Association for Health Welfare in the Nilgiris
Post Box No.20, Gudalur. The Nilgiris. 643212
04262-261645 ashwinigudalur@gmail.com
www.ashwini.org

REPORT OF ACTIVITIES

(1st June 2021-31st August2021)

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.

We already had the crisis management team in place comprising of members from ASHWINI and our sister organisations - ACCORD, Viswabharathi Vidyodaya Trust (VBVT) to work collectively at the village level and also to distribute the work among the organizations during this crisis which helped us work more efficiently and effectively.

By end of May we had sensed how much less facility was available for admission and testing that is going to be needed in the coming days. Govt Hospital was the only hospital other than our hospital for Covid care. There was shortage of manpower and resources in the Government system as well. In a month with just two villages affected, we had already seen overwhelming admissions. Two covid deaths were painful for the families and so was it to us. The trauma they went through and the experience of referral especially during this pandemic was shared by the Tribal Man who lost his wife to Covid at Coimbatore Medical College which was heart breaking. Anyone getting admitted for Covid wanted to be treated to the extent possible at GAH and did not want to get referred to any other hospital. This was a time when we were alarmed and realized the need for aggressive testing at the villages for early detection and admitting Covid positive people with comorbidities.

Covid-19 activities at the village and GAH

The area team had great rapport with the health guides and volunteers in almost all villages. The contact list was maintained and they along with communication team boys called each of these village volunteers 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 village with contacts or villages where people had just then travelled, had functions etc. A doctor and a nurse accompanied them to villages for screening and testing. Rapid antigen, RTPCR both Govt and Trunat (GAH) were all taken during the visit. These were decided based on the symptom and comorbidity, people with severe symptoms RAT and if negative, whose results we need to know early and ensure its negative because of their age and comorbidity Trunat swab was taken while some Govt random swabs to let the Govt know that the village is having positive cases (as Trunat which is a closed RTPCR and RAT results are not accepted by Tamil Nadu Govt) and also to judiciously use the available test kits. As the houses in the village were

closely placed, we considered the village positive when we had 7-10 positive test results. We informed the local PHC and Block Medical Officer about positive results in each village after testing.

Gradually Doctors trained few of our young nurses and Health animators to take swab so that they need not wait for doctors and can take swab 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 oximeter either to village volunteer or one of the family member to monitor and report. Health animators followed up positive patients in the village either through phone or by direct visit.

The communication between the area team and the hospital was seamless which helped act quickly. There was also alternate day evening calls between the doctor and the health animators to share information of the status of people/patients on either ends, also to address any new challenges faced and plan logistics for the village visits.
Initially anyone who tested positive were 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 govt hospital or the govt Covid care centre due to some kind of fear of being taken somewhere away.

June 1st-Aug 31st 2021	
Number of samples collected for TRUNAT &RAT from Villages	**815**
Number of samples collected for TRUNAT &RATat GAH	**558**
Swabs collected for Govt at Villages	**271**
Swabs collected for Govt at GAH	**121**
Positive tested cases in tribal community	**339**
Trips for village screening for Covid 19	**74**
Villages Screened for Covid 19	**225**
Total number of patients screened in the villages	**8280**
Number of Village visit for vaccination drive and awareness	**136**
Covid-19 admissions at GAH	**268**
Mortality	**4**
Referrals	**0**

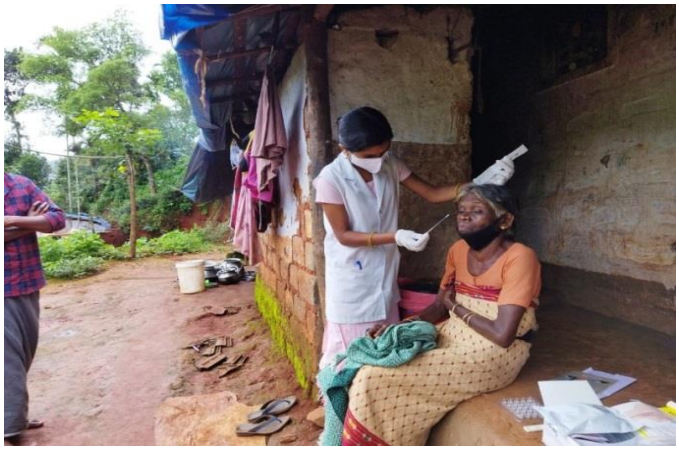
As you already know we are a 50 bedded hospital and had 25 beds kept aside for Covid admissions. In addition, we also have the prefabricated 8 isolation rooms with a bath attached facility placed in the hospital campus by the support of SELCO in 2020 which could be put to use this year. But even this was not enough as Tribals were not ready to go to Govt hospital or Care centre and Govt wanted us to take care of all tribal covid care. Our Disability Sarah was already converted into Fever clinic. Construction of a hall above it which was intended for Vocational training of the differently abled kids was half done last year. Assessing the immediate need for more space to accommodate Covid admissions, with the support of APPI, we completed the construction quickly which can now accommodate 25 patient admissions. We ensured all the admissions were accommodated, provided treatment and free food at our hospital canteen. All the Covid patients admitted were dropped back home after discharge. 108 ambulance facilities were not available to drop back Covid patients. Initial one month, we had to arrange to pick the Covid patient from villages as well as 108 was busy and not available for pick up too.

Till date totally we have had 521 positive tested cases in the community (457 recovered) of which 384 were admitted, 6 mortality and 3 referrals. After the initial 3 referral experience, patient did not want to be referred and the treatment was done for all at GAH without referral. Also because of the 1st dose of vaccination by end of June and early July, the positive cases in the coming months were mild to moderate symptoms and could be managed at GAH.

Construction of the hall above disability centre

All the other regular health issues were taken care of, all sickle cell disease, mental health, hypertension, diabetes and ANCs were followed up and provided medicines at the villages. ICDS centres were not functional and we provided all the under-5 children with malnutrition the necessary nutritional supplements. Even at the hospital all the other general admissions and deliveries continued. All the ANCs were brought to hospital for scans and tests and dropped back. Emergency surgeries and biopsies /minor procedures continued. We made sure other non-covid health issues were not neglected.

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

1st dose Vaccination and swab taking done by Health animators at the village

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 quickly put it all together and submitted to the government with a schedule for vaccination. There were hitches like shortage of vaccine supply and last minute changes in the schedule, but we along with the Govt staff finally achieved **more than *90% 1st dose vaccination*** for people above 18yrs i.e***11300 tribals of the 12500*** of the total tribal population here who were above 18years were vaccinated the 1st dose.

Our strength has been the tribal team in our field and the long years of trust built through our work. This helped spread awareness on vaccination and mobilize people to take vaccine. Around ***136*** trips covering all villages were done specifically for this purpose alone. Different strategies were planned by 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.
With limited manpower, yet overwhelming workload, the team at the field and hospital has worked tirelessly being focused to ensure health and safety of the tribal community.

Challenges and Learnings

It was a great challenge to fight the fear and misunderstanding about Covid 19 infection and vaccination. We had to accompany Govt staff in most of the villages to convince people for vaccination. Few villages wanted only our staff to give vaccine.
Also, there was the fear that one would be taken away forcefully if testing positive; because of this people were not ready for testing in a few villages. This had to be handled by advocacy with Govt and multiple reassurances in the villages.

We followed up people for symptoms, screened and tested in the villages and we provide admissions for all the tribals. This has been quite an overwhelming task altogether both in the field and at the hospital.

Many villages came forward for screening and testing. Each village had different systems in place to avoid infection reaching the village like not allowing strangers and salespeople, water and soap was kept in the entrance of the village etc.

Initiative by Govt to collaborate with Ngos was a great move which helped achieve more than 90% vaccination in the community

30years of work for the tribal community and team members being from the community was the real strength which added in achieving this mammoth task.

Collective work of the three organisations and the three-tier structure of the organization with people at village level, area level and hospital helped distribute workload and work effectively and efficiently.

****Thank you****