

Second Wave

# COVID-19

Weekly News Bulletin



Any epidemic usually make its impact in three waves out of which it is believed that the second wave proves to be the most dangerous one.

*Dr. Randeep Guleria*  
Director, AIIMS

## Second Surge Brings Huge Challenges for the CSOs

*Sivangi Dash*

The COVID-19 second wave that hit Odisha around April, a little later than the metros of the country brought with it several apprehensions. On a meeting conducted by the grassroots level workers of CYSD, many pertinent issues of the ground surfaced. The main challenge with the speeding second wave was reluctance of the common man to take the vaccine. The lack of awareness and the fear of life-threatening side-effects has prevented many people from coming forward to register. The lack of digital literacy also stands as an impediment.

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At places where people are enthusiastic to take the vaccine, there is no doses available. Some of the remote areas of the state have not been able to keep a smooth flow of vaccine since the second wave.

Corona brought with it, the concept of lockdown. While, it has not affected the lives of those who are economically affluent, it has devastated the means of livelihood for those at the bottom of the privilege graph. Many migrant workers have started coming back again. Their reallocation stands as a major concern for the state and the civil society ahead.

Cut down on market days has also affected agricultural producers. If the lockdown extends, it'll be difficult for farmers to acquire their produce.

Women and children will be one of the most affected groups because of the wave. Women who sustain on selling nuts and forest produce will lose their livelihood. Young girls have the threat of being married off early if the lockdown continues for long. The number of sexual gender-based violence has also been on a rise.

CYSD has been working on the ground to ensure a sustainable livelihood for the migrant workers through "Migration Support Service Centres" (MSCs).

## Frontline Workers overcome obstacles to reach every child in Malkangiri

*Prafulla Kumar Maharana*

Malkangiri, the south-western most district of Odisha covering an area of 5791 sq.km that lies between steep range of mountains, plateaus and valleys is sparsely inhabited. It is home to numerous primitive tribes, notably the Bondas, Koyas, Porajas and Didayis. The district is moderately literate, with the number of literate males far out numbering the number of literate females.

Agriculture is the main occupation of vast majority of the population largely confined to Kharif Season. A part of the population also consists of migrant labourers who had migrated to different parts of the country in search of better livelihoods.

It is closely working with the government bodies at the local panchayat level to ensure livelihood for the returnee migrants and their families. It has also revamped the "Citizens' Support Centre" to manage socio-emotional health issues through tele counselling, physical healthcare issues by tele medicine, citizens' queries on various entitlements, spread awareness about government advisories to tackle the pandemic and so on. Despite several initiatives, there's still a long way to go.

The second surge of pandemic has brought huge challenges – only the collective efforts of the Government and the Civil Society is need of the hours to win the battle with COVID.

During the COVID-19 pandemic as many migrant workers returned back, CYSD in collaboration with UNICEF set up Migration Support Service Centres (MSSCs) in multiple districts including Malkangiri in early October, 2020. The aim was to protect and ensure the rights and entitlements of returnee migrants.

CYSD conducted village wise survey to assess the status of children with respect to their Birth Certificates and other basic entitlements provided by the government. The assessment revealed that 92% children didn't have their birth certificates.

It was also found that children were deprived of other basic entitlements (immunization, regular health check-ups pre-school education, nutritional security packages, etc.) and severely affected by physical and mental illness. MSSC generated a desegregated data base at Gram Panchayat level and shared it with various service providers to work on the issue with CYSD.

After regular interaction and engagement with local health institutions and service centres, birth registration and certification process of new born children gradually triggered up.

The role of ASHAs and community resource persons (CRPs) of CYSD were crucial in initiating the process. MSSCs also recognized Gram Panchayat offices as single window systems for raising demand from ground zero. It facilitated to fulfil the demands of people by forwarding filled in entitlement application forms to appropriate institutions/departments. As a result, the child birth certification process including other entitlements got activated routinely. Eventually, the process yielded a gainful result. 25 out of 142 targeted villages in Malkangiri achieved 100% birth certification by end December, 2020 during the pilot phase of this program.

Gouri Bhumia, aged 26, an Accredited Social Health Activist (ASHA) from Bariabahal village under Ambaguda Gram Panchayat of Mathili Block shares that, she could achieve 100% birth certification in her assigned villages with the help of CYSD. Mr. Lalit, a fellow of CYSD, guided her in filling up the application forms, understanding the questions therein, accompanying her to CHC, etc. "This is the biggest achievement of my professional life", said Gouri.

Availing child birth certificates from health institutions was a daydream for the tribal communities of Malkangiri. Due to the joint efforts of ASHAs and CRPs there was some awareness on the issue in the area.

Though birth registration percentage has gone up almost touching 100% with the introduction of National Health Mission in almost all districts' blocks, GPs and villages, the attitude of health activists to help people hasn't been so active. Hence, appropriate change in attitude towards favouring common people's interest can bring change along with coordination from government as well as local bodies.



*Gouri Bhumia, an ASHA helping tribal a mother to fill up the Application Form for obtaining Birth Certificates of new born baby.*

# Odisha Civil Society Organizations Response to 2nd Wave of Covid-19

## *Ratikanta*

While the Odisha Civil Society Organisations are responding to the second wave of Covid-19 at their respective levels, at this critical juncture, a coordinated effort is highly needed being thought of and hence, a Coordination meeting the CSOs was convened by CYSD on 9th May 2021. The following key points were emerged to fight out the pandemic in a consortium approach:

### A. Pooling and managing available resources

- Vaccination mobilization: need to support the government in scaling up vaccination drive within existing supply-side constraints.
- Infrastructure: CSOs may be helpful in selection and preparation of isolation centres in villages; try to mobilize financial/ logistical support for ICU beds, ventilators, medication, etc.
- Resource Mapping: sharing creative knowledge on COVID-19; Do's & don'ts, know how resources pooled up into a platform for common use.
- Ensuring staff welfare: Vaccination of CSO employees considering them as first line workers; CSOs making Covid care center for staff; insurance for employees; supply of Covid kits.

### B. Advocacy & Network

- Orientation: Conducting an orientation session for training by doctors/ CSOs having expertise on subject matter.
- Advocacy: Forming a CSOs network for advocacy at various levels with government and others- state, district, block, local level
- Preparing action plan for a possible 3rd wave along with govt. and other institutions
- Citizen action group forming a state Covid fund for frontline workers

### C. Awareness & Field support

- Ensuring awareness creation: Stronghold of CSOs with communities can be leveraged into creating and spreading awareness on Covid 19 protocols, processes, and community gatherings; and similarly, limiting spread of false information.
- Lives and livelihoods: addressing livelihoods loss due to pandemic-ensuring food/ income securities; unconditional cash transfers programme
- Kharif season: seeds, inputs unavailability is identified and need to be addressed; work with NTFP sector can also be considered
- Migrant worker: It is expected that reverse-migration will happen before kharif season. With number of cases on rise compared, we need to be prepared; Temporary Medical Camps (TMC) at block level can be taken upto GP levels; TMCs need to be well equipped too.
- Working with community: Create volunteer groups for support; facilitate death rituals; work with vulnerable groups - pregnant women, physically disabled, PHIV patients; financial awareness of insurance products
- Patients inside hospital: inappropriate medical attention in hospitals can be checked through CCTVs/ video conferencing in patient cabins.

#### D. Convergence

- Coordinate amongst health care systems (private & govt.) for better information on mapping resources (infra, knowledge, etc) at all levels
- District admin: CSOs approaching respective district collectors for support
- Covid Care Centres : CSOs can create Covid care centers involving local CBOs. Isolation centers inside community may need to be developed
- Augment primary health care systems: ASHA workers - help them find support with oximeters, medications, and thermometers; support local PHC/CHCs in need.

#### E. Other points

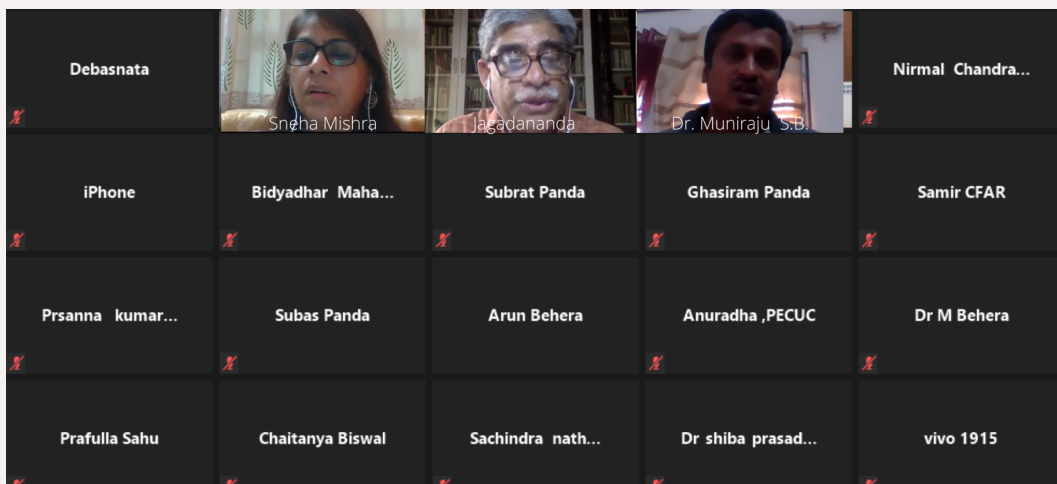
- Ensuring implementation of NITI Aayog and NDMA instructions through District Administration
- Use of social media to notify gaps and tagging District Collectors, CDMO, health secretary, for quick flow of information
- Fund raising from Govt. to CSOs to carry out activities in regard to COVID-19.
- NGOs may establish social enterprise (Face Mask Making Units) at GP level
- Mobilise/ supply organic kitchen garden seeds kit to ensure nutritional and food security at vulnerable household level
- Ensuring employment by leveraging resources from MGNREGA as post COVID measures.

#### Actionable Steps

- ***Small group discussion on Citizens Action Center, Covid Fund for CSO staff will be conducted within few days***
- ***CSOs volunteering for various action items - groups will be formed for further communication and coordination***
- ***Strengthen the district coordination mechanism through coalition of active and vibrant CSOs in their respective districts;***
- ***Take these issues for an effective coordination at the State Level.***

The meeting was moderated by Shri Jagadananda, Member Secretary of CYSD and attended by Dr. Muniraju S.B. ,Deputy Adviser-Voluntary Action Cell, NITI Aayog as special invitee along with around 80 CSOs representatives across Odisha,

### Participation of CSOs' Representatives



# Photo Gallery



Latitude: 18.721907  
Longitude: 82.39051  
Elevation: 601.0 m  
Accuracy: 8.0 m  
Time: 04-05-2021 09:30

COVID-19 PANDEMIC AWARENESS CAMPAIGN GOING ON AT THE COMMUNITY LEVEL IN KORAPUT DISTRICT.

PHOTO CREDIT : SAROJ KUMAR ROUT



Mushroom Bed preparation being carried out by Maa Murgasuni Producer Group in Thakurmunda Block involving the returnee migrants who have received Mushroom cultivation training during Covid-19 Pandemic.

Photo Credit : Suvam Kumar Jena