

SoP on COVID-19 Containment & Management in Peri-urban, Rural & Tribal areas

1. Background:

Assam is better prepared during 2nd wave of COVID as the state has deep insights (both in terms of clinical and program management) of managing the 1st wave successfully. State also knows what the additional steps are to be taken for the 2nd wave management. Even then state is finding challenges:

1. The COVID virus during the 2nd wave in India is behaving in a much different way than it behaved during the 1st wave. In 1st wave, more of aged and people with comorbidity were getting infected and the case fatality rate was less but in the 2nd wave, the spread of infection is much faster than last year and more of early age group (30 plus) people are getting infected and virus is more lethal, as the case fatality rate is much higher than the previous year.
2. Moreover, this time, it is seen that many patients start complaining about less oxygen saturation (SpO2) demanding immediate hospitalization and few of them even need ICU admission. Last year, majority of the cases used to get cured from COVID Care Centre (CCC), but during the 2nd wave, the need for hospitalization is more compared to last year.
3. Furthermore, because of virus mutation, different mutants are being reported, which is another cause of concern in effective management.
4. Last but not the least worrying factor is this time, the COVID-19 is no more a city / town centric disease burden, it has penetrated deep into villages, which have limited health facilities and the village situation is fertile land for fast spreading as the community awareness is low.

2. Scope:

With larger spread of COVID-19 cases in peri-urban, rural and tribal areas, it is important to ensure that community-based services and primary level health infrastructure in these areas are equipped and oriented to manage COVID-19 cases. This document outlines the containment, Public Health & Social Measures (PHSM) & clinical management practices to be put in place in these areas with respect to COVID-19 management.

Surveillance, screening, isolation and referral:

- In every village, ASHA is to take active role with the help of village health sanitation & nutrition committee (VHSNC) members for carrying out periodic active surveillance to look for influenza-like illness/severe acute respiratory infections (ILI/SARI), fever or any disease onset.
- Persons from the suspected list, which ASHA will prepare, will undergo RAT/RTPCR testing with the help of Block Medical Team members under the leadership of CHO (wherever available) or the in-charge person, as designated by the Block Medical Officer.
- Those, who are found positive are to be sent for home or facility isolation as per the laid down norms of SoP and based on the physical condition of the person. VHSNC / ward members are to ensure that those who are tested are to remain in home isolation till the time test report is made available to each one of them and any violation needs to be taken very seriously.
- The village, which has a SC with CHO (Community Health Officer) is expected to act as leader in the entire exercise and to lead the mission from front. S/he is expected to give all technical suggestions to the family, which has positive case and also needs to inform villagers about the steps, they need to take.

- Every sub centre should run an ILI/SARI OPD for a dedicated time slots/day. CHOs and ANMs should be trained in performing Rapid Antigen Testing. Provision of Rapid Antigen Test (RAT) kits should be made at all public health facilities including Sub-centres.
- Those asymptomatic but having history of high-risk exposure to COVID patients (exposure of more than 15 mins without a mask within 6 feet distance) should be advised for quarantine and to be tested as per ICMR protocol.
- Members of the VHSNCs also need to support in contact tracing of all the positive cases confirmed, so that those who came in contact with those positive persons, can be traced, tested and sent for early isolation before they become super spreader. The contact tracing exercise finding needs to be shared with the Block Medical Officer through ASHA of the village so that this information gets updated in all the relevant portals, including IDSP Portal.

3. Home and community-based isolation:

- Block Medical Officer and his/her team members including ASHA Supervisor and ASHA need to ensure that the latest guideline on “**home isolation**”, issued on 17.05.2021 is strictly adhered to and this guideline must be shared with VHSNC members so that there is no confusion among the villagers about the adherence of guideline.
- Those, who prefers to go for home isolation and is allowed as per the latest SoP, issued on 17th May 2021 must give an undertaking (as per the format annexed with the SoP).
- The SpO2 level must be checked every 4 hours along with the temperature and if SpO2 drops below 95% or if any other problem sets in (breathlessness, chest pain, mental confusion etc) then immediately the patient needs to be shifted at appropriate hospital. ASHA needs to keep daily update of each of her patient (those are under home isolation) and needs to update the Block Community Mobilizer (BCM) accordingly for necessary action, if needed.
- VHSNC members also need to take update of those families (which has positive patient under home isolation) so that all necessary supports (in terms of making essential items for the family) can be extended to that family, when it is truly needed. The family needs to reimburse the amount spent by the villagers / ward members for supplying all essential items.
- Home isolation patients will be considered for deemed discharge as per the clause mentioned in the “**home isolation SoP**”. Villagers are to ensure that positive persons adhere the SoP.

4. Planning for Health infrastructure for managing COVID at rural level:

For COVID management, 3 tier structure was devised, which are:

- (i) COVID Care Centre (CCC) to manage mild / asymptomatic cases
- (ii) Dedicated COVID Health Centre (DCHC) to manage moderate cases
- (iii) Dedicated COVID Hospital (DCH) to manage severe cases.

The health infrastructure so planned for peri-urban, rural and tribal areas are aligned to the above mentioned 3-tier structure. The mild / asymptomatic cases are admitted at COVID Care Centre (CCC) and symptomatic patients with comorbidity are admitted at Dedicated COVID Health Centre (DCHC) and those patients, who have serious complaints are admitted at tertiary level Dedicated COVID Hospital (DCH). However, if anyone who is admitted at CCC, but develops complaints then immediately the patient is sent either at DCHC or at DCH (based on the patient condition and availability of beds at the referred facility).

The CCCs are makeshift facilities under the supervision of nearest PHC/CHC/DH. These may be set up in schools, community halls, marriage halls, panchayat buildings in close proximity of healthcare facilities, or tent facilities in Panchayat land, school ground, etc. The isolation beds should be placed maintaining the physical distancing, adequate room ventilation is needed, and provision of drinking water must be available. Each CCC is linked to one Dedicated COVID Health Centres (DCHC) and at least one Dedicated COVID Hospital (DCH) for timely referral purposes. Each CCC also should have dedicated ambulances so that no time is lost in referral of patients. Community members can generously contribute or help the authority in getting a right space for the CCC in rural areas (in town getting such place is easier, as hotels are available) and also donate generously so that CCC runs smoothly. The participation of community members in running a CCC is a praiseworthy step.

5. Training:

Staff attached in the functioning of CCC are all trained already, but with the increase in COVID positive cases, the need for opening more CCC at rural areas might arise. In such case, there will be certainly demand of more HR to man those CCCs. In this case, villagers can nominate volunteers, who are ready to join this fight against COVID-19. If villagers nominate such members, who are ready to join the COVID fight then they will be trained by health department in basics of COVID, infection prevention control, use of Personal protective equipment, medical waste management, monitoring of temperature using infrared thermo-meter, recording respiratory rate, use of Pulse Oximetr and identification of early warning signs and referral.

6. Public Health & Social Measures:

Villagers have to play the most important role in generating mass public awareness on COVID-19, its DO's and DON'Ts. This is very important because none of us want that people should fall sick from COVID and they get admitted at hospital for treatment. Hospitalization is not only costly affair but also it traumatizes not only the patient, family members but also the society members too. So, all out efforts needs to be carried out to popularize the COVID Appropriate Behaviour (CAB) so that citizens internalize those practices and behave in the expected manner. The CAB is named as the most effective vaccine to beat COVID-19. For this, villagers can generate awareness on

- a. Firstly, 3Ws are to be promoted hugely – Wearing mask properly, Wash Hands (Sanitization of hands) and Watch distance (minimum 6 feet apart);
- b. Secondly 3Cs are to be remembered and to be avoided – Crowded Place, Close Contact Setting, Confined and Closed space (proper ventilation is to be ensured);



- c. Testing is to be popularized followed by tracing of positive cases to isolate them;
- d. On identifying positive cases, it is to be ensured that either the person goes to hospital (if s/he has health issues) or remain at home adhering home isolation SoP. Patient must keep watching oxygen saturation using pulse oximeter (if SpO2 drops below 95 then to rush to hospital), getting teleconsultation and to follow guidance strictly etc). If the patient does not satisfy home isolation criteria, then s/he has to go to hospital for necessary care.
- e. The discharge SoP must be well known to community. To have mass community awareness, the home isolation and discharge SoP must be pasted at Post Office, Gaon Panchayat Office, NGO premise, SHG office etc;
- f. If unfortunately, death occurs then the COVID protocol (not more than 10 people) must be adhered to (about gathering of people, cremating the body etc);
- g. ASHAs are to promote downloading of e-sanjeevani OPD App among villagers for availing teleconsultation services for both COVID and non COVID services.
- h. VHSNC members and ASHA is to ensure that no violation of SoP is done in organizing any celebration (not more than 10 people) in village and if any violation takes place then the same is to be informed to the BCM urgently and at the same time villagers are to remain alert about any gathering as public crowding leads to increasing COVID cases.
- i. VHSNC members are to resolve that all the targeted population from the village will take vaccination and for this supports from local clubs, NGOs, samitis can be taken to popularize COVID vaccination and in minimizing myths around vaccination.
- j. Villagers are to promote that during COVID, one needs to remain highly positive and others need to share positive thoughts, instead of sharing updates on scary situation - we can always share that majority of the patients are getting cured from COVID;
- k. Ensuring that VHND is organized adhering COVID Appropriate behavior (staggered timing of vaccination, use of mask by the beneficiaries, sanitization, social distancing etc);
- l. In the pandemic scenario, neonates, infants, children are always at high risk, as no vaccine has so far been prescribed for them. So, villagers must support ASHA in making her all planned HBNC and HBYC visits after confirming that she is not COVID positive and she adheres all the guideline / norms of COVID Appropriate Behaviour (CAB) and encourages the family members on following CAB.
- m. For any alarming situation in the village, ASHA should be the 1st responder of information to the Block Medical Officer through Block Community Mobilizer;
- n. VHSNC members and ASHA should jointly ensure that all listed beneficiaries for non COVID essential health care services (which are time bound like ANC and PNC care,

Immunization and follow up treatment and regular refilling of NCD drugs etc.) avail their needed services through adherence of complete COVID Appropriate behavior;

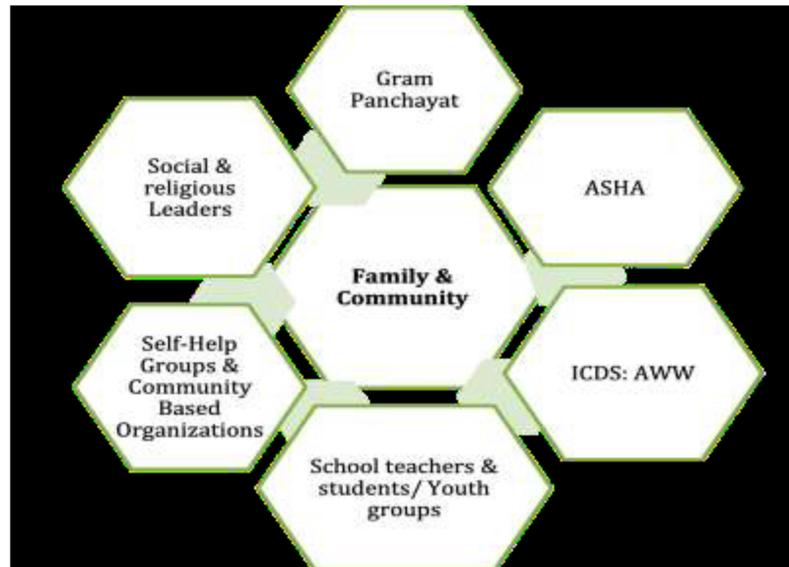
7. Infection Prevention and Control Practices

VHSNC members are to ensure that at each health facility the infection prevention and control practices are strictly adhered to and reasons for any deviation from the laid down practices need to be understood to sort out the issue and if the same is not resolved at that level then the same needs to be brought up at the appropriate level for necessary intervention and redressal. In addition to ARI screening and treatment areas, personnel working in other parts of the facilities should be provided with suitable PPEs. Further, proper provision of covered bio-hazard bins for disposal of used PPEs should be made available at these locations. Used PPEs, masks etc. should necessarily be disposed of in accordance with the guidelines issued by Central Pollution Control Board.

8. Risk communication:

Suitable provisions for posters, standees and (if feasible) Audio Visual media may be made available throughout the facilities to create awareness among general public on (i) simple preventive health measures like use of mask/face cover, hand and respiratory hygiene, physical distancing, (ii) common signs and symptoms of COVID, (iii) need for early reporting of cases, (iv) State / district helpline numbers etc. Facility level planning must be in place to execute all these plans. Villagers should be taken into confidence while finalizing the planning for carrying out all these activities. In addition, adequate signage and information notices (in local language) should be displayed at all entrances, corridors, designated areas, wards etc. to prevent inter-mixing of patients and stream ARI patients away from regular clinical areas. VHSNC members need to be taken in confidence while designing all the need-based messages and while planning any community intervention.

Village Health Nutrition Sanitation Committee (VHNSC) will act as a centre of local level community health action for decentralized health planning. Preventive strategies like physical distancing and containment can be implemented in a better way if planned and organized strategically at village level by local stakeholders. Surveillance and its compliance will also be better. Members of women Self-help groups (SHGs) may be engaged actively in many activities like ensuring the supply of essential services in the community, providing food and other essentials to the needy families, supporting preventive measures, making masks, running kitchens for quarantine/ isolation facilities, etc. Religious leaders are trusted, so they may help to facilitate the COVID appropriate behaviour. The district administration may put few officers from block office to supervise the functioning of villages.



Key stakeholders within the village community that could be mobilized for COVID-19 management

A successful decentralized model of care for managing the COVID-19 would include:

- i) Involvement of Gram panchayat (GP) at the forefront of pandemic management with financial allocation and administrative empowerment;
- ii) Mobilization and involvement of SHGs for creating awareness for COVID-appropriate behaviours & for providing essential services, especially during movement restriction.
- iii) Strengthening community-based management engaging frontline workers (i.e. Auxiliary Nurse Midwife (ANMs), Accredited Social Health Activist (ASHAs) and Anganwadi Workers) and support of other Gram Panchayat level functionaries.

9. Mental health support at community level:

Besides fear of contracting the disease, the fear of quarantine, isolation, lockdown, loneliness, loss of livelihoods and challenges with education of kids can cause widespread mental health problems during the COVID pandemic. Increased risk of depression, suicides and other mental health problems

are reported frequently from different parts of the country. Provision of psychological support to enable people to remain mentally healthy during the difficult time should be one of the important elements of COVID response. VHSNC members along with ASHA need to work closely with Block Medical Officer to ensure that all home isolated patients are supported well so that they remain mentally healthy and take a positive message about the quality of services rendered. The family members of the patients need to be told to remain positive and to share all possible thoughts with the patient (s) and suggest better to avoid listening or viewing news during the COVID period.

10. Preparedness for rapid coverage with COVID vaccination:

Ensuring high coverage with vaccination is a pivotal strategy for preventing future surge in COVID cases. Appropriate strategies for achieving high coverage with COVID vaccination in rural areas need to be devised. Frontline Line Workers along with community leaders will mobilize the beneficiaries for vaccination in compliance with the guidelines by the Government of India. VHSNC members are to resolve that all the targeted population from the village will take vaccination and for this supports from local clubs, NGOs, samitis can be taken to popularize COVID vaccination and in

minimizing myths around vaccination. Need based IEC can also be designed for promoting vaccination.

11. Non-COVID essential healthcare delivery services:

While focusing on COVID 19 related activities is crucial, ensuring continuity of other (non-COVID) essential health services is equally vital. VHSNC members are to ensure that the essential healthcare services such as reproductive, maternal, newborn and child health, prevention and management of communicable diseases, treatment of prevalent non-communicable diseases and addressing emergencies are provided by the health facilities and use of telemedicine etc. to be encouraged. Essential healthcare services must not take back seat during pandemic, else it will result un-timely death of many persons. VHSNC members and ASHA should jointly ensure that all listed beneficiaries for non COVID essential health care services (which are time bound like ANC and PNC care, Immunization and follow up treatment and regular refilling of NCD drugs etc.) avail their needed services through adherence of complete COVID Appropriate behavior.

12. Tribal COVID-19 care and response strategies for tribal area:

Besides the proposed health care strategies as discussed above, tribal areas pose additional challenges and hence additional focus. Tribal communities are geographically and socio-economically relatively segregated and may have poor access to health care. Strengthening community-based management through Gram Burah, VHSNCs, local committees including SHGs should be taken and they should be involved at every stage of planning and executing COVID-care activities.

13. Integration of COVID-care with Mobile Medical Units (MMUs) under NHM in tribal areas:

Mobile Medical Unit (MMU) under NHM to facilitate access to public health care in tribal areas. MMUs have an existing medical team (medical officers, pharmacist, staff nurse and lab technician). This team may be utilized to create awareness regarding COVID-appropriate behaviour, carry out Rapid Antigen Testing (RAT), take samples for RT-PCR, provide treatment for mild illness, and help establish referral linkage with DCHC and DCH. Telemedicine/Teleconsultation should be utilized to bridge the geographical inaccessibility in tribal areas as per feasibility. Non-governmental organizations (NGOs), SHGs working in these areas can play a crucial role in provisioning of public health services in tribal/remote areas due to their community rapport and local existence.

14. Conclusion:

In the light of the state's continuous improved readiness in terms of enhancing bed capacity at all levels including oxygen supported beds and ICU beds and ventilators coupled with ongoing vaccination drive, Assam is well prepared in managing necessary treatments at hospitals. But, instead of treating patients, it is better for all concerned that less and less persons fall sick and this can be only ensured through active support from mass people, VHSNC members including ASHAs. So, it is earnestly urged to support government's initiative in generating mass awareness on COVID Appropriate Behavior and to follow the same. It is certain that jointly we will win over the pandemic.