Addressing Gaps in Healthcare
India
Scripps College
Tanvi (Navi) Shah, USA, Scripps
College
This project was adapted to meet the emerging needs of resource-depleted hospitals in India following the rapid influx of COVID cases brought on as the second wave hit. It aimed to deliver essential medical supplies and document the efforts of grassroots organizations on the ground so as to provide an archive for later reference.

During the second wave of COVID, India faced an unprecedented crisis with the hospitals operating at or over capacity to deal with the rising record number of daily cases and deaths, both estimated in millions. There was an urgent need to support and ramp up the infrastructure of these overburdened hospitals to deal with this large-scale emergency. This project strove to support a grassroots effort to mitigate this crisis. The modifications to the original project were made in order to comply with COVID travel regulations, avoid intensifying the load on NGOs that were caught in the COVID storm, and to provide assistance in the least burdensome way. Though the original project centered issues of maternal mortality, due to the devastating second wave of COVID any prior affiliation that might have done work in that arena had to shift focus to manage the rapid influx of COVID cases. As such, the expected outcome of this project also shifted from bolstering measures that supported the reduction of maternal mortality to those that supported COVID relief and COVID-associated mortality.

I worked to evolve my project to help meet the pressing need in India. Due to the pandemic, I was unable to travel to Bihar to carry out my original project. It was also not possible to complete the project remotely, as I clarified earlier. I spoke with Dr. Roy at the Bihar Technical Support Program, but the group was stretched thin and unable to commit the necessary resources to manage/work with help from any remote sources. I then connected with the well known NGO Goonj to determine whether I could support their efforts. Though it initially seemed that it would be possible to support relief efforts through the NGO, they communicated that they could not manage a remote project and only accepted donations for bulk supply purchase. I spent the early weeks of my project researching other NGOs, reaching out to them, and attempting to form a remote project that wouldn't inconvenience them in the midst of the COVID storm. It was difficult to connect with many of the organizations. The time difference made communications challenging and everyone was very busy just trying to keep their operations afloat. It seemed uncertain that I would be able to connect with a reliable organization to carry out a meaningful remote project. I spoke to local physicians to see if it might be possible to organize a medical supply drive, but restrictions on international shipments of medical equipment inhibited that project. I finally reached out to the NGO AID India with the hope that they could connect me to an organization to support most urgent needs.

The Association for India's Development (AID India) is a volunteer movement promoting sustainable, equitable and just development by supporting grassroots organizations, initiating efforts in the interconnected spheres of education, livelihood, health, women's empowerment and social justice. Though my intended affiliation did not have the bandwidth to support a student project, AID had originally put me in touch with the Bihar Technical Support Program, and I was able to secure and organize a remote project with another group after connecting with them. AID India connected me with an initiative "Help Indian Hospitals" (HIH) that was started by an Indian Institute of Technology (IIT) Kanpur alumni; the initiative was led by folk that worked from across the globe in tandem with civil servants in India. The HIH initiative was born in the last week of April 2021 when the second wave of COVID cases was surging in India. It aimed to bolster the critical healthcare infrastructure of hospitals by providing on demand medical supplies (oxygen concentrators, oxygen cylinders, respiratory care machines, vital sign monitors, other essential supplies like stretchers, wheel-chairs, PPE etc.)

Addressing Gaps in Healthcare
India
Scripps College
Tanvi (Navi) Shah, USA, Scripps
College
The civil servants of the HIH team coordinated incoming requests from hospitals and verified them through a larger network of government workers. Other team members procured equipment by connecting with suppliers from both India and abroad. This was critically important as it greatly improved the availability of medical instruments that were out of supply in India, like oxygen concentrators. Their fluid coordination ensured swift delivery of life saving equipment all around India, particularly in impoverished areas where supplies were scarce and people most vulnerable. The initiative was well-received and timely as government hospitals were struggling immensely at the time to provide service with dwindling resources, local supply shortages and climbing case-loads. In addition, the slow-moving bureaucratic process diminished the flow of necessary resources. Hospitals were not authorized to work with foreign vendors and were forced to rely on donated equipment.

The HIH effort was able to create astonishing impact in a short time. 785,000USD was raised shortly, and 157 hospitals across 25 states of India were supported by the undertaking. Medical equipment, including oxygen concentrators, BIPAP, and ECGs, were procured and numbered over 2425. More than 75 locations were served out of which over 45 were in tier 2 and 3 cities. I initially joined the project as an archivist and with the intent to organize drives for local donations of medical equipment. When we encountered restrictions that prevented the former project from meaningfully being carried out, I used Davis funds to purchase 760 pulse oximeters and met with AID India organizers to document and archive their efforts. The organizers I met with worked with AID's grassroots partners, including HIH, to process medical equipment requests and optimize logistics to get supplies where they were needed most. Extensive documentation proved difficult to procure and would have taken away from the primary effort--to mobilize aid--so the record-keeping aspect of the project ultimately had limited scope. The pulse oximeters I purchased were shipped directly to the HIH organization and were distributed to hospitals in the Raipur and Chattisgarh area.

HIH itself was largely organized by students. It was swiftly assembled to coordinate an effort to alleviate suffering in the aftermath of the 2nd COVID wave. The organization prioritized complete transparency, did not encounter any administrative cost, and shared all expense information via public links. They partnered with various non profit organizations, including AID India, to receive funds domestically and abroad. Once they received the validated equipment requests, they procured the equipment independently, choosing not to involve external agencies to improve the turnaround time. The response time was as quick as 2 days for critical needs.

The preeminent challenge, outside procuring enough supplies in time, was documentation. The team was stretched thin, attending both day jobs and volunteering time to keep up the momentum in collecting/validating local needs and acquiring the necessary equipment. In addition, peripheral tasks of consolidating pictures, letters of donations from different hospitals, write-ups to donors, and keeping up with regulatory compliance for partner nonprofit organizations also proved challenging.

This project exemplified all the best parts of media and technology-facilitated connection: people across myriad time zones, several different countries could assemble a remote task force and promptly respond to issues in the deep interior and rural parts of India. It was humbling to be a tiny part of this great effort. I felt it demonstrated the Davis values and promoted peace in its mission and its outcomes. Peace, here, was an earnest effort to alleviate suffering through direct and actionable steps. To future projects for peace recipients, plan well but be flexible in implementing your projects. To adapt to address the evolved needs of your community is essential to fulfill the core objective of peace.

Addressing Gaps in Healthcare
India
Scripps College
Tanvi (Navi) Shah, USA, Scripps College

Feedback the initiative received:
“These critical life saving equipments have immensely helped in the patient care provided in this hospital. The equipments have helped to handle the increasing number of people visiting the hospitals. I sincerely thank you and your team for generously contributing to the hospital.” - R. Menka, Deputy commissioner, SGMH Mangalpuri

“Help Indian Hospitals initiative is bringing relief to many in these times of distress. The machines were immediately put into use and have been helpful in increasing our capacity inch by inch. I don’t have enough words to thank everyone in the group.” - Shailendra Kumar Singh, SDM, Seemapuri District Shahdara, New Delhi

“This is to express deepest thanks to Help Indian Hospitals for donating critical life saving equipment. This initiative is really helping the hospitals set up life saving equipment in a short span saving numerous lives. The district shall be ever obliged.” - Mr. Raushan Kumar, CEO Zila Panchayat, Morena

Addressing Gaps in Healthcare
India
Scripps College
Tanvi (Navi) Shah, USA, Scripps College