

Adopt A Primary Health Centre (PHC) in Rural India

The second wave of the Covid-19 pandemic is having devastating impacts in India. By April 2021, there were **4,00,000 daily recorded cases**. Although the numbers continue to fluctuate, it is very apparent that the urban and rural medical centres are overwhelmed, understaffed and lack basic resources to treat large numbers of people. With variable testing rates compounded by inadequate vaccines, we have to act now to support these rural villages. **Rural India is now the epicentre.**

For 37 years, the Centre for Wildlife Studies (CWS) has focused on empowering local communities coping with loss from wildlife and having a strong presence in remote and hard to reach villages across the Western Ghats. Our field staff are witnessing first-hand the status of these medical centres where vaccines, although available, aren't even being availed by the local community. We have decided to act now by focusing on bolstering support to primary health centres (PHCs) in rural India focusing on the Western Ghats.



PHCs established by the government are the focal medical centres in a rural setting. Established under the National Health Mission, with an average cover of 27 villages per PHC. They are the first contact point between rural people and the medical staff. PHCs in Karnataka, Goa, Maharashtra, Tamil Nadu and Kerala are facing a shortage of medical supplies and doctors. These PHCs found in and around remote wildlife reserves require last mile delivery assistance. **CWS** is committing trained our and dedicated field staff to identify and assist these PHCs directly in rural

India. We are equipped to provide support to enable the overworked primary health workers to curtail the rapid spread of Covid-19 and similar zoonotic diseases in these areas. We will help replenish the huge shortage of essential supplies such as face shields, PPE kits, oximeters, thermal scanners, gloves, masks, and medicines to support primary health care centres.

Our three flagship award-winning community focused conservation programs of CWS are Wild Surakshe, Wild Shaale and Wild Seve. These programs are operational around villages surrounding wildlife reserves of Western Ghats. In September 2020, we launched the Wild Surakshe, a public health and safety program. The program provides knowledge and connections to empower the communities living close to wildlife reserves to cope with zoonotic diseases such as Covid-19 and human-wildlife conflict. Our team has conducted 150 workshops and trained more than 4,000 people, who now understand how to deal with outbreaks of zoonotic diseases in their villages. Wild Surakshe has built strong connections to hundreds of frontline government health workers, forest department staff, grassroots community organisations and leaders to aid communities that are at risk for zoonotic diseases. Unlike their urban counterparts, resilience to zoonotic diseases, access to medical care and awareness about medical protocols are severely limited in rural communities.



IMMEDIATE REQUIREMENTS AND PLAN OF ACTION

CWS staff are in locations across Karnataka and Goa field working tirelessly to gather information from hundreds of PHCs about their medical needs, their current staff capacity and COVID care support. We have interviewed ~ 500 doctors, nurses and PHC staff to evaluate the availability of supplies and the suggested protocols for medical centres. Based on this we have compiled a list of ~115 essential items in three categories of medical equipment, medicines and personal protective equipment urgently required by the PHCs. Our research team is working as conduits of information to other COVID support efforts, to medical suppliers and ultimately the government.

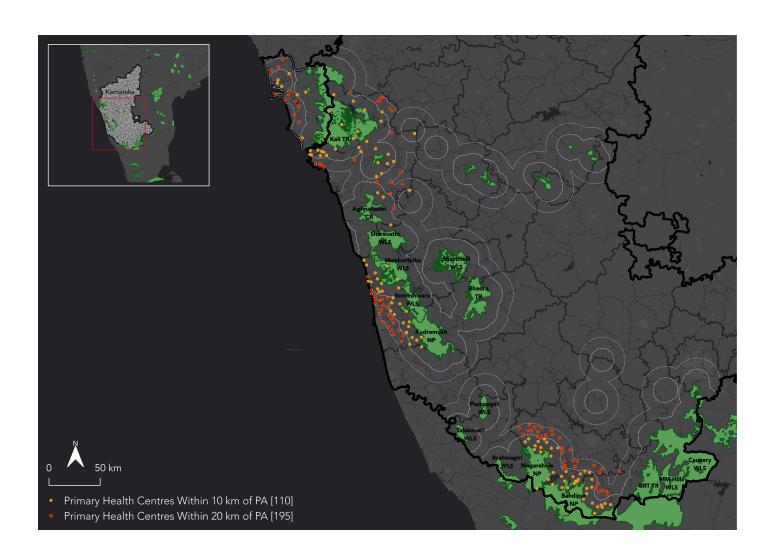
Category	Top Items
Medical Equipment	Oxygen Concentrators, Oxymeters, Sanitizer dispenser, Syringes, Thermometers, Non-rebreathable masks, Tubing with mask for nebulizers.
Medicines	Ab Philline (Bronchodilators), Acebrophylline (Mucolytic), Ceftriaxone injection, Enoxaparin (anti-coagulant), Favipiravir (Anti-viral), Dolo 650 (paracetamol), Pan 40 (Acidity regulators), Montral (Anti-allergen), Zinc tablet, Vitamin B, Vitamin C.
Personal Protective Equipment	Collapsible stretchers, Gloves, Face shields, Surgical masks, PPE kits, Aprons.

We have established direct contact with > 300 PHCs (245 have been mapped) and have been contacted across six districts that border wildlife reserves. However, we expect this list to grow significantly over the upcoming days.

The guiding principle of our effort is to be proactive in the relief work and pioneer a path for other relief work to follow. Currently, four phases are being designed and planned based on current locations and reach of CWS field staff. All of this will be monitored with Wild Connect, a mobile and web based platform we developed to collect data from these remote locations which often have no phone connectivity. The platform allows offline data collection and then relays it back when the staff reaches areas with connectivity. Our research and management team is able to analyse the data to take action where needed.

- **Phase 1:** This phase will focus on H. D. Kote and Sarguru are adjacent to Nagarahole and Bandipur National Parks in Karnataka . This phase will focus on 97 PHCs in Mysore and Chamarajanagar districts.
- **Phase 2:** This phase will roll out in Hebri and Karkala adjacent to Kudremukh National Park and Someshwara Wildlife Sanctuary to assist 67 PHCs in Udupi district.
- Phase 3: This phase will be implemented in Kali Tiger Reserve to support 47 PHCs in Uttara Kannada district.
- **Phase 4:** This phase will be implemented in all 34 PHCs in Goa.

We will subsequently focus on other districts in Tamil Nadu, Maharashtra, Kerala and Karnataka with a total of 134 sub-districts to prepare for expansion.





BUDGET ESTIMATES

The non-medicines budget estimated $\boldsymbol{per\,PHC}$ (30 person staff capacity) is:

Туре	User	Item	Quantity per day	Cost	Number of staff/PHC	Usage	Total Quantity for 30 days	Total Cost (INR) for 30 days
Monthly Recurring	РНС	Mask - 3ply	10	15	1	300 per month	300	4,500
Monthly Recurring	РНС	Sanitizer	2	250	1	60 litres per month	60	15,000
Monthly Recurring	РНС	Mask - surgical	20	5	1	600 masks per month	600	3,000
Monthly Recurring	Staff	Face shield	1	30	30	2 shields per staff per month	60	1,800
Monthly Recurring	Staff	Gloves	2 pairs	7	30	60 pairs per staff per month	1,800	12,600
Monthly Recurring	Staff	Mask - N95	1	40	30	8 masks per staff per month	240	9,600
Monthly Recurring	Staff	Mask - surgical	2	5	30	60 masks per staff per month	1,800	9,000
Monthly Recurring	Staff	PPE	1	200	30	30 kits per staff per month	900	180,000
Monthly Recurring	Staff	Sanitizer	2	250	30	2 litres per staff per month	60	15,000
Single Use	РНС	BP Monitor	10	2,800	1	10 per PHC	10	28,000
Single USe	РНС	Oximeters	20	1,450	1	20 per PHC	20	29,000
Single Use	РНС	Thermometers	10	2,100	1	10 per PHC	10	21,000
							Total (Single Use)	Rs 78,000 \$ 1,100
Total for 1 PHC (30 staff)							Total (Monthly Recurring)	Rs 250,500 \$ 3,500
							Total (Monthly recurring + Single use + transportation)	Rs 400,000 \$5,500



ABOUT CENTRE FOR WILDLIFE STUDIES

The Centre for Wildlife Studies (cwsindia.org) is an internationally recognized centre-of-excellence in the arenas of wildlife research, conservation, policy, and education and established in 1984 by Padmashri Dr. Ullas Karanth. We believe that scientific knowledge is the foundation of effective conservation interventions and robust policies. CWS began by practicing science-based conservation with special emphasis on the ecology and conservation of the tiger, and other large mammals. This includes understanding conflict, zoonotics, resource extraction, tourism, alternative livelihoods, voluntary resettlement, connectivity and land use change. This includes understanding conflict, resource extraction, hunting, voluntary resettlement, tourism, connectivity, land use change and wildlife diseases. We have published 12 books, >300 peer-reviewed scientific publications and 1000's of popular articles focused on wildlife research and conservation. Our research efforts have aided the development of state and national policies on multiple conservation issues in India. We partner with several local, national and international institutions and governments. CWS is recognised as a Scientific and Industrial Research Organisation, and Centre for Excellence by the Government of India.

In the areas of conflict mitigation, education, healthcare, agriculture, finance and alternative livelihoods, we have provided extensive support to families living in and around wildlife reserves. We have played a catalytic role in supporting local communities in optimising use of government-sponsored social welfare programs. Our Wild Seve program has assisted in filing 18,000 claims, with over 8,000 families receiving over \$800,000 in compensation from the government. These initiatives are implemented in collaboration with a network of dedicated local partners who engage with government officials, community organisations and social leaders in several places across India. Our conservation education program Wild Shaale has been implemented in 407 schools for children aged 10-13 years around eight wildlife reserves and has reached 20,350 children.

In 2018, CWS transitioned into a fully independent Indian NGO led by Dr. Krithi Karanth, a globally renowned scientist and conservationist. CWS has refocused its scientific research and conservation interventions on the human dimensions of conservations, building new partnerships (with government departments such as education and health) and other civil society organizations, and also expanding the scope of donors from largely US based foundations to Indian foundations, CSR and individual donors. We have 60 staff in Research, Conservation, Media, Education, and Administration. CWS is governed by an eminent board of trustees and advisory council. Uncompromisingly committed to wildlife conservation, we believe our science, conservation, policy and education activities have made valuable contributions to saving India's wildlife and serving its people.



DONATION DETAILS: Donations received are tax-exempt in India and US and receipts will be provided.

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