

CONCEPT PROPOSAL: for Converting Shalom care center into a Covid Crisis Centre to Manage Mild and Moderate Covid Cases for individuals with Life Limiting illnesses

Background of Shalom Delhi, a unit of EHA

Shalom Delhi, a Palliative Care Unit of Emmanuel Hospital Association, was started in 2001 to care of people living with HIV. In 2011 its services were expanded to provide care for people with other life limiting illnesses like cancer. It targets those people in society who are marginalized, as they are the ones who find it hardest to access care. It adopts a comprehensive approach in its provision of care, seeking to address the physical, mental, emotional, social, and spiritual needs of its clients and their families. It has a multi-disciplinary team of staff members, providing care both in the hospital through a **Medical Care Program** and at home through a **Home-Based Care Program**.

For its Medical Care Program, Shalom runs a Health Centre which has an out-patient service as well as a 10-bed in-patient facility to admit patients with HIV or advanced cancer. The medical component is staffed by 1 doctor, 5 nurses, and a lab technician. Patients are admitted for symptom relief, management of infections, initiation of anti-retroviral therapy and management of side-effects. Since most patients are poor, treatment is provided at a highly subsidized cost. The Clinic has an average of about 400 inpatient admissions and 1100 outpatient visits per year.

Situation Analysis: Converting the Care home into a Covid Crisis centre for management of cases with mild and moderate Covid.

HIV/AIDS and cancer are not just a medical illness, there are numerous social consequences associated with these illnesses. Its impact on affected individuals who often are already poor to start with is devastating. Stigma, discrimination, and poverty make it difficult for them to access medical care, because of poor health, many such individuals lose their source of livelihood, this has worsened since the pandemic where most of our clients who are daily wage earners have lost their livelihood. Their food security has been reduced further which can result in malnutrition and increases their vulnerability to infections. This becomes a vicious cycle of poor health and loss of livelihood which pushes them further into poverty. People living with HIV who have a compromised immune system must be extra cautious to prevent covid infection. These include people with

- a low CD4 count (<200 copies/cell),
- a high viral load,
- or a recent opportunistic infection.

This is because their immune system may not be prepared to deal with the virus, also people living with HIV are more vulnerable to respiratory infections when their HIV is not well managed. The likelihood of becoming seriously ill from COVID-19 is higher also for those people with a weakened immune system such as those with cancer who are undergoing chemotherapy treatment for cancer.

Proposed Solution: June 2021 to December 2021

a) Admit mild and moderate cases of Covid: for children and their carers from 4 HIV care homes in Delhi.

b) Provision of free out-patient and in-patient medical and nursing care by qualified professionals for: mild and moderate Covid patients from 1)HIV infected or affected homes, 2)transgenders with HIV, 3)adolescents with HIV 4)high risk groups such as Intravenous drug users, 4)for patients who are under our home based care cancer work 5) and for EHA Shalom staff and Central office staff who need admission

c) Health Education of patients and their caregivers providing knowledge about their illness, about covid, what needs to be done for optimal health and adherence to medication.

c) Emotional support and counselling for patients and their caregivers to help them cope with their circumstances and build resilience during this period of the pandemic.

d) Making and communicating a follow-up treatment plan for patients with covid at the time of discharge from the ward and for all outpatients.

Budget for the Above proposal:

Budget for Shalom -A Palliative Care Unit of EHA							
	EXPENDITURE: HOSPITAL CARE	Unit cost in INR	Number required per month	Cost for 1 month in INR	Cost for 6 months in INR (June - Dec 2021)	Overall quantity Required	Total cost INR
	Procurement of Essential Medical Equipment -Supplies requested						
1	N-95 Masks	150	70	10,500	63,000		63,000 \$1037.00
2	3 ply Masks Regular (for staff and to give our outpatients and inpatients clients)	9	200	1,800	10,800		10,800 \$178
3	Plastic Disposable gown	44	100	4,400	26,400		26,400 \$435
4	Surgical cap-nonwoven	3	100	300	1,800		1,800 \$30.00
5	Face shield	100	60	6,000	36,000		36,000 \$595.00
6	Gloves (latex powdered)	8	200	1,600	9,600		9,600 \$158
7	BP apparatus (Anderoid)	1,600				5	8,000 \$132.00
8	Digital thermometer (300				10	3,000 \$50.00
9	Pulse oximeter	2,600				4	10,400

							\$172.00
10	Oxygen concentrator (Philips Respironics) ever flo Concentrator	52,000				6	3,12,000 \$5140
11	Infrared thermometer	3,699				5	18,495 \$312.00
	TOTAL BUDGET						4,99,495 \$8240.00

Details of the SBI FCRA and Local Account of Shalom Delhi

Note:For foreign passport holders please send a copy of your passport with email stating purpose of the transfer at: rajni.herman@eha-health.org

Bank Details -FCRA	
Account Name	EMMANUEL HOSPITAL ASSOCIATION
Organization address	808/92, Deepali Building Nehru Place, New Delhi - 110019
Bank name and complete address	STATE BANK OF INDIA FCRA Cell,4th floor New Delhi Main Branch, 11, Sansad Marg, New Delhi – 110001
Account number	40052620899
Sort code/SWIFT number	SBININBB104
IFSC Code	SBIN0000691
Bank Phone No.	011-23374390/4392/4143
Preferred Currency:	Any Authorized Currency