

Overview: A study conducted by the Chinese Center for Disease Control and Prevention of 44,500 confirmed symptomatic infections showed that up to 80% of COVID-19 patients with mild and moderate disease can be effectively managed in home care (HC)¹. The research found a relatively low 2.3% mortality rate for HC with most fatalities among patients with advanced age or underlying medical comorbidities. In India, with the healthcare system stretched beyond breaking point and more than 400,000 cases and 3,000 deaths each day², there is a crucial need for systemwide alternatives to manage the current surge. Responding to this need, Mysore Medical College and Public Health Research Institute will be implementing an evidenced-based intervention entitled *Ārōgyakara Mane* ('Healthy Home' in the regional language of *Kannada*) to provide community-health-worker-managed home care for ~120,000 residents of Mysore District that will not have access to hospital care during the current COVID-19 surge.

Background: Mysore District is an administrative district in the South Indian state of Karnataka. With about 3 million people, the district has roughly the population of the US state of Mississippi^{3,4}. Mysore has already exceeded the total capacity of 6,124 total hospital bed capacity so residents are no longer able to be admitted for hospital care even if they are suffering severe COVID-19 disease⁵. Currently there are as many as 3,000 patients turned away from hospitals each day—with at least 700 of those suffering severe COVID-19 disease⁶.

Ārōgyakara Mane is based on best practices for outpatient evaluation and management of COVID-19 illness⁷. The overarching goal of the program is to provide appropriate home care and support for patients with coronavirus disease and their families. To achieve this goal, we will carry out the following activities:

1. Identify and enroll COVID-19 patients into *Ārōgyakara Mane* from areas in Mysore District with the highest case and mortality rates, providing inclusive free services to people in need irrespective of gender, income, community, religion, ethnicity, language, or cultural affiliation.
2. Hire, train, manage, and provide ongoing training and support for a workforce of 250 community health workers (CHW) providing outreach and case management services for ~120,000 COVID-19 patients over approximately six months.
3. Provide COVID-19 support services on a per-protocol basis under the management and supervision of a licensed physician.
4. Use mix of home visits and telemedicine outreach to manage COVID-19 patients.
5. Provide training on COVID-19 prevention for families and close contacts of COVID-19 patients enrolled in *Ārōgyakara Mane*.
6. Provide intensive community messaging on COVID-19 prevention and support for family members with COVID-19.

The Need: *Ārōgyakara mane* will be managed by a collaboration between Department of Community Medicine, Mysore Medical College, and Public Health Research Institute

of India, a Charitable Trust that has been providing free and low-cost medical care to Mysore’s low-income communities since 2007. The program will raise its budget from both donors in Mysore and abroad. We anticipate the following program costs:

Budget (June 1st through December 30th, 2021)

Program Site	Public Health Research Institute of India				
Project Title	Ārōgyakara Mane (Healthy Home)				
				Time:	6 Months
Name	Title		Cost/unit	Units	Total
A. Personnel					
Mudassir Khan, MD	Training & Medical Director			Donated	\$ -
Poornima Jaykrishna	Project Coordinator			Donated	\$ -
TBD	Community Health Workers		\$ 68.00	250	\$ 102,000
				Subtotal	\$ 102,000
B. Supplies					
Finger Oximeter			\$ 16.00	250	\$ 4,000
Oxygen Concentrators			\$ 575.00	25	\$ 14,375
				Subtotal	\$ 18,375
C. Miscellaneous Expenses					
Cell Phone Currency			\$ 15.00	250	\$ 22,500
Medications			\$ 1.35	24000	\$ 32,400
Training Costs					\$ 5,000
Transportation	\$1.35/day bus are*30 days*250 CHW*6		\$ 1.35	250	\$ 60,750
				Subtotal	\$ 120,650
Total Direct Costs (A+B+C)					\$ 241,025
Indirect Costs	8% of direct cost				\$ 19,282
Total Requested					\$ 260,307

How can you help:

Please consider donating whatever you can to the following link. 100% of the funds are sent to India for the work proposed here.

<http://sahaya.org/donate/>

Sahaya International serves as a fiscal sponsor for many different organizations globally. So, please indicate the donations are for “*Project Prerana*”, as that is the name we are known at that organization.

REFERENCES

1. UNIT DPH. COVID-19: GUIDE ON HOME-BASED CARE, SCREENING & ISOLATION WARD SET UP. *Found at:* https://www.un.org/sites/un2.un.org/files/coronavirus_isolationwardguidancepdf Accessed on April 30, 2021. 2020.
2. Slater J, Masih, N., Irfan, S., . Coronavirus has crushed India's health system. Patients are on their own. *Washington Post* 2021.
3. US Census Bureau. QuickFacts: Mississippi. *Found at:* <https://www.census.gov/quickfacts/MS> Accessed on May 1, 2021.
4. Government of India. Census 2011. <https://www.census2011.co.in/census/district/263-mysore.html> Accessed on May 1, 2021.
5. Government of Karnataka. Details of Covid Beds available in the major DCH private hospitals in Mysuru District DATE:20-09-2020. *Found at:* <https://www.masthmysore.com/wp-content/uploads/2020/03/Report-as-on-20-09-2020-1.pdf> Accessed on May 1, 2021. 2020.
6. Personal Communication. Dr Mudassir Azeez Khan Professor & Head Department of Community Medicine Mysore Medical College and Research Institute. May 1, 2021.
7. Cheng A, Caruso D, McDougall C. Outpatient Management of COVID-19: Rapid Evidence Review. *Am Fam Physician*. 2020;102(8):478-486.