District COVID-19 Pandemic Response Plan
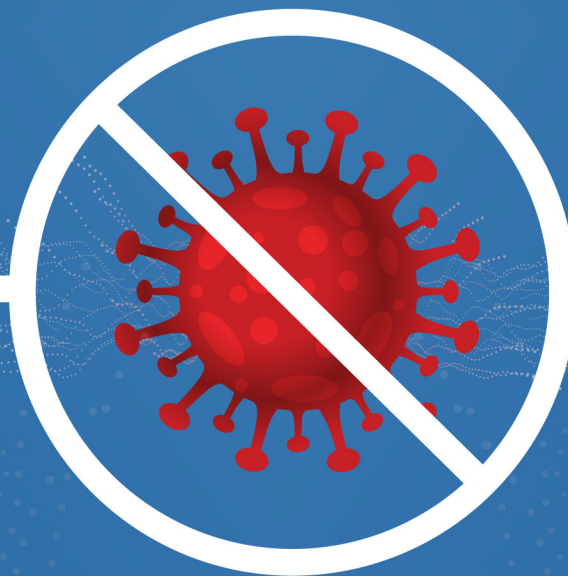
April 7th, 2020

Version 1.3

DISTRICT COVID-19 PANDEMIC RESPONSE PLAN

We are confronting a situation that humanity has not faced in modern times. The COVID-19 outbreak has thrown most countries, including ours, into an unprecedented and massive health and humanitarian crisis.

The poorest and the most marginalized will be disproportionately disadvantaged as this crisis continues. There is a need for on the ground support in the areas of humanitarian aid and healthcare.

This document is an attempt to bring together experts & practitioners from relevant fields and to put together a set of guidelines that will guide our work and help Civil Society Organisations, to focus, amplify efforts and provide support to the sections of society that need it the most.

This document is by no means complete and will continue to be work-in-progress as the situation evolves.

The guidelines in this document are necessary but not sufficient. The information provided is current at the time of the release of this document. At all times, all local/state/central government advisories must take priority over any guidelines in this document.

For additional information, to provide feedback, to contribute to this document, or to collaborate with us write to
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Table of Contents

1. Introduction

There is an urgent need to look at the COVID-19 pandemic in a comprehensive and integrated manner. In the last few weeks, we have been in detailed consultations with a number of experts, practitioners and thought leaders from different fields to understand the situation on the ground and potential areas where Civil Society Organizations can help.

This document has been put together as a framework that can guide Civil Society Organizations to focus their efforts. It is to be seen as a guideline document that will continue to be developed based on the evolving situation and feedback from the ground.

The work that is needed today falls into many categories. This document deals primarily with humanitarian assistance and healthcare needs. Civil Society Organizations who are looking to support the urban poor with essential food items, those who are looking to support migrant workers with essential non-food items, those who are looking to scale available healthcare facilities and many others will find guidelines here.

The actions suggested in each section can also be looked at from a priority lens and the same is mentioned in the beginning of each section. Civil society organizations might choose the high priority actions first depending upon their skill-sets and local requirements. Also on many topics, simple process flows, standard operating procedures or guidelines have been provided. It is important to note that all advisories & regulations issued by the government from time to time must be followed and will always take the highest priority. It is our hope that Civil Society Organizations will work to complement the efforts of the government.

2. Context

The COVID-19 crisis that has hit the whole of humanity in recent weeks is unprecedented in terms of scale, speed of spread and impact. While the primary consequences are on people's health and lives, the secondary effects are likely to be deep and wide-ranging, with severe disruption in livelihoods and jobs, along with its cascading social implications.

This document proposes the construction of a district COVID-19 pandemic response plan on two primary pivots of *(a) Humanitarian response and (b) Healthcare response,* with the common element across both being that they should especially factor in the challenges and needs of the vulnerable sections of the community, which are likely to be impacted the most. While the government has taken a number of effective measures to deal with the

pandemic, the seriousness of the crisis calls for central and state governments, NGOs/Civil Society organisations, Philanthropies, Businesses and people across the country to come together as one community, to overcome the pandemic and mitigate its wide-ranging human impact.

3. Assumptions

The following assumptions have been used in the preparation of this document.

- This framework assumes that as a country our health system is underprepared to handle already existing diseases and health problems. Therefore, a pandemic like COVID-19 is a significant threat to the entire country.
- While most people are scared of the phenomenon, there are many who are willing to help directly and indirectly.
- Civil Society Organizations can support local bodies and the government, in efforts to fight the pandemic.
- It is important to work on simple, manageable and effective measures.
- Areas that have not been infected yet have an opportunity to get a headstart in efforts to fight the pandemic.
- The crisis also has already disrupted our entire economic structure, making marginalized sections much more vulnerable and helpless and therefore there is a need for both humanitarian aid and a healthcare response.

4. Guiding Principles

The following are some guiding principles that have been used in the preparation of this document.

- "Social inclusion, non-discrimination and dignity" as core principle that will guide all responses
- Responses will adhere to 9 Core Humanitarian Standards (CHS)
- Actions should prioritize help for people who need the most support. For example: migrant labourers, homeless, people living in slums.
- Prioritize reach and scale by both Government and Civil Society Organizations.
- In all situations/stages, the faster we act, the better it will be.
- Keep the safety of frontline staff and volunteers paramount.
- Participation of members of Civil Society Organisation must be voluntary.
- Humanitarian response to take priority.

5. Civil Society Participation

Based on inputs from the ground, the key challenge for both humanitarian and healthcare services in the current context is last-mile connect and delivery on the ground that is both empathetic and efficient. While central and state governments have announced a number of relief measures and the administrative set-up is working to respond to the situation, because of the scale, speed of spread and the serious impact of this crisis, many of the district administrations are likely to benefit from additional support. The work of reaching out to communities, assessing their critical needs and delivering the needed materials and services has often been supported by Civil Society Organizations (CSOs) in the past and these are areas in which they can contribute significantly in this crisis.

6. How to Use this Document

Look up the Table of Contents to identify one or more areas of work. Proceed directly to that section. In the section see a list of suggested actions. Where a process flow, Standard Operating Procedure (SOP) or Guideline is available, it will be in the Appendix. It is likely that as additional information becomes available, the Appendix will continue to be updated.

In all cases, collaborate with the local/district/state government authorities to get authorization and to complement the work of the government.

7. Areas of Response

7.1 Humanitarian Assistance

Pandemics of this size and scale also create severe humanitarian issues in the short term, medium term and long term. Vulnerability of people, especially among the poorer sections, increases. Thus there should be sufficient focus and targeted interventions in the overall combat strategies for reducing the vulnerability of the poor.

The common factor here is the provision of Food and Non-Food essential items. This is covered first. Subsequent sections cover different scenarios and appropriate actions that would be relevant in each scenario.

7.1.1 Food & Non-Food Essentials Assistance

Two most important actions to be taken immediately are the supply of Food items (either in the form of dry ration or cooked meal) and Non-food

Essential items. **Appendix B1** has guidelines on how to provide support with Food items. **Appendix B2** has guidelines on how to provide support with Non-Food Essential items. In all situations it is important that appropriate government guidelines are followed, personal safety measures are taken and physical distancing norms followed.

7.1.2 Migrants who have returned

As the result of the lockdown and loss of jobs in different urban pockets of India, a larger number of migrant workers who are mostly daily wage earners have already returned to their respective villages. The following are some key issues they face:

- Likely to have little or no money as the festival season had just passed and most of them had returned back to their migration destination only a few days back. Also money where due at the month end would not have been paid to them.
- Families likely to have little or short supply of food as the harvest is still to be done when annual or seasonal replenishments through local purchases are made.
- Some migrants have returned to their villages/hometowns and some are held up in transit.
- People involved in informal agriculture and other allied activities are dependent only on wages; now they do not have any work and hence no source of income (for example rickshaw and e-rickshaw pullers, construction workers, masons, street sellers etc in the urban areas).

To reduce their vulnerabilities the following actions are suggested.

7.1.2.1 Database of Migrant Workers who have returned

Priority: Immediate

Development of an authentic database Gram Panchayat / village wise of the migrant workers who have already returned will be the first step to address their needs. Frontline workers of govt (ANM /ASHA / AWW), NGOs working in that area, SHGs, Youth groups, Adolescent groups, Panchayat functionaries and PRI members can play a crucial role in developing this database.

Tracking this database is important to understand if someone has come back from

- an already COVID vulnerable place and may require special medical care
- if the family has some elders or people with co-morbidities. All these cases will need special attention by healthcare professionals.

A basic format can be used for creating the list of migrants returning to a village. See **Appendix B3** for a format that can be used for tracking migrant labour returning to villages. This format can also be customised as per local situation/requirements.

Areas where Civil Society Organizations can help:

- Take a lead role and support government / panchayats in developing this database - collection, authentication and collation of the data.
- Where possible, develop and operationalize software for the management of this data at the district level COVID-19 Response Cell.

7.1.2.2 Panchayat - Food Availability Plan

Priority: Immediate

Due to restricted movement and job/wage losses, vulnerable families, especially those who have migrants who have returned, are likely to have severe food shortages. Thus panchayats/villages need to develop the food availability plan for such families. Panchayats also need to develop linkages with concerned departments and NGOs working in that area for the implementation of the plan. Distribution of food kit in line with agreed norms of Sphere India Standards (2100 kcals per person per day) for at least 2-3 months will be very critical. A model food kit based on the above criteria is mentioned in **Appendix B1**.

Areas where Civil Society Organizations can help:

- Support panchayats/villages in the development of the food availability plans for the vulnerable families.
- Support panchayats/villages in the development of convergence plans for the implementation of the food availability plan for vulnerable families.
- Support in the procurements, preparation and distribution of food preparation kit as per prescribed norms.

7.1.2.3 Link Families to Government Schemes

Priority: Immediate

There are a series of rights and entitlement schemes operational by the govt (Central & State). In addition to that, the govt (Central and State) have announced COVID-19 specific schemes like Garib Kalyan Yojna. Linkages of the vulnerable families to these schemes will reduce their vulnerability to a great extent. See **Appendix B5** for guidelines.

Areas where Civil Society Organizations can help:

- Orientation of PRI members on the recently announced COVID-19 specific schemes.
- Build mass awareness on the details of those schemes- eligibility, entitlement and application processes.
- Help vulnerable families to apply for relevant schemes.

7.1.2.4   Link Construction Migrant Workers to Government Benefits

Priority: Immediate

The Central govt has issued advisory to the state govt to use INR 52,000 crores of fee received through cess from Building and construction companies for ensuring the social security of building and construction workers. Unfortunately, many workers who are involved in construction work have not been registered with the Construction Welfare Board. There is a need to initiate an online registration process that enables them to get access to social security from the state. The above mentioned Central govt advisory is mentioned in Appendix B4. Also listed in the appendix are guidelines on how to facilitate this.

Areas where Civil Society Organizations can help:

- Orientation of PRI members on the online registration of construction labourers with Construction Welfare Board and importance of labour cards.
- Build mass awareness about construction labourers registration processes with the Construction Welfare Board.
- Facilitate and help building and construction workers apply for the special social security support due to COVID-19.

7.1.2.5   Link to MGNREGS

Priority: Subsequent

MGNREGS can be a good scheme to ensure cash availability for the vulnerable families in this time of distress. Thus adequate effort need to be made to help rural communities to get access to wages through MGNREGS. This could be taken up at an appropriate time once the restrictions on movement is withdrawn. Also adequate efforts to be made for quick payment of wages to the workers of MGNREGS.

Areas where Civil Society Organizations can help:

- Support vulnerable families in the updation of their MGNREGS card and proper bank linkages.
- Undertake work demand campaign at the village/panchayat level.

7.1.2.6 Treat with Respect

Priority: Immediate

There are chances that migrant labourer's families who are returning back to villages might be discriminated against / stigmatized due to a lot of mis-information regarding COVID-19. This would further increase their vulnerabilities. Thus adequate efforts need to be taken up to build awareness with correct information. The communication plan should be locally contextualized and planned. Convincing opinion leaders at the village level can be a key strategy.

Areas where Civil Society Organizations can help:

- Support the government and local bodies in developing communication/awareness plans and material.
- Provide technical support in designing materials including digital content for mass distribution.
- Take a lead in the implementation of the plan.

7.1.2.7 Psycho-Social Support

Priority: Immediate

This type of pandemic creates a lot of mental strain, anxiety and depression. This might create impediments for them to return to their normal life. Thus there will be a need to create counseling by trained counsellors for providing psycho-social support to such people in the subsequent time.

Areas where Civil Society Organizations can help:

- Support govt in setting up such support mechanisms.
- Support the government with professionals to run such services in the state/districts.

7.1.2.8 Harvest of standing crops

Priority: Subsequent

This is also the time when the standing crops need to be harvested. Thus Panchayats need to develop plans to support villagers in the harvesting of the crops. This could be operational once the restrictions are eased. Also there will be a need for coordination with the government for purchase and transportation of the harvest to the nearest mandis. An estimation of the quantum of produce in coordination with the village level NGOs functionaries and panchayats and creating a village wise database may help in collective strategies by the state.

Areas where Civil Society Organizations can help:

- Technically support the panchayats in the development of such engagement plans.
- Orientation of the agricultural workers on the importance of following physical distancing norms.
- Support the govt in the estimation of produce by creating a villages/panchayat wise database of quantum of harvested crops.
- Support the government for the immediate release of money against the purchased crops to the farmers.

7.1.2.9   Facilitate Return to Work

Priority: Subsequent

When the situation becomes normal, there will be a need to assist workers, who are willing to go back to their workplaces to start work. Also support will be needed to help them receive pending wages/salaries in their earlier workplace. Labour dept has a big role to play in this regard.

Areas where Civil Society Organizations can help:

- Build awareness among the labourers to get registered with labour dept.
- Support in receiving unpaid wages for work completed.
- Assist with return to work plans.

7.1.3 Migrants enroute

A large number of migrant labourers are stuck enroute to their villages/hometowns due to the lockdown at places away from their destination. This is resulting in a humanitarian crisis as well as a huge chance of infection spreading if not handled properly which will further aggravate the country's situation under this pandemic. The following critical measures must be undertaken immediately to handle this unprecedented situation.

7.1.3.1   Crisis & Help Centers - Share Location Information

Priority: Immediate

A number of crisis and help centers are already operational by the government and civil society along the travel route of migrant labourers. Information related to this might not be known to these traveling migrant labourers. Thus targeted sharing of information related to crisis and help centres operated by govt and civil societies is of urgent need. This can be shared through multiple methods (print /electronic /social media) with details of contact and services offered.

Areas where Civil Society Organizations can help:

- Support govt in collating information of crisis and help centre operational along different routes.
- Support govt in the development of communication strategy and plan.
- Develop the messages for different media (print /electronic /social media)
- Support govt in the implementation of communication plan.

7.1.3.2 Food & non-food support to migrant families enroute

Priority: Immediate

Migrant families stuck enroute need immediate support for food and non-food items. Please refer to **Appendix B1 & B2** for further details.

Areas where Civil Society Organizations can help:

- Support govt in running a community kitchen for the migrant families stuck enroute due to lockdown.
- Procurement and distribution of food and non-food items to the migrant families.

7.1.3.3 Psycho-Social Support to the affected families.

Priority: Immediate

Families who get stuck enroute during lockdown, wil be under severe psychological pressures due to uncertainty. Thus there will be a need to provide counseling by trained counsellors for providing psycho-social support while maintaining physical distancing protocols.

Areas where Civil Society Organizations can help:

- Support govt in setting up such support mechanism.
- Support the government with professionals to run such services.

7.1.4 Migrants in cities

Due to lockdown a large number of migrant workers (mostly daily wage earners) are stuck in cities with little food and money. They are in very vulnerable situations. The following critical measures need to be undertaken to reduce their vulnerability and keep them safe.

7.1.4.1 Food and Non-Food support to migrant families

Priority: Immediate

Please refer to **Appendix B1 & B2** for further details.

Areas where Civil Society Organizations can help:

- Support govt in locating & building a database of the vulnerable migrant families stuck due to lockdown.
- Procurement and distribution of food and non-food items to the migrant families.

7.1.4.2 Safe place to stay

Priority: Immediate

Many migrant labourer families were staying in makeshift arrangements near to construction / working sites. Once national lockdowns were announced, many of them are in crowded places where it is difficult to maintain any physical distancing measures. There is an immediate requirement for linking them to safe places to stay till the clampdown comes to a normal stage, like the Govt supported camps or civil society operated centres.

Areas where Civil Society Organizations can help:

- Support govt in locating & building a database of the vulnerable migrant families in need of a safe place to stay.
- Running of such safe short stay centers for migrant labourers families following physical distancing norms.

7.1.4.3 Basic Financial Support

Priority: Immediate

There will be some migrant families who are having a place of stay, but don't have money to sustain their life. Many state governments have started to transfer some benefits to these families via Direct Benefit Transfers (DBT). However, there will be a good number of such families who are not receiving support for various reasons. Thus in addition to the dry ration, some financial support needs to be provided to keep their dignity and ability to meet their needs and requirements.

Areas where Civil Society Organizations can help:

Support govt in locating & building a database of the vulnerable migrant families in need of such support.

7.1.4.4 Psycho-Social Support to the needy and vulnerable

Priority: Subsequent

This type of pandemic creates a lot of mental strain, anxiety and depression. This might create impediments for them to return to their normal life. Thus there will be a need to provide counseling by trained counsellors for providing psycho-social support.

Areas where Civil Society Organizations can help:

- Support govt in setting up such support mechanisms.
- Support the government with professionals to run such services in the state/districts.

7.1.5 Urban poor

Millions of homeless people in urban areas and those living in informal settlements across India are at heightened risk of infection due to their dire living conditions. The high density of the settlements, unventilated rooms and lack of basic and hygienic facilities will worsen the situation for urban poor. Lack of work during the lockdown period and also the fact that almost all of the workers from these slums are informal, casual workers is going to impact their daily lives and create more distress.

Key Issues
- No casual labour and employment available for most
- Employers likely to not pay for the days lost due to lock down
- Common sources and points of water, local purchases and community toilets make physical distancing very difficult
- Lack of any safety materials or spaces for children living in these slums/clusters
- Rising prices of commodities and availability of basic nutritious food

The following key measures would help in this unprecedented situation.

7.1.5.1 Packed Dry Rations

Priority: Immediate

Supplying packets of basic dry rations **(see appendix B1)** can be started with volunteers from the community as most of these families will suffer from lack of nutritious food.

Areas where Civil Society Organizations can help:

- Support Government / Urban local bodies in the development of the food availability plans for vulnerable families.
- Support in the procurements, preparation and distribution of food preparation kit as per the prescribed norms of Sphere India.
- Mobilizing volunteers from the community for this initiative

7.1.5.2   Non-Food Essential Items

Priority: Immediate

Supplying a basic packet of hygiene kit to each family is required as many will not be able to procure such materials. **(See Appendix B2)**

Areas where Civil Society Organizations can help:

- Connecting with local administration.
- Organizing volunteers/members
- Mobilizing the community

7.1.5.3   Medical Support

Priority: Immediate

Most of the urban slum families are already severely compromised healthwise due to lack of proper food and medical facilities. Hence, there will be some critical non COVID-19 cases where the families would require immediate assistance. This could include basic medical advisory, support to access tele-medicine where available.

Areas where Civil Society Organizations can help:

- Coordinating with local health department.
- Organizing volunteers to track such cases in a locality

7.1.5.4   Awareness Building for Urban Poor

Priority: Immediate

Sharing correct information and avoiding misleading rumours is very essential in such a widespread crisis. Such a campaign will educate the masses and will bring some sense of calm.

Areas where Civil Society Organizations can help:

- Support govt in developing communication/awareness generation plan.
- Provide technical support in designing IEC materials including digital content for mass distributions.
- Take the lead in the implementation of the plan.
- Providing support to the local municipal/ the district response team

7.1.5.5   Provision of Cooked Food Where Allowed

Priority: Immediate

Any work with community canteens must be done with prior approval from the government and while maintaining physical distancing norms. It

is also important to ensure that the then current government advisories/ guidelines are being followed.

As a large part of the workforce in urban slums is in the informal sector, many are out of work, and stuck in cities without employment, such people need food and shelter. For immediate food provisions, NGOs can run community kitchens (like Amma's canteens in Tamil Nadu, Indira canteens in Karnataka, dal-bhaat kendras in Odisha, Chhattisgarh, and Jharkhand, Kudumbashree in Kerala). These can be self-managed by the community and provide them an opportunity to earn some money.

Areas where Civil Society Organizations can help:

- Assist government in setting up such facility in a locality.
- Mobilizing volunteers for running the facility and distribution.
- Creating a process for families to get cooked meal without any chaos.
- Ensure that physical distancing norms are being followed.

7.1.5.6   Local & Immediate Work Opportunities

Priority: Subsequent

Most of the families in urban slums will be unemployed during this period as they are largely engaged in informal sector work. This leads to severe livelihood challenges for them as well as they don't have any meaningful engagement during the period where interactions should be minimal. Hence it is essential that some vocational activities are created for them to earn money and also produce materials which are urgently required. Appendix B6 has additional information on government schemes that can be explored.

Areas where Civil Society Organizations can help:

- Support and intervene in training the members in producing items such as masks etc.
- Support in creating necessary market linkage for selling the goods

7.1.6 Villages at Large

During pandemic situations, villages at large face a lot of difficult situations which make it difficult for the community in general and vulnerable families in particular. The key issues are:

- Food shortages including shortage of essential items like water during the summer.
- Difficulties with lack of access to healthcare
- Absence of expert or health workers/ doctors in the rural areas
- Social support system for vulnerable, poor, destitute, landless agricultural labourers, single women etc.

- Closing of Anganwadi Centre and school will lead to nutrition/food issues for children (take home ration, hot cooked meal in Anganwadi center & mid day meal in school)

Listed below are some critical measures which must can help in this situation.

7.1.6.1   Database of vulnerable families

Priority: Immediate

Development of a database of vulnerable families and individuals with food insecurity will be the first critical step to be undertaken. Children, aged, single women, the physically challenged etc will need to be taken into account while developing the database. PRI members will play a very critical role in the development of this database and they will have the authority to authenticate this vulnerable family database. This database will help the various levels of administration in delivering essential support.

Areas where Civil Society Organizations can help:

- Support Panchayat/block in developing the vulnerability assessment criteria.
- Support Panchayat/Block in developing the database based on the agreed vulnerability assessment criteria.

7.1.6.2   Dry ration delivery via School/Anganwadi

Priority: Immediate

The Covid-19 pandemic has forced the govt to close the anganwadi centers and schoosl for a long duration. In reality, taking home ration and hot cooked meals in anganwadi center and mid day meal in schools constitute a major part of a child's daily food intake. Due to long closure of school and Anganwadi Center (AWC) food intake by children will invariably come down. Many governments have already taken a decision to supply the dry ration to each enlisted child in AWC and school in lieu of food at AWC and school.

Areas where Civil Society Organizations can help:

- Build awareness among the rural community about govt decisions.
- Take feedback from the community on the implementation of the same.
- If there is a gap in the implementation, coordinate with the teacher and AWW to ensure delivery of dry ration.
- Give feedback to the Panchayat/Block/District level authorities on the gaps, if any, in the implementation.
- Devise a coping strategy for the malnourished children with the help of Anganwadi workers and ASHA

7.1.6.3   Community Monitoring of PDS System

Priority: Immediate

The Public Distribution System (PDS) also plays a critical role in food security of vulnerable families in the villages. As a welfare measure to overcome the humanitarian impacts of the Covid-19 pandemic, both central and state govt notified many special measures related to PDS. But there might be some gaps in the implementation of those measures. Thus it is important to ensure community monitoring of PDS functioning. With the help of the local NGOs functionaries/Youth groups/SHGs/farmers groups, the   functioning of PDS shop can be monitored at the village /panchayat level to ensure that the vulnerable families are not denied the ration. Also there is a need to establish links with the government department and provide real time data on bottlenecks in distribution & distribution at the doorstep.

Areas where Civil Society Organizations can help:

- Build awareness among the rural community about the govt decision with respect to PDS (It will vary from state to state. NGOs need to refer to state specific PDS websites.)
- Take feedback from the community on the implementation of the same.
- If there is a gap in the implementation, coordinate with the PDS dealer to ensure delivery of ration to the left out families.
- Give feedback to the Panchayat/Block/District level authorities on the gap in the implementation.

7.2 Health Systems

7.2.1 Preventive Healthcare

There is an immediate need to strengthen the health system of the targeted areas with special focus on preventive healthcare. Morbidity and mortality rate due to COVID 19 pandemic can be minimised many fold through structured and systematic messaging and awareness for the common public, especially hard to reach and vulnerable populations. Below are the set of activities which need to be taken up on an urgent basis.

7.2.1.1   Create & Curate Authentic Information

Priority: Immediate

There is a need to curate or create authentic information related to preventive measures that need to be taken related to COVID-19.

Given the spread of false information using social media channels, it is important that at the district level, information is taken from official/reliable sources. These could include information from the following:

- World Health Organization (www.who.int)
- Ministry of Health and Family Welfare (MoHFW), Government of India (GOI) (https://mohfw.gov.in)
- The respective state government Ministry of Health and Family Welfare website.
- These GOI websites provide this information in English and Hindi. There may be a need to **translate this into the local language.**

Areas where Civil Society Organizations can help:

- Translation of information to local language
- Development of pictorial and digital communication material

7.2.1.2   Wide dissemination of Information

Priority: Immediate

Multiple available channels/mediums could be used to disseminate this information. Some of them could be-

- Social media
- Messaging to opinion leaders in the targeted areas. This is most impactful.
- Mass messaging.
- People's network and other forms of social capitals like SHGs/Youth groups/Adolescent groups/ Farmers federation etc. |

Areas where Civil Society Organizations can help:

- Help the government with strategy identifying target groups.
- Help the government with a strategy of how to disseminate.
- Helping the government with dissemination of information to a wider audience especially through opinion makers.

7.2.1.3   Educating on preventive strategies against COVID-19

Priority: Immediate

Educating people about the key preventive strategies like-

- Physical distancing (e.g., limiting movements and exposure to crowds).
- Better hygiene (e.g., careful handwashing and not touching our faces)
- Home quarantine dos and don'ts

- Protect the elderly and those with co-morbidities
- Breaking myths associated with spread of Coronavirus

Areas where Civil Society Organizations can help:

- Where enabled by government, conduct on the ground campaigns. This could take the form of on the ground announcements, community radio and more.

7.2.1.4   Community awareness on Government Schemes

Priority: Subsequent

Build awareness of the community around different rights and entitlement schemes of the govt (Central and state) including COVID 19 specific schemes. This should includes-

- Eligibility for accessing these schemes
- Entitlement of these schemes

Areas where Civil Society Organizations can help:

- Development of pictorial and digital communication material keeping in mind majority of the target audiences are semi or illiterate.
- Help/assist communities to apply online.

7.2.2 Strengthening Healthcare Systems

Our existing healthcare delivery system is not fully equipped to handle a pandemic like situation where there might be a sudden spike of morbidity among people. This may lead to utter chaos and breakdown of the healthcare delivery system. Key Issues are:

- Lack of staff.
- Staff's capacity to handle disasters like COVID-19
- Lack of infrastructure (Bed/ Critical care unit/Oxygen/Medicines etc) to handle such disasters.
- Lack of expertise in scaling up healthcare activities when a surge in healthcare delivery is required

Below are the set of activities which need to be taken up on an urgent basis.

7.2.2.1   Collaborate with Government

Priority: Immediate

It is important that every effort involves collaboration with government authorities at different levels - State/District/Panchayat. As COVID-19 has

been declared by the Government of India as a national health emergency, developing proper coordination with District / State authorities is essential. Wherever needed, a proper approval also needs to be taken from the concerned authority. This will also minimise the duplication of efforts.

Areas where Civil Society Organizations can help:

- Engage with the Government to identify gaps.
- Work with Civil Society Organizations to address the identified gaps.
- Share the broad plan of action with the district / state authorities and seek approval.
- Work towards addressing gaps in the government's efforts, without duplication of effort.
- Be sensitive to the evolving situation and make adjustments based on the changing needs.

7.2.2.2 Analysis of Present Healthcare Infrastructure

Priority: Intermediate

There can be a great level of variation between districts in the strength and capacity of their health systems. Some districts have easy access to tertiary healthcare centers with better facilities by virtue of having more urbanized areas within their limits while more rural districts have lesser resources. The backbone of a structured planning in better handling of such mammoth pandemic is proper assessment of present healthcare infrastructure of the district. This will help us to figure out the gap in the healthcare infrastructure based on the projected patients load for the district. Hence better planning. See **Appendix A10** for guidelines.

Areas where Civil Society Organizations can help:

- Support govt in the capacity development of the district/block level health functionaries on how to use the assessment tool.
- Support the government in development of online assessment tools enabling better collation and analysis of information
- Support govt in the follow up with the health functionaries to get the filled up assessment tool.
- Support govt in the compliance and preparation of the district level assessment report
- Support govt in the preparation of the healthcare infrastructure gap fulfillment plan based on the projected COVID 19 caseload of the district.

7.2.2.3 Build capacity of ANM, ASHA & Angawadi Worker

Priority: Immediate

COVID-19 pandemic is altogether a very different type of disaster and there are immediate requirements of building capacities of frontline workers

(ANM, ASHA & AWW) on how to handle the pandemic situation as the frontline health worker has the responsibility, the reach and the influence within the community. ANM, ASHA and AWW workers are currently being projected for field surveillance activities for home visits of quarantined people or clusters of infection and form an important part of the disease surveillance and mitigation mechanism. They are also very important in the continuation of routine activities such as ante-natal care, nutrition among vulnerable populations. Since these activities during the outbreak pose considerable risk and require expertise, there is an urgent requirement to build their capacity and equip them for the job. Capacity development module can be based on the COVID-19 FACILITATOR GUIDE Response and Containment Measures Training toolkit for ANM, ASHA, AWW, published by the Ministry of Health and Family Welfare, mentioned in **Appendix A1.**

Areas where Civil Society Organizations can help:

- Develop interactive training module including in digital form (Tiktok video/ animated version) based on the SOP
- Support Govt. in conducting the training both with technical support and logistical support.
- Follow up after the training to understand the change in the understanding level of the participants and provide periodic training in cases of increasing risk or changes in the dynamics of the pandemic

7.2.2.4 Supply of Personal Protective Equipments (PPE)

Priority: Immediate

COVID-19 infection is known to be transmitted through droplets and fomites (articles on which the viral particles / droplets settle). Therefore, caretakers of patients including medical and para-medical personnel are at a very high risk of contracting the infection and are the most important stakeholders in this battle against the pandemic. Thus their safety is of prime importance and the appropriate usage of Personal Protective Equipment (PPE) plays a very crucial role in keeping them safe. Thus proper importance is to be given to ensure adequate supply of PPEs for the medical and para-medical personnel. The government has already issued guidelines on rational use of PPEs during the COVID-19 pandemic. A list which is current as of March 30, 2020 is mentioned in Appendix A2 along with a link to the full government guideline. These guidelines provide the specifications of PPE to be used under healthcare situations of varying risk thereby advocating adequate protection while avoiding wastage and unnecessary stockpiling of PPE that can cause shortages.

The government has also issued an Advisory on Homemade Protective Covers for the face and mouth. This document also includes instructions on how these can be made. See **Appendix A2**.

Areas where Civil Society Organizations can help:

- Support govt in the assessment of PPEs requirements in a district.
- Support govt in the procurement, transport and distribution of the PPEs as per projected assessments.
- Orient/build awareness among the medical and Para-medical personnels on the importance & method of using PPEs, their donning and doffing and their role in the entire infection prevention and control spectrum.

7.2.2.5 Creation of Isolation/Quarantine Facilities

Priority: Immediate

A large number of migrant labourers/daily wage earners are returning back to their respective villages due to the long lockdown and loss of jobs. Many of them might already be infected by COVID 19 and quarantining / isolating them for at least 14 days is necessary to slow down the infection spread in the community. Thus there is an immediate requirement of development of temporary quarantine and isolation facilities at the village/Panchayat level. School, Panchayat Bhavan, student hostels etc. can be developed as temporary quarantine/ isolation wards. The National Center for Disease Control (NCDC) has guidelines for setting up quarantine facilities and isolation facilities. See Appendix A3 for NCDC guidelines on setting up quarantine facilities. See Appendix A4 for NCDC guidelines on setting up isolation facilities/wards.

The government has also released a Containment Plan for Large Outbreaks which is mentioned in **Appendix A3.**

Appendix A3 also has a Model Micro Plan for Containment of Local Transmission of Covid-19.

Areas where Civil Society Organizations can help:

- Support govt in selecting the place for developing such facilities at the village/panchayat level.
- Support govt/ panchayats in setting and operation of such facilities.
- Motivate/counsel the returning migrant labourer on the importance of mandatory quarantine/ isolation
- Update the data of quarantined persons health situation to concerned authorities at the Block/District/State level

7.2.2.6 Supply of Medicines and Healthcare Consumables

Priority: Immediate

Smooth and uninterrupted supply of medicines and other consumables like oxygen, sanitization materials for the healthcare facilities at different

levels (sub-center, PHC, CHC, District hospital) will be very critical in dealing with the pandemic of this size. Thus proper assessment of requirements based on the projected patient flow as well as quick expansion of the supply chain will play a very critical role in minimising the mortality rate.

Areas where Civil Society Organizations can help:

- Support govt in the assessment of the requirements.
- If needed, support the government in the quick procurement of those requirements after proper approval and quality check.
- Procurement will be initially restricted to general non-pharmaceutical items (non-restricted) such as sanitization consumables, oxygen, generic requirements such as syringes, needles among others. Expansion to include pharmaceutical items will be done based on need and after assessing capacity for regulatory compliance and adherence to quality standards
- Support govt in the distribution of the procured material at different level

7.2.2.7 Ambulance Facilities

Priority: Immediate

Ambulance will play a very critical role in giving timely treatment support to the COVID 19 infected patients. This includes the ability to transport critically ill patients from PHCs to tertiary care centers with life support and is in addition to the normal requirements of ambulance like transportation of pregnant women for delivery and other critical illnesses. Thus there is an immediate need to mobilize additional ambulances for the transportation support to COVID 19 infected patients while ensuring better coordination mechanisms to ensure lean usage of the much needed ambulance / transportation resources. Govt has already issued a SOP for such ambulance and transportation of COVID 19 infected patients which is mentioned in **Appendix A5.**

Areas where Civil Society Organizations can help:

- Support govt in mobilization of additional ambulances at different levels.
- Training of ambulance staff on the SOP issued by the Govt.
- Operationalization and management of ambulance call centers

7.2.2.8 Capacity building of Doctors & Medical Support Staff

Priority: Immediate

Capacity building of doctors and medical support staff on the treatment protocols for COVID-19 infected patients as well as how to handle such patients keeping them safe will be an important step in the fight against this pandemic. This is especially true for doctors who will be involved in treating critically

ill patients under respiratory distress in places where they do not have the support of consultants or intensivists. AIIMS has already developed an online training module for such which needs to be popularized among doctors and other medical staff. There can also be quick classroom training in this regard.

Areas where Civil Society Organizations can help:

- Support govt in the development of training plan and training calendar.
- Technical and logistical support for conducting such training.

7.2.2.9   Testing Kits

Priority: Immediate

Testing is the key strategy in the fight against COVID-19 pandemic. As of today, ICMR supplies test kits to a subset of approved government laboratories while the remaining approved government laboratories and approved private laboratories privately procure their reagents and kits. These kits are approved by ICMR, DCGI and the MoHFW. Currently all laboratories that test for COVID 19 have to be registered with ICMR and have to update the national line listing on a real-time basis. However, increasing expansion in the testing for COVID 19 in both public and private hospitals may be necessary as the number of cases increase. Thus, the number of approved labs need to increase and also there should be an adequate supply of authentic and quality COVID-19 testing kits at these labs. ICMR has already approved a list of testing kit manufacturers.

A detailed list of ICMR approved testing kit manufacturers and their prices are mentioned in **Appendix A6.**

Areas where Civil Society Organizations can help:

- If needed procure testing kits for the ICMR approved govt labs
- Logistical support in timely distribution of the testing kits at different levels.
- Training of the medical support staff on method of using the testing kit.
- Help setup Covid 19 sample collection units in govt health clinics/ hospitals, following govt guidelines and in logistics of sending them to approved labs
- Procure pre-screening kits and make it available to distant and remote areas from where the samples will take a long time to reach the approved labs

7.2.2.10 Creation of Additional Hospital Beds

Priority: Immediate

Most of the experience till date, seems to suggest that around 20% of people who are infected will need hospital care. If the infection rate of the

virus increases during the community spread stage, the number of people who need hospital care will be very high. Thus preparation with respect to sufficient number of bed availability at the Block (CHCs) and District (District Hospital) for treating COVID-19 patients will need to be undertaken urgently. The requirement for additional number of beds will be based on the projected patients flow. Accordingly infrastructure needs to be augmented. Guidelines of how to develop makeshift separate hospital facilities for COVID-19 patients is mentioned in **Appendix A8.**

Areas where Civil Society Organizations can help:

- Support govt in quick procurements of beds and other related infrastructure for setting up of the special/temporary hospital for COVID-19 patients.
- Support govt in the general management of the special/temporary hospital for COVID-19 patients

7.2.2.11 Creation of Critical Care Units with Oxygen & Ventilators

Priority: Immediate

As per the estimate a significant number of the COVID-19 patients who are admitted to hospitals will need oxygen / ventilator support. In the event of an increasing rise in infections as seen in other affected countries, it will become very important to augment ICU capacity to deal with the crisis. Non-availability of ventilators in sufficient numbers turned out to be one of the major causes behind the increase in mortality rate in the pandemic worldwide. Thus proper planning to develop such facilities will be crucial. The requirements of an additional number of CCUs with ventilators will be based on the projected patient flow. A guidelines for setting up such CCU with ventilators along with costing is mentioned in **Appendix 9.**

Areas where Civil Society Organizations can help:

- Support govt in quick procurements of beds, Ventilators and other related infrastructure for setting up of the CCU at Block/district level for COVID-19 patients.

7.2.2.12 District Level COVID-19 Response Cell

Priority: Immediate

To manage a pandemic of such high scale, there will be requirements of proper coordination of different stakeholders involved/associated with the response along with increased collection of data, analysis and dissemination to aid in strategic and operational planning within the district.. Thus there will be requirements of setting up of COVID-19 Response Cell at the District level,

especially in the hot spot district. A simple SOP of this COVID-19 Response Cell is mentioned in **Appendix A7.**

Areas where Civil Society Organizations can help:

- Support govt in setting up of the COVID-19 Response Cell at the district level with logistical support
- Depute skilled manpower to run the cell in coordination with the Govt dept.

7.2.2.13 Provision of clean drinking water and WASH facilities

Priority: Immediate

Access to clean drinking water is likely to be a critical casualty of the pandemic. Regular sources of drinking water (local well, water pump, water tank) will certainly have been disrupted by the curfew. Ensuring that people (particularly migrants recently returning to their villages and adding to the pressure on resources) have access to clean drinking water is critical. Neglecting this could lead to another public health disaster layered onto the COVID-19 disaster.

Areas where Civil Society Organizations can help:

- Support government in increasing the availability of clean water at healthcare facilities, quarantine facilities and residential areas with high risk
- Set up safe potable drinking water facilities at the village level
- Distribute water storage containers so that families can store water for 2-3 days
- Create and disseminate IEC material on how to keep water safe

7.2.2.14 Augmenting Biomedical Waste Management

Priority: Immediate

The increasing load of patient care and increased use of PPE by both healthcare workers and the general public has increased the levels of biomedical waste that may be infectious. Therefore measures have to be taken to augment existing mechanisms in the safe disposal of biomedical waste. This requirement is expected to further increase as the number of cases increase and special care should be taken so that the biomedical waste is appropriately treated and does not pose a risk to handlers and their contacts as well as to the general public.

Areas where Civil Society Organisation can help

- This requires specific skill-sets and approvals thereby limiting direct participation of Civil Society Organizations.

- Support the government in augmenting existing capacity in the safe disposal of biomedical waste
- Support government in the creation of autoclave, incineration and landfill facilities for the expected rise in biomedical waste
- Support the government in the dissemination of guidelines on handling of biomedical waste to newly established and rural facilities along with capacity building of personnel

7.2.2.15 Augmenting Cold Chain Facilities within the Health System

Priority: Immediate

Since many secondary and tertiary facilities especially in the less well connected districts in India do not have adequate cold storage facilities for sensitive pharmaceuticals and diagnostic reagents, it is important that they be strengthened to accommodate increasing demand during the pandemic. Since an important part of handling the pandemic involves providing critical care to patients with costly and sensitive medications, it is important that these facilities be assessed and gaps be filled to enable seamless functioning of the healthcare machinery.

Areas where Civil Society Organizations can help

- Supporting the government in setting up prepositioned stocks of essential medicines especially for critical care of SARI patients
- Supporting the government in establishing cold chain solutions including time sensitive transportation of sensitive medicines
- Supporting the government in establishing a database with inventory of available medicines and diagnostics with various stakeholders to enable availability

7.2.2.16 Fill Vacant Posts related to Health Care

Priority: Subsequent

Medical and paramedical staff are the biggest weapon in the fight against COVID-19 pandemic. Situation analysis of the present healthcare infrastructure mentioned above will give us exact data of the vacant post of medical and paramedical staff at different levels. These posts need to be filled quickly. Recruiting final year MBBS students is a possibility. Calling upon some retired functionaries who are in good health and able to work could be another.

Areas where Civil Society Organizations can help:

- Support the government where possible.

8. General planning

This section lists some key points that can guide the planning and implementation work of local bodies, government and Civil Society Organizations specifically for Covid-19 response.

8.1 List of Potential Civil Society Partners

The Covid-19 outbreak has by now emerged as an unprecedented and massive global health and humanitarian crisis. The poorest and the most marginalized are the most affected, and will be disproportionately disadvantaged as this crisis continues.

Thus we need to plan for a response which takes care of both short term/ immediate requirements like food security, testing, awareness building, supply of personal protective measures etc as well as long term planning like strengthening the healthcare infrastructures at different levels, livelihood planning for the poor & disadvantages etc.

Also this response has to happen at scale. Thus any single NGO or institution or dept alone will not be capable of responding to such a crisis. We also require different skill sets and all of them might not be available with one entity. Thus there is a requirement and a need to proactively prepare a list of credible NGOs at the State and District level so that they can be mobilised and deployed at a short notice.

Similarly, the government could consider creating an internal departmental task force composed of the department/institutions who are having interaction with CSOs to prepare such a list.

CSOs on the other hand create a network where NGOs of different skill sets come together and deliver an integrated program at scale.

8.2 Mobilisation of Volunteers and Safety

As mentioned above, the crux of this response will be scale and skill. Thus we require a large number of volunteers to handle/ deliver such a response. Thus we need to plan ahead and mobilize a pool of local volunteers in each area. Understanding and knowledge of local language and culture will be very critical for these volunteers.

Also a proper orientation on emergency response, process of ensuring their own safety and how to handle mental stress while working on such a health and humanitarian crisis will be needed.

8.3 Collaborate to Amplify Outcomes

Collaboration will be one of the most critical strategies for the proper execution of the plan. We should have collaboration at all levels - at the govt level among different departments and institutions and amongst different civil society organisations.

Collaboration will serve these important purposes:

- It will minimise the duplication of efforts and better deployment of resources (technical, financial & human)
- It will amplify the work to a great level which will positively impact the community at large in a short span of time.
- It will help in understanding the learnings quickly and improve implementation strategies.

9. Appendix A

9.1 A1 : ASHA Worker Capacity Development

Frontline health workers have the responsibility, the reach and the influence within the community to be effective agents in efforts to prevent and contain the spread of the pandemic and dealing with its impact. COVID-19 Facilitator Guide Response and Containment Measures Training toolkit for ANM, ASHA, AWW, published by the Ministry of Health and Family Welfare is a training module for designated COVID-19 trainers with the Health frontline functionary viz the ANM and the ASHA. This module can be used in a stand-alone training of one and a half hours or as part of a larger training for frontline staff.

The structure of the training module is as shown below:

Session 1	Understanding COVID-19, Communication for Response and Containment Measures **a.** Roles & Responsibilities of the Health Workers/ICDS Workers	**15 Minutes**
Session 2	Prevention: Safe Practices in the Community **a.** Preventive services: ASHA/ANM/FLW to communicate for preparadness in the face of a COVID-19 outbreak at the community level	**20 Minutes**
Session 3	Community Surveillance	**10 Minutes**

Session 4	Supportive Public Health Services: Community and Households **a.** Control services(Home quarantine, home care, stigma and discrimination and supportive services for HRG) **(5 Mins)** **b.** Handling of myths and misconceptions; reporting and feedback through cluster containment, community transmission at the epidemic stage **(5 mins)** **c.** Effective use of IEC materials on COVID-19 **(5 mins)**	**15 Minutes**
Session 5	Managing Stigma and Discrimination	**20 Minutes**
Session 6	Communication, Personal Safety for Health, ICDS Personnel	**10 Minutes**
Session 7	Special Communication needs in Urban Areas	**10 Minutes**

The toolkit and training slides (with animation) can be accessed at the following links:

https://www.mohfw.gov.in/pdf/FacilitatorGuideCOVID19_27%20March.pdf

https://www.mohfw.gov.in pdf/2COVID19PPT_25MarchPPTWithAnimation.pdf

Guidelines on how to use the toolkit are at :
https://www.mohfw.gov.in/pdf/4FLWToolkitHowtousethetoolkit.pdf

Covid-19 Book of Five: Response and containment measures for ANW, ASHA, AWW is a comprehensive handbook for frontline workers.

Another useful resource is the document Resource Material for Capacity Building of Healthcare Professionals for Covid-19 containment.

The government has also released the Integrated Government Online Training (iGOT) courses online.

9.2   A2 : PPE Requirements

PPE to be used under various hospital conditions (taken from guidance of MoHFW on Rational Use of PPE).

Sl No.	Area	Setting	Recommended PPE
1	Outpatient	Triage Area	N95 Masks & Gloves
2	Outpatient	Screening area help desk/Registration counter	N95 Masks & Gloves

3	Outpatient	Temperature recording station	N95 Masks & Gloves
4	Outpatient	Holding Area / Waiting Area	N95 Masks & Gloves
5	Outpatient	Doctor's Chamber	N95 Masks & Gloves
6	Outpatient	Sanitary Staff	N95 Masks & Gloves
7	Outpatient	Visitor accompanying patients	Triple layer medical mask
8	Inpatient	Individual / Cohorted isolation rooms	N95 Masks & Gloves
9	Inpatient	ICU / Critical Care	Full complement of PPE (N95 Masks, gloves, coveralls / gowns, head cover, shoe cover.
10	Inpatient	Sanitation	N95 Masks & Gloves
11	Inpatient	Other non-COVID treatment areas	As per hospital infection control practices
12	Inpatient	Caretaker of admitted patient	Triple layer medical mask
13	Emergency	Attending emergency patients (non-SARI)	N95 Masks & Gloves
14	Emergency	Attending severely ill SARI	Full complement of PPE
15	Ambulance	Transporting patients without assisted ventilation	N95 Masks & Gloves
16	Ambulance	Management of SARI patients while transporting	Full complement of PPE
17	Ambulance	Driving the ambulance	Triple layer medical mask, gloves
18	Ancillary	Laboratory	Full complement of PPE
19	Ancillary	Dead body handling	N95 Masks & Gloves
20	Ancillary	Autopsy	Full complement of PPE
21	Ancillary	Sanitation	N95 Masks & Gloves
22	Ancillary	CSSD / Laundry	N95 Masks & Gloves
23	Ancillary	Other supportive services	No PPE required

See the Advisory on use of Homemade Protective Cover for face and mouth. This also has instructions on how to make a face cover at home.

9.3   A3 : Guidelines for Setting up Quarantine Facilities

The National Center for Disease Control provides guidelines for setting up Quarantine Facilities. Click to access the NCDC Guidelines for Quarantine Facilities.

The government has also released a Containment Plan for Large Outbreaks. There is also a Model Micro Plan for Containment of Local Transmission of Covid-19.

9.4   A4 : Guidelines for Setting up Isolation Facility/ Ward

The National Center for Disease Control provides guidelines for setting up Quarantine Facilities. Click to access the NCDC Guidelines for Isolation Facility/Ward.

9.5   A5 : Guidelines for transporting a suspect or confirmed case

The Ministry of Health & Family Welfare has issued guidelines for transporting a suspect or confirmed case.

This document includes the following :

- Standard Operating Procedure (SOP) for transporting a suspect/ confirmed case
- Questions to be asked
- Checklist for consumables and equipment
- Rational use of PPE by Ambulance staff
- Guidelines for preparation of 1% Sodium hypochlorite solution
- Infection prevention for Pre-Hospital care
- Checklist for monitoring.

9.6   A6 : Supporting Testing Efforts at Multiple Levels

The latest updates can be obtained from the Indian Council of Medical Research Website at https://icmr.nic.in

For the latest list of government approved and private labs visit https://icmr.nic.in

On the date of release of this document, the list of approved Govt labs was listed here.

On the date of release of this document, the list of Private labs was listed here.

9.7 A7 : SOP For District Covid Response Cell.

An SOP for District Covid Response Cell can be obtained from SOP For State / District Control Room.

This SOP describes the need to setup the following sub-teams:

- Surveillance team
- Call Centre management team
- Media management team
- Sample tracing team
- Private hospital coordination team
- Transportation and ambulance management team
- Inter departmental coordination team

A few additional points for consideration are listed below.

- A Mobile number and WhatsApp number, and FB / Twitter account dedicated to the cell
- Widely circulate the contact details not only among the community but also to important administration stakeholders -- DC, ADC, CMOH, DSWO, PAO, DPO, SP, DSP, OC of police stations, and also market associations, hospitals, clinics, doctors, other CSOs, Primary Health centres, SHCs, etc.
- Shift duty staff permanently on the Cell
- A list of symptoms and preventive measures in a communicative format -- hand washing for 20 secs to be available to the staff, etc. [We can create that]
- A doctor on call to respond to questions may be offline, or online.
- Ambulance numbers
- Ration shop numbers
- Bank branch manager numbers
- All incoming calls have to be recorded with name, village, block, ward, municipality and numbers
- List of Remote areas, backward areas, where logistics may be difficult.
- List of all Block Panchayats, Gram Panchayats heads, and BDO and their numbers.
- Specific information about places where migration takes place and people have returned. Setting up volunteers specifically in those places.

- Established contacts with essential goods shops and factories (like bread, aata mill), Mandis.

Some primary duties of the Cell

- Regular checking with ration shops for food stock.
- Regular checking with medicine shops for medicine stocks (important medicines list be obtained.
- Regular checking with ambulance services if they are on duty
- Regular checking with merchant associations about basic food grain stock.
- Setting up local level volunteers, either from college NSS, or clubs, or anyone. and having their phone numbers.
- Leaflet distribution, loudspeaker announcements, in municipal wards, block towns, gram panchayats.
- Prepares a set of certified messages of prevention, nutrition and send through Whatsapp every day to whatever numbers available.
- Also get as many mobile numbers as possible of people -- teachers, ASHA workers, ICDS workers, Siksha Mitra, etc. and send messages informing them about the CELL.

9.8   A8 : Creation of Additional Hospital Beds

Creation of additional hospital beds can be done following already established local procedures and knowledge. Where a guideline is needed the attached guidelines from WHO or IPHS can be used. See SARI Treatment Center guidelines, WHO, IPHS guidelines for different levels of healthcare facilities

9.9   A9 : Creation of Additional Critical Care Units

Creation of critical care units can be done using already established local procedures and knowledge. Where a guideline is needed the ICU design guidelines, ISCCM, 2020, can be used.

9.10 A10 : Guidelines for Assessment Tool

The district specific assessment tool can be modeled on the service availability and readiness assessment (SARA) tool developed by the World Health Organization or from previous governmental assessments (IPHS Surveys and others) by specifically channeling it for COVID 19. SARA, WHO, IPHS, India

10. Appendix B

10.1 B1 : Food Essentials Guideline

Below is a working guideline towards planning of such action based on the international Sphere standard (2100 kcals per person per day). For further details on this one can refer to the Sphere Handbook.

Food Items *(For a family of 5 people - 2 adults and 3 kids for a period of 21 days. This composition of food items may differ from area to area based on the food habits. Cost may also vary from area to area.)*

Sl.	Items	Per Family
1.	**Rice (in Kgs)**	25
2	**Wheat (in Kgs)**	5
3	**Edible Oil (in Litre)**	2
4	**Dal (in Kgs)**	2
5	**Salt (in kgs)**	1
6	**Seasonal vegetables with long shelf life like DrumStick**	Lumpsum
7	**Turmeric Powder (100 g)**	1
8	**Onion 2 kgs**	2
9	**Potatos 2 kgs**	2
10	**Coriander Powder (100 g)**	1
11	**Supplementary nutrition food for children and women**	1

Case Sample : A Civil Society Organization in Delhi, put this package together at a cost of Rs 2185 per Household.

10.2 B2 : Non-Food Essentials Guideline

Case Sample : A Civil Society Organization in Delhi, put this package together at a cost of Rs 1250 per household.

Recommended Non-food Items Packet:

Sl.	Items	Per Packet
1.	**Sanitizer (per bottle of 100 ml)**	1
2	**Soap (per packet with 4 soaps)**	1
3	**Face Mask (5 pieces per family)**	5
4	**Sanitary Pads**	10

10.3 B3 : Tracking migrant labour returning to villages

Where there are panchayat/block/district/stage guidelines, those guidelines can be followed. In the absence of any government guidelines, the following model format for tracking migrant labour returning to villages could be used.

Name of Migrant labour (Mob no)	Age	Gender	Returning from	Date of return	Mode of return	Number of family members			How many days food available for the family
						<10 y	10 to 60 y	>60 y	

10.4 B4 : Benefits for construction workers

A Model Welfare scheme to provide relief to building and other construction workers was announced by Ministry of Labour and Employment in 2018

https://labour.gov.in/whatsnew/model-welfare-scheme-building-and-construction-workers-and-action-plan-strengthening (The scheme is in a downloadable format in PDF)

This guideline suggest that:

- All workers in every state should be allotted an Unique Identification Number and to be registered with the Labour department. This will help in delivery as well as portability of the welfare measure.
- Every state will have a a "State Building and Other Construction Workers Welfare Board" and that will help CSOs/ individuals to register the workers as beneficiaries of the welfare benefits

For Example, please refer to the Karnataka State Welfare Board Registration Form

https://www.karbwwb.com/Registration%20-%20eng.shtml

10.5 B5 : Guidelines for Accessing Government Welfare Schemes

A list of COVID-19 specific schemes (announced by central and different state governments along with Government Orders) and their details including central and different state governments are mentioned on this website.

10.6 B6 : Guidelines for Local and Immediate Work Opportunities

The existing government skill development mechanisms and programs can be explored for creating local and immediate work opportunities. Linkages could be created with PMKVY so that this livelihood generating initiative can be sustained in the long run as well.

The Ministry of Skill development intends to establish skills training centres in every district of the country. These training centres are called Pradhan Mantri Kaushal Kendra (PMKKs) and are run under the PMKVY guidelines.

Acknowledgements

This document was put together with information and advice from a large body of experts and practitioners. We would like to especially thank those listed below. This list is by no means complete and we would also like to thank all those who have supported this effort and continue to provide suggestions, feedback and advice.

Name	Organization
Amitabh Behar	Oxfam India
Anand Kumar Bolimera	PHIA Foundation
Ashok Kumar Sircar	Azim Premji University
Binju Abraham	Pradan
Dr. John Cherian Oommen	Christian Hospital, Bissam, Cuttack
Johnson Topno	PHIA Foundation
Pankaj Pandey	Samarthan
Ramesh Babu	EFICOR
Sherry Joseph Martin	Azim Premji University
Shreelata Rao Seshadri	Azim Premji University
Sreekanth Sreedharan	Azim Premji Foundation

Azim Premji Foundation is a philanthropic organization established by Azim Premji, with a vision of contributing towards developing a just, equitable, humane and sustainable society. It has three key dimensions of work, all focused in India: Field work in school education to support the public education system, support to not-for-profit organizations in various domains of work through multi-year financial grants and running the not-for-profit Azim Premji University.