



# NEWSLETTER

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HEALTH CARE  
Challenges In India

Let's Uncomplicate.

## Health Care in India – Status and Challenges

-By J.V.R. Prasada Rao\*

*In the middle of the Covid19 pandemic, a blogpost by some economists in the International Monetary Fund (IMF) virtually went unnoticed. The blogpost titled “State Owned enterprises in the time of Covid19” emphasizes the importance of public sector in providing health care, stating that well governed and financially healthy public sector can combat crises like Covid19 pandemic and help in attainment of Sustainable Development Goals(SDGs).Coming from the biggest champion of private sector in development, it signifies a realization that when it comes to saving lives and livelihoods, the public sector has to play a leadership role not just in policy formulation but in sharing a large part of the financial investments.*

*Our Constitution devolved the responsibility of taking care of peoples' health on State Governments. The Government of India has a coordinating and concurrent role in disease control and promotion of medical education and research. Health of the people often falls between these two stools, with no clear accountability at either level. The global call for 'Health for All' in the 80s led to establishment of primary health care institutions; the three -tier structure of Sub Centres, PHCs and CHCs with government of India's active financial support. The National Health Mission (NHM) established in 2005 extended further support to field level health infrastructure by addition of 9 lakhs Accredited Social Health Activists (ASHAs) at the village level. But most of these institutional changes were confined to rural and semi urban areas, leaving the expanding urban population out of the national effort. Limited primary health care facilities provided by ill governed municipal corporations left a*

large mass of urban dwellers and migrant population without any assured health care facilities which their rural cousins could access, even in a limited way. The NHM later got extended to urban areas also but its impact is yet to be felt.

The cumulative result of all these reforms is a mixed bag of outcomes. Impressive results were obtained in areas of reproductive health. The Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) have substantially reduced by more than 50% to 32 per thousand live births and 122 per one lakh live births by 2019 respectively. Polio got eradicated and measles brought under control. Deaths due to childhood infections like pneumonia got reduced to 3651 and diarrhea to 1391 by 2018. Malaria, HIV and TB were brought under control though not to the same level of effectiveness which can lead to their elimination by 2030.

Despite these impressive gains, the health status of our people continues to remain a challenge. The most worrying aspect is the health of our children who constitute 30% of our population. Immunisation coverage which is a basic child health intervention is stuck at an average level of 59% which is unacceptable. Nutritional standards of children are alarmingly low with severely malnourished children accounting for 39% with stunted growth and 33% underweight. We cannot aspire for a healthy new generation to emerge with such a large number of stunted and undernourished children growing up as adults. Given its importance on demography and productivity of our people, it should seriously worry the planners and policy makers. It is a classic example of how the contributory factors to health, known as social determinants get diffused in national priorities and fail to bring

synergy in national efforts to improve the health status of our people. They include sectors like safe drinking water, sanitation, personal and public hygiene and primary education.

The National Health Policy 2017 tried to address some of these vital concerns and advocated for a paradigm shift in the way health services are delivered to the poor and marginalized sections of the population. It is estimated that every year 55 million people are pushed back into poverty because of catastrophic health expenditure and 38 million of them due to spending on medicines alone. Under the Ayushman Bharat Yojana (ABY), the upgraded Wellness Centres address the primary health care needs with the secondary and tertiary hospitals in government and private sector providing for hospitalization through a system of insurance coverage administered by a National Health Authority (NHA). Primary health care which was earlier focused mostly on maternal and child health has now been expanded to cover the entire spectrum of health needs including disease prevention and treatment.

The ABY scheme was launched with an ambitious goal but its administration was split between the Health Ministry for establishment and management of Wellness Centres and NITI Aayog for implementation of the insurance component. For delivering comprehensive health care these two components need to be closely linked. The Wellness Centres would be referring cases requiring hospitalisation to the secondary and tertiary health care institutions. Both need to be administered through a common governance mechanism. The present arrangement is likely to cause administrative bottlenecks in implementation and monitoring.

A key element in the continuum of health care is the provision of drugs and diagnostic facilities at the Wellness Centres. Timely administration of drugs is crucial to save the patient from future complications. Much of the poverty is caused by sale of property to meet the drug costs. Provision of free generic drugs should therefore be an integral part of Wellness Centre's mandate. Many states are yet to make such provision of free drugs and diagnostics at the primary health care level. Administration of this important component of Ayushman Bharat scheme needs to be pursued with greater vigor by central and state governments.

Time and again, series of communicable disease pandemics like SARS, H1N1, Covid19 have exposed many inadequacies of our health care system which is ill equipped to meet such challenges. Massive infusion of funds and trained human resources are needed to upgrade the facilities in the public sector health care system. This should include state of the art isolation facilities in all district hospitals, availability of Personal Protection Equipment (PPEs) and adoption of universal precautions for infection control. The Covid19 crisis has also exposed the totally inadequate urban health care infrastructure which is bearing the brunt of the epidemic. The urban health sector did not attract adequate public funding as health care was mostly left to the private sector which has not yet been given their assigned role in the response.

Covid19 pandemic is a reminder that it is the primary responsibility of a government to take care of the health needs of its people; not just providing medical care when they fall sick but taking care of the overall physical and mental wellbeing from infancy to old age. This is the classical health care model we had abandoned since the nineties when we adopted the market approach for development. Covid19 has shaken us out of this complacency. It can be only one way from here - investing heavily in health infrastructure, not by incremental amounts, but by twice or thrice of present levels to evolve a healthy new generation of Indians who can take control of their future.

*\*The writer is a former Health Secretary, Government of India. Views expressed are personal.*

## **COVID-19: The Present & the Future**

**-By Shri Sunil Sinha\***

The COVID-19 pandemic is the defining global health crisis of our time and the greatest global humanitarian challenge the world has faced since World War II. In case of our country, the largest COVID-19 national lockdown in the world has been extended to June 30, 2020. As of May 30, India has reported about 1.75 lacs confirmed cases and 5000 deaths from COVID-19 in 31 states and union territories since its first case on Jan 30. India was pro- active to close its international borders and enforce an immediate lockdown, which WHO praised as "tough and timely". The lockdown gave the government time to prepare for a possible surge in cases when the pandemic was forecast to peak in the coming weeks and months. Still, India's population of 1.3 billion across diverse states, health

inequalities, widening economic and social disparities, and distinct cultural values present unique challenges.

The country geared up to meet these challenges well in time. The preparedness and response to COVID-19 have, though, differed at the state level. Kerala has drawn on its experience with the Nipah virus in 2018 to use extensive testing, contact tracing, and community mobilization to contain the virus and maintain a very low mortality rate. It has also set up thousands of temporary shelters for migrant workers. The effective devolution, better health infrastructure than other states, family values and the strict compliance of social norms by citizens in Kerala has also been great contributory factors. Odisha's exposure to previous natural disasters meant crisis precautions were already in place and have been repurposed. Maharashtra has used drones to monitor physical distancing during lockdown and applied a cluster containment strategy: if three or more patients are diagnosed, all houses within 3 km are surveyed to detect further cases, trace contacts, and raise awareness. Whether this strategy will be successful is still unclear as the state continues to record an increase in positive cases every passing day.

The Government's sudden enforcement of the lockdown has adversely affected the disadvantaged and vulnerable population. There has been a mass exodus of migrant workers from cities to rural areas, raising concerns about starvation among people who work in the informal economy. Horrific, heart-breaking images have emerged over the past few days of lakhs of migrant workers trudging towards their villages, sometimes braving a journey of hundreds of kilometres. Initial clampdown on road and rail transport had forced these migrants to undertake these arduous journeys on foot or whatever transport was available. Subsequent attempts by railways and transport arrangements made by state governments have ameliorated the situation somewhat, but issues involved in state's registration process of migrant labours for train journey, route diversion of trains etc. have magnified the gargantuan problems of about 10-15 crores of migrant population. The unprecedented crowd submerging at Inter State Bus terminus like Anand Vihar in Delhi has shown the lack of planning and coordination amongst various agencies, apathy and lack of priority for this section of society.

It is a fact that implementing public health measures is difficult in places with overcrowded living conditions and inadequate hygiene and sanitation. Non-COVID health services have been disrupted. Reports suggest that the government's efforts to provide financial support and a measure of food security to ease these pressures has not been sufficient to meet the demand.

Rate of testing too have been low (0.30 per 1000 people as of May 30, 2020). Capacity issues, absence of political will in various states, and operational feasibility have been to blame for this. However, efforts to reverse the situation are underway as hundreds of thousands of testing kits have become available, and more testing companies and laboratories have been approved. Testing needs to be expanded exponentially as well as strategically as a tool to provide epidemiological evidence. India's response has also been constrained by a shortage of health workers, but this should be remedied by new reforms that would mobilize additional health-care workers from different sources.

One threat to the COVID-19 response in India is the spread of misinformation driven by fear, stigma, and blame. There have been rising levels of violence against health-care workers and stigmatization of people with or suspected of having COVID-19, which could impede reporting of illness. The pandemic has also been used to target certain religious groups, after they were identified as being responsible for many cases. A welcome initiative to combat fake news is being led by a group of more than 400 multidisciplinary Indian scientists, who have voluntarily formed Indian Scientists' Response to COVID-19 to fight myths and misinformation about the disease.

Similarly, the Government's decision to allow liquor sales in green and orange zones as a step to open up businesses without ensuring adequate storefront management has the ominous potential to defeat the idea of social distancing and trigger a surge in covid-19 cases in India, experts warned. Soon after the Union home ministry relaxed the lockdown rules and allowed standalone liquor, pan and gutka shops to reopen, consumers thronged the streets to stock up but paid little heed to social distancing norms. Public health experts then rightly cautioned that the violation of social distancing norms in the absence of restrictions will impact the trajectory of covid-19 cases.

The psychological impacts of the COVID crisis, the

consequent lock down and life thereafter will have a huge toll on the mental health of people too. The incidences of depression, domestic violence, suicide, family crisis etc are going to be the new norms and it will be a challenge for the doctors and the society in general to cope with these problems.

In India's favour are its young population (65% aged <35 years) and, to date, a less severe pandemic than was feared. The lockdown somehow is not having the desired effect of flattening the epidemic curve in some states, and they are having consistently rising graphs. From April 20, states began easing restrictions on the basis of district profiling of infection hotspots (a form of cluster containment). The immediate challenge is to keep infections at manageable levels and ensure the ability to test, trace contacts, isolate patients, implement COVID care plans, and disseminate timely information. India must also pay much greater attention to the health sector and recognize the importance of having strong public sector capacity, especially in primary care and at the district level. India's public health-care system is chronically underfunded (at just 1.28% of GDP), leaving primary care weak. This pandemic could be the much needed wake-up call to the necessity of long-term changes to India's health system.

The coronavirus pandemic has meanwhile exposed the weakness of the public health and the tertiary care infrastructure across most of the country. One more important observation during this ongoing crisis - for the first time in years, the bureaucracy is setting the terms for the normal functioning of civil society and the economy. This however must be reversed. So, any return to greater State activism must ensure that the Government does not become a constraint on growth, but facilitates and enables it. How can the Central Government be more supportive of the citizens and enterprise, in villages and cities, without the State becoming more intrusive and burdensome? The key priority areas for greater government participation in a post-lockdown economy will be healthcare, public transport, municipal services including drinking water, sanitation and power supply. There are numerous areas where state governments and private sectors have to play a larger role.

Along with an unprecedented human toll, COVID-19 has triggered a deep economic crisis too. The global economic crisis could be worse than any that we have seen since the Great Depression. Governments around the world have

announced economic packages to restart manufacturing again and simultaneously provide liquidity to consumers to boost demand. In India too, economic packages for various segments of the industry and consumers have been announced besides providing liquidity to consumers, in the form of concessions etc. These declared measures are to the tune of Rs 20 lakh crore Indian rupees i.e. about 10 percent of GDP in fiscal year 2021. All the estimated requirements may not necessarily be reflected in the fiscal deficit of the current year—for example, some support may be structured as contingent liabilities that only get reflected when they devolve. Whether these measures result in the desired objective of restarting the economy and arresting the downtrend seen even before the onset of COVID-19, will remain to be seen.

The big question now haunting everybody is - how and when will the lock down go and things will come back to normal. The pace and scale of opening up from lockdown for India may depend on the availability of the crucial testing capabilities that will be required to get a better handle on the spread of the virus, granular data and technology to track and trace infections, and the build-up of healthcare facilities to treat patients (such as hospital beds by district). In parallel, protection protocols, co-created with industry, could be designed for different settings (such as mandis [rural markets], construction sites, factories, business-process-outsourcing [BPO] companies, urban transit, and rural-urban labor movement). All measures taken should be aimed at preserving both lives and livelihoods.

### **The Way Forward: Opportunities and positives**

The global nature of the outbreak, coupled with its high intensity and long duration, is expected to change the Social, economic and business landscape by way of shift in our living pattern, trade flows, investments and consumption patterns. Hence, the priority for businesses should be to draft a comprehensive action and recovery plan to mitigate the risks and address the main challenges.

The stimulus package may restore the purchasing power to the populace sooner than earlier deemed during the onset of the COVID-19 crises. The falling rates of crude oil will leave more liquid cash in the hands of the vehicle owners by the end of 2020.

India is already producing vaccines for various



diseases. If and when the vaccine for tackling COVID-19 becomes a reality, India will have the opportunity to produce that vaccine in large quantities.

Many industries located in China are likely to shift to other countries. India has offered attractive incentives for their relocation in this country. It is learnt that some manufacturing industries have already agreed to shift to India. This will give a boost to employment and further investment in ancillaries. The Prime Minister of India has already given a call for self reliance, slogan of Make in India and Make for the World. This would succeed only when Indians boycott all products made in China and buy only goods made in India.

Up until the beginning of 2020, it was all about internationalization and globalization of businesses. Right now, it's all about staying home, inquiring about the health of your neighbors, leaving home only to buy locally and boosting the local community. This lockdown has inspired family-time and local-time among the millions of citizens living in the metros of the country.

The business and work practices are also taking a new dimension post COVID crisis. Working humans are so much more than “resources”. Human health and the care of the most vulnerable cannot be governed by market forces alone. If we leave these things solely to the market, we run the risk of exacerbating inequalities to the point of forfeiting the very lives of the least advantaged. How to avoid this unacceptable situation? By involving employees in decisions relating to their lives and futures in the workplace – by democratizing firms. By deco modifying work – by collectively guaranteeing useful employment to all. As we face the monstrous risk of pandemic and environmental collapse, making these strategic changes would allow us to ensure the dignity of all citizens while marshalling the collective strength and effort we need to preserve our life together on this planet.

In some ways, the shock of COVID-19 ushers in the next wave of those same trends, as distributed working takes mobile and cloud computing to a whole new level. But there's so much more that is going to change — or is already changing — in the coming year. Here are six of the big changes coming in business as the pandemic sweeps in new ways of digitally connected working that we already knew made sense, but which we now have no

choice but to adopt. Conferences will go virtual, Travels will be talk of the past, Online education goes on-demand, the rise of local sourcing and agile manufacturing will be hot subjects, Work from home will be the new trend. The implication is that companies will have to rethink, not tweak, their business models. For example, supply chains built on just-in-time inventory and distributed component sourcing may well have to be reconsidered. Instead, companies will have to build, or strengthen, backup and safety plans, be it deeper layers of succession planning or significantly expanding work-at-home capabilities for more employees. Many companies will need to rebalance their priorities, making additional resiliency measures as important to their strategic thinking as cost and efficiency.

In the midst of all these stark realities, however, a remarkable spectacle has been the commitment and law-abiding obedience of the Indian citizen by honoring the clarion call of the PM and instructions issued by various Government Authorities from time to time. Be it the case of demonetization or the instant Lock Down, Indian citizens have extended support and championed the cause of the nation's need. The Norms have been followed scrupulously by countrymen to a large extent and aberrations have been negligible, considering the vast size of populace. This is a very heartening and edifying outcome for a democratic country like India. The Enforcement agencies for health, sanitation, law and order have come of age and shown their real mettle. The image of the police has turned over a new leaf. Compassion, empathy, Dignity and Inclusiveness has been the hallmark of police strategy and action in this crisis. Similarly , the selfless and round the clock service by health personnel including doctors, nurses, Para medicos, and Sanitation people have reaffirmed our faith in humanity .

To conclude, Mother Nature is healing while people restrict their movement outdoors and vehicles retreat to garages and depots. So, not everything about the novel coronavirus pandemic is abysmal as we can see from the above instances. Like every other pandemic, this too shall pass, but not without exacting its toll. In the meantime, self-isolation during this extended period of lockdown can become a tinsel bit more bearable when we manage to focus on the positive impacts the COVID-19 pandemic has brought to India and the rest of the world!

*\* The writer is a member of the Managing Committee of FRNV*

## COVID-19 Experiences

### 1. *Experience of one of our ONGC Officers being posted at Agartala, worth reading:*

-A Corona Travelogue

17 May 2020... It was my Day Number 57 in Delhi at my dear friend's place. My workplace being in Agartala, I was one amongst the millions 'Lockdown Struck' Indian who was stuck in Delhi awaiting some transportation that carried me back. With the decision by the Government that flights resumption wasn't to start in the foreseeable future came my resolve that I needed to start back for Agartala on my own.

This had regularly struck my mind during last fortnight (Lockdown 3.0) but what prevented me driving my way back was the image of the country that one had built over days of following the media.... that being chaos on roads, migrant workers turning violent in absence of support, arson, loot etcetera. The fact that I needed to travel with my wife and twin teenage daughters across Uttarpradesh, Bihar and West Bengal Naxal belt made my decision a favourite object of my wellwishers' criticism.

Nonetheless on the evening of 17 May 20, the positive desperation of heading back to my home overpowered the long carried apprehensiveness, as I packed my bag for this adventurous journey back home.

On the morning of 18 May, my dear friend who had been my host for the last two months, dropped me at Agra in his SUV. In Agra I took a Maruti Swift that belonged to an employee of my company. The car was incidentally stuck with the car transporter who was unable to transship it to Agartala for the last two months under the conditions that prevailed.

My journey from Agra started and I travelled across Uttar Pradesh, Bihar, West Bengal, Assam, Meghalaya and Tripura to finally reach Agartala, covering 2400 kms over three nights and four days.

My experience was vivid and revealing on many accounts. I came across hundreds of care centers across, UP and Bihar meant for the migrating labourers set up by social organisations (including RSS), political parties, local leaders and

NGOs. Then there were hoards of volunteers distributing water and eatables to those traveling and were needy out of their car boot!! .. All this while it rained or was avoidably hot and humid.

Over the last few days, I smoothly crossed across seven state borders. This statically meant traveling across 25% Indian States. I witnessed the sheer professionalism and Dedication of the Government of Assam and Tripura by the way they were handling the incoming population and transients. Everyone I found was courteous and respectful. I finally reached my destination yesterday feeling prouder as an Indian, deeply impressed with our response mechanisms and state of affairs during this Pandemic.

***The lessons that I learnt over my three nights, four days Road Journey were few, nonetheless need to be shared:-***

- *There is an urgent need to have some positive news reporting, and avoid migrant workers as Villians. Even in face of such distressing conditions, I found helpful hands and smiling faces. With every single bad report of something gone wrong somewhere, there are hundreds of things going right. They need to be reported for the population to draw the correct picture and take positive decisions.*
- *Don't draw conclusions watching news stories or some videos over social media. Law and Order on the road isn't bad.*
- *Police across states are geared up and selflessly rendering duty and enforcing population control measures.*
- *Road conditions in India have improved over the years. With or without Traffic, maintaining an average of 65-70 across all states wasn't possible otherwise. Road trip is a way to go in such scenarios, considering the social distancing norms.*

That's all... May we all beat the virus with positive thoughts and brave responses.

### 2. *COVID survivor from Kotturpuram shares her story: "Your immune system is your vaccine today"*

When Anita, aged 60 and her husband, 65, tested positive for COVID-19, it didn't feel like news to them. "We were returning from New Zealand on March 15th and a fellow passenger in our flight was sick. We expected to get it," says Anita candidly.

Anita narrates her experience in dealing with COVID and shares some advice for fellow citizens:

## **The start of the illness**

“We were not tested for COVID-19 in the beginning probably since we had returned from New Zealand, where the number of cases was still low back then. But we self quarantined ourselves at our home in Kotturpuram. Two days later we both came down with the flu.

The experiences were very different for us. My symptoms were very mild. On day one, I recorded a 100°F temperature and on day 2, I had 99°F. I was active throughout these two days and carried on with my regular work by taking paracetamol after taking our doctor’s advice. I felt exhausted and was down with an upset stomach, but these symptoms did not last for more than two days.

For my husband, however, the temperature hovered in the range of 100-101°F for over a week. The protocol back then was that patients would be admitted to the hospital only when they showed symptoms such as respiratory distress. But when his blood pressure started dropping even after taking regular BP medicines, we got him admitted.

It was then that he was found COVID-positive and was isolated in the COVID ward of the hospital. There, they took a chest X-ray, it wasn’t very good. They said the lung looked ‘glassy’. Treatment for COVID started then, and he started feeling better after three days, but since the hospital would not discharge a COVID patient before two consecutive negative results, he spent a week there before finally getting discharged.

## **Involvement of Chennai Corporation**

The Chennai Corporation took utmost care once we tested positive. They first came and disinfected my house and the area. They shut down the Kotturpuram neighborhood which definitely would have inconvenienced many, but was a necessary step. They did not take any chances although it was just one house in the neighbourhood that had a positive case.

I received three calls every day from the Corporation, enquiring after my health and that was really commendable. The calls were mostly to find out how I was doing. Psychologists from the Corporation checked on my mental health on a

daily basis, in case I was depressed or feeling uneasy.

The Corporation tracked every contact who’d been to our house and quarantined them by putting stickers outside their door to make others aware.

## **Life post COVID**

My children live abroad and they naturally panicked. As soon as we quarantined ourselves, we also asked all our staff to stay at their own homes, to be safe. All our primary contacts were tested and it all turned out to be negative.

I still see people interacting with us become fearful when they hear we are COVID survivors. There was considerable anxiety among them in the fear that we could spread it even after the quarantine period had ended. When the corporation stuck stickers outside our domestic help’s house, she complained people were treating them as if they had tested positive.

Given that this is a new virus that has played havoc around the world, the panic is understandable, but that means we need to continue generating and raising public awareness about the virus and the disease.

## **Neighbourhood support**

We are part of our local community WhatsApp groups and everyone around here has been very supportive. People were checking with us from time to time to see if we needed any essentials that they could drop outside our home. I didn’t feel alienated at all. We never stepped out of the house initially — it is only now that we are getting out to buy the essentials, but otherwise the general feeling here was good.”

## **After-effects of treatment**

My husband’s appetite had gone completely. He lost his sense of smell and taste when he was sick. He refused the food we made and this was all early stage symptoms. During the hospital stay, he lost 4 kg and suffered weakness and exhaustion even when he was declared negative and discharged.

The virus takes a huge toll on your body and the earlier it is detected, the better it will be. Problems like breathlessness don’t appear till the last stage of the virus which is the most severe stage. It took him 10 days to settle down after coming back after treatment. He’s trying to regain his weight and every 10 days I notice some progress in his health, but it is

evident that getting to normal will be a slow process.

## Going forward

I believe we need to learn to live with the virus. Building immunity is a key at the moment, till a vaccine is available for the population at large. Your immunity is the only vaccine as of now. My husband and I both exercise everyday, but I used to go a step ahead by using pepper and turmeric in my diet.

I would also suggest keeping an oximeter device at home, a device that measures how much oxygen your blood is carrying. This will help asymptomatic people know if they are COVID-positive in the absence of any other indicator.

Finally, I would say wear a mask and follow all hygiene/sanitation protocols. Stay indoors as much as you can unless it's absolutely necessary to step out. We also need to remember that a huge percentage of people are in fact recovering, so stay positive and strong. We will all get through this.

## 3. *A Family's tryst with Covid-19*

They say a family that eats together stays together. We ate together, stayed together and got sick together. We got sick with Covid-19 together. It was my family's worst nightmare. 11 out of 17 members of my family tested positive for Covid-19, all in a span of 5 days.

We are a semi-joint family, consisting of 17 members of 4 generations, with ages ranging from 3 months to 90 years and staying across 3 floors in the same building. We were all locked in the house during the national lockdown. We followed the strictest possible rules of the lockdown. We barely left the house. We sanitized our building every day. We sanitized all the essential items bought once a week by a family member for the entire household. We met nobody from the outside and no one entered our house. But even then the coronavirus entered our home, and infected one member after the other.

## HOW IT ALL BEGAN?

My uncle, a 57 yrs old healthy male was the first patient. He complained of fever, fatigue and bodyache. It was dismissed by us as just a seasonal flu. Over the course of the next 3 days, his wife (54

yrs) and son (26 yrs) got sick too, with similar complaints. On the other floors, my father (62 yrs) and my other uncle (60 yrs) also got sick. Things started looking serious now. Even though in our family, it was quite a common occurrence for multiple members to get sick simultaneously, we got increasingly worried and cautious. But we decided to wait for a week, which is how long a flu usually takes to resolve. However we did isolate the patients. As soon as the first symptom appeared, the sick were confined to separate rooms, having limited contact with other members.

Over the next 4 days, my mother (58 yrs) and my grandmother (87 yrs) got fever and bodyache. This was unusual. And we were scared now. It was mutually decided that the patients would have to follow some basic isolation steps.

The patients were isolated in their respective rooms having attached washrooms.

The patients would only communicate with us for food, medicines and essential stuff.

They would all wash their own clothes and utensils themselves, and also clean their rooms on their own.

Nobody was allowed to enter their rooms. Anything to be given to them would be kept on tables near the doors of their rooms.

Since we are spread over 3 floors, we constituted a Whatsapp group only for communicating each other's symptoms like fever. Each patient was supposed to record their fever and report it on the group, along with any other complaint. Medicines and home remedies were discussed on the group and each person's individual complaints were addressed through it.

The house was sanitized through sanitizer sprays twice a day.

5 days later, my aunt who was already down with fever complained of breathlessness. When she showed no improvement, we knew it was time to get her tested for Covid-19. With a prescription from our family physician, she was tested at home for Coronavirus. Next evening, as more members were being tested for Covid at home, her report came out to be positive. It all came crashing down after that. The family was aghast and devastated.

## HOW DID WE COPE?



Over the next 4 days every adult member was tested and it was found that 11 out of 13 adults were positive for Covid-19. It seemed like the end of the world for us. The lockdown, up until then, had been a very positive time for the family. We had spent all our time together; eating, playing and having fun. This was a jolt so sudden that it shook each of us to the core. But it was also time to act and decide swiftly.

My aunt was shifted to a Covid hospital the same night her result came out. And our house was quarantined with nobody being allowed to enter or leave the building. It was overwhelming for us. And as the results of other members were coming out positive, we all seemed to be sinking fast.

As the disease unfolded in the household, we were all only thankful that we were all still together. But a lot went through the household before things got under control:

**Denial to panic to acceptance:** The initial 6-7 days when we had dismissed the disease as seasonal flu, were basically us being in denial. It was obvious that something was ominously wrong but we persisted in our belief that all will be well. When the results came out, there were plenty of tears and palpitations. We panicked and felt lost, alone and like untouchables. We knew that we could only communicate with the outside world through phones, but couldn't get anyone to help us at home. We had to manage on our own. But as days passed, we accepted our situation, and tackled it with the help of relatives, friends and neighbors. We had plenty of medical advice available through our phones, and we reached out fervently to anybody we could think of. And each one of them helped.

Fear of "what would people say": This fear of stigma prevented us from getting tested in the first place. And this was the fear we had when we came out positive. But people only said extremely encouraging and supporting things. Right from connecting us to doctors and hospitals to suggesting medicines and home remedies, from arranging delivery of essential items at our doorstep to keeping our morale up by constantly motivating us. If only we had overcome this taboo, and had gotten the patients tested earlier, we could have prevented the disease from spreading to other family members to some extent.

**Fear of life:** Of course, we were scared for the

lives of some of the members, whose health were seriously compromised for some days. We imagined the worst was going to happen. We had elderly to take care of and kids to shield from the disease. But Covid-19 is known to be fatal in about 3% cases in India, and that too in patients having other serious co morbidities. So, we tried to remain optimistic and just focused on managing the patients.

**Fear from government:** This was one irrational fear we had acquired. We thought we would all be dragged out of our home to some far-flung quarantine centers and we would have to live in all kinds of questionable places. But nothing of that sort happened. Contrary to what we had imagined, there was no harassment or pressure from any government agency. The day after the first positive test came, we received a call from the local government dispensary, telling us that we will put under home quarantine for the next 14 days. During this period, we were asked to monitor our health parameters and look out for symptoms like fever, cough and breathlessness. We were told to get ourselves tested at either a government CTC or by a private lab at home at once. They would regularly take updates about the test results of the other family members, and would inquire about their symptoms. However, all the decisions regarding the treatment and hospitalization had to be taken by us, without any assistance or interference from any authority. Although we were not told how we were going to manage to acquire the essential items for the family, we did not encounter any problems with the same, thanks to our neighbors and neighborhood shopkeepers. Items like milk, medicines, fruits etc. were acquired either from the neighborhood shops or online, paid online and were delivered in a box kept near the gate of our house.

## MANAGEMENT OF THE PATIENTS

Our house had turned itself into a Covid healthcare center. So, we took advice from 4-5 doctors for managing the illness at home. Since there is no treatment yet for the disease, the management is mostly symptomatic, i.e. medicines are given only to relieve particular symptoms, not to cure the underlying disease. Here is a snapshot of the treatment that was advocated, after assimilating all of the advice:

**Fever:** Paracetamol 650 mg (e.g. Crocin 650 or Dolo 650) for high-grade fever (more than 100°F) and could be taken 6 hourly. Paracetamol 500 mg (e.g. Crocin 500 mg) for low-grade fever (less than

100°F) and could be taken 4 hourly. Ice water compresses were used if fever didn't go down easily. Fever had to be monitored every 3-4 hours.

**Cough:** Syrups like Grilinctus or Alex were helpful in providing some relief, though dry cough continued for days after fever had subsided. Lozenges like TusqD were also helpful.

**Breathlessness:** Mild breathlessness was managed by nebulization with Levolin 0.63 mg. But it was a tricky symptom and it was decided that if the symptom persisted, then it would be advisable to get medical assistance as soon as possible. We kept a pulse oximeter by the patients' side, and monitored his/her SpO2 every few hours (SpO2 more than 94 was considered the cutoff; if less, than we had planned to seek medical help).

**Antibiotics:** Most of the doctors we contacted recommended Azithromycin 500mg for 5 days. It might not have any effect on the Covid infection, but we complied with what was told to us. Those who could tolerate it better were given twice daily dosage, but most were given once daily dose. Some patients complained of increased frequency of motions due to the antibiotic, so they were given a probiotic like Enterogermina to manage the gastrointestinal upset.

**Hydroxychloroquine:** We were told that there is no proven efficacy of the drug in Covid-19 patients. Rather, there are dangerous side effects like arrhythmia in some patients who have other comorbidities, especially heart diseases. Since most of the family members were more than 50 years of age and some were hypertensive, it was mostly avoided. The patient who was hospitalized early on was given the drug in the hospital, and my mother was given the drug at home as she continued to have high grade fever for longer duration, and had no other comorbidity. It could be pure chance that it did not cause any harm in these patients, nor can we be sure if it played any role in their recovery.

Headache and bodyache got usually relieved with paracetamol, and subsided with fever itself.

Supplements like Vitamin C (Limcee 500mg) and multivitamins like Becosule were taken every day, to help build immunity.

Steam inhalation, twice or thrice a day, using plain water or after adding medicines like Karvol plus tablets.

Gargles for cough.

**Home remedies:** Every member tried some or the other remedy, advised by relatives and friends, like:

**Kadha:** It is basically a concoction of various ingredients like ginger, turmeric, cinnamon (dalchini), cloves (laung), honey, black pepper etc, cooked in water for 25-30 mins, taken twice a day.

GhiloI" tablets

Steam inhalation with plain water or containing dalchini (cinnamon), garlic etc.

It is hard to say how much these helped, but we knew they would at least not cause any harm to the patients.

Regular breathing exercises.

Plenty of oral fluids like coconut water, buttermilk, juices etc.

Adequate nutrition and fruits.

**Management of Children:** Our topmost concern and worry during this time were our children. My wife and I had tested positive and my 5 yrs old daughter had tested negative. My 22 months old son couldn't be tested. So we were in a very precarious situation. We were scared that we might infect our kids and what we would do if they show any serious symptoms. But we consulted a couple of pediatricians to allay our fears. Based on their suggestions, we concluded that:

Children, especially in India, have mostly shown resistance to the disease, or at the most, mild illness. Since it was not possible for us to be isolated away from our kids, the 4 of us stayed isolated together, avoiding contact with other positive members of the family.

We practiced basic hygiene like avoiding hugs and kisses to the kids, washing hands thoroughly before feeding them, using separate utensils and hand-towels for them, avoiding feeding them anything while we were having food etc.

We did get the kids tested, but we were also told that due to difficulty in collecting sample in children, they might have false negative results too. So, we were advised to not to repeat their tests unless they showed any symptoms.

No medicines or supplements were given to the kids.

**Segregation of healthy members:** My cousin (29 yrs), his wife (28 yrs) and his 2 kids (2 years and 3 months) were the only apparently healthy members who had tested negative. It was our collective responsibility to prevent them from getting infected. So, they were completely segregated from us in the house and were in a quarantine of their own. They could not be sent anywhere else as even they could potentially cause risk to the people outside the house.

**Lessons for us:** It is true that there is no treatment for Covid-19 infection, though several studies are underway to find a drug that can cure the infection. But in most patients in our family, it could be managed with basic medicines at home, used for any viral infection. Due to its highly contagious nature and fatality, isolation is required, but there is no escaping it. For patients who were isolated in their rooms, it was an unimaginable ordeal to be confined in a space. At some point they were all very sick, but still they had to do all the chores on their own, monitor their health parameters and be motivated enough to carry on. They took one day at a time, and tried to remain calm and patient. It all took a massive emotional and physical toll on them, but they could do nothing but persevere. Panic almost derailed our focus for some moments, but as soon as we surrendered to the situation, we realized that if the disease won't kill us, worrying will.

We were fortunate enough to have the financial resources to manage the situation, and to have the emotional support from all our relatives and friends. The people around us helped us get through each day, besides providing us all kinds of assistance that we needed. There is immense gratitude in us to acknowledge these facts.

There is so much advice being circulated on social networking platforms that one tends to get confused and paranoid. It is always better to talk to medical practitioners and clarify doubts, rather than follow these online recommendations blindly.

Covid-19 is a new disease and the world knows very little about it. A lot of questions about its treatment, vaccination, mode of transmission, re-infection, effect on children etc. remain to be answered and it might be a long time before we see any progress on that front. Meanwhile nobody, no

doctor or specialist or government or analyst can fully answer these questions. So, right now our best bet is to just practice basic hygiene, social distancing and other preventive measures. Even after recovering from the infection, we ought to continue all these measures, as we cannot completely rule out the possibility of re-infection, until it is proven by studies.

## CURRENT STATUS

We had to hospitalize only one family member, who was discharged after having no symptoms for 3 consecutive days and testing negative on the 11th day of hospitalization.

My grandmother still has low-grade fever after 26 days and tested positive in her 2nd Covid test, repeated 16 days after her 1st test. She continues to be isolated and managed at home.

Rest all the affected members have recovered and exhibited no symptoms for more than 15 days.

Most of the members have tested negative on their second Covid tests (repeated after 12-14 days of first test), while a few still remain positive and will be tested again after at least 14 days of their 2nd test. Meanwhile they are quarantined at home, and segregated as much as possible from recovered members.

We pray and hope that each one of us will soon recover from this disease completely.

## **Role Model: DCP N Ambika's Inspiring Story: From Victim of a Child Marriage to an IPS Officer**



*When faced with failure or rejection, most of us lock ourselves in the darkness to run away from sadness, pain, and disappointment. We usually tend to blame other people for the bad things that happen to us. It doesn't matter if it is about a bad relationship, a bad career, or a bad marriage, many of us find rescue in blaming others for the failure.*

*But there are only a few, who don't indulge in the blame game. They rather focus their strengths to make sure life circumstances don't stop them from achieving their dreams. N. Ambika is one such courageous woman, whose life has inspired many men and women, who felt helpless while fighting against their life circumstances.*

*N Ambika was just 14 years old when she got married to a Police constable at Dindigul, Tamilnadu. In spite of being a victim of Child Marriage, she didn't blame the system. At the age of 18, she was blessed with two daughters, Aigan and Niharika.*

*Ambika's husband was a Police Constable in TN Government. The initial years of marriage were spent in bringing up the children. Somewhere deep in her heart, she nurtured dreams of acquiring an important position in society. One day he went to attend a ceremonial Parade program in which the IG and DG of the locality were the guests of honor.*

*Ambika was impressed with the respect and honor given to the DG and IG. After returning home she asked her husband "who were these officers and why are they given such VIP treatment.?" "Her husband said, "they are high ranking IPS officers ". It was then that she nurtured a dream of becoming an IPS officer herself. The first challenge was that she was married at a young age, so she could not complete her SSLC. Her husband supported her, so Ambika could pass SSLC, PUC, and graduation through open distance learning. The nearest coaching for Civil Services exam was available only in Chennai. She stayed in PG accommodation in Chennai and attended the coaching classes.*

*Even after three sincere efforts, she failed to clear the exam. Her husband was a bit disappointed and advised her to give up and come back." I will be having two stars on my shoulders by the time I retire" he added. Ambika listened patiently and said," Please give me one year, I will try again. If I don't succeed, then I will come back and work as a teacher in some school."*

*Ambika put in her heart and soul and finally*

*cleared the prelims, mains and interview in 2008 to become an IPS officer. During her training at the IPS Academy, she was a batchmate of Ravi D Chennanavar DCP Bangalore, who used to describe her as an attentive and brave officer. Ambika now works as a Deputy Commissioner of Police North Mumbai.*

*If Ambika were to merely blame her parents for child marriage and curse her fate, she wouldn't have become a DCP today. Instead of blaming the system or people, she made a brave attempt to change her future through hard work and of her husband's support.*

*Today Ambika has become a role model for many and there might be many more Ambikas hidden among us.*

### **FRNV News and Updates**

#### **❑ Digital Outreach**

- To engage/communicate with all friends and members of FRNV, two groups on whatsapp (one for friends and other for members) have been created to encourage all group members to participate actively by sharing their knowledge and ideas related to national importance and values.
- Our website [www.valuefoundation.in](http://www.valuefoundation.in) is now active again.
- We have been posting updates and information about FRNV activities regularly on our Facebook page <https://www.facebook.com/frnvindia/>.

❑ VBE Manual for classes 1-3 and 4-5 both in English and Hindi has been uploaded on the website under publication. Received a letter from DSERT, Karnataka that they have agreed to implement the teachers' manual on value education for classes I to 3 prepared by Foundation for Restoration of National Values that contains activities related to ethics, values and principles to be integrated with classroom transaction.

❑ FRNV President, Dr E Sreedharan has written a letter to the Prime Minister, Shri Narendra Modi appreciating the efforts he has done to tackle COVID -19 and also to request him to make Value education as a Fundamental Right to transform the nation.

#### ***Dear Readers,***

***FRNV invites stories from its readers on deep-rooted values that have helped us in our everyday lives. Some of these stories will be featured in the next issue of our newsletter. So put your thinking caps on, recall the values integral to your life which you cherish and write to us at [shilpi@valuefoundation.in](mailto:shilpi@valuefoundation.in).***

**Chief Editor: Shri Gopal Ganesh**