

COVID-19 Sensitisation, Preparation & Early Response Program

Training of Trainers

To Enhance, Entrust & Empower

(Chamarajanagar district, Karnataka India: 30 June - 05 July 2021)

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Initiative By



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Abstract

As the COVID-19 pandemic hit Indian context there has been disruption due to panic across several states. Many lives were lost due to lack of availability of beds at hospital and oxygen support was worse as the surge of cases raised, several beds were being blocked by asymptomatic and mild to moderate cases, and stigmatisation on vaccination. In recent days the average number of daily cases has now fallen just over 50,000, when compared to 4,00,000 in the month of April-May.[1] As lockdown has eased and things are getting back to normal, we must be prepared, sensitised towards early response in identifying, treating and early referral of red flags is the key to containing further peaks and ensuring safety of the people. We believe this can be achieved working together as teams through enhancing, entrusting & empowering the understanding of COVID-19 disease patterns & vaccination among common people in the community. This is seen to be of high priority in the rural setting as there's still a lack of availability of hospital beds, oxygen concentrators and vaccines. The goal of this initiative was to empower and entrust the local communities towards sensitisation, preparedness & early response to work collaboratively with health systems to deliver safe care to the patients who are being tested positive for COVID19. The workshop consisted of introduction, pre-workshop survey, collaborative learning through shared experience, and identifying and integratively solving the challenges faced in answering the questions which spanned for a duration of 3-4 hours. The workshop was designed to build and empower individuals in the community towards cognitive domain, affective domain and psychomotor domain (practice) skill building in sensitisation, preparations and early response towards COVID-19. The program hosted a team of ASHA, Anganwadi Worker, Teacher from 130 gram panchayat (373 individuals) who were trained as master trainers. We highlight the strengths carried by each individual that would help leverage the dissemination of knowledge, collaborative practice and emotional support while working together as interdisciplinary teams. This process can also be applied in communicating not just COVID information but also various aspects of health and wellbeing to the local communities. The unique street play with the folk song displayed during the workshop by the local tribal community has been a major solution towards communicating the right information, creating awareness and preparedness rather than fear in the communities to fight COVID-19 and other health conditions and can be replicated at multiple states, district, taluk or panchayat levels. This process will overall strengthen and enhance the accessibility, affordability, trust and productivity of Primary Care.

Birds Eye View of the Workshop

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Baseline Data	
Taluks Involved	5
Grampanchayats involved	132

Scores for the Questionnaire	
Above 70%	172
Between 50-70%	185
Below 50%	16

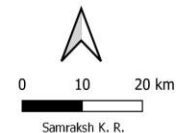
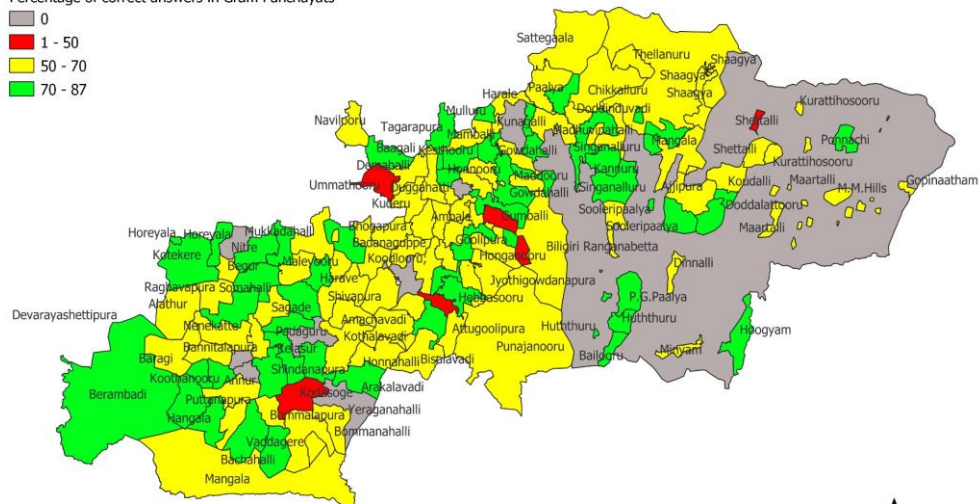
Demographics		
Individual Participants	Asha	130
	Anganwadi Teacher	119
	Teacher	124
Total No of Participants		373

Average Age of Participants	40.28
Average Correctness of Answers	67.22%

Chamarajanagar District Map Distribution

Percentage of correct answers in Gram Panchayats

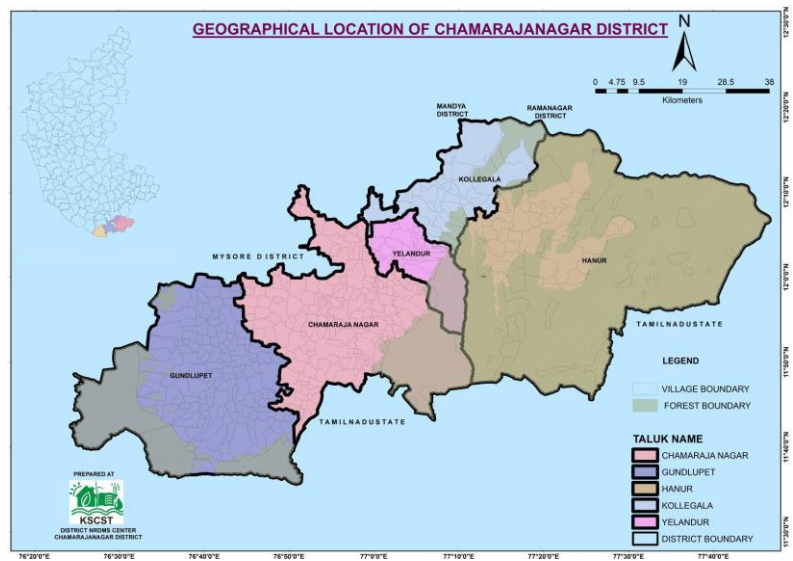
- 0
- 1 - 50
- 50 - 70
- 70 - 87



Background of Chamarajanagar District

The birthplace of the Chamaraja Wodeyar of Mysore, Chamarajanagar or Chamarajanagara is the third least populated district in the state of Karnataka, India, located at the southernmost border of the state. Previously known as Sri Arikottara, this district was carved out of the original Mysore district in 1998. Chamarajanagar town is the headquarters of this district. The district is composed of five taluks namely: Gundlupet, Chamarajanagar, Yelandur, Kollegala and Hanur.

Figure 1. Map of Chamarajanagar district depicting the 5 taluks



The district has a population of 1,020,791, and a population density of 200 people per square kilometre (520/ sq mi) according to the 2011 census. The district has witnessed a population growth rate of 5.75% over the decade 2001-2011. The district has a sex ratio of 989 females to 1000 males, with a literacy rate of ~65.7% according to the NFHS-4 (2015-16). With a large percentage of forest cover, the district also has a high population of tribals dwelling in the forests. There are various tribal populations like Soligas, Yeravas, Jenu Kurubas and Betta Kurubas that reside in these forests. With a population of approximately 1,20,000, the tribals constitute 12% of the district population. The tribals usually have their own languages or various dialects of Kannada. (#Chamarajanagar District”, n.d.)

Health Systems Capacity building in Chamarajanagar

The unprecedented rise in the number of COVID-19 cases in Chamarajanagar around the last week of April 2021 marked the beginning of the second COVID wave in the district. Unfortunately this was accompanied by the death of 23 patients (“#COVID-19 surge: 23 deaths in Chamarajanagar triggers anxiety of oxygen shortage”, 2021) due to lack of oxygen in the district hospitals. The district officials, Institute of Public Health (IPH) and Vivekananda Girijana Kalyana Kendra (VGKK) worked in tandem to tackle the crisis and mitigate impact. The difficulties that were faced initially can be attributed to factors such as gaps in health services, human resource shortage, limited private healthcare infrastructure and inadequacy of oxygen supply chains due to exponential rise in demand.

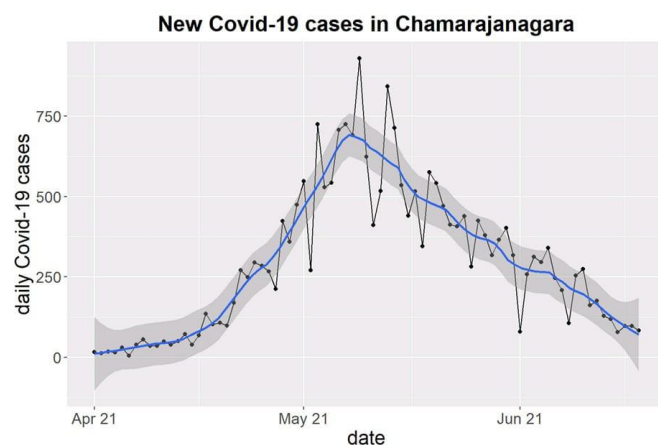


Figure 2. A graph depicting the second wave in Chamarajanagar District (COVID WAR ROOM || GOK, 2021)

Once the second wave subsided, the district officials with support from IPH and VGKK have been taking steps to address gaps and strengthen the healthcare systems in Chamarajanagar in order to safely prepare for and mitigate the impending third wave. Since there are suggestions of a disproportionate impact on children in the third wave, due to them not being vaccinated against Covid-19, has prompted officials to focus their attention on spreading awareness on the third wave and preventive measures for COVID-19 at the level of gram panchayats. This is also an attempt to help decentralize the process and prevent dissemination of false information. With this goal in mind the officials requested IPH to help arrange for a training program to help train teams of master trainers consisting of an ASHA worker, Anganwadi worker, and School teacher from every gram panchayat in the district. This would help build capacity throughout the district in a decentralized manner towards COVID-19 Sensitisation, Preparation & Early Response

Methodology

The innovative intervention that the district officials and IPH came up with in order to train people at the gram panchayat level was to train Master Trainers from each gram panchayat. The trainers were doctors from PCMH Restore Health, who have been on the frontlines of COVID pandemic response in Bangalore. In coordination with the IPH team, they volunteered as Trainers for this Workshop program. The goal of the program was to help train the trainees to become master trainers who could further disseminate knowledge and experience in their respective gram panchayats.

Each gram panchayat would have a team with one anganwadi worker, one ASHA worker and one teacher. The Anganwadi workers work under the direction of the Department of Women and Child Development(DoWCD), while the teachers work under the Department of Education (DoE) and the ASHA workers work under the direction of the Department of Health and Family Welfare (DoHFW). Anganwadi workers work out of anganwadis to provide basic public health care, supplementary nutrition, non-formal pre-school education, nutrition and health education, and immunization in villages. ASHA workers act as health educators and promoters and provide services like motivating women to give birth in hospitals, bringing children to immunization clinics, encouraging family planning, treating basic illness and injury with first aid, keeping demographic records, and improving village sanitation in their community. The teachers help educate children in government schools in their respective gram panchayats. Thus, training a team composed of these three government workers would help synergize efforts and build capacity locally. The team members trained at these workshops were instructed to hold training sessions in their gram panchayats and train students and other teachers to help them in the task of disseminating the information.

The workshop was designed to build and empower individuals in the community towards cognitive domain, affective domain and psychomotor domain (practice) skill building in sensitisation, preparations and early response towards COVID-19. (Figure 3 & Table 1)

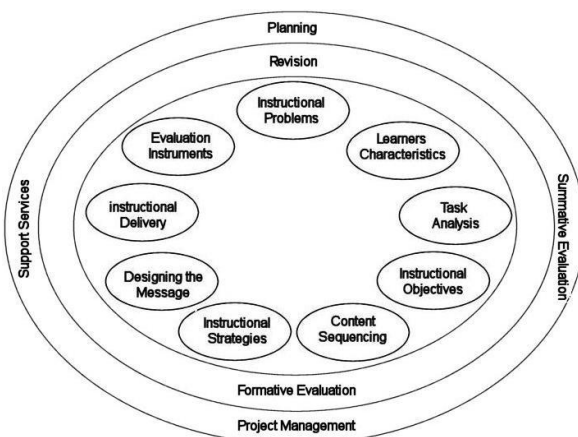
Learning Objectives

1. **Sensitization - Understand** the Current Scenario & Basics of Covid-19: Spread, Risk of Infection, and Prevention Measures including Vaccine and special risk groups for adverse outcomes.
2. Be able to **recognize** the symptoms and signs of Covid-19, form an assessment of severity, and decide on appropriate action steps in the community setting.
3. Be able to **plan management strategies** for Covid-19 infected persons in the community setting and coordinate care based on severity of illness and level of care required.
4. Be able to **train** others in the above skills towards community level preparedness and early response capacity building.

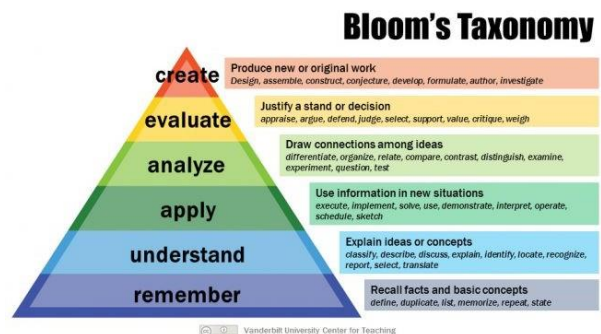
Table 1: Learning Objectives of the Workshop

Each session concentrated on building skills through a workshop delivered by a multidisciplinary team and designed using the Kemp Model of Instructional design, Bloom's taxonomy, Dreyfus model, Miller's pyramid, and role play/practice cases utilising an Objective Structured Clinical Examination (OSCE) format.

KEMP MODEL [6]



BLOOMS TAXONOMY [7]



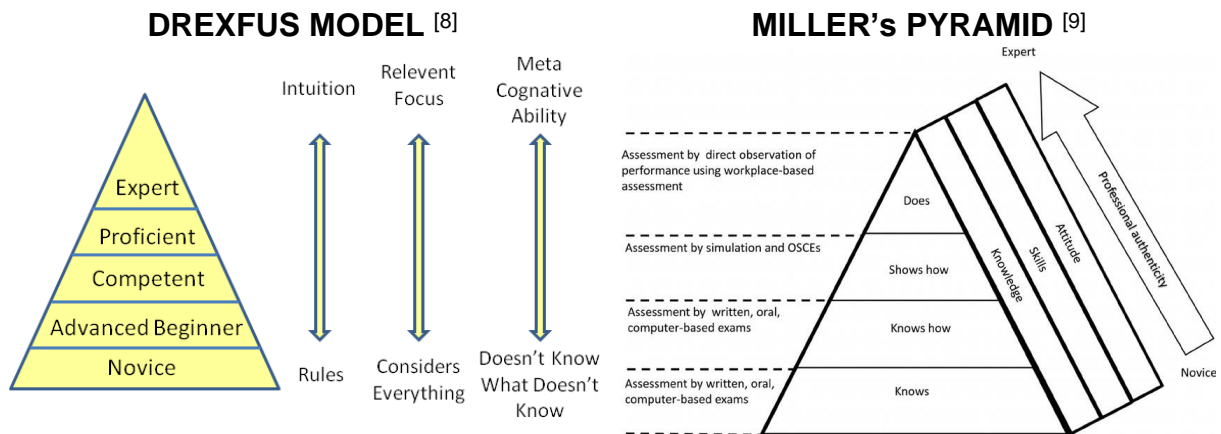


Figure 3: Workshop Framework

Brief overview of the workshop: (7 Step Agenda)

1. Registration (Name and Contact details)
2. Pre-workshop survey (name, taluk, their role in the community, and why were they chosen for this workshop)
3. Introduction to the session & team/instructors (5-10 min)
4. Introduction of participants [name, taluk, their role in the community, why were they chosen for this workshop, and their experience with COVID19 (Their Story/ experience)] (45-60 min)
5. Context (5 patient stories, enlisting emergency contact list for access to care and logistics) [Annexure 1] (1 hour)
6. Synthesis of learning (Reflection on experience, new learnings) (15 min)
7. Post-workshop survey (name, taluk, the role they will play in the community)

Workshop Description

There were 9 training sessions that were conducted, covering all 5 Taluks of Chamarajanagar district with the distribution as follows: Chamarajanagar - 3, Gundulpet - 2, Hanur - 2, Kollegal - 1, Yelandur - 1. The sessions were held in Block Resource Coordination Centers (BRC!s) or government high schools. The members of each team were informed of the training through their respective departments. The training sessions were held from 30th June 2021 to 5th July 2021. Each day 2 sessions were conducted with the first session from 10am to 1pm and the second session from 2pm to 5pm.

Each session was divided into three phases. For the first phase (Figure 4), the participants were grouped together according to their panchayats, each team (consisting of ASHA, Anganwadi worker and Teacher) were given one questionnaire and 30 minutes to provide their independent opinion though team based discussion. The questionnaire and the answer sheets can be viewed in the appendix. This was done to assess the knowledge that the trainees already had in regard to COVID-19 and to check for any differing views/answers. The goal of this process was to foster communication, team building, peer-learning, and cross-learning.



Figure 4. First phase of the workshop

The next phase (Figure 5) consisted of sharing experiences and challenges faced during previous Covid waves by three to four trainees who spontaneously volunteered to share their experiences while discharging their duties during the first and second waves. This was intended to help the trainees understand that all of them shared similar hurdles while executing their work and thereby help raise their morale. This was followed by a discussion of the questions that the

trainees had difficulties answering. This ensured that the answers to the questions were not provided overtly and that other related essential information was also imparted.



Figure 5. Phase 2 of the workshop

This was followed by the third phase where the trainees were asked to write down the answers that they felt had changed due to the information learnt during the session. This also served as the post workshop survey.

Results

Out of the 390 trainees invited to attend the training program, 373 attended. Every gram panchayat had at least one member attending the workshop. Table 2 shows the participant distribution. Additionally, qualitative notes were used to capture the experiences of workshop participants. The only other information that was noted down was their designation (ASHA/ Anganwadi/Teacher) in order to help understand their context and perspectives better and also to try and glean any patterns that may emerge.

Table 2: Statistics of participants who attended the workshop

Teachers	Anganwadi Workers	ASHA workers	Total
124	119	130	373

Quantitative analysis


The answers obtained were analyzed and table 3 was made which helped understand the baseline knowledge, attitudes, and practices pertinent to COVID.

Table 3: Data summary of responses to the questionnaire

SI No	QUESTION	OCCUPATION	NO. PRESENT	CORRECT ANSWERS	WRONG/ UNANSWERED ANSWERS
1	The minimum quarantine time for persons who are exposed to a COVID-19 positive patient is	Teacher	124	108(87%)	16(13%)
		ASHA Worker	130	111(85%)	19(15%)
		Anganwadi Worker	119	101(85%)	18(15%)
2	Possible symptoms of a patient with COVID-19 could be	Teacher	124	88(71%)	36(29%)
		ASHA Worker	130	85(65%)	45(35%)
		Anganwadi Worker	119	75(63%)	44(37%)

SI No	QUESTION	OCCUPATION	NO. PRESENT	CORRECT ANSWERS	WRONG/ UNANSWERED ANSWERS
3	Possible symptoms of a patient with COVID-19 could be	Teacher	124	47(38%)	77(62%)
		ASHA Worker	130	53(41%)	77(59%)
		Anganwadi Worker	119	50(42%)	69(58%)
4	All are COVID appropriate behaviours except	Teacher	124	46(37%)	78(63%)
		ASHA Worker	130	46(35%)	84(65%)
		Anganwadi Worker	119	40(34%)	79(66%)
5	You go to a shop for buying vegetables. You see a lady coughing. Immediately the shopkeeper shouts at her. What should be your role in this situation	Teacher	124	105(85%)	19(15%)
		ASHA Worker	130	108(83%)	22(17%)
		Anganwadi Worker	119	98(82%)	21(18%)
6	Mr.Krishnan has just recovered from COVID-19 and he wants to know when he can take his COVID vaccine. What will be your response? Advice him to take vaccine after	Teacher	124	108(87%)	16(13%)
		ASHA Worker	130	116(89%)	14(11%)
		Anganwadi Worker	119	103(86%)	16(14%)
6.1	Mr. Kirshna has just recovered from COVID-19 and, he has already taken his first dose of vaccine, he wants to know when he can take his second dose of COVID vaccine. What will be your response? Advice him to take vaccine after [1]	Teacher	124 Many questions were unanswered	63(51%)	61(49%)
		ASHA Worker	130	71(55%)	59(45%)
		Anganwadi Worker	119	60(50%)	59(50%)
7	Ms. Banu has come back to her native place. 2 days after travelling she has fever and headache. What would be the appropriate behaviour of the family members?	Teacher	124	110(89%)	14(11%)
		ASHA Worker	130	116(89%)	14(11%)
		Anganwadi Worker	119	103(86%)	16(14%)

SI No	QUESTION	OCCUPATION	NO. PRESENT	CORRECT ANSWERS	WRONG/ UNANSWERED ANSWERS
8	Which one of the following statement about corona virus is correct?	Teacher	124	9(7%)	115(93%)
		ASHA Worker	130	6(5%)	124(95%)
		Anganwadi Worker	119	7(6%)	112(94%)
9	A patient with COVID- 19 infection, staying in home isolation/ covid care centre has to be referred immediately to higher centre if his oxygen saturation is below	Teacher	124	73(59%)	51(41%)
		ASHA Worker	130	76(58%)	54(42%)
		Anganwadi Worker	119	70(59%)	49(41%)
10	State if the following statement is true/false? Black fungus can spread from one person to another?	Teacher	124	67(54%)	57(46%)
		ASHA Worker	130	64(49%)	66(51%)
		Anganwadi Worker	119	61(51%)	58(49%)
11	All of the following measures are correct regarding coronavirus prevention except/ Select all those measures regarding coronavirus prevention that are correct	Teacher	124	13(10%)	111(90%)
		ASHA Worker	130	0(0%)	130(100%)
		Anganwadi Worker	119	14(12%)	105(88%)
12	Ms. Reena, your neighbour has symptoms of COVID-19. She approaches you for help. What will be your immediate response?	Teacher	124	104(84%)	20(16%)
		ASHA Worker	130	105(81%)	25(19%)
		Anganwadi Worker	119	96(81%)	23(19%)
13	Circle all those that are not currently eligible to take the COVID 19 vaccine	Teacher	124	52(42%)	72(58%)
		ASHA Worker	130	43(33%)	87(67%)
		Anganwadi Worker	119	43(36%)	76(64%)

SI No	QUESTION	OCCUPATION	NO. PRESENT	CORRECT ANSWERS	WRONG/ UNANSWERED ANSWERS
14	Your friend came back from travelling, got a COVID-19 immediately test which came back negative, however she developed a cold a week later. She has old parents at home. You will give her all the below advise except:	Teacher	124 Question translated imperfectly	3(2%)	121(98%)
		ASHA Worker	130	0(0%)	130(100%)
		Anganwadi Worker	119	2(2%)	117(98%)
15	What are some things you might consider about the space before advising someone to home quarantine?	Teacher	124	95(77%)	29(23%)
		ASHA Worker	130	99(76%)	31(24%)
		Anganwadi Worker	119	93(78%)	26(22%)
16	In the below picture which ways of wearing a mask will not protect against Corona virus and will even be more harmful? select all that apply 	Teacher	124	77(63%)	47(37%)
		ASHA Worker	130	76(58%)	54(42%)
		Anganwadi Worker	119	70(59%)	49(41%)
17	A friend tells you that she is scared to take COVID vaccine as her neighbour got fever and diarrhoea after taking the vaccine. She thinks the vaccine gave him COVID-19. What do you do?	Teacher	124	116 (93%)	8(7%)
		ASHA Worker	130	116 (89%)	14(11%)
		Anganwadi Worker	119	108 (91%)	11(9%)

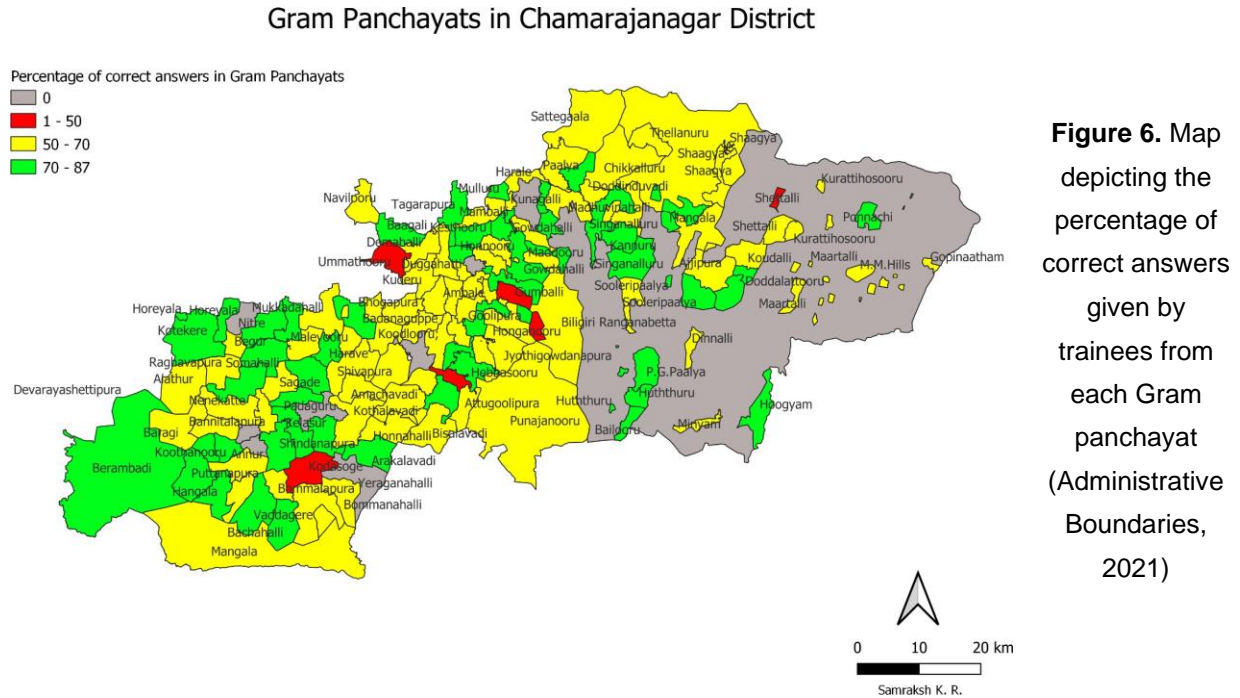
SI No	QUESTION	OCCUPATION	NO. PRESENT	CORRECT ANSWERS	WRONG/ UNANSWERED ANSWERS
18	When organising a classroom what are the steps you will take to protect the children? Circle all that apply	Teacher	124	71(57%)	53(43%)
		ASHA Worker	130	63(48%)	67(52%)
		Anganwadi Worker	119	59(49%)	60(51%)
19	You work at the anganwadi. Your support staff feel a bit unwell with a mild fever and sniffles, but there is no one else to support you at work. What do you do? Circle all that apply.	Teacher	124	82(66%)	42(34%)
		ASHA Worker	130	90(69%)	40(31%)
		Anganwadi Worker	119	84(70%)	35(30%)
20	Mr Gopu is over sixty, has diabetes and heart disease that are all under control. But he worries that taking the vaccine will make his current conditions worse. What do you advise him?	Teacher	124	119(96%)	5(4%)
		ASHA Worker	130	122(94%)	8(6%)
		Anganwadi Worker	119	114(96%)	5(4%)

We see that for question 8, 145 participants entered the answer c and 103 answered d, both of which are considered misinformation, especially option c, which states that steam inhalation prevents COVID infection. Another question which showed dismal results was question 11, where only 59 participants were able to answer it correctly and the others were not able to distinguish the wrong fact hidden among the correct ones. Though question 14 had 0 correct answers we can attribute some of it to the fact that the question was translated poorly, which resulted in a lot of misunderstanding.

These mistakes show us that even frontline healthcare workers who have been working with COVID for the past year can also be working with wrong information. It also highlights the need for a more thorough teaching program to be introduced for these workers to ensure the quality of information being disseminated into the society.

This was followed by an analysis of the percentage of correct answers given in every gram panchayat. The percentage was calculated as a cumulative percentage of the trainees from each gram panchayat. A few panchayats had no trainees attending and they were scored as

zero. Figure 6 shows the distribution of the percentage of correct answers in each respective gram panchayat.



When we look at the map we see that many gram panchayat teams answered less than 14 (67%) questions correctly. This shows us the need to improve the COVID related education/information provided to the healthcare workers in those gram panchayats.

The qualitative analysis was done in the form of a collection of the experiences that the trainees had during their time working against the pandemic. During the discussions, the trainees shared the myriad of experiences they had during their fight against COVID19 as described in Table 4. The experiences shared helped their fellow trainees understand that some of the hardships that they faced during their work was faced by many others. While listening to the experiences a few patterns emerged that helped us paint a better picture of the ordeal that the trainees had to endure during their COVID duties.

The first similarity among the stories was that the ASHA and the Anganwadi workers face a lot of hurdles and discrimination while working. Here are a few quotes that help us better understand their plight (Table 4)

Table 4: Discrete conversations of experience & stories by the mentees during the workshop.

Designation	Challenges	Experience & Stories Shared
ASHA worker	Problems faced	<i>"When we asked a patient to get retested after an initial negative report, the family scolded us and sent us away. But because they did not have a positive report, they could not get the patient admitted when the symptoms escalated".</i>
Anganwadi worker	Discrimination/ Problems faced	<i>"People used to take food and other supplies from us but used to decline signing the acknowledgement for receiving the supplies as they were wary of COVID. People assumed that we received Rs. 1 lakh per COVID positive patient that was admitted to the hospital and this misconception reduced cooperation".</i>
Anganwadi worker	Discrimination/ Problems faced	<i>"While working on my COVID duties, I tested COVID positive, I received treatment and after recovering completely I resumed work, but the people who knew that I had tested positive became physically aggressive towards us when I resumed my work. They said that we should not advise them on what to do as even our members got COVID".</i>
Anganwadi worker	Discrimination/ Problems faced	<i>"We travelled to different taluks on our own expenses and had instances where we had nothing to eat as the people from the other taluks were scared of us and did not approach us or help us".</i>
ASHA worker	Problems faced/ Vaccine hesitancy	<i>"People scolded us when we tried to educate the people about vaccines, they said that vaccines had side effects like stroke in some people". She goes on to add that despite all the criticism they persevered and are now happy about being recognized for their contributions.</i>

Designation	Challenges	Experience & Stories Shared
ASHA worker	Stigma	<i>“My neighbours initially asked me to abstain from entering into COVID positive households, but when I continued with my work, they stopped talking and interacting with my family and me”.</i>
ASHA worker	Stigma/Perseverance	<i>With tears in her eyes she said: “After a year of working with COVID patients I contracted COVID, which later spread to her family. All my neighbours started ignoring us. Only an anganwadi worker from our village talked to us. My husband coughed up blood but not a single person asked us how we were holding up. But two weeks after my family and I recovered, I resumed my work”.</i>
Anganwadi worker	Stigma/Perseverance	She recounted how everyone stigmatized the patients who were COVID positive, but when they contracted COVID, they started saying that it is just like an ordinary fever. She goes on to say that it is easy to give “ <i>Neethi patha</i> ” (moral lessons) when one has not experienced the problem, but harder to do so when one walks a mile in their shoes. The government initiative to place no entry boards in front of COVID positive households was also one of the factors that further deepened the stigma and this was duly noted by a lot of the anganwadi and ASHA workers.
Anganwadi worker	Vaccine Hesitancy	An asha worker from the same community canvassed for vaccination but refused to get her husband vaccinated. This resulted in him succumbing to COVID.

Designation	Challenges	Experience & Stories Shared
ASHA worker	Vaccine hesitancy	When another ASHA worker also from Kollegal taluk faced vaccine hesitancy, the approach taken by her to resolve the situation was to get her near and dear ones (which included her mother who was both diabetic and hypertensive) vaccinated. She then took her family along with her to demonstrate to the hesitant community members that it was safe to receive the vaccine. This smart approach showed one of the few possible methods to address vaccine hesitancy
ASHA worker	Fostering the strength	<i>“As workers we should not fear the disease, even if we are infected and we must also take it upon ourselves to help allay the fears of the people of the community by helping them understand what COVID is and how it can be prevented”.</i>

In Table 4, we highlight the prevalence of stigma both against other COVID positive members of the community and against the workers that work with these patients. These were but a few of the myriad of stories from the trainees that shed a light on the stigma that was witnessed by the healthcare workers. Another common occurrence in a lot of these stories is vaccine hesitancy and reluctance to get tested. Many others also shared their experiences depicting vaccine hesitancy, showing us how widespread this phenomenon is. On the bright side, we also learned that as the days progressed and people learned about the vaccine being safe they were more than willing to get vaccinated and there were instances where people approached the ASHA or anganwadi workers and asked if the vaccine was now available.

Another piece of information that a lot of the stories contained was the need to help people understand the information related to COVID in order to help diminish their fear towards it. A lot of the trainees understood the part played by fear in worsening the condition of a COVID positive patient and propagating stigma.

Finally we can learn the efforts of the trainees and all the hurdles they had to face when tackling the COVID pandemic. Most of the people who do not work in similar circles do not understand the plight of the frontline workers, especially in the rural areas. The workers in rural areas have to travel great distances to reach remote areas and try to spread information about a

phenomenon that is still in the process of being understood by the world all the while facing abuse and insults that arise due to misinformation or stigma. Thus we believe that it is our duty to help portray this picture for the world to see, understand and appreciate.

The unique solution offered to work along the challenges was through our learning as we travelled to BR Hills over the weekend. A group of Folk artist Basavaraj & team at BR Hills, Chamarajanagar District belonging to the Soliga tribe performed a street play with their folk song led by the children and elderly of the local communities to help communities understand COVID-19 through sensitisation, preparedness and early response strategies depicted in the play. The play and song also highlighted the benefit of vaccination. We believe this approach to communicate valid information can be replicated in multiple states, districts, taluks and panchayats to entrust, empower and enhance capacity building (Accessible, Affordable, Reliable and Productive healthcare delivery especially through Primary Care) to help provide health and well being to the local communities with respect to COVID-19 or any other health condition.



Figure 7: Street play by Basavaraj & Team, Soliga Tribe, BR Hills, Chamarajanagar District

Limitations

There were a few limitations that our study had which while not having major impacts on the study, may have contributed to minor variation in the results. The limitations were as follows.

- a. Questions 11 and 14 were poorly translated into Kannada, the local language which may have led to the trainees misunderstanding the question.
- b. The participants were allowed to discuss the answers which may have led to a few changes in opinions, but this was not to an extent that it changed the results. This becomes evident as there were a lot of variations in opinion within the teams. Also the discussion helped learning new facts among team members, which was the ultimate goal of the workshop.
- c. Time available to conduct the workshops was quite constrained as the trainees had to travel to remote and far off regions among the COVID restrictions leading to delays in arrival or having the need to finish the workshops earlier in order to facilitate their travel needs.

Recommendations

This workshop was a very innovative approach to strengthen the healthcare human resources in the district of Chamarajanagar. The composition of the team members ensured diversity in the experiences and knowledge of the trainees and their ability to further disseminate the information learned in the workshops. But to ensure that this idea bears fruit and continues to help in their efforts against COVID, the district need to provide an incentive to the trainees to help them maintain their drive toward the cause, help maintain the teams created for the workshop so that any future efforts can be decentralized and conducting periodic meet and greets of the teams in order to share experiences and accomplishments.

Table 5: Recommendations to build and strengthen capacity in gram panchayats

Problem to be Addressed	Recommendation
Vaccine hesitancy	Print and distribute flyers with information on COVID 19, and vaccination. Arrange plays in rural areas to help visualize the concept.
Stigma	Stop practices such as putting a board in front of people's houses to reduce stigma.
Safety and Support	Provide PPE, masks and sanitizers to the healthcare workers.
Capacity Building	Provide better COVID 19 related education in the Gram Panchayats with a low correct answer percentages.

The street play and folk song used for dissemination of information in their communities at BR hills by the tribal community (Soliga community, Lead by Basavaraju and team) can be utilised as a model in every panchayat. The teachers trained in this workshop can lead the group of students in performing similar street plays towards spreading the right information (#Child to child approach to health education is a way of reinforcing community education (Webb, 1988) to the communities towards health as an overall concept.

It is also our belief that this program should be replicated in other districts in the state and even other states if possible. This would have to be done by the government working together at the district level. While a little difficult, it is not a herculean task and thus with little effort and coordination from the state and district officials it is a task that is quite achievable.

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ACKNOWLEDGEMENT & CREDITS

Dr. Ravi M. R., Deputy Commissioner, Chamarajanagar District, Government of Karnataka

Mr Bhoyar Harsal Narayan Rao, Chief Executive Officer, Chamarajanagar District, Government of Karnataka

Ms Kathyayanidevi S., Additional Deputy Commissioner, Chamarajanagar District, Government of Karnataka

Mr Javeregowda S. T., DDPI, Chamarajanagar District, Government of Karnataka

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Team at Swasti Health Catalyst & COVID Action Collaboration

Zilla Budakattu Girijana Abhivridhi Sangha, BR Hills, Chamarajanagar

This is an initiative under project CHAITRA (Chamarajanagar Initiative for Technical assistance, Research and Action on covid-19). We would like to thank Mr. Aroon Raman and Rohini Nilekani Philanthropies for their support with Project CHAITRA. We would also like to thank DBT/Wellcome Trust India Alliance for their support.

Appendix A

The administered questionnaire.

COVID ಸಂವೇದನೆ ಮತ್ತು ಆರಂಭಿಕ ಪ್ರತಿಕ್ರಿಯೆ

ಪ್ರೆಟೆಸ್ಟ್ ಪ್ರಶ್ನಾವಳಿ

1. COVID-19 ಸಕಾರಾತ್ಮಕ ರೋಗಿಗೆ ಒಡ್ಡಿಕೊಳ್ಳುವ ವ್ಯಕ್ತಿಗಳಿಗೆ ಕನಿಷ್ಠ ಸಂಪರ್ಕತಡೆಯನ್ನು ಸಮಯ

ಎ. 5 ದಿನಗಳು ಬಿ. 7 ದಿನಗಳು ಸಿ. 10 ದಿನಗಳು ಡಿ. 14 ದಿನಗಳು

2. COVID-19 ರೋಗಿಯ ಸಂಭವನೀಯ ಲಕ್ಷಣಗಳು ಇರಬಹುದು

ಎ. ಜ್ವರ ಬಿ. ಶೀತ ಸಿ. ಅತಿನಾರ ಡಿ. ರಾಶ್ ಇ. ಮೇಲಿನ ಯಾವುದಾದರೂ

3. ಸೋಪ್ ಮತ್ತು ನೀರಿನಿಂದ ನಿಮ್ಮ ಕೈಗಳನ್ನು ಎಷ್ಟು ಹೊತ್ತು ತೊಳೆಯುತ್ತೀರಿ?

ಎ. 10 ಸೆಕೆಂಡು ಬಿ. 20 ಸೆಕೆಂಡು ಸಿ. 30 ಸೆಕೆಂಡು ಡಿ. 40 ಸೆಕೆಂಡು

4. ಇವುಗಳಲ್ಲಿ ಯಾವುದನ್ನೂ ಹೊರತುಪಡಿಸಿ COVID ಸೂಕ್ತ ನಡವಳಿಕೆಗಳು

ಎ. ಕೆಮ್ಮುವಾಗ ಅಥವಾ ಸೀನುವಾಗ ನಿಮ್ಮ ಮುಖವನ್ನು ಮುಚ್ಚಿಕೊಳ್ಳಲು ಕರವಸ್ತ್ರ ಅಥವಾ ತೆಳುವಾದ ಕಾಗಾದ ಬಳಸುವುದು

ಬಿ. ನೀವು ಸೀನು ಅಥವಾ ಕೆಮ್ಮಿದ ತಕ್ಷಣ ಕೈ ತೊಳೆಯುವುದು

ಸಿ. ಪಂಚೆಯ ಅಂಚು ಅಥವಾ ಸೀರೆಯ ಪಲ್ಲಗಳಿಂದ ನಿಮ್ಮ ಮುಖವನ್ನು ಮುಚ್ಚಿಕೊಳ್ಳುವುದು

ಡಿ. ನೀವು ತೆಳುವಾದ ಕಾಗಾದ ಅಥವಾ ಕರ್ಚೀಫ್ ಅನ್ನು ಕೊಂಡ್ಯದ್ದಿದ್ದರೆ ನಿಮ್ಮ ಬಾಗಿದ ತೋಳಿನ ಮೇಲೆ ಸೀನುವುದು

5. ನೀವು ತರಕಾರಿಗಳನ್ನು ಖರೀದಿಸಲು ಅಂಗಡಿಗೆ ಹೋಗುತ್ತೀರಿ. ನೀವು ಮಹಿಳೆ ಕೆಮ್ಮು ನೋಡುತ್ತೀರಿ. ಕೂಡಲೇ ಅಂಗಡಿಯವನು ಅವಳನ್ನು ಕೂಗುತ್ತಾನೆ. ಈ ಪರಿಸ್ಥಿತಿಯಲ್ಲಿ ನಿಮ್ಮ ಪಾತ್ರ ಹೇಗಿರಬೇಕು

ಎ. ಕೆಮ್ಮುವಾಗ ಮುಖವನ್ನು ಕರವನ್ನದಿಂದ ಮುಚ್ಚಿಕೊಳ್ಳಬೇಕು ಎಂದು ಮಹಿಳೆಗೆ ದಯೆಯಿಂದ ಸಲಹೆ ನೀಡಿ.

ಬಿ. ಅಂಗಡಿಯಲ್ಲಿ ತೆಳುವಾದ ಕಾಗಾದ, ಡೆಸ್‌ಬಿನ್ ಮತ್ತು ಸ್ಯಾನಿಟೈಜರ್ ಹೊಂದಲು ಸಲಹೆಗಾರ ಅಂಗಡಿಯವರು

ಸಿ. COVID-19 ರೋಗಲಕ್ಷಣಗಳನ್ನು ಹೊಂದಿದ್ದರೆ ಹತ್ತಿರದ ಆರೋಗ್ಯ ಸೌಲಭ್ಯವನ್ನು ಪಡೆಯಲು ಮಹಿಳೆಗೆ ಸಲಹೆ ನೀಡಿ

ಡಿ. ಮೇಲಿನ ಎಲ್ಲವೂ

6. ಶ್ರೀ ಕೃಷ್ಣನ್ ಅವರು COVID-19 ನಿಂದ ಚೇತರಿಸಿಕೊಂಡಿದ್ದಾರೆ ಮತ್ತು ಅವರು ಯಾವಾಗ ತಮ್ಮ COVID ಲಸಿಕೆ ತೆಗೆದುಕೊಳ್ಳಬಹುದು ಎಂದು ತಿಳಿಯಲು ಬಯಸುತ್ತಾರೆ. ನಿಮ್ಮ ಪ್ರತಿಕ್ರಿಯೆ ಏನು? ನಂತರ ಲಸಿಕೆ ತೆಗೆದುಕೊಳ್ಳಲು ಸಲಹೆ ನೀಡಿ

ಎ. 3 ವಾರಗಳ ನಂತರ ಬಿ. 1 ತಿಂಗಳ ನಂತರ ಸಿ. 2 ತಿಂಗಳ ನಂತರ ಡಿ. 3 ತಿಂಗಳ ನಂತರ

6.1. ಕೃಷ್ಣ ಅವರು COVID-19 ನಿಂದ ಚೇತರಿಸಿಕೊಂಡಿದ್ದಾರೆ ಮತ್ತು ಅವರು ಈಗಾಗಲೇ ತಮ್ಮ ಮೊದಲ ಡೋಸ್ ಲಸಿಕೆಯನ್ನು ತೆಗೆದುಕೊಂಡಿದ್ದಾರೆ, ಅವರು ತಮ್ಮ ಎರಡನೇ ಡೋಸ್ COVID ಲಸಿಕೆಯನ್ನು ಯಾವಾಗ ತೆಗೆದುಕೊಳ್ಳಬಹುದು ಎಂದು ತಿಳಿಯಲು ಬಯಸುತ್ತಾರೆ. ನಿಮ್ಮ ಪ್ರತಿಕ್ರಿಯೆ ಏನು? ನಂತರ ಲಸಿಕೆ ತೆಗೆದುಕೊಳ್ಳಲು ಸಲಹೆ ನೀಡಿ

ಎ. 3 ವಾರಗಳ ನಂತರ ಬಿ. 1 ತಿಂಗಳ ನಂತರ ಸಿ. 2 ತಿಂಗಳ ನಂತರ ಡಿ. 3 ತಿಂಗಳ ನಂತರ

7. ಮಿಸ್ ಬಾನು ತನ್ನ ಸ್ಥಳೀಯ ಸ್ಥಳಕ್ಕೆ ಮರಳಿದ್ದಾಳೆ. ಪ್ರಯಾಣಿಸಿದ 2 ದಿನಗಳ ನಂತರ ಆಕೆಗೆ ಜ್ವರ ಮತ್ತು ತಲೆನೋವು ಇದೆ. ಕುಟುಂಬ ಸದಸ್ಯರ ಸೂಕ್ತ ನಡವಳಿಕೆ ಏನು?

ಎ. ಮನೆಯಲ್ಲಿ ಸೂಕ್ತ ಗಾಳಿಯಾಡಲು ಅವಕಾಶ ಮತ್ತು ಸದಸ್ಯರ ನಡುವೆ ಅಂತರವನ್ನು ಕಾಪಾಡಿಕೊಳ್ಳಿ

ಬಿ. ಆರೋಗ್ಯ ತಪಾಸಣೆಯನ್ನು ಯಾವಾಗ ಪಡೆಯಬೇಕೆಂದು ತಿಳಿದಿರಲಿ

ಸಿ. ಮನೆಯಿಂದ ಹೊರಗೆ ಹೋಗುವುದನ್ನು ತಪ್ಪಿಸಿ

ಡಿ. ಮೇಲಿನ ಎಲ್ಲವೂ

8. ಕರೋನಾ ವೈರಸ್ ಬಗ್ಗೆ ಈ ಕೆಳಗಿನ ಯಾವ ಹೇಳಿಕೆ ಸರಿಯಾಗಿದೆ?

ಎ. ಬಿಸಿನೀರಿನೊಂದಿಗೆ ಸ್ನಾನ ಮಾಡುವುದರಿಂದ ವೈರಸ್ ಕೊಲ್ಲುತ್ತದೆ

ಬಿ. ಬಟ್ಟೆ ಮತ್ತು ದೇಹದ ಮೇಲೆ ಆಲ್ಕೋಹಾಲ್ ಸಿಂಪಡಿಸುವುದು ಸೋಂಕು ಬರದಂತೆ ತಡೆಯುವುದಿಲ್ಲ

ಸಿ. ಉಗಿ ಉಸಿರಾಡುವುದು / ತೆಗೆದುಕೊಳ್ಳುವುದು ವೈರಸ್ ಅನ್ನು ಕೊಲ್ಲುತ್ತದೆ / ಸೋಂಕಿನಿಂದ ನಿಮ್ಮನ್ನು ರಕ್ಷಿಸುತ್ತದೆ

ಡಿ. ನಿಯಮಿತವಾಗಿ ಮೂಗನ್ನು ಲವಣಯುಕ್ತ ನೀರಿನಿಂದ ತೊಳೆಯುವುದು ಸೋಂಕನ್ನು ತಡೆಯುತ್ತದೆ

9. COVID-19 ಸೋಂಕಿನಿಂದ ಬಳಲುತ್ತಿರುವ ರೋಗಿಯು, ಮನೆಯ ಪ್ರತ್ಯೇಕತೆ / ಕೋವಿಡ್ ಆರೈಕೆ ಕೇಂದ್ರದಲ್ಲಿ ಉಳಿದುಕೊಂಡಿರುವ ವ್ಯಕ್ತಿಗೆ ಅಪ್ಪಜನಕದ ಕೊರತೆಯಾಗಿದ್ದರೆ ತಕ್ಷಣ ಅವರನ್ನು ಉನ್ನತ ಕೇಂದ್ರಕ್ಕೆ ಉಲ್ಲೇಖಿಸಬೇಕಾಗುತ್ತದೆ.

ಎ. 98%

ಬಿ. 97%

ಸಿ. 96%

ಡಿ. 93%

10. ಈ ಕೆಳಗಿನ ಹೇಳಿಕೆ ನಿಜ / ಸುಳ್ಳು? ಕಷ್ಟ ಶಿಲೀಂಧ್ರವು ಒಬ್ಬ ವ್ಯಕ್ತಿಯಿಂದ ಇನ್ನೊಬ್ಬರಿಗೆ ಹರಡಬಹುದೇ?

ಎ. ಸರಿ

ಬಿ. ತಪ್ಪು

11. ಕರೋನಾ ವೈರಸ್ ತಡೆಗಟ್ಟುವಿಕೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಈ ಕೆಳಗಿನ ಎಲ್ಲಾ ಕ್ರಮಗಳು ಸರಿಯಾಗಿವೆ

ಎ. ಬೆಳ್ಳುಳ್ಳಿ ತಿನ್ನುವುದು ಸೋಂಕನ್ನು ತಡೆಯುತ್ತದೆ

ಬಿ. ಕೈ ತೊಳೆಯುವುದು ಸೋಂಕನ್ನು ತಡೆಯುತ್ತದೆ

ಸಿ. ವ್ಯಾಕ್ಸಿನ್‌ನೇಷನ್ ತೀವ್ರ ಸೋಂಕನ್ನು ತಡೆಯುತ್ತದೆ

ಡಿ. ಕಿಕ್ಕಿರಿದ ಸ್ಥಳಗಳ ಭೇಟಿಯನ್ನು ತಪ್ಪಿಸುವುದರಿಂದ ಸೋಂಕನ್ನು ತಡೆಯುತ್ತದೆ

12. ಮಿಸ್ ರೀನಾ, ನಿಮ್ಮ ನೆರಹೊರೆಯವರಿಗೆ COVID-19 ನ ಲಕ್ಷಣಗಳಿವೆ. ಸಹಾಯಕ್ಕಾಗಿ ಅವಳು ನಿಮ್ಮನ್ನು ಸಂಪರ್ಕಿಸುತ್ತಾಳೆ. ನಿಮ್ಮ ತಕ್ಷಣದ ಪ್ರತಿಕ್ರಿಯೆ ಏನು?

ಎ. ನೀವೇ ಗಂಟಲಿನ ಸ್ವಾಬ್ ತೆಗೆದುಕೊಳ್ಳಿ

- ಬಿ. COVID-19 ನ ತೊಡಕುಗಳ ಬಗ್ಗೆ ಅವಳನ್ನು ಹೆದರಿಸಿ
- ಸಿ. ಹತ್ತಿರದ COVID ಪರೀಕ್ಷಾ ಸೌಲಭ್ಯಕ್ಕೆ ಅವಳನ್ನು ಮಾರ್ಗದರ್ಶನ ಮಾಡಿ
- ಡಿ. ಅವಳಿಗೆ ಕೆಲವು ಮಾತ್ರಗಳನ್ನು ನೀಡಿ

13. COVID 19 ಲಸಿಕೆ ತೆಗೆದುಕೊಳ್ಳಲು ಪ್ರಸ್ತುತ ಅರ್ಹತೆ ಇಲ್ಲದ ಎಲ್ಲರನ್ನು ವೃತ್ತಿಸಿ

- ಎ. ಸ್ವನ್ಯಪಾನ ಮಾಡುವ ಮಹಿಳೆಯರು
- ಬಿ. ಗರ್ಭಿಣಿಯರು
- ಸಿ. ಇದೀಗ ಸಕ್ರಿಯ COVID ಸೋಂಕನ್ನು ಹೊಂದಿರುವ ಜನರು
- ಡಿ. ಎಚ್‌ಐವಿ ಸೋಂಕಿತರು.

14. ನಿಮ್ಮ ಸ್ನೇಹಿತ ಪ್ರಯಾಣದಿಂದ ಹಿಂತಿರುಗಿದಳು, COVID-19 ತಕ್ಷಣದ ಪರೀಕ್ಷೆಯನ್ನು ಪಡೆದುಕೊಂಡಳು, ಅದು ಋಣಾತ್ಮಕವಾಗಿತ್ತು, ಆದರೆ ಅವಳು ಒಂದು ವಾರದ ನಂತರ ಆಕೆಯನ್ನು ಶೀತವು ಕಾಡಿತು. ಆಕೆಗೆ ಮನೆಯಲ್ಲಿ ಪೋಷಕರು ಇದ್ದಾರೆ. ಈ ಕೆಳಗಿನ ಎಲ್ಲಾ ಸಲಹೆಗಳನ್ನು ನೀವು ಅವಳಿಗೆ ನೀಡುತ್ತೀರಿ:

- ಎ. ಅವಳ ಮೊದಲ ಪರೀಕ್ಷೆ ನಕಾರಾತ್ಮಕವಾಗಿರುವುದರಿಂದ ಏನನ್ನೂ ಮಾಡಬಾರದು ಆದ್ದರಿಂದ ಅವಳು ಸರಿಯಾಗಿರಬೇಕು
- ಬಿ. ಭಯಪಡಬೇಡ ಎಂದು ಹೇಳಿ ಆದರೆ ಸಾಧ್ಯವಾದರೆ ಕುಟುಂಬದ ಸದಸ್ಯರಿಂದ ತನ್ನನ್ನು ಪ್ರತ್ಯೇಕಿಸಿಕೊಳ್ಳಿ
- ಸಿ. ಸಾಧ್ಯವಾದರೆ ಪೋಷಕರನ್ನು ಕುಟುಂಬದ ಉಳಿದ ಭಾಗದಿಂದ ಪ್ರತ್ಯೇಕಿಸಲು ಹೇಳಿ
- ಡಿ. ಹತ್ತಿರದ COVID ಪರೀಕ್ಷಾ ಕೇಂದ್ರಕ್ಕೆ ಮಾರ್ಗದರ್ಶನ ಮಾಡಿ ಮತ್ತು ಸಾಧ್ಯವಾದಷ್ಟು ಬೇಗ ಮತ್ತೊಂದು ಪರೀಕ್ಷೆಯನ್ನು ಪಡೆಯಲು ಅವಳನ್ನು ಒತ್ತಾಯಿಸಿ

15. ಮನೆಯ ಸಂಪರ್ಕತಡೆಯನ್ನು ಯಾರಿಗಾದರೂ ಸಲಹೆ ನೀಡುವ ಮೊದಲು ನೀವು ಜಾಗದ ಬಗ್ಗೆ ಪರಿಗಣಿಸಬಹುದಾದ ಕೆಲವು ವಿಷಯಗಳು ಯಾವುವು?

- ಎ. ನಿಮ್ಮ ಪಾಲನೆ ಮಾಡುವ ಯಾರಾದರೂ <50 ಮತ್ತು ಆರೋಗ್ಯವಂತರು ಇದ್ದಾರೆಯೇ?
- ಬಿ. ಸುರಕ್ಷಿತವಾಗಿ ಪ್ರತ್ಯೇಕಿಸಲು ನಿಮಗೆ ಸ್ಥಳವಿದೆಯೇ?

ಸಿ. ಪ್ರತ್ಯೇಕ ಬಾತ್‌ರೂಂ ಇದೆಯೇ?

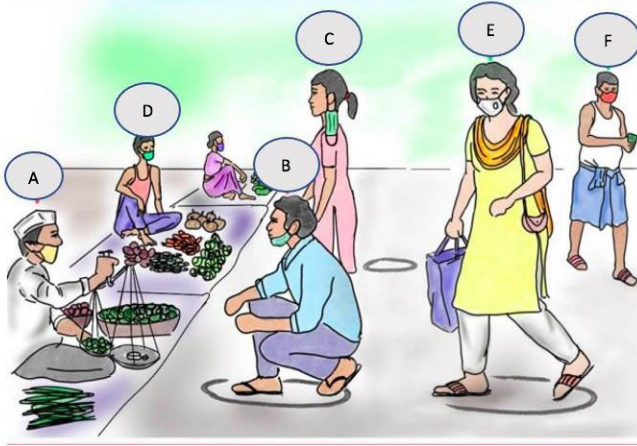
ಡಿ. ಮನೆಯಲ್ಲಿ ಇತರ ಋಣಾತ್ಮಕ, ಅಧಿಕ-ಅಪಾಯದ ವ್ಯಕ್ತಿಗಳು ಇದ್ದಾರೆಯೇ? (> 60, ಕೊಮೊರ್ಬಿಡಿಟಿ ಇರುವವರು?)

ಇ. ಮೇಲಿನ ಯಾವುದೂ ಅಲ್ಲ

ಎಫ್. ಮೇಲಿನ ಎಲ್ಲವೂ

16. ಕೆಳಗಿನ ಚಿತ್ರದಲ್ಲಿ ಮುಖವಾಡ ಧರಿಸುವ ಯಾವ ವಿಧಾನಗಳು ಕರೋನಾ ವೈರಸ್‌ನಿಂದ ರಕ್ಷಿಸುವುದಿಲ್ಲ ಮತ್ತು ಹೆಚ್ಚು ಹಾನಿಕಾರಕವಾಗುತ್ತವೆ? ಅನ್ವಯವಾಗುವ ಎಲ್ಲವನ್ನೂ ಆಯ್ಕೆ ಮಾಡಿ.

ಎ. ಬಿ. ಸಿ. ಡಿ. ಇ. ಎಫ್.



17. ಲಸಿಕೆ ತೆಗೆದುಕೊಂಡ ನಂತರ ತನ್ನ ನೆರೆಹೊರೆಯವರಿಗೆ ಜ್ವರ ಮತ್ತು ಅತಿಸಾರ ಬಂದಿದ್ದರಿಂದ ಅವಳು COVID ಲಸಿಕೆ ತೆಗೆದುಕೊಳ್ಳಲು ಹೆದರುತ್ತಿದ್ದಾಳೆ ಎಂದು ಸ್ನೇಹಿತನೊಬ್ಬ ಹೇಳುತ್ತಾನೆ. ಲಸಿಕೆ ಅವನಿಗೆ COVID-19 ನೀಡಿತು ಎಂದು ಅವಳು ಭಾವಿಸುತ್ತಾಳೆ. ನೀವೇನು ಮಾಡುವಿರಿ?

ಎ. ಲಸಿಕೆ ತೆಗೆದುಕೊಳ್ಳಬೇಡಿ ಎಂದು ಸಲಹೆ ನೀಡಿ

ಬಿ. ಸೌಮ್ಯ ಜ್ವರ ಮತ್ತು ವಾಕರಿಕೆ ಮತ್ತು ಅತಿಸಾರದಂತಹ ಲಕ್ಷಣಗಳು ಸಂಪೂರ್ಣವಾಗಿ ನಾಮಾನ್ಯವೆಂದು ಅವರು ತಿಳಿಸಿ ಮತ್ತು ವ್ಯಾಕ್ಸಿನೇಷನ್ ಮಾಡಿದ 1-2 ದಿನಗಳ ನಂತರ ದೂರ ಹೋಗುತ್ತಾರೆ. ಇದರರ್ಥ ದೇಹವು ವೈರಸ್ ವಿರುದ್ಧ ರೋಗನಿರೋಧಕ ಶಕ್ತಿಯನ್ನು ನಿರ್ಮಿಸುತ್ತಿದೆ

ಸಿ. ಉತ್ತಮ ಲಸಿಕೆ ಬರುವವರೆಗೆ ಕಾಯುವಂತೆ ಅವಳನ್ನು ಕೇಳಿ

18. ತರಗತಿಯನ್ನು ಆಯೋಜಿಸುವಾಗ ಮಕ್ಕಳನ್ನು ರಕ್ಷಿಸಲು ನೀವು ತೆಗೆದುಕೊಳ್ಳುವ ಕ್ರಮಗಳು ಯಾವುವು? ಅನ್ವಯವಾಗುವ ಎಲ್ಲವನ್ನು ವ್ಯತ್ತಿಸಿ.

ಎ. ನೀವು ಮತ್ತು ಮಕ್ಕಳು ತರಗತಿಯಲ್ಲಿ ಮುಖವಾಡ ಧರಿಸಿರುವುದನ್ನು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಿ

ಬಿ. ಎಲ್ಲಾ ಮಕ್ಕಳನ್ನು ಕನಿಷ್ಠ ಎರಡು ಮೀಟರ್ ಅಂತರದಲ್ಲಿ ಕುಳಿತುಕೊಳ್ಳಲು ಮೇಜುಗಳನ್ನು ಜೋಡಿಸಿ

ಸಿ. ಮಕ್ಕಳನ್ನು ಮೇಜು ಹಂಚಿಕೊಳ್ಳಲು ಅನುಮತಿಸಬೇಡಿ

ಡಿ. ಎಲ್ಲಾ ಕಿಟಕಿಗಳು ಮತ್ತು ಬಾಗಿಲುಗಳು ತೆರೆದಿರುತ್ತವೆ ಮತ್ತು ವರ್ಗವು ಚೆನ್ನಾಗಿ ಗಾಳಿಯಾಡುತ್ತಿದೆಯೆ ಎಂದು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಿ

19. ನೀವು ಅಂಗನವಾಡಿಯಲ್ಲಿ ಕೆಲಸ ಮಾಡುತ್ತೀರಿ. ನಿಮ್ಮ ಬೆಂಬಲ ಸಿಬ್ಬಂದಿ ಸೌಮ್ಯ ಜ್ವರ ಮತ್ತು ಸೀನುಗಳಿಂದ ಸ್ವಲ್ಪ ಅಸ್ವಸ್ಥರಾಗಿದ್ದಾರೆ, ಆದರೆ ಕೆಲಸದಲ್ಲಿ ನಿಮ್ಮನ್ನು ಬೆಂಬಲಿಸಲು ಬೇರೆ ಯಾರೂ ಇಲ್ಲ. ನೀವೇನು ಮಾಡುವಿರಿ? ಅನ್ವಯವಾಗುವ ಎಲ್ಲವನ್ನು ವ್ಯತ್ತಿಸಿ.

ಎ. ಅವಕಾಶವನ್ನು ಪಡೆದುಕೊಳ್ಳಿ ಮತ್ತು ಹೇಗಾದರೂ ಕೆಲಸಕ್ಕೆ ಬರಲು ಸಹಾಯಕ ಸಿಬ್ಬಂದಿಯನ್ನು ಕೇಳಿ. ಇದು ಬಹುಶಃ ಏನೂ ಇಲ್ಲ

ಬಿ. ಮುನ್ನೆಚ್ಚರಿಕೆಯಾಗಿ ಮನೆಯಲ್ಲಿ ವಿಶ್ರಾಂತಿ ಪಡೆಯಲು ಸಹಾಯಕ ಸಿಬ್ಬಂದಿಯನ್ನು ಕೇಳಿ ಮತ್ತು COVID-19 ಪರೀಕ್ಷೆಯನ್ನು ತೆಗೆದುಕೊಳ್ಳಿ

ಸಿ. ಮುಖವಾಡ ಧರಿಸಿ ಕೆಲಸಕ್ಕೆ ಬರಲು ಅವಳನ್ನು ಕೇಳಿ

ಡಿ. ಸಿಬ್ಬಂದಿ ಅನಾರೋಗ್ಯಕ್ಕೆ ಒಳಗಾಗಿದ್ದಾರೆ ಮತ್ತು ಬ್ಯಾಕ್ ಅಪ್ ಬೆಂಬಲಕ್ಕೆ ಕರೆ ಮಾಡಿ

20. ಶ್ರೀ ಗೋಪು ಅವರ ವಯಸ್ಸು ಅರವತ್ತಕ್ಕೂ ಹೆಚ್ಚು, ಮಧುಮೇಹ ಮತ್ತು ಹೃದ್ಯೋಗವನ್ನು ಹೊಂದಿದ್ದು ಅದು ನಿಯಂತ್ರಣದಲ್ಲಿದೆ. ಆದರೆ ಲಸಿಕೆ ತೆಗೆದುಕೊಳ್ಳುವುದರಿಂದ ಅವರ ಪ್ರಸ್ತುತ ಪರಿಸ್ಥಿತಿ ಹದಗೆಡುತ್ತದೆ ಎಂದು ಆತ ಚಿಂತೆ ಮಾಡುತ್ತಾನೆ. ನೀವು ಅವರಿಗೆ ಏನು ಸಲಹೆ ನೀಡುತ್ತೀರಿ?

ಎ.. ಲಸಿಕೆ ಅವರ ಪ್ರಸ್ತುತ ಓಷಧಿಗಳಿಗೆ ಅಡ್ಡಿಯಾಗಬಹುದು ಆದ್ದರಿಂದ ಲಸಿಕೆ ತೆಗೆದುಕೊಳ್ಳದಂತೆ ಕೇಳಿಕೊಳ್ಳಿ

ಬಿ. ಶ್ರೀ ಗೋಪು ಅವರಿಗೆ ತುಂಬಾ ವಯಸ್ಸಾಗಿದೆ ಮತ್ತು ಲಸಿಕೆ ತೆಗೆದುಕೊಳ್ಳುವುದನ್ನು ತಪ್ಪಿಸಬೇಕು ಎಂದು ಹೇಳಿ

ಸಿ. ಶ್ರೀ ಗೋಪು ಅವರಿಗೆ ಸೋಂಕು ತಗುಲಿದರೆ ತೀವ್ರ COVID ಕಾಯಿಲೆಯ ಅಪಾಯವಿದೆ ಮತ್ತು ಲಸಿಕೆ ತೆಗೆದುಕೊಳ್ಳುವುದು ಅವರಿಗೆ ಬಹಳ ಮುಖ್ಯ ಎಂದು ವಿವರಿಸಿ

ಡಿ. ಶ್ರೀ ಗೋಪು ಅವರು ಪ್ರಸ್ತುತ ಆರೋಗ್ಯವಂತರು ಮತ್ತು ಸ್ಥಿರರಾಗಿದ್ದಾರೆಂದು ಹೇಳಿ ಆದ್ದರಿಂದ ಅವರಿಗೆ ಲಸಿಕೆ ನೀಡುವ ಅಗತ್ಯವಿಲ್ಲ