

## **Report on the State specific workshops on 'Covid 19 Preparedness and Non-Covid 19 Essential Health Services' held for 8 North East States via WeBex Digital Platform**

The Regional Resource Centre for North East (RRC-NE) as per its mandate and in view of the prevalent pandemic of Covid 19 had planned to provide technical support to the 8 (Eight) North East (NE) States under the National Health Mission (NHM) to strengthen their health infrastructure and to improve their service delivery mechanism both for Covid 19 management and for maintaining optimized activities in Non-Covid 19 Essential Health Services. And in keeping to this agenda the RRC-NE with full technical support from the PHA division of National Health Systems Resource Centre (NHSRC), New Delhi organized a series of State specific workshops via WeBex digital platform for the 8 NE States. The PHP&E Division, RRC-NE with support of the Senior Consultants from the Divisions of CPHC & HCT, RRC-NE under the expertise and guidance of Dr Himanshu Bhushan, Advisor and Head, PHA Division, NHSRC and Dr Ashoke Roy, Director, RRC-NE held these series of workshops from the **15<sup>th</sup> of September 2020 to the 30<sup>th</sup> of September 2020**.

### **Objectives of the Workshops**

The workshops were planned as interactive sessions which had a series of presentations followed by discussions among the facilitators and the States and Districts participants. This approach ensured the dissemination of the intended information to all levels of participants, including senior level State/district officials of State Health & FW department, who were actively involved in planning and implementation of activities at various levels under NHM. The broad objectives of the workshops were as follows:

1. To equip the State and District Health Officials to optimally utilize their acumen to improve upon the Service Delivery Capacity of the State Health Services Mechanism by concentrating upon:
  - a. Implementation of Indian Public Health Standard (IPHS) in all levels of health facilities in Districts by adhering to the guidelines of Principles of Planning
  - b. Developing the District Health Action Plans and ensuring their integration with the State Health Plans
2. To enhance the capacity of the State and Districts Health Services mechanism in Emergency Preparedness by support in capacity building for:
  - a. Emergency care planning and health facilities preparedness
  - b. Infection control protocols
  - c. HR planning and training
  - d. Surveillance and rapid response
  - e. Reporting and monitoring mechanism and strengthening of IT support systems
3. To equip the State and District Health Officials to optimally plan their activities of Covid 19 management and Non-Covid 19 essential health services to ensure the availability of quality and assured services for:
  - a. RMNCAH+N
  - b. Communicable and Non-communicable Diseases
  - c. Emergency services
  - d. Support services and others

### **Welcome address, NE States status presentation and workshop brief**

The series of State specific workshops were begun with a welcome address given by Dr Ashoke Roy, Director, RRC-NE followed by a presentation on the state specific Health and Nutrition Status of the 8 NE States and broadly covered the areas of:

1. Strengths of the NE States which could be worked with to substantially improve their performance in the Health and Nutrition Indicators.
2. Covid 19 preparedness and management scenario of the NE States.
3. Planning and implementation processes that should be undertaken at both State / Districts to improve the delivery of healthcare services in the NE States.
4. Rationalization of proposals sought by the NE States for improvement of health and nutrition services delivery under various ministries / departments (SPIP, ECRP, NESIDS, BADP etc) to ensure their basis on evidence and guarantee their linkages.
5. Areas of concern which contribute towards pulling down the performance of the NE States in Health and Nutrition. The areas were broadly identified as:
  - a. Reduced performance in the indicators of RMNCAH+N for the NE States due to utilization of a major chunk of their health manpower exclusively for Covid 19 management.
  - b. In-equitable distribution of technical HR in health facilities affecting the delivery of assured services.
  - c. Firming up of implementation of Essential assured services such as Free Drugs / Diagnostics initiatives especially at the primary levels of healthcare facilities.
  - d. Strengthening of the existing inadequacy of medical oxygen generation and supplies in the NE States which is glaringly visible due to the surge in the demand for medical oxygen due to the Covid 19 pandemic.
  - e. Proportionately few numbers of health facilities when compared to total numbers in the NE States especially the DHs and CHCs which conform to IPHS/NQAS/LaQshya norms.

The welcome address and presentation by the Director, RRC-NE in the series of workshops were followed by a session by Dr Himanshu Bhushan, Advisor and Head, PHA Division NHSRC which covered the primary objectives of the workshop along with a brief on the issues which the workshops intended to address. The following were the areas which Dr Himanshu Bhushan elaborated upon:

1. The importance of a comprehensive District Health Action Plan (DHAP) and the necessity to prioritize its inclusion in State Plans including planning processes and initiatives to be undertaken to ensure rational convergence of DHAPs with the State Plans.
2. The need of dissemination of information related to planning processes and implementation by the State to District level functionaries to ensure better understanding of activities and resultant optimum roll out.
3. Proposals sought under various ministries / departments (SPIP, ECRP, NESIDS, BADP etc.) should be evidence based and prepared as per requirements and gap analysis. They should be linked to each other so that the development of activities is holistic ensuring overall improvement which guarantees the availability of assured services and continuum of care for improving the health and nutrition indicators of the community.
4. The importance of planning and implementing development initiatives for health facilities based on IPHS, population catered, disease burden, community health needs, assessment of existing resources, priority areas and rational utilization of limited funds.
5. The processes to focus on Non-Covid 19 Essential Health Services especially RMNCAH+N services by the Districts to assure availability and delivery of services to the community despite re-deployment of limited health resources including HR for Covid 19 management. This needs to be assured through categorization of facilities for Covid 19 and Non-Covid 19 Essential Health Services, rational deployment of HR with capacity building to equip them to multitask, convergence of community services of essential health with activities undertaken for Covid 19 prevention and control etc.

### **State Presentations:**

This was followed by the State specific presentations given by all the 8 NE States and they included the following thematic areas:

1. Status of the health facilities including HR availability, present infrastructure and assured services availability at the primary and secondary levels in the Districts of the NE States.
2. Health facilities in the Districts of the NE States conforming to the norms of the IPHS 2012.
3. District wise distribution of State Services Medical Officers.
4. Covid 19 facilities category wise with infrastructure availability and per capita distribution of facility beds.
5. Covid 19 diagnostic facilities / capacity along with testing done against population.
6. Strategies undertaken by the NE States for Covid 19 testing, tracking and HR deployment.
7. Challenges and lessons learnt during Covid 19 management by the NE States.

The areas which were highlighted during the NE States presentations were:

- a. All the 8 NE States have done commendable work in Covid 19 management with facilities being available and activities being undertaken as per the MoH&FW / ICMR / IDSP protocols and guidelines.
- b. The re-deployment of health facilities and human resources from regular health activities to Covid 19 management has negatively affected the performance of the 8 NE States in the Non-Covid 19 Essential Health Services.
- c. There is lack of rational deployment of HR in most of the secondary level health facilities of the Districts of the NE States which prevents the availability of the assured services. This is more pronounced in the deployment of Specialists, GDMOs, Staff Nurses, Pharmacists and Laboratory Technicians.
- d. The secondary level health facilities in the Districts of the NE States do not conform to the IPHS 2012 and also most of the facilities were not developed considering gap analysis, population covered, disease burden and needs of the community.

**Technical Sessions of the Workshop :** The State presentations were followed by the technical sessions which were categorized in to three sections namely:

1. Principles of Planning
2. Covid 19 Preparedness, Planning and Management
3. Delivery of Non-Covid 19 Essential Health Services

The technical sessions under the three thematic areas were conceptualized and formulated by the PHA Division of NHSRC under the expertise and guidance of Dr Himanshu Bhushan. The areas covered under each thematic area for the technical sessions were:

#### **1. Principles of Planning**

- a. Planning Process for development of District health facilities and improvement of service delivery
- b. The factors to be considered during the planning process (disease burden, community health and nutrition status, population covered, gaps in services, prioritization of requirements, limitations of resources etc.)
- c. Community needs assessment
- d. Planning health infrastructure development as per IPHS
- e. Rational HR deployment as per IPHS
- f. Importance and Development of DHAPs and compilation into State PIPs.

## 2. Covid 19 Preparedness, Planning and Management

- a. Definition, burden, spread and epidemiology of Covid 19
- b. Types and levels of health facilities and their roles in Covid 19 management
- c. Two Stage Clinical Triaging of Covid 19 patients / suspects
- d. Ventilator / O2 supported beds requirements as per service area and level of health facility
- e. Infection prevention and control measures
- f. Periodic monitoring activities
- g. Community outreach activities for Covid 19 prevention and control

## 3. Delivery of Non-Covid 19 Essential Health Services

- a. Services included in Non-Covid 19 Essential Health Services (RMNCAH+N, communicable and non-communicable diseases, emergency services, support services such as drugs / diagnostics, dialysis services, ambulances, outreach services etc.)
- b. Diseases burden of the nation for communicable and non-communicable diseases and ailments / complications of RMNCAH+N
- c. Health systems approach to essential health services
- d. Planning and implementation of activities of essential health services in the District
- e. Human resources planning and deployment
- f. Ensuring supply of drugs and diagnostics
- g. Planning cycle: processes, considerations and priorities
- h. Financing of services
- i. Program management and monitoring
- j. Accountability of Health Officials to ensure services

These series of workshops are part of the effort to be undertaken by RRC-NE to provide continuous technical support to the NE States in the areas of Covid 19 / Emergency preparedness and in ensuring optimal level of activities for Non-Covid 19 Essential Health Services. With this in mind the workshops were planned as the initial steps to familiarize the State / Districts health officials in the approaches of evidence based planning and priority based implementation of services through all levels of health facilities at the Districts. This would be followed by subsequent visits to the States / Districts to hand hold the concerned officials in preparing DHAPs which identify areas where interventions are required and plan services accordingly. Steps to sensitize State level health officials of the NE States to integrate plans and requirements as per DHAPs in to the State Plans based on needs and priority will also be undertaken.

### Participating NE States with Dates and number of participants for the Workshops

The Health Officials from the 8 NE States who participated in these series of workshops were:

1. Mission Directors, State National Health Missions
2. State Nodal Officers including Nodal Officers for IDSP
3. State Program Managers, State National Health Missions
4. Chief Medical Officers / District Medical Officers of Districts
5. District Nodal Officers including district-in-charge of IDSP
6. District Program Managers, State NHMs

State wise dates for workshops with number of participants:

1. Arunachal Pradesh – 15<sup>th</sup> of September 2020 – 35 participating nodes from the State / Districts
2. Assam – 16<sup>th</sup> September 2020 – 51 participating nodes from the State / Districts
3. Manipur – 18<sup>th</sup> September 2020 – 22 participating nodes from the State / Districts
4. Meghalaya and Nagaland – 22<sup>nd</sup> September 2020 – 56 participating nodes from the States / Districts
5. Mizoram – 23<sup>rd</sup> September 2020 – 48 participating nodes from the State / Districts
6. Sikkim and Tripura – 30<sup>th</sup> September 2020 – 28 participating nodes from the States / Districts.

F. No. RRC-ne/PHP/2019/016

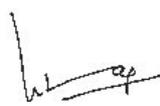
Dated: October 27, 2020

#### Copy to:

1. Mission Director, National Health Mission, All NE States

#### Copy also forwarded to:

1. Dr. Himanshu Bhushan, Advisor, PHA Division, NHSRC
2. PS to the Executive Director, NHSRC, New Delhi

  
(Dr. Ashoke Roy)  
Director, RRC NE