Asha Kiran Society COVID-19 2nd Wave Report – June 2021

Introduction

The Asha Kiran Society was founded 1991 with a vision of seeing: "Just and compassionate communities, choosing and celebrating life." We run the 29-bedded Asha Kiran Hospital in Lamtaput, Southern Odisha. We are a secondary care hospital serving our communities with care and excellence – and have recently applied for NABH entry-level accreditation

From the very beginning, the Asha Kiran Society has been involved in integrated community transformation through overlapping community education, community health, and sustainable agro-livelihood initiatives in over 140 villages. Our work focusses on the poor and marginalized and on Particularly Vulnerable Tribal Groups (PVTGs) such as the Bonda in Malkangiri district (www.AshaKiranSociety.org).

Asha Kiran and COVID-19 First Wave

In response to the first wave of COVID-19 in March 2020, the Asha Kiran Hospital set up a dedicated COVID-19 Referral Care Centre. With the help of APPI and other partners the hospital was able to equip the centre with beds, piped oxygen and some equipment, as well as purchase protective equipment for its staff.

An aggressive Community outreach programme covered 150+ villages giving basic COVID-19 information in local languages and encouraging people to approach govt. and Asha Kiran Hospital for help if sick.

Patients with cough / fever were triaged to the COVID-19 OPD where doctors assessed and treated 1,912 OPD patients between July and December 2020. We admitted 159 COVID-19 suspect patients for in-patient care, of which 14 died (9%)
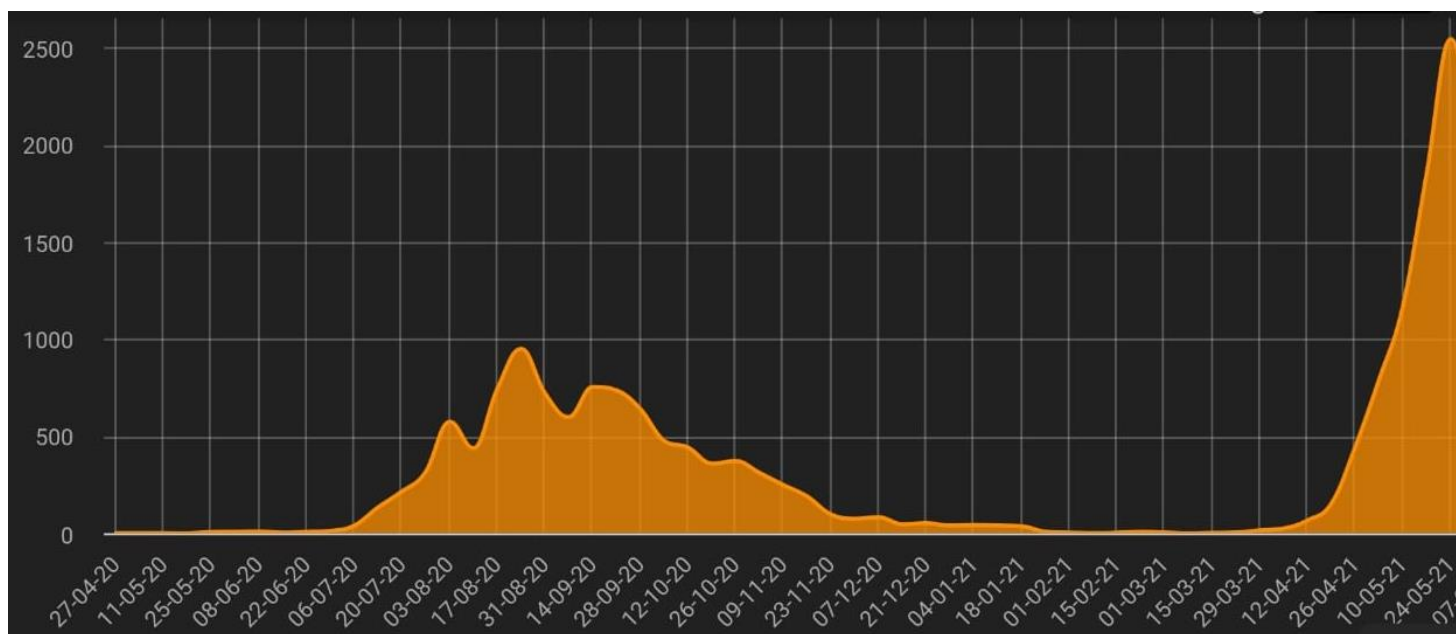
Asha Kiran and the COVID-19 Second Wave.

We are in Mid June 2021 and the 2nd wave of COVID-19 has reached the communities served by the Asha Kiran Society.

Yesterday (9th June 2021) two of our Asha Kiran Hospital doctors were checking pregnant women at the Lamtaput Government Health Centre. Each month we send doctors to the government health service, to help with expectant mothers (ANC) checkups.

In the midst of the 69 (!) pregnant ladies that our doctors examined, there was a young woman whom when Dr. Anuja asked, said she had a fever. On questioning further, Dr. Anuja learned that the woman's fever was for 5 days. She could see that the lady was also coughing. After consulting with Dr. Sheba, the government nurse was asked to help this lady get a rapid COVID-19 test done. 10 minutes later the results came as positive: this young lady has COVID-19.

COVID-19 is here in our midst here in Southern Odisha. We know that since mid-March 2021 the terrible "COVID-19 Tsunami" or the "second wave" of COVID-19 has crashed over much of India causing horrific deaths and immeasurable suffering. Given our remote location, the Koraput district was largely untouched by this ferocious onslaught until the early part of April when the official numbers of COVID-19 cases began increasing.

This steep rise in official active COVID-19 cases, with the 2,545 dwarfing the previous year's high of 950 was slowly reflected in our Asha Kiran Hospital patients.

We had our first cluster of 5 people with respiratory distress on Good Friday (April 2nd 2021) after not having any in-patients for 2 months and so reopened the Asha Kiran COVID-19 Care Centre on April 7th.

Asha Kiran COVID-19 Care Centre

After re-opening the 10 bedded Asha Kiran COVID-19 care centre, we immediately made plans to scale up our capacity since we could see how ferociously the 2nd wave of COVID-19 affected our colleagues in mission hospitals in other parts of India.

Thanks to the quick response from a number of friends, we added 5 beds almost immediately to the COVID-19 Care centre. As of mid-June we have been able to add a further 10 beds. We now have a 25 bed facility with 20 beds having oxygen support with a new automated oxygen manifold, 2 Non Invasive Ventilation Beds and 3 Casualty Beds. We also have received 9 new oxygen concentrators and few more expected to arrive soon.
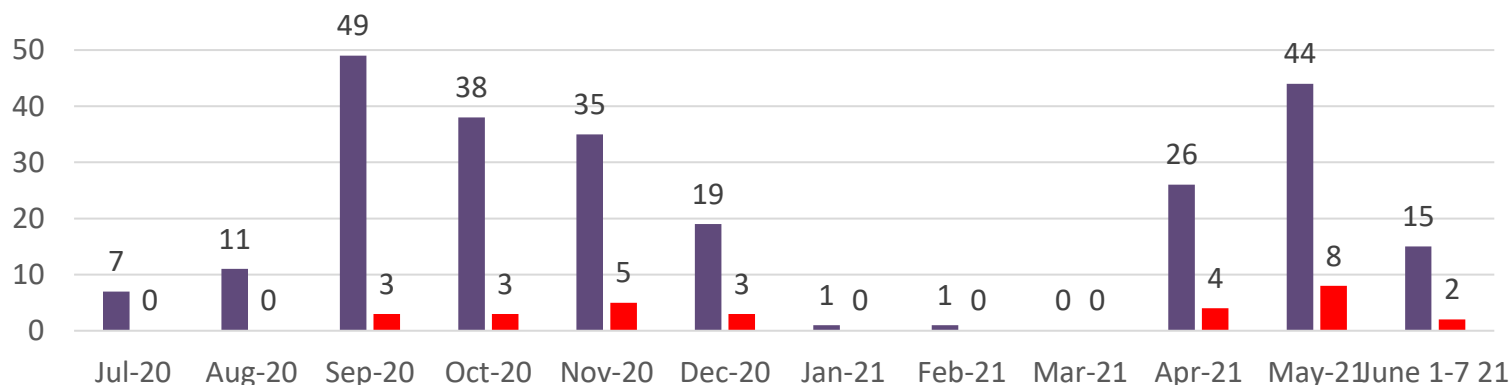

We have added an additional 2 multiparameter monitors and 10 bedside monitors to check on the patients' vital signs. Our first ventilator is just about to be purchased – which would be the first working ventilator that is actually used by physicians in the district – and we have added a second Bi-pap machine to the one we are currently using. We are also just about to get a portable x-ray machine for our general ward to be able to do rapid bed-side x-rays for COVID-19 suspect cases as well as a needed new ultrasound machine.

As we moved into May, we started seeing increases in COVID-19 suspect cases. Our COVID-19 Care team saw 390 outpatient cases, and admitted 44 for treatment at the centre. The first week of June has seen another 15 admissions, which would mean 60 admissions in June if the trends continue.

Soberingly, we see that the COVID-19 patients this year are far sicker than last year. We lost 14 patients already in the 2 months from April 7 to June 7. In addition, we had 3 patients dead on arrival (2 in April and 1 in May). We know that at least 2 patients who left against medical advice subsequently died in their village – because we have community work there.

In-Patients + Deaths at Asha Kiran COVID-19 Care Unit

Month	In-Patients	Deaths
Jul-20	7	0
Aug-20	11	0
Sep-20	49	3
Oct-20	38	3
Nov-20	35	5
Dec-20	19	3
Jan-21	1	0
Feb-21	1	0
Mar-21	0	0
Apr-21	26	4
May-21	44	8
June 1-7 21	15	2

Challenges in running the COVID-19 Care Centre

- Oxygen

Oxygen is the single most important tool to help patients with moderate and severe COVID-19 pneumonia. At Asha Kiran Hospital we have been able to purchase 25 big cylinders and have rented another 12. Our support team keeps moving between Jeypore (40 kms) and Vishakapatnam (175 kms) to get these vital filled. So far we have not run out of oxygen (we came close) but the struggle we face (many phone calls, much stress) means that we are exploring getting our own oxygen plant for any future eventualities.

- Access

COVID-19 is a fearsome disease for many. Because of last year's heavy-handed actions by authorities, many patients put off treatment until it is late – sometimes too late – arriving at our centre already dead.

We also know that our communities are suffering from multi-dimensional poverty and so the fear of hospital bills keeps many away from getting timely treatment. With this in mind we have introduced an aggressive system of giving charity for our COVID-19 patients. All deserving patients get 50% standard charity on their bills, and a number avail of even more if they have any difficulty to pay.

- Staffing

The Asha Kiran Hospital continues to provide curative services to the local community and is the only community-focused non-government hospital in the districts of Koraput and Malkangiri. Our staff are divided between both the general hospital and our COVID-19 Care Centre – as we are managing both simultaneously. We have added staff to cope with the demand of manning both the general hospital and COVID-19 care unit. We are also providing structural modifications to that patients and attenders in the general hospital are physically distanced.

- Protocols

Our excellent clinical team has been refining various protocols, continually updating our COVID-19 treatment to be evidence-guided and locally appropriate. The nursing and other staff are then equipped through trainings in these protocols. We meet as an Asha Kiran COVID-19 Response team at least once a month to review progress and also to frame practical prevention policies for the Asha Kiran Society. All our hospital staff have been immunized and though a few have fallen sick, we have been able to treat each staff member successfully. This has allowed us to keep caring for COVID-19 and non-COVID-19 patients.

Help-line and Home Tele-Monitoring

Our team has set up an Odia language COVID-19 Help-line which provides information and counselling on issues around the disease, treatment and vaccination. We have also started a 'home tele-monitoring' process, where patients who are discharged from our COVID-19 care centre are followed up over the phone in their homes. Besides providing encouragement and guidance, we have already seen a number of patients who got admitted for treatment thanks to the phone-interventions.

"War-Footing" Community COVID-19 Care programme

We know that COVID-19 is in the community and have started to see the first deaths. So as an emergency response, we have as of June 1st we have sent all our Asha Kiran community engagement staff and local resource persons out to cover over 250 village hamlets. We are monitoring the entire Lamtaput Block of Koraput district as well as 26 upper Bonda villages in Khairput block of Malkangiri district and a few adjacent village hamlets too.

We have designated the 72 workers and 11 supervisors into 11 teams and trained them in basic COVID-19 case detection and home-care. The strategy is for each Community COVID-19-Care Worker (CCW) covering 2-5 villages with every village to be visited at least 3 times a week for this surge period. Daily information sharing from CCW to team leader and then from Team Leader to our COVID-19 Case Manager and Community Consultant Doctor means that we have a rapid way of understanding the COVID-19 situation in our communities.

The main focus of this approach is to reduce COVID-19 mortality by having mild COVID-19 cases identified early in the village and treated at home with simple medications and education on staying at home and having all members wear masks for mutual protection. Each mild COVID-19 case is to be monitored for any worsening on a daily basis and should any deterioration be seen, they are immediately referred to the Asha Kiran COVID-19 Care centre for further assessment and treatment.

Our Community COVID-19-Care Workers are constantly looking for the more serious supect cases of "COVID-19 Pneumonia." This is when the person is found to have higher respiratory rates, fever and cough persisting after the 7th day and / or low oxygen saturation levels.

This is a serious condition and our CCW motivates them to come to the Asha Kiran COVID-19 Care centre for an x-ray and further assessment by the medical team.

If we find that a village has over 10 mild COVID-19 cases or 3 suspect COVID-19 pneumonia cases, we send a Rapid Response Team to support our CCW and Team Leader in seeing that any possible COVID-19 pneumonia cases are speedily brought to the COVID-19 Care centre for appropriate and timely treatment.

The young pregnant lady who we highlighted at the beginning of this report – the one who was found yesterday to be COVID-19 positive at the government health centre – this lady was visited by a rapid response team today – and her village which has 14 other mild cases has been covered and is being monitored by our Community Teams.

In the first 10 days of our programme, we our teams have already identified 1004 possible mild COVID-19 cases in our communities and 32 suspect COVID-19 pneumonia cases. We are in the process of following up these precious people and our hope is that we will be able to save many lives. We also hope to build a non-coercive, people-friendly way of helping our village communities deal with the challenges of this disease and so fulfill the Asha Kiran vision of seeing "just and compassionate communities, choosing and celebrating life."

We have sought to include other local volunteers in this community care process and have done 2 trainings at the Asha Kiran Academy as well as an on-line training for Community Partners to further equip our communities to address the grave challenges of the COVID-19 2nd wave.

Vaccinations

We know that vaccinations offer a bright hope to addressing the COVID-19 challenge in our communities. Our Asha Kiran Society leadership is currently talking with government health officials about our dream of having every eligible person in Lamtaput block fully vaccinated against COVID-19. We hope to build an effective vaccination strategy based on the intensive village/hamlet coverage that our "War-Footing" Community COVID-19-Care programme is laying in the month of June 2021.

But we have already become involved in partnering with the government's vaccination drive in the Khairput block of Malkagiri district. The district administration is particularly interested in vaccinating the Bonda Community. The Bondas are a Particularly Vulnerable Tribal Group (PVTG) of which about 7000 only are left living in 26 upper Bonda villages.

Coverage for COVID-19 vaccination was very poor when the government health workers went to the villages – partly based on the experience of actions taken in last year's COVID-19 testing drives.

The Asha Kiran Society offered its services to the district administration, and we are happy to report that we are seeing good initial responses in villages where the Bonda community are familiar with our staff. We have a Health Outpost manned by a nurse and also have locally trained health assistants and education workers from the Bonda community serving with us.

Our staff stay in the Bonda Hills with the community and have learned the Bonda language, which allows for better community mobilization. Our hope is that all the Bonda people will accept this valuable protection tool and that we will build new levels of trust between them and government health authorities.

Conclusion

We are grateful for old and new partners who have come alongside Asha Kiran Society to help tackle this major challenge of COVID-19. We are looking to deepen these relationships and develop new platforms for mutual help.

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