

COVID Care

For JANBAR-North Cluster

Draft-R1
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Revision History

Version	Release Date	Author	Updates/Remarks
D-R0	09/05/2021	Chandan Maity	Initial Draft
D-R1	12/05/2021	Chandan Maity	Stage-1 detailed plan added in Annexure-1 Resource section added in Annexure-IV

COVID Care

Like many other viral infections, seems COVID-19 is also inevitable. The high fatality rate at a very small time window making a social concern and panic. Till the time, it is not under control, let us try to hold hand with government and serve to citizens whatever limited capacity we are having with us.

The Goals

In general, all the residents are capable to manage his life and daily needs. We are emphasizing the sudden impact to the daily life that may create panic and possible emergency which may collapse the complete eco-system

We are hereby proposing few steps to support the eco-system in our village-Janbar. The goal is to provide basic and few basic and emergency supports to villagers only to

- i. COVID awareness
- ii. Restrict/control panic,
- iii. Reduce fatality/death

The plans to achieve the goal is not for a large geographical area, rather a small area with about 100 families or 500 members. However, it can be replicated and scaled-up. But the **cluster size** should be low and not exceeding 250 families for better success-rate of execution.

1. The Goals and execution plan:

The plan has been divided into three steps. It is to note, the steps are structured with a plan first to avoid, then to overcome and the last is to fight against it. After the stage-3, the situation can not be controlled under this plan and we have to depend on available resources on that situation.

Stage-1 is an on-going and continuous process applicable to all members in cluster. Stage-2 will be activated or triggered by few members at Stage-1. So, the goal is to reduce the percentage.

Again, Stage-3 shall be triggered by few people who are in Stage-2. The goal remain same to reduce percentage and also to cure 100% at local level. However, those are monitoring parameters only to measure progress.

1.1. Stage-1 COVID Awareness (Know it and avoid it)

Primary Goals	Proposed Plan	Dependency	Remarks
<p>Knowledge: A lot of information are flowing around. Many things are context and region specific. Those needs to be streamlined.</p> <ol style="list-style-type: none"> What to be taken, eat to build immunity within daily budget Which mask? When to replace or change or wash mask? What to avoid to eat and places not to visit? Vigilance to aware people <p>Symptoms: When to ignore and when not to ignore?</p> <p>Suggestions: Ignore gathering social occasion, rituals etc.</p>	<p>Identify Experts (Min. One)</p> <p>Create Local/village level Whatsapp group (Max 100. One member per family) (One-way data flow preferred)</p> <p>Broadcast periodic message</p> <p>Knock people if seen in gathering, not wearing mask, intentionally or unintentionally violating basic precautions</p> <p>Restrict kids to play at only local area (may not be possible only at home)</p> <p>Sensitize the issue. Inclusion of neighbourhood and human touch to create comfortable environment so that people should not resist or hesitate to inform and open-up</p>	<p>Nil.</p> <p>Start with 10% families and influence to others to join with a target to 100%</p> <p>Supports to be identified if food supplements are required or not</p> <p>Mask supplies are required or not (Fund to be allocated)</p>	<p>Start with 10 families and influence to others to join. <u>Detailed activities are in Annexure-I.</u></p>
Collecting Data and specific information to classify vulnerability	Volunteers shall collect data. Expert (Doctor) shall classify the people in three buckets: Sensitive, Moderate, Safe The level of necessary precautions to be maintained at	<ul style="list-style-type: none"> Volunteer Support Villagers support to share information 	This section is very important as context specific data are associated. We cant stop people to go out. We can guide and literate them

	different classes to be indicated		<u>Detailed activities are in Annexure-I.</u>
Regular Data Collection	Regular submission or collection of data as “Symptoms Checker” like in Aarogya Setu app, but locally/manually	<ul style="list-style-type: none"> • Volunteer Support • Villagers support to share information 	<u>Detailed activities are in Annexure-I.</u>
Expert Identification	Min one local or Remote Doctor	Availability of doctor	Remuneration/ Fund to Expert may be required

1.2. Stage-2 COVID Panic Shield (Care, protection and Isolation)

Point to address	Proposed Plan	Dependency	Remarks
Self-Identification: People do not know or ignoring	Create basic set-up providing i. Thermometer ii. Oximeter	Need volunteer, self initiative Reporting by neighbours	Awareness
Home-Isolation	i. Provide Guidelines ii. Support to manage daily resources	i. Expert opinion Need external volunteer group (free or extra small charge to deliver resources)	Awareness, Precaution and affordability (Data to be captured in Stage-1, Table-1.3)
Remote-Isolation	Need infrastructure (School, Club, temporary camp) and Admin approval	Need proposal, approval Need Volunteer group Need fund estimation	Need common group discussion Find Annexure-II for details
Medicine Support	Make Medicine available (paid/subsidized rate)	Need expert opinion Need source to supply Medicine Need Fund estimation	Resource Collection Find Annexure-II for details
Local resource Management (to avoid to go market)	An eco-system to supply vegetables and daily needs from local farmers.	Optional, may be escalated later.	

1.3. No COVID fatality (at Emergency Fight)

Point to address	Proposed Plan	Dependency	Remarks
Oxygen support	Estimate Cylinder availability Cost of Rent per week/month of cylinder Cost of new Cylinder at various size Estimate/plan for refilling	Nill. Volunteer Group Fund to be estimated	TBD
Vehicle	Engage local Vehicle owners Arrange for subsidised rate (1/2 or so) Plan for smooth availability. Commit for minimum payment (Need Fund)	Fund may be reserved	
Hospitalization At extreme state hospitalization may be required	Find all links for hospitalization. Continuous in touch with expert local Doctor Regular status of hospital's bed availability	Links, info, reference	

2. Supports Required

We are expecting all villagers (inside cluster) to read and understand the plan, share their opinions and help to update it as per the specific need of the society.

There should be Four level of groups. Same sets of people may participate in multiple groups in-case of unavailability of people.

1. Core Execution group (5 -6people per cluster)- shall maintain the execution
2. Funding Group (Shall be looking for funding and maintain balance sheet)
3. Executors/ Volunteers
4. Expert/s (Doctors, resource link for vehicle, medicine, supplies)

The entire operation inside a cluster shall be driven by three components. Any extrapolation (increase) of activity or area/cluster needs revision of following parameters.

- I. Expert person/group
- II. Volunteer group
- III. Fund availability

3. Fund Raising and sustainability:

- I. Self-contribution (No restricted amount as much as possible)
- II. Proposed for volunteer or generous contribution: Considering current state of situation, we may propose to skip yearly cultural or ritual programs such as kali-Puja, laxmi puja etc.
- III. We may need a contribution drive, but that must not be at very initial stage. After few weeks or months, based on situation and estimation of fund, this drive may be triggered.

The detailed supports and resources are indicated in individual Stage activity plan. The model can not be driven in long run if the sustainability parameters are not identified. Few pointers are:

- I. Fixed initial fund: To purchase basic set-up as capital resources. These may be arranged by individual contribution
- II. Recurring expenditure: To purchase consumables such as masks, PPE kits etc. These must be borne by cluster's members or villagers
- III. Demand Expenditure:
 - a. Medicine: Must be borne by individual consumer. Supply/availability may be done by cluster group
 - b. Logistics: Car, Oxygen, Hospitalization cost must be borne by individuals consumer. Supply/availability may be done by cluster group

4. Contingency Management:

The model shall be operational based on three components as indicated in section 2. Those are: i) Expert person/group, ii) Volunteer group, iii) Fund availability

The model shall collapse or fail in case of unavailability of any of the parameters. Hence following points to be remembered:

- a. Alternative options/ Back-up plans, parallel teams in same cluster.
- b. Inter-Cluster resource sharing.
- c. Quick Roll back and reduction of support (Stage 3 to Stage-2 and Stage-2 to Stage-1) but should not stop the activity
- d. Exploring new opportunity and engagement

5. Conclusion

The plan has no conclusion. It is an evolving plan and must be revised based on field experience and hurdles faced or overcome.

Annexure-I:Stage-1 Activity Plan

AN1.1: Task/Activity details

Table 1.1

Sl No	Item	Proposed Date	Execution Status	Remark
1	<ul style="list-style-type: none"> • Announcement campaign • Banner fixation • Pamphlet distribution 	16 th May, 21		Resource required
2	Increase Awareness: to all friends and family members as much as possible	Continuous process		
3	Collect and prepare all personal information list (Name, age, Aadhaar, existing disease etc)	16/04/21 to 23/04/21 Execute at earliest but gradually		Target : 10% of total cluster size i.e. 50 nos Follow Table 1.3 for data collection
4	Data Classification by expert: Sensitive, Moderate, Normal	Continuous Process		Prepare class at Table 1.3 last column
5	Maintain routine check up weekly (or lesser) with following parameters:			Follow Table 1.4 for data collection Any person identified as “Infected” shall trigger Stage-2
6	Special attention to selected people as per result in section-4 or Table-1.3 class result			
7	Raw material/vegetables arrangements to supplement vitamins	Arrange Local suppliers to make available following items: 1. lemon		Continuous fund may be required.

AN1.2: Resource Plan (Stage-1)

Table 1.2

Sl No	Item	Quantity	Status	Source	Remark
1	Pamphlet/Poster	100	TBD	Local	Price and expenditures are mentioned in Annexure IV Approximate Fund required: 15,000 Few items may be recurring at regular intervals such as: 3 Ply Mask, Sanitizer, Gloves, PPE Kit etc and volume may vary as per requirements
2	Banner (3x5 ft flex)	5	15/05/2021	Local	
3	3 ply mask	500 pc	16/05/2021	Online: Amazon	
4	Sanitizer	2x 5L	17/05/2021	Online: Amazon	
5	Oximeter	2 nos	17/05/2021	Online: Amazon	
6	Infrared Thermometer	2 nos	17/05/2021	Online: Amazon	
7	Gloves	200	18/05/2021	Online: Amazon	
8	BP Meter	1 no	19/05/2021	Online: Amazon	
9	PPE Kit	25 nos	NA	Online	

AN1.3: Personal profiling (Family Level): To be done at initial state
***mandatory single time task for profiling as indicated Table 1.4, section-4**

Table 1.3

Person name to communicate:										
Contact No:										
Name	Age	AADHAAR	Gender (Male/ Female)	Work Area (Home/Local Market/ Remote Area)	Existing Disease (List:)	Blood Group	Marital Status (M/NM)	Separate Washroom /bathroom for Family available?	Isolated/ Separate room available? (Y/N) Isolated Bathroom available (Y/N)	Class (S: Sensitive M: Moderate N: Normal) (by Expert)
(Family Head/ Eldest person)										

AN1.4: Symptoms Checker Check-List (To be monitored regularly)

Target For Class-S: Every day

Target For Class-M: Every 3 days

Target For Class-N: Every week

The data may be filled by individual villagers or by help of Volunteer/s. Google Link shall be provided to fill data.

Table 1.4a: List of Symptoms/ Activity

Sl no	Symptoms	Sl no	Symptoms	Sl No	Activity (Add this if Yes)
1	None	7	Loss of Smell/Taste	13	Running Nose
2	Fever	8	Tiredness	14	Visit to COVID patient
3	Dry Cough	9	Muscle Pain	15	Someone at home/family COVID affected
4	Shortness of Breath	10	Rash	16	COVID tested in last one week.
5	Sore Throat	11	Redness of Eye	17	Visit to Hospital
6	Headache	12	Diarrhoea		

Table 1.4a: Symptoms/Activity Details

Name	Class (S/M/N)	Symptoms /Activity List

AN1.5: Performance Monitor and Reward Mechanism to volunteers

Table 1.5: Performance Monitor

Goal:	Target-1	Target-2	Remark
Fill Table-1.3	75% by 1 st week (23 rd May, 2021)	100% by 3 rd week (6 th June, 2021)	
Grab Group Reward	TBD	TBD	
Independent Reward	NA	NA	

Annexure-II: Stage-2 Activity Plan

Annexure-III: Stage-3 Activity Plan

Annexure-IV: Funding estimation and management

Expenditure : Stage-1

Sl No	Item	Quantity	Rate	Total	Funding Source	Remarks
1	Pamphlet/Poster	100		0	Classified	Bill copy in Google drive. Link: Classified
2	Banner (3x5 ft flex)	5	150	750	Classified	
3	3 ply mask	500 pc		1499	Classified	
4	Sanitizer	2x 5L		1980	Classified	
5	Oximeter	2 nos		2998	Classified	
6	Infrared Thermometer	2 nos	1499	2530	Classified	
7	Gloves	200		175	Classified	
8	BP Meter	1	1448	1448	Classified	
9	PPE Kit	25		0		

Annexure-XV: Common Points and concerns

1. All core-group members must be from local defined **Cluster**
2. Involvement of local clubs are welcomed considering without any conflict of interests and without independent propaganda towards this selfless drive.
3. The core-group committee members may be added/removed based on participation and engagement.
4. In case of any disputes between people (committee members or volunteers), that must be settled at earliest without any impact to the execution plan. Hence, no-one shall get any extreme decision taking authority and there must be alternate option/plan against all proposed activity and individual members including funding sources.
5. To avoid discrepancy, this drive shall try not to be controlled or influenced by any external politically inclined group or party who may be doing its best in its own way at this time. However, occasional advises/ suggestions/ approval shall be sought with all possible transparent information flow. All villagers are expected to participate and contribute as per their capability.
6. Any major changes or update of the plan should be recorded in the document.
7. All external and internal funds to be recorded, but must not be published in any open forum without approval of core-committee.
8. To cater the entire village, there should be **three-four or more clusters**. If it is possible to get suitable executors (volunteers), experts or funding sources, the same model can be scaled-up as initially planned for Janbar-North segment. In case the cluster volume is increased (more than 500 members), the plan must be updated with associated concerns of three parameters as mentioned in Section-2 of main part i.e. "Supports Required".
9. The mechanism for regular motivation to all volunteers to be identified and may be proposed and should be revised time to time to ensure sustainability parameters.