



Asha's Response to COVID-19: Providing Care to Slum Communities

September 2020

Introduction

Nowhere are the needs for holistic solutions greater than for the millions of slum dwellers who are vulnerable to the effects of disease, poverty and despair, live on land that does not belong to them in constant fear of eviction, and are surrounded by substance abuse, domestic violence, garbage and political corruption. Delhi, India, has a population of 21.75 million and the slums have 4 million. Asha is a Community Health and Development NGO set up 33 years ago by Dr. Kiran Martin, an Indian paediatrician. Around 700,000 people in 91 slum colonies of Delhi now benefit from the work of Asha, which means 'hope'. The Asha team comprises of 87 dedicated personnel and are assisted by around 1000 women and 1500 young people from the slums who volunteer in their communities.

COVID-19

On 24th March 2020, the Government of India overnight shut down the country in an attempt to curb the spread of COVID-19. This had an immediate catastrophic impact on those living in the slums. The poorest of the poor, these people were mostly dependent on daily wage work to survive. No work in the community meant no money and the possibility of starvation within days. In some of the Asha slums there was a substantial migration because everyone lost jobs. The migration had other effects such as mental stress in the slum dwellers who decided to stay on. How would they survive? If they decided to go away theirs was also an uncertain future. The Asha team continuously counselled the families to stay put. Ignorance and fear of COVID-19 was also rampant. Because of population density, social distancing was impossible. While the Government subsequently set up 'feeding stations', these were on the outskirts of the slums and were largely inaccessible to the weakest in the slums. The Asha team knew they had to react immediately to stave off a humanitarian disaster in slum dwellers at higher risk because they were unable to socially distance, lacked access to masks and water for washing, and needed education in behavioral practices to lessen their exposure to COVID-19.

Asha's Immediate Response

Within days the ASHA team-

- Activated existing, well developed networks in the slums and set up 'Teams of Corona Warriors'. These teams were mostly staffed by some 300 young volunteers of university and high schoolers whom ASHA had known for years and whose education they were supporting.

- Trained the volunteers and tasked them to immediately start educating each of their local communities about COVID-19 and assessing local needs of the most vulnerable.
- Activated its donor support base in the UK, US, and Australia.
- Prioritized the most vulnerable- elderly, disabled, chronically ill, pregnant women, and children under 5.
- Provided cash for basic essential needs – cooking gas, medicine, grinding grain.
- Provided basic groceries.
- Educated everyone regarding COVID-19 and how to act to reduce risk.
- Formed liaisons with the local Police to protect rather than control and intimidate the people, and with local sanitation workers to maintain toilet blocks and remove garbage.
- Developed supply chains and logistics, based on existing relationships, to obtain and distribute key supplies - soap, disinfectant, PPE, food, grain, vaccines, medicines, and sanitary supplies.
- Provided consolation and comfort to ensure mental health well-being. Warriors gave their mobile numbers to the elderly, handicapped, chronically ill and most vulnerable. The access to warriors served as a hotline around the clock, especially in emergencies. The warriors also visited slum dwellers who were experiencing depression, anxiety, and loneliness, and provided social, mental, and emotional support to overcome the uncertainty arising out of the circumstances.
- Continued to address essential ongoing needs that had potential long term catastrophic consequences –antenatal, natal, postnatal care; vaccinations (including against typhoid as temps rose into the 100's); ongoing treatment of chronic diseases; assistance for students leaving schools and university students who had no access to computers but needed to take exams; special nutritional programs for those under 5 and adults with critically low BMI, developed in conjunction with dietary experts in UK and US.
- Held special health care clinics for pregnant women, children under 5 years, patients with chronic illnesses and for geriatric patients.
- Because of COVID-19, developed special ongoing programs for malnutrition. For children under 5, Asha provides a high-calorie high protein Laddoo (sphere-shaped sweet) along with vitamins and other supplements. To malnourished women and adolescent girls, a nutritious drink rich in calories and protein is provided along with Iron, and vitamin supplements.

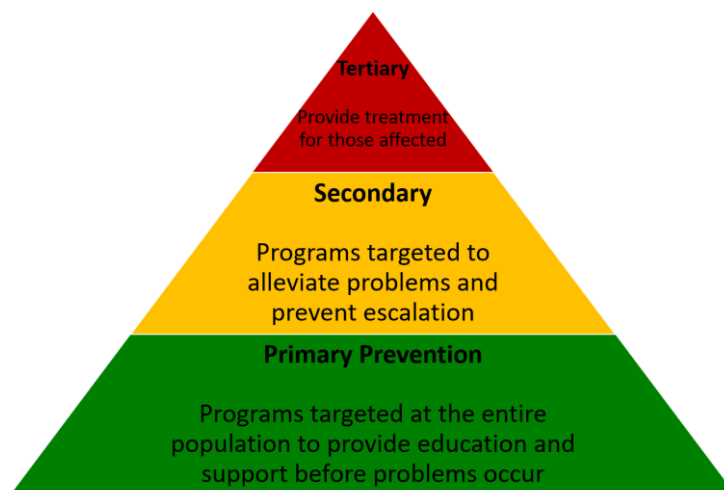
The Asha teams screened all the slum dwellers using infrared thermometers and pulse oximeters in the slum clinics as well as during their visits to the slum community. If they found a person having flu-like symptoms, they immediately referred them to the nearest COVID-19 testing centre. Individuals who tested positive were assessed for clinical conditions, the severity of illness and co-morbidities. The Asha teams referred the patients with suggestive symptoms to designated testing centers in Government hospitals, community clinics, and to mobile clinics. The COVID-19 tests were and are being done free of charge.

The government health workers also conducted physical assessments to ensure adequate facilities for home isolation so that clusters of cases did not develop. If an adequate facility for home isolation was found, the patients were put into home quarantine. The patients were given medicines and monitored regularly through phone calls and oximeters. Patients with co-morbidities or severe symptoms were immediately admitted to COVID-19 designated hospitals. Homes of patients were quarantined for a minimum of 14 days, and a poster put on the main door. Contact tracing was done by the government, and all family members and neighbors tested.

The Asha teams and warriors spread awareness in the community about the presence of a COVID-19 positive case and encouraged the slum dwellers to avoid that lane or area. They also kept in touch with the patient and the family members

through phone calls, gave emotional support and ensured proper sanitation of the area by the municipal corporation. Areas where six or more people were tested positive for coronavirus were identified as “hotspots” or “containment zones” in order to recognize their probability of a high degree of viral spread. Strict movement restrictions were put in place in such areas to prevent further spread of the virus, and deliveries of essential items like groceries, medicines, and dairy products were made by government authorized delivery personnel only. The Asha team ensured that the area was restricted, and that slum residents stayed away from that zone.

The diagram below illustrates how primary prevention, such as that provided by Asha, reduces the need for health care to alleviate problems, and the need to intervene with treatment.



Key Factors that Enabled a Quick Response

Asha

- is a long established, locally based and led organization with a long history in the communities it serves.
- has strong, involved local leadership that cares deeply for the people they are serving, is well connected to them and is working from a long articulated value base of dignity, empowerment, justice, non-violence, compassion, gratitude, optimism, joy, and simplicity.
- has well established supply networks in Delhi and committed supporters around the world.
- is small enough to be nimble and personal but large enough to serve 700,000 people.
- recognizes that, even under the pressure to address immediate need, it is equally essential to address longer term ones if years of development work is not to be squandered.

Outcomes

No volunteers have developed COVID-19 symptoms and only 310 COVID-19 positive patients have been found in the Asha slum communities to date. As of 31st August, Delhi as a whole had 1,073,000 positive cases reported. Asha does not have stats of COVID-19 cases in slums in general.

Conclusion

People living in the slums are the most vulnerable population in the world and have been the most affected during the COVID-19 pandemic. Asha has demonstrated that strategic interventions can prevent morbidity and mortality, as well as

alleviate financial stress. The success of Asha in controlling COVID-19 in the slums reflects the realization of the values Asha promotes in the community: dignity, empowerment, justice, non-violence, compassion, gratitude, generosity, optimism, joy, and simplicity. The Asha staff, young adults and women of the slums have demonstrated their commitment for others by taking on great risks to their own health in the humanitarian crisis of COVID-19.

With the pandemic still underway, Asha's example encourages us to address the needs of both our neighboring and our global communities.

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