SAHANIVASA Proposal submitted to ASHA to COVID-19 emergency response in rural remote areas including Dalit hamlets in Chittoor District

Context:

A deadly wave of COVID-19 is overwhelming India: New cases in the second wave have hit an average of 300000 + and 4000 deaths per day. As on today, people affected with Covid-19 virus cases are 28 lakhs of people are getting treatment and a total of 3,07,000 deaths. Andhra 7 days average covid 19 cases are 297000 and Chittoor distrct is 19967 cases . people have lost their lives. Andhra Pradesh Karnataka & Tamilnadu are the worst in South India.

The government & media highlights concentrated around the crisis in urban centres and neglected / no political will to reach rural India where the majority informal workers and migrants are forced to live. The skeleton rural nursing staff are shifted to the services in urban centres and left people in the rural to live with Covid-19 without being access to the hospital services. The rural informal workers predominantly come from Adivasis (tribals), Dalits and some most backword castes do not have access to public transport services and more difficult during this lockdown times. The emergency ambulance services also confirmed to urban and semi urban not to rural. It is in this context the victims of Covid-19 in rural areas are not able to access to public health services and transport to reach out the hospitals. Hence the Covid-19 virus in rural areas is under reported and unattended. Even if they go to hospital in distrct headquaters, no beds are avlaible. The rural communities are so scared of hospitals in urban centers as they are breaders of covid 19 due to lack of maintemence and over crowed. The private hospitals can not be even in the image/ dreams of rural poor as they have been looting middle class victims takeing the advantage of the absence of beds in govt hospitals.

Objectives:

1. Reduce the spread over of Covid-19 in the interior and remote rural villages and tribal hamlets with no primary health care facilitates.

2. Increase the volunteer and union cadre work to save the lives of Covid-19 victims.

The phone and TV communications have reached nook and corner of the villages in India, even though the rural communities do not have access to basic health services. The rural workers are disturbed terriblly with the real and fake news - Prime Minister in India direct Television messages of assurance to address the pandemic, the media propaganda about the Covid-19 and the non-function of government health services forced them to reach out unqualified / fake doctors & witch-hunts when they are affected with the Covid-19.

Most often rural workers can only visit the doctors when their health is fall down to serious condition. During the present situation, they know what is happening in public health hospitals - non availability of beds, Oxygen , they try to go hospital last minute where they cannot get admitted due to lake of beds, Oxygen and ventilators. In this vicious circle, they

decided to stay back in the villages and take the life with risk. There is a great need to respond to the situation in the villages where sahanivasa is working which are located far distance to the primary health centres and also government hospitals.

The proposed project area and covereage

Mandal	Villages	Approximate population
Chittoor M	**10**	**3600**
G.D Nellore	**10**	3600
Pulicherla	**25**	**9000**
piler	**25**	**9000**
Nimmanapalli	**10**	**3800**
	80	29000

SAHANIVASA works in Chittoor district where the Covid-19 virus is spread over intensively. We propose 80 most needy villages of 5 mandals covering the approxmate population of 29000.
One kit for each village will be distributed . Cost of the each kit is given below and depends on the funds available the number of most needy villages will be decided. As of now, we have efficient human power (union leaders from gross root level to state level) to manage the emergency effort efficiently. Cost of each kit is given below.

Activities:

1). Provide immediate first aid services to the suspected Covid-19 victims in rural areas.

1.1. Provide a kit of emergency for a village of 50- 100 households. The kit contains of a pulse-oximeter to check the status of pulse and oxygen, two thermometers to check condition of fever, 40 masks to attend 10 people with double fold two masks for everyone, fever tablets for 10 patients for five days, cold & cough drugs, sanitizer gels, room sanitizers and bleaching powder. These drugs will be purchased in bulk and will be sent to the villages. The kit is a tool to help the suspected Covid victims to use this prescribed medicine to get out of the Covid-19 in normal circumstances.

1.2. Identify a common place in a village to maintain quarantine of the suspected patients. The rural houses are so small are over-crowded with migrants come back to the villages. A normal hut of 6 x 10 accommodates five to six people. The government housing program will accommodate a maximum of seven to eight people. When three people inside the house the remaining three will be sitting outside. It is in this situation, home quarantine is the distance reality in rural area, while it is absolute necessity for Covid-19 patients. Therefore, a common place like community hall, school building or any unoccupied house or a separate huts need to be developed in the villages to maintain the quarantine the patients. The rural workers in the unionized villages will provide such facility.

2). Sensitize two volunteers in each village to assist the suspected cases in their respective villages and link them to the government services / hospitals: In the absence of rural health workers & services, there is a great need to motivate volunteers in the villages who can take

the task of serving the Covid-19 victims in their own respective villages. This is possible only in the villages where workers are unionized even in the interior areas. Therefore, the youth educated workers will volunteer to serve and also link to the government health department in times of emergency.

2.1). Identify a (50% women) in their respective villages who can serve the Covid-19 victims in the quarantine area. These are the union unit leaders commonly suggested by the respective villages.

2.2). Conduct orientation classes (virtual) with the support of health professionals to sensitize the volunteers to use and maintain the kit and also conduct meetings in their respective villages to educate the workers on precautionary methods to follow to stop the spread over of Covid-19 virus in their respective villages.

2.3). Link the patients to the government hospitals as and when require.

Budget for each kit:

Items	**Quantity**	**Cost (INR)**
PULSE AXAMETER	1	1200
DIGITAL Thermometers	2x Rs.150/-	300
Masks	20+20 =40 x Rs,18/-	720
Tablet Paracetamol Dolo	10 patients X5 days X 2 times a day =100 xRs.6/-	600
Tablet Citrizen	10mpatients X 5 days = 50 xRs.3/-	150
Room sanitisers	2 XRs.300/-	600
Sanitizers	10 X Rs.55/-	550
Tablets/syrup for cough	10 persons X 10 tablets	300
Bleaching powder	5 packets	100
Transportation and and unforeseen		30
Total INR		4550
Requested budget for 80 kits X Rs. 4550 per kit		**356000**
Consultency of professionals to give orientation 2 professionals for 2 webinars to cover 40 in each , X 3000 X 2 times		**12000**
Audit ,accounting and administration		**12000**
In USD @ Rs 71		**380000**

Training and capacilty builing for the volunteers : **SAHANIVASA** propose to organise one day webinars (3 to 4 hours) for every 40 volunteers once in a month with the support of health professionals. Altogether, 80 volunteers will be selected for training to cover 80 villages –one for each village . These trainings are proposed to organise decentralized way at inter mandal level. The consultancy for the professionals will be paid. Since we can not get the volunteers from health professional during this situation where there is scarcity of health professionals, we have to pay them

The proposed emergency support will provide first line of defence for many informal rural poor families who are left at the mercy of the virus by the state. This will also provide much

needed hope for the rural poor predominently dalit, tribal and backward castecommunities to improve their own capacities to reduce the onslaught of the virus
We request ASHA to support the requested budget .

Submitted by
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