FileNo.J-11060/09/2020-RL
Government of India
MinistryofRuralDevelopment
DepartmentofRuralDevelopment
(RL Division)

7th Floor, NDCC Building,
Jai Singh Marg, New Delhi
Dated: 13thMay, 2021

To
ACS/ Principal Secretary/Secretary, Rural Development,
All States/UTs

**Subject: Advisory on creating awareness amongst the rural community on management ofCOVID-19 and related issues**

DearMadam/Sir,

The current surge in number of COVID-19 cases across the country has taken a toll on rural communities and created fear in the minds of people. To address some of the concerns, in the month of April 2021, DAY-NRLM conducted state-wise virtual workshops to reiterate COVID-19 appropriate behaviors, provide information on COVID-19 vaccination, health-seeking behaviors and immunity building measures. The workshops were attended by 14,000 state, district and block managers of 34 States and UTs of the country. The trained officials are currently taking the messages to SHG households through the community cadres and leaders of community institutions. All states/UTs are requested to intensify these activities so that important messages related to dealing with this pandemic are taken to all rural households.

Instances of avoiding testing and approaching non-qualified providers have also come to notice who generally treat them as instances of common ailments such as common cold, typhoid and malaria. As a result, neither quarantining nor isolation is initiated nor treatment protocol for Covid commenced and monitoring begun. It is felt that the morbidity and mortality due to COVID 19 is entirely within the capacity of PRIs and administration to mitigate to a large extent.

The Ministry of Panchayati Raj has issued an advisory in this regard on 28th April 2021 (copy attached as Annexure-I), advising the governments on creating appropriate institutional structures at village / GP level, procurement of necessary medicines and equipment, information to the community about testing facility, availability of hospitalization facility, oxygen etc. MoHFW issued comprehensive SOP yesterday on management of Covid 19 in rural and tribal areas. The State Governments have also formulated their own guidelines and advisories on this subject.

Considering the current circumstances, which need whole of the government effort including from the Departments of Rural Development at all levels, the following guidelines are being circulated for taking measures for dealing with this crisis:

1. The majority (85%) of COVID-19 cases have mild symptoms that can be managed at home by following simple precautions and treatment regimens. Recently, MoHFW has issued a

revised guideline for home isolation of mild/asymptomatic COVID-19cases (https://www.mohfw.gov.in/pdf/SOPonCOVID19Containment&ManagementinPeriurbanRural&ribalareas.pdf). Many of the States/UTs would have themselves issued simplified guidelines in their own official languages. All states may conduct trainings of their staff and front line workers and other identified COVID Volunteers, who in turn, may train the rural households on home isolation protocols. The necessary resource materials may also be provided to the community institutions and community workers.

2. States are requested to print the posters, flyers etc. and share it with all field level staff fordissemination.Also,they are requested to circulate the resource material within the community institutions and cadres using social media platforms such as Whatsapp, Facebook, Youtube and others.

3. It is necessary to monitor emerging infection trends and take proactive steps to contain the spread the infections on the one hand and to manage the same among those infected. The State/UT Governments have been advised by the MoHFW to screen the households to identify suspected cases showing symptoms of ILI/SARI and arrange for testing through a well defined protocol. The support of PRI networks, SHG networks and staff of RD could be offered in this entire process including in mobilizing the communities. The RD & PR Departments could work out mechanism of such monitoring and response in concert with State Health Departments and ensure that it is effectively functioning. An illustrative list of such support has been drawn up and is enclosed as Annexure II.

4. The SHG network under the guidance of the PRIs and other institutional could help organise delivery of groceries, medicines, meals to families under isolation and those in containment centers for which necessary support may be extended by the PRIs as per guidance of the State Health/ Disaster management Department.

5. SRLMs shall also encourage and ensure that all eligible members of SHG households get 2 doses of COVID-19 vaccine and support in mobilizing communities for vaccination.

6. SRLMs should prioritize the release of Revolving Fund and Community Investment Fund to SHG federations to ensure the availability of funds for disbursement of loans to SHG members.

7. The idle fund (cash at bank and cash at hand) available at any level of the institution shall be used to extend the loans to the members for meeting their requirements.

8. If any SHG member/VO requires capital for purchase of raw material, production and distribution of sanitizers, soaps, masks and gloves,loans can be disbursed either from Bank loan, or funds available with the community institutions (ref. letter No. S-11057/08/2019/SVEP(369821)dated23rdMarch2020).

9. SHGs may be advised to provide interest free loan or loan at low interest to theneedy members' equivalent to their individual members' savings in the SHG and theloan repayment schedule can be tailored to the members' family cash flows.Also, rescheduling

of loans or 3 months' moratorium maybe considered in caseof emergencies.Thisfacilityshouldberestrictedto2021-22financialyearonly.

10. To ensure the safety of SHG members, Community cadres and Community professionals that are involved in field work SRLMs are advised to provide necessary safety kits (gloves, Soaps, sanitizers, masks, COVID-19 Pocket book circulated by MoHFW etc.)to all of them.

11. It is observed that COVID-19cases have increased amongst the field staff. Accordingly, it is advised to make necessary arrangements in the offices as per the COVID-19 protocols, issue advisories to the staff, cadre and community resource persons to adopt COVID-19 appropriate behaviours including vaccination and as required and possible, support in accessing healthcare where the staff members are unable to organize appropriate health care including hospitalization, if any.

12. The Rapid Rural Community Response to COVID-19 (RCRC) is a coalition of more than60 organizations that serve over 1.6 crore people in over 110 districts of 15 states. The names of these organizations and their area of work will be shared with all states. The states may coordinate with the organizations working in their areas tocurtailthespreadofCOVID-19.The presentation on scope of work of RCRC is attached as Annexure-III for information and necessary action.

Accordingly, all states/UTs are requested to organise and intensify their activities on the ground so that the damage to community's health and life is minimized and effective relief and support is provided to the households affected directly or indirectly by the pandemic. Proper reporting mechanism and regular monitoring from the top level of all the necessary arrangements and data will be essential to address the situation effectively.

Yoursfaithfully,

**Sd/-**
(Alka Upadhyaya)
Additional Secretary to Government of India

Enclosures:

1. Advisory on Covid Pandemic by Ministry of Panchayati Raj dt. 28th April 2021
2. Illustrative List of Areas of Support to Covid19 Response in Rural Areas
3. Presentation on scope of work of RCRC

Copyforinformationto:

1. Shri Amarjeet Sinha, Advisor to PM
2. Shri Rajesh Bhushan, Secretary, Health and Family Welfare
3. Shri Sunil Kumar Secretary, Panchayati Raj
4. All Programme Divisions in MoRD
5. State Mission Directors/ CEOs of all SRLMs States/UTs

सुनील कुमार, आई.ए.एस.
SUNIL KUMAR, IAS

सत्यमेव जयते

सचिव
भारत सरकार
पंचायती राज मंत्रालय
SECRETARY
GOVERNMENT OF INDIA
MINISTRY OF PANCHAYATI RAJ

DO No. M-11015/141/2020-FD

Dated: 28th April, 2021

Dear

As you are aware, the spread of Covid-19 pandemic in different parts of the country has recently assumed serious proportions. While, various agencies are actively engaged to combat the situation, it is envisaged that the vulnerabilities of the rural communities need to be especially addressed. Comparatively low level of awareness amongst the rural population coupled within adequate support systems in villages may create a constraining situation in dealing with the pandemic in an effective manner. Hence, it is felt that the Panchayats/Rural Local Bodies are properly sensitized and facilitated towards meeting the challenge and provide leadership, as they have done last year and have received appreciation at the highest level, for various measures to be taken in the short to medium term.

2. It is accordingly suggested for the following actions to be carried out in the rural areas on urgent basis:

i. An intensive communication campaign maybe undertaken for the awareness of rural communities on the nature of the Covid infection, and preventive and mitigation measures, in accordance with the advice of Ministry of Health and Family Welfare (MoHFW), doctors and medical institutions etc, while especially taking care to dispel false notions and beliefs. The background material and creatives for this awareness campaign may be drawn suitably from the digital repository of MoHFW, Govt of India. (https://drive.google.com/folderview?id=1bXkzSNRKF8-4KTAkYXA0J7sfVUR1eFm). Their leaflet on "Clinical Guidance for Management of Adult Covid Patients" is also enclosed herewith which would prove handy for the awareness campaign.

ii. The frontline volunteers for the campaign may be drawn from the local community viz. elected panchayat representatives, teachers, ASHA workers etc. and they may also to be suitably facilitated with necessary protective systems, like finger oxy-meters, N-95 masks, infrared thermal scanning instruments, sanitisers etc. In case these are to be procured by the GPs, suitable advisory regarding technical specifications, GST registered suppliers and price range determined by a Committee set up by the concerned State / District Administration may be issued to the Gram Panchayats so as to ensure quality of product, transparency in procurement and optimal utilization of public resources.

iii. The information on availability of testing / vaccination centers, doctors, hospital beds etc. should be tracked and displayed digitally on real-time basis to facilitate effective utilization of available infrastructure by the rural citizens. The available IT infrastructure in the Panchayat offices, Schools, Common Service Centers etc. may be leveraged for the same.

iv. The Panchayats may be activated to provide the necessary institutional village level support catering to their respective locations. Wherever possible, they may improvise households as home quarantine locations, where maximum of the asymptomatic Covid positive cases can be managed. Additionally they may also set up specific quarantine/isolation centers for the needy and returning migrant laborers. In consultation with the Health Dept, the Panchayats may be designated to facilitate vaccination drives to ensure maximum coverage of eligible population.

कृषि भवन, डॉ राजेंद्र प्रसाद रोड, नई दिल्ली–110001, KRISHI BHAWAN, DR. RAJENDRA PRASAD ROAD, NEW DELHI-110001
Tel.: 011-23389008, 23074309 • Fax: 011-23389028 • E-mail: secy-mopr@nic.in

v. Considering the distress and livelihood hindrances that are likely to arise due to the spread of the virus, appropriate relief and rehabilitation measures will need to be provided at the village level. For this purpose, various Central and State Government welfare schemes may be leveraged towards provision of rations, drinking water supply, sanitation, MGNREGS employment etc so that these reach the right beneficiaries. The Panchayats should be directly involved in dispensation of such relief, including to all vulnerable sections viz. senior citizens, women, children, differently abled etc.

vi. A proper inter-linkage may also be established with the medical facilities at the nearby District and Sub-Districts so that emergency requirements like ambulances, advanced testing and treatment facilities, multi-speciality care etc. are provided to those in need without much loss of time.

3. In this regard, the elected representatives of Panchayats may take the lead with cooperation of various other service volunteers in their areas. In this regard, Gram Panchayat Health Committee/ Ward level committees / Nigrani Samith may be activated / created, if not already done, to spearhead the movement by undertaking extensive mitigation activities. Apart from advising the Panchayats to utilize the available XIV / XV FC /SFC grants as per guidelines, the possibility of provision of additional funds to them from the NDRF/SDRF may also be considered.

4. I request you to accordingly issue necessary directions to the Panchayats/ Rural Local Bodies in your State/UT to combat the high levels of the pandemic. A suitable inter-departmental Monitoring mechanism comprising of officers of Panchayati Raj, Rural Development, Health, Revenue, Women & Child Development, Education Departments may be set up at Block, District and State level to regularly monitor the functioning of the Gram Panchayats and their Committees in respect of tackling the Covid pandemic and related public health issues. This Ministry may be kept informed regarding action taken in this connection and necessary follow up.

Yours sincerely,
**-Sd/-**
**(Sunil Kumar)**

**All Chief Secretaries** (Separate Letters)

**Copy to :**

1. **Shri Amarjeet Sinha, Adviser to PM, South Block, New Delhi – 110001.**
2. **Shri Rajesh Bhushan, Secretary, M/o Health and Family Welfare**
3. **Shri Ram Mohan Mishra, Secretary, M/o Women and Child Development**
4. **Ms. Anita Karwal, Secretary, D/o School Education and Literacy, M/o of Education**
5. **Shri Nagendra N. Sinha, Secretary, D/o Rural Development**
6. **Additional Chief Secretaries/Principal Secretaries/Secretaries Department of Panchayati Raj, All States/ UTs**

26.4.21

**(Sunil Kumar)**

# AIIMS/ ICMR-COVID-19 National Task Force/Joint Monitoring Group (Dte.GHS)

# Ministry of Health & Family Welfare, Government of India

## CLINICAL GUIDANCE FOR MANAGEMENT OF ADULT COVID-19 PATIENTS

22nd April 2021

**COVID-19 patient**

### Mild disease

Upper respiratory tract symptoms (&/or fever) WITHOUT shortness of breath or hypoxia

**Home Isolation & Care**

**MUST DOs**

- ✓ Physical distancing, indoor mask use, strict hand hygiene.
- ✓ Symptomatic management (hydration, anti-pyretics, anti-tussive, multivitamins).
- ✓ Stay in contact with treating physician.
- ✓ Monitor temperature and oxygen saturation (by applying a SpO2 probe to fingers).

Seek immediate medical attention if:

- ○ Difficulty in breathing
- ○ High grade fever/severe cough, particularly if lasting for >5 days
- ○ A low threshold to be kept for those with any of the high-risk features*

**MAY DOs**

Therapies based on low certainty of evidence

- ➢ Tab Ivermectin (200 mcg/kg once a day for 3 days). Avoid in pregnant and lactating women.

  OR
- ➢ Tab HCQ (400 mg BD for 1 day f/b 400 mg OD for 4 days) unless contraindicated.
- ❖ Inhalational Budesonide (given via Metered dose inhaler/ Dry powder inhaler) at a dose of 800 mcg BD for 5 days) to be given if symptoms (fever and/or cough) are persistent beyond 5 days of disease onset.

*High-risk for severe disease or mortality

- ✓ Age > 60 years
- ✓ Cardiovascular disease, hypertension, and CAD
- ✓ DM (Diabetes mellitus) and other immunocompromised states
- ✓ Chronic lung/kidney/liver disease
- ✓ Cerebrovascular disease
- ✓ Obesity

### Moderate disease

Any one of:

1. Respiratory rate ≥ 24/min, breathlessness
2. SpO2: 90% to ≤ 93% on room air

**ADMIT IN WARD**

Oxygen Support:

- ➢ Target $SpO_2$: 92-96% (88-92% in patients with COPD).
- ➢ Preferred devices for oxygenation: non-rebreathing face mask.
- ➢ Awake proning encouraged in all patients requiring supplemental oxygen therapy (sequential position changes every 2 hours).

Anti-inflammatory or immunomodulatory therapy

- ➢ Inj. Methylprednisolone 0.5 to 1 mg/kg in 2 divided doses (or an equivalent dose of dexamethasone) usually for a duration of 5 to 10 days.
- ➢ Patients may be initiated or switched to oral route if stable and/or improving.

Anticoagulation

- ➢ Conventional dose prophylactic unfractionated heparin or Low Molecular Weight Heparin (weight based e.g., enoxaparin 0.5mg/kg per day SC). There should be no contraindication or high risk of bleeding.

Monitoring

- ➢ Clinical Monitoring: Work of breathing, Hemodynamic instability, Change in oxygen requirement.
- ➢ Serial CXR; HRCT chest to be done ONLY If there is worsening.
- ➢ Lab monitoring: CRP and D-dimer 48 to 72 hrly; CBC, KFT, LFT 24 to 48 hrly; IL-6 levels to be done if deteriorating (subject to availability).

### Severe disease

Any one of:

1. Respiratory rate >30/min, breathlessness
2. SpO2 < 90% on room air

**ADMIT IN ICU**

Respiratory support

- Consider use of NIV (Helmet or face mask interface depending on availability) in patients with increasing oxygen requirement, if work of breathing is LOW.
- Consider use of HFNC in patients with increasing oxygen requirement.
- Intubation should be prioritized in patients with high work of breathing /if NIV is not tolerated.
- Use conventional ARDSnet protocol for ventilatory management.

Anti-inflammatory or immunomodulatory therapy

- Inj Methylprednisolone 1 to 2mg/kg IV in 2 divided doses (or an equivalent dose of dexamethasone) usually for a duration 5 to 10 days.

Anticoagulation

- Weight based intermediate dose prophylactic unfractionated heparin or Low Molecular Weight Heparin (e.g., Enoxaparin 0.5mg/kg per dose SC BD). There should be no contraindication or high risk of bleeding.

Supportive measures

- Maintain euvolemia (if available, use dynamic measures for assessing fluid responsiveness).
- If sepsis/septic shock: manage as per existing protocol and local antibiogram.

Monitoring

- Serial CXR; HRCT chest to be done ONLY if there is worsening.
- Lab monitoring: CRP and D-dimer 24-48 hourly; CBC, KFT, LFT daily; IL-6 to be done if deteriorating (subject to availability).

**After clinical improvement, discharge as per revised discharge criteria.**

EUA/Off label use (based on limited available evidence and only in specific circumstances):

- ➢ Remdesivir (EUA) may be considered ONLY in patients with
  - ○ Moderate to severe disease (requiring SUPPLEMENTAL OXYGEN), AND
  - ○ No renal or hepatic dysfunction (eGFR <30 ml/min/m2; AST/ALT >5 times ULN (Not an absolute contradiction), AND
  - ○ Who are within 10 days of onset of symptom/s.
    - ❖ Recommended dose: 200 mg IV on day 1 f/b 100 mg IV OD for next 4 days.
  - ○ Not to be used in patients who are NOT on oxygen support or in home settings
- ➢ Tocilizumab (Off-label) may be considered when ALL OF THE BELOW CRITERIA ARE MET
  - ○ Presence of severe disease (preferably within 24 to 48 hours of onset of severe disease/ICU admission).
  - ○ Significantly raised inflammatory markers (CRP &/or IL-6).
  - ○ Not improving despite use of steroids.
  - ○ No active bacterial/fungal/tubercular infection.
    - ❖ Recommended single dose: 4 to 6 mg/kg (400 mg in 60kg adult) in 100 ml NS over 1 hour.
- ➢ Convalescent plasma (Off label) may be considered ONLY WHEN FOLLOWING CRITERIA ARE MET
  - ○ Early moderate disease (preferably within 7 days of symptom onset, no use after 7 days).
  - ○ Availability of high titre donor plasma (Signal to cut-off ratio (S/O) ≥3.5 or equivalent depending on the test kit being used).

Department of Medicine, AIIMS (ND)

**Illustrative List of Areas of Support to Covid19 Response in Rural Areas**

a) **Awareness generation and community level sensitisation**:

Awareness on preventive measures:

- Covid appropriate behaviour (https://www.mohfw.gov.in/pdf/Illustrativeguidelineupdate.pdf) such as greeting without physical contact, distancing, face covered with double mask, respiratory hygiene, handwashing, cleanliness of surroundings, no open spitting, avoiding crowd, no discrimination against infected persons, propagation of authentic messages, psychological support for stress or anxiety etc;
- Address stigma associated with Covid-19;
- Key symptoms of covid19 and benefits of early testing, isolation and treatment;
- Covid toll free help line numbers and credible sources of information;
- Emergency numbers for connecting to testing facility, referral transportation through Ambulance, nearest Covid Care Centre etc;
- Do's and Don't for people in home quarantine, home isolation;
- Circulation of Standard Behaviour Change Communication (BCC) materials developed in local language and approved by the health department at village level;
- Sensitising traditional cremation ground/ burial attendant on safety precautions;
- Sensitising people attending the rituals and last rites on safety precautions.

Awareness on vaccination:

- 4 key areas i.e. Vaccine Introduction, Vaccine Eagerness, Vaccine Hesitancy and Covid appropriate behaviour during and after vaccination.

b) **Support to Community Health Officer/ ASHA/ ANM in surveillance activities**:

- Identification of senior citizen, pregnant women and persons with co-morbidity in the village;
- Conduct of survey of cough/ cold/ fever symptoms and briefing home isolation protocols to persons with symptoms;
- Facilitate tele consultation of symptomatic persons with CHO for triage and early detection;
- Keeping a vigilance on entry of outsiders in the village and informing the same to the health committee.
- Reaching out to incoming migrants and briefing on quarantine and isolation protocols.
- Helping people getting registered in Arogyasetu app and e-Sanjivani app.

c) **Support in Quarantine and Isolation**:

- Keep a watch on people who are quarantined or isolated at home;

- Support the families having home quarantined person/s to take necessary precautions;
- Doorstep delivery of essential items and services to the families with home quarantined person/s if needed;
- Provide protective item such as Masks to needy persons in village, supply it to CCC, DCHC, as per need;
- Run kitchens for quarantine/ isolation/ CCC/ DCHC facilities etc.

**d) Support for prompt response if +ve patients are detected**:

- IEC for protocol management in containment zone;
- Help patients connect with Covid Care Centre (CCC)/ Dedicated COVID Health Centre (DCHC) and Dedicated COVID Hospital (DCH) for treatment.
- Help ASHA/ ANM in door to door visit with Pulse Oxymeter, Thermo meter for monitoring health parameters of symptomatic patients, if treated at home;
- Help ASHA/ ANM to distribute the medication chart and medicine kit provided for positive patients treated at home;

**e) Support for Vaccination**:

- Help driving the IEC on Vaccination;
- Adequate awareness on 4 key areas i.e. Vaccine Introduction, Vaccine Eagerness, Vaccine Hesitancy and Covid appropriate behaviour during and after vaccination;
- Help preparing the line list of eligible individuals (45 years and above) for vaccination;
- Motivate eligible individuals for vaccination (Both doses), if unwilling to vaccinate or not yet vaccinated;
- Help taking the needy person to vaccination site;
- Help individuals from 18-45 years to register in the Cowin platform for vaccination and scheduling their slot;

**f) Other Support areas:**

- In case, lock down is imposed, support in distribution of relief, essential commodity to needy households;
- CLF can support running the dedicated call centres set up by Block/ District Administration.

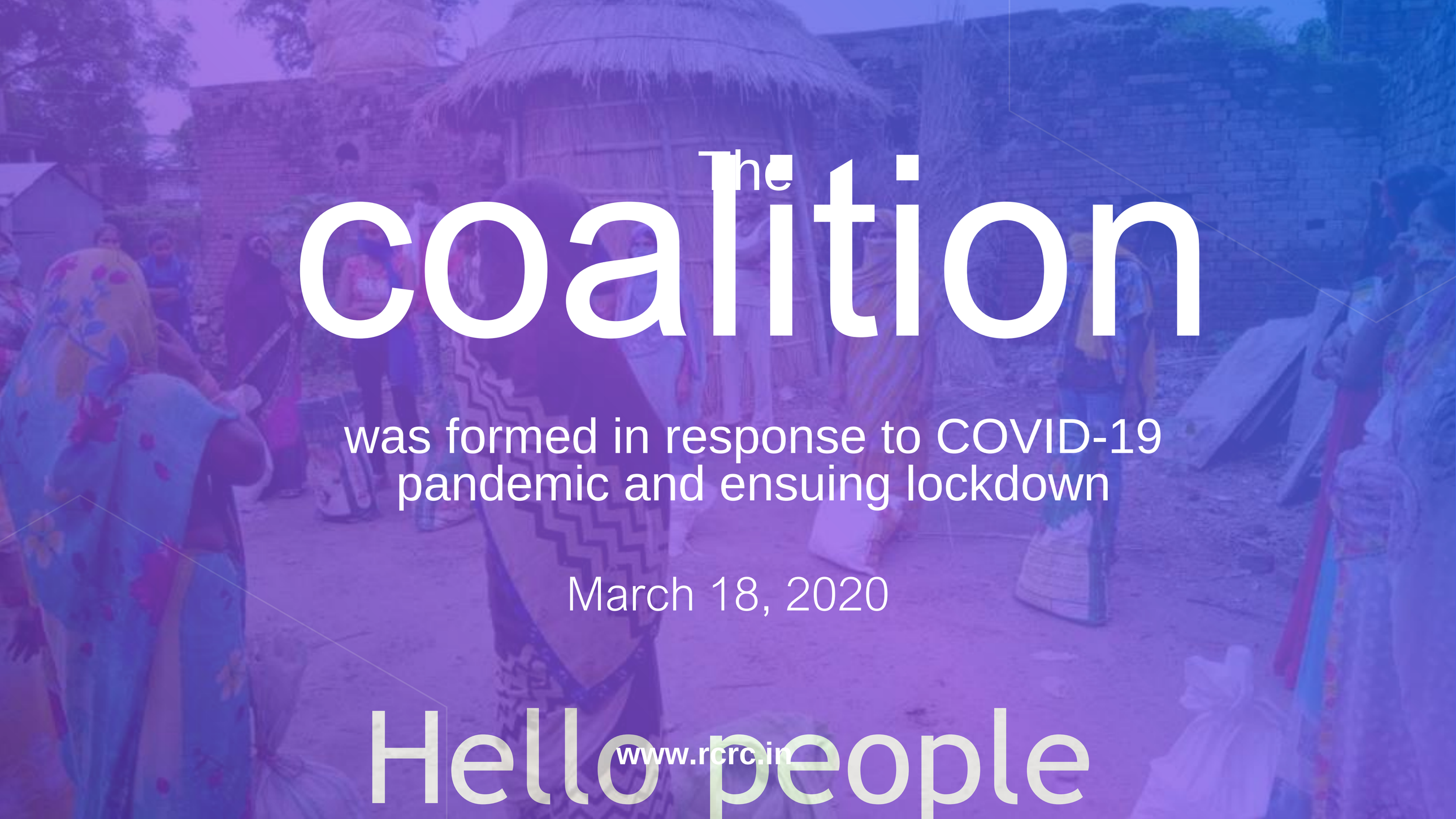
RCRC

RAPID RURAL COMMUNITY RESPONSE TO COVID - 19

# Communities are Resilient

## Rapid Response to Second COVID Wave in Rural India: Program Elements

www.rcrc.in



# The coalition

was formed in response to COVID-19 pandemic and ensuing lockdown

March 18, 2020

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Hello people

# Coalition Members

Action for Social Advancement
Adarsh Sangha
Aga Khan Rural Support Programme (India)
Ajeevika Bureau
AKF
Akhil Bhartiya Samaj Sewa Sansthan (Bundelkhand)
Arohan Trust
Arunodaya Sansthan
Ashray
CCD
Centre for Advanced Research & Development
Centre for Labour Research and Action (CLRA)
CYSD
Development Support Center (DSC)
Diya Foundation
E&H Foundation
Entrepreneur Associates
Foundation for Ecological Security (FES)
Gram Vikas
Grameen Sahara
Gramshree
Haritika (Bundelkhand)
Harsha Trust
Healing Fields
IBTADA
Jagriti
Jan Shiksha Evam Vikas Sangathan (PEDO)
Jan Swasthya Sahyog
Kabil
Kaivalya Education Foundation
Keystone Foundation
Manab Kalyan
Manjari Foundation
Niranthar Trust
Peoples Initiatives for Rural Development (PIRD)
Pradan
Prayas II
Sarva Seva Samity Sanstha (4S)
Samaj Pragati Sahayog (SPS)
Samarthan – Centre for Development Support
Sanjog
SESTA
Sir Syed Trust
Sri Padmavathi Mahila Abyudaya Sangam (SPMAS)
Srijan
Sunbird
The Goat Trust
Trust Community Livelihoods
Unnati Organisation for Development Eductaion
Utthan
Voluntary Health Association of Tripura (VHAT)
Watershed Organisation Trust
Watershed Support Services & Activities Network
Yuva Kaushal Vikas Mandal (bundelkhand)

# Coalition Members




RCRC

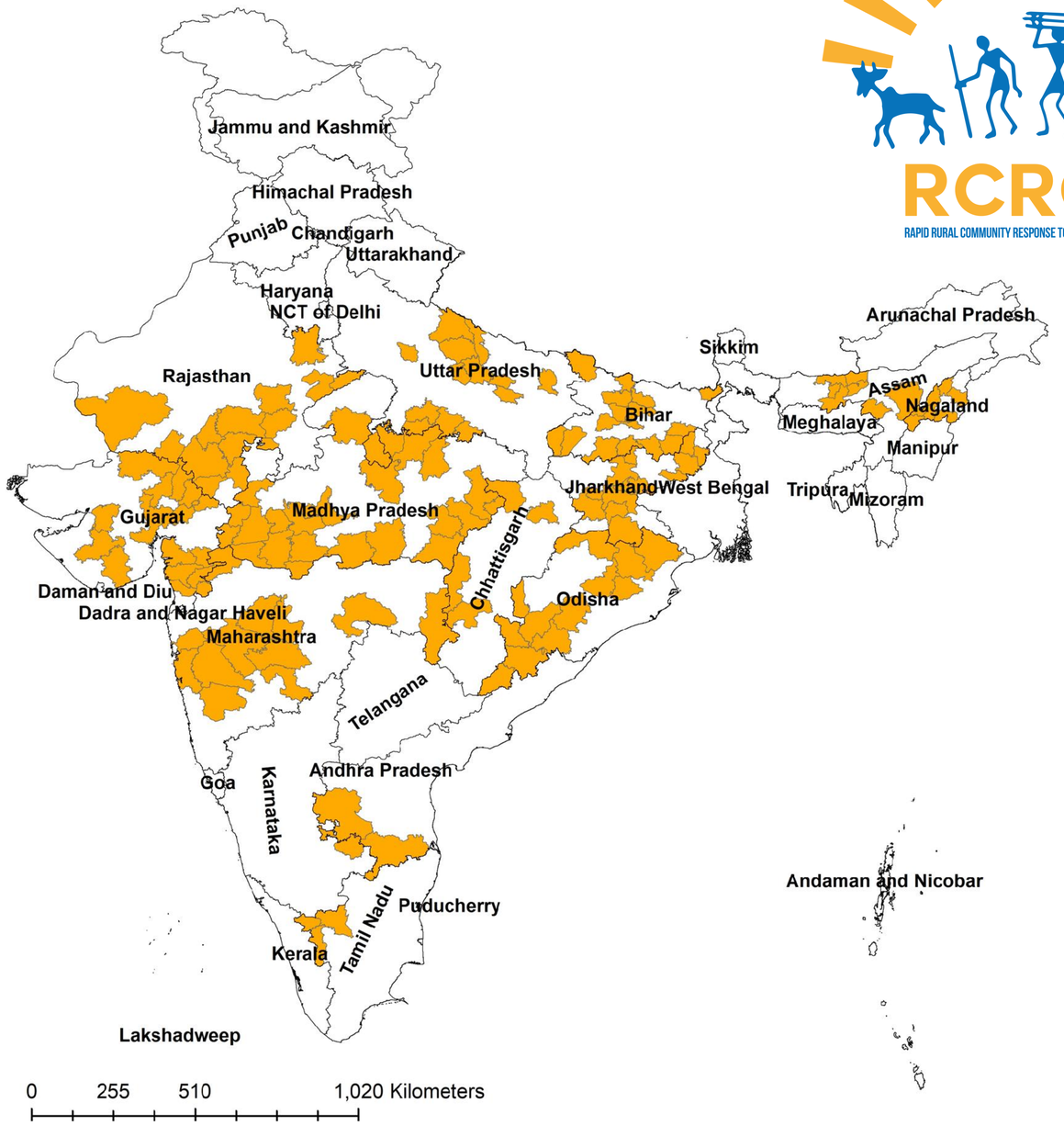
# Outreach

**60**

**Civil Society Organisations**

**15**

**States**

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RAPID RURAL COMMUNITY RESPONSE TO COVID - 19

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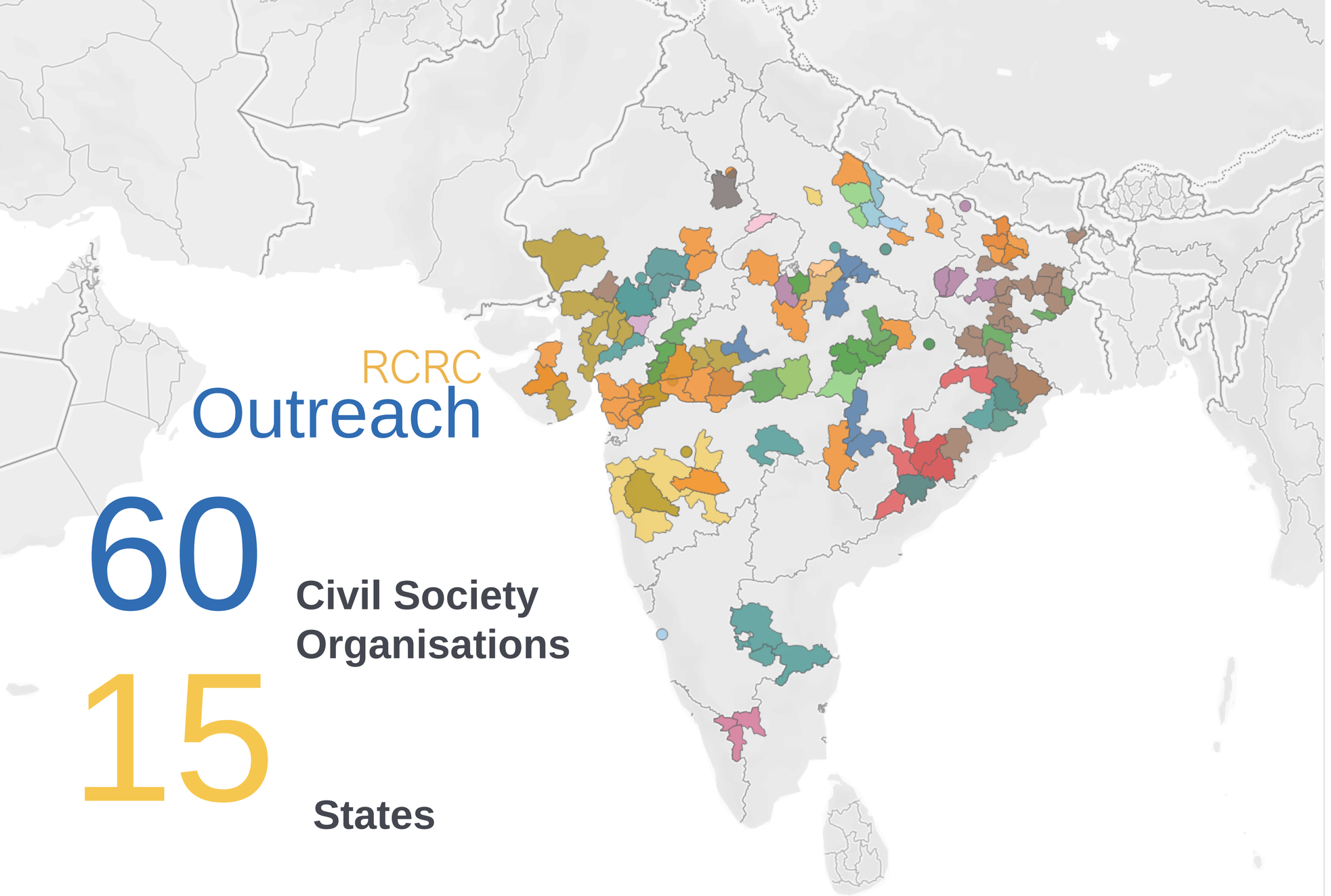
# Outreach

**60** Civil Society Organisations

**15** States



Organization

- ABSSS
- AKF
- AKRSPI
- Arunaday Sansthan
- ASA
- CARD
- DSC
- E&H Foundation
- FES
- Gramshree
- Harsha Trust
- Hartika
- IBTADA
- Jan Swasthya Sahyog
- Keystone Foundation
- Manjari Foundation
- Nirantar
- PEDO
- PRADAN
- PRAYAS
- Samarthan
- Sir Syed Trust
- SRIJAN
- SRISTI
- TCL
- The Goat Trust
- UNNATI
- WOTR
- YKVM

RCRC

RAPID RURAL COMMUNITY RESPONSE TO COVID -19

Program Strategy

# To Fight Second Covid Wave in Rural Areas

May 5, 2021

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- RURAL:  We are a network of non –health CSOs, focus on livelihoods promotion in rural areas (current presence is in 110 districts in 15 states; current outreach is 1.6 crore people)
- MITIGATION: mitigating the impact of COVID will be a priority for the next two months, until June end; 85 percent covid patients experience mild symptoms they could be looked after in the villages and the rest could come to a block level facility. {We will try to integrate vaccination in these plans if there is a demand and if the vaccine supply is ensured by the government.}
- NGOs as ADJUNCT TO GOVERNMENT: this is not an independent initiative, rather entirely to support government

RCRC

RAPID RURAL COMMUNITY RESPONSE TO COVID -19

## Key Action Program Elements (1/2)

# Coordination cum Resource Centre (CRC)

- Conducting rapid survey to highlight condition in the rural areas (576 people died in rural Saurashtra)
- Designing Common services such as Helpline for doctors (Trahi Trahi – crying need from covid patients in rural areas
- Designing protocols, with help of health experts, for block level covid care centres, village isolation centres home isolation (to be used by RCRC members) – Dr Raman Kataria (JSS), Dr Satchit Balsari (Harvard)
- Enhancing speed learning among RCRC members- continuous internal meetings and webinars – drawing out issues in this dynamic situation
- Rapid sharing of resources - hardware (such as pulse oxymeters, oxygen concentrators) and software (protocols, helpline)
- Training NGO staff and front line workers such as community resource persons in protocol)

RCRC

RAPID RURAL COMMUNITY RESPONSE TO COVID - 19

Key Action Program Elements (2/2)

# Grassroots Organisations of RCRC

- Counselling for Home Isolation
- Set up village level isolation centres (VICs)
- Set up block level covid care centres
- (later these centres could support vaccination)

RCRC

RAPID RURAL COMMUNITY RESPONSE TO COVID -19

# Functions Visualised for Village Isolation centres (VICs)

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- ASHA workers and Community Resource Persons to guide family members and Covid patients with mild symptoms in maintaining appropriate behavior
- ASHA Workers to follow protocols designed by Health Experts such as Dr Satchit Bhandari (Harvard) and Dr Raman Kataria (Jan Swasthya Sahyog)
- ASHA workers/ Community Resource person to measure temperature, pulse and oxygen(SPO2)
- Ensure housing of COVID positive cases willing to be in community isolation facility due to lack of adequate space in their house or proper care at the household level
- To build a communication network with the Government established COVID management centers for secondary (low-flow oxygen facility under medical care) and tertiary care

RCRC
RAPID RURAL COMMUNITY RESPONSE TO COVID -19

# Management of Village Isolation centres (VICs)

- Identify a public building with adequate infrastructure to establish a VIC – school building furnished with WASH facilities might be ideal so that women / girls too could come
- Provide necessary infrastructure and other items viz. fans, beds, lighting, security, food etc.to make it a functional VIC
- Co-ordinate with the health and ICDS department for ensuring services of the ASHA, Anganwari Workers and also of ANM
- Maintain data base of positive cases and fill it up in the MIS of the health department
- Build a network with the private providers for counselling and consultation

RCRC

RAPID RURAL COMMUNITY RESPONSE TO COVID -19

# Management of Block Covid Care centres (BCCs)

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- BCC to serve as an adjunct to a government hospital at Taluka/ Block level – patients experiencing severe symptoms may be supported with oxygenation – oxygen concentrators and/ oxygen cylinders.
- Government medical doctor to make a daily visit and nurses to manage this facility
- NGO staff to support in terms of measurement of oxygen level, fever, etc.
- NGO staff to support in logistics - identify a public building with adequate infrastructure
- NGO staff to facilitate rural patients' coming to BCC Provide necessary transport arrangements
- Maintain data base of positive cases
- Build a network of private providers

# RCRC Preparedness

- Have established partnership with health agencies such as Jan Swasthya Sahyog (JSS), Chhattisgarh and are looking for more such as BHS in Rajasthan
- Have also established contact with Harvard School of Public Health
- Protocols are ready, have been written up - for home isolation, village isolation and block level covid care centres;
- Have established communication with PMO and the health ministry, Government of India;
- Have begun working with state governments in MP, UP and Rajasthan
- NGOs have begun deciding which districts and blocks and villages they wish to take up – plan to work in 8 states

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RAPID RURAL COMMUNITY RESPONSE TO COVID -19

# Geographies Of Action

- We plan to work in 8 states – Gujarat, MP, Rajasthan, UP, Bihar, Maharashtra, Jharkhand and Odisha (the details of MP below)
- Have begun working with state governments in MP, UP and Rajasthan
- NGOs have begun deciding which districts and blocks and villages they wish to take up – plan to work in 8 states

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RAPID RURAL COMMUNITY RESPONSE TO COVID - 19

# Geographies Of Action: 8 states

- Bihar
- Gujarat
- Jharkhand
- Madhya Pradesh
- Maharashtra
- Odisha
- Rajasthan,
- UP
- (the details of MP next slide)

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## Geographies Of Action:

# 16 Districts and 11 NGOs in Madhya Pradesh (an example)

- Barwani
- Betul
- Burhanpur
- Chhatarpur
- Chhindwara
- Dhar
- Dindori
- Hoshangabad
- Indore
- Khandwa
- Khargone
- Mandla
- Niwari
- Panna
- Shahdol
- Tikamgarh

RCRC Member Organisations Intent on Providing Relief to Village Populations:

AKRSP (I), Arunoday Sansthan, CARD
DSC, GREEN Foundation,Haritika
NIWCYD, PRADAN, SRIJAN,
Samarthan,Udyogini

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# Thank You

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