

Gudalur in the time of COVID

Our response to the Adivasi situation

A brief report of activities in March-April 2020

The great Indian Lock down announced on March 22nd, created a panic. People were not terrified of the disease, but they feared the implications. A lockdown implied no work, which meant no wages, which in turn would imply no food. In addition, remote, scattered villages would have no access to medical care. The people stranded in other towns who'd gone to neighboring states as migrant labour, were stranded as long as public transport was off the roads and curfew imposed on everyone. A truly difficult situation.....

ACCORD, AMS, ASHWINI and VBVT created a crisis management team to deal with the fall out. Although physical mobility was severely restricted, everyone now had mobile phones which were now used more efficiently and effectively than ever before. A coordinated effort was launched. Our area teams, especially the health animators and animators formed the frontline. They very quickly created an army of volunteers – two in every village, one to coordinate the health and the other the socio-economic response at the village level. Their contact numbers were logged into a database which we shared with the government. Using mobile phones, we created a network through which communication could flow rapidly and efficiently both to the village and from the village. Together, our team and the volunteers, they worked furiously in a totally dedicated and committed manner, to ensure that everyone was kept informed of the developments, that reliable information reached everyone and importantly that food reached every household and not one person starved.

The hospital, on Government advice, closed down all regular services and went into preparatory mode to receive COVID patients.

Fundraising:

The financial implication was huge. The immediate, generous response from friends and donors exceeded all expectations. Our friends Suganya and Anand jumped in to help with fund raising. Appeals were written, social media was utilized and philanthropists approached to fund the emergency, almost disaster-like situation.

The Azim Premji Philanthropic Initiative was one of the first to come forward with substantial funding for the emergency intervention; both for health and for the enormous food distribution drive which ensued. APPI released grants immediately with no red tape or bureaucracy whatsoever! The Anaha Trust was another partner that pledged substantial support for the community health activities. Friends from all over the world, especially our Plenti volunteers from the UK, donated generously. A number of companies came forward to help too.

Ensuring Food security:

The government through the public distribution system distributes free rice and other essentials at subsidized rates to all those who hold valid ration cards. But this lasts only for

about 3 weeks for most families. The lockdown was announced in the last week of the month which meant many of them would have run out rice and would need to buy. But no work, no income and so no rice = going to bed hungry. So, the immediate challenge was identifying the most vulnerable families who desperately needed rice. The animators worked with the youth volunteers to identify these families and arranged for them to get credit from the local shops. Very simply and efficiently we created system to ensure no one went without food – at least until the 1st of April when we expected that the government distribution system would kick in. This was the first and immediate phase. In the second phase people without ration cards who would not get rice from the government were identified and they were given 15 kgs of rice to see them through till at last half way through the lock down. In these phases we were able to distribute about 6500 kgs of rice and about 350 kgs to 703 families.

But when the lock down got extended after the initial 21 days to the 3rd of May, and with government food distribution coming in only after the 1st of May we had another huge challenge before us – nearly everyone would be without rice by the end of April. Once again the animators with support from other members of the area teams swung into action and got the village volunteers to identify who would need rice. The volunteers, acting as the eyes and ears at the village put together detailed lists. They recommended that everyone with ration cards should get 5 kgs of rice each to see them through till the government rice came in and those without cards or with larger families would get 15 kgs each. Along with dhal, tea, sugar, green gram, cooking oil and soap. This was a major logistic operation – nearly 50 tons of rice, three and half tons of dhal, 6500 packets of tea, 5 tons of sugar and 6500 bars of soap had to be procured, transported and distributed. And all during a lock down!! A crisis logistics team was formed and they ensured that all this was sourced locally at highly competitive prices. But then there was the further issue that the government of Tamilnadu had issued orders that to ensure social distancing no one should distribute relief items directly and it should be done through the government. Members of the CMT and AMS met the RDO – the head of the local administration and he gave us the clearance to go ahead but to inform the government before we went to villages. The rice and all the other items were reached to area centres where village volunteers stood by to unload the trucks and re pack everything for each village. Accompanied by a government official this was handed over to the village leaders who in turn distributed it to the families in the village.

Dialogue with local Government officials was constantly maintained to keep them informed. This created a superb rapport and clinched their support. It ensured that all government benefits reached the community.

The local government ordered that the Adivasis would get the rice from ration shops on a priority basis. Working with our team they also stepped in to distribute vegetables and other items to many villages. Even as we write this, the district administration responded positively to ACCORD's application to get rice at much cheaper rates from the government owned Food Corporation of India.

These activities continue. Until people are allowed back to work and earning an income, we will need to ensure that food reaches families who need it.

Providing health care in the villages:

The village health volunteers were the key players in monitoring the village health needs. A rapid response team was formed to tackle the issues on a daily basis. Daily phone calls were



made by this team to the 17 health animators; issues taken note of and tackled. The HAs in turn were in constant contact with the village volunteers.

The patients on chronic medication would be in deep trouble if they did not have access to their meds. Mobile visits were planned to cover all hamlets, government permissions obtained and medicines delivered to patients.

Telephonic consultations were done for patients in the villages. If they were serious, transport arrangements were made to get them to hospital. Others were prescribed medications which they accessed from the areas or health volunteers.

Many tribal mothers come under the “high risk” category for various reasons. About 30 of them were due within the lockdown period; making access to them critical. A list of all the pregnant women was made by the field teams. A frenzied mobile clinic schedule helped to reach all but a couple of them. Doctors and senior nurses went on these visits.

S here, has heart disease and was to be referred to a tertiary care center for delivery. With labour pain setting in early, transport to Calicut which is three hours away was impossible. We cared for her at GAH as best as possible and the mother and baby are well. Others with severe obstetric complications were also taken care of.



The focus was on isolating the villages. Within overcrowded, poorly ventilated houses, there was no scope for social distancing. The only way to protect the community was to prevent them from coming out and to prevent outsiders from entering their village. We tried our best to make this possible.

S No	Description	Achieved by 30 th April
1	Mobile clinics	39
2	No of hamlets covered	194
3	Patients on long term medications	792
4	Nutrition supplements for malnourished children	63
5	Mobile Antenatal clinics	11
6	Antenatal mothers examined	155
7	High risk mothers referred to GAH and treated	24

The hospital preparedness for COVID cases:

One floor was converted into a COVID ward. All necessary equipment including oxygen cylinders and monitors have been set up. Personal protective gear has been procured for staff. Several rounds of training have been given to the staff to equip them to handle patients when they come. We have linked up with the Government to take test swabs in suspected cases. A fever clinic has been set up with all precautions. The obstetrics department has been very busy with many complicated cases. There was no provision to refer them to bigger hospitals. Thankfully outcomes have been good.

We salute two young doctors who have joined us to help with operations during the outbreak. The senior doctors were exempted from duty in view of their being at high risk; so it was a relief to get young hands on board.

We are trying to set up testing facilities at the hospital so that the Adivasis do not have to travel long distances for testing.

The stranded people:

About 170 people, stranded in places of work away from Gudalur, are being monitored in the migrant labour group. The team is in constant contact with them, supporting them emotionally and ensuring that they are safe where they are. . Intensive planning is going into housing and quarantine when they return. The animators, village youth and leaders are all involved in building quarantine shelters for people who return. We are confident that this will be another successful operation.

The scenario today:

We are almost at the tail end of the lockdown in The Nilgiris. We have been classified as a green zone since no active cases have been detected here. This is a huge relief..

The next week will see the return of migrant workers who have been stuck outside Gudalur where they went in search of labour. Arrangements are being made to isolate them in their villages in temporary structures or in empty houses that have been identified for them.

Reflections:

In the middle of this crisis, we realize the strength of our team and are proud of them. The ease with which we reached out to over 320 hamlets scattered in a difficult-to-reach terrain speaks for itself. The strength of our approach has been that this has been a community-driven operation and not one designed by an external organization. The community defined their needs and played a key role in executing the program. Secondly, it was a completely targeted approach and not a standard one-size-fits-all model.

Our three decades of working with the community and our deep roots here has meant that our team could target individual families. It's been an incredible experience. Our team members knew every single family and individual personally. They could plan and implement a family-specific and in the case of health and those outside the state as labourers an individual specific response at a time when all movement was prohibited. All credit goes to our area teams who have earned the complete trust of the people over the years. Being from the community themselves, it meant that they had their fingers on the pulse of the community in ways no outsider could.

We would like to thank all of you, our supporters and well-wishers. Your response was immediate and overwhelmingly generous. Not having to worry about lack of funds, allowed us to concentrate where the need was most. It has helped us to stay on top of this crisis in the best possible way. We still don't know what lies ahead but for now - from the bottom of our hearts, 'Thank you!'