



RCE Srinagar



HAND PRINT

Positive Actions for the Sustainable Development Goals



The communication on International and Domestic models of COVID-19 pandemic response

国际国内新冠疫情响应模式交流

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IACCR线上课堂

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The First Phase

第一阶段

- COVID-19 outbreak in December 2019
- 2019年12月新冠肺炎疫情暴发。
- WHO first declared COVID-19 as a public health emergency of international concern on January 30 and subsequently upgraded it as a pandemic on March 11, 2020.
- 2020年1月30日，世界卫生组织首次宣布新冠肺炎为国际关注的突发公共卫生事件，随后于3月11日宣布其等级达到“大流行”。
- India first case reported on 20 January 2020 in Kerala
- 2020年1月20日，印度喀拉拉邦通报第一例病例。
- The Government of India, announced COVID a “notified disaster” on 14 March 2020.
- 2020年3月14日，印度政府宣布新冠肺炎为一场“官方通报的灾难”。
- This was for the first time, that the Disaster Management Act 2005 was invoked on a pan India basis, it was also the first time that this was invoked to address a public health crisis.
- 这是历史上首次在全印度范围内执行《灾害管理法案（2005）》，也是历史上首次援引该法案来应对公共卫生危机。
- Early Response is the key in Emergency Management.
- 早期响应是应急管理的关键。
- Nomination of the nodal department.
- 任命主管部门。

COVID-19 crisis 新冠疫情中的危机

- **Unique disaster**
- 特点鲜明的疫情灾害
- **Pandemic**
- 流行范围广
- **Virus invisible, highly contagious**
- 病毒传染性高、隐蔽性强
- **Virus mutates fast**
- 病毒变异速度快
- **Materials unacceptable**
- 疫情防控的物资质量差
- **Mistrust, scare, fear amongst people**
- 人与人之间缺乏信任与安全感
- **Information, knowledge, data to rely upon not available**
- 缺乏相关的信息、知识和数据
- **Treatments not known**
- 治疗方法未知
- **Vaccines not available**
- 疫苗短缺

Lock down 4 stages 实行封锁的四个阶段

Phase 1: 25 March 2020- 14 April 2020 (21 days)

阶段1: 2020年3月25日--- 2020年4月14日 (21天)

Phase 2: 15 April 2020- 03 May 2020 (19 days)

阶段2: 2020年4月15日--- 2020年5月03日 (19天)

Phase 3: 04 May 2020- 17 May 2020 (14 days)

阶段3: 2020年5月04日--- 2020年5月17日 (14天)

Phase 4: 18 May 2020- 31 May 2020 (14 days) 68 days total

阶段4: 2020年5月18日--- 2020年5月31日 (14天) 共计68天

- **Flatten the curve** 疫情发展速度减缓
- **Built health infrastructure** 建成卫生基础设施
 - Imports, 进口
 - Local manufacturing of PPEs, ventilators, others
本地生产PPE (个人防护装备)、通风机和其它设施
- **Put required systems in place** 确保所需系统就位
- **Gained experience of handling the situation** 学习处理相关情况的经验

Lockdown Impacts 实行封锁的影响

- Unemployment 失业
- Poverty 贫穷
- Hunger pandemic 饥饿席卷全国
- Migration 迁徙
- Psycho-social care and support issues 社会心理护理与支持问题
- Social distancing not possible 无法实行隔离政策
- Hand Hygiene not possible 无法保证手部卫生
- Infection increased 感染人数增加
- Hunger pandemic 饥饿席卷全国

- Saving Lives 拯救生命
- Saving Livelihood 挽救生计
- Preparedness for future pandemics 为应对未来的大流行病做好准备

Short term- Pharmaceutical

短期——制药

Social distancing, respiratory hygiene, hand hygiene, mask, zoning- containment zones
保持社交距离、呼吸道卫生、手部卫生、口罩、分区控制区域

Medium term- Health Infrastructure (Interim), manufacturing of PPEs, supplies and systems, economy, employment, skill development, skill re-development

中期——卫生基础设施（临时），PPE、物资和系统的制造与建设，经济，就业，技能培养，技能再培养

Long term- Health infrastructure, environmental sustainability

长期——卫生基础设施、环境可持续性

Saving Livelihood

挽救生计

- Financial aid
 - Skill development, re-development
 - Self employment
 - Employment generation
 - Health care
 - No school drop out
 - Psycho-social care and support
 - Confidence building
 - Digital Infrastructure in rural areas
 - Remittance flows
 - Hunger, malnutrition
 - Water shortage
 - Gender inequalities
 - Violence against women
- 财政援助
 - 技能培养与再培养
 - 自主就业
 - 创造就业机会
 - 卫生保健
 - 消除退学问题
 - 社会心理关怀与支持
 - 建立信任
 - 农村地区的数字基础设施
 - 汇款流量
 - 饥饿、营养不良
 - 水资源缺乏
 - 性别不平等
 - 妇女遭受的暴力行为





Integrated Command and Control

Centre (ICCC)

综合指挥控制中心 (ICCC)

- **National and State level** 国家级和州级
- **TEAM-11 / TEAM-9** 11队队/9队
- **Free COVID treatment centres** 免费新冠肺炎治疗中心
- **Novel approach to Corona curfew (safeguarding lives and livelihoods, essential activities were allowed)**
- **实行新冠疫情期间宵禁政策的新方法（保障生命和生计，允许进行基本活动）**
- **COVID portal** 新冠疫情门户网站
- **Dash board** 控制界面
- **Arogya Setu App** Arogya Setu 应用程序

Establishing a State of the Art Integrated COVID Control Centre
and
1070 helpline to manage COVID situation
建立最先进的“新冠疫情综合控制中心”和1070帮助热线来处置新冠疫情

□ .



- Testing facility
- 测试设施
- COVID-19 wards and exclusive COVID-19 hospitals
- COVID-19病房和专用医院
- Social security measures relief package, disbursement of social welfare pensions, interest-free loans to self-help groups, and free ration to all cardholders.
- 制定社会保障措施救济方案，发放社会福利养老金，向自助团体提供无息贷款，向所有持卡人提供免费配给。
- Provide cooked food or food materials for migrants and the needy
- 为流动人口和困难群众提供熟食或者食材
- The community-based approach, effective three-tier local panchayat system, mobilizing volunteer support for the mission.
- 采取以社区为基础的方法，采用有效适应当地村务委员会的三层体系，动员志愿者为特别行动队提供支持。
- Special teams at the ward levels were constituted under the leadership of the elected members,
- 在当选成员的领导下，成立病房内的特别小组，
- District-level officials led by District collectors, District Medical officers, and District Police Chiefs coordinated the entire process.
- 由地区采集者、地区医务人员和地区警察局长领导地区官员协调整个过程。

- CM communicated with the public directly through daily briefing established an effective awareness program to allay any apprehensions of the general public. The communication strategy is focused on transparency in sharing accurate information on COVID-19, to explain all problems and dangers – providing confidence to the public. The CM explains in detail the measures taken till date and what they propose to undertake in the coming days to tackle specific issues related to controlling the pandemic.
- CM（首席部长）通过每日简报直接与公众沟通，建立有效的意识提高计划，以便消除公众的全部担忧。沟通策略重在公开透明地分享有关新冠疫情的准确信息，对所有问题和危险进行解释，为公众建立信心。卫生部长详细解释了迄今为止所采取的措施，以及他们建议在今后几天内为解决与控制该大流行病相关具体问题而应采取的措施。
- Private healthcare facilities or market-driven health insurance schemes cannot replace the state's involvement in public healthcare which has been one of the biggest lessons from this pandemic.
- 私人医疗设施或市场提供的医疗保险计划不能取代国家参与公共医疗，这是从这次大流行病中得到的最大教训之一。
- 250,000 local panchayats and 3 million plus elected members.
- 250000名地方议员和300多万民选议员参与其中。

COVID Relief Operations at the Office of Relief Commissioner

Establishment & Activation of State Integrated Disaster Control Centre & Districts Control rooms for coordinated COVID operations

Use of IT in Covid Managemet

Activation of COVID Relief Call Center for Grievance registration & redressal

Relief Operations

Line Departments at state level

Divisional & District Level Control

Covid Portal & Integrated Dashboard

Web Based Inter District Movement Pass Management System

"Pravasi Rahat Mitra App"

Social Media Cell

GIS mapping App for Community kitchen & Shelter

20 Seater 24X7 call center for Grievance Registration & Redressal

Essential Services i.e. CM Helpline 1076, 1090, 181

Running Relief Shelters/ Transit Camps

Running Community Kitchens

Distributing Ration kits to needy

Relief Sustainance Allowance

Transportation

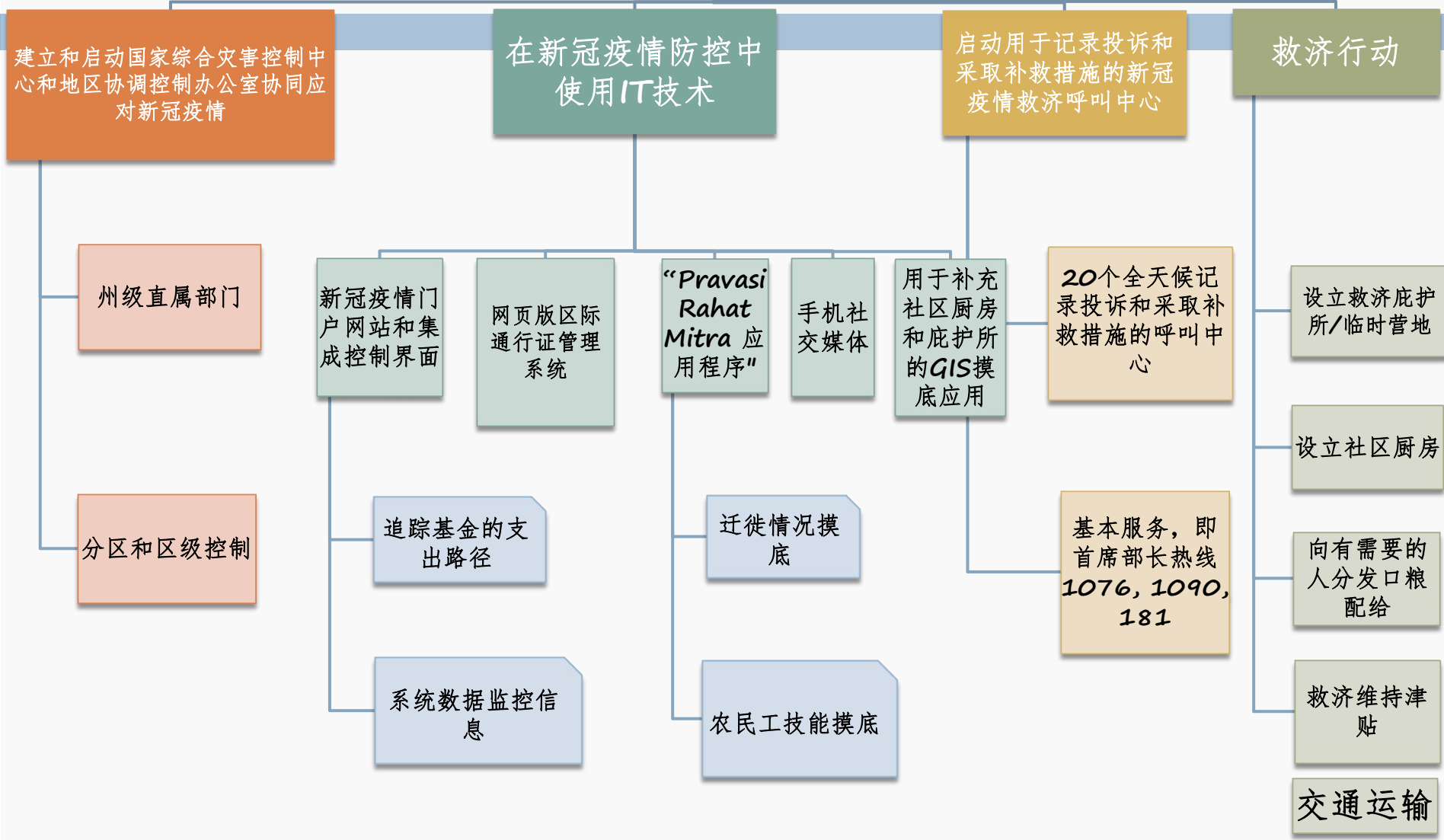
Tracking fund disbursement

Systematic Data Monitoring Information

Migrant mapping

Skill Mapping of Migrant workers

救援专员办公室的新冠疫情救援行动



Pandemic Control Strategy

大流行病控制策略

1. Trace 溯源
2. Test 检测
3. Treat 治疗

- **Safeguarding Lives and Livelihoods**
- 保障生命和生计
- **Maintenance allowance to daily wagers, free ration**
- 提供给日薪工作者的免费补贴以维持他们的日常用度
- **COVID Monitoring and Control Centres (24x7)**
- 新冠疫情监控中心（全天候）
- **Monitoring Committees**
- 监测委员会
- **Monitoring and Surveillance Teams**
- 监测和监督小组
- **Rapid Response Teams**
- 快速响应小组

The Second Phase 第二阶段

5 Steps to Defeat COVID-19

抗疫5步

1. **Vaccination (Shun vaccine hesitancy)**
2. 疫苗接种（消除接种时的犹疑心理）
3. **Masks- as a habit, each one-distribute one**
4. 戴口罩——将其作为习惯，为每人分发一个口罩
5. **Enhancing health infrastructure**
6. 加强卫生基础设施建设
7. **Personal hygiene, social distancing**
8. 保持个人卫生和社交距离
9. **Legislation Epidemic Act, National Disaster Management Act COVID
Appropriate Behaviour, Legislation to stop public spitting**
10. 出台流行病相关法案和新冠疫情期间适当行为的国家灾难管理法案，
通过立法禁止在公开场所吐痰

The Third Phase

第三阶段

- **Advance planning for third phase (Pro-active policy)**
- 第三阶段预先规划（积极政策）
- **Inclusive Care (emotional care and support, health & legal assistance)**
- 全面护理（情感护理和支持、健康和法律援助）
- **'Elderline' project “年长群体”项目**
- **'Pink booths' for women 为女性设立“粉色专区”**
- **Jabs for socially and economically weaker sections**
- 针对社会弱势和经济弱势群体的特殊规划

5 Fold Strategy 5步走策略

1. **Testing:** Exponential Increase in Testing
2. 检测：检测数呈指数增长
3. **Tracing:** Effective Isolation and Contact Tracing of those infected
4. 溯源：对感染者进行有效隔离，对接触者进行追踪
5. **Treatment:** Re-invigoration of Public and Private Healthcare resources
6. 治疗：重新整合公私医疗资源
7. **Teamwork:** Ensuring of COVID Appropriate Behavior (CAB)
8. 团队合作：确保采取新冠疫情期间的恰当行为（CAB）
9. **Tracking:** Targeted approach to Vaccination in districts reporting large numbers
10. 追踪：在通报患者数较多的地区采取针对性接种办法

Pandemic has pressed **ReSet** Button

此次大流行已按下**重置**键

- **We need to Review our lifestyles**
- **-我们需要重新审视我们的生活方式**
- **Continue the good practices that we have learnt during COVID-19**
- **发扬我们从抗击新冠肺炎疫情中得到的优良经验**

Universities have introduced Courses on COVID-19

各大学已开设新冠肺炎相关课程

M. Sc. Biochemistry 生物化学理学硕士

Physiology, Transmission, Dos & Don'ts, Containing the epidemic/pandemic

生理学、传播学、注意事项、流行病/大流行病管控

Humanities 人文学科

Social and Economic aspects of pandemic

大流行病的社会方面和经济方面

BUILD BACK BETTER

重建得更好

- **Green Earth 青山绿水**
- **Blue Sky 蓝天**
- **Sustainable, Climate Smart and Disaster Resilient Community**
- **可持续性、气候友好性、抗灾型社区**

Thank You

谢谢