

Report

COVID response project
activities and outcome
for the period
August 20 to January 21

A. The overall background

Blocks and district hospitals where helpdesks are being run

Ghatanji (RH), Kurkheda (SDH) (Dist. Gadchiroli), Aramori (SDH), Budaragad (RH), Gadhinglaj (SDH), Shahapur (RH), Karjat (RH), Junnar (RH), Bhor (SDH) and Nandurbar District hospital.

Challenges in starting the Outreach work

- There is resistance from members of Rugna Kalyan Samitee to reveal details of expenditure done through its fund and non-cooperation to spend the money for use of the patients.
- Due to COVID epidemic, there are restrictions on travel and meetings hence the outreach is suffering.
- Since the entire machinery of the rural hospitals is shifted to tackle COVID cases the non-Covid care is near collapse. It takes marathon efforts by the help desk to get medical care and entitlements for non COVID patients.

B. Activities undertaken

1. Training

- Material/ module developed for training of field facilitators and help desk persons on COVID 19 and also on the entitlements and schemes offered to poor patients.
- An online workshop was taken for help desk persons and outreach workers (35) for training them on patients' rights, COVID 19, and entitlements and schemes offered to poor patients.

2. Help desk



- Help desk collected all related information of the entitlements and schemes offered to poor patients like Mahatma Phule Jan Arogya Yojana and Pradhan mantri Jan Arogya Yojana, listed the private hospitals around.
- Efforts taken to get permission for setting the help desk.
- Through help desk many patients were given information about COVID 19, were assisted to get services like medical certificate, Birth and death certificates, treatment for TB. An

online registered was developed that is being filled daily by the help desk persons.

- Issues and problems related to the health services of the local health organization are being resolved immediately by submitting helpdesk coordinator to the senior medical officer.

Glimpses of Covid19 response work by Helpdesk and Outreach work



Awareness sessions for ANC and PNC mother on health schemes

Awareness on MPJAY and PMVJAY scheme and follow up with the patient who was received the scheme benefit .



In Gadchiroli district Awareness campaign on health services and schemes in the remote villages and/vastis in Junnar block of Pune.

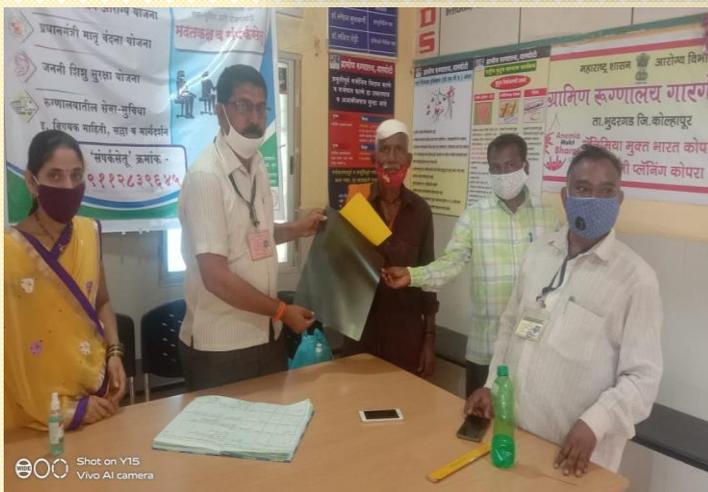
Helpdesk and Helpline started in the 10 blocks of Maharashtra



Helpdesk innogration in Gadahinglaj SDH in Kolhapur district and Nandurbar DH



Setting up help desk in Aarmori SDH in Gadchiroli district and Offering sanitizer and Masks for hospital staff through the help desk activity





Facilitation for different certificates and health services other than Covid - 19 through the Help desk



जुन्नर ग्रामीण रुग्णालय 'मदत कक्ष व संपर्क सेतू' प्रश्न तुमचे, उत्तर 'मदत कक्षा'चे

आपल्या रुग्णालयात चालवले जाणारे 'मदत कक्ष' आपल्या मदतीसाठी तत्पर!!

आपल्या जवळच्या सरकारी दवाखान्यातील सेवा-सुविधा कोणत्या?

सरकारी दवाखान्यात कोणत्या तपासण्या केल्या जातात?

आजारी पेशंटसाठी नेमके काय करायचे? कुठे जायचे?

'जननी सुरक्षा योजना' आणि 'प्रधानमंत्री मातृ वंदना योजने'चा लाभ कोणाला व कसा मिळतो?

कोरोना पेशंटला अॅडमिट करायचे आहे. त्यांना ऑक्सिजनची सोय उपलब्ध होत नाही. कुणाची मदत घ्यायची?

खासगी दवाखान्यात महागडे उपचार परवडत नाही. कोरोनावर मोफत उपचार कुठे होतात?

कोरोनाच्या आजारावर तसेच इतर गंभीर आजारावर आम्हाला मोफत उपचार मिळतील अशा शासकीय योजना कोणत्या आहेत? त्यामध्ये आम्हाला उपचार मिळू शकतील का?

'महात्मा ज्योतिबा फुले जन आरोग्य योजना' व पंतप्रधान जन आरोग्य योजनेत कुणाला व कोणते उपचार मिळतात? या योजने अंतर्गत आपल्या तालुक्यात कुठे कुठे उपचार मिळतात? या योजनेचा लाभ कसा घ्यायचा?

वरील सर्व प्रश्नांची उत्तरे आपल्या रुग्णालयाच्या मदत कक्षातून हमखास मिळणार!!

हेल्प लाईनवर फोन करा आणि करा आपल्या शंकांचं समाधान



मदत कक्ष व संपर्क सेतू

(जुन्नर ग्रामीण रुग्णालय (RH), ता. जुन्नर, जि. पुणे)

7385146093

(सोमवार ते शनिवार ओ.पी.डी.च्या वेळेत)

आपल्या रुग्णालयात उपचारासाठी गेल्या गेल्या सर्वात पहिले मदत कक्षाला भेट द्या! आणि आरोग्य योजनांची माहिती जाणून घ्या!

जास्तीत जास्त लोकांनी या मदत कक्षाचा लाभ घ्यावा म्हणून हा संदेश आणि हेल्प लाईन नंबर इतरांनाही पाठवा!

योजनांविषयी माहिती

प्रधान मंत्री मातृत्व वंदना योजना (PMMVY)

मुख्य उद्देश-

- काम करणाऱ्या महिलांच्या मजूरीची नुकसान भरपाई आणि योग्य पोषण आणि आराम मिळावा.
- गरोदर महिला आणि स्तनपान करणाऱ्या मातांच्या आरोग्यामध्ये सुधारणा व्हावी आणि कुपोषणाचा प्रभाव कमी व्हावा.

पात्रता- गरोदर आणि स्तनपान करणाऱ्या पहिल्या जीवित अपत्याला जन्म दिलेल्या महिलांस.

योजनेचा लाभ -

- पहिला टप्पा- १००० रुपये गरोदरपणाचे नोंदणी झाल्यावर.
- दुसरा टप्पा- २००० रुपये सहाय्या महिलांनंतर प्रसूतीपूर्व तपासणी केल्यास.
- तिसरा टप्पा- २००० रुपये बाळाच्या जन्मानंतर नोंदणी आणि योसोनी, ओपेकी, डीपीटी आणि हिपेटायटीस बी वा लसीकरणे घेईल चक्र सुरू झाल्यावर.

(या योजनेतील रकम महिलेच्या बँक खात्यावर (DBT-Direct Benefit Transfer) जमा करण्यात येईल.)

पुढील परिस्थितीमध्ये या योजनेचा लाभ घेता येणार नाही-

- केंद्रीय किंवा राज्य सरकार अंतर्गत नोंदरीसाठी अस्तित्वा व्यक्ती.

• याशिवाय इतर योजनांचा (अशाचप्रकारे) लाभ घेत असल्यास.

आवश्यक कागदपत्रे-

- बँक खाते इंफॉर्मेशन प्रत
- प्रसूती कार्ड
- रहिवसी दाखला
- लसीकरण कार्ड
- गरोदर नोंदणी कार्ड
- आधार कार्ड

जननी सुरक्षा योजना

पात्रता-

- दरिद्र रेथेखालील सर्व गर्भवती महिला.
- अनुसूचित जाती व अनुसूचित जमातीमधील सर्व गर्भवती महिला.
- प्रसूतीच्या वेळेस महिलेचे वय १९ वर्ष पूर्ण असावे.
- २ अपत्यापर्यंत लाभ देण्यात येईल.

योजनेचा लाभ-

हॉस्पिटलमध्ये प्रसूती झाल्यास रु. ६००/- लाभ. सिझरियन झाल्यास रु. १५००/- लाभ.

आवश्यक कागदपत्रे-

- बँक खाते इंफॉर्मेशन
- आधार कार्ड इंफॉर्मेशन
- लाभाची महिलेचा जन्म दाखल्याचा पुरावा
- दवाखान्याचे प्रसूती कार्ड
- रहिवसी दाखला

महात्मा ज्योतिबा फुले जन आरोग्य व प्रधान मंत्री जन आरोग्य योजना

(आयुष्यमान भारत अंतर्गत-प्रधान मंत्री जन आरोग्य योजना व महात्मा ज्योतिबा फुले जन आरोग्य योजना या दोन्ही एकत्रितपणे राबविण्यात येत आहे.)

प्रधान मंत्री जन आरोग्य योजना पात्रता	महात्मा ज्योतिबा फुले जन आरोग्य योजना पात्रता
१. भारतीय नागरिक असणे अनिवार्य.	केवळ रेशन कार्ड (पिचवडी, अंत्योदय, अन्नपूर्णा व केशरी, अवर्षण प्रस्न जिल्ह्यातील शुभ शिभापत्रिका थारक शेतकरी) तसेच फोटो ओळखपत्र किंवा तहसिलदार प्रमाणपत्र किंवा अधिवास प्रमाणपत्र सादर करणे आवश्यक आहे.
२. प्रधान मंत्री जन आरोग्य योजनेच्या कक्षेत येणारे सर्व कुटुंब.	अधिक तपशीलासाठी - www.jeevandayec.gov.in या संकेतस्थळाचा वापर करावा.
३. शासनान्या www.pmjay.gov.in या संकेत स्थळावर नमूद केल्यानुसार रजिस्टर नगारिक.	

• महात्मा ज्योतिबा फुले जन आरोग्य योजनेतगत लाभाची कुटुंबाला प्रति कुटुंब प्रति वर्ष १.५० लक्षपर्यंत विमा संरक्षण मिळते. मूत्रपिंड प्रत्यारोपणासाठी ही मर्यादा २.५० लक्ष आहे.

• प्रधान मंत्री जन आरोग्य योजना योजनेतगत प्रति कुटुंब प्रति वर्ष ५ लक्ष पर्यंत विमा संरक्षण मिळते. लाभाची कुटुंबातील कोणत्याही एका व्यक्तीला किंवा अनेक व्यक्तींना या योजनेचा लाभ घेता येईल.

उपचार- कोविड १९ साधरोगाच्या पार्श्वभूमीवर सद्यस्थितीत राज्यातील सर्व नागरिकांना १९.२३ मे २०२० रोजीचा शासन निर्णयाद्वारे महाराष्ट्राच्या ज्योतिबा फुले जन आरोग्य योजनेचा लाभ देण्यात येत आहे. कोविड १९ साधरोगाच्या पार्श्वभूमीवर अधिकधिक शासकीय रुग्णालये कोविड रुग्णालये म्हणून घोषित केल्यामुळे शासकीय रुग्णालयांसाठी आरक्षित १३४ उपचारांपैकी १२० उपचार खाजगी अंगीकृत रुग्णालयांना घेऊन देण्यात आले आहेत. बरोचशी शासकीय रुग्णालये कोविड उपचारासाठी आरक्षित केल्याने नॉन कोविड ६७ रोग निदान चाचण्या, minor-major procedures चा लाभ नागरिकांना खाजगी अंगीकृत रुग्णालयांकडून देण्यात येत आहे.

टीप- सरर लाभ ३१ ऑक्टोबर २०२० पर्यंत असून सरर कालावधी वाढविण्याबाबत पुढील निर्णय परिस्थितीचा आढावा घेऊन शासनमार्फत घेण्यात येईल. कोविड रुग्णासाठी २० थसम संस्थेचे व ICU उपचार उपलब्ध असून रुग्णास सहज उपचार मिळावेत म्हणून १० उपचारांना फाळी बाबतीत स्थितीत देण्यात आली आहे.



चेतव्य संस्था, जुन्नर ग्रामीण रुग्णालय, जि. पुणे.

प्रकाशक- सावी- फ्लॅट नं. ३ व ४, अमन ई ट्रेस सोसायटी, इशागुंकर कॉलनी, कोयंबूर, पुणे -३८. फोन- ०२०-५४७२२२५/ २५४७३५६५

ई-मेल- sathicchat@gmail.com, वेबसाईट- www.sathicchat.org मुद्रण- संस्कृती विभाग, पुणे सप्टेंबर २०२०

ICE material in local language developed and disseminated through help desk

Number of patients helped through the Help desks

Name of the Hospital	September 20	October 20	November 20	December 20	January 21	Total
Armori Upa Jilha Hospital (SDH)	3	18	26	110	214	371
Kashele Grameen Rugnalay (RH), Block Karjat	0	44	56	73	85	258
Kurakheda Upa Jilha Hospital (SDH)	4	17	31	87	152	291
Gadhinglas Upa Jilha Hospital (SDH)	71	352	416	311	490	1640
Rural Hospital Ghatanji (RH)	250	395	279	510	617	2051
Rural Hospital Junnar (RH)	25	37	2	201	18	283
District Hospital Nandurbar (DH)	7	33	199	246	547	1032
Rural Hospital Bhudargad (RH)	124	295	336	383	533	1671
Bhor Upa Jilha Hospital (SDH)	13	109	84	133	130	469
Rural Hospital Shahapur (RH)*	0	3	0	11	3	17
Total	497	1303	1429	2065	2789	8083

* It's a tribal area and overall footfalls to this particular RH were far less in COVID period, so the low number.

In the nutshell: Out of the total 8083 people who visited the help desk, 4526 people have availed the help of regular health services and schemes available in rural, sub-district and district hospitals. This suggests that people may be more inclined to seek government health care if there is a helpdesk to counsel and inform them about regular services when they visit a health facility.

3. PHC level activities

- In all, information regarding COVID patients was collected from PHCs, Rugna Kalyan Samittee, and village level key persons. Information was also collected about the beneficiaries of various entitlements like ANC entitlement etc. Posters were exhibited to give this information to masses regarding the COVID and various government schemes.
- Meetings were conducted with Rugna Kalyan Samittee.
- Some of the illustrative decisions taken in these meetings are -
 - The money would be utilised to hire private ambulance to refer COVID patient to CCC and also for repair and maintenance of the ambulance in PHC
 - Referral will be provided to COVID patients and snake bites cases.
 - RKS samittee members and ASHA were given help line numbers

Block wise chart of visits to PHCs

District	Block	Sept 20	Octo 20	Nov 20	Dec 20	Total
Kolhapur	Gadhinglas	4	0	0	4	8
Kolhapur	Bhudargad (Gargoti)	12	4	0	0	16
Pune	Junnar	8	5	5	4	22
Pune	Bhor	5	5	0	5	15
Raigad	Karjat	1	0	0	4	5
Gadchiroli	Armori	4	3	4	4	15
Gadchiroli	Kurkheda	3	3	3	3	12
Nandurbar	Nandurbar	5	0	0	5	10
Yawatmal	Ghatanji	4	4	3	5	16
Thane	Shahapur	3	0	1	3	7
	Total	49	24	16	37	126

Comments

It was difficult to get permission to travel, there was apprehension in villages for visit from outsider in view of fear of COVID infections. So, the number of visits is less and all visits required lots of efforts to make them happen

4. Village level activities

- Outreach took place in 678 villages. The awareness meetings were conducted at road crossings in villages, hotels, Bazars and Temple. The helpline number (mobile no of the outreach workers) were disseminated along with COVID awareness. Local what's up groups and face book was used for dissemination of information.
- Information was given about the COVID 19 services and awareness regarding COVID 19
- Corona monitoring committees were made operational in villages to guide patients with symptoms.
- Patients were informed and assisted to get entitlements in non- Covid illnesses.

Village Population reached through 678 village visits : 15205

District	Block	Oct 20	Nov 20	Dec 20	Total
Kolhapur	Gadhinglas	0	0	1440	1440
Kolhapur	Bhudargad (Gargoti)	1800	0	0	1800
Pune	Junnar	1440	665	505	2610
Pune	Bhor	550	0	700	1250
Raigad	Karjat	0	0	1097	1097
Gadchiroli	Armori	465	595	960	2020
Gadchiroli	Kurkheda	441	417	419	1277
Nandurbar	Nandurbar	0	0	370	370
Yawatmal	Ghatanji	1230	812	1299	3341
Thane	Shahapur	0	0	0	0
	Total	5926	2489	6790	15205

* It's a tribal area and overall footfalls to this particular RH were far less in COVID period, so the low number.

C. Learnings and emerging needs

1. Help desk is actively being used by people to get information about COVID 19, and to access the entitlements and schemes.
2. When people are helped to get a particular enlightenment, it inculcates the health rights in psyche of people indirectly, without any protests and the staff also shows more acceptance.
3. Rather than antagonist and confrontational approach, the service-based approach through help desk seems to be more accepted by people and the hospital staff, more productive in helping people to access the services and imbibing the health rights in the population at large.
4. The helpdesk and outreach work helped to understand the misconceptions about corona among people in rural areas.

D. Positive case studies

1. At last, we could get a bed for COVID positive old woman!

- Shital Modave,
Junnar Rural Hospital
Chaitanya and SATHI
run Help desk

On 14th September 20, an old couple came to Junnar Rural Hospital where the help desk is functional. Old woman turned out to be COVID positive. She was around 75 years old. She had some fever and was in high-risk category. So, the doctor advised her to immediately get admitted in CCC at Lenyadri. There was no ambulance. The old man and his son came to the help desk for help. I called 108. The driver informed that in Lenyadri CCC all beds were occupied. I called the CCC and got the same response. In the Junnar Block there are three CCCs. I rang everywhere and found out that there is a bed available in Ozer CCC. The 108 ambulance did not come for one and half hours so we managed a pick-up van and sent the patient. In emergency ideally patient should get a transport easily. The family went through unnecessary anxiety as the ambulance did not come. The ordeal continued. Son called me and informed that at Ozar CCC too there was not a single bed available. So, I asked him to hand over the phone to the medical officer in charge.

“What is the hurdle?” I inquired. The medical officer informed that Ozar center did not have oxygen beds. The old woman needed Oxygen so he was advising her to go somewhere else. I assured the son that we would search for the one. I and my colleague Rupali started calling hospitals around. Rupali was also in touch with Bhau from SATHI. Bhau also started looking for the bed. The situation was becoming serious. Fever was increasing and so the breathlessness. I was calling the son and giving him courage and moral support. We were desperately searching the bed. I called Ozar doctor and requested him to at least start treatment whatever available. He did. The day passed and it was 9 pm. I was losing my patience – we were not even getting replies from some centers. I was on the edge of frustration and despair. Bhau from SATHI was giving me support and I in turn was supporting her son. In a day all of us at least made around 200 calls. When we called one, another number was offered. When we called that number, we were given another number. At last, I got number for a hospital in Pimpri Chinchwad. The operator was dithering and I lost my patience. I shouted at him and told him that an old woman is dyeing and he was just not giving her a bed. I shouted at him. The person softened and gave me a number of the largest government hospital. I called that number. I told them about the dire condition of the old woman. The response came that oxygen bed was not available. I just told them – “do whatever you can. I am sending the patient. You will be responsible for her outcome, let her die in your corridor.” Before I hung the phone, the person in that hospital asked me to send the patient. I got some solace. I rang her son and guided them. No government ambulance was available. So, they hired a private ambulance and shot to the hospital. Since the old woman did need oxygen and they had none available; the hospital arranged to send her to Hinjewadi CCC. The patient was admitted and treatment got started at last at midnight. I got confirmed it and for the first time that day I realized that I had forgotten to take lunch! But I was not complaining. The old woman at last could get bed! Our help desk had helped some COVID positive patient to get a bed.

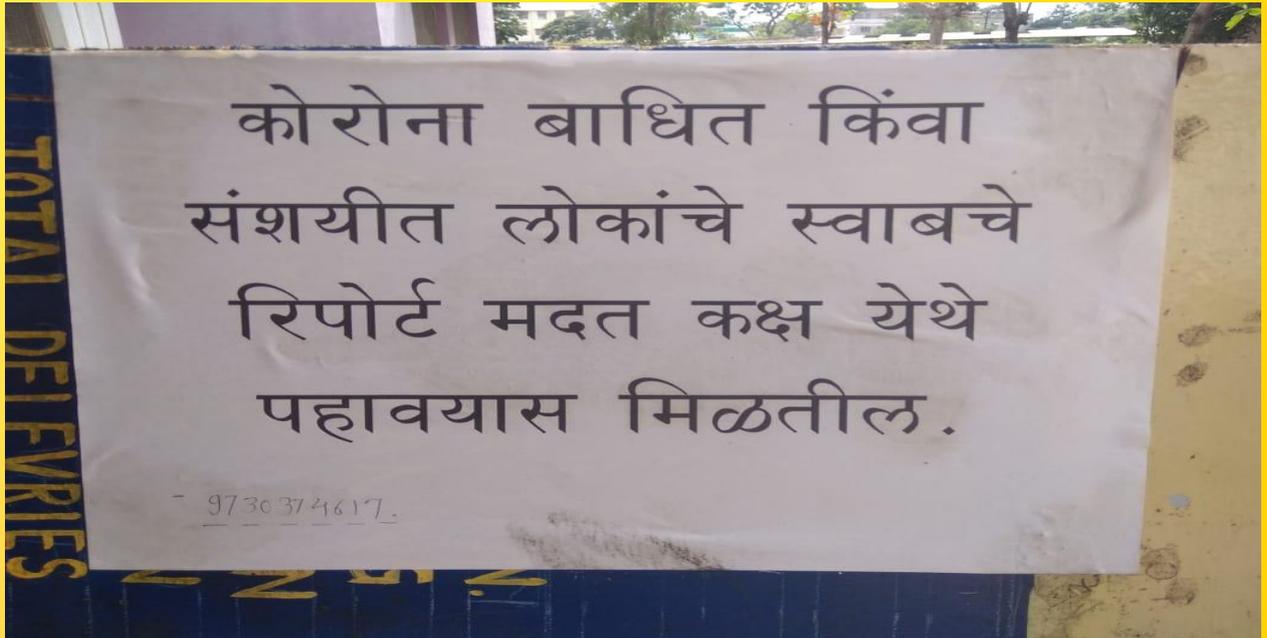
2.

The COVID positive pregnant patients started getting their COVID reports timely.

- Shivaji Gurav, Gadhinglas, Kolhapur Sangram and SATHI run helpdesk

In the COVID epidemic, at Gadhinglas sub district hospital expectant mothers were not getting admitted without showing negative reports for COVID 19. The Testing facility was at separate hospital. But to get the report, patient had to visit the sub district hospital at Gadhinglas. It took many visits to the hospital and if successful one just has had a glimpse at the report. Get that scanned in your mobile was the advice. But many patients did not have android phones with camera facility. So, the patients and relatives needed to go back without report in hands. It was quite an ordeal.

The matter came to the help desk. A sign board was put up where the reports were available. And the help desk person helped the patient to take a snap shot if the patient had no means to do that. The hospital administration as well as the patients thanked the help desk profusely and the pregnant woman with labor pains had had the negative report with her so was not denied admission.



Pune City telephonic Helpline – Short overview.

COVID Helpline: 'प्रश्न तुमचे, उत्तर साथीचे' (Your question, SATHI's answer)

The enigma (fortunate) which is unresolved even at the level of scientists and epidemiologists

The real dynamic months were from August to October 20. The graphs and analysis are for the same months. In November, December and Jan 21 only 77 calls came (In 90 days). They were nearly all for gen awareness of COVID testing related. No serious patient called. Why and how the epidemic spiralled down so fast is an enigma even to the epidemiologists. We continued the helpline because by end November there was a fear of second wave which did never come – fortunately.

General characteristics and mode of operation

The helpline ran from 9.30 am to 5.30 pm except holiday on Sunday.

Publicity and awareness of COVID Helpline

Print media, social media, electronic media and like were used to spread awareness in masses regarding the helpline.

- 300 posters were displayed in nearly 80 -85 Covid Swab centres across Pune
- Local newspapers – Pudhari/ Loksatta gave good coverage to the helpline
- Pune Akashwani took detailed 14 min interview of Shakuntala Bhalerao regarding the helpline
- Through social media, whats up broadcast list, facebook – the Helpline was promoted to nearly 1500 individuals.
- A relative of one patient who got help from the helpline – Mr. Vasant Pandit made a video on the helpline and disseminated it widely.



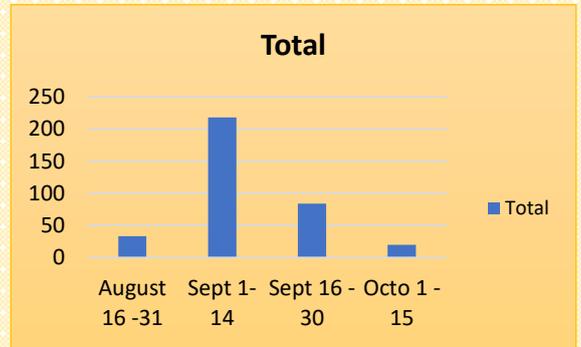


Our tools to help people were – Pune Municipal Corporation Dash Board for availability of beds across Pune and Pimpri Chinchawad Municipal area. We had contacts number of officials. We had connections with officials for getting issues resolved. We called directly to the hospitals (Pvt) taken over by government for COVID duty who were denying admission, asking patients to deposit money, over charging. We had numbers of whole sellers dealing with drugs.



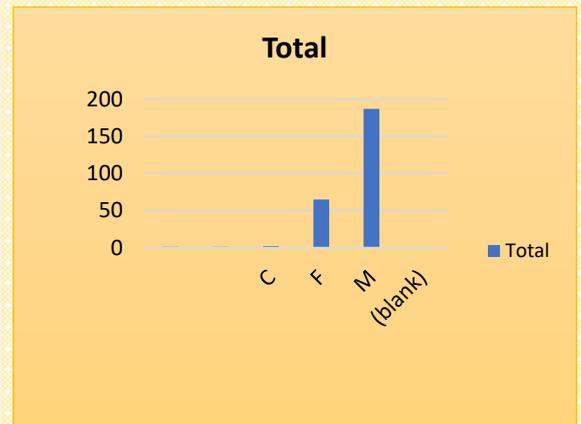
Total Number of patients per fifteen days

- We started the helpline at right time.
- The call number match the daily figure published by the Municipal corporation and the availability/ non availability of beds in Municipal Dash board.
- **100 calls out of 111 of serious categories – (admitted/ OB/VB/ICU) came in the month of September 20.**



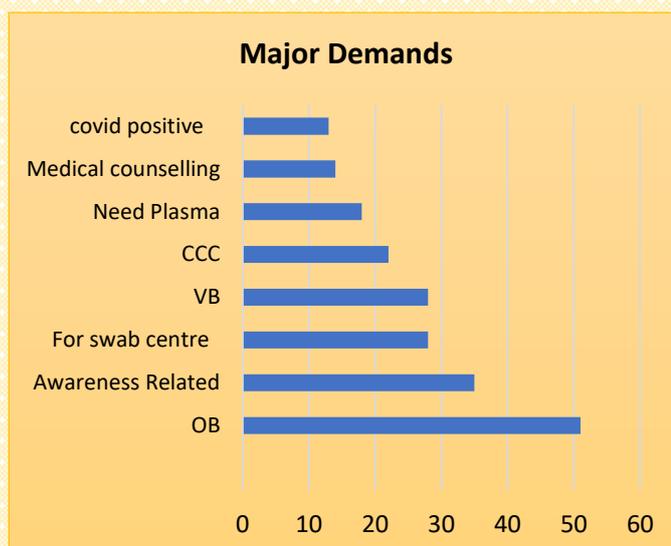
By Gender

- It is known world over that COVID 19 affects male more than females.
- Our call data support the general inference. What is interesting is the calls (only two) for positive children. Out of 300, for 254 calls we could register gender. There are 2 children, 65 females and 187 males out of 254.



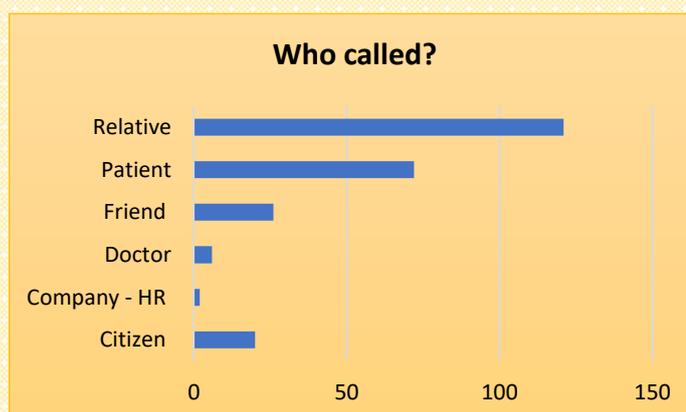
By age

- Calls the helpline received defied general knowledge that COVID 19 affects the population of more than 60 years age. Our call data is opposite. (24/ 186) 66% of the calls are for patients below 60 and only 33% (62/186) were for patients above 60 years of age.
- But the data clearly shows that the COVID 19 affected persons over 60 years are more vulnerable than those who are below 60 years. While 67% of the callers over age 60 years (42/ 62) needed OB/ VB/ ICU (67%), only 21% (26/124) below age of 60 years required OB/VB/ICU (21%)



Who called?

- 20 Citizen not related to patients for patients called helpline to help the patients. They could be neighbours – but not close friends or relatives.
- One general practitioner called to update his knowledge regarding COVID 19.



Calls by demand category

The most crucial query is – why the calls did come for? **What did the callers want from the helpline?** How could we manage to help? Were we successful?

What did the callers want/ demanded from the helpline?

The pattern of calls by demands / needs of the patients is as below: Few abbreviations are - CCC – Inquiry for Covid Care Centre, VB – Inquiry for Ventilator/ ICU beds, **OB** – Inquiry for Oxygen / isolation beds. **Out of nearly 50 different demands/ needs the following eight were in large numbers.**

It would be easily noticed that the categories – demand for oxygen beds, (OB) Covid Care Centres (CCC), Ventilator bed (VB) constitute nearly one third of the total – 101/ 300. These

were the desperate patients who were Covid positive and were ill, fearful and sometimes serious without any access to the hospital beds and were in desperate try to get one bed for themselves and were told that no bed was vacant.

Some of the key field level realities noticed are:

- Desperate search for Remedesivir injections.
- In the month of September, the team got frustrated, tired and sad. The bed availability became mirage. Patients suffered and we were part of their sufferings.
- Many rang back to thanks us profusely which we did not even deserve. What appealed them is our emotional support, consistent hand holding and same level of desperation to seek the bed as theirs though we are professional helpers. When two relatives whose patients died for the want of availability of ICU beds, or getting it too late, called us after a day or two and thanked us, there were tears in eyes and no way to know whether we should accept the appreciation. It only proved that human angle is missing in tsunami like epidemics from government initiatives which could be provided by NGOs
- Some private hospitals were demanding deposit of Rs 1 lac/ 2 lac when patient is serious and needed admissions.
- We painfully witnessed relatives begging for Ventilator beds with PO2 levels like 50 and 60 and getting to know in few hours that the patient is dead. Very traumatic experience indeed.
- **We got 5 complaints regarding overcharging by private hospitals. In one case we could get the bill lowered by 1.90 lac**
- We had an anaesthetist who proved to be crucial for counselling the patients who –
 - Were suspicious of the treatment they were getting in government facilities
 - Were having panic attacks

Following are some of the numbers. We tried to follow up each and every patient and this information is a tip of the iceberg which we had from our follow up and through the calls which we received. We also called back to missed calls which we found when our centre was closed overnight and on Sundays:

Category	Number
Number of dead patients we know through calls	15/300
Plasma donors who approached us to donate turned out anaemic and hence unqualified	2
Regarding those who demanded Plasma	3 got plasma / 18. 3 died in the process 1 did not get it but improved

Awareness related calls

Out of 35 calls which came for getting information various strata of ignorance, anxiety and complex field reality got noticed.

- Housing Society demanding the COVID 19 negative report from its member
- Cough stopped immediately after **tested for** COVID 19 and report came negative
- Few were urgent calls for seeking financial help

Interesting queries / demands

- How to do **funeral**?
- How to dispose of **the** waste of the COVID patient in home quarantine?
- We could actively help one serious patient who was denied admission because the COVID report **was** yet to come. He got admitted and with early treatment came out of the illness

Conclusion:

Thanks to understanding and permission from AID that we could switch over the person supposed to be running a physical helpdesk to the telephonic helpline run with the support from APPI. It made things easier and manageable.

To start the helpline was one of the most relevant decision taken by us and supported by the funder. **Our success depended on the efficiency of the external player – the government machinery over which we had no control.** So, when the peak came, we suffered emotionally as if we are extended relatives of the patients who were suffering, begging for beds and even dyeing. But we – many a times three persons at a time fought.

Our team that proved most crucial in this humane endeavour

- **Shakuntala** – in the seat of driver with immense skills of communication and advocacy
- **Helpline operators: Geetanjali and Vaishali** – though never had experience of even working in health sector, equipped very fast with knowledge and grip over data of available facilities and communicated with patience and warmth – many a times fighting their own frustrations and emotions.
- **Consultants** – **Dr Abhijit More** with his in-depth knowledge and access related to Government GRs and health system and **Dr Jyoti Gadre**, anesthetised having in dept knowledge about the medical protocols and treatment

Two illustrative case stories

1. Case of Mr. Vasant Pandit : First person account from his son.

I am Shubham pandit, I work in a bank and live in Ganesh Path, Pune. Right now, I think Pune tops in the no of Covid tests not only in Maharashtra but in India. The rising graph is overwhelming. I never thought that the tsunami of COVID would reach at my doorsteps. But it did. My father – Vasant Pandit was 61 years old. He started having difficulty in taking breath on 31st August. He was admitted immediately in a nearby hospital. Xray chest showed the shadows pointing to Pneumonia with Covid origin. He needed a ventilator bed. That hospital had no facility for ventilator bed. So, we started to hunt for the same. It took eight hours of frantic searched when my father was deteriorating fast. We kept on searching for the one.

On 3rd September he became serious. He now needed ventilator support and that too urgently. We did not get it everywhere we tried. We were helpless and scared. We rang SATHI helpline. The Helpline operators and SATHI staff started searching for one, they were trying in earnest. The took seven hours to get one.

We did get one but it was too late. After two days of ventilator support my father took the last breath on 5th September.

My father got medical aid late at every stage of disease. He had diabetes, hypertension and had had two angioplasties. He was vulnerable for COVID complications and did deteriorate fast.

It will always be painful for me to remember that had he got medical help sooner he would have survived. SATHI helpline was a straw in his lifeline and a great support for us. The helpline persons were tenderly following the case for hours, and even called us to support us after my father was admitted with ventilator support. They were with us in this last battle of my father and I would be always grateful to it. SATHI helpline at least made me have some consolation that I tried all that I could for my father.

2. Was it a scarcity or black marketing of COVID drugs?

SATHI helpline started getting calls not only from Pune city but from far way cities like Aurangabad, Nagar, Solapur and Kolhapur for the COVID related redressals. Though we were not well equipped for cities other than Pune, we tried our best. The demands were as usual – oxygen bed, ventilator bed. And many a times we were helpless and just had to watch the helpless disaster meekly. The memories would always be painful.

One call from Kolhapur was for 55 years old COVID patient from Kolhapur who was admitted for five days and because he was getting serious, he needed urgently Inj Remedesivir. Relatives were not able to procure a single injection from any medical shop in Kolhapur and were desperate. They were asking us – could they get the injection transported to Kolhapur from Pune?

We sent them the list of wholesale distributors but when the relatives contacted, they got the answer that they would never get it anywhere in Kolhapur. Not in Kolhapur, anywhere in Maharashtra.

When we had a meeting a day before the FDA authorities had **guaranteed** us that there is no shortage of Inj Remedesivir anywhere in Maharashtra. He had urged that if one does not avail it, the patient could complain directly to him. Empowered with this information we contacted the whole seller in Kolhapur and threaten action.

He assured us to call back in an hour. He called. He was apologetic and narrated the difficulties for drug distributors. He pointed out to severe demand and shortage in supply. But assured us that if we send the patient who would refer to us, the patient would get enough supply of Inj Remedesivir.

The patient did. But the question remains – why there should be any need for such a reference?



Annexure I -

Detailed analysis of Pune City telephonic Helpline

SATHI has in place the facilities (Hired telephone number), support for two human resource to run such helpline through APPI budget when the call number started increasing. Even before the number actually increased, we had our expectations for the number of patients with COVID 19 in Pune over the months of September, October, November and the number was scary. Hence, we added one more telephone operator through separate budget supported by an additional donor – Association for India Development. It was proposed for running a physical helpdesk in Pune. AID accepted our request.

This change of tactics proved very strategic. Even with a cursory look at the number of calls per month, it would be obvious that it would have been impossible to cope up with the pressure of coming calls with just one helpline operator.

Analysis of the calls to helpline in August 2020 to 15th October 2020

General characteristics and mode of operation

The helpline ran from 9.30 am to 5.30 pm everyday with holiday on Sunday.

The first thing that helpline operators would do at the start was to call back to all missed calls received.

We responded to each call coming, but we followed all calls we received. Around 300/350 responded to our follow up. When patient was serious, we followed up many times.

Initially the HO tried to go systematically by asking age, sex, who is calling etc. But soon it was evident that what we were in hands was not a research but taking calls from suffering people. So HO changed strategy and immediately enter the details of the various parameters if they could get them in the flow of conversation.

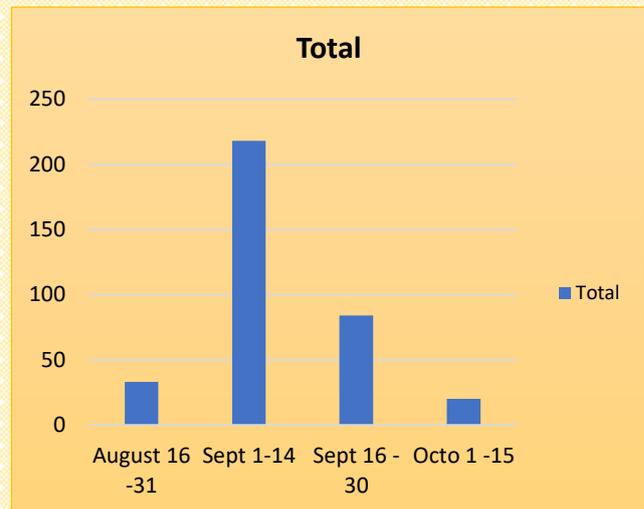
Our tools to help people were – Pune Municipal Corporation Dash Board for availability of beds across Pune and Pimpri Chinchawad Muncipal area. We had contacts number of officials. We had connections with officials for getting issues resolved. We called directly to the hospitals (Pvt) taken over by government for COVID duty who were denying admission, asking patients to deposit money, over charging. We had numbers of whole sellers dealing with drugs.

Two helpline operators took alternate calls. Many a times three persons – two helpline operators and Shakuntala from SATHI were on phones to desperately seek beds for the patients.

When the helpline operator felt that the queries were more technical the call was switched to Dr Jyoti – anaesthetist. When the need of advocacy was clear, the call was switched to Public Health expert and activist Dr Abhijit.

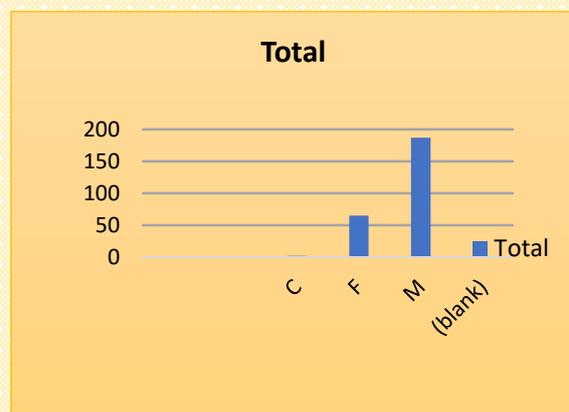
Total Number of patients per fifteen days

- Out of 350 calls nearly 50 were either – missed calls which did not answer back when HO called them, repeat calls and follow up calls not received and, in few cases, details not entered.
- **So, the universe for this data is 300.**
- We started the helpline at right time. Had we little late the impact would not have been much
- The calls came on mouth publicity and due to our awareness drive
 - Through 85 posters at swab centres
 - Through Newspaper publicity
 - Through 15 min interview on Akash wani
 - Through broad cast in our what’s up data base – coming from jan Arogya Abhiyan and Pune Citizen Doctors Forum (the network that has emerged through support by APPI)
- Initially few curious calls to just get sure that such helpline is indeed functional
- The call number match the daily figure published by the Municipal corporation and the availability/ non availability of beds in Municipal Dash board.
- The helpline will continue even after lull because the second wave is awaited from December onwards.
- **100 calls out of 111 of serious categories – (admitted/ OB/VB/ICU) came in the month of September 20.**



By Gender

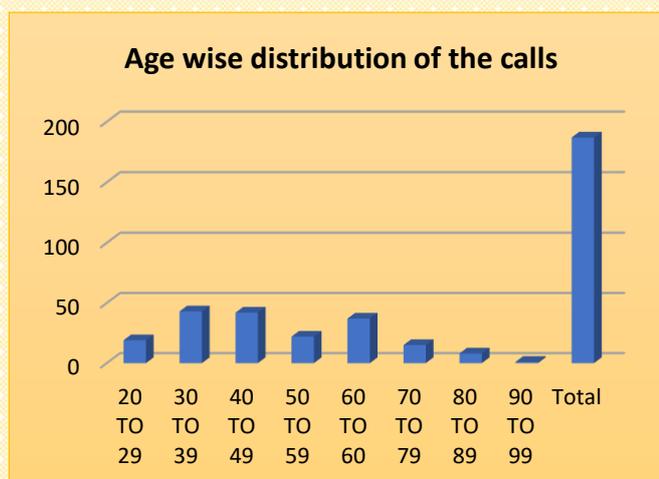
- It is known world over that COVID 19 affects male more than females.
- Our call data support the general inference. What is interesting is the calls (only two) for positive children. Out of 300, for 254 calls we could register gender. There are 2 children, 65 females and 187 males out of 254.



By age

- In 172/300 calls we could get the age of the patients

- Calls the helpline received defied general knowledge that COVID 19 affects the population of more than 60 years age. Our call data is opposite. (24/ 186) 66% of the calls are for patients below 60 and only 33% (62/186) were for patients above 60 years of age.



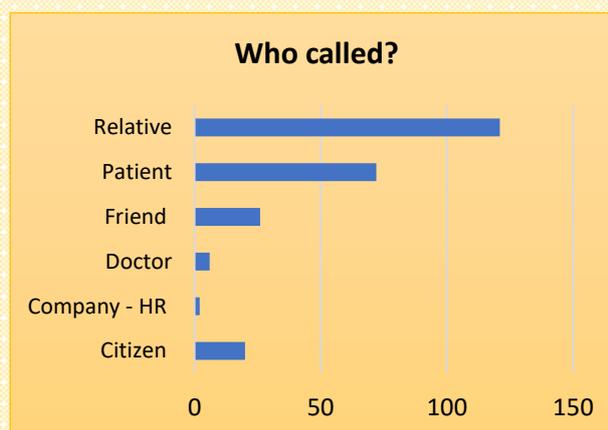
- But the data clearly shows that the COVID 19 affected persons over 60 years are more vulnerable than those who are below 60 years. While 67% of the callers over age 60 years (42/ 62) needed OB/ VB/ ICU (67%), only 21% (26/124) below age of 60 years required OB/VB/ICU (21%)

Who called?

It is an interesting query – who called? In 247/ 300 we could get knowhow about who called.

Some important observations are -

- 20 Citizen not related to patients for patients called helpline to help the patients. They could be neighbours – but not close friends or relatives.



- Around 65 patients themselves called and further analysis shows that most of these calls were either from asymptomatic COVID positive patients or for awareness. As expected, serious patients were not in position to call themselves.
- Two doctors called – one was a doctor who was shifted out of her COVID duty and hence called to remove her name from the contact list.
- One general practitioner called to update his knowledge regarding COVID 19.

Calls by demand category

The most crucial query is – why the calls did come for? **What did the callers want from the helpline?** How could we manage to help? Were we successful?

Initially we decided also to ask the caller about how did they come to know about the helpline. We tried but with very little success. We took the lesson. Answering calls was not an academic endeavour but it was like a war in which the stakes were very high. Sometimes even the life of a person.

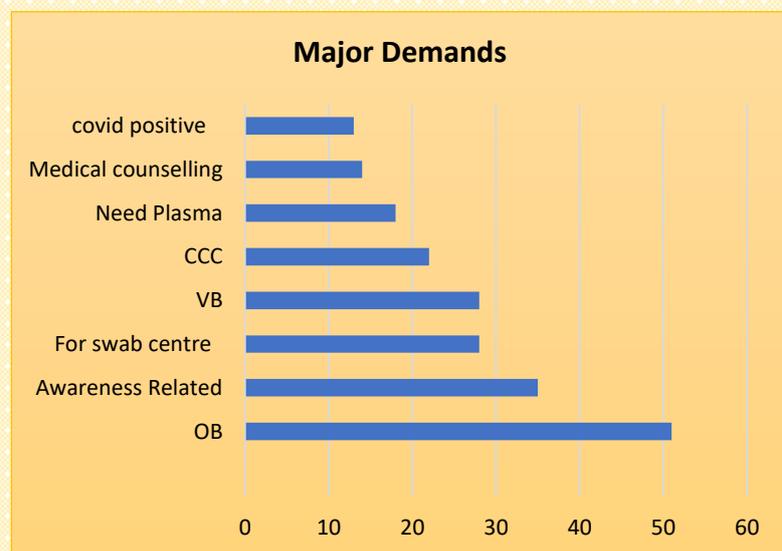
There was no luxury for both helpline operators to learn about the symptoms, technical details related to COVID. They learnt as they took calls with in field hand holding by two doctors.

We too were helplessly dependent on the external circumstances like availability of beds which was beyond our control.

What did the callers want/ demanded from the helpline?

The pattern of calls by demands / needs of the patients is as below: Few abbreviations are - **CCC** – Inquiry for Covid Care Centre, **VB** – Inquiry for Ventilator/ ICU beds, **OB** – Inquiry for Oxygen / isolation beds. **Out of nearly 50 different demands/ needs the following eight were in large numbers.**

It would be easily noticed that the categories – demand for oxygen beds, (OB) Covid Care Centres (CCC), Ventilator bed (VB) constitute nearly one third of the total – 101/ 300. These were the desperate patients who were Covid positive and were ill, fearful and sometimes serious without any access to the hospital beds and were in desperate try to get one bed for themselves and were told that no bed was vacant.



Some of the key field level realities noticed are

- In the early phase 28/300 were for address of Swab centres in vicinity. In the late phase we started getting calls for alternative swab centres and even CCC because the ones in proximity have been closed.
- Desperate search for Remdesivir injections.

- In the month of September, the team got frustrated, tired and sad. The bed availability became mirage. Patients suffered and we were part of their sufferings.
- Many rang back to thanks us profusely which we did not even deserve. What appealed them is our emotional support, consistent hand holding and same level of desperation to seek the bed as theirs though we are professional helpers. When two relatives whose patients died for the want of availability of ICU beds, or getting it too late, called us after a day or two and thanked us, there were tears in eyes and no way to know whether we should accept the appreciation. It only proved that human angle is missing in tsunami like epidemics from government initiatives which could be provided by NGOs
- Some private hospitals were demanding deposit of Rs 1 lac/ 2 lac when patient is serious and needed admissions.
- The serious patients who needed admission were denied because either the COVID test was negative (May be false negative) or report awaiting. They were suffering from severe pneumonia. The private hospitals which have been taken in to COVID management by government were sometimes reluctant to treat the patients within the package and hence were the refusals. We joined advocacy with some public health experts at higher level and Government allowed expenses when the patient is suffering from pneumonia even if report is awaited or negative.
- Initially severe companies were registered reg the management at Jumbo hospitals. One relative whose mother died and he could not meet her called us to request us not to advice Jumbo hospital to any patient.
- We advised many patients from rural area not to We advised many patients from rural area not to bring very serious patients to Pune unless bed is available.
- We painfully witnessed relatives begging for Ventilator beds with PO2 levels like 50 and 60 and getting to know in few hours that the patient is dead. Very traumatic experience indeed.
- Many calls came from relatives of the patients admitted in private hospitals. They were on brink of economic catastrophe and desperately wanted to shift patients to free hospitals. In few cases where we succeeded it was a matter of great relief.
- **We got 5 complaints regarding overcharging by private hospitals. In one case we could get the bill lowered by 1.90 lac**
- Many calls were on boundary between routine counselling and medical treatment. As a policy we did not go for tele medicine even when patients sometimes demanded for. We advised to visit nearest CCC or private doctors. But we had an anaesthetist who proved to be crucial for counselling the patients who –
 - Were suspicious of the treatment they were getting in government facilities
 - Were not sure whether to go to Covid centre or get home quarantined

- Were having panic attacks
- Were not knowing what to do when Covid test was positive
- We provided DMER notification regarding cost of Remedesivir and MRP for Remedesivir from Mylan co which was Rs.2626.40. We provided distributor's list. And some snap shots we received from the patients of the bills they got to prove the MRP. This specific way of functioning was our USP.
- It was a usual observation that many patients were helped by local politicians to get beds.

Following are some of the numbers. We tried to follow up each and every patient and this information is a tip of the iceberg which we had from our follow up and through the calls which we received. We also called back to missed calls which we found when our centre was closed overnight and on Sundays:

Category	Number
<p>Number of dead patients we know through calls – the ones who died during the calls</p> <p>Out of 15, 13 got admission – may be through our help or through their own efforts (Most were helped by MLAs, Political leaders, Nagar Sewaks)</p> <p>In two cases we suspect that they did not get the beds but we are not sure. Such calls limit to the probing HO could attempt.</p>	15/300
<p>Plasma donors who approached us to donate turned out anaemic and hence unqualified</p>	2
<p>Regarding those who demanded Plasma</p>	<p>3 got plasma / 18.</p> <p>3 died in the process</p> <p>1 did not get it but improved</p>

Awareness related calls

Out of 35 calls which came for getting information various strata of ignorance, anxiety and complex field reality got noticed.

- Housing Society demanding the COVID 19 negative report from its member
- Cough stopped immediately after tested for COVID 19 and report came negative
- Few were urgent calls for seeking financial help
- Some NGO friends called to know how to go ahead when one of them is positive and in close contact for some time

- No ways to found out the truth but a phone call came from HR dep of a factory. Supposedly 60 workers are COVID positive and? six are dead. The HR was counselled about how to handle the situation.
- Even at early period, many calls started from rural Pune and even from far away like Satara, Kolhapur regarding COVID awareness as well as demands for beds.
- Hospital was refusing the patient as being from outside PCMC area.

Interesting queries / demands

- How to do funeral?
- How to dispose of the waste of the COVID patient in home quarantine?
- Few from admitted patients to get assured that the treatment in government centres is correct
- We could actively help one serious patient who was denied admission because the COVID report was yet to come. He got admitted and with early treatment came out of the illness
- We had had only one query regarding insurance in COVID case
- In the later phase few calls from patients in home quarantined and also few calls for Post Covid advice

Conclusion

Thanks to understanding and permission from AID that we could switch over the person supposed to be running a physical helpdesk to the telephonic helpline run with the support from APPI. It made things easier and manageable.

To start the helpline was one of the most relevant decision taken by us and supported by the funder. Our success depended on the efficiency of the external player – the government machinery over which we had no control. So, when the peak came, we suffered emotionally as if we are extended relatives of the patients who were suffering, begging for beds and even dyeing. But we – many a times three persons at a time fought.

Our team that proved most crucial in this humane endeavour

- **Shakuntala** – in the seat of driver with immense skills of communication and advocacy
- **Helpline operators : Geetanjali and Vaishali** – though never had experience of even working in health sector, equipped very fast with knowledge and grip over data of available facilities and communicated with patience and warmth – many a times fighting their own frustrations and emotions.
- **Consultants** – **Dr Abhijit More** with his in-depth knowledge and access related to Government GRs and health system and **Dr Jyoti Gadre**, anesthetised having in dept knowledge about the medical protocols and treatment

Two illustrative case stories

Case of Mr. Vasant Pandit : First person account from his son.

I am Shubham pandit, I work in a bank and live in Ganesh Path, Pune. Right now, I think Pune tops in the no of Covid tests not only in Maharashtra but in India. The rising graph is overwhelming. I never thought that the tsunami of COVID would reach at my doorsteps. But it did. My father – Vasant Pandit was 61 years old. He started having difficulty in taking breadth on 31st August. He was admitted immediately in a nearby hospital. Xray chest showed the shadows pointing to Pneumonia with Covid origin. He needed a ventilator bed. That hospital had no facility for ventilator bed. So, we started to hunt for the same. It took eight hours of frantic searched when my father was deteriorating fast. We kept on searching for the one.

On 3rd September he became serious. He now needed ventilator support and that too urgently. We did not get it everywhere we tried. We were helpless and scared. We rang SATHI helpline. The Helpline operators and SATHI staff started searching for one, they were trying in earnest. The took seven hours to get one.

We did get one but it was too late. After two days of ventilator support my father took the last breadth on 5th September.

My father got medical aid late at every stage of disease. He had diabetes, hypertension and had had two angioplasties. He was vulnerable for COVID complications and did deteriorate fast.

It will always be painful for me to remember that had he got medical help sooner he would have survived. SATHI helpline was a straw in his lifeline and a great support for us. The helpline persons were tenderly following the case for hours, and even called us to support us after my father was admitted with ventilator support. They were with us in this last battle of my father and I would be always grateful to it. SATHI helpline at least made me have some consolation that I tried all that I could for my father.

Was it a scarcity or black marketing of COVID drugs?

SATHI helpline started getting calls not only from Pune city but from far way cities like Aurangabad, Nagar, Solapur and Kolhapur for the COVID related redressals. Though we were not well equipped for cities other than Pune, we tried our best. The demands were as usual – oxygen bed, ventilator bed. And many a times we were helpless and just had to watch the helpless disaster meekly. The memories would always be painful.

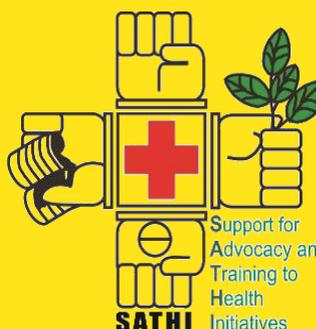
One call from Kolhapur was for 55 years old COVID patient from Kolhapur who was admitted for five days and because he was getting serious, he needed urgently Inj Remedesivir. Relatives were not able to procure a single injection from any medical shop in Kolhapur and were desperate. They were asking us – could they get the injection transported to Kolhapur from Pune?

We sent them the list of wholesale distributors but when the relatives contacted, they got the answer that they would never get it anywhere in Kolhapur. Not in Kolhapur, anywhere in Maharashtra.

When we had a meeting a day before the FDA authorities had guaranteed us that there is no shortage of Inj Remedesivir anywhere in Maharashtra. He had urged that if one does not avail it, the patient could complain directly to him. Empowered with this information we contacted the whole seller in Kolhapur and threaten action.

He assured us to call back in an hour. He called. He was apologetic and narrated the difficulties for drug distributors. He pointed out to severe demand and shortage in supply. But assured us that if we send the patient who would refer to us, the patient would get enough supply of Inj Remedesivir.

The patient did. But the question remains – why there should be any need for such a reference?



SATHI, (Support for Advocacy & Training to Health Initiatives)

Flat No. 3 & 4, Aman (E) Terrace Society,
Dahanukar Colony, Kothrud, Pune- 411029

Email - sathicehat@gmail.com,

Website - www.sathicehat.org

March, 2021