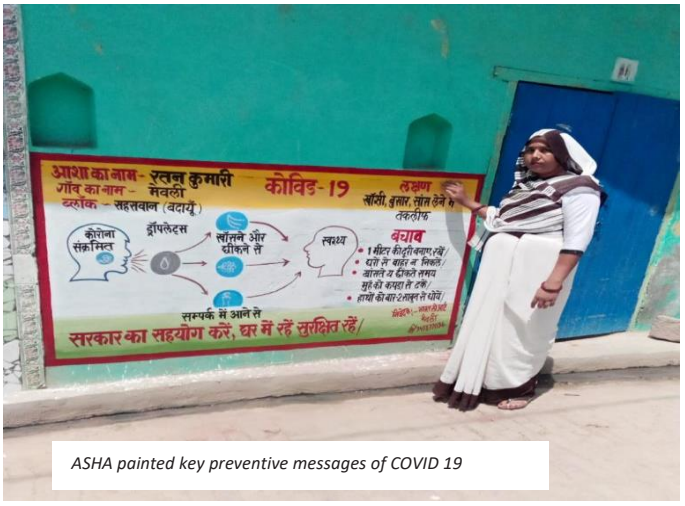
In order to prevent and control the community spread of COVID-19, it was essential to intervene at the community level and involve the public health frontline workers in the process. Recognizing the importance of community level interventions and the role of Frontline Workers (FLWs) in prevention and management of this pandemic, the Government of Uttar Pradesh (GoUP) with support from UPTSU, UNICEF, WHO etc. undertook several initiatives at the community level. The steps undertaken to ensure prevention and management of COVID-19 at the community level can categorized under the following initiatives:

1. Capacity building of the field health workforce and preparing them for COVID-19 response.
2. Ensuring active screening of migrants and promoting home and community quarantine.
3. Identifying contacts, suspected cases and symptomatic cases for further screening and treatment.
4. Promoting handwashing and social distancing at community level.

Key Interventions

I. Preparation and release of Community COVID-19 response guidelines

Keeping in mind that a large population of the state lives in the villages, it was of paramount importance that our frontline workers were notified about their role in combating COVID-19. In order to streamline activities and clearly define the roles of FLWs,Government orders were released by the Department Health and Family Welfare (DoHFW) as well as Integrated Child Development Services (ICDS) Department elucidating role of respective FLWs in COVID-19 response.



ASHA painted key preventive messages of COVID 19

Key highlights of Government Order (GO) released by PS-Health

- ASHA to visit 25 to 30 households daily and line list those who have visited a different country/state/ district or have come in contact with them and report to Block Community Program Manager (BCPM), advise on home quarantine.
- ASHA to provide Paracetamol Tablets for 3 days to those with fever and cough and refer to COVID -19 treatment facility in case of breathing difficulty.
- COVID -19 incentives for ASHA and ASHA Sangini

A letter was circulated on 27th March 2020 by the Director, ICDS Department of Uttar Pradesh to all the DPOs raising awareness about COVID-19 and reinstating the importance of the role of the FLWs and asking them to follow the guidelines laid down by the Government of India (GoI) to tackle the disease effectively and efficiently. A government order from the Principal Secretary (PS), (DoHFW) GoUP, addressed to the all the District Magistrates (DM) and Chief Medical Officers (CMO) was circulated on 30th March 2020 elucidating the role of Accredited Social Health Activists (ASHAs) in preventing the spread of the disease by tracking the migrant workers coming from other countries, states and districts.

The GO by PS-H also defined the following protocols:

Prioritized visits by ASHA	Counselling by ASHAs	Safety protocol for home visits by ASHA
» A member of the family has had a travel history in the past 15 days. » A household where there is someone who is aged 60 years or above or someone who is diabetic, has hypertension, heart related disease or any other ailment. » Someone who has returned home after completing the quarantine. » Someone who has been advised home Quarantine.	» Frequently wash their hands with soap. » Refrain from frequently touching their eyes, nose, ears, mouth and face. » While coughing and sneezing people should cover their mouth with a clean cloth.	» Maintain a distance of 1 meter from the people. » Ensure that a crowd does not assemble. » Wash their hands with soap before and after visiting a household. » She should not touch the lock of the door or any other object which is frequently touched by people.

II. Development of community prevention and management of COVID-19 training modules

After the National Training of Trainers which was held on 27th March, 2020, a meeting was conducted by National Health Mission (NHM), UP on 30th March, 2020 to discuss the strategy to be undertaken for the orientation of FLWs and measures to be under taken for containment of COVID-19 at community level. Thereafter, decision was taken to conduct the training of FLWs in cascade model starting from state level. A comprehensive training plan for orientation of district and block level functionaries centrally through virtual platforms and subsequently orientation of frontline workers on prevention and management of COVID-19 was developed by Community Process team of NHM in consultation with UPTSU and other partners in the state. A letter was issued by DGMH (Family Welfare) on the importance of training of FLWs on COVID-19 on 30th March 2020.

Separate training modules for ASHA, ASHA Sangini and ANMs were developed explaining their roles and responsibilities. Audio and video voiceover of the module for ASHAs was also developed for better understanding and communication.

Figure 1. Training module for FLWs

Learning Resource Package for FLWs in tackling community spread of the virus covers the following aspects	The key messages delivered through these modules include:
» Information about COVID -19, its symptoms and how it spreads. » Who are more likely to be infected by it? » What is to be done if symptoms of COVID19 are seen in an individual. » Measures that need to be taken to prevent the spread of COVID-19 and role of FLWs in restricting its spread. » Guidelines for the migrants who have returned from a different district/state/country. » Steps for taking proper care of infected people. » Instructions for people in home quarantine.	» Do's and Don'ts for the community to prevent COVID-19 spread. » Importance of social distancing in preventing spread of COVID19. » Steps to be followed while handwashing » Use of masks » Instructions for home quarantine

III. Rollout of trainings at district, block and sub-block level for different stakeholders and FLWs.

III.A. State Level Training and Planning

For the containment of COVID-19 at community and outreach level it is imperative that the FLWs are provided with the required orientation and training. A meeting was conducted by NHM, UP on 30th March, 2020 to discuss the strategy to be undertaken for the orientation of FLWs.

Trainings had to be conducted at state, district and block level. An agenda was developed for this purpose. In the said meeting, it was decided that as a first step district level officials like CMOs, DPMs, DCPMs, District Surveillance Officers, DPO ICDS, DHEO, UNICEF district Officials & WHO SMO will be oriented centrally. Subsequently, block level officials like MOIC, CDPO, HEO, BPM, BCPM and WHO Field Monitors will also be oriented centrally on the measures to be taken for containment of COVID-19 at community and outreach levels via virtual Zoom Training Platform.

As a third step, these trained block level officials will train the FLWs in a group of 10-15 people maintaining physical distance norm of COVID-19 or virtually wherever possible. It was also decided to seek technical support & collaboration from UP TSU, WHO & UNICEF in this field level orientation.

Secretary, Health (GoUP) inaugurating the district training with key note address

III. B. District Level Training

A district level training on the role of FLWs in addressing COVID-19 for district level functionaries from all 75 districts was held on 31st of March 2020 through Zoom platform. The training was for 2.5 hours (2.30 pm to 5 pm) and approved GOI and GoUP resource materials were used for training. A total 589 participants from 75 districts comprising of district level staff from health department, NHM, NUHM, ICDS and partners like WHO, UNICEF, Piramal, UNDP and UPTSU attended the training. Most of the districts had participation from either the DCPM or DPM who would be the key master trainers for block level and below. The objective of the training was highlighted by General Manager- CP (NHM) followed Secretary, Health t delivering the key note address. The stressed was given upon the role of district and sub district teams in educating FLWs on COVID 19. State Surveillance Office (SSO) stated the current situation of COVID 19 and what can be done for its prevention. Deputy General Manager- CP (NHM) explained the role of FLWs along with an introduction to the online FLW toolkit.

Participants attending the training session being conducted by Dr. Jha, GM-CP, NHM

III.C. Block Level Training

Two batches of block level trainings on the role of FLWs in prevention and management of COVID-19 were conducted on 1st and 3rd April centrally through Zoom. A total of 3462 block level functionaries including MOICs,

HEOs, CDPOs, BCPMs, BPMs and health partners from all 75 districts of UP participated in the training on the roles of FLWs in COVID-19 prevention and management.

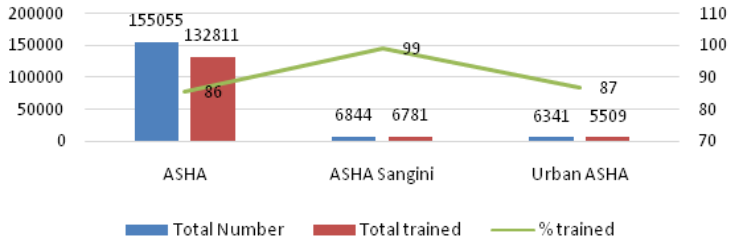
III.D. Sub-block Level Training ASHAs and ASHA Sanginis

Whatsapp calls with ASHAs conducted by ASHA Sangini

ASHAs and ASHA Sanginis are first point of contact between community and public health services. UP has around 1.5 lakh ASHAs and 7000 ASHA Sanginis. To train such large number of trainees, a cascade style of training was planned to ensure maximum coverage. Post the district and block training, the subsequent trainings of the FLWs i.e. ASHAs and ASHA Sanginis were initiated. These trainings were conducted in-person in small batches maintaining physical distance and through Whatsapp calls for those FLWs who owned a smartphone. DCPMs along with BCPMs have facilitated this in which around 99% of ASHA Sanginis, 86% of ASHAs and 87% of urban ASHAs have been trained across 75 districts of UP.

The GoUP has also prepared a Whatsapp compatible training video on the role of FLWs which has been uploaded on a weblink. An SMS with link for the video has been sent to 6624 ASHA Sanginis, 151184 ASHAs, 19288 ANMs, 807 BCPMs and 131 DCPMs. Voice messages developed for FLWs on Do's and Don'ts, home care etc. have also been circulated through Whatsapp groups.

Figure 2: FLWs trained in 75 districts (15th April)



III.E. Training of Auxiliary Nurse Midwives (ANMs) using various digital platforms

Auxiliary Nurse Midwives (ANMs) are the closest clinically trained frontline worker available to the community. For appropriate identification, referral and management of COVID-19 cases at the community level, it is essential that the ANMs are aptly trained. Majority of the ANMs in

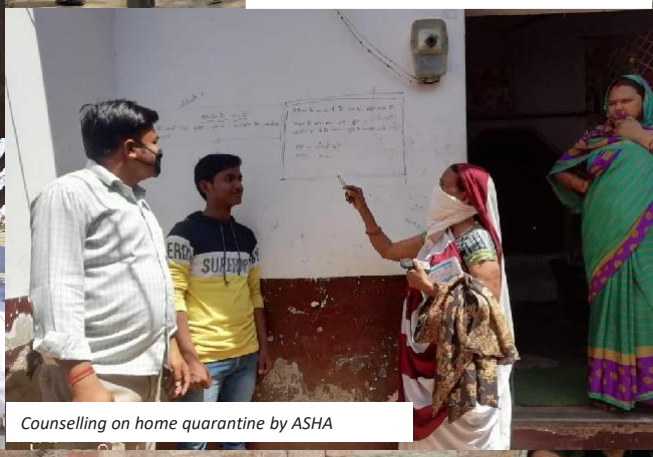
Quarantine room school Badaun

FLW training

Counselling of migrants by BTO in Shrawasti

Interstate migrant screening Gonda

School based quarantine in Hardoi



Counselling on home quarantine by ASHA

Line listing of HH for screening by ASHA in ETAH

Handwashing demo by ASHA

Hanwashing demo at HH level in Rampur

FLW training in Chandauli

Handwashing in Bareilly

Quarantine centre in Ayodhya

Social distancing Siddhartnagar

Quarantine slip SK Nagar

the state possess a tablet, they were trained directly through pushing of the training module via various digital mechanisms like Mobile Device Management (MDM), WhatsApp calls and web links shared through SMS were used extensively for ensuring maximum training coverage for ANMs in the state. The various methodologies used to train the ANMs on prevention and management of COVID-19 are detailed below:

Use of web link

The GoUP developed a learning resource package and it was uploaded on a web link. This web link was then pushed via SMS to all ANMs. Till date, 94% of ANMs have accessed this link to access the training material.

Use of Mobile Device Management (MDM)

The GoUP learning resource material for ANMs was also uploaded through MDM (Mobile Device Management) software and pushed into ANM tablets. An SMS was sent to the ANMs to access and download the pop-up link on their tablets for the training module.

Group WhatsApp and Zoom calls in HPD districts

ANMs were trained by district and state staff through group calls using platforms like zoom and WhatsApp. A total of 3987 out of 4225 accessible ANMs were trained directly with support from UPTSU in these high priority districts.

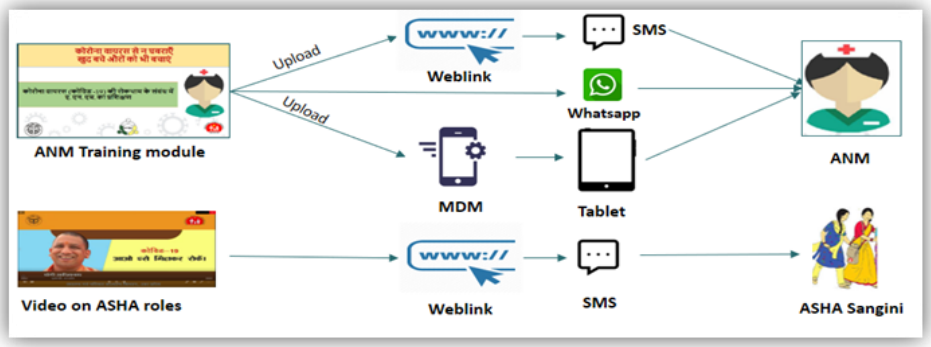


Fig: 3 A diagrammatic representation of use of technology in training the FLWs

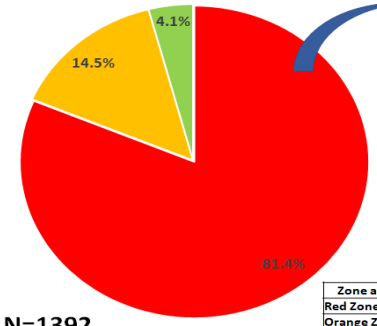
Various methodologies were employed to conduct training for FLWs. Since, physical training was not possible during the times of lockdown and social distancing was important to be maintained, technology was used extensively to reach out to district, block and sub-block level health workers. Since, most of the ANMs in the state possess a tablet, they were trained directly through pushing of the training module via various digital mechanisms like MDM, WhatsApp calls and web links shared through SMS with the ANMs. In case of ASHA and ASHA Sanginis a more elaborate approach was followed which entailed cascade trainings through zoom calls and WhatsApp calls as well as video modules shared with those ASHA and ASHA Sanginis who had a smartphone.

IV. Line listing and tracking of migrant workers

As per the GO released by GoUP for tracking of migrant workers by FLWs, as mentioned earlier, ASHAs have been tracking the migrant workers, their contacts along with the symptoms developed. These tracking details are shared by the ASHAs and ASHA Sanginis with the BCPMs and DCPMs and the data is uploaded on a web portal hosted by UNICEF. This data is being used by the government regularly to keep track of symptomatic and asymptomatic individuals and take appropriate action. The list of symptomatic patients is shared with the District Surveillance Officers (DSOs) and State Surveillance
Officer (SSO) on a regular basis for further sharing with CMOs and took appropriate action. A total of 30, 43,866 (1124832 first phase and 1919032 in second phase) migrants tracked and registered on the portal till 29th June 2020. As on today, 7965 symptomatic migrants were line- listed by ASHAs and among these 7412 cases were followed up in 75 districts of UP. Among these 5040 cases were provided with Paracetamol tablet by ASHA. Samples for tested were collected from 2232 individuals and 271 were found to be positive

Screening of migrant workers at Kasganj border

Number of Migrants with SARI/ILI returned from each Category Districts



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Sl No.	District/City	Number of Migrants
1	Mumbai_City	388
2	New_Delhi	128
3	Surat	102
4	Ahmedabad	57
5	Thane	48
6	Pune	45
7	Indore	39
8	Hyderabad	30
9	Mumbai_Suburban	18
10	Ludhiana	13

Migrants (Symptomatic) in Uttar Pradesh - Top 10

Sl No	Districts	Number of Symptomatic Migrants
1	Siddharthnagar	206
2	Allahabad	110
3	Lalitpur	65
4	Kaushambi	52
5	Basti	43
6	Gorakhpur	41
7	Sant kabir nagar	40
8	Csm nagar	39
9	Mau	39
10	Gonda	36

Zone as per 30.04.2020 GO
Red Zone
Orange Zone
Green Zone

Distribution of PPE by ASHA Sangini to ASHAs in Farrukhabad district

V. Provision of Personal Protective Equipment (PPE) to FLWs

In order to ensure safety of ASHAs, ASHA Sanginis and ANMs working at the field level for prevention and management of COVID-19, it is necessary to provide them with basic protective gear like masks and soap/sanitizers. In lieu of this, a demand estimation for provision of two reusable masks, a bottle of hand sanitizer for each FLW based on the number of FLWs in the state was developed. This was shared with all CMOs in the state vide a letter through MD-NHM instructing them to ensure provision of the above mentioned PPE. Also guidelines issued to use VHSNC fund for the procurement of sanitizer, mask etc. in response to COVID-19 preparedness. A protocol for appropriate use and cleaning of masks was also developed and shared with the FLWs along with the letter. Moreover, ASHA Sanginis and ASHAs were also encouraged to source homemade masks locally for self-use and distribution in the community. Uttar Pradesh State Rural Livelihood Mission (UPSRLM) Self Help Groups (SHGs) also played an instrumental role in manufacturing and distribution of masks and sanitizer in the community.

VI. Establishment of community quarantine centres

In order to ensure containment of villages affected and those with a risk of being affected, several community buildings like Anganwadi centres, primary schools and others have been converted into community quarantine centres. This initiative is being led by the Panchayati Raj department with active participation of Gram Panchayat members and support by the frontline workers (ASHAs). The migrants entering villages are being screened at the entrance and quarantined for the incubation period in these community quarantine centres where proper facilities like food and lodging are being provided. ASHAs are playing a major role in follow-up of these cases and providing counselling to these cases.

Community quarantine centre in Sitapur

Food distribution in a community quarantine centre

Quarantine Gonda

Apart from establishment of quarantine centres, several district authorities also took initiatives like pasting of home quarantine slips in front of households with suspected cases and use of stamps for those in quarantine.

VII. Nigrani Samitis (Vigilance Committee)

In order to keep an eye on incoming migrants, Nigrani Samitis (Vigilance Committee) is formed in the villages under Gram Pradhan (Village head). The Samiti members/ volunteers community patrols keep in touch with ASHAs and provide her details of migrant in the village. ASHAs played a key role in sensitizing the community, remain in continuous touch with Nigrani Samiti and rigorously followed with migrants. Also she pasted a pamphlet/poster on migrant house with the purpose to easily locate and follow up.

VIII. Toll Free Number

A GO released by GoUP for identification of all suspected individuals having symptoms of fever, cough, sore throat and breading problems. Details of such individuals (Name, age, Sex, mobile number, complete address and how long the illness) are reported by FLWs (ASHA, ANM, AWW) directly on toll free number i.e.**18001805146**. In case such symptomatic individual have contacted private medical store/ pharmacy then such it's to be notified on format-2 by the pharmacist of the medical store directly on toll free number. Furthermore Individuals having such symptoms can also directly contact on the toll free number with details mentioned in format-2. SSO will share the information with DSO who will ensure to do the testing of all such persons and register them on the portal www.upcovid19track.in, if details are not available.

IX. Support in rollout of Aarogya Setu App (GoI)

The Aarogya Setu app has been launched by the Government of India in order to improve contact tracing and further curb the spread of coronavirus as well as provide accurate information related to COVID-19 to its users. The FLWs are also playing a major role in ensuring the rollout of this app at the community level through awareness generation and supporting in its installation. The orientation of ASHA Sanginis on the installation and use of Aarogya Setu app was done via zoom/ group WhatsApp calls by BCPMs. These ASHA Sanginis further oriented ASHAs on its installation and use through calls and visits.

X. Review meetings and follow-up

In order to follow up on the remaining FLWs to be trained and obtain feedback on the quality of trainings and program rollout, regular online review meetings are being conducted by Community Process division of NHM with the District Community Process Managers (DCPMs) and Regional Managers. The line listing process of migrants and symptomatic patients are also discussed in these meetings to resolve any queries and/or quality issues with the data. Till date, 3 rounds of these meetings have been held.

XI. Use of Information Education Communication (IEC) materials, audio and video based messages for knowledge dissemination

UPTSU has developed flyers on important COVID-19 related topics like home care, home quarantine and care for the elderly which were approved by the Directorate of Medical Health, GoUP and have been shared with all DCPMs and BCPMs for further dissemination to FLWs. Audio messages were also developed for the FLWs to clearly understand their roles and generate awareness in the community related to COVID-19. A video on the role of FLWs was also developed and uploaded on a web link shared via SMS with all ASHAs and ASHA Sanginis. A script was also developed for BCPMs to call ASHAs and orient them regarding their roles in the prevention and management of COVID-19. Apart from establishment of quarantine centres, several district authorities also took initiatives like pasting of home quarantine slips in front of households with suspected cases and use of stamps for those in quarantine.

Impact of COVID-19 on RMNCH Services

Under HBNC the key activity that has been affected is weighing of new-borns which require physical contact subsequently affecting HBNC reporting. ASHAs are only examining visible danger signs during their visits while maintaining physical distance and are following up all cases over phone. Those identified with any danger signs are being referred to facility or NBSU/SNCU. However, the follow-up of SNCU discharged new-borns is happening only on ad-hoc basis.

With the increased involvement of providers and frontline health workers in the prevention and management of this pandemic and additional burden on the health systems, there is bound to be an impact on the effective functioning of regular health services. In Uttar Pradesh, at the community level, VHNDs (Village Health and Nutrition Days) have been the most prominent platform for provision of Ante Natal Care (ANC) and immunization services due to

National Health Mission

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