



Strategy Document for Covid Wave-II

Block Covid Control Center (BC3) for Disaster Management of the Pandemic: Short Term and Medium-Term Plan for Support by Samarthan

1. Current COVID scenario

The second wave of the pandemic has suddenly spread with the new mutants of virus in India, giving unexpected surge of COVID positive cases. The spread this time is quite rampant, which is reaching in the rural areas of the country. Primary evidences, generated from the field through the field level workers of the CSOs, suggest that a visible number of people have symptoms of COVID in the rural areas. Such people need to be isolated and instructed to follow protocols of home isolation. Moreover, there is a need for the rural communities to strictly follow COVID appropriate behavior to contain spread of the virus.

With manifold rise in number of cases in a short period of time, the Government and private health care system is overflowing with the absorption capacities due to limitation of beds, inadequate oxygen supply, shortage of medical and paramedical staff, etc. Lack of proper education on management of Covid positive patients, panic and fear of death is leading to more chaos at the hospitals and related services. There is a need to work proactively on the preventive side as well as on the management of the mild covid positive cases at home or in community health care centers so that critical and deserving patients get required medical attention and services in the hospitals. There are examples that communities and local governments have started looking for options to set up community isolation centers at the village level for local level management of cases with mild symptoms. There is a need to support local leadership, whether in Panchayats or in SHGs, with scientific knowledge and managerial skills (in collaboration with the local administration and health department) to establish and manage Block Covid Control Centers (BC3).

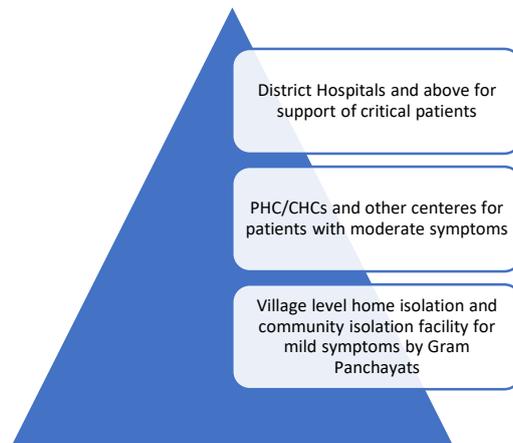
Samarthan has worked in 2020 to address the impact of the COVID-19 in Chhattisgarh in close collaboration with the Government and the CSOs in different districts. Samarthan has a large team on the ground and also has strong partnership with a large number of CSOs. In this challenge where the state is severely affected in the second wave of Covid, there is a need to proactive design strategies to mitigate the impact of the disaster with proactive interventions.

2. Rationale for a BC3

In remote blocks of the less developed districts of MP and Chhattisgarh, there is very poor access of health services. There are several reported cases of COVID deaths in remote rural areas as the health services could not reach to the patients or vice-versa. With exponentially growing cases of COVID, there is a limited possibility of augmentation of hospitalization facilities at the block, PHC and SUB PHC levels. Moreover, there is a need for enhancement of the existing capacities of the functional hospitals as well as for establishing additional support centers to deal with the overflow of the cases. The health functionaries and the hospital management team are quite occupied with the management of the COVID patients;

therefore, they do not have time and resources to develop disaster management plan to control spread of the COVID cases as well as to reduce unnecessary load on the hospitals by managing mild COVID cases at home or in community isolation centers.

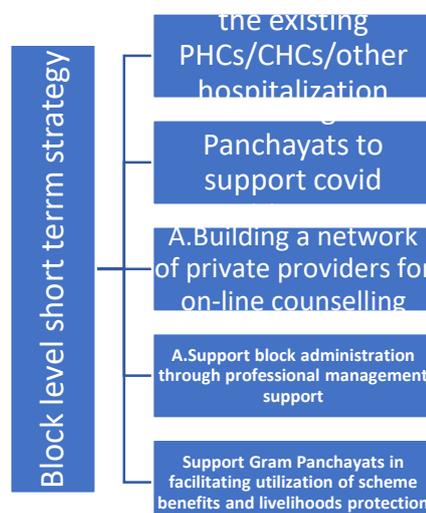
Proposed hierarchy of management of COVID positive cases in a block



In each of the block in the states of MP and CG, there are on an average 50-70 Gram Panchayats or about 100- 125 villages. In each block there are about 2-3 PHCs and 5-6 Sub PHCs. Moreover, there are efforts of the state Government to establish additional COVID patient care beds covering various clusters of villages. Such infrastructure is not enough to meet the growing demand of hospitalization of the COVID positive mild cases. The Gram Panchayats have mandate and resources to establish community isolation centers as well as promote home care as a decentralized management of COVID positive cases. There is a need for civil society support to address the challenges of disaster effectively by setting up a team and support systems so that the poor and less privileged can also access benefits of the health care as equal citizens of India.

3. Strategy to cover the rural population of selected blocks with support services

It is proposed that multi-pronged strategy will be employed to provide support to the rural population in each of the block:



These pillars of the strategy need to be divided into short term measures and medium-term measures. There is a need for immediate support to save lives of the people as well as to manage COVID positive cases in a decentralized manner with active engagement of Gram Panchayats. The following strategic interventions fall under that category:

Short term strategy/measures to address rising cases of COVID-19 (3 months)

- A. Value addition to the existing PHCs/CHCs/other hospitalization centers
- B. Promoting Gram Panchayats to support covid positive cases with their resources
- C. Building a network of private providers for on-line counselling of COVID positive patients with mild symptoms
- D. Support block administration in effective management of disaster through professional management support

Medium term strategy measures to mitigate impact of COVID on livelihoods for the poor, entitlement realization and access to basic services (9 months)

- E. Enhance uptake of various entitlements and services through social protection schemes
- F. Direct support to the families for bare survival for those who lost their bread earner or home maker
- G. Input support/ credit access to the small and marginal farmers to continue their farming and also to the small entrepreneurs
- H. Promote Covid responsive planning by the Gram Panchayats to mitigate long term damage of the COVID and for prevention of impact of other waves

4. Operational details and action areas

The details of each of the strategic intervention is provided in the following section:

4.1 Operational details of short-term strategy: Immediate relief

A. Value addition to the existing PHCs/CHCs/other hospitalization centers

The PHCs and CHCs are understaffed to provide services to the target population. There is a shortage of PPE kits, medicines and other supportive material to provide adequate services to the patients. Similarly, new COVID care centers are being established at a cluster of villages/ Gram Panchayats that are also devoid of facilities of a) infrastructure b) medicines and related accessories viz. oximeters, oxygen concentrators, thermal guns, gloves, masks, PPE kits etc. c) care for the patients viz. food, cleaning of toilets, linens, psychological counselling of patient and their family members, volunteers etc. The first two areas are purely for material support while the last two area are where the social capital of the CSO due to longstanding work will be of great help in managing COVID crisis. Due to complicated procurement procedures, the Government hospitals and health department will take longer time to place orders for purchases. In the current disaster like situation, speedy access to material/supplies will be imperative.

B. Promoting Gram Panchayats to support COVID positive cases

The Gram Panchayats are constitutionally mandated local government with a devolved function of management of primary health care and prevention of contagious diseases. The

Gram Panchayats have been provided resources and instructions to address the COVID positive cases for home isolation or for setting up community isolation centers. The village level functionaries ASHA and Anganwari workers function under the jurisdiction of the Gram Panchayat. With the available financial resources and human resources, Gram Panchayats will be most critical institution to contain the spread of the virus and management of mild covid positive cases. The CSOs can play a significant role in a) enhancing capacities of the GP representatives and functionaries on management of COVID positive cases (protocol) and messages on COVID appropriate behavior b) training volunteers to measure oxygen saturation and temperature of the patients in home care and advise diet, vitamins and paracetamol etc. as first stage treatment/support c) establish linkages with the private and Government doctors to provide telephonic support and counselling for the cases that may require transfer to the medical centers which are equipped with oxygen facilities or intensive care.

C. Building a network of private providers for on-line counselling of COVID patients with mild symptoms

There is a need to look beyond the existing public health delivery system due to constraints of their optimum capacities at this stage. It is pertinent that the local registered medical practitioners, private hospitals established at the close by towns are contacted to provide counselling services to the patients either on phone or by visits. Similarly, a large number of Jan Swasthya Rakshaks in MP or rural doctors trained in Chhattisgarh may be networked to provide support to the GPs by visiting the villages/positive persons once in a day or on call basis. There are many ASHA workers that have gained good knowledge on health issues while assisting the ANMs may also be roped in. This is the time when many doctors in the cities (retired or practicing) may volunteer their time to provide tele-counselling. There is a need to develop a network with the drug stores for ensuring regular supply of required medicines and accessories on fair and ethical prices.

D. Support block administration in effective management of disaster through professional management support

Capacities at the block level are found to be quite limited in handling large data, decision making based on the MIS, establishing communication linkages with the district administration; networking with service providers, volunteers of different kinds, etc. The CSOs can establish a control center or run the already established control center for centralized instructions using computerized applications as well as following up over phone with the Gram Panchayats' nodal persons to generate data on real time basis. The head offices of the CSOs will establish a team of professionals to regularly analyze data and support the block teams in decision making. The district administration will be provided information for timely instructions for other blocks as well as seeking support from the senior officials.

4.2 Operational details of medium-term strategy: sustaining livelihoods and reducing vulnerability

The strategy has been carved out primarily to address the vulnerability of the families that lost their breadwinner or women of the house. Moreover, there are a large number of people who will run the risk of hunger and loss of income due to after effects of COVID and lockdown. The following strategic interventions are proposed:

E. Support Gram Panchayats in facilitating utilization of scheme benefits particularly related to health insurance, death benefits and food/ nutritional supplementation

There are centrally sponsored schemes along with the state Government's additional schemes that would be quite helpful for the COVID positive people as well as for those who lost life due to COVID. A list of relevant schemes and with the eligibility criteria is Annexed.

The youth volunteers, SHG leaders, elected representatives, ASHA and AWW will be reached out with messages to get such people informed about the eligibility of such schemes. In cases of the poor and vulnerable families, the village level volunteers will support in checking their eligibility and filing their application with the help of the Gram Panchayats. In intensively covered GPs/villages, where volunteers have been identified, case specific support will be provided.

- Identification of potential people who can access various scheme benefits
- Addressing gaps in their documents and helping them complete formalities
- Facilitating with district administration applications for quick realization of benefits
- Providing feedback to policy makers various bottlenecks identified in realizing benefits

F. Direct support to the families for bare survival for those who lost their bread earner or home maker

There are significant number of deaths in the rural families due to COVID or comorbidities. The number is large where the sole breadwinner of the family or homemaker or both have passed away. There is a need to provide them immediate relief of cash and food for their survival. However, such families will require greater support to get rehabilitated based on the need specific requirement of each family. There is a need to develop a small plan for the each of the family for their sustenance and required support from the Government, Gram Panchayat, civil society and other stakeholders. The children of such families are at greater risk of sexual and other forms of exploitation; therefore, their needs should also be considered while designing interventions.

- Direct cash support to meet their family expenses after death
- Counselling to come out of grief and think of future
- Planning with the family for their survival and economic sustenance- access to credit
- Specific plan for the children and adolescents for the protection and education

G. Support to the small and marginal farmers with inputs and subsidized credit to sustain their forthcoming crops for their food security and reduced distress migration

It is predicted that the second wave will flatten by the end of June or earlier. The rural life is organized around their crop pattern and their livelihoods largely depend on agricultural produce. This is their major means of food security, nutrition and cash income. Moreover, the landless families depend on agriculture labour and also work under MGNREGS and similar civil works. Many of the migrating families are also living in the villages due to lockdown and loss of work in the cities. The following support will be required to sustain livelihoods and nutrition of the poor households.

- Support of subsidized inputs (seeds and fertilizers) for Kharif crop (June- July) and Rabi crop (September-October)

- Access to subsidized credit for other input costs (water, electricity etc.) as well as to meet requirements of cattle feed
- Promotion of kitchen gardens in backyards of houses by providing subsidized seeds, plants of vegetables and fruits. Some of the families may require labor support to improve the kitchen garden land/ fencing etc.

H. Promote Covid responsive planning by the Gram Panchayats to mitigate long term damage of the COVID and for prevention of impact of other waves

Gram Panchayats have mandate to contain contagious diseases, promote public health and ensure basic services like water, sanitation, education etc. There are various schemes and also funds of the 15th Finance Commission which have been directed to be used to set up health care facilities. Moreover, improved access to drinking water, solid and liquid waste management, ground water recharging, structures for safety of women and children etc. These proactive measures will help prepare communities to deal with the current pandemic, which may stay for long time, as well as other potential disasters.

- COVID centric village health planning, including water, sanitation and hygiene and its integration in formal GPDP
- Safety audits to promote gender safety and dignity by creating appropriate structures
- Sustainable water, agriculture and environmental planning for long term impact
- Family specific planning for realization of entitlements with priority of COVID affected families

The plans will be implemented with leveraging of various funds of the Government programs and through effective monitoring mechanisms established at the village level.

5. Expected Deliverables

It is expected that the each of the Block Covid Resource Center will be able to reach out to the rural population and support in the following concrete manner:

Short term deliverables

- i. About 100 Gram Panchayats (1000 elected representatives and functionaries will be provided basic information in the management of COVID positive cases in home isolation or community isolation.
- ii. 20 GPs willing to establish community isolation camps will be intensively supported to demonstrate models of decentralized management of isolation centers as local Government protecting at least 1000 poor and vulnerable patients with care, food and support.
- iii. 10 PHCs/CHCs or cluster level isolation centers will be provided management support and supply of essential items to enhance their efficiency and capacity optimization
- iv. 2000 patients having symptoms more critical demanding medical advice will be supported with tele-medicine with the private medical practitioners
- v. 1000 persons will be supported to get benefits of health pension or death compensation on the basis of eligibility

Medium term deliverables

- i. 1000 families where death has occurred during COVID second period supported to access entitlements and follow up support to develop coping mechanisms
- ii. 1000 women will be supported with kitchen gardens to improve their nutritional status with access to vegetables and fruits
- iii. 2000 small and marginal farmers will access subsidized agricultural inputs and low interest rate credit to sustain their agriculture and off farm activities
- iv. 2000 eligible people will be facilitated to access various entitlements of Government schemes related to social security benefits
- v. 20 GPs will be supported to undertake COVID centric village level planning and integrate it with the formal plan for accessing funds of various schemes
- vi. 20 GPs will develop grain banks to support families in abject poverty to address hunger and distress