Continued support to government in the fight against rural COVID-19

Message from Ashok

Fighting COVID through the AAA Platform

So far, our AAA platform has served as a tool to identify high-risk cases in the context of maternal and child health. This is followed up with timely intervention – to either prevent, or treat, a health emergency. The crux is data sharing and joint problem solving by the ‘triple A’ of government’s frontline community health workers.

We have always thought of the intervention as a platform. The principle of frontline data sharing should be equally applicable to many health, and health-related conditions in rural areas. We never anticipated however that the platform would prove useful, and so suddenly, in the context of the government’s response to rural COVID.

Antara Foundation teams work at the frontline of health delivery in the villages of central India. We have been calling out the possibility of a rural epidemic for several months now. There are many risk factors due to which the virus can thrive in these village settings. Our teams on the ground encounter this situation every day. For example, one small hut might house two elderly parents with co-morbidities, a home-returned migrant, pregnant daughter-in-law, and two malnourished kids. Each person is at high-risk.

It is distressing to see our prognosis coming true in recent weeks. Faced with the frightening prospect of a rural epidemic, the Government, while taking active measures, is seeking help from the NGO community and from donors. Much support is needed.

Many NGOs and their donors have been contributing protective equipment and kits, and training frontline staff. These are extremely useful steps. Several NGOs and donors are also asking what unique contributions they might make based on their specialized knowledge and tools. Seen this way, the AAA platform is our specific contribution. We are honored to get this opportunity to serve the national program, within the constraints of our program’s capacity.

We contribute to COVID even as we continue work on our primary mission, which is maternal and child health. There is no contradiction – after all, AAA is a platform.

This edition of our newsletter has a special focus on Antara Foundation’s fight against rural COVID.

1. AAA refers to the trio of ANM (nurse-midwife), ASHA (community mobilizer) and the Anganwadi Worker (overseer of nutrition for mothers and children)

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FEATURED VIDEO

Watch a 3-min film on YouTube here on how we adapted our AAA platform innovation to support government in effectively managing the COVID-19 response in India’s villages.

IN PICTURES: CATCH GLIMPSES FROM OUR FIELD PROGRAMS HERE
COVID-19

Antara Foundation’s rural COVID support in action

Our COVID-19 response initiatives are benefitting thousands of communities

Over the last few months, the Antara Foundation (TAF) has been actively supporting the government’s COVID-19 response in villages of Chhindwara district in Madhya Pradesh. Our COVID work is centered around the AAA platform – TAF’s flagship innovation that brings the three frontline workers in each village onto a common collaborative platform.

The AAA platform enables increased use and sharing of data, allowing frontline workers to create village level micro-plans, synchronize records, and share learning. While focused on maternal and child health, we adapted the tool to identify, monitor and manage individuals and households at greatest risk of contracting and carrying COVID-19 (e.g., infants, pregnant women, migrants, elders, people with co-morbidities).

‘AAA-platform for COVID’ is being supplemented by efforts to build frontline worker capacity on different COVID-related aspects such as spreading proper awareness, correctly identifying symptomatic cases, addressing misconception and stigma, and so on. We are helping government strengthen its supervisory processes and monitoring formats for the COVID response work. Alongside, we have been ensuring continuity of routine maternal and child health services.

We hear encouraging stories from frontline workers and their supervisors on how our COVID efforts are making a difference. These are few examples of impact from our COVID response work.

Improved identification and tracking of final trimester pregnant women

“Sunita was due to deliver on 23 July. Together with the ASHA1, I kept a close track of her through the 3rd trimester tracker. We gave her information about how to prepare for delivery, what precautions to take, and also asked her family to arrange for a backup transport in case the ambulance gets delayed. Deliveries for COVID positive pregnant women must happen at the District Hospital (60km away from Sunita’s village) as per protocol, so we kept checking her for symptoms, but she was okay. Since she was a high-risk pregnancy because of a previous c-section delivery, we assigned CHC2 Sausar for her. She had a safe delivery, and was very thankful to us for our help.”

Kusum Sahoo, ANM – Sub-center Ghoti, Sausar Block, Chhindwara

Notes: 1. ASHA stands for Accredited Social Health Activist; she is the village community mobilizer. 2. CHC stands for Community Health Centre – the first level of referral facility for complications. Because Sunita was high-risk, she was sent to CHC Sausar (~15km) instead of the nearest primary health facility (~5km).

Enhanced COVID-response skills

Ensuring correct usage of screening equipment and noting the right readings is crucial to detect COVID symptomatic patients. Teaching ANMs how to correctly use devices like infra-red thermometers and pulse oximeters was a key part of our technical COVID trainings.

Proper ways of social distancing, wearing of masks and regular handwashing are essential COVID precautions. Our capacity building efforts ensure frontline workers follow these practices, while maintaining the continuity of maternal and child health services.

Note: Data above pertains to Chhindwara district, Madhya Pradesh.
PROGRAM UPDATES

Charging forward with new challenges
Our expansion plans in Ghodadongri block, Betul district

As we expand our footprint to generate further evidence for scaling our interventions, we take on even tougher challenges. Betul, Antara Foundation’s newest focus district in the state of Madhya Pradesh, has more than 40% tribal population, with seven of its ten blocks (about 150-200 villages each) being ‘notified tribal blocks.’ Unique social norms, traditions and superstitions exist among tribes in Betul – these could be potentially detrimental to the health of pregnant women, mothers and children, placing a disproportionate burden on tribal health outcomes.

We recently started work in four blocks in Betul, tailoring and adapting our key interventions to the local context. We plan to soon expand our Betul program to a fifth block, Ghodadongri.

Ghodadongri block adds to the challenge with an almost 60% tribal population, an extremely difficult terrain, and a largely scattered population. Many areas become highly inaccessible, especially in the monsoon season and carrying out routine activities such as child immunization becomes more difficult. Special mobile teams are deployed in such circumstances, often with a reduced frequency of once in two months. Additionally, there are numerous vacancies in the supervisory cadre of frontline workers, adding to accountability issues. Record-keeping is not up to the mark, leading to beneficiaries being left out, or not followed up.

We will be working with the biggest tribes in Ghodadongri block. Many of their social norms and practices are cause for deep concern: insufficient food to pregnant women to reduce the baby’s size (believed to make labor and delivery easier); making pregnant women work even harder (also believed to improve the delivery process); relying on traditional healers to tackle severe labor pain; discarding the nutritious colostrum; worshipping deities to manage child disease and malnutrition, and so on.

We intend to work closely with these communities to understand barriers to health delivery, and devise ways to adapt our solutions.

We will implement the AAA platform to ensure collaborative data sharing among frontline workers and ensure focused service delivery to the populations needing highest attention. We will mobilize community groups towards better health-seeking behavior. This will ensure that along with increasing frontline worker effectiveness, we also create active, aware and empowered consumers.

In addition, we will carry out an intensive nurse mentoring program for delivery nurses to improve their knowledge and skills. The program will involve a comprehensive training cycle, with topics ranging from labor room organization to complication management.

Our goal is to transform Ghodadongri in the time to come and make it a model for change.

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Overall program highlights

ASHA diary launch
The ASHA maintains a detailed record of her work in a manual register, termed the ‘ASHA diary.’ We supported the state of Madhya Pradesh (MP) in re-designing and enhancing the ASHA diary, to improve effectiveness and efficiency of ASHAs.

The new ASHA diary has been rolled out state-wide by the government and will benefit more than 64,000 ASHAs across 52 districts. We are providing regular support to the State in their training efforts.

This is TAF’s first major success in MP, demonstrating our model of scale – working with and through government.

Betul program
Our work in Betul district is actively underway in four blocks, focusing on establishing the AAA platform and building frontline worker capacity on maternal and child health topics.

Chhindwara program
The village mapping process has been fully completed across our five focus blocks in Chhindwara (covering 1000+ anganwadi centers). Scale up in remaining six blocks is in progress via the government supervisory system, with TAF support.
New girl in the village: One month into the Fellowship
Aditi shares her field experiences from her first month

ADITI REVANKAR

I moved to Chhindwara, amidst the pandemic, to begin my Fellowship. My induction happened virtually. I reviewed digitized village maps and got my first glimpse of villages I would soon work in, as I quarantined. It rained cats and dogs, and being a Bangalore girl, the rains brought me comfort. Too precious to not articulate, here are some of my experiences.

I visited Chourai with Paras, our experienced senior field trainer and learned from him what I have christened, *chai diplomacy*. The AAA work as a team led by a nurse-midwife (ANM), with a worker who runs a crèche for pre-school children (AWW) and the village mobilizer (ASHA). He was told by an ANM that in one village, her AWW and ASHA do not get along. At the village, he asked the AWW to come to the ASHA’s home. We discussed their work over a cup of chai and left, with their agreeing to work together. In the car, Paras explained that he had hoped, *ghar pe saath chai peete* (a cup of tea together), would ease tensions. I was in awe.

In Tamia, with our field officer Harhini, I saw her seamless engagement with the community. When she met frontline workers, it seemed like they were old friends, reminiscing about the last time they had been together.

We spoke with an old man who believed in *jutibootiya* (medicinal herbs) and *jhad phook* (traditional healing). When I asked him to repeat himself, he got irritated and muttered to himself. I was stumped, but Harhini laughed and continued speaking. I vowed to try not to take myself so seriously. Next, we visited a woman, who had seven girl children, and was pregnant for the eight time. One of the oldest daughters braided her hair, while the youngest walked around, unclad.

I attended my first VHND (village health and nutrition day) with Prerna (our field officer) and learnt a lot more about the human body than I needed to know. She explained with such enthusiasm, and I was so curious.

While getting maps made, I saw that some frontline workers just weren’t interested, and in many cases, there was a serious skill deficit, lack of a system of accountability and the need for pedagogical improvement.

Through all this field learning, I came to understand Antara Foundation’s work. Why wasn’t the vaccine administered? Why haven’t food packets reached the beneficiaries? Why are babies being born at home? We ask why all the time. And we push people to do. Sometimes asking once is enough. Others necessitate that we ask ten times, and then show up to ensure that the work is done.

When I went to the field by myself, I noticed that I was using the equivalents of *chai diplomacy*, sub-consciously.

From the *didu* (Hindi word for sisters; here referring to frontline workers) I am learning to count in Hindi. I continue to find amusing the garbage truck with its loud crier, fit to make a crowd dance. I am learning to cook. I made myself *khichadi, tadka* and everything. Surely, Chhindwara is becoming home.
IN PICTURES

Malini, a hamlet in Tamia block, Chhindwara is 3km from the main village and can only be accessed by crossing a river on foot. In the photo, we see an ANM, ASHA and Anganwadi worker, with a govt. supervisor, carrying the vaccine box on an immunization day.

Orientation of ASHA supervisors on the new ASHA diary being carried out by our program nurse mentor, Soumya, in Chhindwara district.

Orientation of frontline workers and their supervisors on establishing the AAA platform, being conducted by our field officer, Sushma, in Betul district.

Validation of hand-drawn maps in process in Betul district by our senior field trainer, Piyush Bhatt.

AAA marking house numbers on digitized village maps by referring to the initial hand-drawn maps created by them in Mokhed block, Chhindwara district.

Note: All photographs have been taken by our program team with due consent.