

The Comprehensive Rural Health Project (CRHP) Responds to COVID 19

While typically this time of the year is busy on campus with domestic and international visitors, a thriving preschool program, surgical patients coming to and from the hospital for follow-up visits, sustainable development and agriculture Programs in Project Villages, and harvesting at the farm, this March saw all the community programs to be put on hold due to COVID-19. However, CRHP staff and leaders quickly mobilized to address the pandemic and turned their attention and resources to providing guidance and support to the local authorities and surrounding rural communities. This document provides a brief summary of CRHPs initiatives and activities on campus since the out-break of COVID-19 in March 2020.



When COVID 19 began to spread in rural Maharashtra in mid- March, CRHP was prepared. Unfortunately, Jamkhed had a large out-break and became one of the hotspots in the state of Maharashtra, which was already recording the highest number of positive cases in the country. CRHP had proactively begun working with local government authorities and the local police and administrative leaders almost 2 weeks prior to the national lockdown which began on March 24th. Together, based on joint discussions, several guidelines and suggestions for addressing the pandemic at the rural level was developed.

Locally known as the Jamkhed Pattern, these guidelines were rapidly proving to be an effective means for handling the outbreak. The Maharashtra State Government sent a task force to CRHP to understand what we at CRHP were doing. The team which included the Deans of two

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government medical colleges in Maharashtra, joint divisional secretaries and other government officials spent a couple of days on campus. Soon after this visit, the state government has begun implementing the Jamkhed Pattern in multiple rural areas in Maharashtra.

The Jamkhed Pattern:

The Pattern, a joint venture developed with the local government authorities includes the following:

- 1) It provides a method for classifying individuals based on the degree of exposure, contact or diagnosis of Covid 19. While every state in India has its own pattern for doing so (including Maharashtra), most of the efforts and resources are focused on the urban areas. The Jamkhed Pattern classifies individuals into three categories: a) quarantine (negative but have heavy contact), b) positive and symptomatic treatment needed, and c) previously positive then later tested negative, but need to be quarantined.
- 2) The Jamkhed Pattern also provides guidelines for designating separate hospitals for different types of patients. The current contact tracing procedures in rural Maharashtra require patients to be taken to the district hospital for testing. However, this creates the additional risk of coming in contact with non COVID-19 patients and causes further crowding. CRHP suggested keeping some hospitals to serve general patients, some as testing centers, and others as quarantine centers. CRHP's own Julia hospital can have both quarantine patients and positive patients since there are two separate buildings.
- 3) It recommends making testing available in the rural areas- instead of transporting people to the cities and then bringing them back, thus risking unnecessary exposure. Furthermore, there is a general fear and perception among people in the rural areas that they will be taken to the cities to be held in quarantine and unable to get home. As a result, people have not been forthcoming about their situations. Also, people experience social stigma after getting tested, even though results might be negative, and sometimes are not allowed back into their homes by other family members. Thus, this suggestion to make testing available in the rural areas addresses both the health and the social challenges present in the rural communities. Currently CRHP is working with local legislatures to provide testing kits to the area hospitals using proper procedures.
- 4) Based on CRHPs philosophy of empowerment and social change, the guidelines emphasize the need for creating social awareness in the rural areas. Specific public messages to explain and demystify the causes of the virus are crucial. Furthermore, trying to change perceptions about how the virus spreads and the stigma surrounding it.

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The CRHP team has come up with awareness campaign materials, currently and these are being used by all local government agencies for to create awareness.

Campus and Hospital Activities



The new Julia Hospital has been converted into a Covid19 hospital for victims that have the Novel Corona Virus, the Old Hospital has been converted into quarantine wards for individuals who have been in contact with COVID-19 patients but have not tested positive as well as those that had tested positive earlier but are now negative. As of the first week of May, CRHP has been housing, feeding, and providing free medical care to more than 65 such individuals until they are able to return to their homes safely and in good health. Overall in the past 2 months CRHP has housed over 150 Covid 19 related individuals.

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Additionally, CRHP is helping 86 extremely poor families who have nothing to eat by providing everything from clothes, soap, spices to vegetables as well as medicines. Community centers have been set up in two of the project villages to cater to the neediest. We have also set up community centers in 2 of our project villages to cater to the neediest. The hope is that The governments can copy this and scale it up.



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The combination of the dry season and the COVID-19 pandemic has ensured that 64% of the marginalized population in the Jamkhed area have no source of income. This amounts to about 320,000 people.

Nationally, about 75% of households depend on manual labor. Prior to the outbreak, 68% of households in the Jamkhed area, and 37% of households in the project villages depended on some kind of manual labor. Many of these jobs are no longer available, CRHP views this as an excellent opportunity to help provide life skills to the rural poor by teaching them how to make cloth masks, plastic shields and other low cost PPE s. as well as other small scale operations Moreover, this aligns with CRHP s philosophy of empowering the poor without creating dependencies.

There is a great and urgent need to provide health care in rural India during this pandemic. Existing hospitals lack basic equipment. Most of the private hospitals have closed their doors to COVID-19 patients, fearing backlash. However, even with basic equipment- and with proper procedures and training, a huge percentage of COVID-19 victims can be saved. Moreover, this can be done at a relatively low cost.

Currently, about 82% of the cases in rural India are asymptomatic. While this percentage may increase, even if the infection spreads, it is speculated that most patients will recover. Only 3% need to be on ventilators in rural India. CRHP is helping educate local health professionals on managing treatment of COVID-19 patients with limited resources, at a low cost.

Furthermore, providing accurate information and demystifying the public health messages is crucial. For example, in March, at a public meeting, CRHP requested the general public not to use COVID-19 masks and requested the local government officials to stop distributing these to private doctors and clinics and individuals. CRHP staff promoted the use of cloth masks and home-made cloth coverings- something that the WHO supported two weeks later.

Similarly, when people began the thali bajao campaign (banging vessels as a show of solidarity and support for health care workers), this was misunderstood in rural Maharashtra as a cure for COVID-19. CRHP made public statements and distributed fliers in the villages to address such false information.

CRHP decided to work closely with the local government in order to tackle these issues: educating local ASHA workers, disseminating correct information, talking to discussion makers at the local level- eventually talking to district level authorities. Unlike some other NGOs, CRHP has always realized the importance of using local, district, state and national leadership and figured out many ways to work with them over the years. An excellent track record for

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successful public health outcomes along with a political neutral position, has helped CRHP establish respect in the community.

By using the WHO guidelines, along with policies outlined by Indian health care organizations like The Ministry of Health and Family Welfare, AIIMS and ICMR, CRHP is involved in educating local health professionals, following the basic guidelines regarding the treatment of rural populations and adapting them to a rural setting.

Along with treating COVID-19 patients, spreading information about preventive measures is another important goal. A related concern is that given the current economic conditions, a huge influx of the population is expected to return from the urban areas, creating a spike in infections. With some reaction time still available, CRHP is well positioned to help other smaller hospitals too. Furthermore, CRHP is trying to bring rural health concerns to the attention of the government agencies. Teaching both ASHAs and the local government leadership to ask the right questions is key in order to get truthful answers without offending any individuals or groups.

Social change:

CRHP had already set up awareness campaigns in their project villages before the outbreak. So far, they have not encountered any positive cases from project villages. There have been cases in non-project villages. Using the Village Health Worker model and the CRHP philosophy, staff members have been working to spread awareness and to keep track of what is happening in the rural communities. With the lockdown in place, rural communities such as the Project Villages are often without access to affordable food, medical care, or daily wages. The Mobile Health Team has been busy staying in contact with our Village Health Workers to provide as much support as possible during this time.

The prevention campaigns are also simultaneously addressing social stigmas associated with COVID-19. Village Health Workers, armed with statistics of their respective communities are effectively educating people about COVID-19, just as they have in the past about other diseases like TB, Leprosy and HIV. By using the basic principles of the Jamkhed model that include an emphasis on the needs of the poorest of the poor, full community participation and involvement, integration of promotive, preventive, curative and rehabilitative health services, use of appropriate technology, and a multi-sectoral approach to address all issues affecting health, CRHP is working to address the COVID-19 pandemic in rural areas in spite of minimal available resources.

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During this difficult time, if you are able, any donations could help CRHP expand their outreach to the most marginalized communities. You can find more information about CRHP and our programs at: www.jamkhed.org. All questions and inquiries should be sent to info@jamkhed.org.

Thank you to all for your continued encouragement and support.

Sincerely,
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