

# COVID AID PROPOSAL

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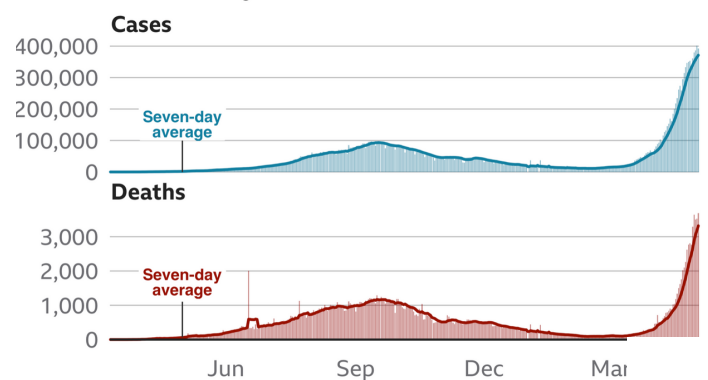
# THE CURRENT SITUATION

India is witnessing the worst covid crisis any nation has suffered since the pandemic began. An already weak public health system has hospitals overflowing and a desperately low availability of supplies such oxygen and ICQ equipment, which has resulted in death numbers and ground scenes replicating a war zone.

There is mounting evidence that the actual number of covid cases and the actual death toll is far higher than officially reported. The future poses many difficulties; a new deadly variant, less than 2 percent of 1.3 billion (people) vaccinated as of May 1st, and an extremely under prepared public health infrastructure. India has a challenging road ahead to defeat covid.

India reported its first covid case on January 30th 2020. As of April 30th 2021 we have 1.8 million active covid cases, 215,000 deaths and a positivity rate of 20%. The situation in India is dire and we continue to see a rise in the daily cases, recording approximately 370,000 a day.

## Number of daily cases and deaths in India



Deaths on 17 June include historic deaths reclassified with coronavirus as cause  
Source: Johns Hopkins University, data to 2 May



India's already weak healthcare system is extremely stressed and we are seeing scarcity in the supply of many types of medical equipment, oxygen, ICU beds, ventilators and medicines to treat covid.

While the State machinery is working hard to manage the situation, there have been many appeals made to public, private and civil organizations to help in this fight. Social media platforms are cluttered with urgent appeals for everything from drugs like Remdesivir and Favipiravir to blood plasma. However, the most glaring shortfall, has been Liquid Medical Oxygen (LMO).



*New Challenges*

# A NEW VARIANT

The new covid variant in India is called B.1.617, and it's distinguished by having not one but two mutations on the virus spike. Scientists are still studying how that so-called double mutant might differ in terms of transmissibility and response to vaccination.

One of the key symptoms during the second wave has been shortness of breath. Data with the National Clinical Registry for COVID-19 shows a new emerging trend during the second wave: shortness of breath is the most common clinical feature among symptomatic hospitalised patients at 47.5%, compared to 41.7% during the first wave.

This coupled with the increased contagious nature of the variant and the sheer number of people that have been infected has caused a significant increase in the demand for oxygen and hospital beds.

To put the numbers in perspective, pre covid India's oxygen demand for medical use was 700 tonnes per day. The first wave saw 4X increase to 2,800 tonnes per day and second wave requirement is 11X pre covid demand i.e. 8,000 tonnes per day.

This massive rise in demand is further complicated with a lack of infrastructure to supply additional oxygen to where it is most needed. Normally, transportation of LMO happens by road. It takes up to 12 days to travel from the eastern, oxygen-producing states of Odisha and Chhattisgarh to places like Maharashtra, Gujarat or Delhi, which are all desperately in need of the gas.

Additionally, many Indian cities are reporting a chronic shortage of hospital beds and other key hospital equipment. This is also evident from the desperate cries for help on social media platforms and there are disturbing reports from all over the country of a large number of people dying due to not having access to timely treatment.

Several state governments have announced that they are creating new facilities but experts say it's going to be hard to keep up with the pace of the rising number of infections.



# THE FROMU2THEM ACTION PLAN

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Our organisation is working in real time to monitor the need for oxygen on the ground along with identifying scarcity for other medical supplies. We are working tirelessly to plug as many gaps as we possibly can.

## HOW WE WORK

Our relief efforts are based first on the verification and identification of the problem and the need. We then ascertain how our intervention will address the problem and then proceed with implementation of our plan or program.

Working together with the health care system and the hospital framework of each state, we aim to collect real time information. Our digital survey is conducted with information from district and ward heads of the areas we work in

## STAYING FLEXIBLE AND QUICK

Unlike other natural disasters where post the occurrence of a single event there is an opportunity to rebuild and recover, the covid pandemic is a disaster like no other. The need to remain dynamic in the application of our solutions is vital.

## UNDERSTANDING THE HEALTH SYSTEM

Understanding India's mixed health-care system, inclusive of public and private health-care service providers, we believe is key to working with Covid Aid during these crisis. Establishing working relations with the framework of the public health care system, knowing whether to assist and where to demand transparency, plays a critical role in determining the manner in which aid is delivered, utilized, reported and the overall outcome it has.

Total private infrastructure accounts for nearly 62% of all of India's health infrastructure, 29% of beds in hospitals, and 81% of doctors. In comparison, India's public health system is extremely weak and its effectiveness is a far lower percentage.

The public healthcare system is organised into primary, secondary, and tertiary levels. At the primary level are Sub Centres and Primary Health Centres (PHCs). At the secondary level there are Community Health Centres (CHCs) and smaller Sub-District hospitals. Finally, the top level of public care provided by the government is the tertiary level, which consists of Medical Colleges and District/General Hospitals.



## OUR TARGET GROUP

At FromU2them, we aim to direct our aid to the weakest part of the link, aimed at bringing aid to the poorest and least affluent. Our aid will also therefore be focused where the public health services is the weakest.

From our reports from district heads and hospital authorities in both Delhi, Maharashtra and other states over the past week, in our opinion, the main challenges confronting the public hospitals and covid centers currently are as follows:

1. Deficient infrastructure – Oxygen, ventilators, ICU beds, and ICU equipment.
2. Deficient manpower & transport-power such as ambulances
3. Unmanageable patient load & huge deficiency of hospital beds
4. Low quality of doctors and inadequate quality of testing facilities

Our phase 1 Plan aims at bringing help to Deficient in fracture and supplies.



## PHASE 1: HOW WE INTEND TO PLUG THE OXYGEN & ICU EQUIPMENT GAP

Our assessment of the need is data backed, for example in Maharashtra we have surveyed the medical need districts through our volunteers gathering information directly from District Collectors. Our assessment is then mapped and studied to identify which gaps we are able to fill.

An immediate need has been identified to support and equip public hospitals and covid centers with oxygen concentrators, ventilators, and ICU equipment for timely and speedy recovery of serious patients.



# PHASE 1



## OUTCOMES PROJECTED PHASE 1

500 Oxygen Concentrators will be donated in both Delhi and Mumbai to both Hospitals and Covid Centers in Delhi and Maharashtra.

300 oxygen concentrators with specifications of 10L per minute for public hospitals and 200 5L per minute Oxygen concentrators for covid centers.

The cost of each concentrator is between INR 75,000 and INR 1,10,000 (all inclusive). The prices are changing almost every day due the acute demand and supply and so the actual cost shall be taken.

Neither does FromU2them or our partnering NGO keep any money for any administration costs and 100% of the money raised goes to the equipment supply and transportation.

## SUPPLY

We work closely with our partner IAHV (The International Association for Human Values) and tap into an international network for sourcing and air lifting medical supplies including oxygen concentrators.

Given the domestic dearth of supply and the large imitator market evolving in the past week, we rely on supply from reputed international supply chain. The supply of these oxygen concentrators is fulfilled through the global supplier network that our partners bring to the table.

For example the first shipment of 250 Oxygen concentrators supplied was with the generous help of Temasek Foundation and through a reputed provider in Singapore. We are working with international reputed Airlines and logistic companies such as Air Asia to airlift supplies at subsidised freight charges to both Delhi and Mumbai

## DISTRIBUTION

We work closely with District Collectors and the Ministry of Health to ensure that the medical equipment we supply reaches those public hospitals and covid centers most in need. Nursing homes and rural clinics are worst hit and our large volunteer network gives us the unique advantage to be able to access remote locations as well as the metros.



## REPORTING

Transparency is one of our core values and a guiding principle of our platform. We take our impact accountability seriously and provide donors above a certain value with detailed reports of the impact made by their contributions. Informing them exactly where their pledge has travelled and where their money is spent is important to us.

We only work with district collectors and ward authorities that agree to share the in-depth information of where our contribution has reached, so that we can map our impact to the local public hospital and public covid center.

## DONOR RECOGNITION

We ensure that our donors are credited by the local Government with appreciation letters where appropriate from the highest authorities. Most importantly we like to make it our job to let the hospital, the doctors, the nurses, and patients getting aid know who has stepped forward for them.

Where agreed, each oxygen concentrator box will have the sticker of donor company logo and/or name. We endeavour to photograph our deliveries and share the same back with our large donors.



## ABOUT US

FROMU2THEM is a non-profit platform focussed on disaster management in India during the covid-19 pandemic. Thus far, we have raised over 1 million USD, have supplied over 4 million meals to people facing hunger across the city of Mumbai, and over 500,000 USD worth of medical supplies.

## FOR MORE INFORMATION

[www.fromu2them.com](http://www.fromu2them.com)

## CONTACT US AT

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