COVID Phase 2 response among the Indian marginalized communities

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“WHEN WE GIVE CHEERFULLY AND ACCEPT GRATEFULLY, EVERYONE IS BLESSED.”

– MAYA ANGELOU

BUDS is a Registered, non-profit organization, 2003
It’s a charity for orphan, vulnerable and marginalized children and young people NCT region Delhi
4 pillars of BUDS:
Child Health
Child Education
Vocational Skill Development
Research
Old Delhi, Nizamuddin Railway Stations, Shiv Vihar New Delhi

- Densely populated urban slum locations (approx 15,00,000 each region)
- Large migrant populations, people live in small shanties, daily wage labourers, very few civic amenities (water, electricity shortages)
- The communities have experienced food shortage and income loss during lockdown
- School drop outs are common, child labour, abuse, violence and exploitation
Rural Mewat, Haryana India

• Most underprivileged - ‘aspirational district’ (Population 11,00,000)
• Poor Healthcare access and infrastructure
• Community illiterate or have very little education or vocational skills.
• They find it extremely challenging to take their children to even local government hospitals or afford medications, as the major barriers are time and cost.
BUDS ACTIVITIES

5 drop-in centers (DIC) in large slum areas of New Delhi

34 villages at Aspirational district Mewat, Haryana

BUDS operates a Mobile Health Van “Improving Access to Healthcare Services “

*BUDS provided primary health services to over 37000 Children and youth (last year March 2021)*
COVID Phase 2 Ground realities

- Grave humanitarian and Public health crisis
  Rapidity of case increases
  India reported 9,121 cases April 4, 2021,
  The peak of 414,188 cases May 6, 2021 (45x)
  Geographic scope: A deeper penetration into tier 2,
  tier 3 cities, 215 districts (top 10%) 
  Younger age groups and greater household clusters
  Hospital beds, infrastructure, Oxygen Crisis into a
daily requirement of between 9,000 to 11,000 tons of
liquid oxygen
The BUDS community health response

- Generalized community outreach to all marginalized families and children
- Community-based surveillance to triage for symptoms of COVID-19
- Primary health care service delivery to underserved areas through Tele - Health and Mobile Health Van interventions
- Referrals to hospitals for COVID-19 cases
- Provision of dry rations, food, pulse oximeters, oxygen concentrators, oxygen cylinders, thermometers, sanitizers, soaps, and masks
- Health education, COVID Safety Kits & Vaccinations
- Counseling to alleviate fears and apathy and to promote health care-seeking behaviour
BUDS Response to COVID 19 wave 2

- BUDS response to the pandemic through primary health services through its cadre of pediatricians, family physicians, frontline health workers, counselors, and social workers.

Strategies of Health support:
- Drop in Centre (DIC)- Tele-Health
- Mobile Health Van
- Principle of 3Ps: Prevention, Prompt Treatment & Promotion of Health
Tele-health - BUDS innovation

• BUDS set up an e-clinic (using a lap top and tele-link) for the duration of the second wave of the COVID-19 pandemic in Delhi.

• The DIC was converted into a walk-in OPD and a medicine-dispensing unit where primary health care services were provided.

• Tele-health became an example of community demand and supply for primary healthcare, since most big hospitals had closed their OPDs.
Preparation for Tele-Health

- Training provide triage – to prevent and respond
- Community mobilization
- Community outreach:
- Preparatory activities prior to the tele-health sessions:
  - All devices and instruments used are sanitized and inventory made prior to packing.
  - Setting up of a phone link and a laptop and speaker at the DIC so the doctor could see the patient from a remote location
- During the camp:
  - COVID Safety precautions, Vital signs Blood Pressure, temperature and oxygen concentration are measured. Doctors prescription slip is made and medicines dispensed
## Primary Health Care
### Urban Slums Delhi

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Month</th>
<th>Name of Area</th>
<th>Total Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>May-21</td>
<td>Mori Gate</td>
<td>284</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shiv Vihar-North East Delhi</td>
<td>302</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sarai Kale Khan</td>
<td>317</td>
</tr>
<tr>
<td>2</td>
<td>Jun-21</td>
<td>Mori Gate</td>
<td>323</td>
</tr>
<tr>
<td></td>
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<td>Shiv Vihar-North East Delhi</td>
<td>204</td>
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<tr>
<td></td>
<td></td>
<td>Sarai Kale Khan</td>
<td>328</td>
</tr>
<tr>
<td>3</td>
<td>Jul-21</td>
<td>Mori Gate</td>
<td>303</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shiv Vihar-North East Delhi</td>
<td>79</td>
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<tr>
<td></td>
<td></td>
<td>Sarai Kale Khan</td>
<td>321</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Total</strong></td>
<td><strong>2461</strong></td>
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</table>
## Mobile Health Camps Mewat

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Month</th>
<th>Name of Area</th>
<th>Total Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>May-21</td>
<td>Mewat</td>
<td>0 (No health camp conducted due to COVID-19)</td>
</tr>
<tr>
<td>2</td>
<td>June</td>
<td>Mewat</td>
<td>390</td>
</tr>
<tr>
<td>3</td>
<td>Jul-21</td>
<td>Mewat</td>
<td>545</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Total 935</strong></td>
</tr>
</tbody>
</table>
COVID Support Provided

• The BUDS staff disseminated the awareness about the COVID-19 disease outbreak among the community members.
• The staff members also checked the basal body temperature and oxygen saturation of the community people.
• BUDS also helped in providing information about the significant COVID-19 appropriate behavior like physical distancing, wearing a mask
• A special emphasis was laid on persuasion about the importance of inoculation among children.
Demand-side challenges

Community members demanded other facilities in the health camp such as checking blood sugar levels, and providing medicines for diabetes.

There was a high demand for Eye check up and providing spectacles

The community inhabitants seek incentives for getting a vaccine shot.
Supply Side challenges

• Community people do not follow COVID appropriate behaviour- social distancing, don’t wear masks
• Children come alone to the health camp.
• People avoid talking to the BUDS staff as they have a misbelief that we would forcefully vaccinate them to prevent COVID.
• There is a huge demand to increase frequency of health camps in the community
The indirect disruptions in the food, health and economic systems

- Disruptions in nutrition assistance programs and health services have further exacerbated food insecurity and nutritional regression, especially in marginalized children
- Financial struggles resulting from both the pandemic and the control measures, as lockdowns resulted in job losses have pushed many families into poverty
DRY RATIONS distribution

- **Preparatory activities:** a list of vulnerable families by BUDS staff
- **Priority Inclusion Criteria:** Who were really needy? Remedial classes, NFE, PACE programme, vocational skills training
- **Recommendation by Community leaders**
- **The PACE students, BUDS alumni /peer educators also help in identifying families who will benefit from receiving rations.**
Summary of ration distribution kit

- **Type of rations provided in Kits:**
  - (Indicative list)
  - Rice - 5kg, Wheat Flour - 5kg, Lentils - 1kg, Chana - 1kg
  - Chilli Powder -100 gm, Turmeric Powder -100 gm, Oil – 1 litre
  - Tea leaves, Sugar & Salt
  - Apart from Rations, masks and sanitizers are also packed for distribution
Ready-to-use Supplementary Food (RUSF)

- An energy dense paste, which is fortified with micronutrients, and can be used for therapeutic feeding of children aged over 6 months (Compact India).

- Rapid treatment of children suffering from severe and moderate grades of malnutrition in home settings, as Anganwadi are closed.
RUSFs have multiple advantages

- Energy dense, heat stable and long shelf life.
- RUSFs have very low moisture content, which prevents growth of microbes.
- Each pack is a self-contained dose, and hence there is a lower risk of loss of nutrient due to storage or distribution issues.
- They are ready to consume and require no further processing, the risk of contamination with unclean water is absent.
This project aims to benefit 350 severely and moderate malnourished children (SAM & MAM).

A total of 188 RUSF sachets will be distributed per child in the Rural Mewat, over a period of 5 months, from May 2021 to September 2021.

The intention is to compare pre- and post-intervention anthropometric results to ascertain the effect of RUSF on malnourished children.

Children aged 1 to 6 years, enrolled in the Anganwadi centers in the Nuh and Tauru Blocks of Mewat, Haryana.

To create awareness amongst the community and bring about a sustainable change, about the various aspects of nutrition, health and hygiene through health education and behavior change communication.
Tackling Misconceptions

• Many Anganwadi workers had the misconception that the RUSF causes diarrhea when taken

• The RUSF initiative should be introduced in winters

• It is difficult to conduct home visits because of the pandemic

• Community people do not follow COVID appropriate behaviour because of which there is increased risk and fear of the COVID disease in BUDS Staff

Week 2 RUSF distribution Mewat region

- No. of people counseled
- RUSF Distribution
Improving Routine Vaccinations

• Due-list from the Accredited Social Health Activist (ASHA workers, Auxiliary Nurse Midwife (ANM) via telephone call, discussion about the micro-planning at Primary Health Centre (PHC)

• With the help of ASHA workers, ANMs, and other PHC members, BUDS staff was able to provide counseling to a total of 129 individuals (including 75 children) in one week

• Community mobilization and dissemination of information and raising awareness about vaccination in children
Promoting vaccine acceptance in children

- District and village level workers for community mobilization, *facilitate maternal immunization and childhood vaccination*.
- Detailed Field Diaries by BUDS frontline health workers, counseled ASHA workers, Anganwadi workers/teachers and even the helpers at Anganwadis.
- Online approach that involved community leaders and influencers (under the grant of the Sabin Vaccine Institute).
- Change seeking vaccination-hesitancy misconceptions behaviours.
- The intervention covered not only the activities but also the misconceptions with regard to Routine Immunization,
Voices from the field

• There is a prevalence of stigma and fear regarding the vaccination against COVID
• There are misconceptions and myths about the Routine immunization of children
• One of the women from the community shared that she has 10 children, and none of them have been vaccinated and are still healthy. She had a misbelief that vaccination is not important, and is not beneficial to anyone.
• One of the parents shared that post vaccinating their child got fever and they had to admit their children in the hospital for a long time and had to spend a lot on out-of-pocket expenditure. They were strictly against vaccinating their younger child
Promoting Immunizations
Success Stories: Vulnerable communities

- SAVING Lives
- Childhood Vaccinations & Nutrition
- Education & Empowerment
- Created LIVELIHOODS
- Prevention of Violence
- Partnerships & Collaborators
- Academic Research
BUDS research during COVID relief support wave 1

• The impact of COVID-19 on the lives of vulnerable young people in New Delhi, India: a mixed method study

Community Perceptions of Vaccination Among Influential Stakeholders: Qualitative Research in Rural India. BMC Public Health. Submitted and Conditional Approval.

• Caregivers’ vaccination perceptions, to developing strategies to promote vaccine acceptance
• 6 FGD: fathers of children under-5 years old, expectant mothers, mothers-in-law, community health workers, and community influencers such as locally elected officials and religious leaders
Sabin Vaccine Institute; BUDS-JHU grant 2020

• Conducting research studies virtually – to address vaccination hesitancy and improve acceptance,
• to explore the social and behavioural drivers of COVID-19 misinformation,
• its impact on routine immunization and the acceptance of a COVID-19 vaccine
Vaccine Impact on Cognition and Schooling (VICS): A pilot study in India

- Value of Vaccination Research Network (2019-2020) (based at Harvard Chan School) funded by a grant from BMG foundation,
- In collaboration with Johns Hopkins Bloomberg School of Public Health (JHU) April –November 2020
Distribution of Oxygen concentrators at Primary Health Center Mewat
THANKS BUDS Team
THANKS