



Promoting personal protection and vaccination;  
supporting home-care for COVID; setting up COVID  
care centres at block level

***A 3-pronged strategy to respond to 2<sup>nd</sup> wave of COVID in  
tribal southern Rajasthan***

Aajeevika Bureau-Basic HealthCare Services-Shram Sarathi  
May 2021



## Background

The second wave of COVID-19 has hit the very remote and rural areas of southern Rajasthan where Basic Healthcare Services, Aajeevika Bureau and Shram Sarathi operate. The first wave affected mainly the urban parts of the country and the few cases seen in rural areas were mostly among migrant workers and their families returning back home from cities like Ahmedabad, Surat and Mumbai. Last year, as a result of the lockdown, the major crisis was related to shrinking of resources and specially food in these extremely fragile families. The situation then had created a need for relief work and food support to these families. This year, the scenario is very different.

Everyday we are learning about villages where large number of families are affected with fever, cold/cough, and other symptoms. AMRIT clinics situated in far-off villages of Salumber, Gogunda and Kherwada blocks are also seeing increasing numbers of patients with fever, cold and cough. There is a huge fear of seeking care from government facilities, as people feel they “will be taken away to the city and may never come back”. Communities are flocking to the quacks in their villages whose treatment is irrational and often dangerous, besides being very expensive. Their charges have gone up even more since the pandemic set foot here. We are also learning of deaths being reported from few of the villages.

At the same time, there is a significant section who are in complete denial of COVID and are participating in large gatherings including weddings and other programs. These attract large groups often sitting together in small spaces without masks or any personal protective measures. “Last year, when the *bimari* (illness) was not much, people were more careful, wore masks and did not organize large weddings. This year, when the *bimari* has spread so much, people have also stopped taking these precautions”- laments Bheru, one of our health workers. There are many misconceptions about the disease and the vaccine floating around in the villages- “Corona does not happen to those who work under the sun in fields, it happens to only those living in cities, those who sit in AC rooms;” “vaccine is for population control, people who take this will die within six months”. These fears have meant that much fewer people have gone ahead and got vaccinated.

Public health facilities in the region have been very fragile even before the pandemic came, with the increasing spread they are now much more stretched and not able to keep pace with the growing burden. Facilities for admission of severe COVID exist only at district headquarters which means people have to travel large distances, also the hospitals in the cities are fully packed with scarcity of available beds, supplies of life-saving oxygen, as well as many drugs.

The need for these times are clearly different from last year. This document provides the details of how Aajeevika Bureau, Basic Healthcare Services and Shram Sarathi have prepared our response to these challenges. The strategy has three components- Community Response, Block level COVID Care Centres and Telephone Helpline.



## Community Response

Together with our network of village volunteers, we plan to work on the ground for promoting awareness about COVID, and care and support for those affected by the disease. **Awareness** will focus on ensuring personal protection (wearing a mask, hand hygiene), avoiding large gatherings, importance of getting vaccinated, and what to do if anyone has symptoms suggestive of COVID. This will be carried out across large areas, using messages, whatsapp videos and posters. Sharing below link to some of the material:

Answers to common questions about Corona:

[https://bhs.org.in/wp-content/uploads/2021/05/COVID-19-disease-and-vaccination-FAQs.pdf?fbclid=IwAR2zBJZ-qCLHRXuu1rr\\_MUPqZVjnTvzl-1oS1vxOMqFs6dvulYy28Q-RiOU](https://bhs.org.in/wp-content/uploads/2021/05/COVID-19-disease-and-vaccination-FAQs.pdf?fbclid=IwAR2zBJZ-qCLHRXuu1rr_MUPqZVjnTvzl-1oS1vxOMqFs6dvulYy28Q-RiOU)

Why should we not have large gatherings:

<https://www.facebook.com/BHSAMRIT/posts/801702163796254>

What to do if you have symptoms of Corona? See the video:

<https://www.youtube.com/watch?v=a9nzwVMYofA>

The communication material will be in simple hindi or the local dialect. Our team will connect with the important stakeholders in the region including local leaders, panchayat representatives, village volunteers, teachers, and shop owners. The stakeholders will help disseminate important information across their villages.

In selected panchayats, in addition to building awareness, our teams will also support communities in **home care for people with symptoms of COVID**. With large number of people falling sick and testing facilities in block levels being overburdened, people with COVID symptoms will not be pushed to get RTPCR tests done. Those with any symptoms like cold, cough, fever, diarrhoea, weakness, loss of taste or smell will be considered as suffering from COVID. In line with recent guidelines from the state government, our volunteers will provide a kit of medicines to the affected persons and counsel them for home care, including self-isolation and care, consuming plenty of fluids, and staying active as much as possible. They will also motivate and encourage the patients: in times of excessive information coming through social media building a lot of stress and anxiety, maintaining cheer of the COVID patients will be an important task in home care.

Volunteers will follow-up the patients and provide them any support required, such as food, or fuel, or water. Families will be counseled for early recognition of any danger signs. If any patient reports a danger sign, volunteers will contact the telephone helpline where a primary healthcare nurse or physician will guide the treatment. For those advised a referral, they will help organize transport to the nearest Community Health Centre. If referral is refused, the patients will be provided home care in consultation with the helpline and block team will deliver the required medicines.



The teams working on awareness building and home care will comprise of village volunteers and functionaries such as ASHAs and AWWs as well as educated youth. Block level support team will supervise and support the village teams. They will train the volunteers for personal protection and providing home care. They will also work closely with the block government team for effective roll-out. Block teams will ensure the provision of any required materials like food ration to any identified families in the villages. Our efforts for awareness building will be spread across 5 blocks in Udaipur, Dungarpur, Banswara and Sirohi districts. We will support communities for home care across nearly 25 panchayats in Salumbar and Gogunda blocks in Udaipur.

Both these initiatives will roll out from the 2<sup>nd</sup> week of May 2021.

### **COVID Care Centres**

We are working with block health teams for setting up COVID care centres at the block level. Three such centres are being set up – in Sabla (in Dungarpur district, already functional), and in Salumber and Gogunda blocks (in Udaipur district). The centres aim to provide care and oxygen support to people affected with moderate to severe COVID and falling oxygen levels, at places close to their homes. Having such centres at block headquarters will improve access to care for tribal communities living in far-flung areas and also help to reduce pressure on the already over-burdened district hospitals.

Each centre will have around 20-30 beds and will be equipped with 15-20 oxygen concentrators, and 5-10 oxygen cylinders. Block health team will provide the premises, manpower (doctor and nursing staff), and drugs and supplies. We will support through provision of oxygen concentrators, training of the staff, and quality assurance. We are also placing a nurse manager at the COVID centre to ensure high standards of care. In addition we are developing standard operating procedures and a toolkit for running such centres.

Preparations for setting up these centres are underway. In Sabla, a ward in the Community Health Centre is converted to the COVID centre. In Gogunda an Ayurvedic college building is being converted, and Salumbar block team is still finalizing this between the hospital and the girls' college building. The centres will be operational around mid-May.

### **Telephone Helpline**

The telephone helpline aims to provide expert guidance to families receiving home care. This will be managed by a team of primary healthcare nurses and supported by physicians. The team will be intensively trained and equipped with protocols for identifying, and also managing (as much as possible) common health problems as well as emergencies seen in COVID. This will be extremely valuable in the present times, when there is so much fear of travel out from the villages, difficulty of travel has increased much, and health facilities in blocks and cities are fully stretched.



The helpline number will be shared with village and block teams and also made available in the community. COVID patients can call the helpline directly, or the volunteers can first obtain the required details from the patients and then call the helpline. Depending on the condition of the patient and specially the oxygen levels, the helpline will advise for referral, or treatment of the patient. Further, in situations where the family refuses referral, helpline will advise for treatment. Block teams will ensure that the required drugs reach the volunteers for provision to the patient. The helpline will also guide the patient regarding method of administration. The helpline team will maintain records of the patients seeking care as well as common reasons for consulting. This will become functional by mid-May.

We hope and believe these initiatives will help reduce transmission and new infections, promote rationale care of those affected with COVID, improve access to care for those with severe disease, and also help reduce the burden on the overstretched district hospitals. These are big goals, but the strength and enthusiasm of the teams will help make this possible. We are thankful for all support and good wishes coming to us. We, and the communities here need all these and more!