Introduction
COVID-19 is an infectious disease which caused by the virus SARS-CoV-2. The disease causes respiratory illness with symptoms dry cough, cold, fever and prolonged symptoms include difficulty in breathing. Originated in Wuhan in November 2019, soon it turned into epidemic than in a month’s duration a pandemic.

Covid-19 in Tamil Nadu
As on 2nd April 2020, there are 234 confirmed cases in Tamil Nadu. Out of 234 confirmed cases, 227 are active cases, six persons recovered and one person died. The majorly affected districts include: Coimbatore, Tirunelveli, Chennai, Erode and Theni (severely affected districts; having more than 20 confirmed cases (>8.5%)); Namakkal, Dindigul, Madurai are moderately affected districts.

Sivagangai District
Sivagangai district reported five corona active cases and all five have returned to the district after participating in the Delhi Congregation. Two blocks coming under Sivagangai district viz., Ilayangudi and Puthur have more number of persons returned from other countries. They all were instructed to be home quarantined for 14 days. However, the migrants are roaming without adhering to the rules, which has a risk of confirmed cases in these blocks in the near future.

Virus Spread Amidst Lockdown
The lockdown announcement across the states has been very sudden with zero preparedness. Though lockdown seemed the only and best possible solution with the government, the failure of preparedness and zero preparatory work resulted in number of cases increasing on daily basis. More than 50% of the daily wage laborers are migrants, working in different parts of the country. Even during the lockdown, these workers were in mass in the local transport facilities waiting for the buses to carry them to their states. If one person in those masses have the symptoms, there is more than 50% chances that he can spread it to all the masses. All the respective states were facilitating the bus facilities till their boarders. While crossing the boarders, each and every individual is being checked for temperature. It is very much obvious that the incubation period for the virus is more than five days, the individual who is being checked for the temperature is very likely to exhibit normal body temperature. When they reach their native and have get in contact with the people, they are likely to spread the virus to their families, in their villages.

This is as well applies during the specified timely operation of grocery stores and markets. Just like the doctor’s couple in Delhi who got infected with corona during treatment has tested more than 800 people for covid-19; though all of them reported to have negative, there is a possibility for them to get infected afterwards. But the chances are less since doctors have been using all protective
preventive measures during the testing. The point here is, if a single individual selling the vegetables, groceries have the virus, he is likely to give the virus to all the individuals who are buying from him.

**Potential Volunteers**

In the region there are already available groups viz., Friends of Police, TMMK Youth club etc. These groups are having good mutual relationship between police department and the community. These groups will definite play a major role in ensuring people in the community using personal protective equipment (PPEs) and also to maintain social distancing during the markets’ operational periods.

**Action Plan**

In the region, a street constitutes of around 200 families. Two to four volunteers can be employed exclusively to facilitate all the ration and groceries to these families. These volunteers’ will be equipped with all the PPEs, and also they can also get the information of the people who are in need of PPEs as well as collect the health status every family member. This way our administration can keep all the people to stay indoors. This is one of the best possible solutions and a better solution than social distancing. Since just like Delhi couple contracted the virus and without knowing they have tested more than 800 patients. The same will go with the sellers in the market and also grocery owners. They aren’t wearing masks and gloves will be selling the items to the consumers. In this regard, if one seller is contracted with virus, he is likely to transfer the virus to all people who are buying from him.

**Fund requirement**

Fund will be required for the N-95 Mask, Sanitizers, Hand wash, First aid medical kit, petrol allowance, incentives to the volunteer.

<table>
<thead>
<tr>
<th>Items</th>
<th>Count</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>N - 95 Mask</td>
<td>2000</td>
<td>400,000</td>
</tr>
<tr>
<td>Sanitizer</td>
<td>1000</td>
<td>200,000</td>
</tr>
<tr>
<td>First aid kit</td>
<td>100</td>
<td>15,000</td>
</tr>
<tr>
<td>Petrol allowance</td>
<td>Deducted/paid from the purchase done by the dwellers of the street</td>
<td>5%</td>
</tr>
<tr>
<td>Incentives</td>
<td></td>
<td>5%</td>
</tr>
</tbody>
</table>
**Conclusion**

Lockdown at the early stages is one of the best decisions India had taken. Yet the sudden decision to break the spreading chain lead to outburst the livelihoods of the migrant workers. State administrations in different parts of the country have failed to facilitate the migrants to their respective states, districts and to their villages. Nevertheless, people assembled in masses in the bus terminals amidst lockdown. If one person in the assembly contracted with the virus, he is likely to transfer it to others, wherein it turned to be in buses we’re not transporting people but corona virus into our villages since 90% of the migrants are from rural as well as tribal communities.

**Reference**

1. https://www.covid19india.org/
2. https://www.who.int/