PREVENTING COVID: HARNESSING THE POWER OF COMMUNITIES (COMMUNITY BEST PRACTICES)

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Abstract
This study investigated the role of community awareness in leveraging crowd wisdom and creating collective wisdom during the COVID-19 pandemic. It also explored the effect of this wisdom and the value of social media during such crises. Community involvement is considered an essential part of past epidemics (such as Ebola). However, there are concerns about a lack of community engagement and a bottom-up approach to the COVID-19 response so far. Determining how community engagement methods have been used in past epidemics can help implement stronger implementations in the COVID-19 response. The results show that community awareness plays an important role in the use of group wisdom and the creation of collaborative knowledge. The results confirmed the substantial effect of community awareness, and group wisdom in tackling the COVID-19 crisis.

Key Words: Community Awareness, COVID-19 pandemic, Community Best Practices

Introduction
The first case of COVID-19 infection, in India, was detected from Kerala on 27th January 2020 after a 20 years old female was admitted to the General Hospital, Trissur, Kerala. She was accompanied by symptoms of dry cough and sore throat for a day. Later she confessed that she had returned from Wuhan City, China on 23rd January 2020 due to COVID -19 outbreak in China

As of 23rd May 2021, the infected people around the world have crossed 26.8 million with an average of thousand new cases every day. It has caused more than three hundred thousand deaths. While In India the maximum number of cases was reported from Maharashtra. Coronaviruses were detected in 2019 and caused a respiratory infection disease which become popular as Covid-19. The pandemic shook the boundaries of people around the world and isolated them from the actual world around them. Indian Government was trying hard to stop the mass spreading of the virus. The government implemented different forms of measures to fight against the spreading of virus-like confinements, quarantine and measures to close gyms, schools, colleges, offices, ban on travel etc. Cities around the world had become haunted and empty, People were made to stay inside their homes according to the strict government instructions with less or no relevance for social, economic and political work. It had become a global crisis of unprecedented effects and myriads of

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unforeseen circumstances. Collaboration and mutual support had become a very strong weapon for building resilience and adapting to challenges, risks and unforeseen changes that were impacting the countries.

Being one of the second largest populated countries in the world, even our country India was also not left behind from the pandemic attack and the virus spread at a steep rate at the community level. Thus, it became imperative to analyze the possible repercussion of pandemics in our country and projections were made as to how it would behave thereafter. Various prediction methods were established and genetic layouts have been performed to substantiate cases and death cases beyond the three majorly affected states of North India. The prediction was shown with the help of various models.

The pandemic (Covid-19) had altered our world. The general risk of communicable diseases had confronted our existing service methods. This approach had experienced intensive alteration and portrayed that health and safety are of paramount importance in all facets of our lives. The pandemic also underlined the exigent human-centred innovation in global health and the need for the quick fix to be driven by the communities they serve. The virus uncovered and disrupted the existing social and genetic disparity, leaving many communities with a short supply of medical services and vulnerable to disease. These problems crop up before Covid-19 but aggravated the repercussion. If this is left without serious action, it will continue and become infected. By financing laboriously in people and upholding the community-led innovation, the community could prepare for catastrophe without being impacted by it. The amount of aftermath and complexity of Covid-19 have exceeded many of our current solutions. Now is the time to work collaboratively all across departments/sections, community to judiciously innovate and overhaul systems and formations that have been mutilated by the covid-19.

Literature Review:
The onset of the COVID-19 epidemic created a worldwide emergency. To stop the spread of the virus, the governments countrywide forced closures, and methods of segregation were established worldwide (Omoush et al., 2020).

COVID-19 is one of the most common viral infections in recent history that has affected every country, state, community and individual. (Huang et al., 2020) in their research stated that accurate and dissemination of timely information to avoid socializing and build resilience between communities to prevent the spread of the pandemic was the need of the hour and people to deal with the COVID-19 catastrophic shock. (Boyd and Martin 2020), reported a public sentiment that represents personal feelings about public buildings in times of disaster.

Social media tools provided popular forums for communication and facilitated sharing, as well as conveyed a sense of unity to many, during difficult times. These forums have created sustainable opportunities to unite individuals and groups (Gui et al., 2017; Abdulhamid et al., 2020).

The various models of social media and use of the power of societies and communities reported in the literature suggest that public sentiment affects the intelligence of the crowd.

Public sense and crowd intelligence - the crowd showed great influence on everything whenever needed. As per the findings of (Gorzen 2019), the wisdom of the crowd resulted in the consolidation of a large number of judgments in order to improve diversity, volume, and knowledge based on a large number of donors from different domains. Participated in social media forums. As per the studies conducted by (Gorzen 2019), social media provided an unprecedented level of citizen engagement in communities, which exerted the power of mob intelligence. Social media tools served as platforms for the collective intelligence of online volunteers with a high sense of community commitment in emergencies. The use of knowledge and information provided by social media changed public perception and lead to a reduction in reliance on official information, a greater sense of participation, and greater reliance on problem-solving in crisis and emergency situations. Harnessing the services, knowledge and wisdom of the communities, therefore, played a major role in this pandemic situation, especially throughout the second wave. Various organizations have developed different methods to assist employees in managing information and dealing with uncertainty. The community and countries at a large face a number of challenges in managing COVID but social media has played a prominent role in linking groups with colleagues to promote informal relationships in organizations. As a result of these processes and the growth of public opinion, companies and societies were benefited from new partnerships between individuals.

Public sense and the creation of shared information - Information created through individuals, groups and societies helped a lot to adapt to the situation. When the situation got tough, people came up with new and countless ideas and information and shared it all with the help of social media to deal as well as contain the spread of the disease. When the government failed in its efforts to deal with the intense situation, people felt an urge to unite at the societal level and felt they came together as a community or as a group. They contributed and combined their resources as a community and created knowledge and pooled their resources to fight this deadly virus. Fluid communication and technology were combined with social media fostered a sense of community among participants, who may be employees of an organization or citizens in one city or country, among others. Social media can support shared and collaborative insights between members, creating novel and renewable information. Recent research done by (Hern′andez-Sell'es et al., 2019) and (Boyd & Martin, 2020) has confirmed that the promotion of co-learning in communities required the strengthening of social consciousness. This study further explored whether public sentiment played an important role in increasing the formation of collaborative wisdom in response to the COVID-19 challenge.

Objectives

➤ This study has been undertaken to understand the measures and initiatives taken at the community level to contain the spread of COVID-19

➤ This study also attempts to highlight some of the best practices undertaken at the community level and give suggestions accordingly to deal with COVID-19

Research Methodology
Research Design
This report is based on a research design which is descriptive in nature as information was collected for statistical analysis from the targeted population sample. The aim of the study was to identify characteristics, frequencies, trends, and categories of information related to COVID-19 prevention measures and best practices in the society

Sample Size
Total of 195 respondents of which 105 male and 90 females were interviewed. Male and female size of representation was almost equal. Since Tanya is from Nepal and myself from Bhutan, we have also included some respondents to have diverse views. For these 162 respondents from India (83%) 19 respondents from Nepal (10%) and 14 respondents from Bhutan (7%) were from India is from the respondents were from different section of the society like, Students, health workers, civil servants, public employee, private employee, shopkeepers, police and cooks. Our targeted age group for the sample size was from 18-65 years old respondents.

Data
Primary data: The main source of our primary data was collected using electronic questionnaires which was the main instrument for data collection. All the questionnaire was based on multiple-choice with 5 possible options for each of the questions. In other words, it was a structured interview because the same question was asked to all the respondents in the same sequence. Our data collection started from 25th April to 20th June 2021which was almost two months duration. Due to movement restriction in all over the world due to pandemic, the respondent is interviewed via telephone however, some of the nearby people like a closed circled friend, family members were interviewed physically

Secondary data: Secondary data like articles published by different authors, video clips of awareness programmes, websites of related organizations were used to support the research findings.

Data Analysis
Demographic Data of the Respondents

Table 1: Age-wise distribution of the Respondents

Age	Number of people
65 and above	58
55-64	30
45-54	13
35-44	12
18-24	9

Table 2: Male and Female Respondents Ratio

Total Male Respondents	Total Female Respondents	Percentage of male	Percentage of female
105	90	53.8%	46.2%

Table 3: The Below Table Shows Vaccinated Age Group of the Respondents

	Age (in years)	Percentage
1	18-24 years	4.6%
2	25-34 years	4.1%
3	35-44 years	2.1%
4	45-54 years	6.7%%
5	55-64 years	45.1%
6	65 years and above	45.1%

Figure 1

It is shown how many respondents think vaccinations can be effective in limiting the spread of covid. There are 51.3% of respondents who think vaccination can be effective.20.0% of respondents are not very clear about it.27.7% of respondents partly agree with it.
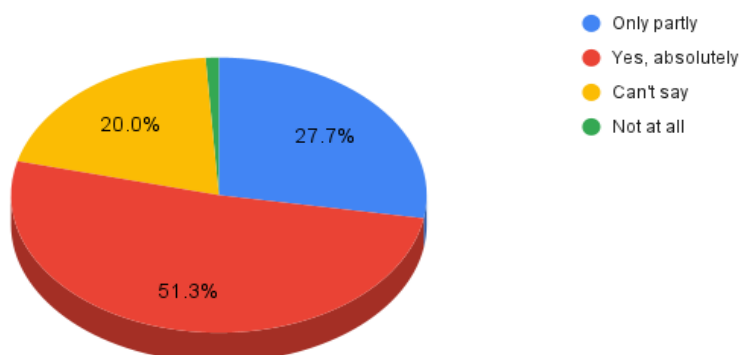
Figure 2

Figure 2 shows the percentage of people who heard the latest government campaign for spreading awareness about Covid 19 called *Safai bhi, Dawai bhi, Kadhai bhi*. So, there are 70.8% of people who are aware of the latest government campaign whereas 29.2% of people who still are not aware about this campaign
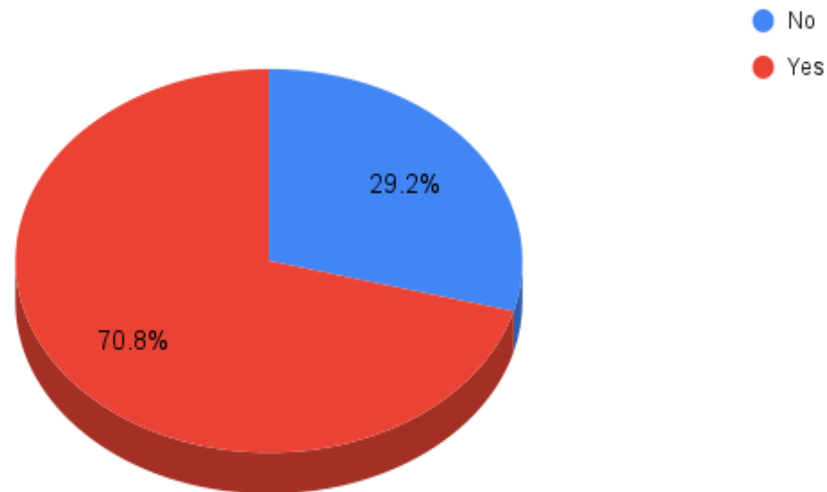

Figure 3

This figure shows the behavior of people whether they wash their hands with soap and water frequently. So according to the figure there is the highest percentage of people i.e., 54.4% who always wash their hands with soap and water and the people who wash their hands with soap and water only sometimes are 9.2%.
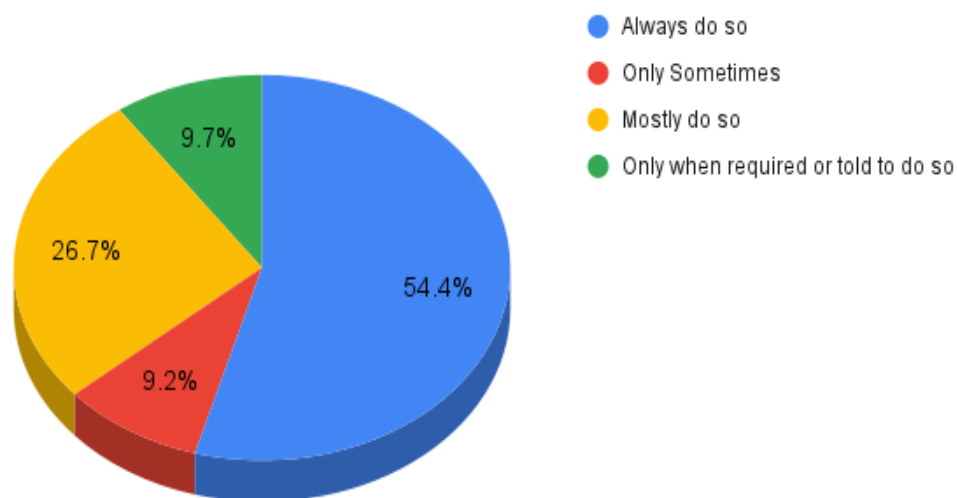
Figure 4

This figure shows the behaviour of people in relation to wearing a mask properly or not.**70.3% always wear** masks whereas 25.1% of the most of the time wear a mask and others not always or not possible for them to follow.
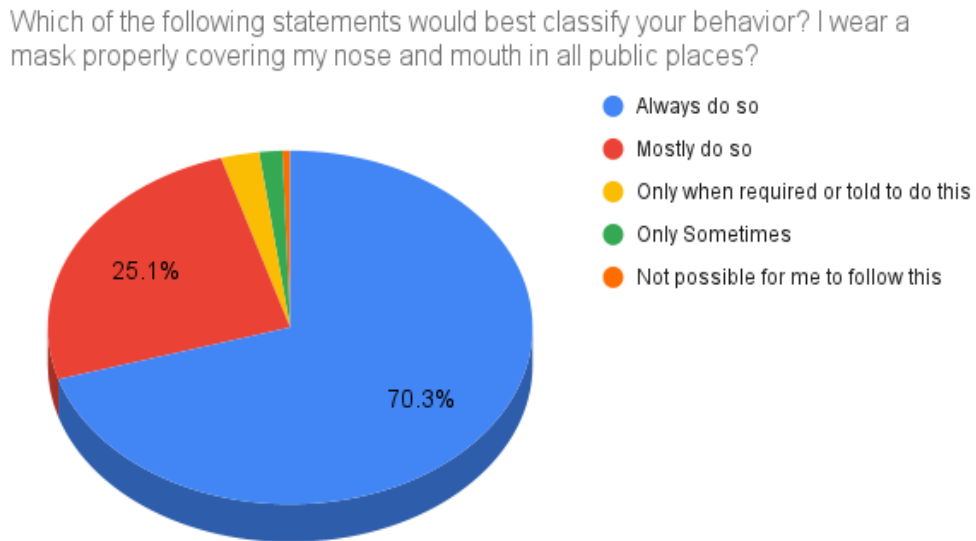

Which of the following statements would best classify your behavior? I wear a mask properly covering my nose and mouth in all public places?

- Always do so
- Mostly do so
- Only when required or told to do this
- Only Sometimes
- Not possible for me to follow this

Figure 5

Figure 5 shows the behaviour of people whether they use a sanitizer to clean their hands whenever they touch any public surface or need to shake hands**.** So, according to this figure, there are 58.5% of people who always use sanitizers to clean their hands properly whenever they touch the surface or whenever they shake hands and 28.7% mostly do so.
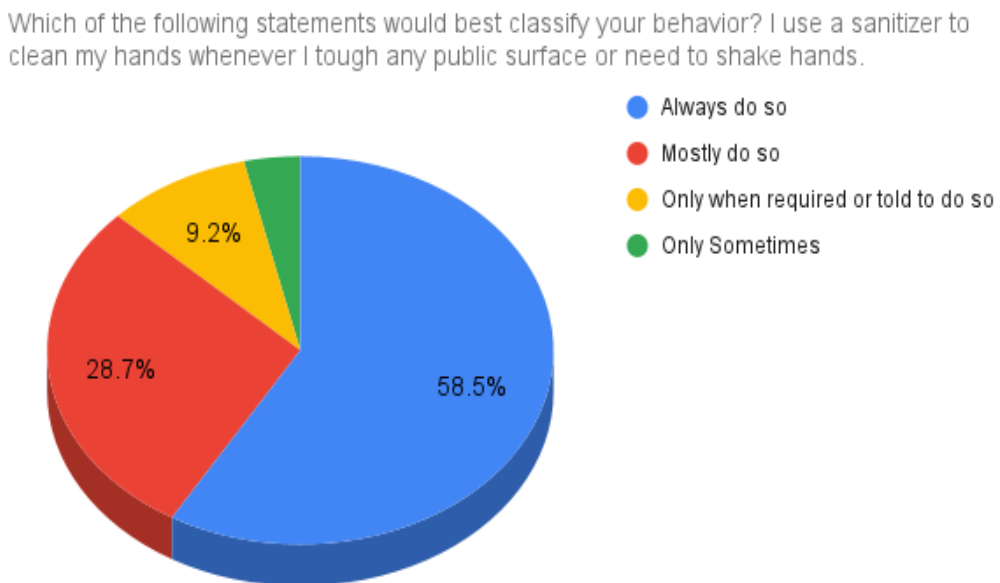

Which of the following statements would best classify your behavior? I use a sanitizer to clean my hands whenever I tough any public surface or need to shake hands.

- Always do so
- Mostly do so
- Only when required or told to do so
- Only Sometimes

Figure 6

This Figure shows how many people avoid going to crowded places such as market places, religious places and gatherings. So, this figure illustrates that 48.7% of people always avoid going to crowded places. 8.7% of people do so only when required or told to do so.
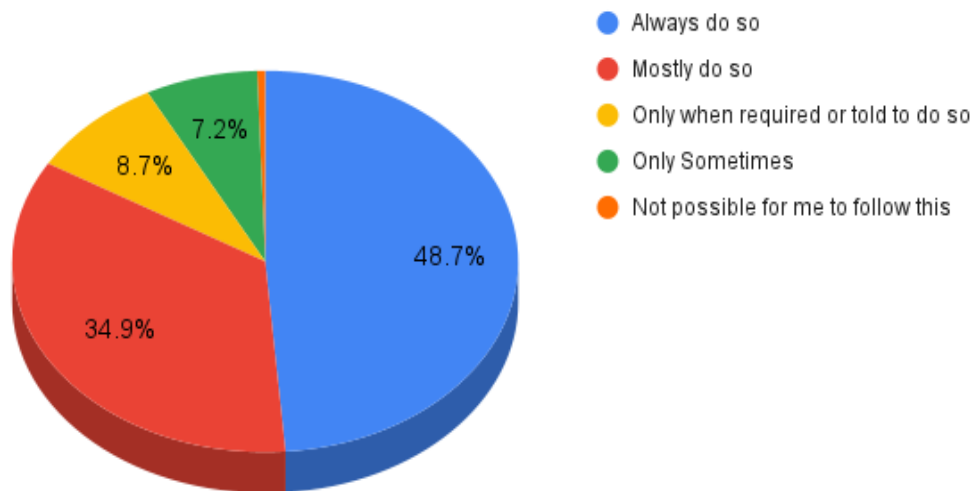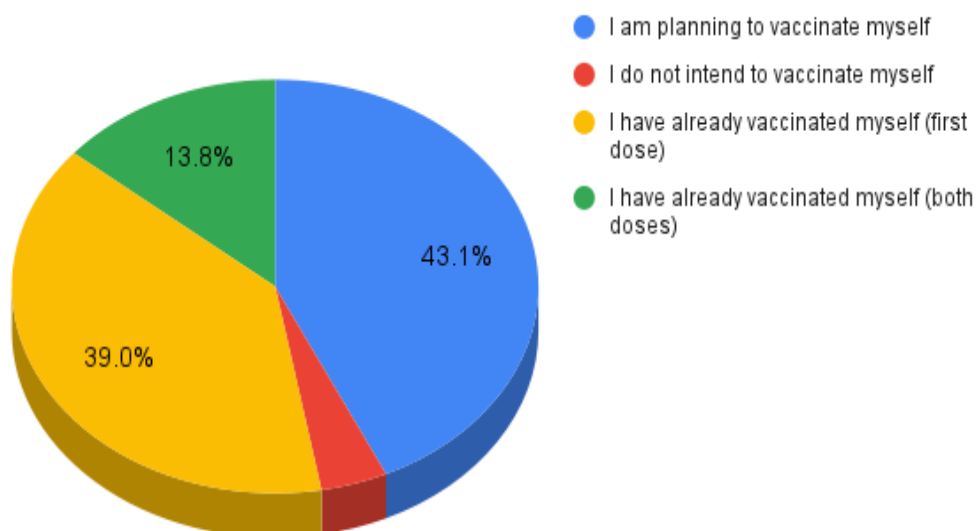

Figure 7

This Figure shows people's attitude towards the vaccination.43.1% is planning to vaccinate themselves.

A glimpse of the Community Best Practices
In regards to the spread of the COVID19, mostly literate and urban people were aware and conscious of the spread, particularly of virus infection symptoms such as fever, cough, sore throat, tiredness, running nose and possible infection methods from one person to another. The daunting task before the government and the authorities were to encourage the ordinary people and boost their morale in these difficult times. People showed confidence that disease can be prevented but are concerned for the loss of life, and to an extent of hope, due to pandemics. The majority of people were in public spaces or used public transportation, and it was imperative that the government should take extra precautions to sanitize public places and prevent the spread of this pandemic. They resorted to prevention methods such as lockdown, naturopathy and social distancing, and the government started making necessary arrangements.

The first and foremost endeavour of the authorities was to stop the interaction and mingling of people, which posed as the biggest threat to community transmission. Efforts were concentrated to discourage people from associating with others. People were relying on trusted and not so trusted of sources of information that can hardly be authenticated; thus, the government made a sincere effort to broadcast all relevant information to the widely used platforms. Common people in society were made aware of medical facilities and other government initiatives, which were vital to cease the infection. Apprehensions and anxieties among the public regarding COVID-19 disease were checked and reduced by counseling, and measures were undertaken to utilise the power and wisdom created by the societies and group at large. There was a dire need to intensify the awareness program during this pandemic to prevent its spread.

Some of the Community Best Practices that were found to help the community deal with the Pandemic are listed as follows:
✓ Contribution made by the religious organizations
✓ Awareness Campaign launched through social media such as Facebook, Twitter
✓ Collective efforts of various RWAs and Residential Societies to come- up with Isolation Units
✓ Collective Efforts of Doctors/ Healthcare providers to provide online consultation to mitigate the rush in the overcrowded hospitals

Rakab Ganj Facility
When the situation worsened, and it seemed government efforts were not enough to deal with the situation, a Sikh religious place and hired 200 staffers who worked in shifts as the intake of the patients increased at the Rakab Ganj installation.

'A blessing': Delhi's Rakab Ganj Gurudwara sets up 400-bed facility to help city fight Covid

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Later the centre increased its capacity to 300 beds treating covid patients. The makeshift Care Centre began performing at Rakab Ganj Gurdwara in Central Delhi and catered to the cases which can be cured with minimum medical supervision.

Centre set up by Delhi Sikh Gurudwara Management
Patients with oxygen levels of below 85 were only admitted, which implied that serious cases were directed to the hospitals better equipped to handle such cases. The treatment was given free and there were no admission charges. Resultantly, there was no crowd at the centre and serious cases were being appertained to a nearby Government hospital. Nem Singh Premi, Chairman of IHRO mentioned that 400 beds were made functional, and voluntary services of helped in furnishing healthcare workers and individuals from the society were taken to deal with the critical situation. The process for the patient admittance was smooth and did not require many formalities except for the submission of the Aadhaar card.

The centre had been attached with a nearby government hospital to take care of the patients with critical symptoms. The Delhi government took care of the medical facilities and equipment and ensured that proper medical care was imparted to the patients. All other facilities were set up by the DSGMC at their level and utilizing their own resources. As a religious organization, they provided services to society by providing an ample number of beds and medical care. And in case a patient's condition got severe, they would be shifted to the ICU ward of the hospital"

Local Doctor to Take Charge Of COVID-19 Centres in Societies, Delhi

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RWAs Efforts

Gaur Saundaryam Society created L1 beds for Covid patients for their society members, Sabari, Greater Noida (West) Extension (ATMA NIRBHAR)

Findings & Interpretation

➤ This current project finds out the impact of covid 19 and the measures and initiatives taken at the community level to contain the spread of COVID-19

➤ The findings show a high percentage of 45.1% of respondents who think people between 65 and above,55-64, age bracket, 45-54age, 35-44 age bracket, 25 - 34 age, 18 - 24 age group all should go for vaccination.

➤ Living with COVID 19 depends, more than ever, on social responsibility to comply with preventive measures to be vigilant and to help to protect the vulnerable.

➤ From the data analysis, this project investigates that 51.3% of people agree that vaccinations can be effective in limiting the spread of covid.

➤ 39.0% of people have already vaccinated themselves with the first dose of the vaccine while 13.8% of people are still planning to vaccinate themselves.

Recommendations

➤ Encouraging people to take COVID-19 vaccination should be implemented rigorously and religiously. Special efforts need to be made in regards to rural areas where there is less awareness. Village headsmen should be instructed and guide each and every village people for the covid vaccine.

➤ The general public should be sensitized and made aware of the COVID protocols to stay safe by following precautions and practising physical distancing, Various campaigns were launched to sensitize people to use masks at public spaces, avoid crowded places, wash hands and coughing and sneezing in a particular position.

➤ Public figures and celebrities should be roped in to create a wave of sensitization among the general public, as they are taken as a role model and heard.

➤ It has been observed that religious organizations such as Gurudwaras, temples, RWAs, societies which have the capacity to rope in volunteers and treat and provide medical care to not so serious cases should be utilized to full capacity.

➤ Government should invest heavily in people and support community-led innovation. We can prepare for crises without being disturbed by crises. The scale, impact and complexity of Covid-19 have surpassed many of our existing solutions.

References

Abdul Hamid, N. F., Jaafar, A., Mohamd Mahmod, N. H. N., & Raja Amir Hamzah, R. N. N. (2021). Financial Implication of COVID-19: A Story of Malaysian Dental Practitioner. *Journal of Dentistry Indonesia*, *28*(3), 177-184.

Al-Omoush, K. S., Simón-Moya, V., & Sendra-García, J. (2020). The impact of social capital and collaborative knowledge creation on e-business proactiveness and organizational agility in responding to the COVID-19 crisis. *Journal of Innovation & Knowledge*, *5*(4), 279-288.

Boyd, S., & Martin-Loeches, I. (2021). The incidence of venous thromboembolism in critically ill patients with COVID-19 compared with critically ill non-COVID patients. *Irish Journal of Medical Science (1971-)*, *190*(4), 1317-1320.

Huang, Y. H., Jiang, D., & Huang, J. T. (2020). SARS-CoV-2 detected in cerebrospinal fluid by PCR in a case of COVID-19 encephalitis. *Brain, behavior, and immunity*, *87*, 149.

Koh, J., Shah, S. U., Chua, P. E. Y., Gui, H., & Pang, J. (2020). Epidemiological and clinical characteristics of cases during the early phase of COVID-19 pandemic: a systematic review and meta-analysis. *Frontiers in medicine*, 7, 295.

https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus

https://www.youtube.com/watch?v=KqmQiiXxsVs

https://www.thehindu.com/news/cities/Delhi/covid-centre-at-gurdwara-now-functional/article34530460.ece