NGO Resilience:

A Webinar Series to Address Challenges in COVID Relief Measures

Background

A lot of non-healthcare Civil Society Organisations (CSOs) are currently engaged in COVID relief work at the community level. One of the key areas of need that has emerged during our conversations with these CSOs is the need for technical support on aspects related to COVID care and response. To enable resilience in NGOs, Sattva Consulting has initiated a series of engagements that are specifically focused on capacity building and access to technical resources required to conduct informed interventions pertaining to the cause of COVID-19.

As one of the attempts to address the challenge of working on COVID, Sattva anchored a set of webinar sessions that were designed to cover some of the healthcare specific learning gaps of these organisations and better support their ongoing initiatives across the country. These webinars were conducted in collaboration with healthcare experts from organisations like Piramal Swasthya and Doctors for You, and were open to all organisations working on the frontlines in both urban and rural areas.

Webinar Session 1: Effective community engagement: COVID awareness and counselling

The session was facilitated by Dr Rachita Malik and Dr Neha Sharma from Piramal Swasthya Foundation, and focused on sharing challenges and best practices around effective community engagement. COVID associated stigmas posed a greater challenge for many of the NGOs working on frontlines with specific communities, and the session aimed at presenting insights on strengthening trust and participation of people who may lack awareness of the disease. The following areas were covered as a part of the session:

- COVID preventive measures and focus on overall health (for example, nutrition and hygiene)
- COVID Dos and Don'ts: Guidance on when to get tested and when to avail treatment
- Managing social stigmas and bursting COVID myths
- Key challenges in COVID awareness and counselling among communities
- Working with social influencers, community champions and other channels for last mile engagement and logistical support
- Effective messaging and communicating with community to create demand for accessing helplines and other support systems
- Communication and support to vulnerable population (such as - disabled, elders, children)

Key Takeaways
1. In any Epidemic, it is common for individuals to feel stressed and fearful because of which they may not access healthcare facilities.

2. The level of stigma associated with COVID-19 is based on 3 main factors
    - COVID -19 is a new disease about which many things are still being discovered
    - When something is unknown people are worried which leads to fear
    - Rumours or fake news give wrong information and spreads the fear
3. To manage COVID stigmas better in rural and tribal communities, it is crucial to work with community influencers who can be defined as respected, self-motivated and cooperative individuals residing in the region. Examples of community influencers can include Panchayat Raj Institution members, faith leaders, tribal leaders and student volunteers.
4. Some of the important aspects to be covered during community engagement around COVID are as follows:
    - Actively look out for signs and symptoms of COVID-19
    - Promote COVID-19 appropriate behaviours
    - Address stigma and discrimination
    - Support with quarantine facilities
    - Restart important health and nutrition activities in the village
    - Counsel the community for accessing important health and nutrition services (VHSNC communities) in their village
    - Advocate the importance of COVID vaccination
5. An effective communication strategy should be a blended model that leverages a diverse set of channels including whatsapp messages, appeals, in-person meetings by teams, telecalls and mobile SMS.

Webinar Session 2: Set up and management of Covid care centres

The session was facilitated by Dr Ravikant Singh, Dr Prakerti Kashyap and Dr. Anurag Mishra from Doctors for You Team, and shed light on the challenges and preparedness of running a COVID care centre. The insights presented during the session were from a practitioner perspective and demonstrated real life experience of working on ground. The following topics were covered:
1. Isolation practices based on asymptomatic, mild symptoms, moderate symptoms and severe symptoms
2. Importance / relevance of COVID care centre within the communities (Rural and Urban)
3. Types of COVID care centres
4. Essentials for setting up COVID care centres (medical facilities, preventive norms etc) and key capabilities/skills required to run them
5. Preparedness within the facilities to attend different cases
6. Best practices for ongoing management of the COVID care centres

Key Takeaways:
1. COVID-19 severity as per the current evidence as follows:
    - 81% are asymptomatic or have mild illness
    - 14% develop severe illness requiring oxygen therapy
    - 5% require intensive care unit treatment
2. COVID-19 affects people of all age groups- BUT the following population sub-groups are at greater risk of developing severe disease with complications
    - Elderly
    - People having other comorbidities (CVD, hypertension, diabetes, respiratory illnesses)

- People who are immunocompromised (on immunosuppressant drugs/people)
3. There are three main types of COVID-19 dedicated facilities:
   - COVID Care Center (CCC)**:** Only for cases that have been clinically assigned as mild or very mild cases or COVID suspect cases
   - Dedicated COVID Health Centre (DCHC): Hospitals (full hospital or a separate block in a hospital with preferably separate entry\exit/zoning) with dedicated oxygen support that shall offer care for all cases that have been clinically assigned as moderate
   - Dedicated COVID Hospital: Comprehensive care (full hospital or a separate block in a hospital with preferably separate entry\exit) primarily for those who have been clinically assigned as severe.
4. The following elements are critical in setting up a COVID-19 care centre:
   - Mapping of the infrastructure: The centre is divided into red, orange and green zones depending upon patient management requirements.
   - Preparedness: The facility should be modified to prevent spread of COVID-19 infection from suspected cases to other patients or healthcare staff. You should ensure the following infection prevention protocols at the facility such as disinfecting items, disposing biomedical waste and applying preventive measures for healthcare workers
   - Hiring and training of staff: Ensure complete training of all the hired staff members working for the facility
   - Clear statement of purpose and internal policies: Set up admission, treatment and discharge protocols for all incoming patients.
   - Logistics: Set up processes around regular procurement of resources and make a checklist to guide day to day logistics operations.
   - Biomedical waste management: Keep COVID -19 labelled waste separately in a temporary storage room prior to handing it over to authorised staff of CBMWTF.
   - Referral system: Depending upon the severity of the case, a robust referral system is needed to ensure the patient is transported to a more advanced care centre as required.
   - Mental health activities: Keep a collection of simple well being activities that can help patients deal with stress and fear of the disease.

Webinar Session 3: Addressing Vaccine Hesitancy

The session was facilitated by Dr Rachita Malik and Dr Neha Sharma from Piramal Swasthya Foundation, and focused on educating communities about safety and importance of vaccination. The discussion largely focused on various aspects of vaccines that need to be communicated and what are some of the effective mediums to convey the information. The following topics were covered:
- Key reasons for vaccine hesitancy
- Dispelling fear and misconceptions about vaccines and informing what to expect when a vaccine is given
- Vaccination protocols for special groups - pregnant women, lactating mothers etc.
- Vaccine attributes, efficacy and protection
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Key Takeaways:

1. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines. The hesitancy can occur due to either low perceived risk of disease, lack of trust in the system that delivers the vaccine or geographic and financial barriers to accessibility of vaccines.

2. Vaccination is a simple, safe, and effective way of protecting people against harmful diseases using the body's natural defences before they come into contact with them. Community vaccination develops herd immunity

3. The following population groups are not deemed suitable for vaccination as of current evidence and guidelines:

   - People with history of Anaphylactic or allergic reaction to a previous dose of COVID-19 vaccine
   - Pregnant women
   - Post vaccination, in case of any discomfort or complaint, it is important to ask the beneficiary to visit the nearest health facility and/or call the health worker whose phone number is given in the Co-WIN SMS received after vaccination.
   - To better address vaccine hesitancy in rural and tribal communities, it is crucial to work with community influencers who can be defined as respected, self-motivated and cooperative individuals residing in the region. Examples of community influencers can include Panchayat Raj Institution members, faith leaders, tribal leaders and student volunteers.
   - It is recommended that the community influencers and volunteers demonstrate effective examples by taking vaccines in front of the community.

Sattva has been working with various non-profits and social organisations as well as corporate clients to help them define their social impact goals. Our focus is to solve critical problems and find scalable solutions. We assist organisations in formulating their long-term social impact strategy by strategically aligning with business to provide meaningful solutions to social issues.

If you have any such stories or ideas to share, please write to us: impact@sattva.co.in