1. **COUNSELING AND SENSITIZATION SUPPORTED VACCINATION DRIVE**

Abstract: *During COVID-19, counselling, sensitization, and support were extremely beneficial to the government's successful immunization drive.*

Context

Chapala is a 20-year-old tribal woman from the Juang community in Keonjhar's Bansapal block. Her husband, in-laws, and two younger sisters-in-law reside with her. She was stressed because her husband, Kailash, who worked as a driver for a local company, had lost his job due to the COVID outbreak. He couldn't find any work in the village and was extremely distressed by his inability to meet his family's basic needs.

During that time, a vaccination camp was set up in the village as part of the COVID immunization campaign. However, both the husband and wife skipped the camp and hid in the jungle. Raghu, who was a volunteer for the campaign, was notified about this by the village's ASHA and Raghu traced Kailash to a neighbourhood shop. Since he was from the same community, Raghu initiated a conversation with Kailash and was informed of Kailash's concerns. Raghu offered support to help him find work at the company where he was already employed. He informed Kailash that he could discuss this with the owner since they were looking for a driver for their truck. Kailash was relieved to hear this and, Raghu's sympathetic demeanour had made him feel much better. Raghu also talked about the COVID immunization camp. Kailash outrightly refused to get vaccinated. He said, "We don't want to take it because we have no health problems." He feared that the vaccine would exacerbate existing health issues and pose a threat to their livelihoods and personal lives. Kailash's apprehension was that it would jeopardize his wife's fertility. He also mentioned that "We have recently married, and we don't want to damage our life by getting the vaccine". Kailash was not at all ready to listen to anything on it.

Intervention

In this situation, Raghu chose to meet his wife, Chapala. Raghu went to Kailash's residence and shared vaccination-related information with Chapala. Chapala, a tenth-grader, was a smart young lady; she patiently listened to Raghu. Raghu also showed her the Information Education Communication material for COVID immunization and Covid appropriate behaviour. After listening to Raghu, Chapala agreed to consider it and try to persuade her husband. After three days, Kailash called Raghu and inquired about the registration process for the CO-WIN App. Raghu aided Kailash in signing up for the app. The couple recently got vaccinated in the village during a vaccination program. In this way, psychosocial

counselling and small-scale support assisted a young couple in avoiding significant COVID-related concerns. Both Chapala and Kailash acknowledged that they benefited from counselling and sensitization sessions.

Conclusion

This initiative helped them clarify their doubts and fears about the COVID vaccines, and as a result, they are now vaccinated. Kailash stated that as now that he is vaccinated, he can participate in his work without fear. His parents are also immunized. He is also at ease about his wife because she has received the vaccine. As a result, Chapala and Kailash have both expressed gratitude to Plan India, UNDP, and NIMHANS for "counselling, sensitization, and support."

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2. HEALTHCARE FOR FRONTLINE WORKERS

Abstract: *Ayushman Bharat Yojana, also known as the Pradhan Mantri Jan Arogya Yojana (PMJAY), is a scheme that aims to help economically vulnerable Indians who need healthcare facilities.*

Context

The COVID pandemic was an added risk to the health and lives of Safai Sathis, who are already vulnerable to health hazards at work. There have been incidences where Safai Sathis were hurt while at work, but could not afford hospitalization and had to leave work without any benefits. With these experiences, the Safai Sathis were quite scared of getting infected or losing their lives while performing their duties during the pandemic.

Intervention

Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM-JAY), is a flagship scheme of the Government of India to provide cashless secondary and tertiary care treatment from the empanelled public and private hospitals providing coverage to more than 10 crore poor and vulnerable beneficiary families. As part of UNDP's COVID-19 response, India's first Urban Social Protection Initiative, 'Utthaan" (Uplift), was launched in October 2020 under the ongoing Plastic Waste Management Programme. Under the project, **100** Safai Sathis got linked to Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY). It was a big relief for them and their family.

> *"Health is a human right, yet for so many years I have faced problems in accessing affordable medical advice. We work in a field where diseases are common. We often handle unsegregated waste mixed with biomedical waste. I always feared if I fall sick, where I would go. I cannot afford private healthcare."*
>
> *Rita Oli, Safai Sathi*

members, as they were assured that if there was an emergency, s/he would get the required health treatment support under this scheme. PMJAY assured coverage of up to 5 lakh rupees per family per year for secondary and tertiary care hospitalization.

Safai Sathi, have been linked to the healthcare scheme

Conclusion

Ayushman Bharat is an attempt to move from sectoral and segmented approach of health service delivery to a comprehensive need-based health care service. This scheme aims to adopt a continuum- of- care approach.

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3. TECHNICAL AND MEDCIAL SUPPLY SUPPORT EXTENDED DURING COVID

Abstract: *The indigenous eVIN platform, which was constructed and scaled out by UNDP across all public health institutions in India, is supplementing the CO-WIN system's real-time tracking of beneficiaries.*

Context

UNDP is aiding the national COVID vaccination push by implementing CO-WIN (Winning over COVID), a complete cloud-based IT system for planning, execution, monitoring, and evaluation of the COVID immunisation effort, under the leadership of the Ministry of Health and Family Welfare (MoHFW). The structure and architecture for the Co-WIN system was developed by a UNDP team led by MoHFW.

The CO-WIN system is a government-developed end-to-end solution that allows users to create accounts (admins, supervisors, surveyors, and vaccinators), register beneficiaries (bulk upload and individual registration), communicate with beneficiaries, plan and

schedule sessions, and implement vaccination processes. From the national level to the last mile vaccinators, the system has utilities for the entire public health system.

Intervention

The indigenous eVIN platform, built and scaled out by UNDP across all public health institutions in India, complements the CO-WIN system's real-time beneficiary tracking. The systems collaborate to track vaccine usage and COVID-19 vaccination coverage at the national, state, district, and sub-district levels.

UNDP has assisted in the procurement and installation of eleven Oxygen Generating Plants in the North-Eastern states of Meghalaya, Nagaland, Arunachal Pradesh, and Tripura. The sites were selected in consultation with the Ministry of Health and Family Welfare and State health departments. The plants are being erected and production is expected to begin as soon as possible. These eleven Oxygen Generation Plants, with a total capacity of 3350 LPM (Litres per minute), will provide medical-grade oxygen to ten hospitals with a capacity of 1800 beds.

UNDP provided 600,000 triple layer masks, 333,000 gloves, 15,000 hand sanitisers, and 250 infrared thermal scanners to State Health Departments in eight states (Delhi, Gujarat, Uttarakhand, Chhattisgarh, Himachal Pradesh, Meghalaya, Arunachal Pradesh, and Nagaland). It has also installed 80 ICU Ventilators in four states (Odisha, Assam, Jharkhand, and Arunachal Pradesh) and trained frontline health workers on how to use them. Similarly, UNDP is assisting with the on-the-ground implementation of CO-WIN across the country through a network of 800 health workers. More than 820,000 health and front-line personnel have been trained to help with the countrywide immunization effort. Additionally, UNDP personnel in the states/UTs are aiding state and district administrations with the implementation of the CO-WIN software-led vaccination push, which includes health professional capacity building, supply chain management, data monitoring, and progress mapping. Through its social media handles, UNDP is amplifying MoHFW communication materials on COVID-appropriate behaviour and immunisation, as well as providing support to produce communication materials and the expansion of psychosocial support services. A 'Stigma Handbook' and guide on COVID Appropriate Behaviour was created by UNDP to promote capacity building, media campaigning, and community participation in 12 states to reduce stigma and prejudice associated with COVID-19.

Through collaboration with the Tata Institute of Social Sciences (TISS), UNDP is also offering tele-counselling to help people overcome vaccine apprehension and refute vaccination myths. UNDP India also created the "Corona Champion" smartphone game

to dispel myths and raise awareness about COVID-19 in five foreign languages and seven Indian regional languages.

Conclusion

UNDP is assisting the national COVID vaccination campaign by monitoring, implementing, and evaluating CO-WIN (Winning over COVID) platform; purchasing medical and health supplies; establishing Oxygen Generating Plants based on Pressure Swing Adsorption (PSA) Technology; strengthening human resource capacity; and increasing advocacy and communication.

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4. SUPPORT EXTENDED FOR OXYGEN GENERATION PLANTS

Abstract: *The United Nations Development Programme in India has been assisting the Government of India in building its capacity to combat the COVID-19 pandemic by providing health system support, as well as enhancing social protection and livelihood recovery programmes across various state geographies.*

Context:

Nongpoh, in the north-east Indian state of Meghalaya, is nestled in the undulating hills of the Khasi and Jaintia ranges and is surrounded by magnificent natural environment. But it also has obstacles due to the rugged geography. Meghalaya and its cities, like the rest of the country, suffered a considerable increase in cases and a greater demand for oxygen supplies during the country's disastrous second wave of COVID-19. Oxygen cylinders were provided by the state headquarters, adjacent towns, and even other states during the peak of the COVID second wave to suit the emergency needs. The number of cases was growing, and the need for oxygen was putting a strain on the hospital management.

Intervention

The high-flow oxygen plant installed at the site, however, came as a major blessing for the patients, the hospital, and the community, due to timely help from UNDP and the Government of Japan. With this facility running smoothly, the hospital was made self-sufficient and no longer relied on imports or procurement. "Thank you very much (for this assistance")," says Dr. P Chyne, Medical Superintendent of the Nongpoh Civil Hospital in Meghalaya's District RiBhoi.

One of the 10 UNDP-built oxygen plants in India's north-eastern region was built in Nongpoh, the administrative centre of Ri-Bhoi district. Eight of these plants were built in collaboration with the Japanese government at Meghalaya's Jowai, Nongpoh Tura, Nagaland's Tuensang and Phek, Tripura's Agartala, Sepahijala, and

Khowai, and two in Arunachal Pradesh's Naharlagun and Pashighat have been procured and installed by UNDP. Pressure-swing adsorption (PSA) technology is used in plants, and the improved oxygen delivery capacity will support about 1800 beds in these institutions. During the pandemic's uncertain moments, the plants have helped health professionals and residents in these districts become self-sufficient and confident in the ongoing oxygen supply.

Conclusion

UNDP is collaborating with the Ministry of Health and Family Welfare and state health departments to increase the capacity of oxygen supply in hospitals, particularly in remote areas of the identified states, by providing end-to-end service to procure, install, and commission the plants to better prepare for future crises.

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5. COVID-19 vaccinations for LGBTQI: immunization for all

Abstract: *Collaborative efforts in organising special camps for the LGBTQ community in an enabling and discrimination free environment in Gujarat and West Bengal.*

Context:

Everyone needs to be vaccinated against COVID- 19 if we are to overcome this pandemic.

"Everyone is afraid of COVID but getting vaccinated is not so simple. I was afraid of going to a centre where people generally go. I don't want to be subjected to ridicule," says Divya Rajesh who identifies as a transgender.

Intervention:

In a bid to stay ahead of the pandemic and to protect the vulnerable sections of the population, local community-based organizations (CBOs), Lakshya Trust and Kolkata Rista with the support of State Health

Departments and UNDP, are organising special camps for the LGBTQ community in an enabling and discrimination- free environment in Gujarat and West Bengal.

UNDP is providing technical support to the CBOs in planning and organizing the vaccination camps in collaboration with the State Health Departments. The mobilization of the beneficiaries is done by the CBOs. These camps are also utilized to create awareness about key Central and State Social Protection schemes among the Community by mapping their eligibility against the schemes and helping them apply and gain access to them.

As per Government norms, a COVID vaccine is administered after showing an identity document. However, as transgenders may not always have proper ID, the Government has come up with a mechanism to vaccinate them even in the absence of

such documents. Through these camps, UNDP is also creating awareness about this exemption so that no one is left unvaccinated because they didn't have an ID.

Waiting to get vaccinated at the special camp for LGBTQ community in Kolkata, West Bengal. Photo Credit: UNDP India/ Indranil Bhoumik

Other than discrimination, UNDP along with its partners is also fighting vaccine hesitancy, spreading awareness about the need to get vaccinated and COVID -appropriate behaviour.

"There are a lot of rumours around COVID vaccines. I have heard people from our community saying that they fear they will fall very sick or end up in the hospital because of the vaccines. We are working on removing such unfounded fears", said Heena.

There are no official estimates for the LGBTQ population in India, but the government pegged the number of such persons at 2.5 million in an affidavit in the Supreme Court during hearings that sought to decriminalise same- sex marriages between consenting adults. In the Census of 2011, the transgender population was logged at 487,803 but the Government added a caveat: It is possible that some transgender would have returned themselves as either male or female depending upon their choice

6. Digital technology can be a game changer in emergency health response

Abstract: *With the Government of India launching one of the world's largest vaccine drive, UNDP in India embarks on a mammoth task of training personnel on using the Co-WIN software for individualized tracking of COVID-19 vaccination.*

Context:

At the end of every day, health worker Amrit Kaur uses her smartphone to log in with details of vaccines utilized and those in stock for immunization. Her smartphone app helps her manage the

vaccine stocks at the Female District Hospital of Haridwar, in the hill state of Uttarakhand. Kaur is one of the 48,366 vaccine and cold chain handlers who was trained by UNDP as part of the Electronic Vaccine Intelligence Network, or the

eVIN — a digital technology introduced by the Government of India to digitize vaccine stocks and monitor the temperature of the cold chain.

A health worker prepares a dose of COVID-19 vaccine at a vaccination centre in Refinery Community Hall in Guwahati, Assam, India, May 2021. Photo: UNDP India/Biju Boro

"I have been working as the cold chain handler here for the past four years; I can say that my work and the way I work has completely transformed. We were not able to keep error free record of vaccines earlier. We were not able to keep a track of vaccine supplies and their temperatures in storage but now I can view and manage it all easily on my smartphone," she says.

Intervention:

Amrit Kaur is one of the 48,366 vaccine and cold chain handlers who was trained by UNDP as part of the Electronic Vaccine Intelligence Network. Photo: UNDP India

The Government of India launched one of the world's largest vaccine drive on January 16, prioritizing 30 million healthcare and frontline workers and gradually including all citizens via a phased programme — a Herculean task of developing and managing a digital platform for a population of 1.3 billion. To assist, UNDP in India embarked on a mammoth task of training personnel on using the Co-WIN software (Winning over COVID) for individualized tracking of COVID-19 vaccination — especially for those who are not usually trained in routine immunization programmes.

Medical workers inoculate with people with COVID-19 coronavirus vaccine at a vaccination centre in Refinery Community Hall in Guwahati, Assam, May 7, 2021. Photos: UNDP India/Biju Boro

The challenge for UNDP in the short term was, to not only train people to keep track of the precious doses of vaccine, manage registration, schedules, and individual vaccination details, but also coordinate with various government departments, align with digital utility platforms for unique identity, and create a database of all hospitals and health workers.

People stand in a queue for a dose of COVID-19 vaccine at a vaccination centre in Noonmati School in Guwahati, Assam, May 2021. Photo: UNDP India/Biju Boro

"(The) CoWIN portal looks easy, but it was difficult in the early days to understand and enter data into it. Only after prompt training from the project team at UNDP, we could make sense of the data we were extracting from it. Once we had proper trainings and clearing of doubts, it was easy to monitor the work of vaccinators and block level staff too," says Poonam Sethi, Deputy Chief Medical Officer, District Jammu, Union Territory of Jammu and Kashmir, India.

Poonam Sethi, Deputy Chief Medical Officer, District Jammu, Union Territory of Jammu and Kashmir, India. Photo: UNDP India

UNDP helped set-up a well-functioning, well-oiled system of trained human resources in every state and union territory of India. UNDP India also assisted in putting together the operational guidelines, identifying, and resolving issues on the ground and coordinating with stakeholders to ensure adoption and adherence.

As a result of UNDP's support, so far, more than 818,000 state and district- level workers have been trained, including over 1900 personnel in the private sector.

"CoWIN is a citizen- centric platform. Our aim is to make the processof vaccination simple and easy for all. We appreciate UNDP for their support for the smooth roll-out of CoWIN across all 36 states and Union Territories. UNDP teams at the national and state levels have been providing constant support to the Government of India and states in the implementation of the digital platform including capacity building of healthcare staff, planning, coordination and setting up of help desk mechanism," says Mr. Vikas Sheel, Additional Secretary, Ministry of Health and Family Welfare, Government of India.

The CoWIN call centre that UNDP has set up is successfully running a 24/7 helpline to resolve technical queries on CoWIN from all end users," says Shoko Noda, UNDP Resident Representative in India.

"Upon the government's request, we have been able to train about one million health workers, police, teachers, security guards, as well as government officers deployed to support around 172,000 vaccination centres to support the COVID-19 vaccination drive. This was only possible because of our large presence on the ground. In addition, UNDP has set up and is successfully running a 24/7 helpline to resolve technical queries on CoWIN from all end users," says Shoko Noda, UNDP Resident Representative in India.

UNDP teams are working in tandem with the state and district administrations providing support for the vaccination drive, from data collection, planning, management of supply chain, IT support for the implementation of immunization activities for uninterrupted vaccination.

UNDP in India is working with the Ministry of Health and Family Welfare, and State governments, to ensure uninterrupted oxygen supplies, especially in remote areas.

Conclusion:

As hopes are pinned on the largest vaccination campaign to extract the world from its current crisis, several factors will contribute to its success, including digital systems, well-functioning health systems, effective communication, vaccine demand, and supply dynamics, and community acceptance.

7. Need of the hour: Ensuring safety of health workers to combat COVID-19

Abstract: *UNDP India procures and provides personal protective equipment such as masks, gloves, sanitizers and thermal scanners for use at health facilities across 8 states.*

Context:

Healthcare worker displays the face masks delivered by UNDP in Nagaland

Imagine wearing personal protective equipment for about 8-10 hours without drinking water or taking a bathroom break, because taking the gear off is to risk infection.

As the world grapples with COVID-19, healthcare workers are on the frontlines risking their lives to keep everyone safe. Many of them are working under extreme stressful circumstances to meet the demands of rising COVID19 cases across India.

With the steady rise in numbers, the safety of healthcare workers is paramount in helping control the spread of COVID-19. Ensuring their safety depends on the adequate supply of personal protective equipment available at hospitals throughout the country.

The Government of India has distributed over 3 million masks to government hospitals across states. However, for a densely populated country like India with increasing cases, the need for PPEs to be available in stock will be critical. Reuters have estimated that India will need at least 38 million masks to fight the coronavirus.

Personal protective equipment delivery in Gujarat

Health worker uses the gloves in Nagaland

Personal protective equipment being stored in Meghalaya

Inspection of equipment by UNDP colleagues in New Delhi

Intervention:

To support Government of India's COVID-19 response, UNDP India is procuring and providing personal protective equipment such as masks, gloves, sanitizers, and thermal scanners for use at health facilities across 8 states which include Delhi, Gujarat, Nagaland, Meghalaya, Chhattisgarh, Uttarakhand, Himachal Pradesh, and Arunachal Pradesh.

UNDP, through our eVIN India state teams, has distributed-
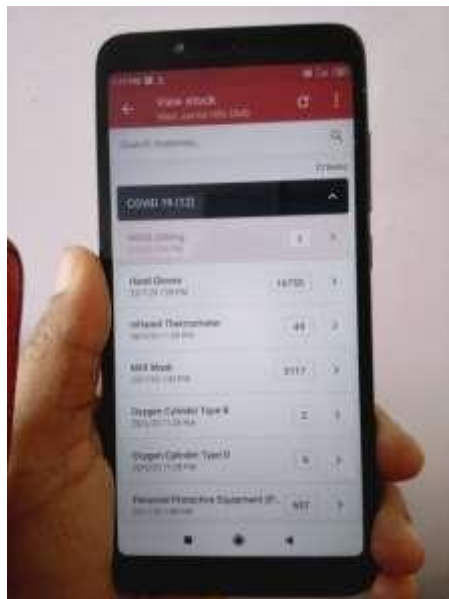
600,000 masks

333,000 gloves

15,000 hand sanitizers

250 infrared thermal scanners

to support health workers at the last mile in India's fight against COVID-19.

Health worker checking stock supply using eVINIndia mobile application

Display of PPEs on eVIN India application

Further, eVIN India mobile application, which digitizes vaccine stocks and storage temperatures, is now being used to track the supply of over 81 essential COVID-19 materials in more than 1500 health facilities in 8 states.

Conclusion:

As part of our ongoing initiatives, UNDP India will continue to support the Government of India to ensure we leave no one behind in our efforts.

8. Resilience Building of Communities around Guwahati Airport

Abstract: *UNDP India is consistently working with its partners to regulate the spread and provide aid and support to many segments of the society.*

Context:

The global COVID-19 outbreak, and the nation-wide lockdown has hit hard, affecting hundreds and thousands of people in an unfolding human tragedy. It has resulted in tremendous economic and social pressure in addition to fear and panic among citizens. The Ministry of Home Affairs, India is treating COVID-19 as a "notified disaster" and providing assistance under the State Disaster Response Fund (SDRF).

The effort is to stop the spread of the virus and collectively focus on emergency response, psychosocial support, and community awareness against the disruption caused.

Intervention:

UNDP India is consistently working with its partners to regulate the spread, provide aid and support to many segments of society. COVID-19 is much more than a public health disaster, and Support During Pandemic (SDP) is one initiative under the Airport Authority of India and UNDP India's project *Resilience Building of Communities around Airport.* The project aims to build resilience to crisis and strengthen vulnerable communities.

The initiative started off with an *awareness and sensitization drive on prevention against the contagion*, at Lokpriya Gopinath Bordoloi International (LGBI) Airport, Guwahati from 19 March 2020 to 23 March 2020. A team of paramedics from the Mobile Medical Unit (MMU) under the project, along with UNDP staff members organized one-to-one discussions with arriving passengers, security personnel, housekeeping and maintenance staff, airport parking-lot staff, Assam Police personnel, taxi drivers, and other employees of LGBI Airport. The discussions primarily focused on personal and public

hygiene behaviours, basic cough etiquettes, 7-Steps of effective handwashing, sensitization on symptoms of coronavirus and the urgency of immediate medical attention through government helplines, in case of prevailing symptoms. Over the 5-day long program, SDP was able to reach out to 931 individuals.

In any emerging crisis, it is important that the right amount of information on preventive measures are put out to avoid panic and confusion. To help in providing the government-approved guidelines and actionable measures, a team of Computer Trainers (6) under the project rendered services to the *Axom Sarkar Swasthya & Poriyal Kolyan Bibhag,* essentially to make telephonic follow-ups with home quarantined individuals and suggesting them to maintain the 14 days protocol, sharing guidelines and precautionary measures related to COVID-19, and informing them about government helpline numbers (104, others). The team collectively reached out to 312 individuals.

UNDP India has provided free health services to 35 villages in Assam through its Mobile Medical Unit – Dr. Bondhu - with support from the Airport Authority of India. The Mobile Medical Unit is currently engaged in Moinakhurung Model Hospital, under Azara BPHC for home visits of Quarantine cases since 31 March 2020. This is an additional support service extended by UNDP to the District Health Society, Kamrup. Three quarantined cases were closely

monitored and followed-up by Dr. Bondhu. The paramedics' team of Dr. Bondhu is currently engaged in rigorous follow-up with quarantine cases through the 104 government helpline number.

While taking decisive actions to curb positive case incidence, it is also important to address the immediate concerns of vulnerable communities, including emergency food relief and community-oriented psychosocial support. UNDP India through its Support During Pandemic initiative reached out to 1000 households, with essential items (grocery kits, soap bars and surgical masks), from 16 April 2020 across Rani Development Block.

Our team provided basic psychosocial care and support, including through art and music, to families of *daily wage earners, migrant labourers, children groups* and other affected families and individuals. Cultural songs like *bihu, jhumoor*, and motivational songs were performed by a few soldiers and community members, thereby showing resistance to the pandemic through music. Another integral element within the drive was the demonstration of best practices of physical distancing and personal and public hygiene behaviours.

Conclusion:

The ongoing pandemic has taught us the need to recognise community solidarity and lend a helping hand to those who need it the most. It is a call for every individual to have a deeper understanding of the ties that bind us on a global scale and the need

for collective action to address humanity and achieve the sustainable development goals for a better planet.