

AHIMSA COVID REPORT

“Hope is important because it can make the present moment less difficult to bear. If we believe that tomorrow will be better, we can bear a hardship today.” Thich Nhat Hanh

Report 3 (4th June to 18th June, 2021)

The last two weeks Ahimsa has continued to be involved in organising aid and supplies to the rural areas of West Bengal and Uttarakhand. As the Covid cases are now rising in the villages, we are looking at expanding our help to them in various ways.

At the end of the report, do read the appeal (that has already been met by a generous donor) for 7 smart phones and the quiz made by a young volunteer.

Work around Shantiniketan, West Bengal

The Covid Home Care Project entered the second week of June with the aim of training young people in the six villages in the use of the pulse oximeter.

A. Pulse Oximeter Demonstrations in 6 villages

- Six young people in the six villages were given training in the use of the pulse oximeter.
- Although, initially, the focus was on all young people who had studied up to Class XII (total number came to 40), the team had to further limit the numbers to those who had smart phones. The reason for this was found that it is more efficacious to first send some videos regarding the Corona virus to people who have smart phones and then we could follow up with the training at the village level. Thus, a list of twenty-two people was compiled.
- It was decided to start off the exercise of spreading awareness of Covid with a quiz. A young volunteer, Triveni designed the quiz.



Administering Taltor Corona Quiz

B. Patient Updates

- From the 7 May to the 7th June- it was found that 78 patients availed of the facility offered by Ahimsa- of a doctor consultation, medicines and follow-up by Ahimsa team members.
- A list of patients with their symptoms, as well as an initial set of patient updates was prepared. Getting the updates in a readable form has taken effort and time. The team members write out the updates, then send them to a team member, Mousumi who types them up in Bengali, the local language and the coordinator then translates and transcribes them.
- In the meanwhile, Dr Ganguly has provided an update form that will make the job less onerous.

C. Data Collection

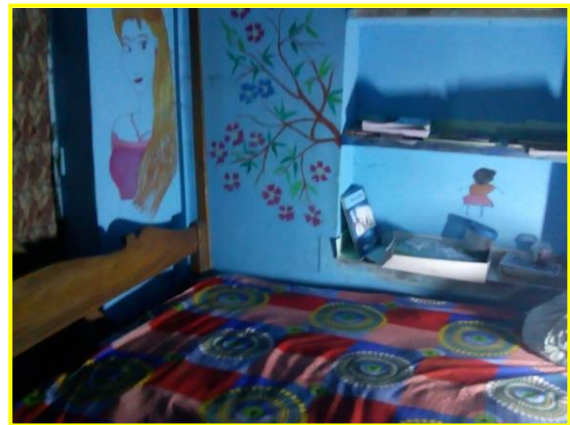
- This job continues. We have now got a comprehensive list of how many children there are in the 6 villages. This list is essential for our work in the coming weeks.

D. Oxygen concentrators

- Two oxygen concentrators have arrived in Shantiniketan. In the days to follow all the team members will be meeting to try out the oxygen concentrators and then training and demonstrating to others how they work.
- Four more concentrators are being sent to Shantiniketan which have been donated to Ahimsa by a generous donor.
- Legal agreements have been prepared so that the concentrators are cared for by those who will be using/borrowing them.



The pulse oxymeter training in Kayetpukur village



Lakhi's room for concentrator

Work in Dehradun and Uttarakhand:

- In Dehradun the team's focus was on organising dry rations for the people in the remote villages of Uttarakhand. Comparative study was done with various wholesale shopkeepers at the rates they would be supplying rations.
- Ahimsa will also provide and distribute these rations and extend support to families who have no earning members in their homes or have lost them to Covid.
- The children are also being educated and are being provided masks as we are seeing many children being equally affected by the pandemic.
- The volunteers have been preparing packets of food and will be distributed to about 200 people in the villages. These packets include rice, pulses, oil and soya bean.
- Some more supplies of surgical masks, N 95 masks and sanitisers were ordered and received and will be distributed in the coming days.



*Children collecting Covid-kits(donated by Ahimsa)
from Ms Urmilla Dhondiyal Thapa, Ward
Councillor*

We thank you for all your good wishes and continuing support. Hope we can continue to reach out to as many in these most difficult times which India is going through.

With kind regards and gratitude,

Ahimsa Community



We are sharing below a letter from Chandana a.k.a. Mamlu who is coordinating Ahimsa's work in Bengal.

Dear Shantum, dear Gitu,

Remote working of Ahimsa Team during Pandemic and After

Ahimsa's work with 100 Covid Warriors/Kitchen Gardeners has been conducted by team members who visit villages, supply training and advice, hold discussions and conduct on-site evaluations.

We have never had to work from a distance before Covid!

Ahimsa has now started a Covid Home Care Project to attempt to tackle Covid spread in villages that have limited access to health resources. Our main work has been to convey as much information as possible. However we came across immediate difficulties when the Ahimsa headquarters suggested to me (Chandana Dey) to conduct all work over the phone.

Education and the Smart Phone

Three of the seven Ahimsa Facilitators cannot read or write. Nor do they know their numbers. This lack of functional literacy has not stopped these team members from doing their work before. The literate team members used to write up the Reports for the unlettered team- Subhas, Suchitra and Mungli. Gradually family members- took over this onerous job of writing Reports. We became indebted to Mungli's daughter, Mousumi, Subhas' niece, Mousumi and Suchitra's son, Jayanto.

Exigencies of the Covid Home Care project

I have devised a syllabus of Covid Home Care that requires the knowledge of smart phones. We have been using Whatsapp and Google Meet (the first time I had a meeting with the Ahimsa Team supervisor, Anuradha Mondal) as well as the telephone itself. My smart phone allows me to send messages (in Bengali) and

videos such as tutorials on the oxygen concentrator, the pulse oximeter, the importance of proning- to mention just a few.

After looking at these videos, the team members are now able to use these devices themselves. Subhas, Suchitra and Mungli are overcoming their fears- and are accessing technology. It has taken even Anuradha- who did not have a smart phone earlier, time to master the intricacies of whatsapp and using the Bengali script to send messages to all.

Will Ahimsa have to continue with its remote work?

With the shortage of vaccines and the possibility of a third wave during 2021, it seems extremely unlikely that we will be able to return to 'life before Covid'.

Ahimsa's work on self-reliance, nutrition, and livelihoods is even more significant, as schools continue to be closed (therefore no mid day meals), and ICDS centres remain shut (therefore no nutrition support to the 0-6 age group and expectant mothers). It seems clear that the Ahimsa team members are the only people in the villages who are talking of Covid and increasing awareness of this illness. The team- Subhas, Suchitra, Lalon (a volunteer worker working for 3 months), Mousumi, Mungli, Lakhi are visible, now wearing their PPE and are leading the fight against Covid in their six villages. From around 28 patients (suffering from coughs, colds, fever, weakness) in the first two weeks of May, the number of patients receiving Dr Ganguly's treatment via tele-conferencing has gone beyond 60.

In each case, the patient updates are being taken on the phone at regular intervals. Counselling is also being done. Two of the six team- have had Covid symptoms at this time- and have gone into isolation and their families into quarantine. Each patient has received a medical pack and the information sheets.

Visible disunity among NGOs in the Santiniketan area:

When I first started on the Covid Home Care work- from the middle of April, I was keen to pass on the information sheets to colleagues in other NGOs. I was shocked to receive advice from one of these NGO heads- and told that I should not distribute material, since 'I would be beaten up'. (Fortunately, this has not happened). This NGO spends a lot of time talking about how many villages they work in but when the Covid crisis happened- they went into their shells.

On the other hand, I have been immensely touched to find my entire team and their families convinced that they need to work and be visible, otherwise, *'what use is it if I can't stand in solidarity with my fellow human beings at this crucial time?'*

Covid work is full time work


The Ahimsa team in the villages, in Delhi and Dehradun have been working from 12-14 hours each day. Much of this work is on the phone.

I end with this quote from Anuradha as we ended our first Google meet yesterday. In Anuradha's case, it was her 12 year old daughter, Nilanjana who was helping her decipher what the Google meet link was and I was fortunate to have my daughter, Nandini, to help me at my end. Anuradha was expressing her gratitude to 'Shantum Da and Gitu di' and saying that they never made her feel that anything was beyond her, despite the difference in education levels. So perhaps- this smartphone will actually bring about a revolution for women - for empowerment and the belief that anything is possible.


With lots of love

Mamlu


1. Which of the following is NOT a symptom of Covid?




2. How should we wear masks?



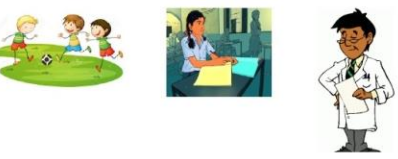
3. Where should you go?



4. What should you clean your hands with?



5. What will you do if you have Covid symptoms?



◀ Quiz on Covid Appropriate Behaviour designed by Triveni, our volunteer