

Phase 2 of COVID-19 relief efforts in Gudalur | **Progress Made till May 2021**

COVID has devastated India. Very few have escaped its impact. A fortunate outcome of this immense tragedy is that globally, ordinary people have come together to try and fight the pandemic collectively. Predictably though, most of the attention and resources have been focused on metropolitan areas. Without taking away from the crucial need of urban communities, it is imperative that we also ensure that the needs of smaller rural towns, like Gudalur are met. **We draw strength and hope from the collective efforts of people pitching in to tide us through the crisis.**

In Gudalur, a small town in The Nilgiris District of Tamil Nadu, a collective of 4 community-based organizations -- AMS, ACCORD, ASHWINI, and VBVT -- have been working for 30 years to enable local adivasi communities achieve self-reliance in rights, livelihoods, healthcare and education - The Paniyas, Bettakurumbas, Kattunaiyakans and Mullakurumbas are classified as Particularly Vulnerable Tribal Groups. They live in over 320 villages - a population of about 25,000. Despite the adivasis being most vulnerable, they are also the most easily forgotten in this ongoing crisis. Our three-tier response system to provide relief for the adivasi communities during the first Phase of COVID and this has been reactivated in this second phase.

- The first tier consists of a robust network of **200 community volunteers at the grassroots** level who monitor their village situation, share daily updates and spread credible important information
- The second tier consists of **16 trained adivasi health workers (health animators) and 12 community animators (leaders)**, facilitating primary health care, other critical essentials, ensuring access to government relief packages, food supplies, cash relief) and awareness on vaccination
- The third tier consists of a **50-bedded hospital with 7 doctors** (obstetrician, surgeon, family medicine practitioner, dentist and three medical officers), **21 nursing staff**, and a psychologist.

This entire response is coordinated by a taluk level Crisis Management Team with representatives from all the organizations.

In this second phase we have also set up a COVID CRISIS COMMUNICATION CENTRE which acts like a call center made up of a small team of adivasi youth. This team creates and sends out material to disseminate information and create awareness and fields all calls from the community. They are at the core of our Awareness strategy described below.

We developed a comprehensive strategy in the very beginning to deal with this crisis. Your support of dear friends has enabled us to act quickly and effectively, we've literally saved lives because of you.

Strategy 1: Towards strengthening village level preparedness for handling COVID-19

A. Information dissemination and Awareness building leading to action. We are developing communication materials (posters, videos, audio messages and songs) on safety protocols, COVID symptoms and on vaccinations, in adivasi languages and disseminating it through the community volunteers, health workers, community animators and on social media platforms.

Progress made

- Community members creating communication materials and awareness campaigns

Apart from the Crisis Management Team centrally providing such information, we also saw active participation from the community in creating songs and messages in their languages about COVID and vaccination. Such materials coming directly from villages, sends out a much stronger message.



In the photos: Videos on vaccination awareness created by adivasis, in BettaKurumba and Paniya language, from Chembakolly and Kozhikolly villages

Says Sivarajan from Devarshola Area – “The videos shared from Chembakolli on their vaccination experience was very helpful for us. We are able to connect with other Bettakurumbas in our area with these videos. When Bettakurumbas in Kadichankolly see Bettakurumbas in Chembakolli taking the vaccine and talking

about their experience, it helps to convince them to get over their fear of vaccination.”

- *Self-imposed village lockdown, decided by the community:*

Koottattu village in Erumad decided to take precautionary measures, even before the government imposed a State-wide lockdown. They closed the borders of their village to prevent outsiders and residents from entering or leaving. This inspired us to suggest that all villages consider implementing similar precautions. But even as we started on this, the government announced a statewide lockdown.



In the photos: Children and adults from Kootatu village in Erumad sealing their village boundaries

B. Working in partnership with the government to push for Vaccination

Both we and the district administration realised that very few adivasis were getting vaccinated. On our recommendation the administration agreed to launch a special vaccination drive among the adivasis. This ensured taking the vaccine to the people rather than the other way around. Further, we also convinced the government that allowing all those above 18 to get the vaccine (everywhere else it is for 45+) would ensure better compliance. The District Collector set up an NGO coordination team and we are all working closely with the local Primary Health Centres of the government - we are all together to getting the people vaccinated. We are focused on mobilizing people to overcome their fears and to come forward and attend the vaccination camps.

Progress Made

This is work in progress. We have currently hit a problem because of the shortage of vaccines but the district administration is trying its level best to solve this. Till date, we have vaccinated successfully vaccinated 703 adivasis across Gudalur.



In the photos: Vaccination drives happening at Chembakolly and Kaaramoola village; Health animator Kichen spreading awareness on the need for vaccination at Kozhikolly village

C. Socio-economic support:

The rations from PDS become available in the first week of each month and the community exhausts the rations in two weeks. Post that, they generally buy the required rations for the coming weeks. Given the lockdown and the community being cut out from daily wages, we anticipated food support that the community might need. We are helped by Team Oracle, in arranging dry and wet rations for the community. Food support is being provided with the essentials like rice, dhal, spices, sugar, tea, oil, soaps and vegetables like onion, tomato. We are distributing the food rations as and when the demand for the same arises. We saw requests coming in from village elders who have not been able to go for daily wages, villages that have been isolated due to positive cases in that village and from families that do not have ration cards.



In photos - food distribution drive in Kozhikolly, Puliyamvayal and Srimadurai

D. Setting up Lantana quarantine huts in villages:

While it is obvious that isolation is the first step in containing the spread of COVID this is impossible for most of the adivasis given the size and the number of people living in one house. Hence in collaboration with the Shola Trust we have come up with a simple prefabricated solution that can be easily and quickly erected in any village. The structure is made up of modular panels made of steel frames which are interwoven with lantana stems (an invasive species). The design is based on traditional adivasi houses and hence is more likely to be accepted by the community.

While the structure will be put up by the Shola Trust team, the walls will be plastered by the community with clay or lime as necessary. Each unit can accommodate 1 to 4 people. We intend to put in solar lighting for each unit.

The structures are very strong and post COVID can be used for other community purposes – balwadi, community centre, place for doctors' visit, evening schools and study centres etc.

Progress made:

The prototype was approved by the Collector. Based on this the first one has gone up in Veechanakolly village and one is being put up in Annapanchola even as we write this. Many more villages have come forward asking for these huts. The Collector and the Monitoring Officer for the District has asked us to explore this as a possible long term programme for "Green Housing" by the government.

In the pictures - Prototype of lantana quarantine hut set up in Veechanakoly



Strategy 2: Towards ensuring robust monitoring of COVID-19 spread among Adivasi villages and also providing primary health care

A. Better co-ordination and communication: COVID Crisis Communication Centre.

We make regular calls to the community health volunteers to check if there are people showing symptoms or have other health emergencies at their villages -- this enables us to detect needs early on. And having someone follow up regularly builds trust among the people. We have a group of youth from the community connecting with our on-ground volunteers and getting critical information on a real-time basis.

Progress Made

In the last month, they **have made at least 400 calls** and are also monitoring COVID infected individuals who are home isolating on a day-to-day basis.



In the photo: Community youth who are also part of the crisis management team, manning the call center for better coordination.

B. Regular health screening camps at the villages

Based on information received through regular update calls with Health animators and documentation of the Crisis communication center, villages with possible symptoms are recognized, regular health screenings to these villages (through mobile health clinics) by frontline health workers and doctors is being carried on -- this will not only ensure early detection of COVID spread but most importantly, also ensure that patients (including pregnant mothers, malnourished children, individuals with TB, sickle cell etc) get the follow-up care and required medicines through the lockdown.

Each village will be provided with pulse oximeters and the health volunteers trained

in how to interpret these readings. A basic COVID-19 survival kit, which includes vitamins, oximeters and other medicines, has been provided to the health volunteers who are at the villages. Information received through daily calls to the positive patients are documented by the crisis communication center and viewed by doctors to pick any alarming indication needing immediate attention. The HAs also follow up the positive patients at the village level to reassure while we in turn are reassured that they are doing well.

Progress made

Before the lockdown, our screening camps and village visits happened once every week. This has been increased to 6 a week. We have distributed 104 pulse oximeters as part of the COVID survival kit to the health volunteers and trained to monitor at the village level. We plan to distribute more in the coming weeks.

C. Increasing COVID-19 testing to ensure early detection

During field visits and screenings symptomatic individuals are being swabbed for COVID. If we know that there is a spread in the village, we also take swabs from others to understand the intensity of the spread and take appropriate action. Hospital bed capacity is reaching its maximum limit as we are admitting individuals with moderate and severe COVID infections, and we are seeing how delayed diagnosis is the reason for this. We have observed that increasing testing through village screenings helps in early detection and treatment. It is proving to be a game changer.

Progress Made

Through village screening camps, we have **covered 35 remote adivasi villages, screened more than 1507 adivasis and have provided critical primary healthcare services.** We have **tested more than 178 individuals** across these villages, enabling us to identify early spread in about half of the villages

Additionally, we send our test samples for **Government testing** as well. Our in-house testing lab has enabled us to process the samples quicker, giving results within the day, unlike the overstretched government testing centers which take more than 5 days to produce results.



Adivasi
Munnetra
Sangam



ASHWINI



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In the photos: Health screening camps being conducted by doctors and frontline health workers; COVID infected individuals under home isolation are regularly reporting their pulse oximeter readings to the doctors via whatsapp.

Strategy 3: Towards strengthening Gudalur Adivasi Hospital infrastructure for COVID treatment

ASHWINI is one of the two hospitals in Gudalur to be certified as a COVID care hospital. We have 25 beds dedicated to COVID care. We are also using an isolation unit which was set up during the last lockdown last year with SELCO support as an isolation center. The hospital, which has a disability center under construction, is getting ready to be converted into an isolation center too. A 24 hr fever clinic where doctors screen the COVID suspects and triage is being done.

We have a COVID testing kiosk outside the fever clinic to facilitate swab collection for covid testing. Regular Outpatients clinics, non-covid admissions, anti-natal care/deliveries and emergency surgeries are being carried on to avoid negligence of non-covid situations leading to further complications later. All hospital and field staff are tested for COVID if symptomatic and on contact with positive persons.

Progress made

Over the last month, the hospital **admitted and provided treatment for 85 COVID patients, out of which 75 were adivasis**. While some are currently undergoing treatment, **58 COVID patients (adivasis) have been discharged** and are well on their path to recovery. We had to refer 3 patients (who have had severe infections) to other hospitals for intensive care.

We upgraded the infrastructure at the hospital with a dedicated two **12 bedded** wards for COVID patients and an isolation unit with **8 rooms** having all amenities are made ready. Infrastructural modifications are made to isolate the Covid admission from the other regular outpatient and inpatient areas. **We have procured 14 oxygen concentrators as well as necessary safety gear for all our staff (N95 masks and PPE suits) thanks to donor support.**

We are extremely thankful to your support during such times of distress. With your support, we have been able to work along with the community to mitigate the spread of COVID-19 and we will continue to do so.