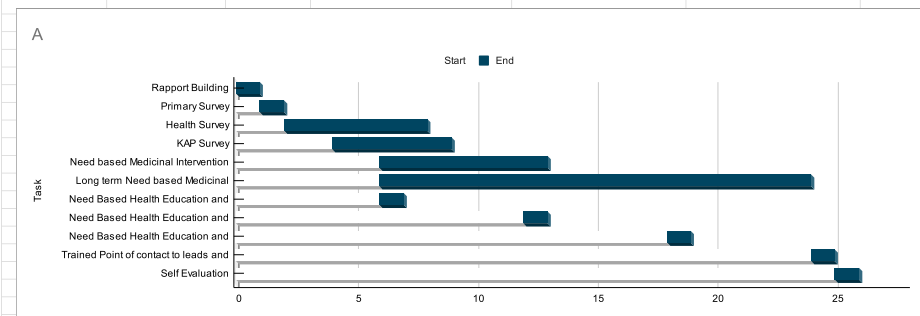


Task	Start	End	Goals	Deliverable	Human Resource	Remarks
Rapport Building		0	1 Local Authority's consent (verbal)	Register having key people contacts, find helping hands and community leader without position (encouragers and connectors)	Asha or Informal Healthcare Worker	To be planned and executed according to the local scenario
Primary Survey		1	1 What are number of families, What are number of kachha and pakka houses, What are felt needs,	Data for key socio-economical indicators of community, Awareness of teleconsult opportunity available/being provided.	Asha or Informal Healthcare Worker	Form for this is yet to be made
Health Survey		2	6 A doctor's visit 1-2 day (provide local care if any needed). Find observed needs (medico), Ensure data quality.	Solve helathcare needs (felt) present in community by organizing a slow camp, Find observed need of community, Discuss Low cost high impact observed needs, Hypothesis/Summary for possible root cause of the problem, best possible intervention strategy fitting to local context. (last 3 to be done in collaboration with online network of doctors).	Asha or Informal Healthcare Worker and Doctor	Slow camp means to not only do a OPD type of consult in camp but take plenty of time to talk to individuals and groups and discuss. (ref - slow medicine)
KAP Survey		4	5 A short survey of knowledge attitude and practice of community in context of the observed needs	Data to be used for analysis	Asha or Informal Healthcare Worker	To be done only after doctor's visit
Need based Medicinal Intervention		6	7 Primary and Scenonday prevention	Data of interventions	Asha or Informal Healthcare Worker and Doctor/local Doctor/Local hospital, in community or in community healthcare center	Must be done based on data and evidence. Preferable to utilize available local public healthcare system
Long term Need based Medicinal Intervention		6	18 Primary and Scenonday prevention	Data of interventions	Asha or Informal Healthcare Worker and Doctor/local Doctor/Local hospital, in community or in community healthcare center	Must be done based on data and evidence. Preferable to utilize available local public healthcare system
Need Based Health Education and Awareness Programme and Survey -1		6	1 Empower with knowledge as power	Subjective/Narrative data for impact on solving observed needs	Asha or Informal Healthcare Worker (offline) and Doctor/local Doctor/Local hospital, in community or in community healthcare center (online)	
Need Based Health Education and Awareness Programme and Survey -2		12	1 Empower with knowledge as power and monitor KPI for KAP change. Training the future point of contact to follow up community health.	Objective KAP impact, KPI survey.	Asha or Informal Healthcare Worker (offline) and Doctor/local Doctor/Local hospital, in community or in community healthcare center (online)	
Need Based Health Education and Awareness Programme and Survey -3		18	1 Empower with knowledge as power and monitor KPI for KAP change. Training the future point of contact to follow up community health.	Objective KAP impact, KPI survey.	Asha or Informal Healthcare Worker (offline) and Doctor/local Doctor/Local hospital, in community or in community healthcare center (online)	
Trained Point of contact to leads and engage the community for health awareness programme.		24	1		Asha or Informal Healthcare Worker (offline) and Doctor/local Doctor/Local hospital, in community or in community healthcare center (online)	
Self Evaluation		25	1			



Most of the survey's will be small and to be done on a sample population while trying to maximize the sample size. Atleast of the Health education and awareness must in school for students.