HEALING FIELDS
FOUNDATION

COVID RESPONSE REPORT 2021

Glossary

ASHA: Accredited Social Health Activist, responsible for mobilizing pregnant women for institutional deliveries, children for immunization, distribution of chloroquine tablets or sanitary pads
AWW: Anganwadi Worker, frontline functionary responsible for maternal and child health, family planning, health and nutrition education, treatment of minor injuries and first aid.
BDO/BDC: Block Development Officer or Block Development Council
CCCC: Covid Community Care Centers
CHE: Community Health Entrepreneur
CoWin: Covid Vaccine Intelligence Work, an app introduced by the Government of India for the vaccination process.
ECHO Platform:Extension for Community Healthcare Outcomes, platform training and dissemination of information
Gram Pradhan: Head of the gram panchayat, responsible for development of the village
Gramvaani: Organization that utilizes technology to enable positive change in hard to reach communities
HFF: Healing Fields Foundation
IVRS: Interactive Voice Response System
NGO: Non Government Organisation
NITI Aayog: National Institution for Transforming India, a government Monitoring and Evaluation body
OBC: Other Backward Caste
PRI/Ward Member: Panchayat Raj Institution is a system of rural self government bodies, with members from the community
RMP Doctor: Rural Medical Practitioner, unqualified medical practitioner without any formal licensing
SC: Scheduled Caste
ST: Scheduled Tribe
SHG/Jeevika: Self Help Group
UP: Uttar Pradesh
WHO: World Health Organisation

Executive Summary

Healing Fields Foundation

Healing Fields Foundation provides training and support for women as health change agents in their communities. Healing Fields works in rural areas of poorer states to impact change in the areas with the greatest amount of need. The approach is holistic-- working to prevent health problems through education and facilitate access to health services, entitlements from the government, health products and treat minor concerns with care.

Need

After a first wave of devastation that left millions stranded, hungry, or sick, the second wave of the Covid-19 pandemic created a dark and desperate situation across India. Cases rose to unprecedented heights while fear created a dangerous cocktail of misinformation and stigma. Necessary supplies like oxygen and medicine and health care professionals were overwhelmed, creating deathly shortages. The rural villages where we work are characterized by a lack of access to resources and care, leaving them particularly vulnerable to the rapidly spreading crisis.

Intervention

During the second wave, 1200 of these CHEs were identified as nodal points for covid response in their communities. Healing FIelds initiated a response across three key pillars: COVID emergency relief, delivery of primary health services, and institutional strengthening and human resources for health. This work was all supported by data-driven decision making. Healing Fields administered training on prevention, isolation of symptomatic individuals, and vaccination so these women could lead education on covid behaviours. CHEs worked with local functionaries and formed resilience committees to orchestrate response. Each of these CHEs reaches 250 families, so 1.5 million individuals were reached.

Key outcomes

- **1200** CHEs were trained and enabled to lead COVID response in their villages
- **1.5 million** people reached with education on covid prevention and emergency relief support
- **767** individuals given access to nutrition, teleconsulting, sanitation, and safe isolation in 82 Community COVID Care Centers
- **4,600+** individuals offered teleconsulting
- **1200** villages provided essential supplies and medicines
- **34,040** individuals provided dry ration support
- **739** resilience committees activated for localised response
- **100,213** vaccinations facilitated by CHEs
- **2,127** ASHAs and other frontline functionaries trained
- **250 staff from 17** organizations trained on Covid response

Introduction

Healing Fields Foundation and Community Health Entrepreneurs

Healing Fields Foundation (HFF) is building vibrant eco-systems of rural health care in areas where basic health services are absent or severely deficient. Healing Fields transforms once–voiceless and marginalized women through training and support into Community Healthcare Entrepreneurs: health leaders with a stake in the well-being of their communities. The approach is holistic - working to prevent health problems and facilitate access to health services and entitlements from the government, as well as treat minor concerns with care, and enable livelihoods and access to health products through entrepreneurship. To date:

- 5000 Community Health Entrepreneurs reaching over 6.25 million people across 10 states
- 70% trained women with increased income
- Positive health behaviour in 94% of families covered by CHE
- More than 350,000 women provided access to Sanitary Napkins
- 60,000 toilets constructed
- Entitlements facilitated in the pandemic to over 10,000 families

Backed with training in basic healthcare and innovative technology (including a decision-support app), the Community Health Entrepreneurs offer a spectrum of services to improve health outcomes in their areas – from the adoption of good health practices, to opening up access to affordable health care products, to serving as first responders by administering first-aid and care, to connections with doctors and follow-up care (upon identification of illnesses). They focus on building the menstrual health, nutrition, sanitation and hygiene practices of their communities. This multi-pronged strategy has built up a thriving culture of care across some of the most backward districts of Bihar, Uttar Pradesh, Telangana and Jharkhand. Women Community Health Entrepreneurs (CHEs) launched by Healing Fields are trained in basic healthcare management and equipped with a basket of affordable health products. Aided by technology, they offer a spectrum of health solutions in resource-poor communities. Focusing on building the menstrual health, nutrition, sanitation, prevention of illnesses and hygiene practices of their communities, CHEs ensure awareness, access and affordability of health services in some of India's most invisible and last-mile villages. They drive the adoption of good health practices, open up access to affordable health care products (such as sanitary napkins), serve as first responders by administering first-aid and basic care, and build community connections with mainstream health care systems.

The model is community-based and contextualizes health within the broader framework of development – livelihoods, nutrition and access to social determinants. Most importantly, the model seeks to not replace but strengthen existing systems and government structures in order to ensure convergence and access. To make the solution sustainable, we provide entrepreneurship opportunities to the women we train who partner in our vision of convergence and delivery of affordable healthcare

and products to their communities. This creates a thriving ecosystem. It breaks barriers of not just scarce resources, but also patriarchy, gender and caste. Our program has been evaluated by Tata Institute of Social Sciences, Dr.J.P.Muliyil, Christian Medical College & Hospital and Deloitte to show improvement of health parameters and gender equality by empowering the women with increased confidence and respect among the community, increased income, freedom in mobility, and control on spending their money.

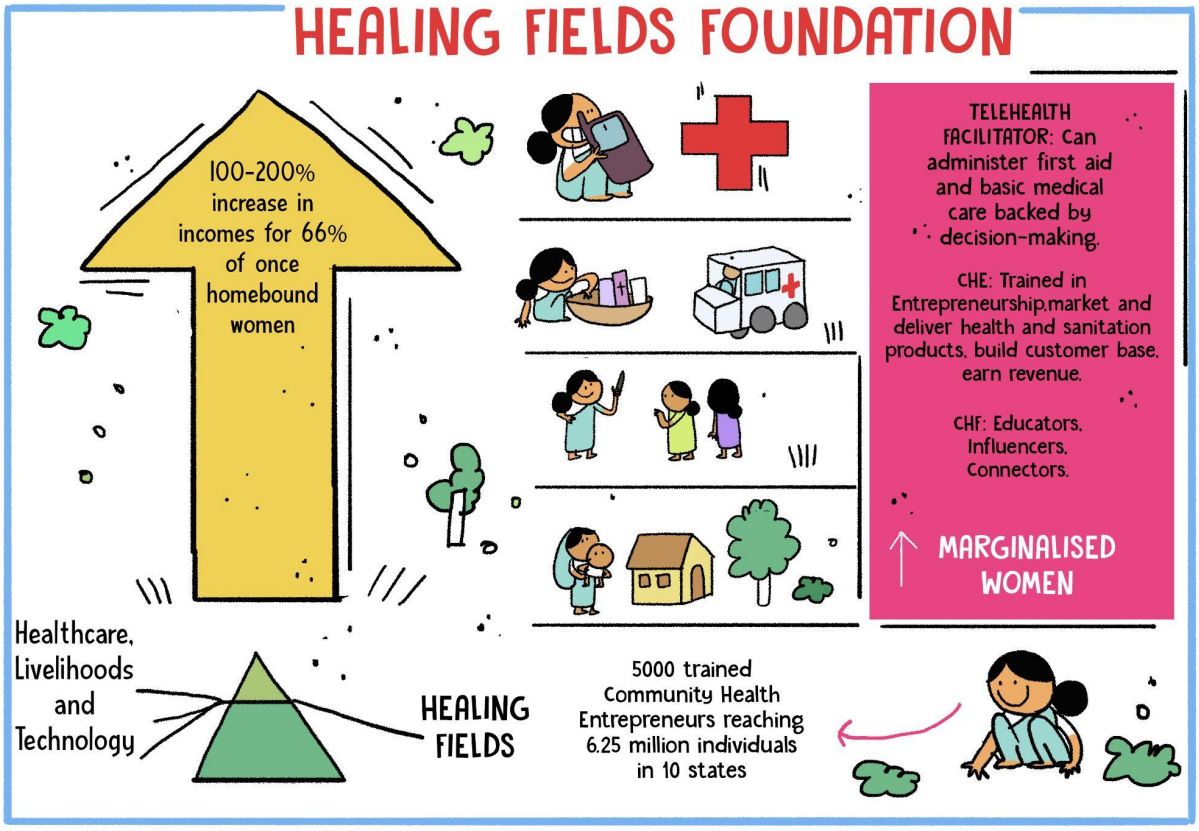

Image 1: Illustration of Healing Fields Programing

Background

More than 60% of the country resides in rural areas. Therefore, a robust and comprehensive response to Covid-19 in the rural areas is crucial to India's success in managing the pandemic. Lack of access to accurate information, health resources, vaccination, and healthcare in the villages leave these regions vulnerable to the rapid spread of the virus and few tools to initiate care.

During the first wave, Healing Fields' Community Health Entrepreneurs started educating on a new and alarming illness. When the lockdown was announced with little warning, trains and buses were frozen across India. Millions of migrant workers were left stranded, and many resorted to dangerous means of transport, like walking, cycling or hitchhiking, to try and reach their homes. Healing Fields intervened by providing buses and attaining travel permissions from home states and police for migrants

from Hyderabad to their hometowns. In villages where there is a sizable number of returning migrant labour, our CHEs and staff engaged Gram Panchayat leaders to convert the village school into a quarantine center. This experience gave them the experience and confidence to later set up Community Covid Care centers.

During the second wave, the existing health infrastructure in rural India was stretched beyond its limit, necessitating innovative approaches to these challenges. The best solution is a local leader, embedded in the community and equipped with the tools and knowledge to provide up to date and contextually appropriate responses.

Engaging in best practices against COVID-19 like vaccination, masking, and if having symptoms - isolation and testing - requires the hand of a trusted counsellor. These crucial steps can be challenging due to fear, stigma, or lack of access. Large scale coordinated factual communication on best practices along with an embedded community health worker and change agent will make a difference. As she is embedded in the community, she can build trust and understanding over time while leading specific response projects.

The discrepancy in professional resources affects the response, tracking and treatment of the virus. The WHO identified 12.25 lakh (59.2%) health workers in urban areas which accounts for 27.8% of the population while 8.44 lakh (40.8%) health workers work in rural areas where the remaining 72.2% of the population resides. Further, in big cities like Delhi, about 10% of cases are being detected. Whereas in some areas of rural Bihar, less than 1% of cases were being detected (NPR). [1]

By June, infections had spread to 98 of the country's 112 poorest rural districts, up from 34 on April 15, according to the report from NITI Aayog, the government's planning body. COVID-19 cases in east Uttar Pradesh's Gorakhpur - again a largely rural area - spiked by 36 per cent between August 17 - 24, and cases in Prayagraj went up by 31 per cent in the same time.

This means that instead of rural Indians relying on hospitals and health professionals that are inaccessible due to cost, distance, or lack of beds, in many cases can isolate and treat themselves within the village. Care and treatment require knowledge of correct treatment measures, home isolation guidelines, and indicators for when formal healthcare is genuinely needed. This knowledge and leadership can come from local health leaders trained in-home care, equipped with essential tools like thermometers and pulse oximeters along with access to doctors. They can facilitate consultation with remote doctors or refer to high-quality, affordable local care.

Beyond the health crisis, other external factors created situations of extreme need in rural India. Lockdowns and economic downturn pushed vulnerable families further into poverty. In fact, a report from Azim Premji University estimated that an additional 230 million Indians were pushed into poverty during the pandemic.[2] Flooding in Bihar caused widespread devastation and displacement. The state funded NREGA program which guarantees 100 days of rural employment ran out of funds, thereby delaying payments to workers dependent on that wage. This created a burden of multiplicative disasters.

Therefore, Healing Fields leveraged experience from 2020 and the network of trained Community Health Entrepreneurs to lead pandemic response in our areas of operations.

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[1] Frayer, L. (2021, April 30). NPR.

[2] Surbhi Kesar, Rosa Abraham, Rahul Lahoti, Paaritosh Nath & Amit Basole (2021): Pandemic, informality, and vulnerability: impact of COVID-19 on livelihoods in India, Canadian Journal of Development Studies

Objectives

The overall objective of this project is to provide community health education, emergency and hunger relief, COVID medical advice and mental health counselling, as well as emergency support for home isolation or quarantine in vulnerable rural communities where primary health services have been decimated in Bihar, Uttar Pradesh, Telangana and Jharkhand. The response is structured around three central pillars: COVID emergency relief, institutional strengthening and human resources for health, and delivery of primary health services. Data-driven decision making forms the foundation for these pillars.

Healing Fields Foundation operates through a network of trained women Community Health Entrepreneurs (CHEs) with the support of village-level volunteers and other health workers.

COVID-19 RESPONSE PROGRAM OVERVIEW

Pillar 1: COVID Emergency Relief

Need

Rising cases and lack of contextually appropriate knowledge, trained functionaries, medicine, and equipment meant rural villages were vulnerable to infection.

Intervention

Healing Fields trained Community Health Entrepreneurs to step in as first responders to Covid 19. They lead education, distribute rations and essentials, and set up Community Covid Care Centers. Multimedia education tools like dindoras and posters were utilized to encourage best practices and spread up to date information. In order to meet the need for equipment, rations and medications, a rural supply chain was set up through local bikers.

Outcomes

- **1200 CHEs trained on three covid modules**
- **1.5 million individuals reached with education and best practices**
- **21277 education sessions led by CHEs**
- **34,050 individuals received ration**
- **3,054 Dindoras**
- **7,763 banners and posters distributed**
- **1,035 pulse oximeters, 1,145 CHE medicine kits and 5,725 individual medicine kits distributed through 45 bikers**
- **767 patients cared for in 82 Covid Care Centers**
- **54 CHEs trained on Mental Health**

Training CHEs on COVID-19 Prevention Module including promotion of Gramvaani

Need

Most of the information available on the rapidly changing Covid-19 situation was tailored to urban audiences, meaning the information in rural areas was either outdated or totally non-applicable. Existing functionaries like ASHAS were overstretched and had limited bandwidth for promoting best practices for educating every village. Given the restrictions of group meetings and travel, Healing Fields was unable to utilize the traditional in-person training model. Instead, CHEs needed to be rapidly upskilled in digital literacy in order to receive training.

Intervention

Training to CHEs was delivered in three modules, both online and offline, and incorporated best practices of adult learning in order to ensure full delivery of knowledge- even in a time when in-person training was not possible. Context appropriate resources and training materials were developed and can be found here.

Modules

Covid 1

The first session focuses on prevention, COVID Safe behaviours and vaccination. Topics included:

- Signs and symptoms
- Double masking and distancing
- Vaccine guidelines and side effects
- Myths and challenges
- Motivating the community and facilitating access

Covid 2

The second session focuses on home isolation and care for covid positive patients, including

- Maintaining oxygen
- Isolation and distancing
- Nutrition

Covid 3

The third session is an overview of setting up a Community Covid Care center, including

- Facility requirements
- Food for patients
- Patient care
- Safety protools and waste management
- Volunteers and community support
- Challenges and solutions

Methodology

The content is designed to be relevant, up-to-date, and accurate, as well as context-appropriate. Each session begins with a review and reinforcement of core concepts from previous models and engages participants to share their perspectives on the material. The training alternates between content delivery and break out rooms. The breakout rooms allow participants to discuss their experiences and difficulties in small groups, facilitated by the Healing Fields resource team.

Image 2: Screenshot from ECHO session with CHEs

Healing Fields utilized the ECHO platform in order to deliver this content online.ECHO India (Extension for Community Healthcare Outcomes) is a not-for-profit organization working towards building capacities and bridging gaps in the areas of healthcare, education, and other sustainable development goals. ECHO's core values are amplification, best practices, case-based learning and mentorship. Healing Fields has incorporated these values into the design of the training. ECHO utilizes a hub and spoke model, and due to the emergency nature of the intervention was able to host the covid-19 sessions after an orientation to the team.

The training is designed to be impactful and understandable through a digital medium, even for participants who are unfamiliar with online learning. In order to maintain engagement and ensure learning outcomes, facilitators encourage participants to speak and demonstrate concepts. The content is simple and continuously reinforced. The mixed-media delivery includes a context- relevant videos, physical exercises, presentations and discussions.

For each module, Healing Fields has created Pre/Post-tests that participants fill before and after a session. The results of these tests evaluate outcomes and participant knowledge, as well as guide facilitators on concepts that need to be reinforced in future sessions.

Outcome

In total, 1198 CHEs were trained between online and in person sessions.

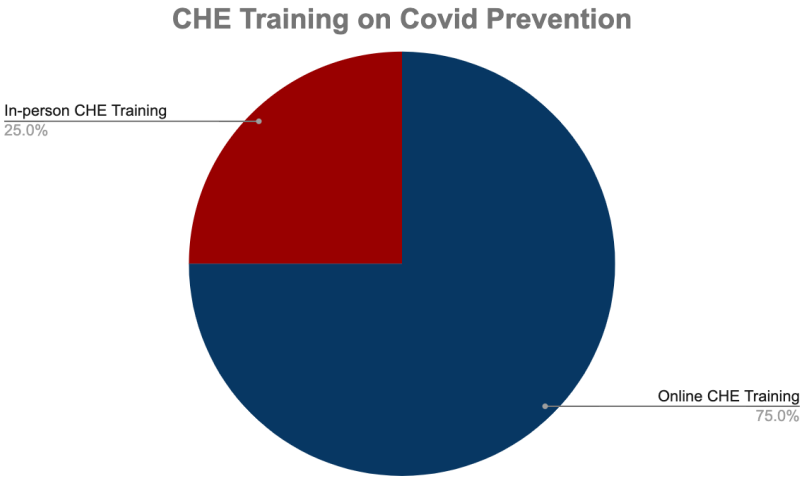


Figure 1: CHE Training on Covid Prevention

Image 3, Image 4: CHEs participating in training session

Table 1: CHEs trained on Covid Modules

CHEs Trained on Covid Modules by district		
State	***District***	Trained CHEs
Bihar	Arwal	5
	Aurangabad	38
	Bhojpur	9
	Buxar	28
	Darbhanga	33
	East Champaran	36
	Gaya	36
	Kaimur	30
	Muzaffarpur	88
	Rohtash	50
	Saran	40
	Sheohar	4
	Sitamarhi	24
	Siwan	45
	Vaishali	7
Bihar Total	**472**	

Jharkhand	Garhwa	30
	Palamau	34
Jharkhand Total	**64**	
UP	Azamgarh	40
	Ballia	91
	Basti	38
	Bhadohi	3
	Chandauli	41
	Deoria	40
	Fatehpur	27
	Ghazipur	62
	Gorakhpur	35
	Jaunpur	101
	Kushinagar	35
	Mau	34
	Mirzapur	44
	Pratapgarh	33
	Prayagraj	12
	Sonbhadra	27
UP Total		661
Grand Total	**1200**	

Table 2: Training to CHEs on all three modules (online and offline)

	Average Pretest Score	Average Post Test Score	Average improvement
Covid 1	1.1/4	3.9/4	70%
Covid 2	.9/4	3.9/4	75%
Covid 3	1.1/5	4.5/5	68%

The CHEs showed an impressive gain in knowledge between the pre and post tests for each module, with an average 70% improvement overall. This score improvement validates the state of

knowledge and awareness at the village level before training, and the need for the delivery of information on prevention, vaccination, and care.

> *"I received training from Healing Fields on COVID Prevention and Home Isolation Care and got to know about first aid help-awake proning exercise to be done with patients having low oxygen saturation levels. I got the opportunity to use this learning to save someone's life. I feel glad when I see my people appreciating my work and even thank me for saving their lives. I wish my little daughter could also do such work. She keeps saying that she too wants to work for the betterment of the society".*
> ***Suman Devi, 35 years, Basic Care Provider, Chhichore village, Ratanpura, Mau District, Uttar Pradesh***

Image 5: Suman Devi with community member

Health Education Sessions by CHEs to Community Members

Need

Communities needed education and leadership during an unprecedented rise in cases. Keeping a community safe requires preventative steps from all members, meaning education on best practices needed to be spread throughout the whole community. Lack of access to knowledge on prevention, vaccination, and home care at the family level results in worse health outcomes individually and for the village. The best weapons against COVID-19 are easily lost in the fog of stigma, fear, and lack of information. Education by an embedded CHE was necessary to combat misinformation and myths that precluded following best practices, like rumors that vaccination caused infertility or death.

Intervention

Each trained CHE worked actively in educating her community members on COVID safe behaviours. They would do group sessions maintaining the COVID protocols and when this was not possible do one on one sessions or even sessions on the phone for the community members. Group session totals can be found below.

Outcome

Each of the 1200 CHEs reaches out to 250 families. According to the most recent census, the avenger family size in UP is 5.97, 5.5 in Bihar and 5.27 in Jharkhand. Therefore, if we assume each family in these areas to have 5 members, CHEs thereby reached 1.5 million individuals. The impact of this education was immediate and real. Without education resources oriented towards rural reality, communities had very little accurate knowledge of COVID safety and management. The CHEs stepped in to fill those gaps and bring context-appropriate education on covid prevention and management to their villages.

Figure 2: Education Sessions by CHEs

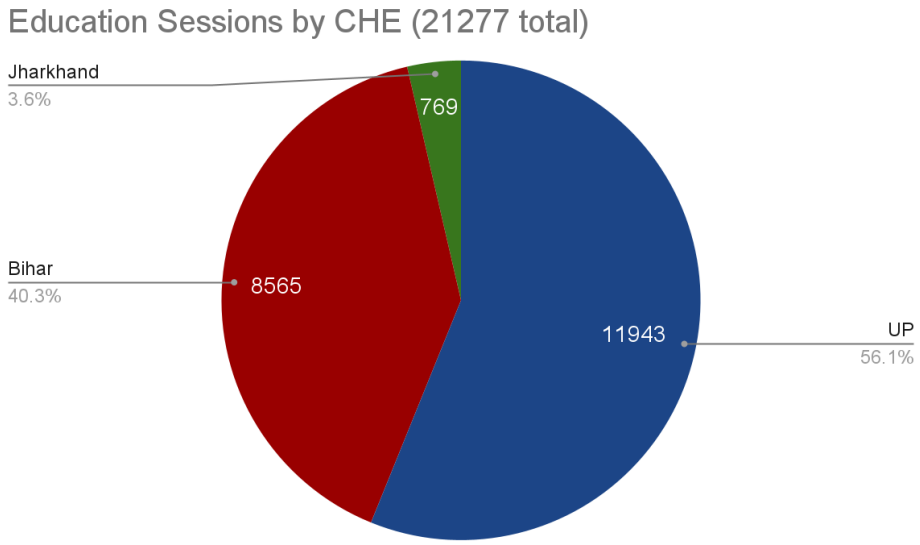


Figure 3: Education Sessions Led by CHEs

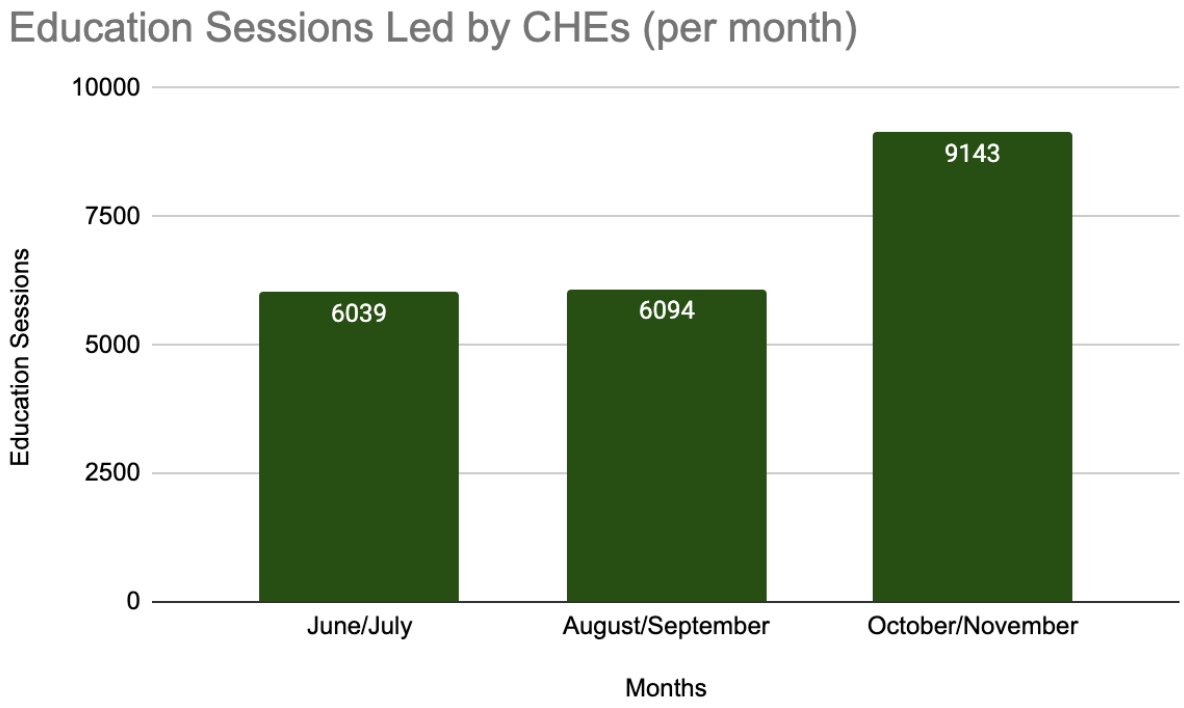


Figure 3 illustrates group health education per month following training by Healing Fields. The uptick in October/November corresponds to decreasing Covid cases and a switch of CHEs made from door to door education, and emergency work like running Covid Care centers, to traditional outdoor group education sessions. Focus in these later sessions was on continuing prevention protocols and vaccination.

Table 3: Education Sessions led by CHEs by District

Education Sessions led by CHEs by District		
State	**District**	Total
UP	Ambedkarnagar	725
UP	Azamgarh	539
UP	Ballia	1784
UP	Basti	488
UP	Bhadohi	51
UP	Chandauli	553
UP	Deoria	429
UP	Fatehpur	430
UP	Ghazipur	1116
UP	Gorakhpur	1177
UP	Jaunpur	813
UP	Kushinagar	1154
UP	Mau	641
UP	Mirzapur	777
UP	Pratapgarh	333
UP	Prayagraj	197
UP	Sonbhadra	665
UP	Varanasi	72
Bihar	Arwal	77
Bihar	Aurangabad	796
Bihar	Bhojpur	30
Bihar	Buxar	306
Bihar	Darbhanga	649
Bihar	East Champaran	465
Bihar	Gaya	435
Bihar	Kaimur	543

Bihar	Muzaffarpur	2071
Bihar	Rohtas	947
Bihar	Saran	885
Bihar	Sheohar	96
Bihar	Sitamarhi	639
Bihar	Siwan	597
Bihar	Vaishali	30
Jharkhand	Garhwa	376
Jharkhand	Palamau	393
Total		**21277**

Munni Devi of Arwal, Bihar *has made significant behavioural changes in her community. People have started wearing masks and using sanitisers to maintain hygiene. She has also trained people on how to follow social distancing and as a result of this, the village had not recorded any death or serious illness during Covid pandemic.*

Image 6: Munni Devi with Dindora

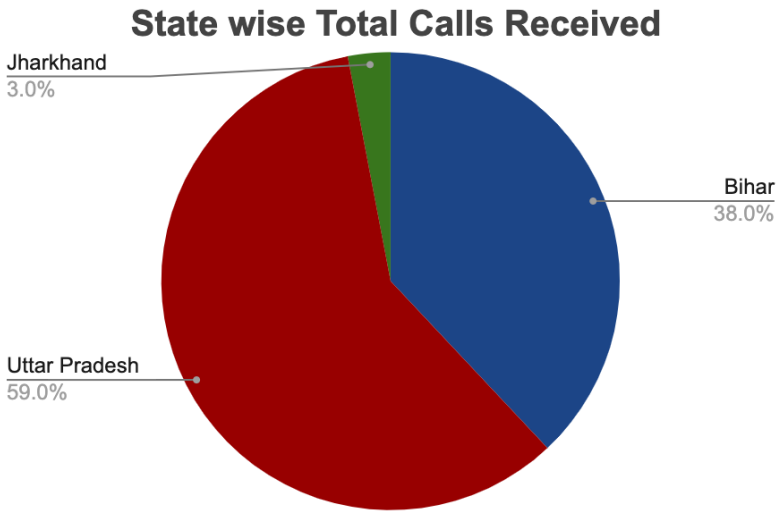
IVRS information & education on Gramvaani

Need

Communities needed access to support for the identification of high-risk cases and general covid education alongside the work of a single CHE in a village. Amplification of an IVRS platform allows support and education without the risk of group health sessions and can be utilized by large numbers of callers at a time, exponentially expanding the work of a CHE. Awareness of best practices, understanding of risk, and up to date information was otherwise difficult to access by an individual through other media channels, due to lack of digital literacy or inaccurate or contextually irrelevant information.

Intervention

Healing Fields partnered with Gramvaani and the IVRS platform was used extensively by the CHEs to amplify awareness on COVID safe behaviours in their community. The platform also had a channel where people could call in and do a COVID risk assessment. The identified high-risk cases were referred to the Healing Fields responder team for



resolution and follow up.

Figure 4: State Wise Total Calls Received

Outcome

Community members utilized the helpline for information on Covid, flooding, migration, health and entitlements. The distribution of calls can be found in the following charts.

Figure 5: Type of Calls Received

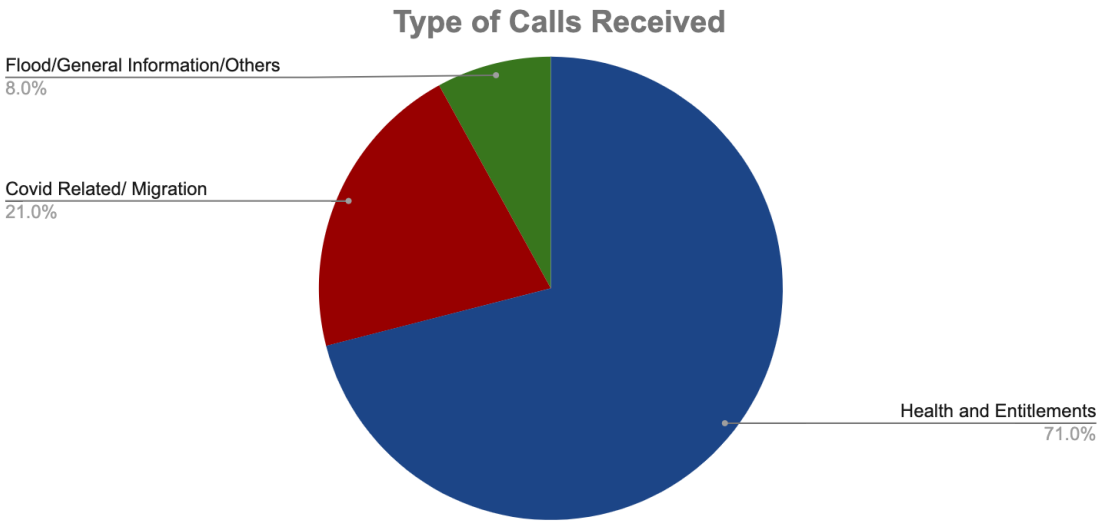
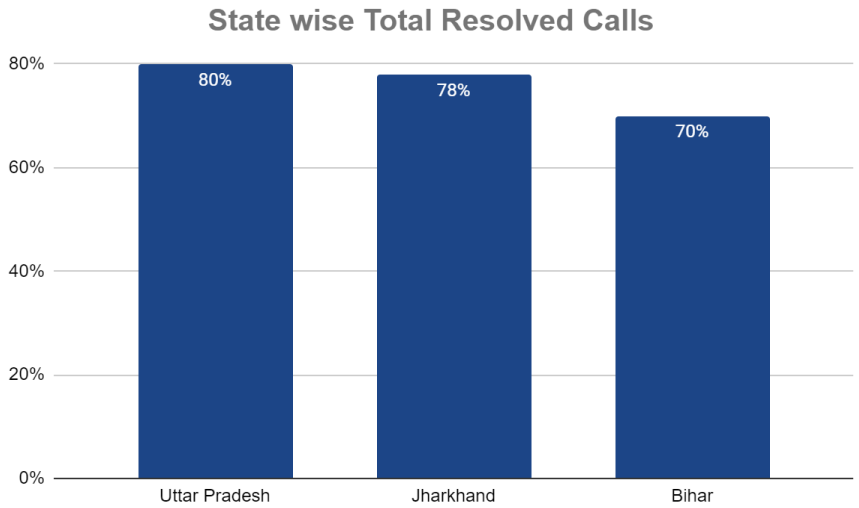


Figure 6: State Wise Total Resolved Calls



Dissemination on COVID-19 prevention using multimedia channels

Need

Education on best practices needs repetition and reinforcement in order to be consistently followed by a committee. Easily accessed multi media channels like dinoras (for audio messages) and posters and banners (for visual messages) allowed CHEs to reinforce best practices without calling for group meetings during high risk waves.

Intervention

Dindoras is a type of street radio where audio messages on COVID safe behaviour and vaccination were played across the village. This helped in reaching out to a larger population in the village. This method proved to be a good communication tool to reach a larger audience, during restrictions in movement due to COVID. Apart from this posters on COVID safe behaviours were also put up in every village. Banners are displayed at the entrance of the village, smaller posters were used in internal public areas.

Image 7, 8: Dindoras and Banners in the villages

Outcome

CHEs distributed 7,763 posters and banners and led 3,054 dindoras. These banners and posters were displayed in common areas and utilized for education.

Table 4: Banners, Posters, and Dindoras Statewise

State	Banners	Posters	Dindoras
UP	1244	3110	1688
Bihar	856	2140	1236
Jharkhand	118	295	130
Total	2,218	5,545	3,054

Image 9, 10: CHE using a poster for education and CHE with poster at local shop

Mental Health Training of CHEs

Need

The mental health burden of the pandemic hit the villages, where knowledge of mental health practices and access to mental health professionals is severely limited. The mental pressures of lack of income, fear of the virus, or uncertainty of the future in the villages required support from a resource who understands the context.

Intervention

60 CHEs across Bihar, UP and Jharkhand were chosen based on skill set and interest, then participated in an online training program. They were taught active listening, tele counselling do's and don'ts, heard case studies relevant to the village context during the covid pandemic, and practiced role play for establishing report and guiding a caller through exploring options to engage with his or her stressors.

Outcome

CHEs participated in the training and practiced the lessons provided through role play. We partnered with Mana Health Let's Talk helpline where CHE identified people who needed counselling and connected them to the helpline for the necessary support. As a next step, we will develop this training and establish CHEs as mental health first responders and nodal points for referral.

Feedback from the Mental Health Trainer on CHE ability
Empathy: The CHE's were high on empathy and had a high capacity to relate for problem-solving and establishing rapport

Concept Clarity: Since their work was majorly around Health Advisory, the concept of counselling was misunderstood. But they did understand the idea of mental health support and problem-solving. They were well versed with the social and psychological impact of the pandemic.

Willingness to Help: CHE's have shown a high willingness to help and offer support, and understand what the person may be going through. They showed genuine interest in problem resolution around Mental health issues that may be Psycho-social in nature arising due to the COVID pandemic.

Way Forward: Maybe a longer training that is focussed primarily on counselling skills for laypersons can be adopted as part of their training. Simple tools and techniques to be incorporated within their existing work to also work as Mental health care aiders.

Ration Distribution to vulnerable community members

Need
Without a safety net, families were left in freefall after months of lockdown without any means of income. Individuals who fell sick and could not feed themselves or gather groceries, poor families who lost sources of income, and families in quarantine needed support in order to meet basic nutrition needs. Flooding in Muzaffarpur created an additional layer of need.

Image 11: Ration Distribution

Intervention
CHEs worked to identify members of their communities who required nutritional support through rations- in case the family was isolated with Covid, a patient at a Community Covid Care center needed food, or a family or had no means of income and could not afford food. Healing Fields then provided ration for distribution by the CHEs. Healing Fields also partnered with Goonj to provide flood relief kits.

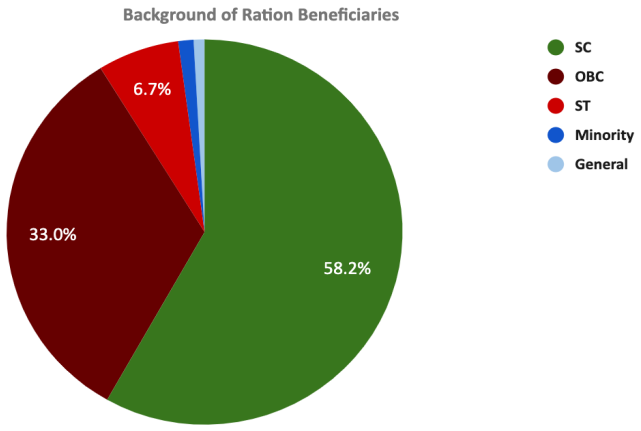


Figure 7: Background of Ration Beneficiaries

Outcome
Rations were distributed by CHE in order to provide nutritional support to needy families.

Establishment of COVID Care Centers

Need

Many homes in the rural villages where CHEs work do not have adequate space and facilities to isolate a symptomatic person. Further, stigma, fear, and lack of access meant individuals preferred remaining in the village to government isolation centers, in the places where they were available. In order to inhibit the spread of the virus, symptomatic patients needed centers where they could isolate and be monitored by a trained functionary.

Intervention

Healing Fields has enabled CHEs to set up Covid Community Care Centers in their villages where patients can isolate and receive appropriate care. Sanitation kits containing (Tooth Brush, Toothpaste, Tongue cleaner, Cotton Mask, Sanitizer, Bucket and mug, Towel, Dustbin) were given to individuals in the CCCCs. CHEs worked with local functionaries like Gram Pradhans to locate ideal centers, like local schools. They facilitated access to health resources through teleconsultation, nutritious food through rations and community kitchen, and medicines from supplies distributed throughout the Healing Fields rural logistics chain.

Outcome

CHEs setup 82 Community Covid Care Centers where 767 symptomatic individuals were able to isolate themselves, receive rations, sanitary kits, medicines, and be connected to a doctor through the telehealth line .

When Suman Devi of Mau, Uttar Pradesh began to set up a Community Covid Care Center in her village in Uttar Pradesh, many people tried to stop her. She had to convince her community that this was the safest course of action and the best way to care for the ill and needy. Suman Devi sanitized and set up the center and took in 18 patients. She ensured that they followed safety protocols, measured their oxygen and saturation, and took meals twice a day to patients who did not receive food from home. After 14 days, many patients recovered and went home.

Figure 8: Covid Care Centers by District

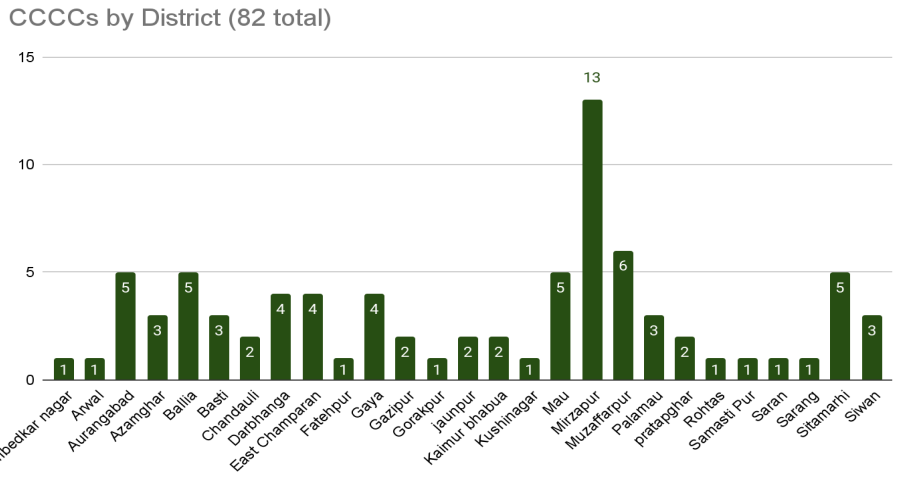
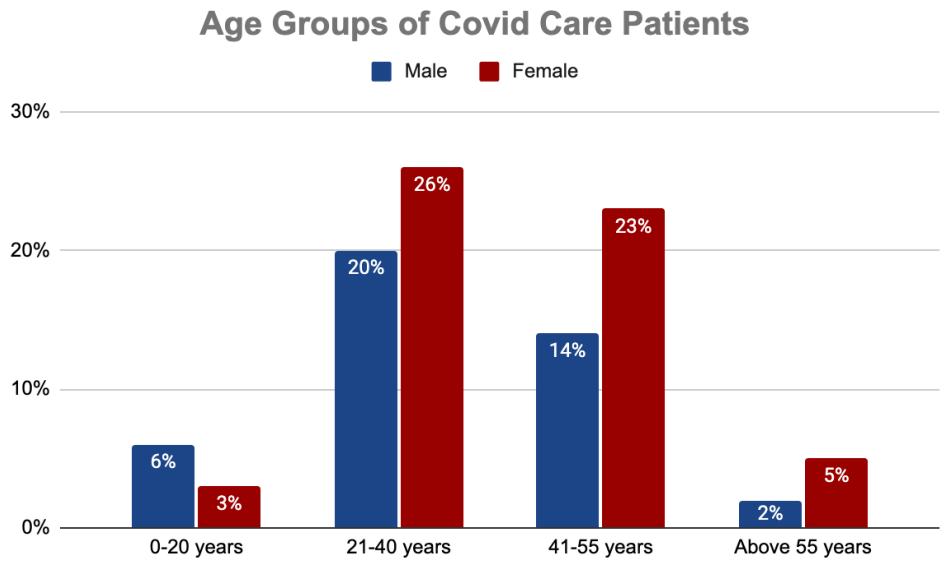


Table 5: Patients in Covid Care Centers by District

Number of Patients in Covid Care Centers by District		
State	District	Patient Number
Bihar	Arwal	6
	Aurangabad	40
	Darbhanga	60
	East Champaran	49
	Gaya	40
	Kaimur Bhabua	10
	Muzaffarpur	83
	Rohtas	10
	Samasti Pur	10
	Saran	5
	Sarang	4
	Sitamarhi	112
	Siwan	38
Bihar Total		**467**
Jharkhand	Palamau	37
Jharkhand Total		**37**
UP	Ambedkar Nagar	8
	Azamgarh	12

	Ballia	29
	Basti	22
	Chandauli	10
	Fatehpur	8
	Gazipur	7
	Gorakhpur	8
	Jaunpur	16
	Kushinagar	7
	Mau	44
	Mirzapur	76
	Pratapgarh	16
UP Total		**262**
Grand Total		**767**

Figure 9: Age Groups of Covid Care Patients



"I came to the village from Delhi having symptoms like fever, cold and cough. CHE Rajkumari Devi organized an isolation facility in the village level school where I stayed for 10 days. I got all the facilities including a toothbrush/sanitation kit and eggs for breakfast. I would like to thank Healing Fields for the support in my recovery ".

Jaipura, CCC Patient, 25 years, Mukrera Village, Chapra, Saran, Bihar

Distribution of medical kits including medicines, oximeters/thermal scanners by Bikers to CHEs

Need

Lockdowns and overwhelming pressure on the public health infrastructure created bottlenecks, severely limiting access to crucial health products and equipment in rural villages. Basic medications like paracetamol, and necessary equipment like pulse oximeter were impossible to purchase- severely inhibiting local covid response.

Image 12: Biker training CHE on using Pulse Oximeter

Intervention

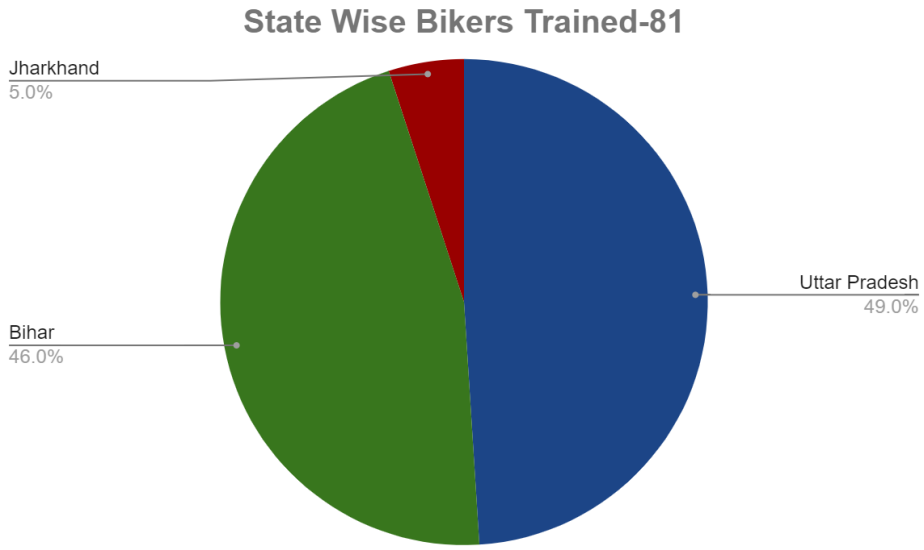
The CHEs were given CHE kits containing pulse oximeters, thermometers, sanitizer, masks and essential medicines to help them manage the COVID situation in their villages. The essential medicines included paracetamol, vitamin C, ecosprin and antihistamine tablets.

Outcome

1,035 pulse oximeters, 1,145 CHE medicine kits and 5,725 individual medicine kits were delivered through 45 local bikers, who were able to earn an income. These products were crucial to management of symptomatic individuals.

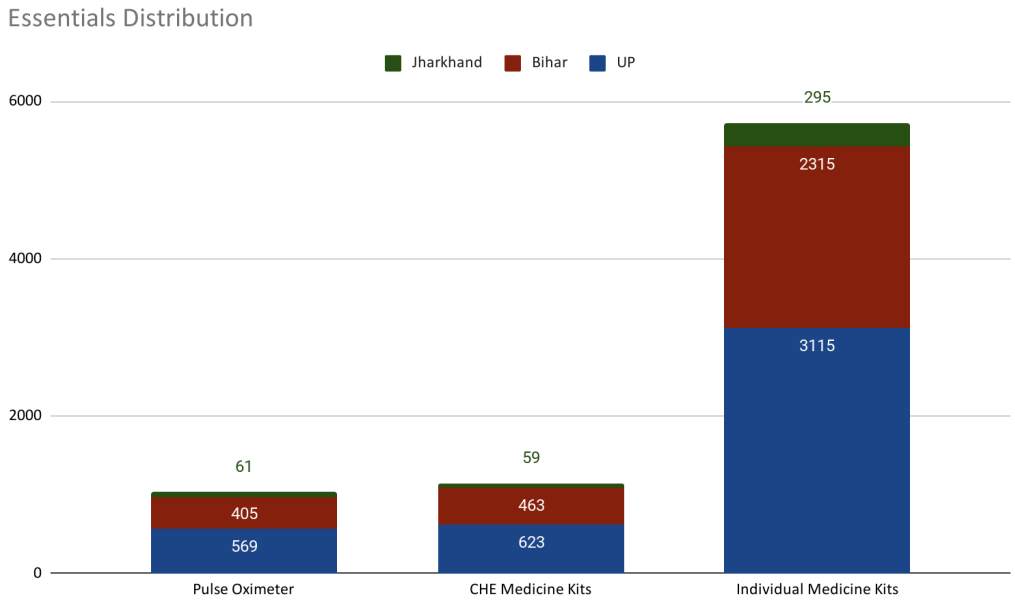
Image 13, 14, and 15: CHE with essential items, individual medicine kit, biker in delivery

Figure 10: State Wise Bikers Trained



45 bikers were actively involved in the distribution of essentials and medicines for a period of 1 month. On average each biker made about 32 deliveries in this period and the average earning of a biker was INR 3450.

Figure 11: Essentials Distribution



Pillar 2: Delivery of Primary Health Services

Need
Pressure from the second wave limited access to primary health services as traditional barriers like cost, distance, quality, and quantity were compounded.

Intervention
Healing Fields facilitated new routes of access like IVRS and phone-based helplines, and supported CHEs in problem-solving and facilitating on the ground.

Outcome

- **4,600 individuals provided teleconsulting**
- **100,213 vaccines facilitated**

Tele-consulting Service through IVRS Platform (Gramvaani)

Need
The fear and stigma of COVID during the 2nd wave prevented people from going to the doctor when sick. People who were sick or had symptoms were trying to manage in their houses without treatment. If some sought treatment the health system was so over burdened it was not able to meet the demand and only critical patients were being attended to.

Intervention
Healing Fields launched tele consulting services where the patients were able to get advice from a remote doctor and this was facilitated by the CHEs. The doctors from the same areas were taken to provide teleconsultation so they could understand the context better.

Outcome

- **4,600+** individuals provided teleconsulting

Figure 12: State Wise distribution of Teleconsult calls

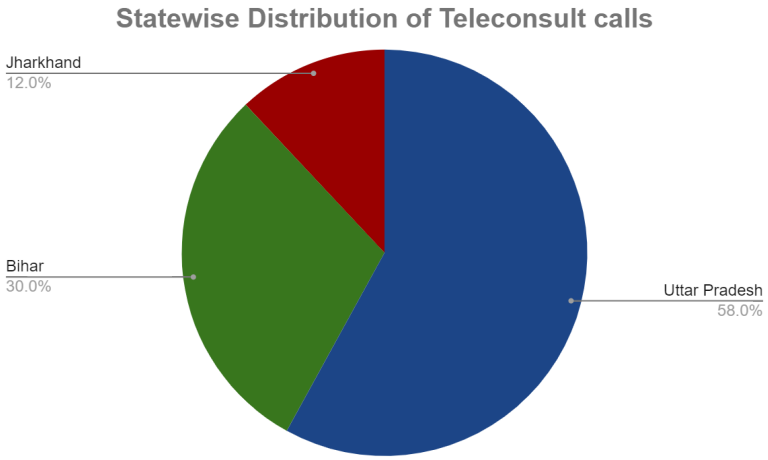


Figure 13: Demographic Background of Patients (Telehealth Line)

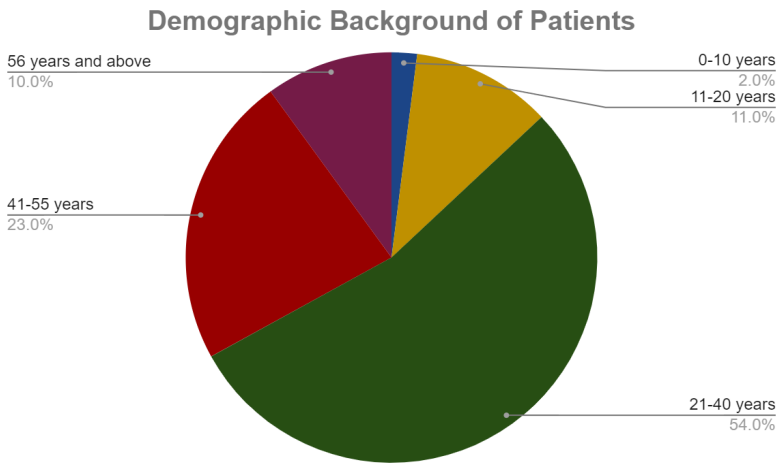


Figure 14: Chief Complaints of Patients (Telehealth Line)

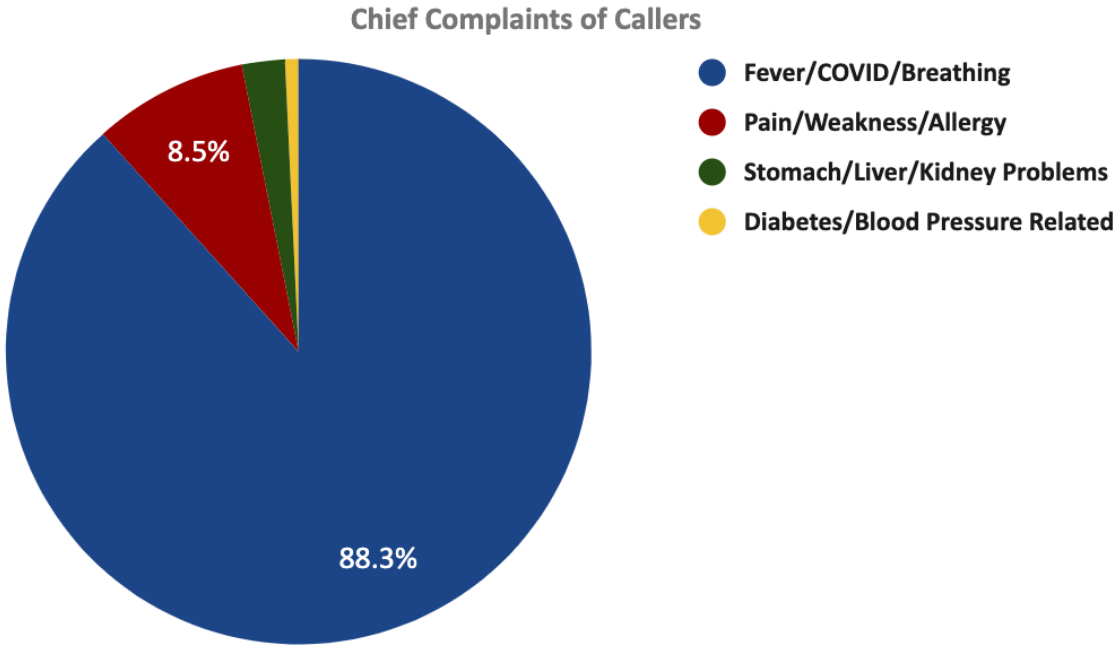


Image 16: CHE Reena Devi at the Health Center with affected children

Healing Fields remote doctor received a call on the telehealth platform from a village in Ramgarh block in the evening regarding diarrhea and vomiting among children and found 18 children were suffering with these symptoms in the village. Immediately a team of CHE, Gram Pradhan, Healing Fields field staff, and the doctor was formed. CHE Reena Devi assessed every child who was unwell and advised the parents regarding maintaining hydration. ORS & Medicines were procured and distributed to all patients as per the doctor's prescription. The CHE identified the children with severe symptoms and shifted them to the hospital. The team also coordinated with the local Government officials and ensured a health camp in the village by a medical team the very next day, who assessed and identified the cause of the illness – which was due to food poisoning from a wedding. 3 more children were shifted to the Government Primary Health Centre for admission by the block team. Due to the prompt action by CHE and the team, the problem was contained, and the children received prompt treatment and their lives were saved.

Vaccination referrals and camps undertaken by CHEs to promote COVID-19 vaccination

Need

Vaccination rates in rural areas trailed behind urban counterparts throughout the May-November period. As of August 31st, 1.09 crore doses were given in rural areas as against 31.9 lakh in urban areas, according to the Indian Government's CoWin dashboard. This lag was due to a combination of lack of access and vaccine hesitancy due to misinformation. While CHEs were combating vaccine hesitancy, facilitating access to vaccination was also necessary to close the vaccine gap.

Intervention

The CHEs took the lead in vaccine awareness and in referrals for vaccination. In coordination with the Gram Pradhans, they facilitated the conduct of vaccine camps in their villages to ensure accessibility of vaccines to everyone. As part of Covid-19 training, CHEs were educated on common vaccine myths, vaccine effects, facilitation and the importance of community vaccination. CHEs worked with local leaders to organize these camps and transportation to health centers. They also educated community members to encourage vaccination and overcome fear and rumours. Many went door-to-door identifying vulnerable community members and encouraging hesitant individuals to take the vaccine.

Image 17: CHE Seema Devi at village Vaccination Camp

Outcome

Between May and November, CHEs facilitated access to 100,213 vaccines through camps and referrals. Most of these vaccinations were the 1st dose of 2, since vaccinations for all adults opened in May. Delivery was equitable between men and women, but the majority were between the ages of 18 and 44. Now CHEs are actively motivating vaccination for adolescents and boosters for the vulnerable.

Figure 15: Vaccination Referrals

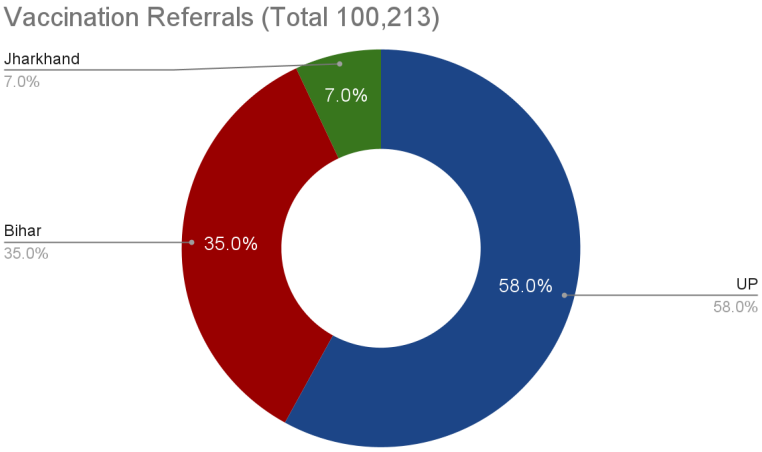
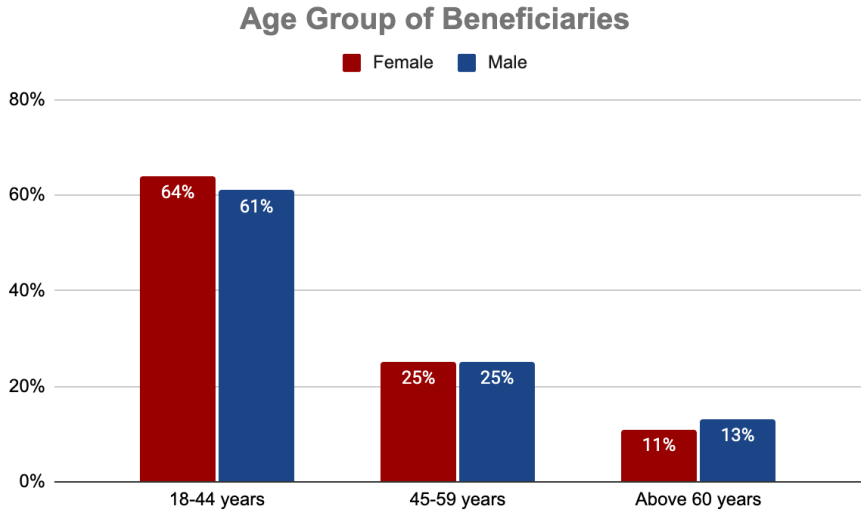


Figure 16: Age Group of Vaccine Beneficiaries



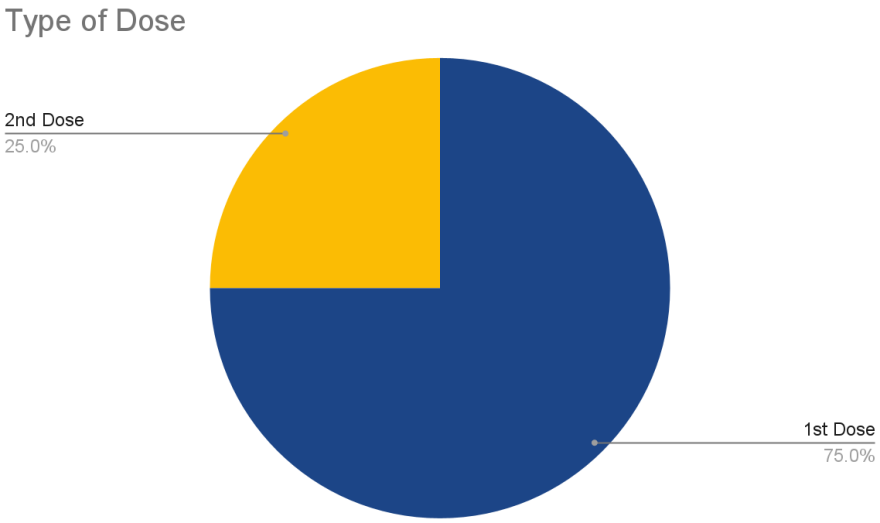


Figure 17: Type of Dose

"The nearest vaccination center is located around 10 kms from my village. Some community members do not have the means to travel to such a distantly located vaccination centre. In response to this challenge, I had to convince the Gram Pradhan- who was campaigning- to support my efforts. I requested a vehicle to the vaccination center to be arranged for community members instead of gifts. In this way, vehicles were arranged for around 50 elderly people and 40 other adult members of my community to get vaccinated"
-Sarita Devi, 35 years, Basic Care Provider, Bibauli VIllage, Ratanpura Block, Mau, Uttar Pradesh

Pillar 3: Institutional strengthening and human resources for health

Need
The public health infrastructure was stretched to the breaking point during the disastrous second wave in India, where a lack of resources and training exacerbated existing gaps in delivery.

Intervention
Healing FIelds worked with local functionaries and health centers to provide support where necessary in training and equipment.

Outcome

- 2127 ASHAs and frontline functionaries trained
    - 2124 pulse oximeters, 35 thermal scanners and 1546 face masks/shields distributed to ASHAs

- 250 staff from 17 partner organization of RCRC network and the Catalyst NASE collaboration trained
- 100 Oxygen Concentrators distributed
- 739 Resilience Committees formed

Training of frontline functionaries including ANM/ASHA Facilitators/ASHAs

Need

ASHA workers in our operational areas needed relevant upskilling and equipment in order to act as first responders for rural communities. A survey by Oxfam India indicated that only 75% of ASHAs were provided with masks, and only 62% received gloves.[3]

Intervention

Healing Fields, as a knowledge hub for rural health response, stepped in to support frontline functionaries with the same training and equipment as our CHEs. These frontline Workers including ASHA workers, ANMs and ASHA Facilitators were trained on the COVID-19 prevention module with a key focus on COVID-19 signs/symptoms, preventive measures, vaccination, home isolation/care, oxygen and temperature monitoring and self-care protocols while working in the field. The module was designed to provide participants with the opportunity to come forward and share their experiences related to the COVID-19 situation in the community.

Outcome

2,127 ASHAs and other frontline functionaries were trained on the three covid modules in order to implement these tools for preventive behaviour, care, and vaccination in their working areas. High Post test scores indicate strong uptake of the information.

Image 18: ASHAs with pulse oximeters after training

[3]Agrima Rina, 'Asha workers hailed as heroes', The Print, September 2021

Figure 18: State Wise Total Frontline Workers Trained

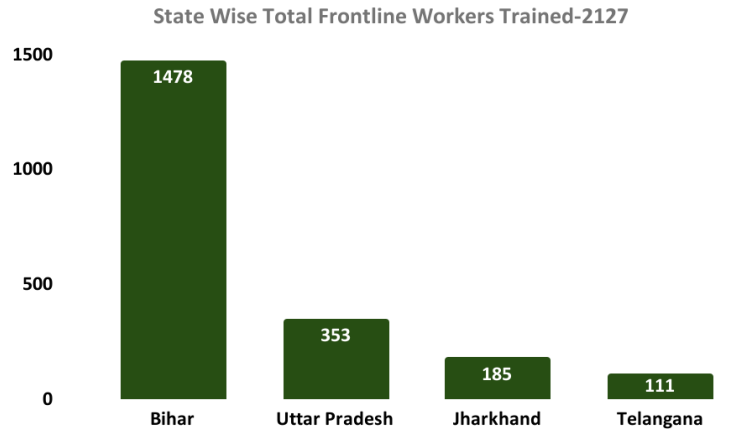


Figure 19: Type of Functionaries Trained

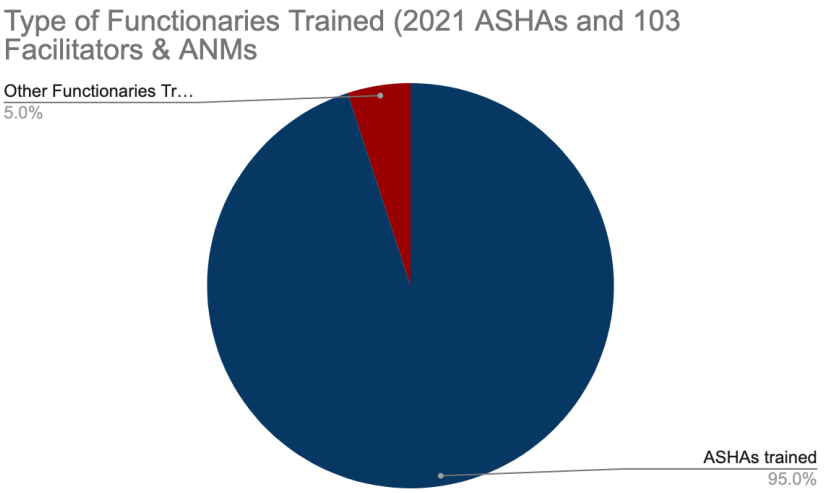


Table 6: Supplies Distributed to Frontline Functionaries

Supplies Distributed to Frontline Functionaries by State				
State	**Total ASHAs/Facilitators**	**Total Oximeters**	**Total Thermal Scanners**	**Total Masks/Face Shields**
Bihar	1478	1457	22	1030
UP	353	370	4	366
Jharkhand	185	184	9	150
Telangana	111	113	0	0
Total	2127	2124	35	1546

Feedback from Frontline Functionary Trainees

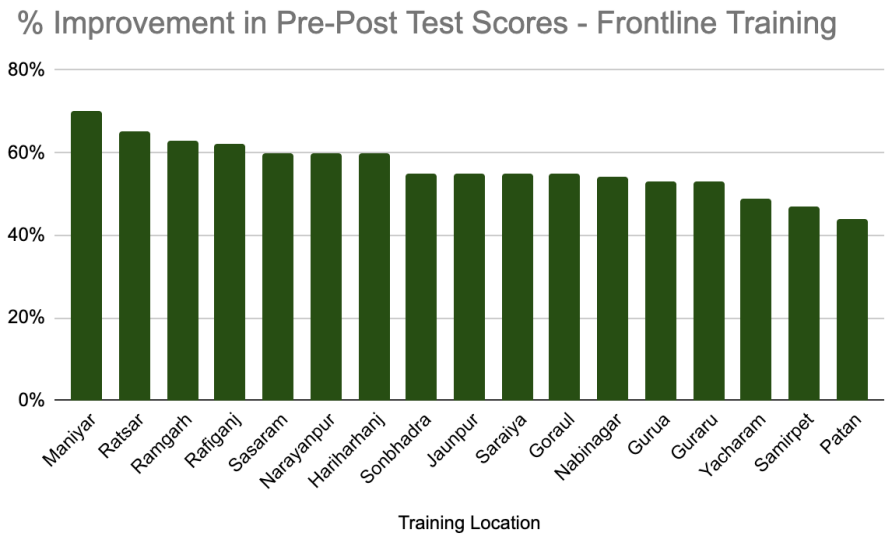
"We have never received such technical training before. I feel I can utilize this learning to help residents in my village. I am confident in measuring oxygen levels of affected people using oximeters & further referring patients with very low saturation levels to the nearest hospital".

Kumari Sarika Sinha, ASHA, Guraru CHC, Gaya, Bihar

"Not only were we provided with the oximeters/thermal scanners but a thorough training was given on its use, significant readings and necessary actions to be taken. Now I know how to maintain oxygen saturation levels at home with exercises and when to refer to them. On behalf of all ASHAs, we thank the Healing Fields team for the training".

Hulas Devi, ASHA, Shole Cluster, Patan, Palamu, Jharkhand

Figure 20: Percent improvement in Test Scores



Training of Master Trainers from other organizations

Need

Many other grassroots organizations saw cases rising in their communities, but their expertise lay in other working areas. Given Healing Fields' experience in knowledge in training leaders in rural areas and the resources it had developed that were contextually relevant, there was an opportunity for Healing FIelds to support these organizations in their own response.

Image 19: Master Trainers bringing Covid-19 education to their areas

Intervention

Healing Fields supported other NGOs by training their master trainers on COVID modules. These trainings were done on a Training of trainers model through online sessions. The master trainers were also provided resources and materials for their use in the communities.

Outcome

250 staff members from 17 partner organizations were trained on the three covid modules so they could lead responses in their regions. High ratings of the trainers and content indicate that the training was valuable to participants.

Figure 21: Staff trained from Partner Organizations

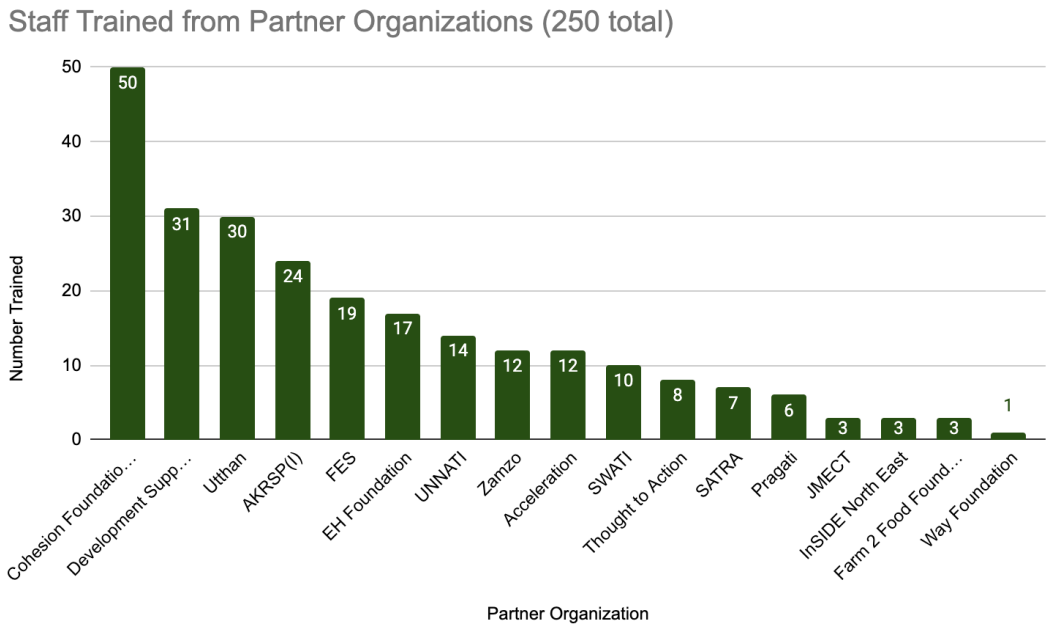


Table 7: Feedback from External Master Trainers

Feedback by External Master Trainers (RCRC 16 Organizations)	
Indicator	**Average of Rating out of 5**
Clarity of Presenter	**4.66**
Content Relevant	**4.69**
Participant Engagement	**4.68**

Distribution of Oxygen concentrators to Government health centers

Need

Oxygen concentrators are a key tool in caring for severe covid cases. The country suffered a shortage of oxygen and concentrators during the second wave, but the pressing need in the urban areas precluded the availability of these life-saving tools in the rural areas.

Intervention

Healing Fields worked with GIVE Foundation in sourcing oxygen concentrators. The blocks where there were higher cases of COVID and greater requirements for support were identified and oxygen concentrators were distributed. This need was established through collaboration with block officials by Healing Fields field staff. Healing Fields also connected these Health centers to CARE India for training on Oxygen concentrator use and maintenance.

Image 20: Local officials and functionaries with Oxygen Concentrators

Outcome

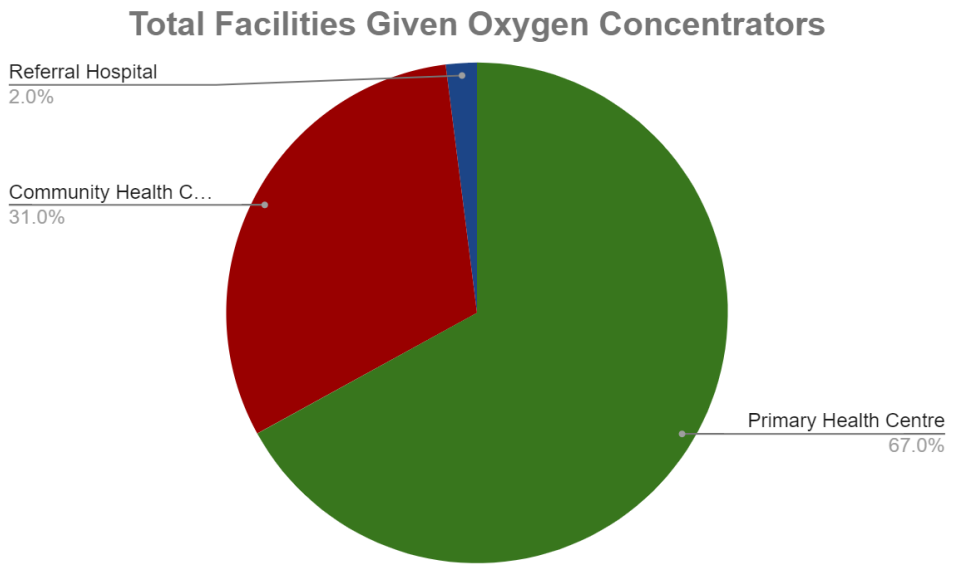
100 Oxygen concentrators were distributed to PHCs, CHCs and Referral Hospitals for treating severe Covid-19 patients. CARE India administered training on use and maintenance.

Table 8: District Wise Total Oxygen Concentrators Distributed

District Wise Total Oxygen Concentrators Distributed-100	
Muzaffarpur	12
Ballia	12
Sitamarhi	10

Mirzapur	8
Darbhanga	8
Palamu	7
Buxar	7
Jaunpur	6
Kaimur	4
Gaya	4
East Champaran	4
Chandauli	4
Aurangabad	4
Arwal	4
Vaishali	2
Sheohar	2
Sasaram	2

Figure 22: Total facilities Given Oxygen Concentrators



The MOIC of the Community Health Center in Jamalpur Block, Mirzapur District was able to utilize oxygen concentrators distributed by Healing Fields Foundation in order to treat patients. Patient Shri Ram Krishna, 75 years old, came to the CHC with severe breathlessness and low saturation. He and more than 5 other patients were given timely support due to the availability of this essential weapon in the fight against COVID.

Resilience Committees

Need

Given the scale of need, response to Covid-19 had to be localized in order to ensure communities are prepared for future waves or new types of disaster, without being reliant on outside intervention. We have seen that support from traditional public health infrastructure can be easily cut off if the system is overwhelmed by pressing needs in urban areas or if lockdowns restrict movement. The key to this local response was the orchestration of local stakeholders and leaders like Gram Pradhans, ASHAs, Anganwadi workers, community intermediaries, and local volunteers. Ensuring that the elderly are quarantined and protected, sick individuals are cared for, medicine and other necessary supplies are available in the village, and low-income families have food to eat all require community action.

Intervention

CHEs activated Resilience Committees to bring crisis response to the village level. Community Health Entrepreneurs catalysed the formation of these committees that included local leaders, frontline functionaries, and an equitable cross-section of members of the village. These committees led pandemic responses by leading education through sessions and media like posters, banners and dindoras, tracking vulnerable members of the community, mapping health resources, and monitoring Covid-safe behaviours. These committees ensure that vulnerable members of the community are supported and appropriate behaviours are followed in public areas.

Image 21: Committee members in discussion

OUTCOME

739 resilience committees were formed, and were composed of a cross-section of community members. Crucial frontline functionaries like ASHAs and Anganwadi workers, as well as village leaders like Gram Pradhans were included. Further, a mix of caste and gender ensured that the decisions of these committees reflected the needs of the village as a whole.

Figure 23: State Wise Total Committees Formed

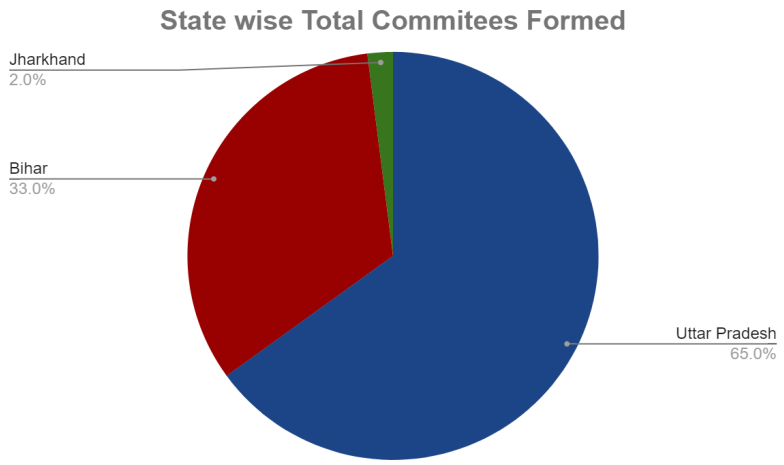


Figure 24: Occupation of Committee Members

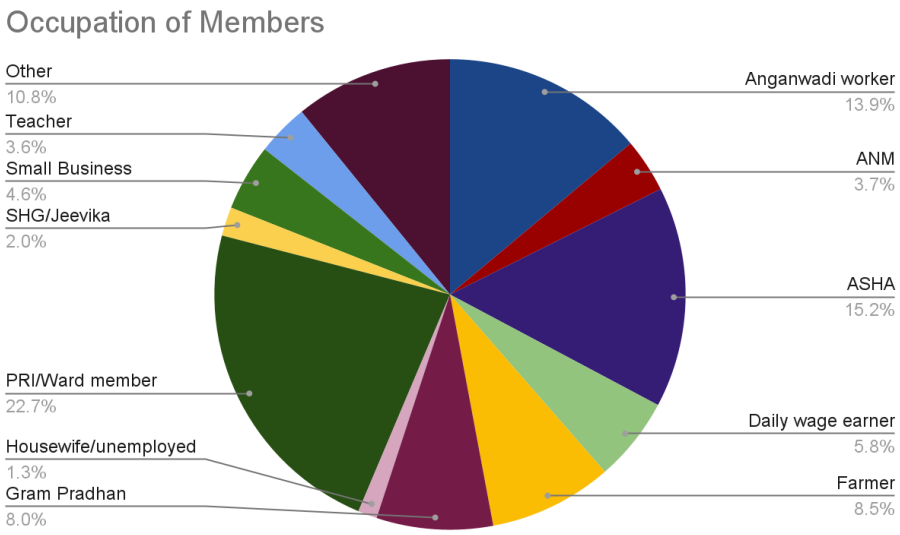


Figure 25: Caste of Committee Members

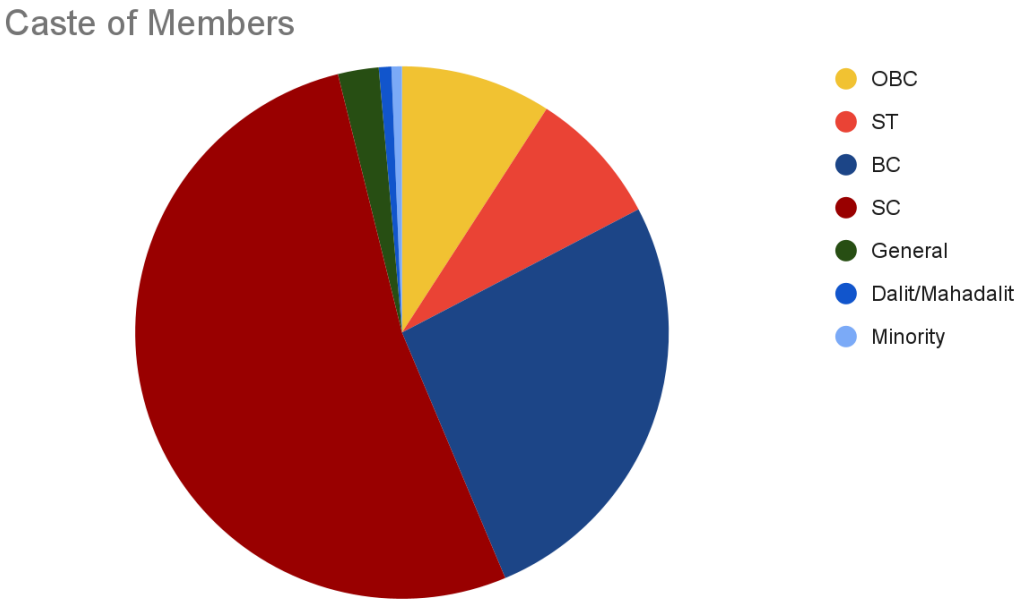
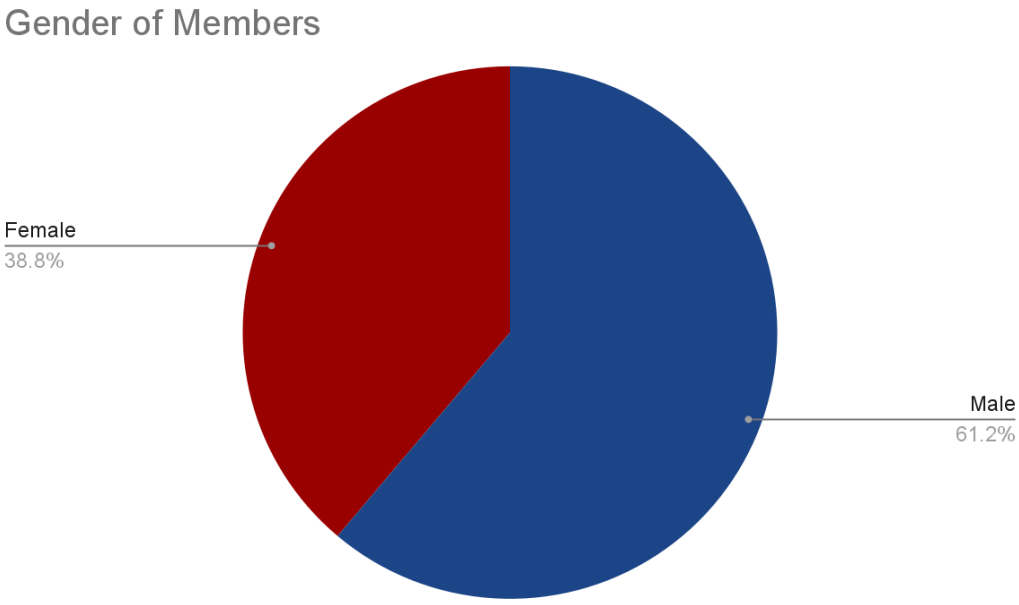


Figure 26: Gender of Committee Members



Data-driven decision making to plan interventions in target communities

Need

Very little data exists reflecting illness and death causes, access to health care, and reasons for the inability to access in the rural villages. This data is crucial for creating programs that address community needs and understanding the reality in these remote locations.

Intervention

Healing Fields designed forms so the CHEs could log cases of illness and death in their villages. This data was collated and analyzed.

Outcome

- **2678 deaths captured**
- **23,676 illnesses captured**
- **26.15 percent of individuals with non-communicable diseases (including anaemia, heart problems, hypertension and diabetes) were not able to access any healthcare.**
- **Lack of money was a stronger determinant of lack of access for women than men (69.35% versus 60.23%).**

Community-level deaths during COVID-19

Figure 27: State Wise Total Death Reported

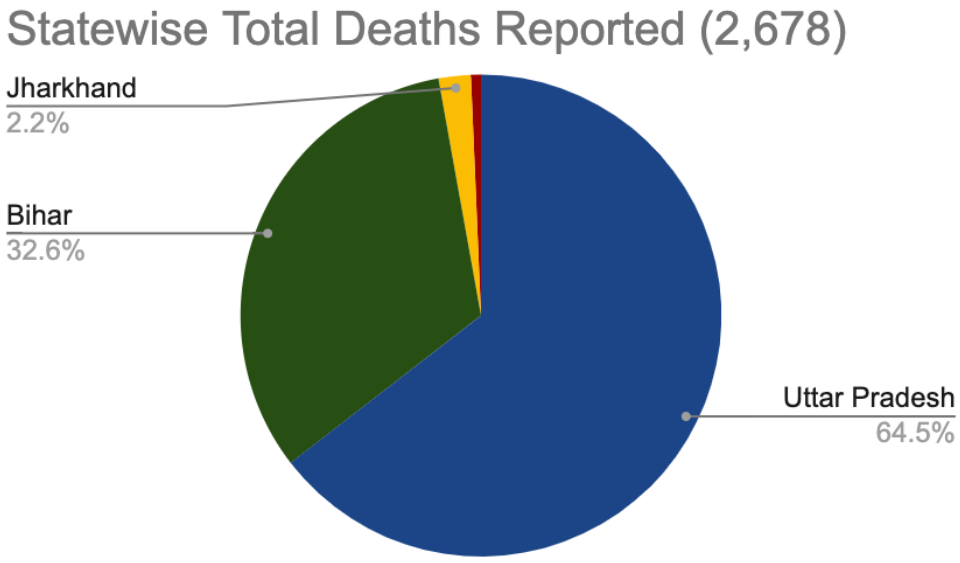


Figure 28: Chief Complaint of Deceased

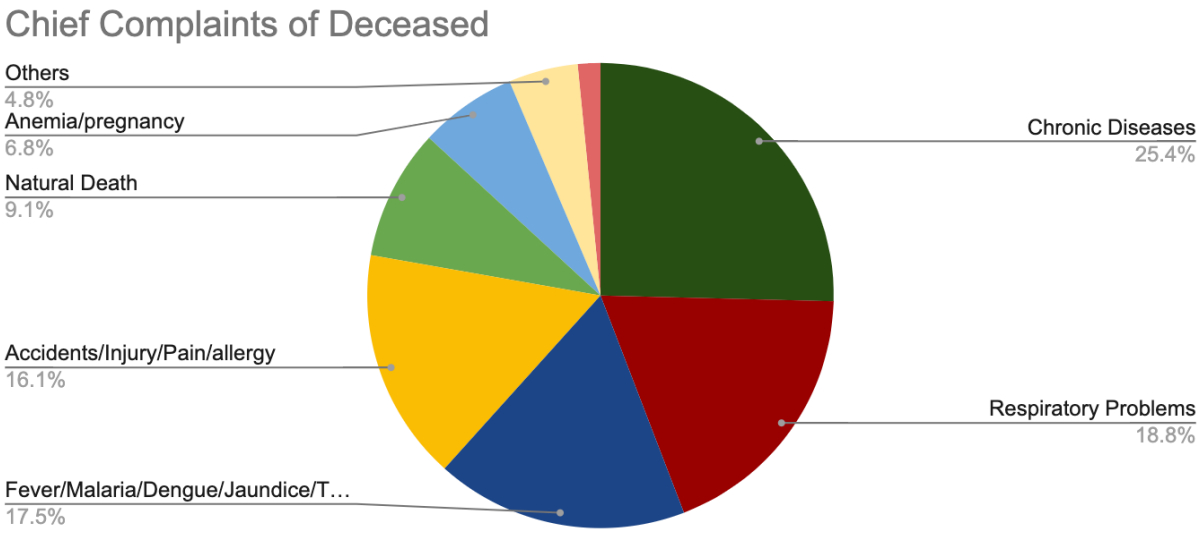


Figure 29: Demographic Details of Deceased

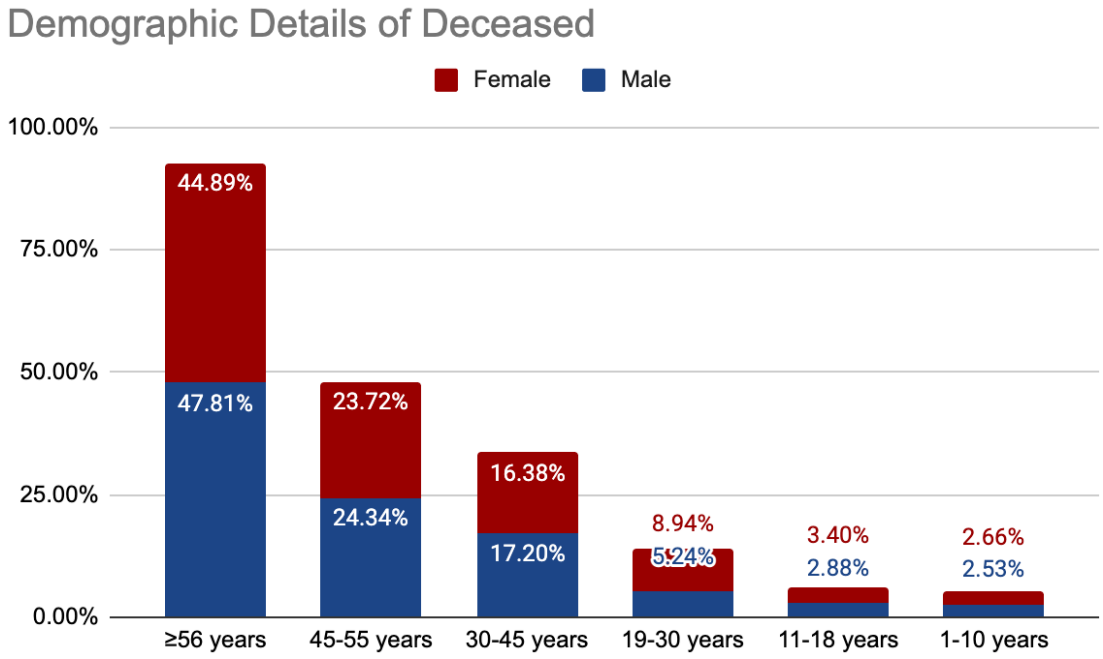


Figure 30: Access to Healthcare by Deceased

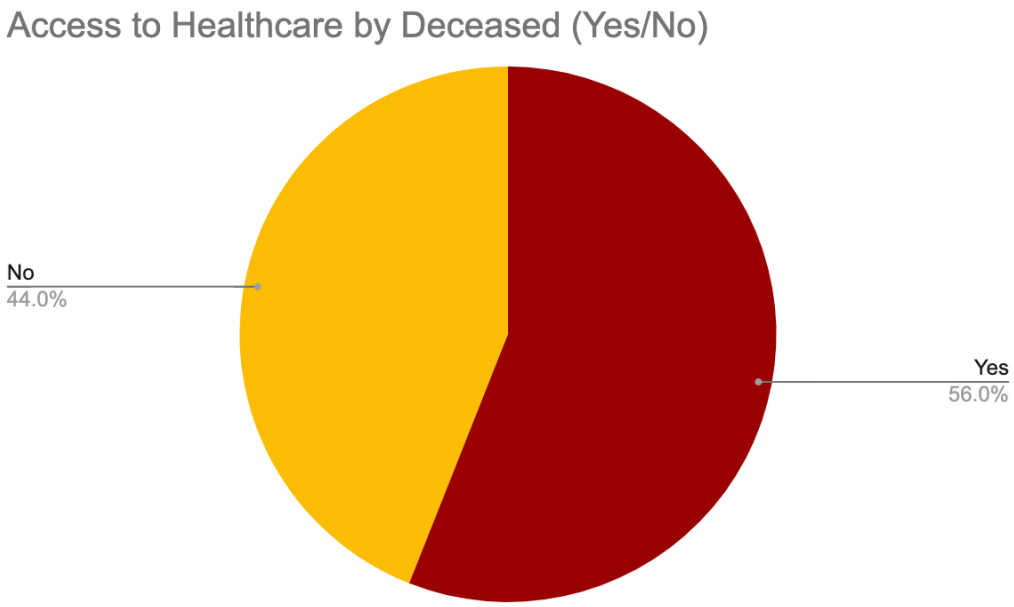


Figure 31: Reasons for No Access to Healthcare by Deceased

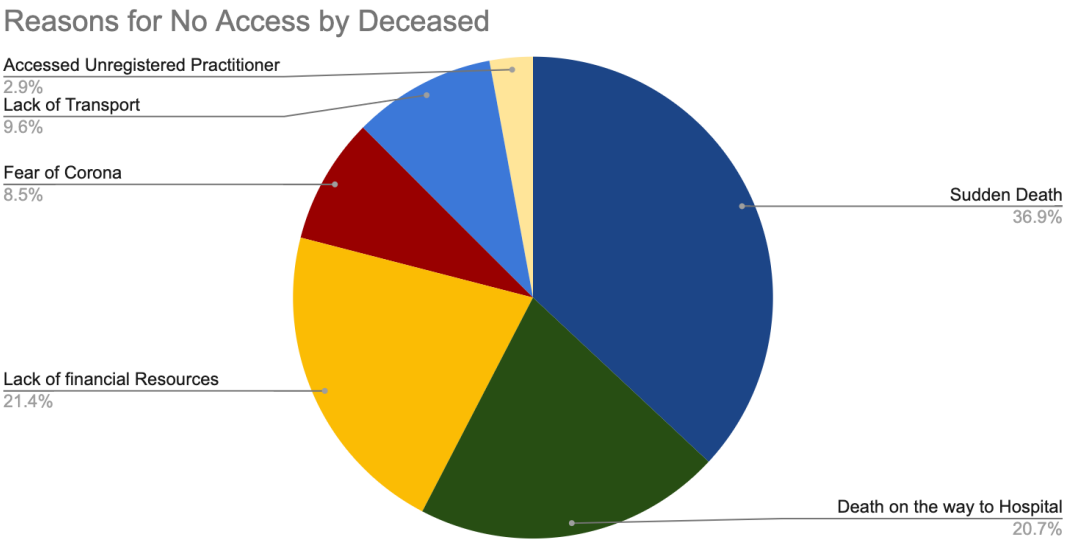
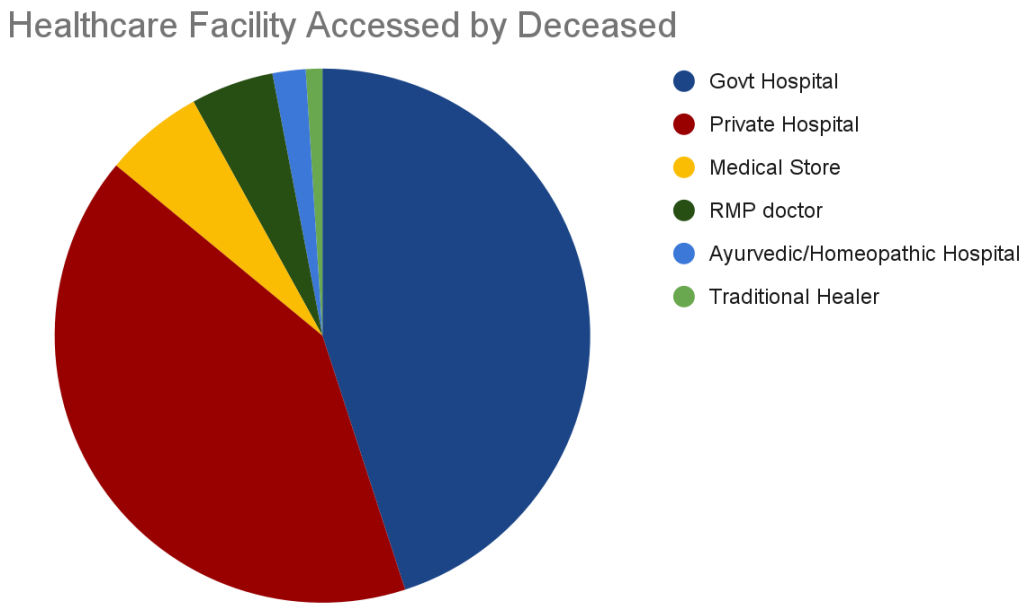


Figure 32: Healthcare Facility Accessed by Deceased



Community level major illnesses during COVID-19

Figure 33: Chief Illness Complaints of Patients

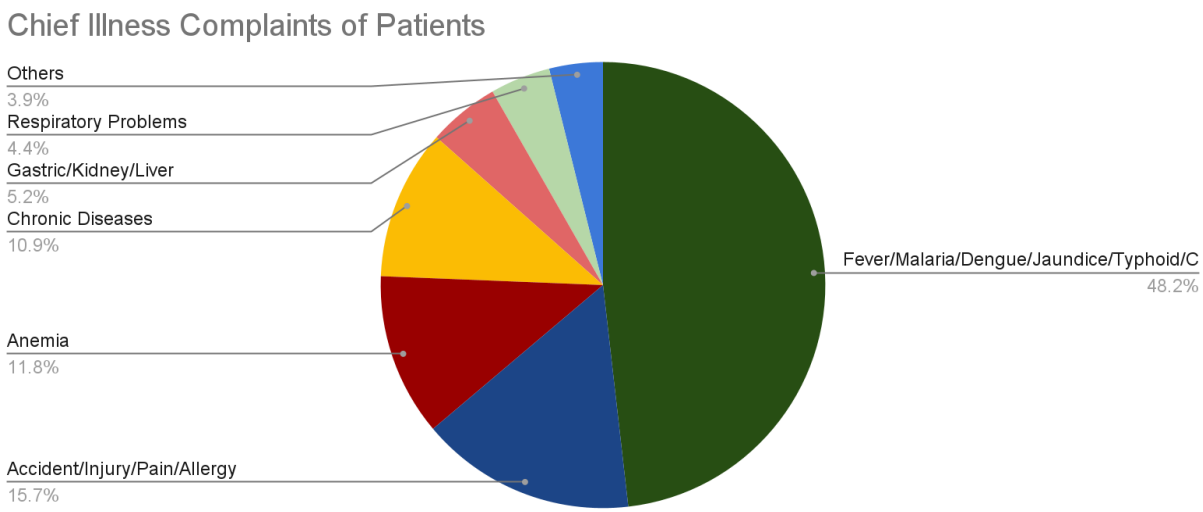


Figure 34: Demographic Details of Illness Patients

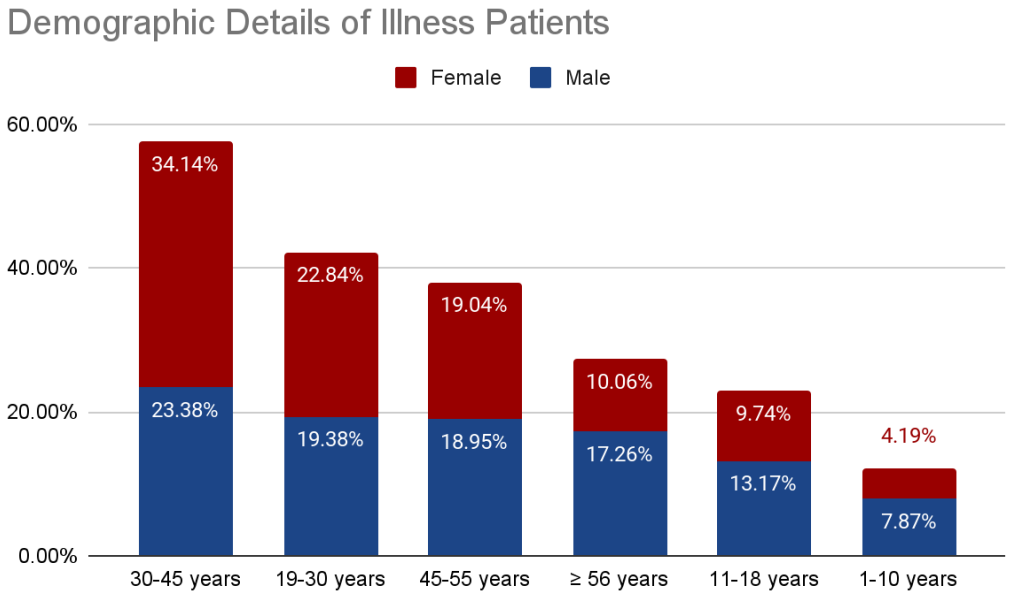


Figure 35: Access to Healthcare by Patients

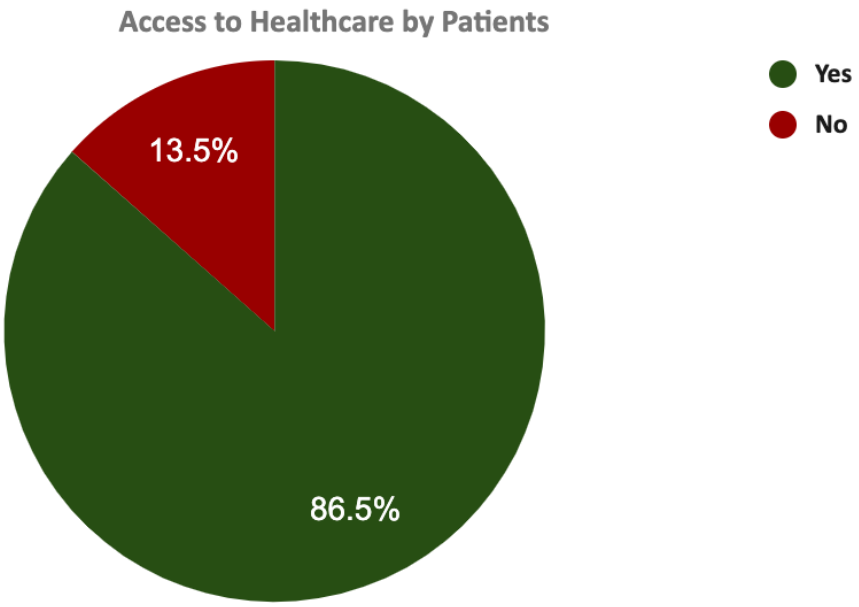


Figure 36: Type of Facility Accessed by Ill Patients

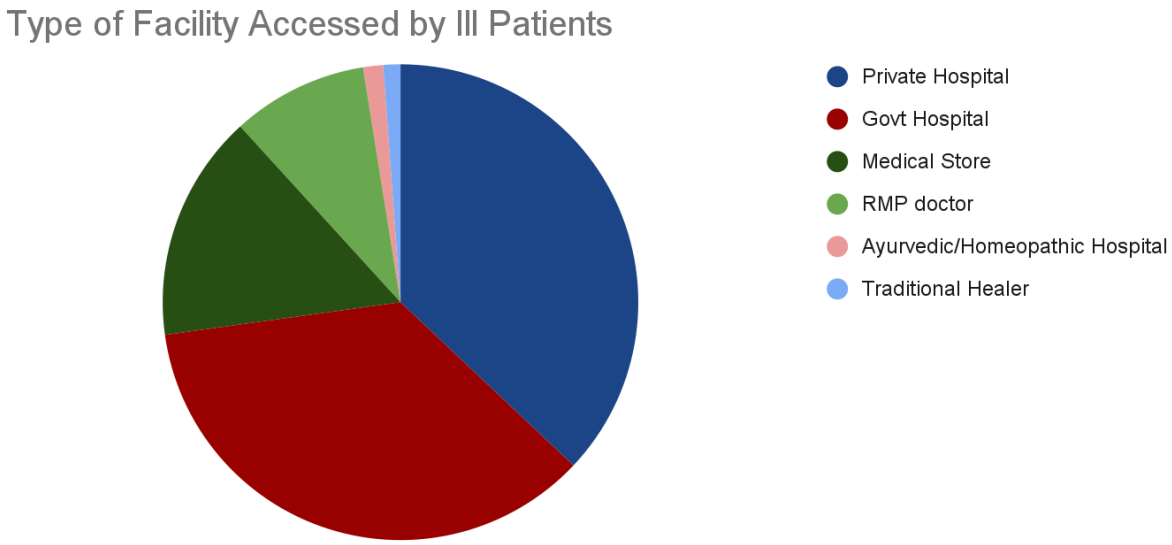


Figure 37: Reason for No Access to Healthcare for Illness

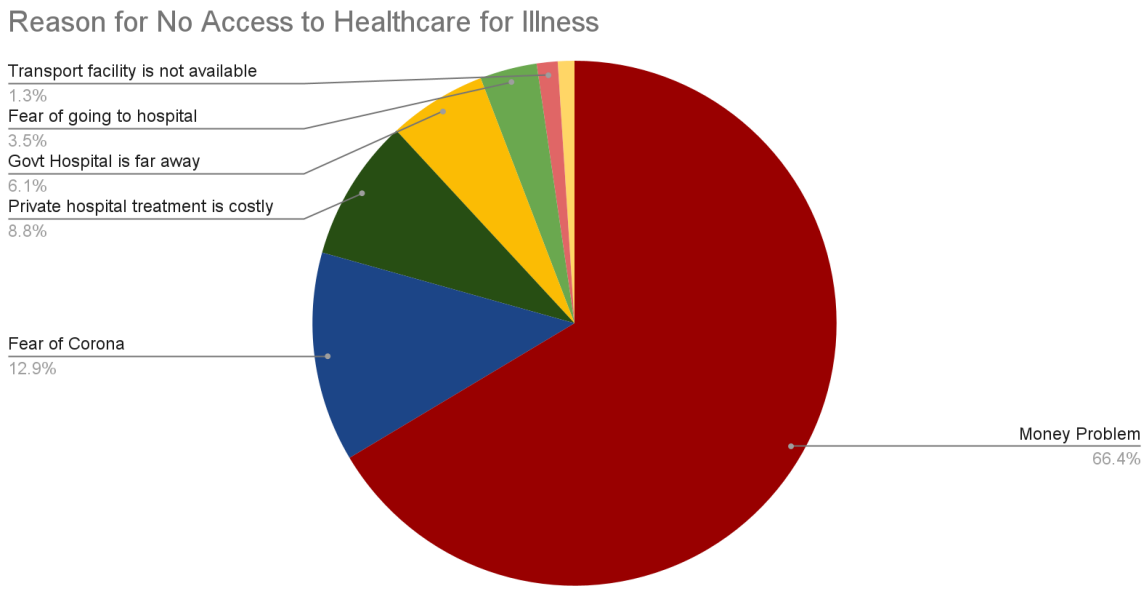
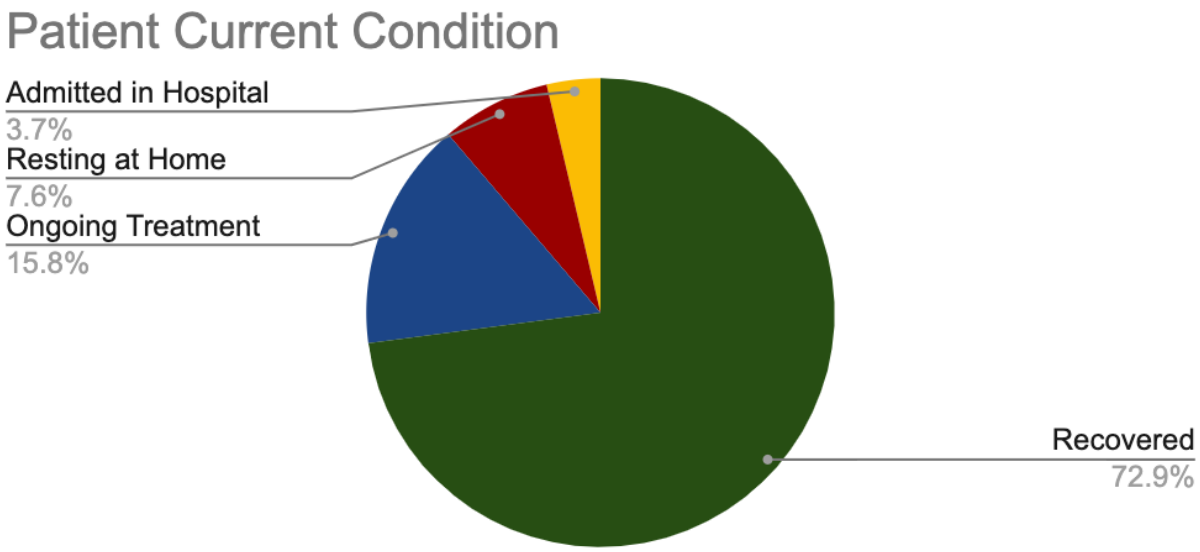


Figure 38: Ill Patient Current Condition



Significant Outcomes of Illness Data

NCDs

On average, 26.15 percent of individuals with non-communicable diseases (including anaemia, heart problems, hypertension and diabetes) were not able to access any healthcare. Of those who accessed health care for non-communicable disease 22.11% received this treatment from non-hospitals (RMP, traditional healers, or a medical shop). There is clearly a substantial gap owing to both lack of access or accessing an unqualified professional, especially in the case of NCDs.

Disproportionate Burden on Women

Women appear to fall ill more frequently (15,413 illness cases came from women versus 826 from men) . Further, women are more likely than men to be anaemic (13.51 per cent of women versus 8.56% of men in the sample group were anaemic). Interventions related to nutrition awareness and access to government entitlements like rations and supplements are crucial for bridging this gap. For all kinds of illnesses, lack of money was a stronger determinant of lack of access for women than men (69.35% versus 60.23%). To help alleviate this burd en for CHEs, 500 CHEs were provided health insurance through Healing Fields. The rest of the CHEs were facilitated access to insurance through RCRC Vimo Seva.

Partnerships and Collaborations

The immensity of Healing Fields' Covid response would not have been possible without key collaborations. Healing Fields was a member of the Covid Action Collab, and shared grassroot expertise and participated in the VaxNow project. Healing Fields is also a member of RCRC (Rapid Rural Community Response to Covid-19) and participated in large scale research and policy advocacy. Gramvaani has been a key partner who created the Covid-19 helpline for information, risk assessment, and doctor consultation. Healing FIelds also partnered with Goonj for flood relief.

Challenges and Solutions

Challenge	Solution
Support from District and Block administration was limited since they were already overburdened	Healing Fields, in turn, supported local functionaries and administrators through training, equipment, and on groundwork by CHEs
Providing a supply of essentials to all the remote villages in a short span of time	Development of a rural supply chain through local bikers for the delivery of essential products
The devastation of the 2nd wave caused fear and initial hesitation from the CHEs to be involved in the response	CHEs were provided health insurance, protective equipment, and education on how best to protect themselves.
Initial challenges in educating the community on vaccination	Constant follow up, education, and motivation by CHEs reduced vaccine hesitancy
A shortage of vaccine supply in the villages led to reduced vaccination in spite of education and referral by the CHEs.	This was solved by coordination with the block and district level authorities to ensure the vaccines available are given to the vulnerable individuals on priority.

Next steps

Two things were clearly illuminated: the immense scope of the need and the abilities of the Community Health Entrepreneurs to meet that need.

Access to Health Care

When the traditional health resources were not available, CHEs were able to provide on-ground support to community members on covid care and home management after adequate training and equipment. Professional health resources need to be available to the community in times of need, especially care that is affordable, high quality, and accessible even when movement is otherwise restricted. The solutio of a telehealth line for CHEs to link their community members to allow that care to be provided, with follow up given by a CHE. This model has the scope to be expanded to other illnesses, especially those that commonly fall through the cracks in these rural and resource poor areas. According to the data collected from the death and illness surveys, non communicable diseases are a core candidate.Community members are unable to consistently access quality healthcare from trusted professionals. To that end, Healing Fields is training Community Health Entrepreneurs as telehealth facilitators, with the ability to create a continuum of care between health professionals through a telehealth app, and follow up administered by the Community Health Entrepreneur herself. By generating demand for quality health care and products, then meeting that need through entrepreneurship, CHEs can create a thriving and resilient health ecosystem at the village level.

Support to Vulnerable

The economic fallout of two years of pandemic and lockdown put families with no safety net into freefall. While there are government schemes that are designed to provide necessities like rations in these cases, the complicated access routes and bureaucratic breakdown often render those support schemes inaccessible to those who need it most. The Community Health Entrepreneurs utilized their skills as problem solvers and facilitators to help community members access a variety of government entitlement schemes due to necessity. The CHEs can do much more, and so Healing FIelds is partnering with Haqdarshak to train the CHEs formally on entitlement facilitation, enable them with an application that simplifies the application process, and allows them to earn a livelihood through this project. By creating access to entitlements and generating income for herself, CHEs can ensure that vulnerable families have the support that they are entitled to, while sustainably supporting her work.

Major Donors

Healing Fields would like to thank our donors for making this work possinle