

Field Note # 6

Response to COVID-19 in Difficult Areas

A quick look at our support to COVID healthcare initiatives outside our regions of focus

1. Context

As the COVID-19 situation unravelled itself, it was becoming evident that an integrated healthcare response is the only way to effectively contain the speed and spread of infection in the country. The Foundation started supporting such an integrated response in select-regions of states where we have our own field operations or our partners have a strong ground presence. However, learning from our experiences from the initial period of organising immediate responses to healthcare needs, we found immense value in supporting credible not-for-profit, public spirited organisations to enable a community-based COVID-19 response in some of the most difficult locations situated outside our regions of focus.



Fig. 1: Illustrative reach of such support

In brief, such support is organised around following principles:

- These not-for-profit, public spirited organizations must, on priority, respond to the COVID-19 specific healthcare needs of the communities in rural/tribal areas
- They should maximise focus on community-based COVID healthcare work to build community awareness, surveillance, isolation and timely referral
- These could be well-reputed, public spirited hospitals building their COVID preparedness, isolation of suspected cases, RT-PCR testing and management of confirmed cases
- For management of confirmed cases at facility level, their focus should be more on provisioning secondary healthcare rather than tertiary or quaternary care

The organisations that have been selected for this support have been categorised into the following:

Category A: Integrated COVID response at community and facility level

Category B: COVID response only at community level

Category C: COVID response only at the facility level or hospital setting

In addition, we also supported a few organizations who were doing good work in difficult-to-access regions, even if they did not have a significant COVID response as of then.

The following section talks briefly about the work and the context in which they have been organising this emergency response to an unprecedented healthcare situation due to COVID-19.

2. A Quick Look

2.1. *SEARCH, Gadchirolli, Maharashtra*

Society for Education, Action and Research in Community Health (SEARCH) has been running healthcare programs in 134 villages along with a hospital for primary and secondary care in the district of Gadchirolli - located at far-east-end of Maharashtra, part of the red corridor. COVID-19, if not proactively contained, would have had the potential to seriously affect the populace here. Hence, the SEARCH team organised an integrated response to COVID-19 in around 100 villages across 4 major blocks - Gadchirolli, Dhanora, Armori and Chamorshi of the district, touching a population of around 1 lakh.

This included community awareness, timely identification, isolation of presumptive/confirmed COVID-19 patients, preparing frontline workers with adequate trainings and PPEs, ensuring availability of immediate treatment facilities if required. A team of 100 Community Health Workers (CHWs) and village level volunteers was developed through intensive training for generating awareness and screening at-high-risk persons in the villages. At the hospital, a separate ward was established to manage patients with mild to moderate and severe symptoms. This preparation also helped in empowering the Primary Health Centres across the district and is sure to prove useful in future for implementing vaccine delivery and comprehensive lung health programmes.

2.2. *Nav Jivan Hospital, Palamu, Jharkhand*

Located in Tumagara of Satbarwa block, Nav Jivan Hospital (NJH) is a 100-bedded facility established in 1960 in response to famine and drought in Palamu. The hospital provides secondary care to the (majorly tribal) population of the three districts of Palamu, Latehar and Garhwa - densely forested and part of the red corridor. The hospital is known for treating snake bites, providing maternal care, cataract surgeries and TB treatments. They also reach out to the community by organising projects focussing on TB, malaria and HIV. The COVID-19 risk assessment of this region was high due to the large inflow of migrants, post lockdown.

Therefore, there was an immediate need for a strong integrated response in this region. We provided support for equipping the hospital for safer and improved detection and care; building awareness on COVID and supporting communities by linkages to schemes and entitlements; organising village screening camps to identify health issues and development of a referral system; ensuring quality care to antenatal, postnatal mothers and new-born babies and capacity building of frontline health workers. Till date, NHJ team has held 76 awareness sessions with 1850 people, implemented their *Parwarish* (parenting) module through 24 meetings with 12 parents' groups from 93 families (270 members) in 12 villages; formed 10 adolescents groups and 2 peer educator training, awareness programmes in 10 villages in small groups.

2.3. *Innovators in Health, Samastipur, Bihar*

In 2008, Innovators in health (IIH) began working with the rural communities in Bihar in order to improve their adherence to TB drugs; this developed to become a full-fledged tuberculosis treatment programme in the region. The cornerstone of IIH's approach is active case finding through an in-field screening tool administered by ASHA workers. The access to TB care has doubled in IIH's catchment area. The strength of IIH is its presence in the community; its core team that belongs to the community and leads the projects within the organization. IIH deeply believes in the philosophy of local solutions by local people for local problems. All the work that IIH has

done in Samastipur has been in close coordination with the government health systems. As of today, IIH has been running its TB programme in 12 blocks of Samastipur and the Maternal, New-born & Child Health programme in one block of Samastipur.

For COVID-19, IIH is working in 12 blocks of the district towards awareness generation in the community and capacity development of frontline workers; adequately equipping ASHAs and Community Health Centres; supporting the public health system to increase testing in the district. Till date, they have trained and developed over 2000 frontline workers, customised audio-visual content in local language, mobilised the network of local healers and leaders to get community buy-in for adopting collective precautionary measures, conducted awareness drives in 202 gram panchayats reaching more than 30 lakh people. Additionally, they have operationalised the block-level COVID care centre (CCC) at Dalsinghsarai block by providing critical support like oxygen regulators and humidifiers, oxygen pipelines for the critical care unit, and patient monitoring screens. They also supported district COVID testing labs with 5 lab technicians and recruited 15 more as part of the government support to ramp up testing.

2.4. Chinchpada Christian Hospital, Nandurbar, Maharashtra

Nandurbar district in Maharashtra, shares a border with Gujarat. The population in this region comprises a mix of Adivasi, Marathi, Marwari, and Gujarati communities. Majority of the population migrates during the non-rainy season to Gujarat and Mumbai. The district is high risk, with a large inflow of migrants. Malnutrition and Tuberculosis are rampant, there is a high prevalence of non-communicable diseases, and it is estimated that 35% of the population in the Nandurbar area are carriers of sickle cell anaemia.

Located in Navapur Taluka, Nandurbar District in Maharashtra Chinchpada Christian Hospital (CCH) was established in 1942 as a small clinic in Chinchpada village. Currently, a 50-bedded secondary care hospital, serving close to 25000 patients a year, covers Nandurbar as well as neighbouring districts of Dhule, Tapi, and Nashik. CCH also has an active community health and development program through its community-based palliative care program, catering to 400 patients and their families needing end of life care and support since 2016. The hospital also works with persons with disabilities for access to mobility devices and their empowerment.

For COVID-19, CCH is working on building awareness in 120 villages of the district through community visits and outpatient clinics with a focus on groups with significant co-morbidities; follow up visits for palliative care patients with cancer/renal failure/neurological disorders/lupus etc. who are home bound; capacity building of health stakeholders, and family members on early detection of COVID symptoms and other IEC activities. They also have a CB-NAAT machine for conducting tests for COVID-19 and TB.

2.5. Asha Kiran Society, Koraput, Odisha

The Asha Kiran Society (AKS) serves the communities of a 1.5 lakh catchment area in South-western Odisha through its flagship 40-bedded hospital and a wide-ranging set of community initiatives in the areas of health, education and sustainable agricultural livelihoods in the Lamtaput block of Koraput district and Khairput block of Malkangiri district.

We provided support to upgrade AKS hospital to a COVID care/triage centre and its initiatives to build awareness within the community. AKS was quickly able to redesign their training centre into a stand-alone COVID treatment centre. The hospital was able to install a triage programme at the

gate and bifurcate all patients into COVID-suspects (who were sent to the COVID treatment centre) and others to the main hospital. They were able to mobilise community staff and volunteers and cover an average of 140 villages per month with Compassionate Surveillance. Asha Kiran Hospital doctors were able to partner with the government in the monthly PMSMA clinics at the Lamtaput CHC as well as do village visits in the early part when CHCs were not doing antenatal work. The hospital was able to continue serving the Bonda Particularly Vulnerable Tribal group through their Health Outpost at Dumripada Village in Malkangiri by the family medicine consultant doctor doing 2 day visits every fortnight. They translated IEC material in local languages – Desiya, Gadabba and Bonda and put up across all 168 villages.

2.6. CF-SHORE, Rajnandgaon, Chhattisgarh

Christian Fellowship-Society for Health Opportunity Rehabilitation and Empowerment (CF-SHORE) runs a 100-bedded hospital that reaches out to tribal communities in Rajnandgaon. They have a community health programme in partnership with the Government and UNICEF. Rajnandgaon and adjacent districts have pockets with a sizeable population who migrate to southern, western and north-western states for better job prospects, hence there was a high inflow of migrants post lockdown which meant higher risk of infection spread in the community.

Their preparation for COVID-19 includes establishing a separate isolation ward, organising community health centre services for field survey, counselling and motivation for COVID testing and a mobile testing unit to reach remote locations.

2.7. Christian Hospital, Bissamcuttack, Odisha

Established in 1966, Christian Hospital, Bissamcuttack (CHB) runs a 200-bedded hospital and community-based healthcare interventions in Rayagada district of Odisha to provide affordable quality health services to the tribal communities of the region.

CHB's COVID response has included – a) re-structuring their facility to be able to care for COVID and non-COVID patients – they have set up a 3-level triaging process to screen and guide patients, set up new waiting spaces and re-organising existing ones to enhance physical distancing, creating systems for crowd management, enhancing life-saving oxygen capacity by installation of an oxygen concentration plant, setting up a COVID diagnostic lab with TrueNat workstations; b) managing human resource needs and staff management; c) upgrading patient care, continue care for non-COVID patients; d) community outreach through 'The Mask For ALL' campaign.

2.8. SATHI, Pune, Maharashtra

SATHI (Anusandhan Trust) works towards strengthening health support systems in rural areas - in 10 public hospitals across 10 blocks in 6 districts of Maharashtra - to facilitate care for patients and citizens approaching public hospitals in underserved rural and tribal areas. For COVID-19, in rural areas their efforts are focussed on dissemination of awareness material, health services, and schemes in 10 highly utilised public hospitals, and through PHCs in the block. Operating help desks (8 hrs*6 days) and block level helplines (24*7) for local support in highly utilised public hospitals serving rural populations, and also facilitate care linked with 53 PHCs covering around 1325 villages in the same blocks. In urban areas (slums of Pune), the focus is on enhancing patient access to healthcare, through coordination with ground level partners and government healthcare stakeholders, with requests and coordination managed via a helpline.

2.9. Southern Health Improvement Samity, South 24 Parganas, Kolkata urban slums, West Bengal

Started in 1983, Southern Health Improvement Samity (SHIS) is grounded in communities they work in, working together in 11 districts across West Bengal to mobilize extremely poor communities against ill health, illiteracy and poverty. SHIS works closely with government, making healthcare accessible through initiatives such as boat dispensaries and Mobile Medical Units.

For COVID-19, SHIS organised an intensive awareness building campaign in 31 islands in the Sundarbans covering a population of 15 lakhs through 4 mobile boat dispensaries and 36 wards/urban slums in Kolkata covering a population of 2.2 lakh through 5 Mobile Medical Units.

2.10. Humanity Trust, South 24 Parganas and Bankura, West Bengal

Humanity Trust (HT) has been working in South 24 Parganas and Bankura district of West Bengal through their hospitals and community health interventions. HT runs three hospitals and community health interventions in the areas of Hanspukur (50 bedded), coastal Sundarbans (25 bedded) and Bankura (temporary clinic in Sonamukhi area). HT works in villages that are very difficult to reach (in some cases, riverine areas), densely populated, with minimal government health services delivery. For COVID-19, HT leveraged their strong network of around 600 community health volunteers to improve awareness and reporting of symptoms in around 250 villages covering a population of around 13 lakhs.

2.11. Centre for North east Studies, 13 districts of Assam

Centre for North East Studies (CNES) works on a range of issues at both field and policy levels, currently, focussing on The Boat Clinic Project, The Brahmaputra Community Radio Station, Model Village Program, community engagement to take ownership, capacity building of CBO/SHG to improve full immunization percentage. In 2004, CNES launched the unique boat clinic initiative to bring better health facilities to marginalised communities living on islands on the river Brahmaputra. 15 boat clinics in 13 districts cover 2.5 lakh people living on 410 island villages of Tinsukia, Dhemaji, Dibrugarh, Lakhimpur, Jorhat, Morigaon, Sonitpur, Kamrup, Nalbari, Barpeta, Bongaigaon, Goalpara and Dhubri districts. The clinics, each with a 15-member staff, provide immunisation to children, pregnant women and new mothers as well as treat vulnerable adult groups and generate awareness on family planning. They carry out general check-ups for malaria and other vector-borne diseases and early detection of communicable diseases like HIV and tuberculosis as well as non-communicable diseases like diabetes and cataract. For COVID-19, CNES has repurposed its boat clinic units to contain the spread in vulnerable island communities.

2.12. Bethesda Hospital Society, Chhatarpur, Madhya Pradesh

Bethesda Hospital, Chhatarpur is a 120 bedded full-fledged secondary level general hospital in Bundelkhand region. The focus of the community health and development department of the hospital has been around reducing maternal mortality, infant mortality, malnutrition among under five-year-old children, prevention of suicides, promoting organic farming and watershed management, improving quality of life of persons with disability through mainstreaming and palliative care. Chhatarpur is situated at the north-east border of Madhya Pradesh and is one of the most backward districts of Madhya Pradesh. The area faces regular droughts resulting in hunger deaths and severe malnutrition.

Bethesda Hospital has been declared as a DCHC (Dedicated COVID Health Centre) for treatment of mild to moderate cases of COVID-19. They have been active in building community awareness in 30 villages of Nowgong block, preparing their facility to respond appropriately.

2.13. Makunda Christian Leprosy and General Hospital, Karimganj, Assam

Makunda Christian Leprosy and General Hospital (MCLGH) is strategically located at the junction of three states of Assam, Tripura and Mizoram region where access to quality healthcare services is still a challenge. It caters to a population of around 27 lakhs from Karimganj and neighbouring districts of other states. It also serves as a referral centre for all the health facilities in the region.

For COVID-19, MCLGH operationalised an isolation ward in its nursing school building. In September, due to over-flooding of government hospitals, the isolation ward was turned into a COVID management centre. MCLGH was successfully able to continue delivering non-COVID essential healthcare while also supporting COVID care at their isolation-cum-treatment centre. MCLGH has been using an AI tool called Qure.AI for flagging chest X-Rays by analysing them digitally; it is used to differentiate between cases of TB and COVID. MCLGH's existing relationship with the Health department for TB care helped them closely work with the district administration for COVID testing, referral and management of cases. There have not been any deaths among the cases managed at MCLGH. However, there is need of continuous engagement with the local community as they are still myths about the virus and its spread.

2.14. Shanti Bhawan Medical Centre, Simdega, Jharkhand

Shanti Bhawan Medical Centre is a 60-bedded hospital in Biru, Simdega District. Simdega is a tribal and under-served district. There is a need for good-quality primary and secondary care in this area, with access to tertiary care as needed. Already existing issues of malnutrition, malaria and TB are still very relevant, as are the newer public health issues like diabetes, hypertension and kidney diseases. SBMC was designated, and operated, as the COVID treatment hospital for Simdega district covering a population of around 6 lakhs. Over a period of three months, the hospital provided medical care to 142 COVID cases which were referred by the district administration.

3. Way Forward

These organisations have delivered preventive, primary and secondary COVID-19 healthcare services, lifesaving in many cases, to deeply vulnerable populations. Strong relationships with the community and good presence on the ground, combined with positive messages helped to convince communities and ensure reporting of symptoms and consequent referral. Along with this, many organisations have tried innovative ways to continue delivering services in resource-constrained settings, for example, low-cost PPEs, AI powered chest X-Ray analysis.

The COVID-19 situation continues to be intense or at a steady progression in some of these rural/tribal areas requiring constant vigilance and preparedness. This comes at a cost and is not at all easy for hospitals operating in resource poor settings. We will continue supporting identified organisations operating in such locations who are continuing their COVID-19 response. Going ahead, these organisations may also be able to play an important role on ground for efficient and equitable delivery of the COVID-19 vaccine to the most vulnerable.