



TRIBAL HEALTH INITIATIVE

How we tackled the Second Wave of Covid



Tribal Health Initiative runs a secondary care 35 bedded hospital in the forested Sittilingi Valley of Tamil Nadu, inhabited 95 % by tribals. We were unafraid of the Covid pandemic in the first wave, since we had all precautions in place, but the deadly second wave spread its tentacles here as people had dropped their guard and become complacent.

We dedicated a 15 bed ward for Level 1 and Level 2 care. We had enough doctors, nurses and support staff to manage the crisis. Experience had shown that if patients are tested early, put on oxygen and medicines in time, they mostly get over the disease. Those who lose their lives are the ones who do not get these in time. That is why, in a time when there are no beds available in the nearby big hospitals, it was imperative to be ready for the deluge. All care was given FREE.

Stage 1 : Closing the tap is as important as mopping the floor always has been the Sittilingi approach. We started trying to close the tap almost 3 weeks before Covid hit the villages, when the cities were already being hit by the Covid tsunami. Spaced village meetings, education of the small shops etc. So, when our first cases started showing up and the lockdown announced, the people were ready. Houses tied ropes (with neem twigs in between, to say guests are not welcome; shops followed protocol in not allowing anyone inside; mask usage started increasing; community functions post postponed; frequent announcements through vehicles and the local “tandoora”. The hospital too was ready – a 15 bed exclusive Covid ward, protective gear, oxygen, testing, medicines etc. in place



Stage 2 : The only way the Staff and the Ward will not be overcome by patients and lack of resources is to have community involvement and community prevention. Our youth came forward to do house to house education and sharing the helplines. Constant reminders through vehicle announcements, follow ups of suspects by our nurses in the field, psychological support by our docs and nurses of anybody having fever have been an additional step.



Stage 3 : A 15 bed Covid Special ward was started with doctors and nurses all trained in Covid care through remote training from tertiary care institutions. The public as well as many companies and charitable organisations chipped in with oxygen cylinders, concentrators, masks, face shields etc – and most of all MONEY. All care including investigations, medicines and food was provided FREE. In all we saw 486 patients of which 3 died (a

mortality of < 1%). The quality care provided in such a remote setting for the underprivileged was lauded by the press and the Govt of India.

Nmbr of Patients	468	
Level 1 Care	408	87%
Level 2 Care	42	9%
Referral (for Level 3 care)	15	3%
Died	3	< 1 %
Field Area	282	60%
Outside field area	186	40%

Males	236	50%
Females	232	50%

Above 60	98	21%
40 - 60	162	35%
20 - 40	181	39%
Below 20	27	6%

Stage 4 : As cases in Sittilingi came down and our Covid Ward is started emptying, we prepared for the next wave. Our team decided that our responsibility to put as many hurdles between the valley and the 3rd wave – and to get as many immunized as possible. Each day a team traversed the villages recording who all had Covid like symptoms, who all got immunized and who all are ready for vaccination. We explained why immunization is important and tried to remove their fear, take down their phone numbers and co-ordinate with the local PHC so that we could cover as much population as possible.



Stage 5 : We have started immunizing – Along with our team of nurses and the Govt Staff, we have been going round the villages vaccinating as many as possible. All the doses brought that day by the Govt Staff get exhausted by the end of the day – 100% utilization. We hope that in the coming few months we can finish immunizing all and stop the next wave devastate us.

Conclusion: In all , the last 2 months were hectic, though we must say that support from all of you did a great deal in helping to keep our spirits high. Since, for THI the primary focus was the community and not the hospital, we were able to encourage most of the Covid positive cases to come in early and with good education, physical and mental support, were never overwhelmed by the rush for admissions – which was the main cause of mortality in the cities. A mortality rate of < 1%, by any standards, is a considerable achievement for our team. But the work is not over, we are on an immunization overdrive and hope to stop the 3rd wave in its tracks.

Thank you

Dr Regi George

Managing Trustee



Palani from Malaithangi Village had been admitted with Covid for more than 5 weeks in our hospital. He also had 2 chest surgical procedures done which had come as complications of the severe infection he had. His bill came to more than ₹ 1.25 lakhs – but friends like **YOU** paid for it. He just had to give us a smile. Thank you everyone who helped us to help more than 400 patients back on their feet without spending a rupee from their pocket.