District 3141
Rotaract
Club ID : 7465

Club of
Bombay West
Rotary Club of Bombay West

Rise Above Yourself...

Rotaract
Achievers Lanka Business School

Joint Bulletin

By

Rotaract Club of Bombay West and the Rotaract Club of Achievers Lanka Business School

RID 3141

RID 3220

Rotaract Club of Bombay West

Rotaract Club Of Bombay West, today, is one of the most successful clubs in Mumbai having ranked towards the top in District 3141 repeatedly due to its innovative projects and work ethic of its members. Currently holding the tag of the Best Community Club in Mumbai District. However, every big achievement has its small beginning. Ours began on 19th April 1969 as the youth wing of the prestigious Rotary Club of Bombay West, the first baby club of Rotary Club of Bombay itself! Having been dormant for several years, the club was revived in 2017. With the new generation taking over and with fresh ideas and perspectives, Rotaract Club of Bombay West delivered quality in terms of their projects.Today, Our Signature Projects are known in the district and we strive to maintain the quality at the same standard.

Rotaract Club of Achievers Lanka Business School

The Rotaract Club of Achievers Lanka Business School was chartered on the 10th of March,2010 under our parent club, The Rotary Club of Colombo Mid Town. The club is based in one of the leading ACCA & CIMA tuition providers in Sri Lanka and is the first and only CIMA institute with its own Rotaract Club. The club is now in its 12th year, with many successful projects to its name. Within just 11 years from inception, Rotaract club of Achievers Lanka Business School now stands toe-to-toe with several clubs that have been in existence for approximately 30 years. Despite the relative inexperience, the club, guided by able hands of distinguished past presidents has built up a reputation of carrying out one successful project after the other. The club is specially known for implementing unique projects based on different concepts

President Speaks

Rotaract is a worldwide organization which encourages not just social service, but heavily emphasizes on networking, fellowship and growth. And owing to the large scale of this organization, it is not limited to one's club or locality, but the sky's the limit.

Twin Club Agreements provide wonderful opportunities for two Rotaract Clubs to join hands and come together and amplify their Rotaraction but widening the reach to another part of the World. I am delighted to be instrumental in this process of associating the Rotaract Club of Bombay West with the Rotaract Club of Achievers Lanka Business School.

With this we take one step closer to exchanging ideas, sharing cultures, promoting diversity and discovering new possibilities. Epidemic Preparedness is one of the core components of the Rotaract movement, and is of paramount importance in fostering a sense of global leadership and service throughout our community. On this day we would like to have an overview of India and Sri Lanka's level of preparedness with regards to epidemics and how we can control the spread of COVID-19 with in our countries.

The awareness regards to such a virus is a necessity. The United Nations General Assembly has approved a resolution proclaiming December 27th as the International Day of Epidemic Preparedness to keep a global spotlight on the need to strengthen global measures to prevent pandemics like COVID-19. UN World Health Organization to facilitate the observance of the International Day of Epidemic Preparedness to ensure the transmission and exchange of information, scientific knowledge and best practices on preventing and responding to epidemics locally, nationally, regionally and internationally.

It is extremely essential for the youth of today to have a grip on everything possible. Knowing about another country is a part of this process of learning. We, as Rotaractors, strive to spread love and fellowship beyond our country's boundaries.

It's a pleasure to have my note as a part of this bulletin which consists of so many emotions put together to collectively describe our countries and their cause and effort in addition to knowledge on our respective clubs and projects. I hope this helps you and your team in getting a better understanding about our just the way your bulletin will help us.

Lastly, I'd like to acknowledge and convey my sincere gratitude to everyone who has been a part of this twin club agreement and worked diligently to make this happen!

Regards,
Rtr. Rithik Lodha President 2021-22
Rotaract Club of Bombay West, Rotaract District 3141

President Speaks

Since I was in school, I have been moved by movements such Interact, and when I joined Rotaract I was able to further my desires toward being part of a social movement where young leaders get an amazing opportunity to commit to avenues such as Community Service, Professional Development, and International Services where, individuals get an added advantage to bond with diverse communities over diverse experiences. If I am to share an insight as to myself, I believe that hard work always pays off, and if one makes a commitment, it must always be met. I live by the term "High Risk, High return" whereas the youth of the country, young individuals must always be strong and courageous enough to step out of the comfort zone and do what make oneself uncomfortable until it doesn't anymore. My vision for the year is "Serving by Embracing the Change", where the community will be served sustainably subject to novel means. Accordingly, such will be incorporated into the change which is occurring around the world whereby as individuals in turn ourselves will too be served by improving professional development skills which are required by the changing business world. I would additionally like to mention the importance of maintaining a close relationship with the Rotary family, and for me the most important aspect is friendship, because it is the most basic human need, secondly business development, because rotary helps create network due to the members that come from all walks of life. Another aspect would be personal growth and development and leadership development.

Moreover, it is my privilege to share a few words for the joint bulletin between the Rotaract Club of Achievers Lanka Business School and the Rotaract Club of De Palmas Araguaia Tocantins.

Most times everything is better when done together than alone, because as we all know the more the merrier. Therefore, I'm a firm believer that Twin Club Agreements is a massive opportunity for two diverse clubs to partner with each other and find a middle ground where everyone can instantly connect and share cultures and ideas. This helps communities be more accepting and understanding of each other. When two very different entities get together and work toward one goal, it creates barriers due to differences of views and opinions but the beauty of pushing through is that as individuals we learn how to work side by side regardless of differences by finding a middle ground. This helps create humans that are selfless, caring, patient and kind. This helps create humans that are more susceptible to changing environments. What I think is most important in this time of day is acceptance and understanding and I believe that working with another club of a different district established in an entirely different country would help both communities respect cultural differences, and understand how to accept what each community have to offer. As a final note I would like to convey my sincere gratitude to everyone involved who tirelessly worked with dedication and commitment to make the join bulleting a success. As I always say, Rotaract although is a Voluntary Organization but it is a commitment that is taken up to serve ourselves by serving the community.

Regards,
Rtr. Bipash Suriyage,
President 2022-22,
Rotaract Club of Achievers Lanka Business School, RID 3220, Sri Lanka and Maldives.

Introduction

The First ever International Day of Epidemic Preparedness is being observed on Sunday. The United Nations General Assembly called on all its member states and other global organisations to mark December 27 every year as the International Day of Epidemic Preparedness to advocate the importance of global partnership against epidemics.

Some nations in the world and some states in India have had more success in containing this pandemic. Recent efforts in strengthening the health sector have focused largely on reforms in modes of financing, but as the pandemic brings home to us, the main challenge in India remains the challenge of the organization of public services using a health systems understanding. A close to community comprehensive primary health care, quality assurance, and planned excess capacity in public health systems, a more robust disease surveillance systems that can integrate data on new outbreaks and the indigenous technological capacity to scale up innovation and manufacture of essential health commodities are some of our most important requirements for both epidemic preparedness and response.

The thrust of reforms in recent years has been to shift the role of the government from being a provider of hospital services to becoming a purchaser of care from private hospitals. The ideological understanding on which this is based, is that with demand side financing, the poor who are currently unable to access private health-care services because they cannot afford it would now be able to do so. They could exercise choice and that would improve quality of care in both private and public hospitals. The PM-JAY scheme was introduced as a government-funded health insurance program that would provide coverage for all those below the poverty line. In the current pandemic, though a reimbursement package for COVID-19 was quickly included into the PM-JAY, few empanelled private hospitals have admitted or claimed reimbursement for the same.

As it stands today, despite the push for the purchase of hospital care from the private sector, public policy remains almost completely dependent on public hospitals to cope with the COVID-19 case load. However, public health services are designed on the basis of the minimum capacity that is required with the understanding that the rest of those seeking healthcare could go to the private sector. What is required now is a rapid expansion of public hospital capacity, if necessary, by acquiring private hospitals. Moreover, in terms of preparedness for future pandemics, what is required is to build public hospitals with a planned excess capacity, such that at times of pandemic or any disaster this can be drawn upon to manage the surge.

India

The Union Health Ministry's war room and policy making team in New Delhi decide how coronavirus should be tackled in the country, and consists of the ministry's Emergency Medical Response Unit, the Central Surveillance Unit (IDSP), the National Centre for Disease Control (NCDC) and experts from three government hospitals among others.

One aspect of quality assurance in healthcare that has gained prominence with the pandemic is infection control within health-care facilities. People coming in search of care for their COVID-19 symptoms mingle with those suffering from comorbidities and vulnerabilities in the outpatient wards or as in-patients, thereby leading to a major spread of illness. Fearful of infection, most private hospitals have closed down. What is required is to put in place protocols for preventing hospital-acquired infections. The National Health Mission had introduced the National Quality Accreditation Scheme (NQAS), but this is yet to go to scale.

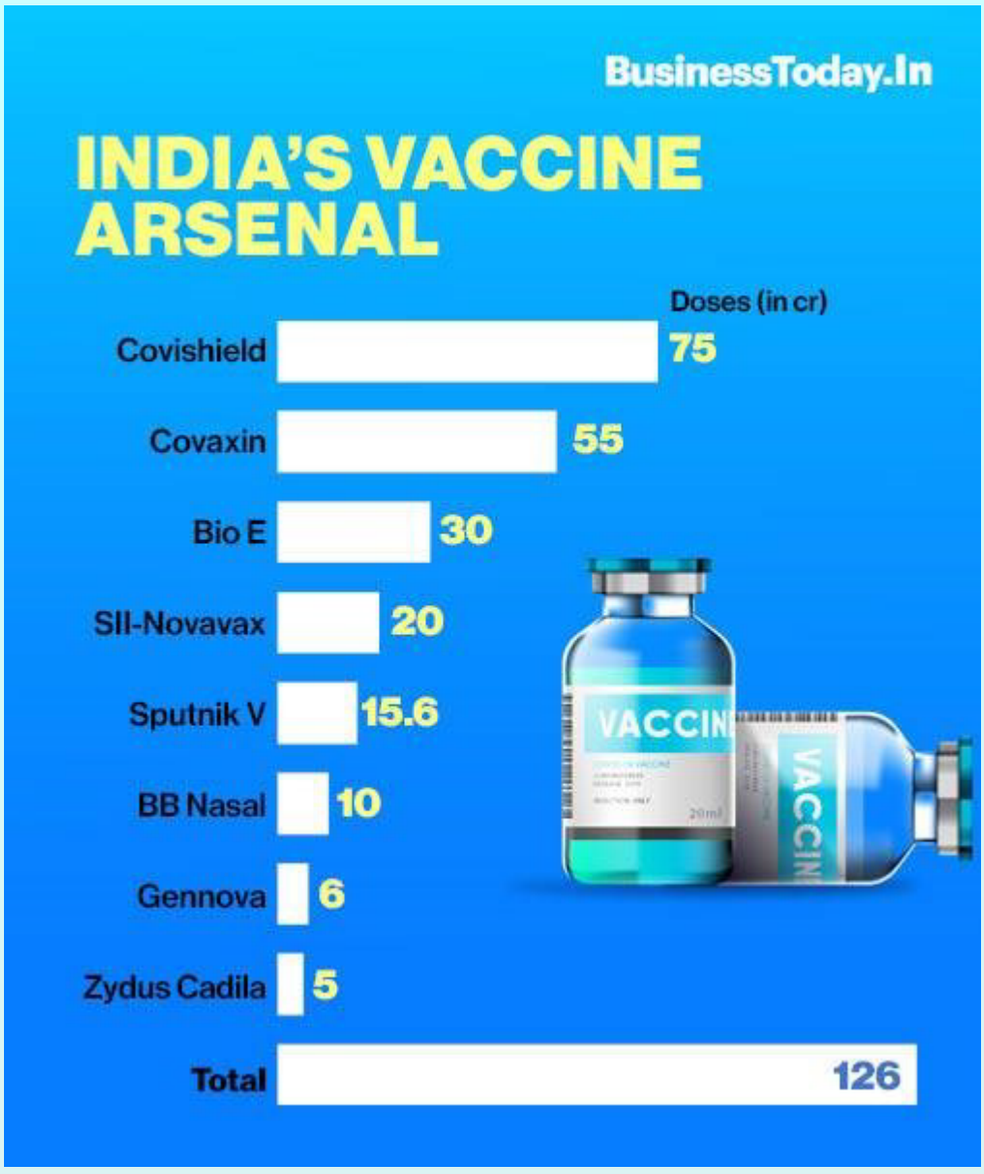
One of the most important steps in health systems preparedness is having a robust disease surveillance system in place. The paradox in India is that the country had built up a flu surveillance system as part of a reasonably robust Integrated Disease Surveillance Program (IDSP). However, instead of tweaking it to include COVID-19 surveillance, weekly reports that were made available in the public domain stopped after the first week of February.

COVID-19 spreads mainly by droplets produced as a result of coughing or sneezing of a COVID-19 infected person. This can happen in two ways: Direct close contact: one can get the infection by being in close contact with COVID-19 patients (within one Metre of the infected person), especially if they do not cover their face when coughing or sneezing. Indirect contact: the droplets survive on surfaces and clothes for many days. Therefore, touching any such infected surface or cloth and then touching one's mouth, nose or eyes can transmit the disease. The incubation period of COVID 19 (time between getting the infection and showing symptoms) is 11 to 14 days

The current set of COVID-19 figures reported daily by the media do give some understanding of trends, but are not reliable for either calculating incidence rates or mortality rates since their denominators are not at all clear, and also since those with mild and moderate symptoms, (who represent at least half if not more of all cases) were not tested. If on the other hand reports had been integrated with the IDSP, and clinical case definitions had been used, supported by rapid expansion of testing, we would be having a much better disease surveillance system. In its absence, one has to be cautious about all the measurement of rates, including the entire system of categorization into zones.

India's strategy was focused on cluster-containment, similar to how India contained previous epidemics, as well as "breaking the chain of transmission". 52 labs were named capable of virus testing by 13 March 2021

A crucial part of India's fight against second Covid-19 wave is vaccination. The country has an uphill task to inoculate about 850 million (85 crore) people over the age of 18. It means India will require 1.7 billion vaccines to inoculate the entire lot under the current phase 3. The government has said India will produce a total of 126 crore vaccines between August-December. Over 35.6 crore doses have been either procured or are in the process of procurement. However, the current vaccine makers Serum Institute - the biggest in the world - and Bharat Biotech alone won't be able to meet the demand.


BusinessToday.In
INDIA'S VACCINE ARSENAL
Doses (in cr)
Covishield 75
Covaxin 55
Bio E 30
SII-Novavax 20
Sputnik V 15.6
BB Nasal 10
Gennova 6
Zydus Cadila 5
Total 126
VACCIN


Ministry of Health & Family Welfare
Government of India
01-05-2021
Help us to help you
#Unite2FightCorona
INDIA WILL WIN THE FIGHT AGAINST COVID-19
6 FEET
2 GAJ
TOTAL RECOVERIES IN LAST 24 HOURS 2,99,988
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Precautions Taken

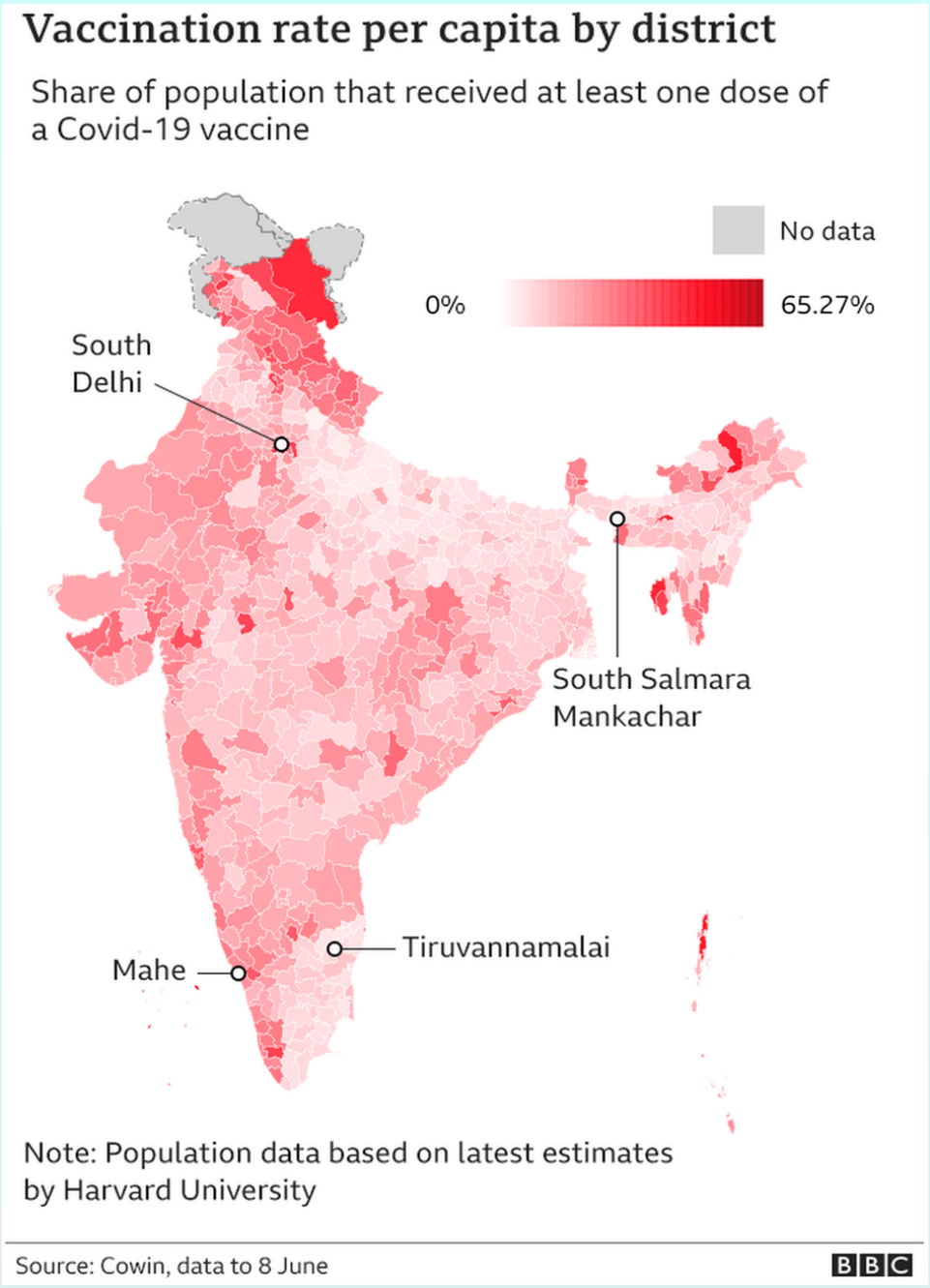
Practice Social Distancing:
Avoid gatherings such as melas, haats, gatherings in religious places, social functions etc. Maintain a safe distance of at least one Metre between you and other people when in public places, especially if they are having symptoms such as cough, fever etc. to avoid direct droplet contact. Stay at home as much as possible. Avoid physical contact like handshakes, hand holding or hugs. Avoid touching surfaces such as table tops, chairs, door handles etc.
b) Practice good hygiene Wash your hands frequently using soap and water: After coming home from outside or meeting other people especially if they are ill. After having touched your face, coughing or sneezing.
Before preparing food, eating or feeding children. Before and after using toilet, cleaning etc.

While coughing or sneezing cover your nose and mouth with handkerchief. Wash the handkerchief at least daily
It is preferable to cough/sneeze into your bent elbow rather than your palms.
What to do if you are having symptoms or have travelled to other countries or states in past two weeks?
Symptoms of COVID 19 and seasonal respiratory illness (common cold/flu) are similar. All people with these symptoms may not have COVID 19. Following persons should be quarantined for 14 days at home as a precaution: People who have travelled to COVID 19 affected countries/areas in past 14 days Those who have come in close contact with a suspected/confirmed COVID 19 patient Those who develop symptoms
These persons should inform you. If symptoms become severe then the person should visit a health facility after speaking with you.

Vaccination boost
The Union Health Ministry on Friday approved another instalment of Rs 14744.99 crore under the India COVID-19 Emergency Response and Health System Preparedness Package (ECRP-II package) to all states and UTs.
n view of the second wave, its spread into rural, peri-urban and tribal areas, and the evolving pandemic situation, the Union Cabinet approved a new scheme 'India COVID-19 Emergency Response and Health System Preparedness Package: Phase-II (ECRP-II package)' on July 8 amounting to Rs 23,123 crore. This scheme is to be implemented from July 1, 2021 to March 31, 2022, the ministry said in a statement

Administratively, India began preparing to vaccinate its population vaccinate its April 2020 with the setting up a Vaccine Task Force. Following this the National Expert Group on Vaccine Administration Following this the National Expert Group on Vaccine Administration for COVID-19 (NEGVAC) was formed, and in October 2020 states were asked to set up state level mechanisms for the COVID-19 vaccine programme, and prepare cold chains points.

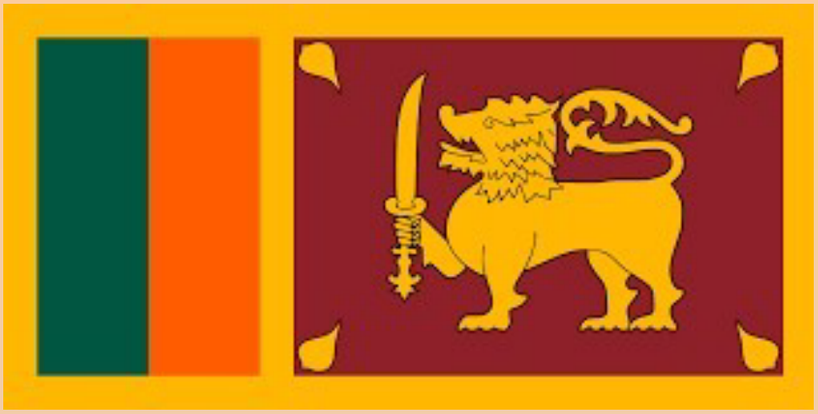
A communication strategy for the vaccination programme was also revealed by the health ministry in January 2021, targeting issues such as vaccine eagerness and hesitancy.
Vaccination Roll out
The pace of vaccination has picked up in India's overall population coverage is now on par with the global average. A little over seven months since the day India launched its Covid-19 vaccination drive on January 16, the mass i noculation programme is closing in on a major milestone, with nearly half the country's adult population receiving at least one shot of the vaccine.



Conclusion

In response to the pandemic, short-, medium-, and long-term measures are required. While short-term measures should focus on immediate relief, provision of critical care and equitable and universal vaccine roll-out, medium- and long-term measures would build a robust processes to deliver effective responses and guarantee rights to basic needs such as food, water, health, jobs, and shelter.

SRI LANKA



Introduction

To control the new coronavirus pandemic in the country, the government of Sri Lanka implemented a number of control strategies, including social distancing, quarantine, lockdowns, travel restrictions, and village isolation.

The purpose of this research is to look into the effectiveness of the overall control process using classical compartment models and network models. Our findings show that current control strategies are effective with at least a 50% contact rate reduction or at least a 40% isolation of the infected population's contact history.

As of the introductory stage In December 2019, a new coronavirus (COVID-19) epidemic was discovered in Wuhan Province, China, resulting in multiple fatalities and complications such as pneumonia and acute respiratory distress syndrome. The sickness quickly spread to all regions of the world and was labelled a pandemic by the World Health Organization on March 11, 2020

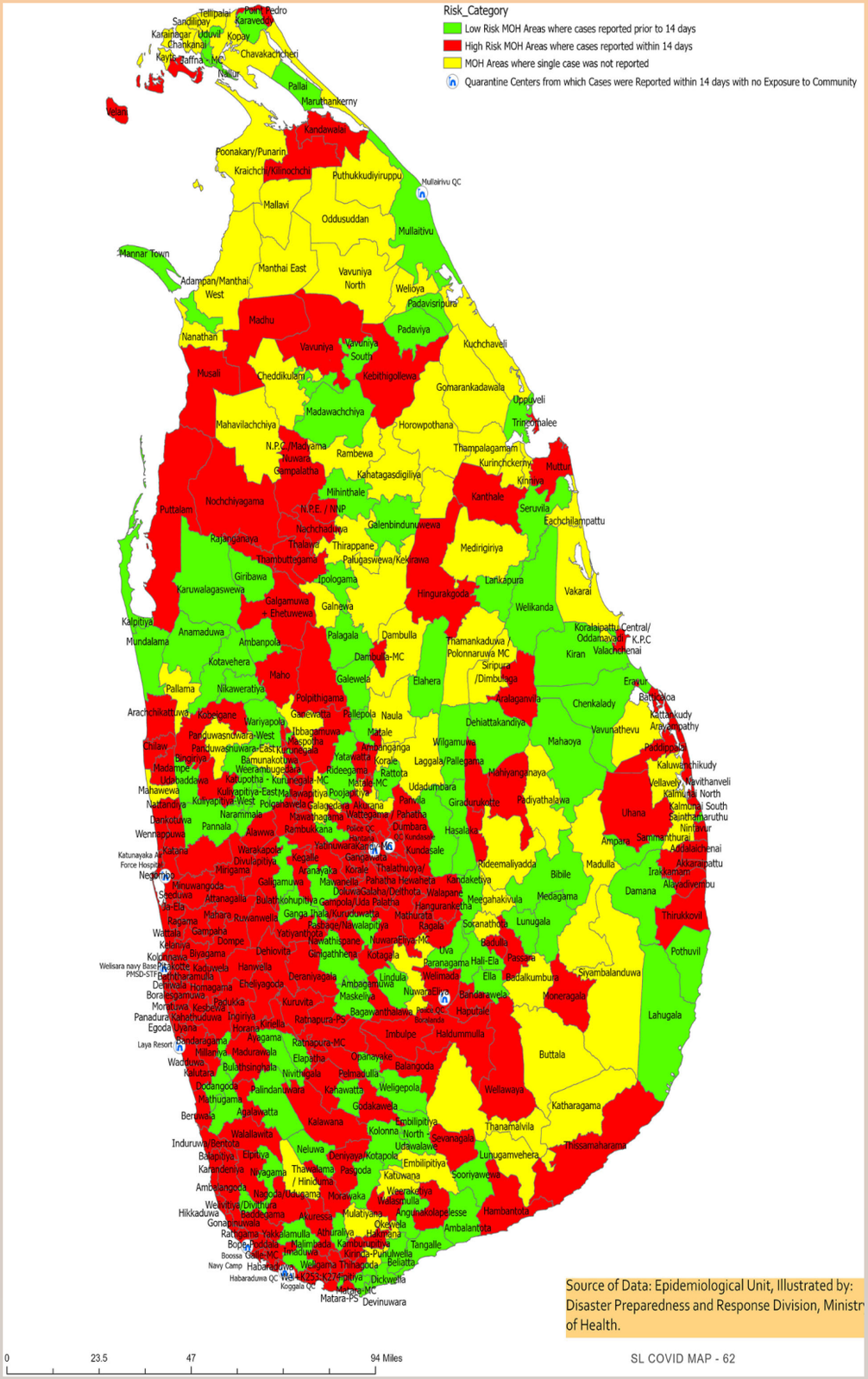
Precautions Taken

Despite considerable attention being devoted to additional control methods such as disinfectant spraying targeted at eliminating the virus, the principal control tactics used in Sri Lanka were directed at reducing human mobility. It is worth noting that this was not a method utilized in the country even during the many dengue outbreaks, despite the fact that others have long used mobility restrictions to manage infectious illnesses.

With the onset of the COVID-19 pandemic, however, rigorous precautions were implemented to limit human movement. On the 20th of March, a countrywide curfew was enforced until the 24th of March, and it was later extended, along with a stringent prohibition on inter-district movement. Since parliament had been dissolved until an election, the curfew was a legal instrument accessible to the newly elected administration. Three densely populated districts, Colombo, Kalutara, and Gampaha, have been designated as high-risk zones

The government also authorized the partial opening of offices and enterprises on May 11, 2020, and the limits were further eased with a new set of laws. Wearing a mask, for example, is required in both indoor and outdoor public venues, as well as public transportation. Police and army officials have been given the authority to check whether residents are following the regulations. Furthermore, hygienic precautions such as providing wash basins and sanitizers for clients outside grocery shops and supermarkets have been made mandatory, and retailers have been advised to use thermometers to monitor the temperatures of customers before they enter the premises

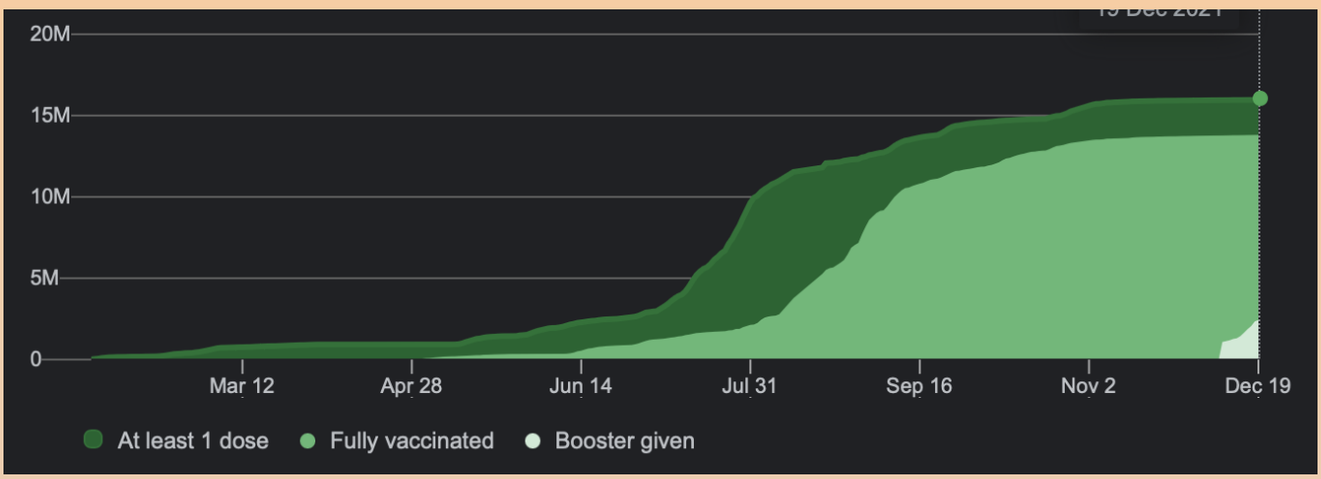
The affected areas and the risk category in each province is shown below.



Vaccination Process

Vaccinations such as Pifzer, Moderna ,Synopharm etc are available in Sri Lanka to all citizens and provided to age groups 18 and Upwards including the Boosters apart from the 1st and second dose.

32.2 Million vaccines are given to date
13.8 Million People are fully vaccinated



To slow the spread of the COVID-19 epidemic, the Sri Lankan government has imposed a series of control measures, including a statewide curfew, interdistrict travel restrictions, and the closure of high-risk communities. In this paper, we offer a conceptual model based on the standard SEIR model to explain and assess the efficiency of Sri Lankan control techniques at five distinct levels.

The applied basic SEIR model to household data to predict the approximate time duration for the quarantine procedure, and the findings revealed that the maximum time the home should be confined is 60 days, assuming a perfect environment for self-quarantine. In order to prevent the disease from spreading, individual travel within the country must also be limited or restricted. Overall the steps taken by the government is at a positive stage in order to ensure good health and wellbeing of the citizens of Sri Lanka.

Thank you