UTTAR PRADESH

AGRA MODEL -

Treatment facilities for symptomatic COVID cases were designated and prepared in collaboration with the private sector. A large number of paid institutional Quarantine Centres were developed in the public-private partnership mode, in addition to free-of-cost institutional Quarantine Centres. During lockdown, the District Administration set up a doorstep distribution chain to ensure that people living in hotspot areas had access to essential items. Local food and medicine suppliers were identified and shopkeepers were issued an e-pass. E-commerce firms were tasked with ensuring regular food supply for homeless people living in shelter homes within containment zones.

HEALTHCARE AND MEDICAL INTERVENTION -

Early infusion of oxygen in patients with COVID symptoms proved to be a lifesaving intervention in several Districts. Noida, with its surging COVID cases, was able to maintain a low fatality rate because of measures like equipping surveillance teams with pulse oximeters, checking oxygen levels of patients visiting fever clinics and keeping individuals with oxygen saturation levels below 96% in high-dependency units where infusion can be initiated immediately. Health facilities in Noida used 4 types of masks for regulating oxygen concentration levels – while the normal mask supplies 30% oxygen, three other types were kept in reserve. The venturi mask provides up to 65% oxygen, a high flow nasal cannula increases oxygen concentration to 80% and the non-rebreathing mask with reservoir releases up to 90% oxygen. Use of steroids, anti-inflammatory medicines and anticoagulants also helped to reduce mortality among patients.

PROVISION OF PROTECTIVE GEAR -

To ensure the safety of ASHAs, ASHA Sanginis and ANMs working on COVID management, provision of basic protective gear like masks and sanitizers has been ensured. Demand estimation for provision of two reusable masks and a bottle of hand sanitizer for every field worker in the state was developed. This was shared with all CMOs in the state with instructions to ensure the provision of protective supplies. Guidelines were issued to use Village Health Sanitation Nutrition Committee funds for the procurement of sanitizer, mask etc. A protocol for appropriate use and cleaning of masks was developed and shared with field workers. 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) SHGs played an instrumental role in manufacturing and distribution of masks and sanitizer in the community.

TRAINING MODULES -

Training modules, including audio and video voiceovers, were developed for COVID prevention and management for ASHAs, ASHA Sanginis and ANMs to explain their roles and responsibilities. Decisions were taken to train field workers in a cascade model from state-level onwards. A comprehensive training plan was formulated for the orientation of local-level functionaries centrally through virtual platforms on the measures to be taken for containment of COVID at the community and outreach levels via a virtual training platform. The trained block-level officials were then tasked with training field-level workers in groups of 10-15 virtually or while maintaining physical distance. Technical support and collaboration was sought from the Uttar Pradesh Technical Support Unit, WHO and UNICEF in field-level orientations. The state government developed flyers on COVID-related topics like home quarantine and care for the elderly, approved by the Directorate of Medical Health and shared with all District Community Process Managers and Block Community Process Managers for further disseminations.

CONVERSION TO COMMUNITY QUARANTINE CENTRES -

Several community buildings like AWCs, primary schools, etc have been converted into community Quarantine Centres with active participation of Gram Panchayat members and support from frontline workers. Migrants entering villages are screened at entry points and quarantined for the incubation period in these centres where proper facilities like food and lodging are provided. The state government deployed more than 70,000 front-line workers for tracking migrant workers, their contacts listings and the contacts of COVID positive individuals. These tracking details are shared with the Block Community Process Managers and District Community Process Managers and uploaded on a web portal. Pamphlets/posters are pasted on migrants' houses to enable easy identification and follow-up. The list of symptomatic patients is shared with the District Surveillance Officers and State Surveillance Officers on a regular basis, who pass it on to CMOs for appropriate action. Nigrani Samitis (Vigilance Committees) have been formed under village Gram Pradhans, whose members keep in touch with ASHAs and provide them with the details of migrants in their villages.

UNIFIED DATA PLATFORM -

The unified data platform is built on a single point of case registration from the State-District Helpline, GOI Database, Laboratories, Tracking Teams and Citizens' Self Quarantine Application in an attempt to facilitate seamless inter-facility referral. Unique Case IDs are assigned across the system for case management. The platform drives bulk allocation of cases to Tracking Teams followed by in-person verification of newly registered cases, daily follow-up and contact tracing. Post case allocation, one-time medical records are updated by a nodal officer. Epidemiological data is also updated on a daily basis. A '*Citizenship Self Registry Platform*' was also developed with a central helpline for enabling citizens to

communicate with health officials in case they developed COVID related symptoms.