

Association for Health Welfare in the Nilgiris

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Newsletter 2021

The vision of ASHWINI is to have a health program for the tribals of the Gudalur Valley that is accessible, acceptable, and owned by the community. It was registered as a charitable society in 1990.

Covid updates

We already had the crisis management team in place composed of members from ASHWINI and our sister organisations ACCORD, Viswabharathi Vidyodaya Trust (VBVT) to work collectively at the village level.

By the end of May we had sensed the need for increased admission and testing facilities in the coming days. Govt Hospital was the only hospital other than our hospital for Covid care. In a month's time, with just two villages affected, we had already seen overwhelming admissions and two covid deaths were traumatic. The man who lost his wife to Covid at Coimbatore hospital shared his experience and it was heartbreaking. Anyone needing admission for Covid wanted to be treated at GAH and did not want to get referred (this is the case for all admissions). This alarmed the need for intense testing at the villages for early detection and admission of Covid positive people.

Covid-19 activities at the village and GAH

<u>5th May-Nov 30st 2021</u>	
Number of samples collected for TRUNAT &RAT from Villages	532
Number of samples collected for TRUNAT &RAT at GAH	748
Swabs collected for Govt at Villages	404
Positive tested cases in tribal community	581
Trips for village screening for Covid 19	88
Villages Screened for Covid 19	245
Total number of patients screened in the villages	8861
Number of Village visit for vaccination drive and awareness	167
Covid-19 admissions at GAH	448
Mortality	6
Referrals	3

The area team had great rapport with the health guides and volunteers in almost all villages and followed up with them regularly to find out if there were people with any requirements or covid symptoms or even other regular health issues. The health animators decided the village visits based on the information of people with symptoms or possible nearby villages with contacts or villages where people had just then travelled had function etc. A doctor and a nurse accompanied them to villages for screening and testing. Swabs for Rapid antigen, RTPCR both Government and Trunat(GAH) were all taken during the visit. We informed the local PHC and Block Medical Officer about positive results in each village after testing.

Gradually Doctors trained a few of our young nurses and Health animators to take swabs so that they need not wait for

doctors and can take swabs as and when needed at the earliest. They along with village volunteers were trained to use pulse oximeters. Any village having positive cases were given pulse oximeters either to village volunteers or one of the family members to monitor and report. Health animators followed up positive patients in the village either through phone or visited them.

The communication between the area team and the hospital was seamless which helped act quickly. There were also alternate day evening calls between the doctor and the health animators to share information of the status of people/patients on either end, also to address any new challenges faced and plan logistics for the village visits. Initially anyone who tested positive was brought to hospital for admission and Govt also insisted all tribals tested positive to be admitted in hospital. The tribals were not ready to go to the government hospital or the Covid care centre.

We are a 50 bedded hospital of which 25 beds were designated for Covid admissions. In addition, we also had the prefabricated 8 isolation rooms with a bath attached facility placed in the hospital campus by the support of SELCO in 2020 which could be put to use this year. The Differently abled centre was converted into a fever clinic. Construction of a hall above it which was intended for Vocational training of the differently abled children was half done last year with the help of Vinayaka Mission. Assessing the immediate need for more space to accommodate Covid admissions, with the support of APPI, we could complete the construction quickly which could accommodate 25 patients. We ensured all the tribal patients were provided treatment, free food at our hospital canteen and dropped back home after discharge. Initially one month, we had to pick the Covid patient from villages as well. After the 1st dose of vaccination by the end of June and early July, the positive cases in the coming months had mild to moderate symptoms and could be managed at GAH.

All the emergency surgeries, biopsies /minor procedures, general admissions, and deliveries continued. All patients with sickle cell disease, mental health, hypertension, diabetes, and ANCs were followed up and provided medicines at the villages. ICDS centers were not functional, and we ensured all the under-5 children received the regular supplies and all malnourished U-5 children were provided additional nutritional supplements. All the ANCs were brought to hospital for ultrasound scans and blood tests done and dropped back. We made sure non-covid health issues were not neglected.

Vaccination Drive

Government collaborated with the local Ngos to tackle this pandemic which was a positive initiative. We were called for multiple meetings to plan the vaccination for the tribals. We already had the village wise population data which we submitted to the government with a schedule for vaccination. There were hitches like shortage of vaccine supply and last-minute changes in the schedule.

The field team being from the community and their long years of work for their own community has been our strength. This helped spread awareness on vaccination and mobilize people to take vaccines. Different strategies were planned like making videos, songs in tribal language, talks at the village level by village leaders etc to spread awareness and to reinforce the importance of vaccination while also weeding off the negative information being spread about covid& vaccination through various media and people.

Massive vaccination mela was planned by the Govt through hundreds of booths placed all over Nilgiris. Many tribals reached out to the village, but there were few who did not reach out to booths for various reasons and were provided vaccination at the village itself. Apart from the field staff, our auxiliary and mid- wifery nursing students and faculty volunteered at the vaccination drive.

We along with the Govt staff finally achieved approximately **97% vaccination of both doses** for people above 18yrs.



Screening by doctors; Training of health animators and Village volunteers to use pulse oximeter



Use of pulse oximeter by Health animator; Screening by doctor; Swab being collected by our ANM nurse

New staff

Ms Divya, a paniya girl who finished B.Pharm and then MPH from TISS Mumbai has joined us to be part of our community programme. Dr Satish, a Gynaecologist from Pondicherry has joined us this month.

Dr. Ronel, bonder from St. Johns Bangalore will be with us for the next two years. Dr. Alisha, a junior doctor from JIPMER Pondicherry, joined us to understand rural health and explore working in a resource limited setting.

Dr. Sriram was with us for 3 months as part of the rural fellowship programme. (<http://ruralsensitisationprogram.org/>)

Health professionals are in great need in rural areas, and we have started a website <http://ruralhospitalnetwork.org> to post vacancies existing in rural hospitals/clinics.

Training

Our 3rd batch of ANM students finished the exam and will be starting an internship. The 5th batch has 13 tribals and 7 nontribal students. We had 4 MPH students intern from TISS Mumbai last month.

Young tribal girls Sijitha, Vijitha and Kethi have joined General nursing and midwifery this year

Artificial Intelligence(AI)-based SigTuple AI100 with Peripheral Blood Smear (PBS)Analyser

On Aug 4th, 2021, Silicon Valley Bank (SVB) India, handed over the Artificial Intelligence (AI)-based SigTuple AI100 with PBS (Peripheral Blood Smear) Analyser to the ASHWINI Gudalur Adivasi Hospital. The machine, made by SigTuple, a Bengaluru based AI Company, would enable biological samples to be digitized on glass slides, and then get them analyzed by cloud resident AI algorithms to identify various cell types. Dr. Renu from Sigtuple has been helping us in reviewing and interpreting the images. This has been of great help in better analysis of peripheral blood smears.



Avni Bahmini integration

The integration helps to fill the gaps in service delivery through seamless and quick dissemination of patient data by clinicians in hospital as well as by the community health workers which will help in Integrate data between the hospital system (**Bahmni**) and the community health system (**Avni**). This will provide a holistic picture of each patient and better continuum of care for patients. Since most of the tribal community members here use the hospital - this complete record will create an important database which can be used for prompt follow ups and early, accurate diagnosis and improved delivery of healthcare to the adivasi communities. This has been possible with the help of **Thoughtworks technologies (India) Pvt Limited** and software partner **Samanvay Foundation**.

New research activity

We are a part of a multicentric study: Burden of Vaso-Occlusive pain crisis: A Cross-sectional observational study among patients with sickle cell disease in India.

Minimally safe practice toolkit (sickle cell disease/thalassemia) in collaboration with York University, to develop a toolkit for sickle cell disease in a resource limited setting

Funding

Poristes Stiftung continues to support all aspects of the training program. Government funding for the Sickle Cell programme continues under NHM. We have also received funding from Azim Premji Philanthropic Initiative (APPI),

The Anaha Trust, the JAK Foundation UK, TIHF USA, From Here to There UK, Vidyalay.org, USA, Nilgiri Adivasi Trust UK, Friends of Hope UK, Yahoo Employee Foundation India, Aikyam holdings Pvt limited, Vitae International, Parinaam foundation, VBVT, Ujjivan Financial services Ltd, Association for India's Developments Alumni association, Indians for collective action, Dasra, Thoughtwork technologies (India) Pvt Limited, donors through Milaap social ventures India and USA platform and many individual donors. **Dr Jayendra Patel**, a friend of Dr.Nandakumar Menon has once again made a large donation. Covid related activities was funded by many. Also, many came forward to provide us equipment, medical consumables, and food packets in kind.

Obituary



We as the GAH family mourn the untimely demise of our Lab Technician Jayanthi who has been a part of us since 1993. We will miss a kind and gentle person.



Our long-time supporter of the dental unit, an enthusiastic person Dr. Prithvi Raval passed away this year.

Tribal empowerment and Ownership

As a continuation of multiple discussions by Dr. Shylaja Devi both in groups and one on one with all the team members, Mr. Mustafa, and Mr. Harish from INNOBRIDGE consulting Pvt Ltd have been assigned to work with Ashwini members and staff in building community ownership for the future. The consultants will work to put into place the recommendations on structure and systems and processes. They have had a couple of sessions with our team now.

Looking forward....

Long term sustainability is the primary focus. Ongoing training of the ASHWINI Working Committee to handle day to day administration of the hospital and the ASHWINI Board to understand its role and responsibilities is a major activity Working with our sister organisation VBVT in keeping children in school and preventing dropouts thus ensuring that they finish 12th standard to improve their overall health and happiness. We are in the process of raising funds to upgrade VBVT's Vidyodaya School which currently is up to class 5 to class 12.

Thank you

Donations

In India - Are exempt from income tax under section 80G of the income tax act. Money can be transferred directly to our account in SBI, Gudalur as ASHWINI DONATIONS, Current account No: 35765454150 IFSC Code: SBIN 001016

In USA -Tax deductible donations can be made by check to Vidyalay.org Foundation Inc and mailed to Ms. Asmita Shendye, 35 Meyer Drive, Clifton, NJ 07012

OR

By online donation through Tribal India Health Foundation <http://www.tihf.org.in/> and click the "donate" button on the page "How you can help".

In the UK - Gift Aid can be a benefit if donations are sent to Account Name: From Here To There, Sort Code: 30-65-92, Account number: 16621468. Email: friendsofgudalur@gmail.com.