



Seva Mandir

# COVID-19 Relief Efforts

## 2021

APRIL-JUNE 2021

# INTRODUCTION

The second wave of COVID-19 has drastically affected the lives of every individual in India with rural and tribal parts of southern Rajasthan severely hit. Unlike last year, we experienced a huge surge in positive cases in remote villages with a much higher death toll. The biggest challenge to curtail the disease lied in the lack of human resources and infrastructure for testing and treatment, unawareness misconceptions and fear of death from vaccination.

The government frontline workers in the villages involved in awareness and follow up of COVID affected families didn't have adequate safety gear. The other challenge was with inadequate capacities of our frontlines workers and village volunteers dispensing information, coordinating vaccination drives and spreading awareness.

Despite the huge spread, lack of adherence to the safety protocols of wearing masks, handwashing and following social distancing made the situation even more challenging. In many villages, denial of accepting Covid-19 as a harmful disease led to devastating consequences on Rajasthan's poor Adivasi population.



# OVERVIEW OF RESPONSE

Seva Mandir's field operations were halted by the end of April month. Understanding the severity of the pandemic and considering the fact that many of our staff and their families were infected, we decided to take a fifteen day pause. During this period, rapid need assessment was done to build a response strategy that focused on :

- a. Preventing rapid spread of Covid-19 infection through awareness on Covid protocols, behavior and myths
- b. Addressing poor access to knowledge and facilities for Covid care and treatment through support for home isolation and Covid care centers
- c. Responding to low safety net for frontline workers and vulnerable families through gap filling in safety gears, food, sanitation and livelihoods.

## 1.COMMUNITY AWARENESS AND EDUCATION

Spreading awareness on vaccination and preventative measures of Covid-19 has been crucial in second wave response. Using mix of communication tools including social media, podcasts, WhatsApp messages, audio-vehicle campaigns, short animation videos, pamphlets, wall paintings etc. an extensive awareness campaign was launched. We also created public access to these resources to amplify our message. Posters were placed in prominent locations in the villages such as schools, panchayat offices, Seva Mandir's premises and health centers. Continuous feedback from communities and other stakeholders helped us plan and improve the communication material. **We reached 3.76 lac people in three months through our awareness campaign; some key visuals are shared below :**





SM COVID  
IEC 2021: 14

आओ सब वैक्सीन लगावाएं,  
कोरोना से बचने का उपाय पाएं।

बीमारी से डरें, टीके से नहीं।

सेवा मंदिर, फ्लोहट्ट  
उदयपुर, राजस्थान-313004

कोरोना वैक्सीनेशन(टीका) से महिलाओं एवं पुरुषों की प्रजनन क्षमता पर कोई दुष्प्रभाव नहीं पड़ता है।

कुछ व्यक्तियों को साइड इफेक्ट जैसे बुखार, शरीर दर्द और इंजेक्शन लगाने के स्थान पर दर्द हो सकता है, यह दुष्प्रभाव अस्थायी है और कुछ समय के बाद अपने आप चले जाएंगे।

4 से 8 सप्ताह में वैक्सीन की दूसरी डोज अवश्य लें।

SM COVID  
IEC: 2021: 18

घबरारें नहीं टीका लगावाएं।

कोरोना का डंलाज नहीं है, मास्क और टीका ही बचाव का उपाय है।

कोरोना का टीका सुरक्षित है गंभीर रिपेक्शन की संभावना बहुत कम है।

टीका लगवाने से कोरोना होने का खतरा बहुत कम हो जाता है

टीका लगवाने पर गंभीर कोरोना और अस्पताल में भर्ती होने की जरूरत भी कम हो जाती है।

सेवा मंदिर  
IEC no : 41

गर्भावस्था में कोरोना टीका लगाने के फायदे -

- 1 गर्भवती महिलाओं में कोरोना के गंभीर लक्षण होने का खतरा कम होता है।
- 2 समय से पूर्व प्रसव या मृत जन्मे बच्चे का खतरा कम होता है।

covid-19 टीकाकरण आवश्यक है

SM IEC : 43

सेवा मंदिर

2 टीका रे वच अंतर राखणो जरूरी है

पेलो टीको लगाया केड़े,  
दूजो टीको भी टैमू  
लगावाजो

कोविशील्ड लगवायो है तो- 12-16 हफ़ता  
कोवैक्सीन लगवायो है तो- 4-6 हफ़ता

पेलो टीको लगवाया केड़े कोरोना रा लक्षण आवे तो आपणे भड़े रे स्वास्थ्य केंद्र पे ज़ईन डाकसा ने जरूर दिखाजो

कोरोना ऊ वसवा वास्ते थाणे वास्ते जारी।

टीकाकरण स्थल पर रखें ध्यान

SM COVID IEC  
2021 : 22

कोविड वैक्सीन की दोनों डोज लेनी हैं ज़रूरी,  
तभी बनेगी कोरोना से दूरी।

सेवा मंदिर

स्वास्थ्य केंद्र

निगरानी कक्ष टीकाकरण स्थल पंजीकरण कक्ष

शारीरिक दूरी (2गज दूरी) का पालन करें।

पंजीकरण कक्ष में अपना पंजीकरण कराएं।

टीका लगने के बाद उस स्थान को मसले नहीं।

रूई/ स्वाब को कचरा पात्र में डालें।

20-30 मिनट निगरानी कक्ष में बैठे।

**1. Asha Didi Series-** To break resistance in people to get vaccinated due to fear of fever and rumours spread on WhatsApp groups, Asha Didi series was created. Asha Didi episodes are small conversational style animation videos designed for rural WhatsApp groups that tried bunking myths through easy conversations.

<https://www.youtube.com/watch?v=5H8IsDQltsM>

**2. Personal stories-** Covid-19 had instilled deep fear in rural communities which discouraged them from testing and vaccination. Capturing stories (videos and audio) of community leaders and staff getting vaccinated and their experiences post vaccination helped in normalizing the fear.

<https://www.youtube.com/watch?v=NyiM5gCfcZY>

**3. Posters-** We have created and widely shared 43 posters aimed at reiterating Covid appropriate behavior, home isolation, vaccination and community preparedness.

**4. Vehicle Audio Campaign-** In 302 villages mobile vans fitted with amplifiers educated people about safety measures like wearing masks, understanding and preparing for vaccination, maintaining safe distance and following hygiene practices.

**5. Podcasts-** Created to update and inspire frontline workers about the nature of work conducted in the most difficult times of Covid-19; the first five episodes capture conversations with frontline teams on relief and awareness work.

<https://www.youtube.com/watch?v=ZYzNNGV9zOo>

#### Community Institutions: Leading by Example

One of the major challenges regarding vaccination was to work with the fear of people on deaths and becoming sterile. Myths were spread through local WhatsApp groups and government health workers faced huge resistance in convincing people.

Our village institution leaders partnered in spreading mass awareness on dispelling these fears by first administering the dose on themselves. Madan Lal Bhil, a committee leader from *Rod ka Guda*, Kumbhalgarh says, "In my village when vaccination started, I saw no one was going for it as they were afraid it will make them sterile or cause death. To break this myth, I was the first to get vaccinated and then I encouraged more people".

Social events like marriages were also turning out to be places of transmission in the community. Our institution leaders campaigned extensively for convincing people to avoid social events in these times.



## 2. RELIEF AND SUPPORT

### REACHING THE MOST VULNERABLE

#### Home Isolation Care

The fear and stigma of COVID made it challenging to work with infected families. We focused on building capacities on education, care and home monitoring through training village volunteers and frontline workers. Community institutions helped to identify **1013 infected families**, motivate for family isolation and convince most critical patients to visit health centre. Facilitating counselling on isolation process, distribution of home kit of masks for whole family, soap, sanitizer and education posters helped in easing the conversations and normalizing the fear. Building capacities and motivation at village level for regular monitoring through oximeters & thermometers was a key activity.

#### Timely Referral Saves Life

The unwillingness and fear to go to the hospital for check-ups, treatments and vaccinations were very high in the second wave. Repeated conversations and counselling by frontline teams helped in timely referral and treatment.

Hira Ram\*(name changed) had symptoms of COVID-19 when the ASHA worker surveyed the family and immediately advised him to stay in a separate room, wear a mask and avoid going outside. Although his situation was deteriorating severely, he was reluctant to go to the hospital. A few days later, his elder brother also tested positive and did not seek treatment at the hospital. He passed away.

Our team got very apprehensive about Hira's health but they continued facing resistance from his family. With help of the village representatives, we persistently counselled the family and eventually managed to take him to hospital. Once Hira Ji was admitted to the hospital, daily follow-ups and post covid care support were provided to him. He slowly began to recover and his oxygen levels also became normal.

#### Support for Vulnerable Families

Access to vital supplies, such as food and hygiene materials, was restricted during the COVID-19 lockdown. Seva Mandir, with the support of partners, funders and donors, began an effort to provide those most in need with relief kits. The kit included food ingredients (grains, spices and vegetables) and hygiene kit (soaps and masks) for 4 members for 15 days. It was essential to ensure that the families most in need were able to receive all the support that they needed. Following criteria were set to identify vulnerable families :

- Women headed, have old-age members or orphan children or disable members
- Families who lost members in COVID or had multiple COVID infected members
- Families who lost livelihood
- Recommended by community institutions

**4212 families** identified by community institutions received relief kits. They were distributed by Village Institution members, community workers and Seva Mandir staff.



*"When I fell ill this year, Seva Mandir team helped me reach hospital and get treatment and provide ration for my family. I was very critical and could only be saved because of timely efforts. "*

*Champa Lal Bhil, Kumbhalgarh*

### Support to Government

**680 safety kits** including a face shield, 3-layered masks, sanitizers and soaps were given to the frontline health workers like ANM, Anganwadi and Asha. Our teams supported ANMs in identifying and counselling COVID infected patients to get medicines. In villages where home isolation was facilitated, capacity building of government health workers on usage of oximeters and thermometers was done.





# OUR PREPAREDNESS

**Real-time data collection:** A dedicated team was put in place for the data collection on the spread of COVID-19 and the most crucial needs. This helped us in assessment, better planning, and implementation of our core interventions.

**Networking:** We partnered with NGOs, local administration and rural health experts to enhance our understanding and knowledge, build better strategies and communication methods. Collaboration with Basic HealthCare Services, an Udaipur based NGO working in rural health services helped in creating training materials for village volunteers, understand Covid Care Centre requirements and organize a webinar for non-health NGOs of Udaipur district.

**Team preparedness:** The second wave instilled a higher fear of death and infection in our staff. Within a period of two months, 54 of our staff and family members of other team members were infected. One of our staff passed away. Further, our community volunteers and institution leaders were also infected. Vaccination hesitancy was high among staff and community workers. We worked closely on addressing these fears and doubts by continuous interactions. We were successful in completing at least first dose of vaccination for all of our staff by June end.





# WAY AHEAD



After June, we entered a crucial phase of COVID response. The second wave became a major medical disaster and in speculation of a third wave; we have an opportunity to plan and implement an effective preventive programme to minimize its rural impact. By focusing on a strong preventive and preparedness model in villages, we aim to support our partner village communities cope with the threats to health, life, and livelihoods from the speculative third wave of COVID-19 pandemic.

## **HUM SAJAG - Building Community Response and Resilience**

HUM SAJAG initiative aims to strengthen community institutions and build a pool of trained and equipped human resource base of 6000 frontline workers and village volunteers in 1500 villages spread across 14 blocks of Udaipur and Rajsamand district. Establishing collective COVID management norms in villages through active village groups, youth, community and women leaders will be a core focus of this initiative.





### 1. Hum Sajag Committees for Covid Management

Activating Hum Sajag Committees (10-12 members from youth, community institutions and women groups) committed to minimize the impact of potential third wave of Covid-19 in villages. The committees will help in building understanding on prevention and establish commonly agreed norms to increase vaccination, reduce fear and isolate in case of a potential third wave.

### 2. Capacity building of FLWs and volunteers

Train and build capacities of over 6000 FLWs and village volunteers through a comprehensive training module on critical aspects of addressing COVID-19, its spread, home isolation, monitoring, referrals, vaccination and post COVID care.



### 3. Boost vaccination

Partnering with local administration to identify most vaccination hesitation areas and encourage people through street theatre and repeated village meetings.

### 4. Ensuring rehabilitation of COVID-19 affected families

To mitigate the economic effects of COVID-19, Seva Mandir is rapidly expanding its comprehensive livelihood support to ensure families and communities have the tools, knowledge and ability to continue to improve their lives.



### 5. Supporting COVID care centers in rural areas

We are planning to provide oxygen concentrators and electricity backup at CHCs and PHCs. This will help in improving the health infrastructure for better management of COVID-19 at village level.





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