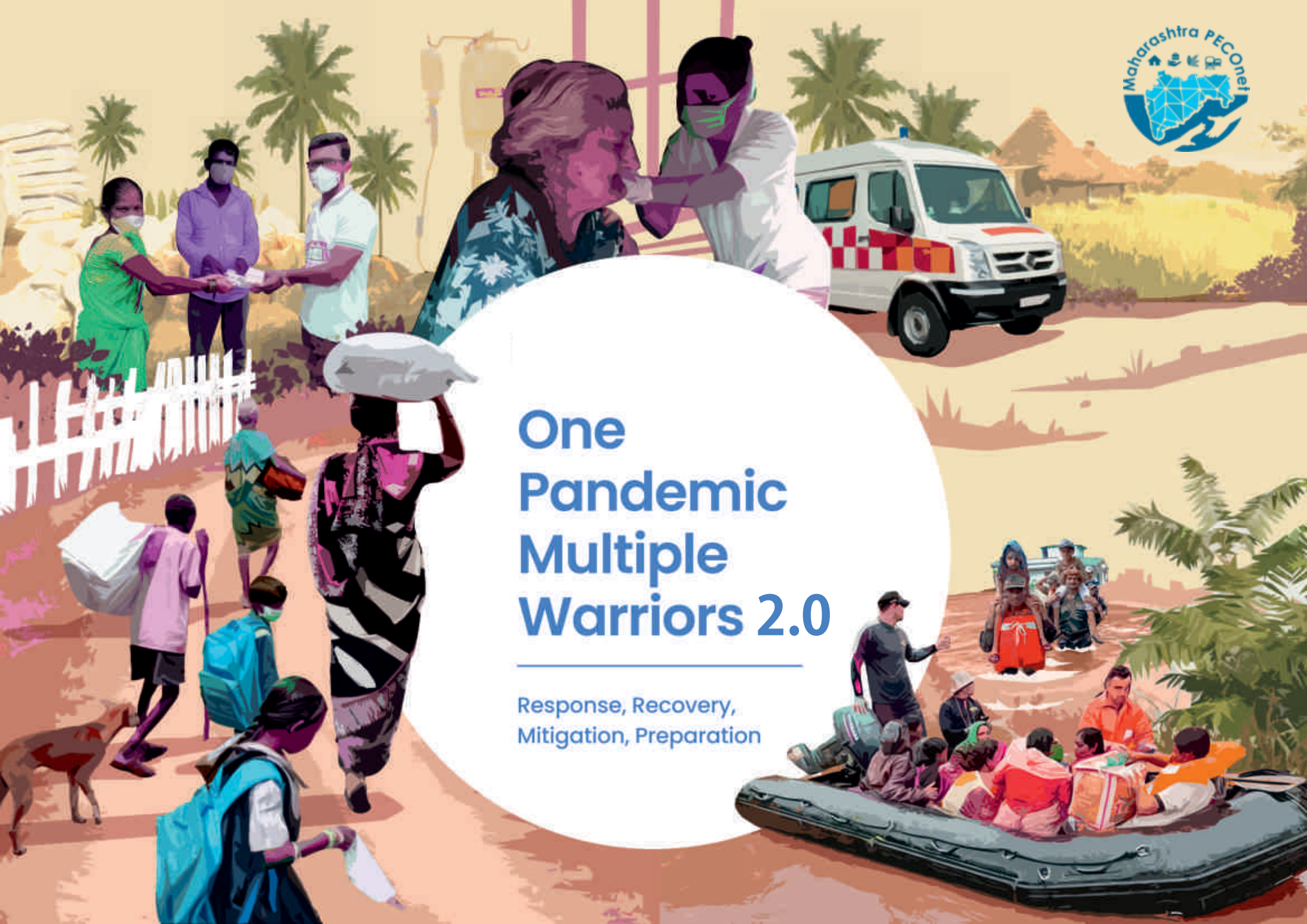
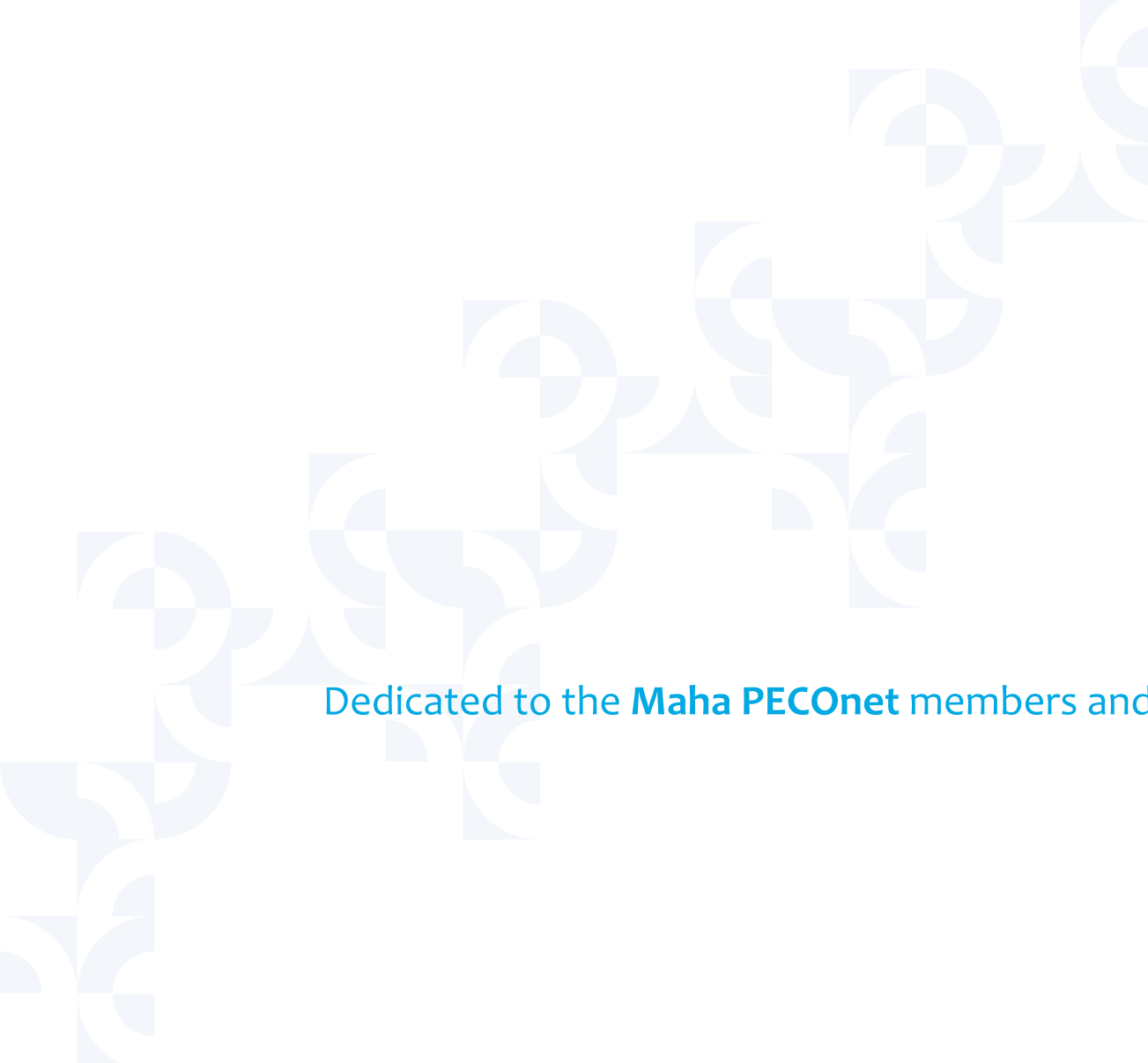


The background is a vibrant illustration depicting various aspects of pandemic response. In the upper center, a healthcare worker in a white coat and mask administers a vaccine to an elderly woman. To the left, a woman in a green sari hands a package to a man in a white shirt. In the foreground, a woman in a black and white striped sari carries a white container on her head, walking alongside a man with a large white bag. In the bottom right, a group of people are gathered around a table in a boat, with one person standing and addressing them. A white ambulance with red and orange checkered markings is parked on a dirt road in the background. The scene is set in a rural area with palm trees and a thatched-roof hut under a warm, orange-hued sky.

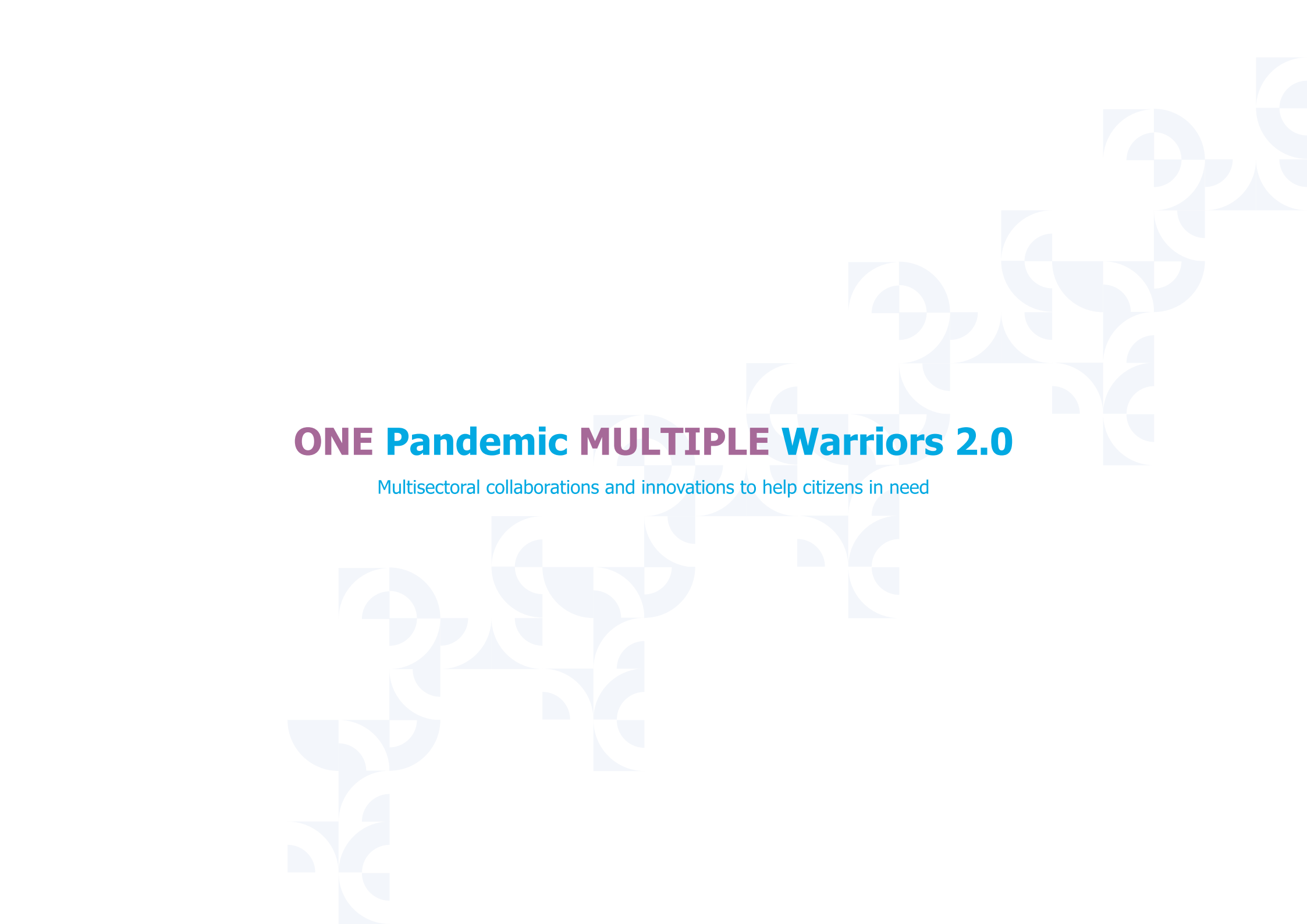
# One Pandemic Multiple Warriors 2.0

Response, Recovery,  
Mitigation, Preparation



Dedicated to the **Maha PECONet** members and the Citizens of Maharashtra

Published: February 2022



# **ONE Pandemic MULTIPLE Warriors 2.0**

Multisectoral collaborations and innovations to help citizens in need

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# Glossary

AKAH: Aga Khan Agency for Habitat

ASHA: Accredited Social Health Activist

AWW: Anganwadi Worker

BRC: Block Resource Centres

CAB: Covid Appropriate Behaviour

CMC: Crisis Management Centre

Co-MARG: Collaboration- Maharashtra Action for Covid Response In Grameen

CSO: Civil Society Organisation

CSR: Corporate Social Responsibility

CRC: Cluster Resource Centre

DRR: Disaster Risk Reduction

DWSM: District Water & Sanitation Mission

FBO: Faith Based Organizations

GDP: Gross Domestic Product

HR: Human Resources

ICDS: Integrated Child Development Scheme

IEC: Information, Education And Communication

IYW: Indian Institute of Youth Welfare

JRNA: Joint Rapid Needs Assessment

MIS: Management Information System

MLWB: Maharashtra Labour Welfare Board

MP: Maha PECOnet

NFI: Non-Food Items

PDS: Public Distribution System

PHCS: Primary Health Centres

PMSBY: Pradhan Mantri Suraksha Bima Yojana

PRI: Panchayati Raj Institutions

RCCE: Risk Communication and Community Engagement

RIF: RISE Infinity Foundation

RTI: Right to Information Act

SDH: Sub-District/Sub-Divisional Hospital

SOP: Standard Operating Procedure

SWSM: State Water and Sanitation Mission

UN: United Nations

UNICEF: United Nations Children's Fund

VH: Vaccine Hesitancy

VHHD: Vaccination and Health Help Desk

WASH: Water, Sanitation and Hygiene

WCDRR: World Conference on Disaster Risk Reduction

WCD: Women and Child Department

YUVA: Youth for Unity And Voluntary Action



*Convenor- Maha PECOnet*



# Foreword



**Rajeshwari Chandrasekar**  
Chief of Field Office- UNICEF Maharashtra

The Maharashtra Covid and Emergency Response Platform popularly known as MahaPeconet is completing its second year of existence. This is a multisectoral collaboration of about 82+ development partners convened by UNICEF to set in place systems and relations for a unified emergency response and leverage citizens who have been 'agents of change'. While one and half years of the pandemic has elapsed and our lives have been affected personally and professionally, it was clear that our health systems and social structures were reeling under the same pressures. In addition, the pandemic spotlighted the urban areas challenged by space, density and limited infrastructure. The humanitarian crisis was addressed by the combination of the civil society, the development sector and the corporate sector aiding the healthcare infrastructure along with UN and other bilateral organizations. As the pandemic disruptions were global and widespread, the need for multiple interventions in collaboration with multiple bodies became key. This is the reason behind a network of like-minded organisations with autonomy to collectivize for lives to resume to normalcy.

It was in this context that the **Maha PECONet 2.0** continued as a complementary system to the State, CSOs and citizens, in the midst of successive waves of the infection and extreme climate events like flood, cyclone, landslides that hit parts of the State in 2021.

There were challenges to the collaborative work being done to ameliorate the crisis situations. Converting challenges into opportunities in a collaborative manner yielded success for several individuals whom this document would like to term as change agents.

As part of the platform's strategic approach, different thematic areas were instituted to build resilience within marginalized groups and peace time planning. These thematic areas included housing and basic service provisions; social protection and entitlements; WASH in Emergency and skill and entrepreneurial development.

I wish all success to the Governing Council, the Governing Board and the Secretariat to take this platform ahead in the same spirit of solidarity and empathy focusing on reaching the unreached and strengthen GO-NGO collaboration.



*Management Secretariat- Maha PECONet*

## Message from the Management Secretariat



**Karon Shaiva**  
Managing Trustee- RISE Infinity Foundation

As I recount the Maha PECOnet journey, the heart-wrenching images of migrant laborers undertaking arduous journeys by foot, and later on by bus, trains and even flights to return home during the COVID-19 lockdown restrictions, comes to mind. The **Maha PECOnet** platform born from the Jeevan Rath initiatives, brought multiple stakeholders together in 2020. The partners collaborated to mitigate the impact of the pandemic and in the process together, faced natural calamities such as floods and landslides also. **Maha PECOnet 1.0** managed to directly reach over a million people from 24 Indian states.

As we stand the test of time and varying priorities, the partners have continued to stay on this journey, into **Maha PECOnet 2.0** and share their stories from the ground. The progress of the platform can be attributed in no small way to the three key mandates that underlined our every effort - reaching the unreached, collaboration not competition, and last but perhaps most critical, supporting the supporters. To ensure we reached the unreached, we followed a simple diktat – “Go to them”. From the Jeevan Rath trucks that went to where the migrants were walking to our virtual call centers with outbound lines and the direct cash transfers to assist those that could not be reached physically. To ensure uniformity and effectiveness among partners, minimum SOPs were agreed upon. Further, to avoid duplication of efforts or competition, public good technology tools were developed to share data and track efforts. Finally, we safeguarded our volunteers and community workers with insurance, and vaccination on priority while GO-NGO co-ordination helped strengthen systems through technical and administrative support to target those most in need and the vulnerable.

The learning and insights have been tremendous. From On-ground campaigns that would combat Vaccine hesitancy and encourage Covid Appropriate Behaviour (CAB), support to Vaccination Centres, Community influencers leverage and help desks to online amplification for support and outreach, as well to deal with the menace of fake / hate and misleading messages through social media campaigns. Multiple cases have been documented that provided relief to over a million people in distress and together multiplied our impact. Thanks to the responsiveness of partners and the flexibility of donors, despite the uncertainties and constraints, we continue to march on.



**YUVA**

**Youth for Unity and Voluntary Action**

Enduring commitment to social transformation

*Program Secretariat- Maha PECOnet*

## Message from the Programme Secretariat



**Roshni Nuggehalli**  
Executive Director of YUVA

The pandemic laid bare the extreme inequalities in our society, and also exemplified the oft-touted theory that in disaster situations previously marginalized populations are more susceptible to increased vulnerabilities. Yet, in exposing the fractured social systems, it also presented the world with the opportunity to revisit previous commitments to justice. At a time when ‘building back better’ was a slogan that was catching on universally, it offered the unique opportunity to dwell on the process by ‘building back together’.

Having a brief taste of the efficacy of collaboration in the first wave, voices in civil society too echoed the need for streamlining efforts and collective learning in order to respond more strategically to emerging crises. The **Maha PECONet 2.0** was launched as a formal coalition of volunteers, corporates, government bodies, and over 82 civil society organizations in Maharashtra, which came together as a unified relief and response effort to the pandemic and the subsequent lockdowns. Focusing on collaboration and impact at scale, UNICEF facilitated the formation of the coalition of development partners with RISE Infinity Foundation (RIF) as the Management Secretariat and Youth For Unity and Voluntary Action (YUVA) as the Programme Secretariat. Hence, despite the network emerging at a catastrophic moment, it envisaged the possibility of a presence across the state, which would design together and create several platforms and processes towards inclusive and sustainable development.

At its core, the **Maha PECONet** acknowledges the dignity and rights of marginalised and vulnerable groups, making efforts to ensure assistance to the unreached and inculcate in them practices of resilience to be able to withstand crisis situations varying in nature and intensity. It has been a privilege for YUVA to not only be the Programme Secretariat of the network, but also to be an active member of this network which has broadened the reach of every member and built their capacities to meet the challenges and needs on the ground. The initiatives through the **Maha PECONet** have truly shown us the power of collaboration between different organisations working for a unified cause, with transparent sharing of resources.

As we move beyond the disaster situation, the platform's strength and long term vision lies in taking forward the four Thematic Action Areas that have been identified. The approach under each thematic area aims to create the scope for strategic learning and capacity building through Thematic Conventions, as well as in developing a collaborative Action-Oriented Programme. To this end, as YUVA steps down as the Programme Secretariat, we wish the network, and the Rise Infinity Foundation as the Secretariat, the very best for the bigger endeavours that lie ahead for the **Maha PECONet**.







# Chapter 1

## Introduction

### 1.1 BACKGROUND AND CONTEXT

It has been almost two years since the first **COVID-19** case hit India leading to tremendous pressure on India's health system as well as exposing our almost non-existent social security structure. A healthy population and a robust public health ecosystem is imperative for the social and economic stability of any country. Hence the pandemic was responsible to demonstrate to citizens across the spectrum the importance of basic essentials like food, livelihood and social protection.

While the government took several steps to contain the pandemic, this humanitarian crisis highlighted the need as well as importance of the civil society and NGOs, who worked hand in hand with the government to complement their efforts.

**While the government's primary attention and resources were rightly channeled to mitigate COVID-19 mainly in urban areas of the country, the civil society and NGOs stepped in to assist in providing additional support to help reach vulnerable communities in remote unreached rural areas, which had been neglected otherwise.**

The disruption brought on by the pandemic across the globe was unprecedented and rapid and required an immediate response. As new hotspots materialized with their unique spate of challenges; the need was for a comprehensive response involving multiple stakeholders. Thus, the call of the hour was for planned interdependence and collective learning in order to respond to the dynamic and emerging crises. In many similar situations, emergency networks have emerged, formally or informally, to meet the divergent yet interconnected requirements, and in that the situation that followed the spread of the coronavirus was like any other.

The **Maha PECOnet** coalition started as an informal convening of developmental partners by UNICEF, Maharashtra to combat the pandemic and the humanitarian crisis that unfolded thereafter. Partners collaborated to meet the critical needs for survival and protection and dynamically responded as the situation on the ground shifted. The network continues post 2020 having been diversified and strengthened in 2021.

A PECOnet defines the actors (**P**artners, **E**ntrepreneurs and **C**itizens who **O**wn a common cause) and the capacity of a **network** to come together for 'mutual or reciprocal activities', while emphasizing that the choice and nature of association is determined by the concerned party, i.e., voluntary and recognizing autonomy. Yet collectivization offers the potential for several types of co-ordinated activities which are determined by the structure and intention of forming a network.

## 1.2 Jeevan Rath - MP 1.0

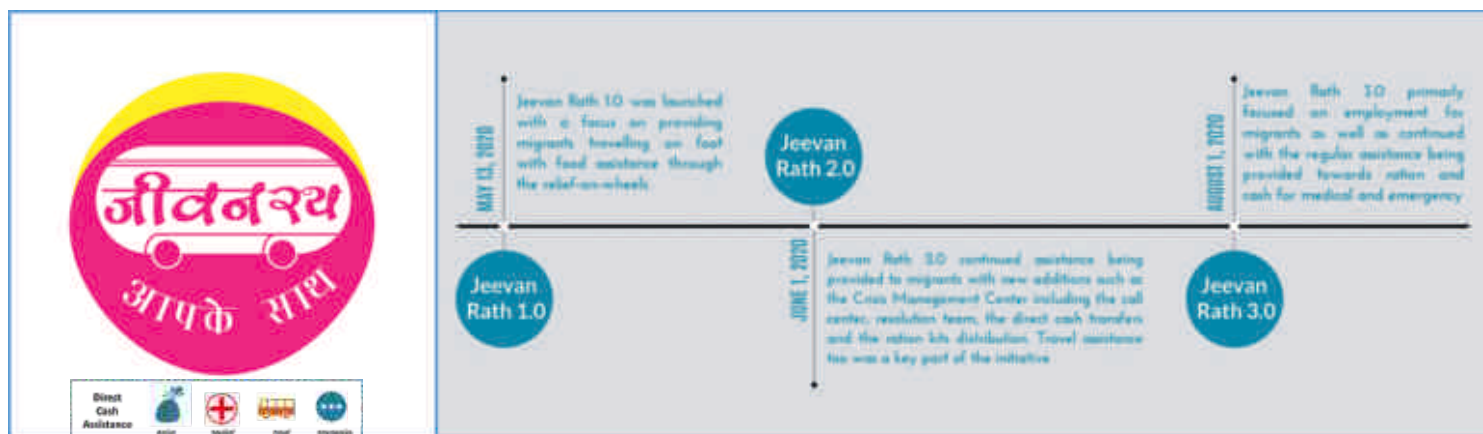
As part of the civil society response to the pandemic in 2020, UNICEF, Maharashtra had facilitated a unified response, starting with the Jeevan Rath Program, a relief on wheels project. The main objective of the Jeevan Rath program was to provide assistance in terms of cooked food, hygiene items and medical assistance to the migrant workers fleeing the cities in large numbers. This was mainly through a coalition of various NGOs on the ground and other civil society organizations, who came together to complement the government's efforts. The program was further expanded to help with travel arrangements, emergency cash transfers and dry rations to help the vulnerable sections of the society. In the following year, this network of volunteers, corporates, government bodies, and over 82+ civil society organizations was formalised to streamline the efforts and was officially renamed as **Maha PECOnet**.

Over 100,000 migrant laborers, mostly hailing from financially deprived, disadvantaged communities and walked back home during the nascent phase of Jeevan Rath (from May 13th- May 31st), were provided with immediate food relief and basic medical support (basic ointment to heal their cuts and wounds sustained due to the arduous journey). While the first phase of Jeevan Rath ended on May 31st, the second phase (from June 1st to July 31st) worked extensively towards providing the stranded helpless citizens with travel assistance and relief measures like travel arrangements, cash assistance and distribution of masks, ration kits, sanitary napkins covering over 24 states.

RISE Infity Foundation as the Secretariat of the coalition setup a Crisis Management Centre (CMC) with an 18x7 helpline to track, provide support and ensure that the migrants have reached home safely.

Jeevan Rath 3.0 provided immediate assistance to the needy with ration kits, which are recurring in nature. Cash transfers continued to be an important step in alleviating the burden that many families are under, whether due to outstanding payments for rent, electricity and maintenance or then medical expenses. Emphasis was laid on employment as an equally important support mechanism. Jeevan Rath 3.0 is working on linking employers to potential employees based on skill mapping through Shelter Management System. This was with the help of passionate on-ground volunteers.

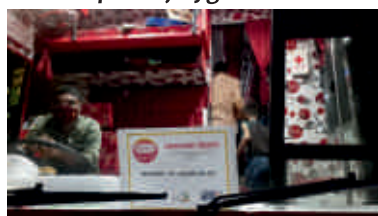




Ration kits being distributed to remote regions



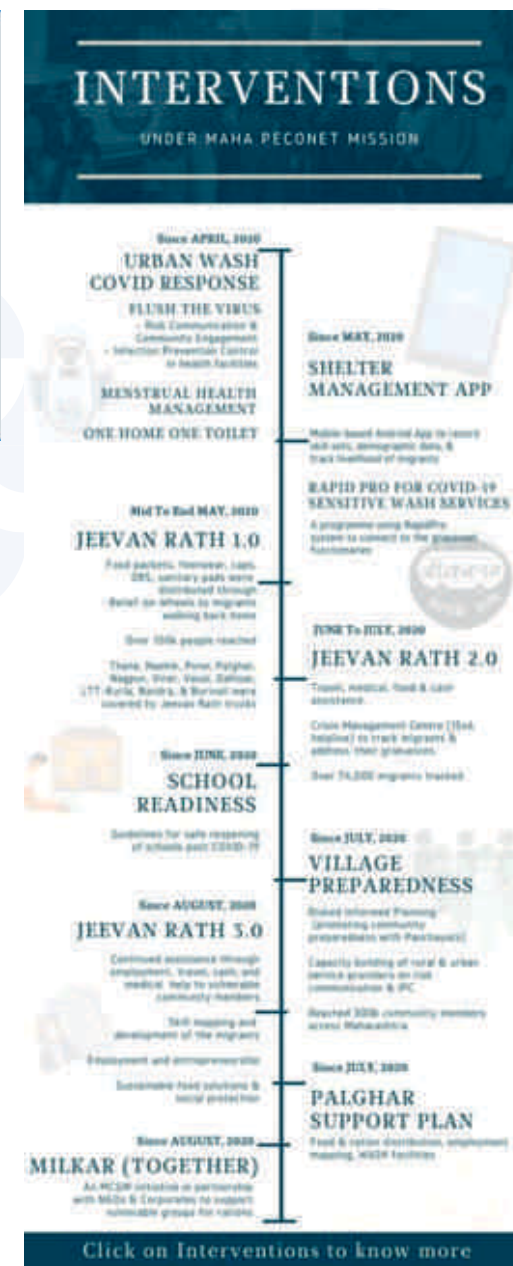
Sanitary napkins being distributed as a part of hygiene kits



Mumbai to Jaunpur bus service for migrants



Covid-19 mascot being used to spread awareness about Covid Appropriate Behaviour (CAB)







### 1.3 EMERGENCE OF MP 2.0

**Maha PECONet** as a UNICEF, Maharashtra-convened network of volunteers, corporates, government bodies, and over 82+ civil society organizations continued to streamline the efforts and services offered by partners amid lockdown and unlock frenzy. The early signs of the second wave of the COVID-19 pandemic began in 1st week of February 2021 in 6 Districts in Eastern Maharashtra and shifted to entire state and by mid March, the State accounted for 20% of the active cases in the country and had 5 of the 10 high burden districts.

Partners with on-ground volunteers and teams worked across urban and rural locations facilitating populations in getting vaccinated as well as reiterating Covid Appropriate Behavior (CAB) and Water Sanitation and Hygiene (WASH) behaviors promoting safety from the virus.

Simultaneously efforts continued to tackle food insecurity as well as strengthen healthcare infrastructure. These initiatives have been based on the humanitarian charter and minimum standards under the Sphere Handbook of intervention during pandemic.

In the long term, the platform envisions resilience building and risk reduction amongst the most vulnerable in order to build back better from this catastrophic event. Apart from immediate relief, the collaboration also looked at providing solutions like foot-operated hand washing stations and sanitizer dispensers, standardized operating procedures for using and sanitizing community toilets, reopening of schools and distributing food and dry ration to families living in slums, etc.

The focus of MahaPECONet was on collaboration and achieving impact at scale through this coalition of development partners. UNICEF, Maharashtra was the chief sponsor for this coalition. In April 2021, RISE Infinity Foundation (RIF) and Youth for Unity and Voluntary Action (YUVA), were officially appointed as the Programme Secretariat for MahaPECONet with the core objective of strategic program strengthening and providing a long-term vision for the platform.

The MahaPECONet platform focus is to ensure the dignity and rights of marginalized and vulnerable groups by providing assistance and building resilience for these communities during, before and after emergencies through risk-informed development, mitigation, adaptation and effective disaster response.

#### The core principles of the network



Partnership Collaboration Transparency Accountability

A governance structure was instituted based on these values, which went on to develop a range of predetermined functions, which would be amenable to change in keeping with the dynamic conditions.



As the network has been formalized, partner agencies directed their collaborative efforts to collectively address the emerging needs of a unique crisis situation. All partners have taken the opportunity to revisit their previous commitments to justice, embedded in their organizational vision but also in alignment to the purpose of the network.

### The intention of the Maha PECONet 2.0 spans 4 key dimensions



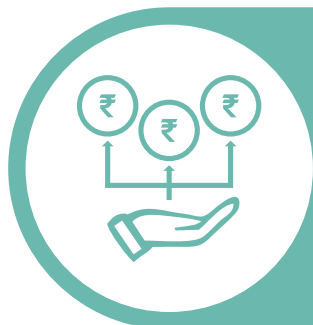
#### **Data Management and Information Sharing:**

At a time where information between the medical community, governance structures, and the general public requires to be accessible and transparent, government agencies and CSOs can cooperate to facilitate awareness building and knowledge generation and transfer. Thus, a two-way generation and flow of information can allow planners to get a better picture of the existing vulnerabilities, as also for people to know the easiest channels to access basic services. It also serves as a means to avoid duplication or unnecessary overlaps, placing efficiency at the heart of a collective response.

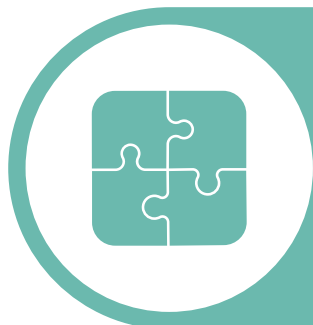


#### **Strategic Alliance for Quick and Effective Responses:**

At the onset of a disaster, the need of the hour is rapid response and recovery involving several stakeholders across geographical regions affected by the disaster. Hence networks, which were already present on the ground can ensure that the targeted response, particularly for the benefit of vulnerable communities, be hastened. In addition, they can support the governance structures by standing in solidarity and facilitating the provision of vital services by these institutions. Hence a coalition like **Maha PECONet** with stakeholders spanning all these areas can provide vital support during a disaster.

**Distribution of Financial Resources:**

During a disaster, the most important component of response is financial muscle to ensure relief supplies can be procured and distributed. CSOs, in particular, have the social capital to respond, yet require financial support to scale-up their interventions. Hence collaborations and redistribution of monetary resources, in an environment that prizes cooperation over competition, is necessary and will continue to remain so to drive collective social impact going forward as well. **Maha PECONet** has substantial corporate donors as part of the coalition and hence can easily ramp up the financial support without losing time in the bureaucratic processes involved with large donor organizations like UNICEF.

**Collaboration to ensure unified Advocacy:**

Since the struggle for justice is universal, and bears in mind the layers of inequality that manifest in society, stronger alliances and unification of demands allows to steer the direction of change for strategic policy interventions. Additionally, grassroots actors can contribute to robust data collection about the on-ground scenarios, which can be critically analyzed to form evidence-based advocacy plans. If done right, collaborative research can ensure inclusive protection upholding the privacy of the beneficiaries. **Maha PECONet** with a host of on-ground NGOs again is a right forum to help with this objective.

A meta-matrix of interactions in a network or individuals or organizations, developed by **Kathleen Carley**, graphically represents the range of interactions and opportunities for collaboration that a network may offer:

| Meta Matrix                    | People/Agents                                      | Knowledge                                        | Resources                                                                        | Tasks                                                                     | Organizations                                                                          |
|--------------------------------|----------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>People/Agents Relations</b> | Interaction network<br>who knows whom<br>Structure | Knowledge network<br>Who knows what<br>Culture   | Capabilities network<br>who has what resource<br>Capital                         | Assignment network<br>who does what<br>Jobs                               | Work network<br>who works where<br>Demography                                          |
| <b>Knowledge Relations</b>     |                                                    | Information network<br>what informs what<br>Data | Skills network<br>what knowledge is needed<br>to use what resource<br>Technology | Needs network<br>what is needed to do<br>that task Needs                  | Competency network<br>what knowledge is where<br>Culture                               |
| <b>Resources Relations</b>     |                                                    |                                                  | Substitution network<br>what resources can be<br>substituted for which           | Requirements network<br>what resources are needed<br>to do the task Needs | Capital network<br>what resources are<br>where Resources                               |
| <b>Tasks Relations</b>         |                                                    |                                                  |                                                                                  | Precedence network<br>which task must be done<br>before which Operations  | Sectorial network<br>what task are done where<br>Niche                                 |
| <b>Organizations Relations</b> |                                                    |                                                  |                                                                                  |                                                                           | Inter-Organizational<br>network which organization<br>works with which<br>Partnerships |

This model shows how multiple relationships across people, knowledge, resources and tasks, can be anchored in an inter-organisational framework (Carley, 2002). Since every network is born out of different circumstances and with differing purposes, the agreed purpose determines the formation of various types of networks based on the principles of trust, collaboration and efficacy.

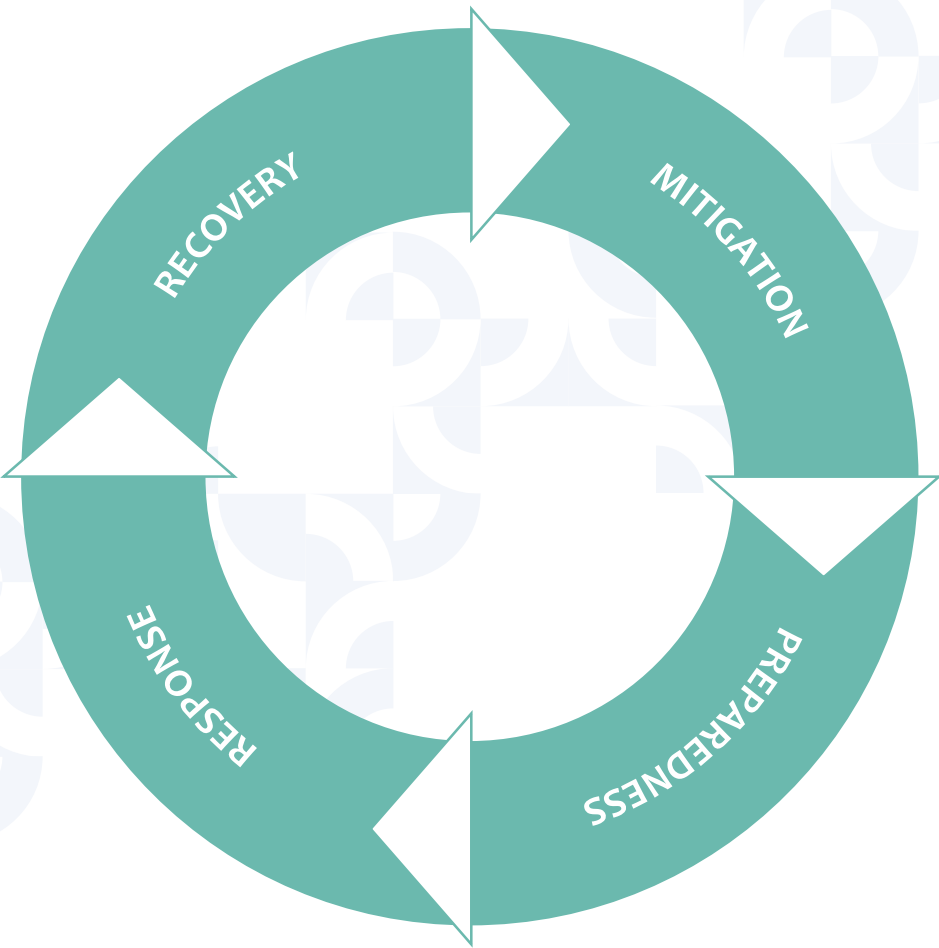
Multi-organisational effort leveraged to gain maximum output from the disaster management cycle

A surge, in the number, frequency and severity of disasters, has spurred the emergence of multi-organisational networks with the primary purpose of immediate relief and response.

At the beginning, efforts are invested in forging new relationships in order to collectively and comprehensively understand and tackle the range of issues emerging during a disaster. Each individual or organisation is mapped to understand their strengths in confronting the issues, so as to develop a coordinated, integrated response.

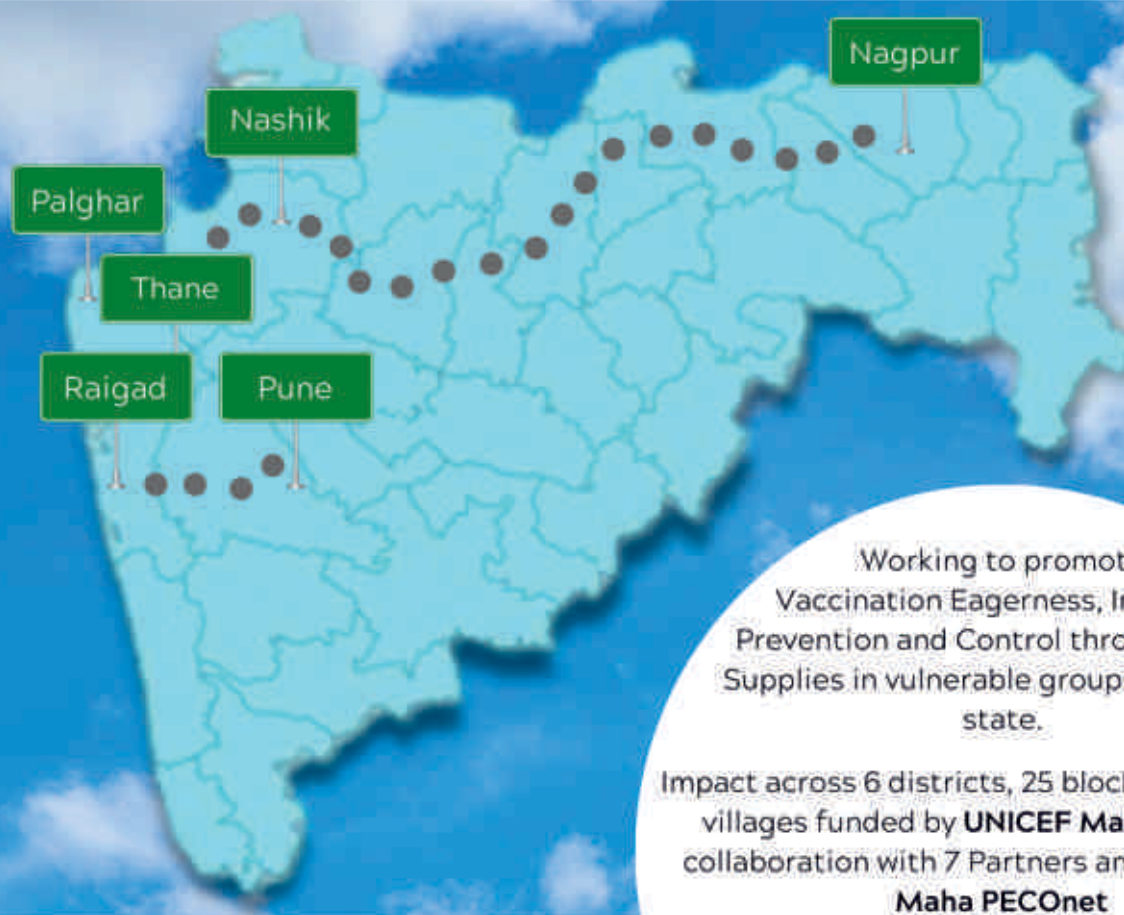
Some networks limit their intervention to the aftermath of a disaster, while others sustain in the anticipation of future extreme events.

Most networks are formed after a disaster, in order to coordinate the response, yet their formation could take place during any phase of the disaster management cycle:



|              |                                                                                                             |
|--------------|-------------------------------------------------------------------------------------------------------------|
| Mitigation   | action/strategies to prevent a disaster or reduce the loss/damage                                           |
| Preparedness | actions taken in anticipation of a disaster, include plans and precautionary measures                       |
| Response     | actions taken during the initial impact of a disaster, to reduce loss of lives, property and infrastructure |
| Recovery     | actions taken after the initial impact, to assist a community to return to normalcy                         |





# Co-MARG

*Collaboration: Maharashtra Action for Covid Recovery in Grameen*

महाराष्ट्र: ग्रामिण कोविड रोगमुक्ततेसाठीची सहभागी कृती

Working to promote Vaccination Eagerness, Infection Prevention and Control through WASH Supplies in vulnerable groups across the state.

Impact across 6 districts, 25 blocks, 323 GPs, 353 villages funded by **UNICEF Maharashtra**, in collaboration with 7 Partners and Secretariat: **Maha PECOnet**

## Programme Secretariat



## Partners



## Birth of Co-MARG

With the resurgence of the second wave and dreaded anticipation of multiple waves in India, **Maha PECOnet** had to pivot in its approach and prove all the four dimensions that it was based on. This led to the birth of Co-MARG, which was conceived as a agile system for vulnerable population across Maharashtra. The very name 'Co-MARG' was meant to suggest a pathway for effective response, recovery and rehabilitation.

**It was decided that Co-MARG would focus on vulnerable groups across the rural and tribal areas of Maharashtra with the central objective of addressing the following:**



### Digital Divide:

There was a growing demand for **COVID-19** vaccination from all pockets of society due to the influence of several awareness campaigns run by the government and CSOs. However, there are several digitally dark areas and groups in rural and tribal belts lacking access to the Cowin portal for registration and scheduling of the vaccinations due to lack of smartphones, network coverage, etc. This led to a huge digital divide amongst the urban and rural populations, which had to be tackled to ensure that the vaccine was available for all strata of society.



### Travel Challenges:

Travel and transport facilities to travel to the vaccination centers were affected by the lockdown as well as lack of income amongst the people posing a serious challenge again for vaccinations. The impending monsoons were another challenge for travelling, especially in the remote areas. Hence easy and cheap transport facilities were required to be enabled.



### Identification Documents:

There are several people who lacked the identification documents (Aadhar card, Voter card, etc.) required for registration on the Cowin portal and thus are denied the access to the vaccines. They required assistance for the making of these mandatory documents to avail of the vaccination.



### Misinformation on social media:

Rampant misinformation on vaccine side effects for pregnant and lactating women, people with co-morbidities etc was prevalent on social media. Negative cases were unduly amplified and highlighted on social media channels leading to spread of further misinformation. Hence awareness campaigns for amplification of the benefits of vaccination were desperately required.



### Fatigue around CAB with respiratory and hand hygiene

The constant barrage of information and monitoring of behaviour with respect to masks and hand hygiene had led to a reverse reaction of pushing back due to fatigue as well as a sense of despondency.





VHHD - by Aroehan

Grameen First Volunteer undertaking  
Rapid Needs Assessment

Distribution of WASH supplies by Helping Hands



Hand washing station installed by Life Foundation

### The four major interventions as part of the CO-Marg project included:



In addition to these interventions, there was substantial work carried out in specific thematic areas:

- Youth For Unity and Voluntary Action (YUVA) as the Programme Secretariat of **Maha PECOnet** was responsible for supporting interventions across the following thematic areas i) Housing and Basic Services, ii) Social Protection, iii) Climate Change Adaptation and Community Resilience.
- RISE Infinity Foundation (RIF) as Management Secretariat of **Maha PECOnet** was responsible additionally for supporting the thematic area on Skill Development, Employment and Entrepreneurship.

### PARTNERS

- |                             |                                               |                                |
|-----------------------------|-----------------------------------------------|--------------------------------|
| ❖ CYDA - Nashik             | ❖ Helping Hands Foundation - Thane            | ❖ The Life Foundation - Raigad |
| ❖ Grameen First - Palghar   | ❖ Indian Institute for Youth Welfare - Nagpur | ❖ Urmee - Pune                 |
| ❖ Aroehan - Jawhar, Palghar |                                               |                                |



2015-2030

# THE SENDAI FRAMEWORK FOR DISASTER RISK REDUCTION

## GOAL

1

Prevent new and reduce existing disaster risk through the implementation of integrated and inclusive economic, structural, legal, social, health, cultural, educational, environmental, technological, political and institutional measures that prevent and reduce hazard exposure and vulnerability to disaster, increase preparedness for response and recovery, and thus strengthen resilience.

## PRIORITIES

4

1. Understanding disaster risk
2. Strengthening disaster risk governance to manage disaster risk
3. Investing in disaster risk reduction for resilience
4. Enhancing disaster preparedness for effective response and to "Build Back Better" in recovery, rehabilitation and reconstruction

## OUTCOME

1

The substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.

## ROLE OF STAKEHOLDERS

### TARGETS

7

### INDICATORS

38

## GUIDING PRINCIPLES

13

### LEVELS

4

- |          |   |
|----------|---|
| Local    | 1 |
| Global   | 2 |
| National | 3 |
| Regional | 4 |

## INTERNATIONAL CO-OPERATION AND GLOBAL PARTNERSHIPS

## Chapter 2

# Strategies Adopted

The **Maha PECOnet** coalition and its activities have been based on the Sendai Framework.

The Sendai Framework for Disaster Risk Reduction (2015–2030) was adopted by the United Nations member states in March 2015 at the World Conference on Disaster Risk Reduction held in Sendai, Japan; it was endorsed by the UN General Assembly in June 2015.

The Sendai Framework works in sync with the other 2030 Agenda agreements, including The Paris Agreement on Climate Change, The Addis Ababa Action Agenda on Financing for Development, the New Urban Agenda, and ultimately the Sustainable Development Goals.

It advocates for the substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.

### 2.1 READINESS TO RESPONSE

Readiness to response is critical to any disaster management and involves reacting to an emergency situation in a nimble and immediate manner. Beyond COVID, the State was also seen progressing towards multiple hazards: Flood, Cyclone, Heat Wave & Drought with a big section of emerging vulnerable population including children, lactating, pregnant mothers, landless-marginal farmers, specially-abled, homeless families in addition to entire adult population of 18+ eligible for vaccination who need to be vaccinated urgently in order to contain the spread of the virus & replenishment of WASH supplies to provide protection & promote CAB+ actions.

#### Objectives

- ❖ Community outreach
- ❖ Awareness campaign
- ❖ Provide essential supplies
- ❖ Facilitate registration
- ❖ Support vaccination
- ❖ Fight food insecurity
- ❖ Strengthen healthcare infrastructure
- ❖ Community preparedness



Hygiene kit components

#### Supplies distributed



PPE kits:  
56,261



Soaps:  
5,30,854



Masks:  
11,23,758



Hand wash  
stations: 400



Sanitizers (Litres):  
58,974



Personal Hygiene  
kits: 17,591



Other supplies:  
2,58,158

### Tackling food insecurity during disaster situations

The COVID-19 pandemic exposed the harsh fault lines in India's socio-economic fabric. Millions of vulnerable groups and communities - migrant workers, transgender individuals, homeless, recently evicted and other disadvantaged groups - unsuccessful in finding any work/income through the lockdown or being unable to travel back to their villages, faced a serious food crisis in the state of Maharashtra. While the Central and state governments announced relief packages for the most vulnerable, feedback from the ground revealed that several families wanting to avail rations through the Public Distribution System (PDS) didn't receive adequate amounts of food grains due to:



Aadhaar  
ration linkages



Absence of identity  
documents



Absence of  
ration cards

ICDS centres or anganwadi's where children between the ages of 0-6 years are provided basic nutrition stopped daily food supplies in many areas. With the shutting down of schools, mid day meals, on which several children sustain themselves also stopped.

In an attempt to support the communities and offer immediate relief, **Maha PECOnet** partners launched multiple campaigns to raise funds and in-kind support in the form of food grains and provide emergency food supplies to the poor, starting with the most marginalised families first. At the same time, cooked meals were distributed to homeless and daily-wage workers. Partners also identified certain groups who would require these services, and hence cooked meals were supplied to frontline workers, attendees to patients who were forced to wait outside hospitals.

The relief distribution interventions that predominantly took place during the first and second wave, once again emerged as a necessity with the onset of the Maharashtra floods. Several truck loads of ration and food supplies were coordinated by the platform partners and distributed in the worst hit flood areas.

A special initiative was undertaken by RISE Infinity Foundation in partnership with the Women and Child Department (WCD) to support 500 children orphaned due to COVID-19.



1114,000+  
ration kits



89,450  
cooked meals



200,000+  
beneficiaries

This initiative is under **Maha PECOnet's** Thematic 2 on Social Protection, Rights and Entitlements.





Ration Distribution to PwDs by  
Helping Hands Foundation

Public good tech tools for  
Food distribution tracking



Protein kit for pregnant and  
lactating mothers



Ration Distribution for Transgender community  
by Montfort Junior College



Community Nutrition Drive by CACR, supported by Glenmark Foundation

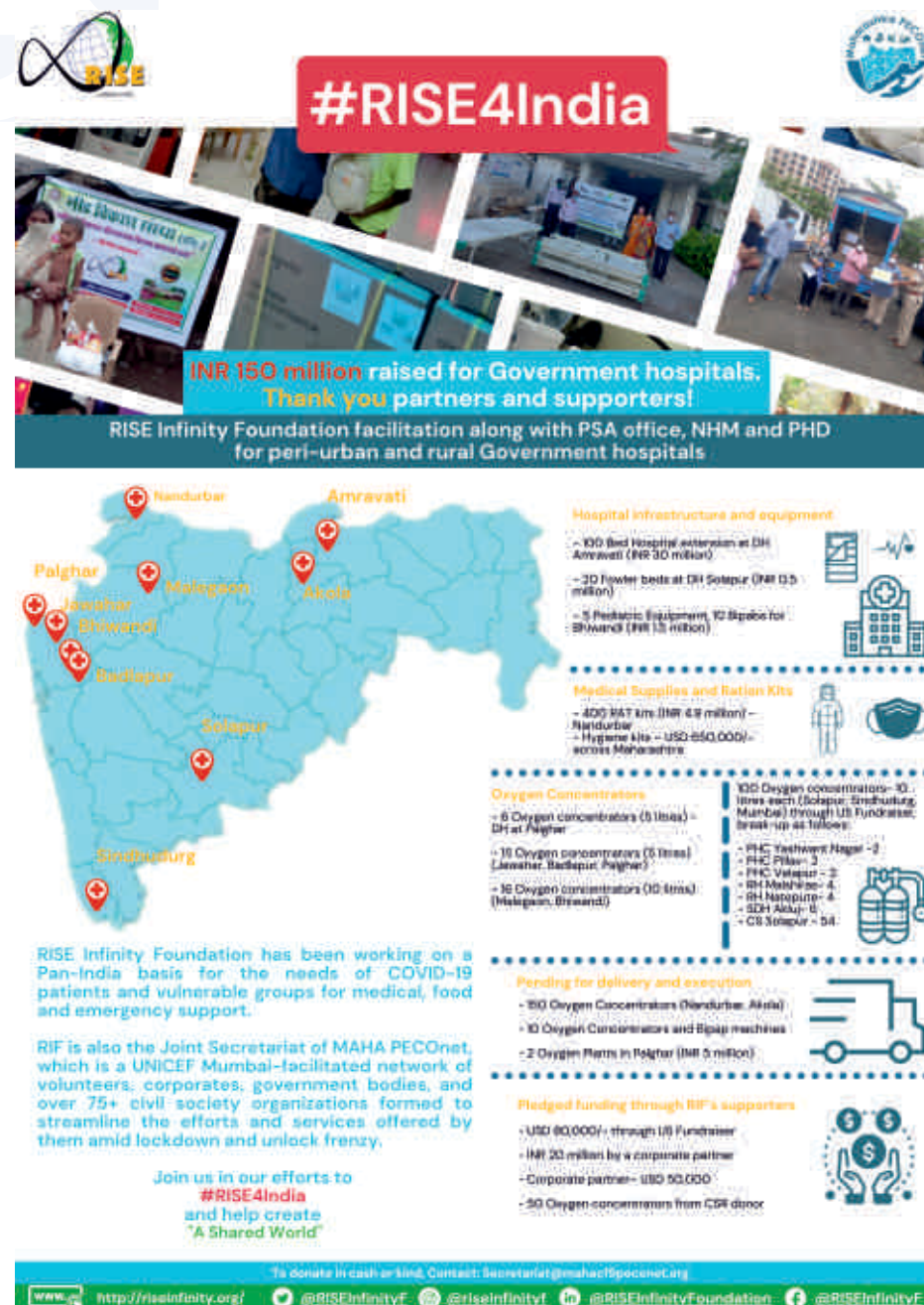


## SUPPORTING HEALTHCARE INFRASTRUCTURE

The pandemic has severely overwhelmed our health care infrastructure, resulting in shortages of hospital beds, oxygen cylinders, medicines and other critical lifesaving resources. The second wave was especially brutal with the daily reported cases spiking to more than 300,000 infections. It was during this time that people were desperate to find a hospital bed or an oxygen cylinder through any means to help their family and friends. A lot of requests were posted on social media as well.

Maha PECONet partners responded to this situation by setting up helplines and ensuring that people in need were connected to verified sources only. Engagement with government agencies and healthcare institutions helped partners understand their immediate needs and requirements. The partners co-ordinated donors to provide financial support and/or donate medical equipment and supplies to healthcare institutions, front line workers and vulnerable community residents.

- ❖ Institution reached: 651
- ❖ Oxygen concentrator: 797
- ❖ Bipap machines: 116
- ❖ Ventilators: 85
- ❖ Pulse oximeter: 2422
- ❖ Fowler beds: 359
- ❖ Wheelchair: 17



## Citizen-led Response

Partners worked closely with the Public Health Department (PHD) and Municipal corporations to support government hospitals especially in rural and remote areas to strengthen government infrastructure. A very apt example of a citizen-led multi-stakeholder initiative was during the second wave of COVID-19. RISE Infinity Foundation with the help of Thadomal Shahani Engineering College Alumni led TAP Charity Inc raised donations and along with vendors and logistic providers, arranged to deliver oxygen concentrators and other critical medical equipment directly to government hospitals across Maharashtra as detailed below:

| HOSPITAL                           | LOCATION         |
|------------------------------------|------------------|
| Nijamuddin Municipal Hospital      | Bhiwandi         |
| Nesco Jumbo Centre, Dental College | Mumbai           |
| Malad Jumbo Centre                 | Mumbai           |
| Shatabdi Hospital                  | Mumbai           |
| Sion Hospital                      | Mumbai           |
| District Hospital                  | Dhule            |
| Buldhana District Hospital         | Buldhana         |
| District Hospital                  | Amravati         |
| District Hospital                  | Nandurbar        |
| CCC                                | Budhargad        |
| THO                                | Shirol, Kolhapur |
| Sub District Hospital              | Karmala          |
| District Hospital                  | Sindhudurg       |
| District Hospital                  | Chandrapur       |
| Rural Hospital                     | Palghar          |
| SDH                                | Solapur          |
| District Hospital                  | Jalna            |



*Bipap machines been given to hospitals with support from TSEC and RIF*



*Medical equipment in use at pediatric hospitals across Maharashtra*



## Maharashtra floods

Heavy rain lashed Maharashtra from 22nd of July 2021, and caused severe localized damage and hardship in 11 out of its 35 districts. Of these, the most affected were the seven districts of Raigad, Ratnagiri, Sindhudurg, Satara, Sangli, Kolhapur and Mumbai, which witnessed 12 landslides over 14 hours claiming over 180 lives.

The situation in the six districts (excluding Mumbai) affected more than 1,035 villages and about 12,00,000 persons, including 4,00,000 children. The additional point of concern was that, all these six districts were reporting high caseloads of **COVID 19** with 10,737 in Sangli, 10,701 in Kolhapur, 7,210 in Satara, 2,610 in Ratnagiri, 2,560 Raigad and 2,270 active cases in Sindhudurg (as on 22nd July 2021).

This extreme situation called attention to the vulnerabilities in Maharashtra's infrastructure and disaster management and mitigation strategy. The situation on the ground overwhelmed socio-economic inequalities exposed in the face of the disastrous rains and floods. Widespread infrastructural damage was observed along with a discontinuity in essential services, detrimentally impacting the lives of those affected. Alongside, emerging news of loss of lives and livelihoods in the flood-stricken areas gripped the state as government agencies and civil society grappled to provide immediate relief.

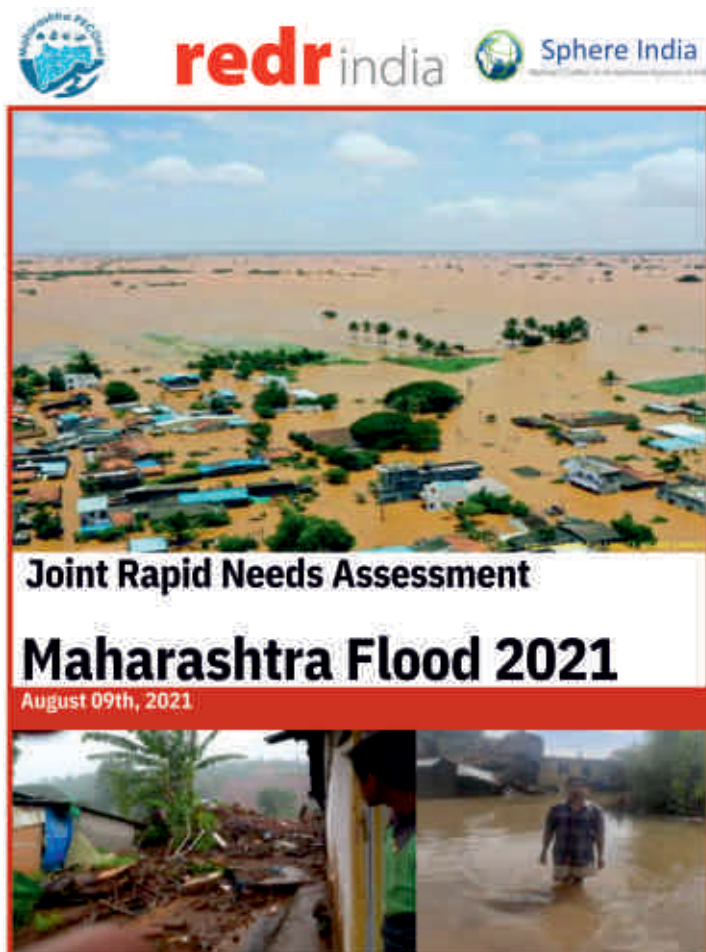
**Maha PECOnet** partners quickly and efficiently swung into action, beginning with daily updates from local governments and partners to understand the dynamic situation on the ground and formulate response and recovery plans. Collection drives were initiated, inventory management coordinated and logistics for delivery to specific locations planned and implemented in parallel.

A crucial component in identifying the needs on the ground emerged through a Joint Rapid Needs Assessment (JRNA). **MahaPECOnet** Members, UNICEF-Maharashtra, Sphere India and RedR India and development partners conducted the JRNA with the field support from PRIs, local organizations and volunteers and various line Departments of the Government. 25 villages and 946 households were taken as the sample of most affected community from the six affected districts for this assessment. The JRNA process involved training over 100 volunteers on the ground overnight followed by the actual assessment of the situation in different locations across the flood affected areas. The outcomes of the JRNA were critical to forming the response on the field which included - distribution of ration and food items, door to door hygiene health services by doctors, distribution of WASH materials in relief camps, items like blankets and bedsheets, clothes, stationery, electrical, and cleaning kits. Medical camps by partners were also set up to attend to the ailing and wounded populations. The study also highlighted that as an immediate response nutrition, housing as well as access to medical supplies were required.



Looking at long term rehabilitation, Unicef Mumbai has partnered with **Maha PECOnet** partners - CYDA and CACR - covering 16 blocks from 5 flood affected districts aiming to reach out to 27,000 families and children with NFI, Hygiene-Dignity Kit and Education-Recreational materials with an intensive hygiene promotion campaign.

During situations of natural calamity or public health crisis, the marginalized people are especially vulnerable to disease, malnutrition and violence. Hence it is imperative that they are reached out for support on priority.



| CACR                  | CYDA                     | ACF                          |
|-----------------------|--------------------------|------------------------------|
| Lions Club of Bombay  | Helping Hands            | Garrima Foundation Universal |
| Bombay Catholic Sabha | Vikas Sahyog Pratishthan | RISE Infinity Foundation     |
| Urme                  | Sphere India             | YUVA                         |



In August 2021, certain districts of Maharashtra, again received extremely heavy rainfall.

The project was quick and nimble in procurement in providing relief in terms of flood response action, medical and food distribution also health supplies in CCC's, Hospitals, health facilities, etc.

Ration kits were arranged by RISE Infinity Foundation at Sindhurg, supported by Helping Hands and Goonj. Household items donated by Colgate Palmolive and Eureka Forbes were also distributed in communities along with partners on the ground.

### Case Study 1 - Stuck in grief during the COVID-19 period, now Kavita (a widow) is becoming a strong and independent woman

Under the Co-Marg program of Unicef, IYW-Nagpur has intervened in 18 villages since July 2021. With the motto to reach out to the underprivileged rural population, the programme has selected the remote villages in Kalmeshwar, Kampthee, and Saoner Taluka. Kalambi is a village in Kamleshwar Taluka with a population of 1356 and the rural households are mainly involved as laborers in the agriculture sector. This is a village of IYW's intervention where IYW has undertaken activities like awareness programs, PRI training, Vaccination support, and WASHKIT distribution, etc. A single woman (mother-headed family) - Kavita Nandre has been supported through the IYW CO-Marg program.

Mr. Narendra Nandre (Kavita's husband) sold snacks for a living acquiring a meagre earning. The family was struggling financially during **COVID-19**. Narendra undertook photography contracts to meet the financial needs of the family. Hence, he travelled from one village to another for the photography contracts. Unfortunately, during one such trip, he met with a severe accident and lost his life. After this terrifying episode, the entire family was emotionally shattered. The only remaining family members were Kavita (Mr. Narendra's wife), two small children, an aged father-in-law, and a mother-in-law.

In this condition, IYW was informed and volunteers Ms. Roopali Bhangre immediately took this case to IYW's block coordinator and team members. It was found that Ms Kavita had enrolled in a beautician's course long back and the volunteers realised she could refresh her skills by re-joining the course. IYW persuaded her to do so and she was convinced to join the beautician's course which had been left incomplete. IYW held a discussion with the Sarpanch and other gram panchayat members and eventually, the gram panchayat also helped her by suggesting the available schemes for single women and food security.

*She was eligible for both Antyodaya Yojna and Sanjay Niradhar Yojna schemes and IYW helped her with documentation and registration for the scheme through their volunteers. She is now the beneficiary of both schemes. IYW's aid boosted her confidence further and she agreed to start a small beauty parlour at her house in the village. With this small entrepreneurship initiative, Kavita now can sustain her livelihood and raise her children.*

Kavita is now a self-motivated individual, who is confident of the virtues of women empowerment, and preaches this message to the entire village. She credits her motivation to IYW's support





### Case Study 2 - Increasing awareness & emphasizing the importance of healthcare

Nimbavali Gram panchayat, one of the blocks situated in Titwala in Thane district of Maharashtra is located 35 km from the district headquarters. The village administration has an equitable representation from almost all communities of the village. The first time the **MAHA PECOnet** volunteers, from the Helping Hand Foundation went to the village for the baseline survey to identify the families living above and below the poverty line and to verify their health & hygiene conditions.

*During the next visit, these women SHGs helped the volunteers reach out to the villagers and we met again with the Gram Panchayat's representative to provide information about the COVID-19 situation and also emphasized the importance of taking care of their health.* We also guided them on various government schemes and ration-related provisions and challenges.



### Case Study 3 -Awareness and WASH supply during wedding ceremony of tribal community from Igatpuri block

Mukane is a remote village in Igatpuri block that comes under the tribal belt. On the occasion of wedding ceremony of a tribal family, the bride and groom were provided with soap and mask, alongside being made aware of CAB and need for vaccination by CYDA.

*Nearly 250 people were provided with information on importance of vaccination and following CAB.*





## 2.2 PREPAREDNESS

To ensure effectiveness and efficacy in the output, there should be adequate planning and preparedness. The **MAHA PECOnet** intervention leveraged the multisectoral resource and knowledge and this collaboration worked in tandem with local govt. agencies, corporates, innovators, workshops through webinars, trainings, orientation to ensure the readiness was on point.

### Vaccination Drives: Converting vaccine hesitancy to vaccine eagerness

India's first phase of the **COVID-19** vaccination programme was announced on 16 January 2021.

By 1st May, 2021 the vaccines were available for all above citizens above 18 years of age with or without comorbidities. However, during this period, lack of awareness regarding vaccines, difficulty in registration due to digital barriers and rampant misinformation resulted in a very small portion of the people opting for the vaccination even amongst the eligible category under the government guidelines. This issue was magnified amongst the poor and vulnerable groups (elderly, women, persons with disability etc.).

With **Maha PECOnet's** focus on prioritising safety and precaution as critical components in beating the virus, Vaccination Help Desks (VHDs) were conceptualised. To begin with, a Standard Operating Procedure (SOP) was developed as a process guideline for volunteers and field staff to facilitate the vaccination drives at a community level, link with the vaccination centres and help the health authorities to reach the desired targets efficiently.



Helpdesk setup to support vulnerable communities with vaccination registration

### The activities under this initiative included:

- ❖ Awareness generation on CAB, CAB+, WASH and VH promoted amongst rural populations (online engagement and offline engagement).
- ❖ Methods used were miking, board and wall painting, banners and posters, Whatsapp messages, nukkad nataks, video screenings, pamphlets, Chalta Bolta.
- ❖ Assistance in Registration and scheduling of appointments for vaccination
- ❖ Assistance in travel to help people reach the nearest vaccination centers, especially for aged and bed ridden population.
- ❖ Follow ups on second dose.
- ❖ Assisting Municipal Vaccination Centres through crowd management, vaccine facilitation
- ❖ Partnerships with Faith Based Organizations (FBOs) to address vaccine hesitancy and increase outreach
- ❖ Support with HR for data management in vaccine centers.
- ❖ Organising webinar's among partners to understand challenges, share learnings and collaborate on the way forward.

### As of end of 2021



**61,11,671** People reached through the collective efforts of the Platform  
**29,40,627** women and **30,84,120** men



**6,13,466** People facilitated in getting vaccinated through **1,295** VHHD days  
 (Urban, rural, Co-marg, FBO partnership)



**29,554** People were assisted in travel for Vaccination **10,540** People accessed Health related entitlements

## Global Handwashing Day

The Government of Maharashtra along with the support of UNICEF observes Global Handwashing Day on 15th October 2021. across the state as an annual global advocacy day dedicated to increased awareness and understanding about the importance of handwashing with soap as an easy, effective, and affordable way to prevent diseases and save lives.

Furthermore, the event focuses on the links between the hygiene aspects of Swachh Bharat Mission 2.0 at the household, institutions and communities at large focusing on positive behaviour change and hand hygiene for better health in the state.

Front line workers like AWW, ASHA, Swachhagrahi, BRCs, CRCs were among the major advocates and grassroots leaders for implementation of the activities, that brought meaningful representation from the Department of Education, Department for Women and Child Development, Health Department at district levels, under the leadership of CEO, Zilla Parishad to the event.

In the present age of social media, platforms like WhatsApp, Facebook, Twitter, Instagram were leveraged to share short videos or teasers developed by UNICEF Maharashtra. These were released by the Hon'ble minister, Water Supply and Sanitation Department and disseminated widely through SWSM and DWSM staff reaching the younger population and netizens.

Moreover, IEC materials were shared with the partners to facilitate on ground work and drive social behaviour change and communication. Soaps and Masks were distributed in schools across all 6 districts through RIF and the on-ground MahaPECONet partners. Children's masks were specifically procured for this event and distribution.

### Partners:

- ❖ Citizens Association for Child Rights, Mumbai (CACR)
- ❖ Centre for Youth development and Activities (CYDA)
- ❖ Youth for Unity and Voluntary Action (YUVA)
- ❖ Ecosan Services Foundation (ESF)
- ❖ Society for Action in Creative Education and Development (SACRED)
- ❖ Regional Centre for Urban and Environmental Studies of All India Institute of Local Self Government, (RCUES Mumbai)
- ❖ Indian Institute of Youth Welfare (IIYW)
- ❖ Action Related to the Organisation of Education, Health and Nutrition (AROEHAN)
- ❖ The Life Foundation (TLF)
- ❖ Grameen first Development Foundation
- ❖ Urmee NGO
- ❖ RISE Infinity Foundation (RIF)
- ❖ Helping Hands
- ❖ Swacchata Sanwardhan (Sanstha) Sangh





CACR Volunteers  
creating awareness  
about handwashing



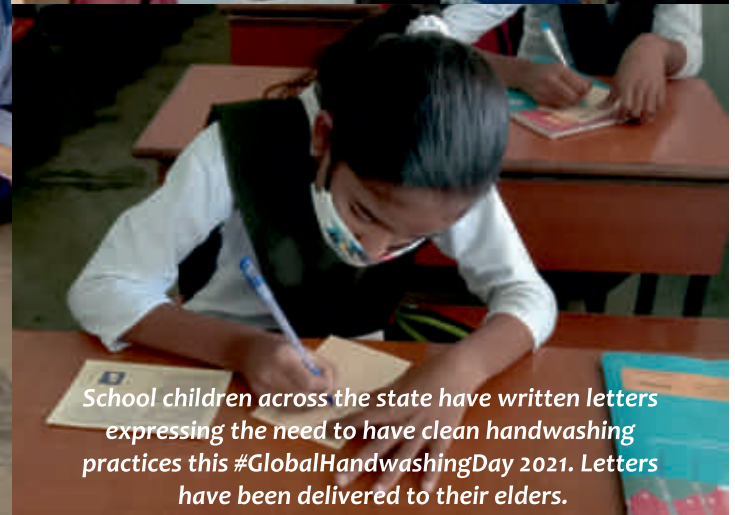
Poster Making on account of  
#globalhandwashingday2021 in Pune  
district by school children on the  
steps of handwashing



Youth learning and taking lead on  
#globalhandwashingday2021 at  
Nagpur with support from IIYW



Aroehan Volunteers with child giving letter to Father



School children across the state have written letters  
expressing the need to have clean handwashing  
practices this #GlobalHandwashingDay 2021. Letters  
have been delivered to their elders.



#### Case study 4 - Helping Santosh Narayan emerge as a Change Agent

Santosh Narayan Walekar an Adivasi boy aged around 20 years who is from a village called Talavali in Kolad emerged as a youth leader in the community helping fellow villagers get vaccinated. Initially he himself was a victim of misinformation; **one of the Maha PECOnet partners, The LIFE Foundation, managed to convince him to take the vaccine upon much persuasion. Post this he came forward himself to persuade and convince others to take the vaccine as well.**

He has been successful in registering people for vaccination from his community and acted as an agent of change.



#### Case study 5 – Promoting Vaccination through Peer group pressure

The Aroehan team as part of Co-Marg project visited rural areas in the Jawhar block to spread information on the availability of the COVID-19 vaccines. The ASHA and the Anganwadi workers from the Paghipada hamlet, Pimpalshet Gram Panchayat, informed them that none of the villagers were ready to inoculate themselves despite their multiple visits to each house. Thus, it was decided that the approach would be changed, and they would now make youths and women's self-help groups aware about the vaccination. The youth were informed that they would be unable to seek employment if not vaccinated, and the upcoming rules related to vaccination may put new challenges for the unvaccinated. The representative of the youth group stated that they would take responsibility for others getting vaccinated, and a camp should be arranged at the earliest. When the camp was set up, the youth group took responsibility of the running the camp smoothly. By November 2021, approximately 90 percent of residents of that villages were vaccinated, and the 10 percent who were not, did not do so as they had an existing illness or were on medication. ASHA and the Anganwadi workers stated that these villagers should get vaccinated after consultation with their doctor. Similarly, the women from self-help groups also collaborated to ensure that all members of their household must receive the vaccine.





### Case study 6 - Addressing Vaccine Hesitancy door to door facilitated by the Swasthya Rath transportation services

IYW team started the vaccination awareness drive in Kodegaon in Saoner Taluka from the month of July 2021. During discussions with the Sarpach of Kodegaon, IYW received intelligence that there were few elderly persons in the village who have developed a fear for **COVID -19** vaccine and are avoiding the same.

Sarpanch and gram panchayat members tried convincing them but it was in vain and a villager named Namdeo Raoji was not ready to get vaccinated. Knowing this, IYW volunteers and block coordinator reached his house at the back lane of the village late at night to educate them about the vaccine. After a process of convincing, he ultimately took the 1st dose of the vaccine.

*As a follow up on this case, IYW team slowly built rapport with him and his family. They tried to visit him often and convince him of taking the 2nd dose. As the 2nd dose was due by the first week of Sept 2021, team tried its level best. They showed him authentic videos about vaccination and the necessity of getting vaccinated. After 12 meetings with him, he finally agreed to take the 2nd dose.*

The vaccination drive was planned in the first week of Sept at Kodegaon and Namdeo Rao was assisted to the vaccination centre by the Co-marg-IYW team. Volunteers supported him with the transportation support and also took his friend Mahadeo for the 2nd dose of vaccination. Volunteers supported him with the transportation support initiative called Swasthya Rath (a Maruti van) for taking elderly people to the vaccination center. They also took his friend Mahadeo for the 2nd dose of vaccination.



## 2.3 RISK REDUCTION AND MITIGATION PROGRAMMING

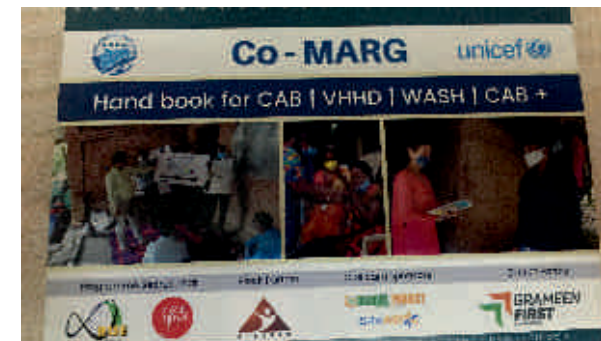
### Awareness Campaigns and Programmes

In today's digital world, with copious amounts of information available at a click of a button it is the process of verifying its authenticity that emerges as a challenge. In the time of an unprecedented global disaster that gripped populations with fear and uncertainty, people turned to multiple sources of information in an attempt to understand this novel virus and how to protect themselves from it. This also resulted in the widespread of misinformation and myths, especially regarding protection from the virus and vaccinations. While on one hand, misinformation emerged as a major challenge leading to vaccine hesitancy, on the other digitally dark areas and groups struggled to protect themselves unaware of the process or provisions of getting vaccinated. Additionally, the prolonged emergency situation witnessed a rise in the fatigue amongst people to follow Covid Appropriate Behaviours (CAB) or practice WASH behaviours.

In order to address these multiple challenges and fill the information gaps, **Maha PECONet** partners conducted various awareness campaigns with the singular unified message of promoting vaccinations as a means to finally emerge from the pandemic. Attempts were also made to reinforce CAB and WASH behaviours, with the aim that they be accepted as the new normal to remain safe. Several traditional mobilisation techniques coupled with new innovative strategies were used by volunteers on the ground to spread the message amongst the masses. These included - **i. distribution of pamphlets/posters ii. making announcements using mics in communities iii. auto rickshaw micing iv. wall paintings v. Chalta bolta - An activity carried out in communities that encouraged conversation between volunteers and residents on the move.**



CAB pamphlet distribution at Kotamgon by CYDA



Co-marg handbook by Grameen First



Chalta Bolta RCCE Campaign in high rise buildings by Alert Citizens Forum

### Case study 7 - Aashiyana: Towards Resilient Housing and Access to Basic Services

**COVID-19** has drawn attention to health as an intersectional phenomenon. For instance, it has shown how housing instability directly relates to the health and wellbeing of populations - with an increased need to quarantine/isolate and maintain physical distancing, coupled with people experiencing difficulties to pay for housing due to financial distress, the pandemic has impacted the capacity and experience in homes. It also brought to attention the particular needs of informal settlements in urban areas and low income housing in rural areas, which have a high population density, limited access to water and sanitation, and basic nutrition - all conditions that heighten the vulnerability of residents.

In an attempt to promote dialogue about what is required for safe, adequate and resilient housing, a Thematic Convening on Housing and Disasters was organised on 20 September 2021 and attended by 45 people from several organisations across the state. Born out of the convening, was an action project, Aashiyana, designed by Aga Khan Agency for Habitat (AKAH), in partnership with YUVA and Urmee with support from UNICEF. The primary aim of the project was to create awareness and build the capacities of local communities on housing maintenance, and link it to the Theme 1 on housing and basic services.







## Maha PECOnet 2.0: Thematic Action Project

In partnership with Aga Khan Agency for Habitat, URMEE & YUVA with support from UNICEF

### THEMATIC 1: HOUSING AND BASIC SERVICES

#### AASHIYANA TRAINING

Training and awareness building of local communities on housing maintenance

##### Objectives:

- To create general awareness on various aspects of a good quality homes and its impact of the quality of life.
- To understand structural, non-structural and fire hazards.
- To create an awareness of risks in the housing society and reduce it through interventions.
- To train the residents in fire safety and response to earthquake.

##### Location:

20th December: Vadgaon, Mawal with URMEE

26th December: Vashi Naka with YUVA



The partnership was conceptualised to target diverse locations and housing structures, and the pilot stage was initiated in -

- A Rehabilitation and Relocation (R&R) Colony in Vashi Naka, Urban Mumbai and
- Village level housing in Mawal Block, Rural Pune District.

The intervention began with a needs assessment conducted by the partner organisations to determine the status of the housing structures; the findings helped AKAH to create a customised workshop for the specific housing type and community settlement pattern.

Consequently, the awareness training was attended by 71 people across both the locations: anganwadi workers, village sarpanches, local government authorities and community workers in rural Mawal, and management committee members, residents and community workers in urban Vashi Naka.

The participatory approach facilitated the development of attendees' capacities in decision-making about subjects such as repairs and maintenance of individual or group housing structures. Afterwards, detailed training manuals in Hindi and Marathi were developed to guide community members to ensure safe and resilient housing structures, thereby weakening the blow during disasters.



### Case study 8 - eSHRAM: Registering Informal Workers with the dream of Social Security

The onslaught of the **COVID-19** pandemic and the state induced lockdowns has led to a severe crisis of livelihoods as people engaged in this sector saw rising levels of joblessness. This was followed by the mass exodus of migrant workers, who contribute significantly to the economy, yet remain an invisible part of the un-organised sector. Awakened by the crises, the Ministry of Labour and Employment (MoLE), attempted to create a platform to avail social security benefits for all informal workers, with the development of the eSHRAM portal, India's first ever database for un-organised workers seeded with Aadhaar. **Maha PECOnet** partners (lead by YUVA) formulated a programme for 'Skill development, Employment and Entrepreneurship, Informal Labour and Livelihoods in both Rural and Urban Settings' with the objective of registering informal workers on the portal, thereby furthering the vision of Theme 3: Social security for informal workers.

The **Maha PECOnet** thematic project led by YUVA with support from UNICEF is working towards increasing access to eSHRAM cards for informal workers in Navi Mumbai and Panvel. The provision of eSHRAM cards aims to - i. Improve the implementation efficiency of the social security services for the unorganized workers ii. Integration of Social Security Schemes meant for Un-organised workers (UWs) being administered by MoLE and subsequently those run by other ministries as well. It will enable workers to access welfare benefits because of its portability, which will further help Central and State Governments tackle any National Crises like **COVID-19** in the future.

Volunteers on the ground are assisting workers to register on the portal, post which each individual will get an accidental insurance cover of 2 Lacs under Pradhan Mantri Suraksha Bima Yojana (PMSBY). The project was initiated in December 2021, and has already registered 104 workers to the eSHRAM portal.



### Strategic Partnership with Faith based organizations (FBOs)

During the initial phase of the vaccination campaign by the platform partners, interactions with community members highlighted widespread vaccine hesitancy emerging from myths and rumours regarding the negative impact of the vaccine. In several communities, the hesitancy emerging from religious beliefs was also reported. It was in this context that a partnership between UNICEF and YUVA was initiated that promoted the vaccination drive by involving FBOs in the process. The strategic partnership with FBOs aimed at mobilising religious communities to take the vaccine as promoted by trusted community leaders and influencers. Additionally, FBOs extensive networks allowed expansion of outreach and impact.

The programme that was initiated in May 2021, carried out multiple interventions on reinforcing CAB and addressing vaccine hesitancy in four locations across Maharashtra - i. Mumbai Metropolitan Region ii. Nagpur iii. Amravati and iv. Akola. FBOs participated in different capacities and initiatives that ranged from setting up VHHDs, promoting vaccinations through online and news channels, assisting in conducting capacity building sessions and organising vaccination camps in low income communities. The FBOs that have provided integral support to the programme include - i. Archdiocese of Bombay, ii. Jamaat-e -Hind Islami, iii. the Buddhist Society of India, iv. Gurudev Seva Mandal, v. Jain Yuva Sanskar Manch, vi. Triratna Budh Vihar, vii. United Singh Sabha Foundation.

*With the core emphasis on partnership and collaboration, the programme further built partnerships with over 12 CSOs and 33 CBOs who actively supported the activities on the ground. Additionally, advocacy and networking with local government departments were crucial to ensure successful implementation on the ground with their support. With a shortage in the supply of vaccinations during the initial months, innovative actions such as setting up over 11 special vaccination camps in bastis with the support of Municipal bodies and organising door to door vaccination with their support furthered the programme's impact.*

The unique partnership with FBOs during this programme revealed the potential in partnerships can extend beyond traditional networks and the impact they can have when unified for a singular cause. Multiple FBOs, similar to Civil Society Organisations, that are seen at the frontlines of humanitarian crises, can over extended periods of time offer an opportunity towards positive social change through similar collaborative initiatives.

Till 15 November, the programme reached out to 16,00,000+ people through its collaborative awareness campaigns and facilitated the vaccination of over 260,000+ people across the four locations. This initiative was part of **Maha PECOnets** Thematic 4 Climate Change Adaptation and Community Resilience.

### Case Study 9 - Successful registration and vaccination with the help of awareness drives

Dari is a village about 16 km from Nashik. When vaccination was started in the country for the prevention of coronavirus, like many villages, people from this village were reluctant to get registered and vaccinated. People would not understand that vaccination was a prevention method against COVID-19, but rather they would think it would affect their health or that it would cause harm. The members on the ground realized that this was a very serious issue and a major obstacle in the fight against COVID-19. Under the aegis of the program the organizers decided to go to the village to inform all the villagers about vaccination. CYDA conducted awareness programs in the village and showed them how important vaccination is, why vaccination is done and how it might be a threat if they do not get vaccinated.

After this many people believed that the vaccination is important and it is not a harmful thing rather it is beneficial. A hundred and sixty people registered themselves in the Primary Health Centers. Owing to this, the remaining people were encouraged and they also showed interest in the registration of vaccination. This paved the way towards a smooth vaccination process.



### Case Study 10: Hope amid uncertainty

Mr. Bhagwan Vadkar lived in Gandhipul in Mokhada with his family of six members. He comes from a well-to-do family as they never had to migrate to the city for work. The family managed financially during the first wave from the savings that they had since he could not go to work. However, the second wave hit them hard and brought with it a tsunami of grief. Mr. Bhagwan was diagnosed with COVID-19 and despite the best efforts from the doctors, he could not fight the deadly virus. Post this emotional and financial crisis the family had to manage through the ration being provided by the Government PDS. NGO's like Grameen First Development Foundation also stepped up in providing grocery as well as WASH materials to the family. Mrs. Vadkar is still in disbelief. She never thought her family would face such loss.

The assistance that my family and I have received from the NGOs and the ration shops has been of immense support to us. I can never get my Spouse back but we need to be strong and hope for a better future.

(Mrs. Vadkar has requested to keep their identity confidential therefore no photograph was taken)



## Multi-stakeholder Partnership under the Skill Development, Employment and Entrepreneurship Thematic

Maharashtra Labour Welfare Board (MLWB) in collaboration with UNICEF, Yuwaah, RISE Infinity Foundation (RIF) has partnered to provide Skill development training to about 40,000 youths in Maharashtra state. The key objective is to train the youth with the desired skill set required for employment and career growth as well options for entrepreneurship.



संघी कौशल्य विकासपी, सन्मानने करणायपी...

### महाकल्याण कौशल्य विकास कार्यक्रम

महाराष्ट्र कामगार कल्याण मंडळा व युनिसेफच्या YUWAAH उपक्रमांतर्गत कामगार व त्यांच्या कुटुंबियांसाठी मोफत कौशल्य विकास प्रशिक्षण वर्ग

**कोर्सची वैशिष्ट्ये**

- ऑनलाईन तसेच ऑफलाईन प्रशिक्षण वर्ग
- कोर्सचा कालावधी - १५ दिवस ते १ वर्ष
- उपलब्ध प्रशिक्षण - पाटी / रेफ्रिजरेशन मेकेनिक, वॉकिंग ऑड युनार्वस, आय.टी., नर्सिंग, कंस्ट्रक्शन, रीलेशन ऑड सेल्स, सायबर सुरक्षा, ऑडिओ वीडियो एडिटिंग, असेसमेंट टेक्निकल प्रिंटिंग, असेसमेंट टेक्निकल प्रिंटिंग, फॅशन डिजाईन ऑड ट्रेस मेकिंग, इत्यादी

**प्रवेश पात्रता**

- वयोमर्यादा - किमान १८ वर्ष ते ३० वर्ष
- शैक्षणिक पात्रता - किमान ८ वी पास ते पदवीधर

**आवश्यक कागदपत्रे**

- महाराष्ट्र कामगार कल्याण मंडळाचा LIN नंबर (LABOUR IDENTITY NUMBER)
- महाराष्ट्र शासना व इतर बांधकाम कामगार कल्याणकारी मंडळाच्या कामगारवंसची नोंदणी क्रमांक (BOCW REGISTRATION NUMBER)
- आधारकार्ड/पॅनकार्ड, रेशन कार्ड / वीज बिल, मार्केट/शैक्षणिक प्रमाणपत्र

अधिक माहितीसाठी [WWW.PUBLIC.MLWB.IN](http://WWW.PUBLIC.MLWB.IN) वा सॉफ्टवेअरचा पॅड वर [DOWNLOAD](http://DOWNLOAD) वा सेल वर [CLICK](http://CLICK) करा, LIN नंबर भरण्याच्या कामगारपी नोंदणी करिता [HTTPS://FORMS.GLE/62DLFBMT34XSNDUB](http://HTTPS://FORMS.GLE/62DLFBMT34XSNDUB) वा [GOOGLE FORM](http://GOOGLE FORM) वा [CLICK](http://CLICK) करा.

महाराष्ट्र शासना व इतर बांधकाम कामगार कल्याणकारी मंडळाच्या कामगारपी नोंदणी करिता [HTTPS://FORMS.GLE/MCFW25MW7UB6CH99](http://HTTPS://FORMS.GLE/MCFW25MW7UB6CH99) वा [GOOGLE FORM](http://GOOGLE FORM) वा [CLICK](http://CLICK) करा.

टीप - किमान शिक्षण, वयोमर्यादा व प्रशिक्षण कालावधी बसत कोर्सनिहाय बदल साहजेत.

Partners: UNICEF, RISE, YuWaah, Tata Capital, Tata Strive, Tech Mahindra, Youth4Jobs, Father Agnel Technical Institute, Idobro Impact Solutions, Kotak Education Foundation, Sage Foundation.

Courses will be mostly delivered through the online mode due to the unpredictable pandemic crisis with a special focus on vulnerable groups e.g. women, PWDs, unemployed youth, migrants and daily wage workers.

Training partners across Maharashtra state are Kotak Education Foundation, Sage Foundation, Tata Capital, Tata Strive, Tech Mahindra, Youth4Jobs, Father Agnel Technical Institute and Idobro Impact Solutions.

## Success Stories

### Case Study 1:

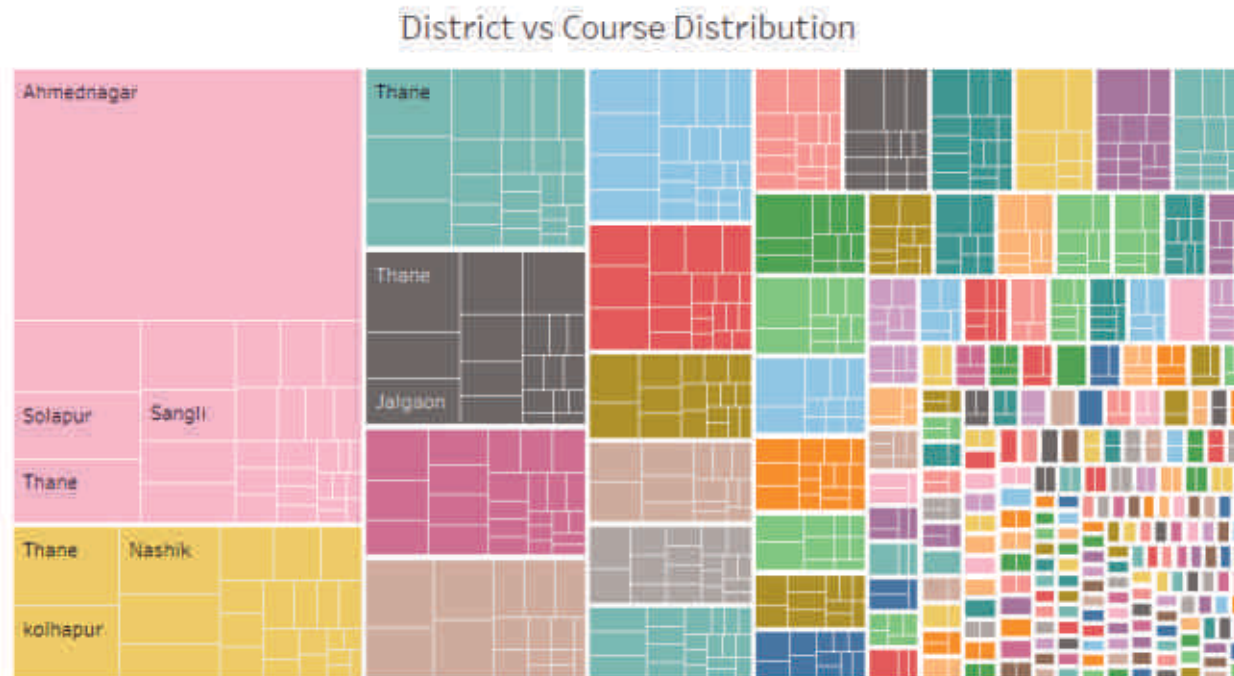
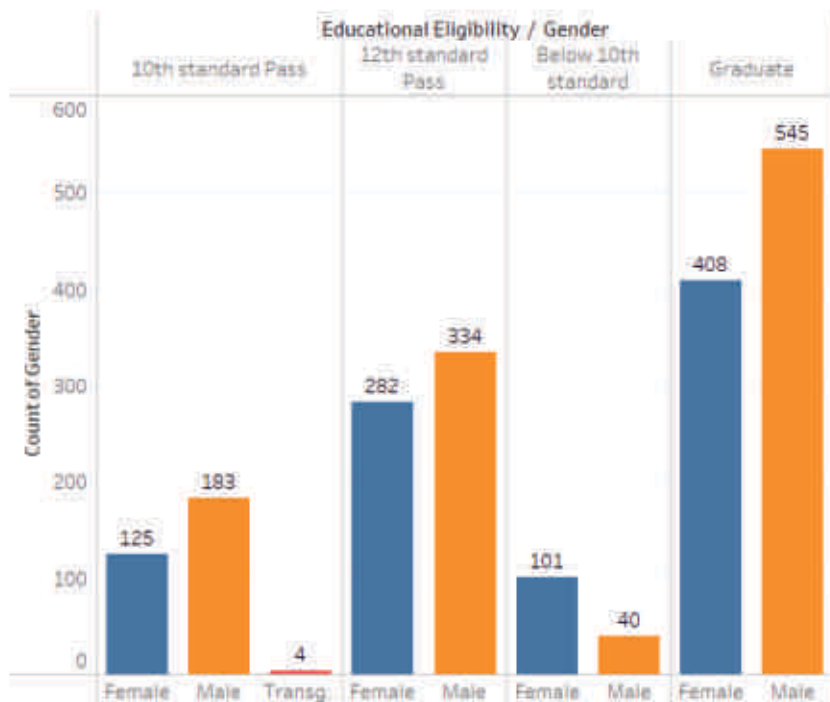
Sahil Wagh, a Science graduate, hails from Mulshi. His name was referred by MLWB. After initial interaction and mobilisation, he enrolled for the Business Development Executive Course. Recently, he has been placed with Innovation Retail Concepts as a Business Development Executive with an Annual package of INR 2.9LPA. His father is also very happy and satisfied with his placement and shows his gratitude to the impact of Tata STRIVE.

### Case Study 2:

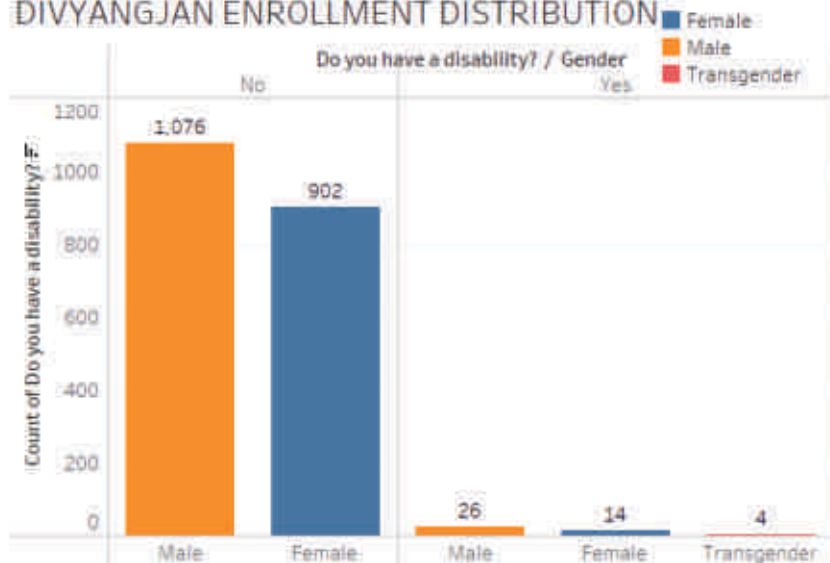
Divya Shinde, a Graduate from Chikli, was referred by MLWB. After initial interaction and mobilisation, she enrolled for the Business Development Executive Course. She got her 1st placement with AXIS Bank as a Business Development Executive (RB-Liability Sales) with an Annual package of INR 2 LPA. Divya wanted to pursue her education and has now taken up a Masters Degree, post completion of the Tata STRIVE training.



# MAHARASHTRA LABOR WELFARE BOARD SKILL DEVELOPMENT



## DIVYANGJAN ENROLLMENT DISTRIBUTION



## TOP PERFORMING DISTRICTS

| Courses                                                                                                                                             | AHMEDNAGAR | Aurangabad | JALGAON | Kolhapur | NASHIK | Solapur | Thane |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|---------|----------|--------|---------|-------|
| Banking Financial Services & Insurance (BFSI)                                                                                                       |            | 12         | 12      | 11       | 11     | 5       | 21    |
| General Duty Assistant                                                                                                                              | 238        | 25         | 18      | 11       | 2      | 23      | 22    |
| IT Course for Graduates - (Core Java, HTML, Database, JPA + Hibernate, Spring Framework, Agile Scrum, Foundation training - Employability, I..      | 5          | 5          | 10      | 10       | 10     | 3       | 13    |
| Retail Sales Associate                                                                                                                              |            | 5          | 5       | 7        | 7      | 3       | 4     |
| Wise Course for Employment (Life skills, Basic English, Soft Skills, Money Management, Computer Literacy, Retail, Bpo, manufacturing, Ecommerce, .. |            | 8          | 6       | 9        | 3      | 3       | 2     |



## Communication and Advocacy

Since the reach of social media is fast and vast, RISE Infinity Foundation as the Secretariat of the platform, manages the **Maha PECONet** channels to ensure that dissemination of messaging pertaining to raising awareness around vaccination, social isolation, quarantine etc along with myth busting messages are circulated to bring about social behavioral change through effective communication

IEC materials were shared with the partners through a common drive to facilitate on groundwork and drive social behavior change and communication. Additional IEC Material link for all NGO partners developed by the State IEC Bureau was shared to adapt from the material shared by C4D (UNICEF India) and developing new IEC materials as required.

**६ - मिनिट वॉक टेस्ट**

इस टेस्ट का उद्देश्य है कि आप अपने फिटनेस का एक अच्छा अनुमान लगा सकें। यह टेस्ट घर पर ही किया जा सकता है।

**आपकी तैयारी:**

- आपका पैर धो लें और सूखें।
- आपका फोन चार्ज होना चाहिए।
- आपका फोन का कैमरा ऑन होना चाहिए।

**कैसे करेंगे:**

- आपका फोन का कैमरा ऑन करें।
- आपका फोन का कैमरा ऑन करें।
- आपका फोन का कैमरा ऑन करें।

**क्या करेंगे:**

- आपका फोन का कैमरा ऑन करें।
- आपका फोन का कैमरा ऑन करें।
- आपका फोन का कैमरा ऑन करें।

**परिणाम:**

- आपका फोन का कैमरा ऑन करें।
- आपका फोन का कैमरा ऑन करें।
- आपका फोन का कैमरा ऑन करें।

**सर्वजनिक आरोग्य विभाग, महाराष्ट्र सरकार**

**महा आरोग्य संवाद**

**आरोग्य संवाद - ४**

**समाजामध्ये सहयोगी वातावरण कसे करावे?**

**१**

- आपकी समुदाय में एक अच्छा वातावरण बनाने के लिए आपको अपने आसपास के लोगों से बातचीत करनी होगी।
- आपकी समुदाय में एक अच्छा वातावरण बनाने के लिए आपको अपने आसपास के लोगों से बातचीत करनी होगी।
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**२**

- आपकी समुदाय में एक अच्छा वातावरण बनाने के लिए आपको अपने आसपास के लोगों से बातचीत करनी होगी।
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**३**

- आपकी समुदाय में एक अच्छा वातावरण बनाने के लिए आपको अपने आसपास के लोगों से बातचीत करनी होगी।
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**४**

- आपकी समुदाय में एक अच्छा वातावरण बनाने के लिए आपको अपने आसपास के लोगों से बातचीत करनी होगी।
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**५**

- आपकी समुदाय में एक अच्छा वातावरण बनाने के लिए आपको अपने आसपास के लोगों से बातचीत करनी होगी।
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**#BreakTheChain**

**MAHA PECONET 2.0 - विषयगत आयोजन**

**विषय: आवास और आपदाएं**

**सत्र १: सामाजिक दृष्टिकोण (सुबह ११:०० - दोपहर १२:०० बजे)**

**जीमकार खरे**  
प्रमुख महाराष्ट्र

**इमरत खोकर चंद**  
डिप्टी चैयरमैन, राष्ट्रीय इंधन

**शरीफा जौसेफ**  
पुनर्

**सत्र २: तकनीकी दृष्टिकोण (दोपहर १२:०० - १२:४५ बजे)**

**संवा धरणी**  
आवासीय एवं पानी की आपूर्ति, इंधन

**इरमुख सीरवी**  
आवासीय एवं पानी की आपूर्ति, इंधन

**विषय: ३० मिनट २०२१**

**समय: सुबह ११:०० - दोपहर १२:४५ बजे**

**विषय: आवास और आपदाएं**

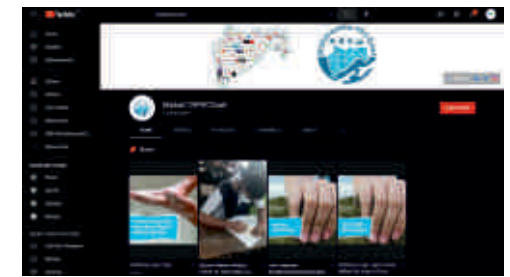
**विषय: आवास और आपदाएं**

**विषय: आवास और आपदाएं**





Maha PECONet website



Maha PECONet YouTube



Maha PECONet Newsletter



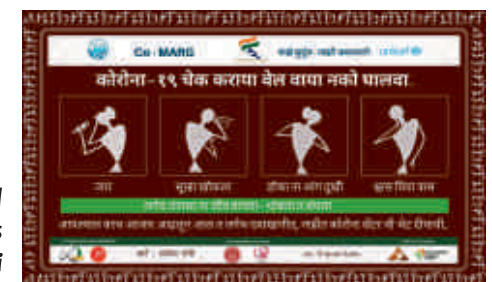
Maha PECONet Twitter



Maha PECONet Facebook



Maha PECONet Instagram



Grameen First designed a series of innovative IEC material including the Warli images in tribal languages and Handbook for volunteers in Hindi

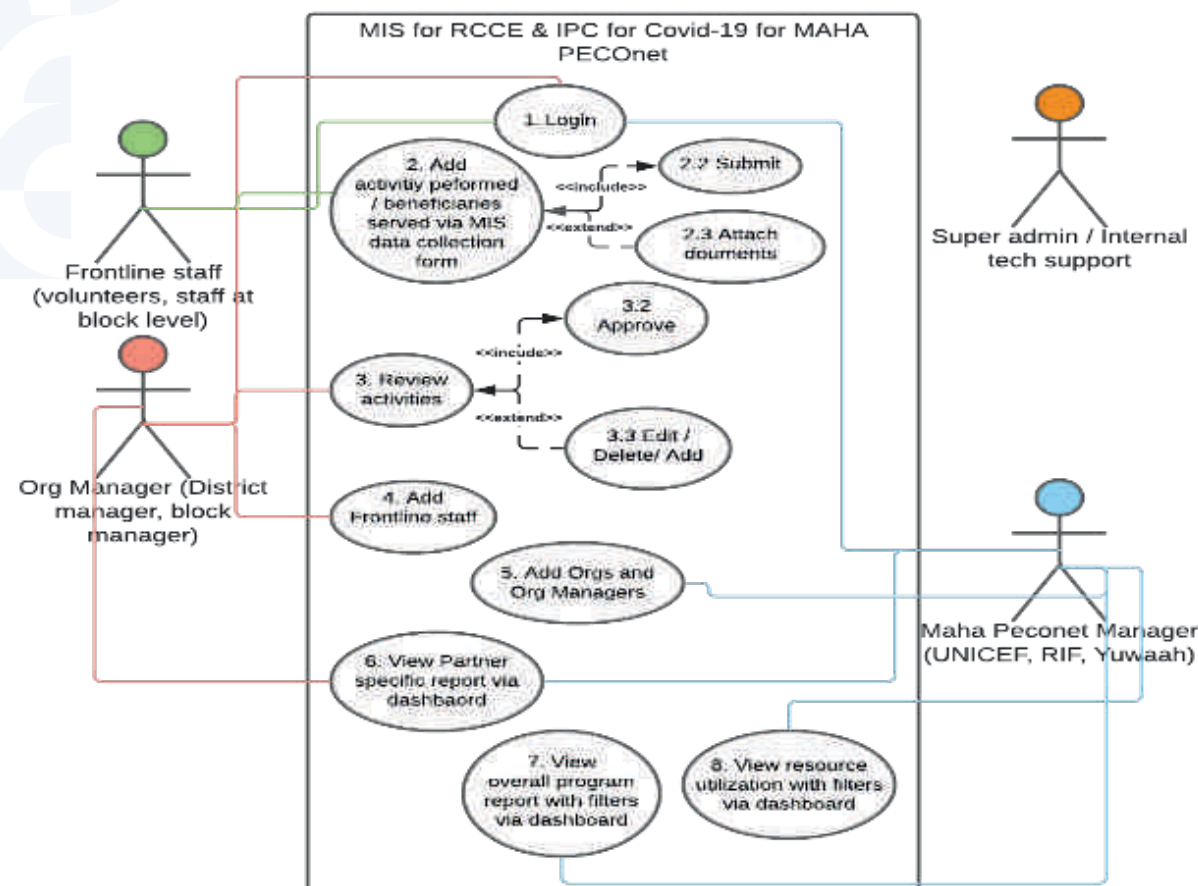
## Data Management and MIS

The entire process of data collection in the Co-Marg program was automated through an Android application which was developed specifically for the same. Various forms to collect data on the distributions, VHHD statistics, Vaccination awareness programs, Online awareness programs, Capacity Building sessions were developed. All the on-ground volunteers were trained on this app. The app worked even in an offline mode and hence it was very easy for the partner staff to capture the data even in remote locations.

The data captured was approved by the staff managers before it was displayed on a dashboard again which was created for the Co-Marg program. This was a public facing dashboard and was integrated with the **Maha PECOnet** website and so was available for view by all.

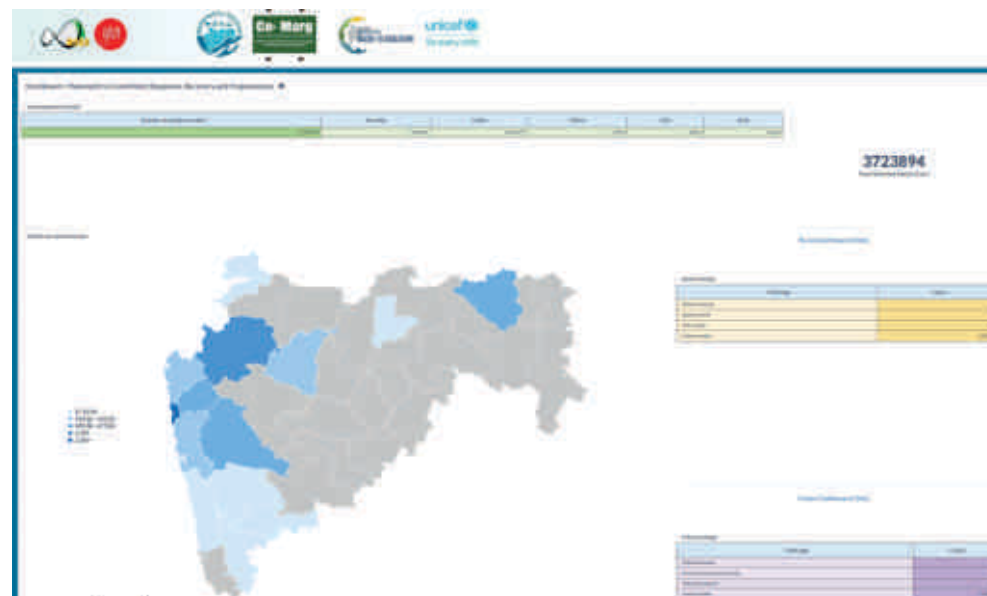
This automation of the data capture and display provided the following benefits:

- ❖ Ease of data collection by multiple partners through self-reporting across standardised data points
- ❖ Automated analysis of data collected
- ❖ Summary reports made available
- ❖ Visualisation of data through dashboard
- ❖ Monitoring platform progress and collective impact
- ❖ Scope for expansion



**Rural Coverage:**

- ❖ Districts reached: 11
- ❖ Blocks reached: 56
- ❖ GPs reached: 582
- ❖ People reached: 15,63,897

**Urban Coverage:**

- ❖ Districts reached: 10
- ❖ Municipal corp/council reached: 15
- ❖ Slum areas reached: 26
- ❖ People reached: 52,16,420

*Snapshots from the Maha PECOnet dashboard with details of supplies, beneficiaries and regions*



The Maha PECOnet dashboard captures field activation and community outreach interventions since January 2021, promoting Covid appropriate behavior, risk communication, flood response, and community engagement for vaccine eagerness, vaccination, infection prevention and control, and health entitlements.





*Urmee NGO supporting vulnerable communities with ration*



# Chapter 3

## Challenges, limitations, solutions & opportunities

### Challenges and limitations

**Maha PECOnet** partners have undertaken several and diverse initiatives to address the ongoing disaster situations, and managed to reach out to particularly the unreached. However, as always, there were multiple challenges, foreseen or unforeseen, which required the partners to tweak several strategies and activities in order to influence mindsets and provide appropriate help. The issues faced varied based on the demography of their target population.



URMEE supporting vulnerable groups

### 3.1.1 VACCINE HESITANCY AND THE NEED TO REITERATE CAB AND WASH BEHAVIOURS



Vaccination awareness drives were important & had their fair share of challenges, one of which included negative myths about vaccination & misinformation. Some of the rumours reported included women having the fear of infertility upon getting the vaccines and loss of life on getting vaccinated.



While partners set up Vaccination Help Desks (VHDs) in communities to promote the vaccination drives; few community members, residents & local leaders questioned volunteers on the field regarding their authorization and approval to promote the activity.



There was almost no adherence to **COVID-19** safety protocols or WASH behaviors like physical distancing, wearing masks & washing hands in villages which put the populations & volunteers at great risk.



Teams from the ground struggled with interference from local political organizations which tampered with the door-to-door awareness campaigns and help desk setups in bastis.



The occurrence of religious festivals saw an increase in the number of gatherings leading to the non-adherence of CAB as well as vaccination during that period.

### 3.1.2 INFRASTRUCTURAL AND ACCESS BARRIERS



Partners reported the lack of medical infrastructure in the hilly tribal villages and other remote locations for **COVID-19** patients, who required travel assistance in getting access to medical aid and/or vaccinations.



Vaccination Centres were seen to be small, understaffed with large crowds which were difficult to manage and provide for.



The registration processes and portals remained inaccessible as most people even in urban regions did not own smartphones or were unaware of the registration process for vaccination. This challenge was further magnified amongst women, transgender, elderly and other vulnerable communities



The rise in **Covid-19** cases during the second wave led to a shortage of medical equipment and infrastructure to meet the needs of the ailing populations. Medical Institutions, Government officials, & ailing populations alike reached out to network partners to assist in arranging ventilator beds, oxygen cylinders, and other supplies essential to ensure the recovery of patients.



Daily wage workers were seen to be reluctant to opt for vaccinations due to the fear of loss of wages during a time when their livelihood options were already limited.



Food insecurity emerged amongst marginalized and vulnerable populations who were unable to afford rations or procure ration from the PDS due to - i. Unavailability of documentation ii. Ration cards from other states iii. Limited food supplies provided at the ration shops (wheat, rice & pulses) iv. Lack of Aadhar linkages



Life Foundation team reaching remote areas



Handwash Basin Installation by Helping Hands





*Emergency Preparedness and Response Workshop  
for Highway Police and Mritunjay Doots  
by Resilient Foundation*

### 3.1.3 VACCINE UNAVAILABILITY



The low supply of vaccines was another challenge, stalling the vaccination drive process intermittently. While the vaccination campaigns got a lot of people registered for vaccines, the unavailability of appointments resulted in a fizzling out interest. Conversations with locals also highlighted the urgent need for setting up community vaccination booths in localities.



The three month gap between the first and the second dose of the largely available Covishield vaccine also contributed towards the diminishing interest in getting the vaccine.

### 3.1.4 MULTIPLE DISASTERS



Along with the ongoing pandemic, the incessant rainfalls in over 12 districts of Maharashtra in the month of July resulted in a multiple disaster situation in the state. Large-scale infrastructural damage was reported and several people found themselves stranded, inaccessible to receive relief. Loss of life and livestock additionally impacted people's lives and livelihoods.

## STRATEGIES AND SOLUTIONS

### MOBILISATION

During the humanitarian crisis that has emerged due to the pandemic, it became important to provide support to vulnerable groups. Partners reached out to one or more vulnerable groups to support them either through ration support, cooked meals or vaccination support such as commercial sex workers, transgenders, low income communities, tribals, elderly, women and children.

#### DOOR TO DOOR INTERACTION



Door to door interaction helped in reaching out to more people. All partners conducted door-to-door campaigns to spread awareness to people and bust myths about the supposed side effects of the vaccines. The awareness process also included help with registration for vaccination.

#### POWER OF SOCIAL MEDIA

The power of social media as a medium to spread positive information and verified facts about vaccines as the tool to defeat COVID-19 played an important role.



#### VACCINATION DRIVES



Pamphlets, posters, banners etc. detailing CAB protocol, FAQs, health related entitlements and vaccination information in local languages were distributed by many during vaccination drives.

#### RATION DISTRIBUTION

The ration distribution helped build trust and rapport with the community members who then become open to having conversations regarding the vaccination process as well.



### SUPPORT AFFECTED POPULATIONS

In order to support flood affected populations, partners urgently initiated collection drives and collaborated in reaching out to people with ration supplies, medical supplies, hygienics kits and other essential items needed to tide over this precarious time as well as move towards rehabilitation.



## STRATEGIES AND SOLUTIONS

### PARTNERSHIPS

Several initiatives were undertaken by partners in order to overcome the challenges faced on the field. The efforts evolved constantly in order to reach out to more people in the deeper pockets who are often overlooked.

#### VACCINE AWARENESS



Partners collaborated with local governments, doctors and anganwadi workers to create vaccine awareness. They promoted the creation of a conducive network or ecosystem aimed at promoting/facilitating vaccinations and CAB/WASH behaviours.

#### INFORMATIVE HELPDESK



Collaboration with local government officials and doctors also allowed helpdesks to become more informative by redirecting all the medical health and vaccine supply related queries to be answered more appropriately by them.

#### VACCINE REGISTRATION



Collaboration with local CBOs, SHGs, front line workers, youth groups, and other community influencers helped organisations to better communicate and even gain positive response from the people through an increase in vaccine registrations.

#### INFRASTRUCTURE SUPPORT

Partners reached out to populations, healthcare institutions and government bodies to supply medical equipment, connect patients to hospitals/pharmacies, and increase infrastructure to support the rise in Covid-19 patients during the second wave.



#### DOOR TO DOOR VACCINATION

Special Vaccination Camps and door to door vaccinations were organised within low income communities with the support from Municipal Bodies.



#### VACCINATION CAMPS

Special Vaccination Camps and door to door vaccinations were organised within low income communities with the support from Municipal Bodies.



#### SPEAK LOCAL LANGUAGE

Partners aiming to spread awareness in rural and tribal communities sought assistance from educated locals and other civil society members to speak in the local language and build trust.

**FBO** Partnerships with Faith Based Organisations (FBOs) greatly assisted in tackling vaccine hesitancy related to religious beliefs.





*Vaccination awareness being conducted in Pahine village by CYDA volunteers*



## STRATEGIES AND SOLUTIONS

### TRANSGENDER COMMUNITIES

Partners employed volunteers from transgender communities to spread awareness in bastis as well as promote transgender communities to get their vaccines. This allowed not only the vaccination of this vulnerable group but also generated livelihood opportunities as well as tried to address negative mindsets associated with the transgender community.



### COVID-19 HELPLINES

COVID-19 helplines were set up that provided callers with COVID related information, for medicines, resources, treatment, doctor referrals and even emotional support. This was an important strategy to tackle the shortage of medical and non medical supplies during the second wave.



### THE POWER OF VOLUNTEERS

### VOLUNTEER APPRECIATION

Volunteer appreciation by recording and acknowledging the work done by volunteers as a positive reinforcement, helped them to stay motivated, continue their work and inspire more people to join in these efforts.



### AWARENESS ACTIVITIES

During vaccine shortage, vaccine drives needed to be halted and focus was shifted towards promoting CAB and other awareness activities. Volunteers continued to engage with the health care officials as well as government bodies to remain updated regarding refilling of stock and then continuing VHD work accordingly as per the availability.



### THE POWER OF VOLUNTEERS

Supporting Municipal Vaccination Centres in crowd management, data management and support to the elderly allowed facilitation of vaccinations as well as eased the burden on the healthcare system.







*Villagers being provided ration and hygiene kits as a part of the relief work in remote Maharashtra village*



## Chapter 4

# Thematic led collective efforts

Relief, response and recovery have been the ethos guiding the efforts of **Maha PECOnet** amidst the pandemic. Going forward, **Maha PECOnet** intends to build resilience among affected populations and vulnerable groups. The focus of the platform would be on providing continued immediate relief in the short term and advocating for systemic change through structural reforms in the form of improved and inclusive welfare schemes and laws in the long term with the aim of 'Leaving No one behind'.

The Covid-19 pandemic has particularly created the need to revisit and expand social protection beyond its target population, revisit implementation, and extend it to a number of vulnerable groups beyond traditional definitions and notions of vulnerability.

There is also a need to promote social protection grounded in the values of social justice and human rights, sustainability and adopting employment-intensive approaches benefitting the most vulnerable and excluded populations.

To ensure the long term impact, members of **Maha PECOnet** conducted a mapping exercise in January 2020. A meeting was then held with a core group of partners to chart the way forward.

3 categories of issues emerged as below:

- ❖ Inter-agency and Platform Collaboration
- ❖ Pre-emptive action - Peacetime action and activities:
- ❖ Long-term vision and challenges

It was decided that to have:

- ❖ Designated functions and activities to undertake during peacetime to ensure both member engagement and external representation and presence.
- ❖ Identification of priority advocacy issues on Building Resilience across Thematic Areas and proactively engage with Government, Donor, UN and community stakeholders.
- ❖ Learning opportunities and training needs for member organisations and government stakeholders to roll out and implement during peacetime and have preparedness for real time training (if needed) during crises to help strengthen responses.
- ❖ Meetings interagency preparedness and contingency planning, periodically and seasonally for recurrent disasters.
- ❖ Design and implement multi partner network based projects on resilience building in urban and rural setting

## Governance and Management of the Platform

**MahaPECONet** was proposed to be a formal coalition and platform of member organisations bound together by their commitment and adherence to the values of the network. The coalition instituted a General Body composed of members, an elected Governing Council, Secretariat Organisations and Thematic Anchors.

As part of the **Maha PECONet 2.0** platform's strategic approach, four thematic areas and sub-themes have been identified where –

- i) Intervention in times of disaster is needed in order to prevent exacerbation of vulnerabilities with a particular focus on the context of Maharashtra
- ii) These areas are also critical for building the resilience of marginalised groups during peace times and those located in climate prone regions. Each of the thematic areas is expected to identify actions for intervention, collaboration and advocacy as functions across the Disaster Management Cycle with an emphasis on Risk Informed Development for Vulnerability Reduction, Disaster Preparedness and Mitigation for Community Resilience and Social Sector Recovery for early restoration and building back better. A comprehensive focus on rights, entitlements and services cuts across all thematic areas.

## 4.1 Maha PECONet Thematics

Thematic Areas identified for Risk Informed Development for Vulnerability Reduction, Disaster Preparedness and Mitigation for Community Resilience and Social Sector Recovery for early restoration and building back better. The Thematic areas include:



Housing & Basic Services



Social Protection, Rights & Entitlements



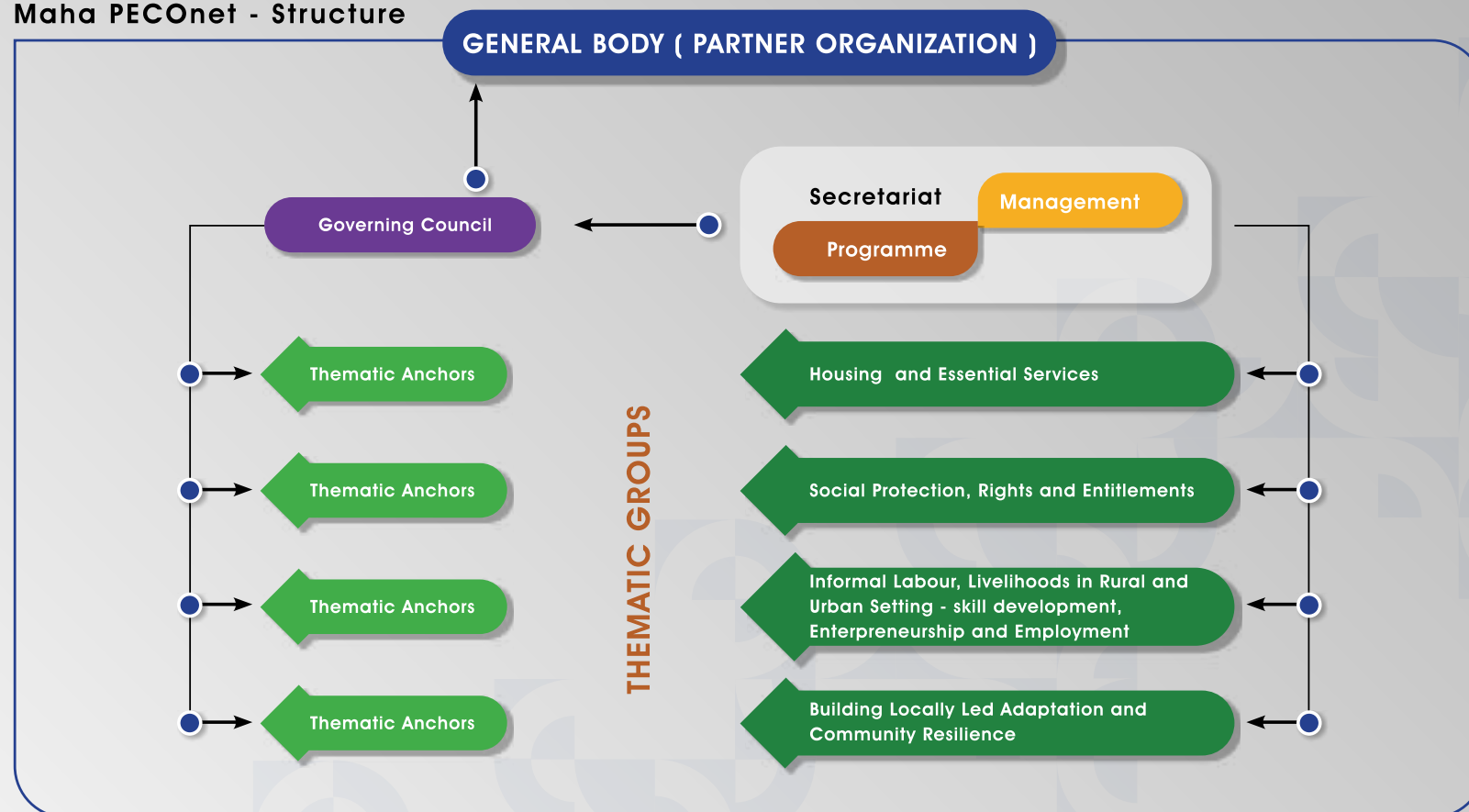
Skill Development, Employment and Entrepreneurship in rural and urban context



Climate Change Adaptation and Community Resilience



## Maha PECOnet - Structure



## Maha PECOnet - Governing Council



**Dr. V. Thiruppugazh**  
Retired as the  
Additional  
Secretary, NDMA



**Prof. Ravi Sinha**  
Department of Civil  
Engineering  
Indian Institute of  
Technology, Bombay



**Dr. Joycia Thorat**  
Project & Policy Officer,  
Church's Auxiliary for  
Social Action. CASA-India



**Dr. Nidhi Kewalramani**  
Project Director  
Tech Mahindra  
Foundation



**Dr. Matthew Maltam**  
Chief Executive Officer  
Centre for Youth  
Development  
and Actives (CYDA)



**Mr. Ranjith Moovarasu**  
Director-Montfort Care,  
Stephen School  
for the Deaf,  
Montfort Junior College



**Mr. Nitin Wadhwani**  
Founder & Director,  
Citizens Association  
for Child Rights  
(CACR)

## THEMATIC ANCHORS (TA)

Each thematic area will be led by thematic anchors who will along with a Co-lead and a core group will direct the activities as per the guidelines laid out.

- ❖ The anchor agencies will convened with the Programme Secretariat the members of a thematic area.
- ❖ They will developed the programme and advocacy points for the thematic and lead the representation of that thematic with external stakeholders, partners and donors.
- ❖ Each thematic anchor also identified a co-lead for their thematic in consultation with their thematic area members.
- ❖ Thematic anchors were not members of the Governing Council (GC) and must be members of the Governing Body (GB).
- ❖ A thematic anchor was nominated and/or elected by the GB for a 2 year tenure. A Co-lead will also have a 2 year tenure.
- ❖ It is anticipated that each thematic anchor will lead projects and flagship events/activities of a thematic area.
- ❖ The Thematic Anchors along with the Secretariats will regularly check on their thematic needs, support their plans of the thematic, and ensure alignment with the larger vision and mission of the Network.





## Thematic 1: Housing and Basic Services

The COVID-19 pandemic and other natural disasters during this last year, have once again highlighted the need to focus on adequate and disaster resilient housing within the Right to Adequate Housing Framework.

With the increased need to quarantine/isolate, maintain physical distancing, inability to pay for housing due to financial distress, COVID-19 has impacted the capacity and experience in homes.

Adding to the mix, natural disasters compound the impact on populations by directly causing the collapse of the housing structures as well as adversely impacting the lives and livelihoods of the victims. Therefore, in order to recover from the current disaster situation, there was a need to focus on building back better along with enhancing mitigation policies programs on disaster preparedness.

***Within the given context, a focus on ensuring safe, adequate and resilient housing and basic services is the foundation on which households can build their long-term stability and security. Hence the Thematic 1 on Housing and Basic Services has been designed to strategically intervene in the following sub areas through a habitat rights based lens:***

***Housing in disasters***

***Shelter and Camps***

***Water Sanitation and Hygiene (WASH)***

Furthermore, within each sub group, targeted interventions, research and advocacy campaigns can be initiated in order to further the overall thematic agenda. Some of the examples of activities and the targeted population groups include:

- *Habitat rights (low income urban, rural & tribal communities, transgenders, women, PWDs, elderly, migrants, homeless etc.)*
- *Shelters and camps for vulnerable populations (homeless, elderly, PWDs, transgender, women, children etc.)*
- *Prevention of forced evictions*
- *Disaster Resilient Housing (low income urban, rural & tribal communities)*
- *Facilitating basic services and facilities (WASH). The focus here is on WASH during DRR and as a minimum requirement.*
- *Research and advocacy in any of the above*



## Thematic 2: Social Protection, Rights & Entitlements

Social Protection broadly refers to a set of policies and programmes aimed at protecting people against poverty, vulnerability, and social exclusion throughout their life.

Over the last 15 years, India has witnessed a growth in rights-based entitlements and systemic reforms to build a more inclusive Social Protection system (India Development Review, 2021).

However, legal identity documents emerge as a prerequisite to accessing any form of social protection or entitlement linked to food, livelihood and healthcare. In the midst of the lockdowns, disasters or crisis like situations, lack of access to these often results in exclusion from relief measures, during a period where the ability to earn gets severely limited (YUVA, 2020).

**The COVID-19 pandemic has particularly created the need to revisit and expand social protection beyond its target population, revisit implementation, and extend it to a number of vulnerable groups beyond traditional definitions and notions of vulnerability. There is also a need to promote social protection grounded in the values of social justice and human rights, sustainability and adopting employment intensive approaches benefitting the most vulnerable and excluded populations.**

Within the given context, a focus on enabling social protection as part of a basket of rights and entitlements is critical toward ensuring long-term resilience of marginalised and vulnerable populations. Hence the Thematic 2 on Social Protection, Rights and Entitlements has been designed to strategically intervene in the following sub areas:

- ☛ Food and Public Distribution System
- ☛ Supplementary and complementary nutrition
- ☛ Direct Cash Transfers
- ☛ Protection Issues and Trafficking
- Public Health Infrastructure and Service Continuity (both as a right and as an entitlement)
- Education Infrastructure and Service Continuity (both as a right and as an entitlement)

**Furthermore, within each sub group, targeted interventions, research and advocacy campaigns can be initiated in order to further the overall thematic agenda. Some of the examples of activities and the targeted population groups include:**

- **Facilitating access to social protection schemes, policies and entitlements (urban & rural poor, women, elderly, transgender, children, tribals, PwDs etc.)**
- **Access to documentation of vulnerable groups (ration cards, pan cards, aadhar cards, bank accounts etc.)**
- **Enabling right to food through PDS, MDM, ICDS and other related programmes**
- **Improving nutrition (children, pregnant and lactating mothers, elderly, vulnerable groups)**
- **Cash Transfers**
- **Welfare board registrations and/or licensing for informal workers (construction workers, domestic workers, sanitation workers, rickshaw drivers etc.)**
- **Addressing trafficking and working with Commercial Sex Workers (CSWs)**
- **Enabling education for all under RTE (including aspects like: access, quality education, educational content/technology, virtual schooling, vocational training, open schooling, scholarships, access for PwD's)**
- **Affordable and accessible healthcare for all (health related services, health entitlements, supporting public healthcare, patients rights)**
- **Research and advocacy for social protection and entitlements, and/or human rights (informal sector workers, PwDs, women, transgender, children, youth, elderly, CSWs etc.)**



### Thematic 3: Skill Development, Employment and Entrepreneurship in rural and urban context

#### 3.1 Skill Development:

Skill Development as the process of identification of the skills gap in youth and providing subsequent training and employment benefits.

India is currently on an upward trend in terms of its working age population (defined as the 15-59 years age group).

Based on projections, India will have the largest population in this age group in the world by 2025, comprising approximately 918 million people of a global aggregate of 4.9 billion working aged people (19%). Between 2025 and 2040, the working age population will comprise 64-65% of the total population in India. However, large sections of the working age population lack the education and skills to be gainfully employed.

In the current pandemic, nearly every field has been affected across the state and country. Many institutions providing education and skill training were closed due to lockdown. Along with this there are other challenges such as mobilising candidates post migration due to COVID-19, low institutional capacity, limited availability of IT infrastructure for conducting online training, reduced debt serviceability of skills service providers, expediting disbursements to relevant stakeholders to ensure liquidity and continuity in the system, reduced or diminishing CSR funds for skill-development initiatives, lack of employment and apprenticeship opportunities due to deferment of recruitment by industry.

Skill development has thus become very crucial for the vulnerable, who continue to face problems such as unemployment along with poverty and hunger. Many of them are women, youth, physically challenged, disaster affected populace, transgender and other marginalised communities.

Government of Maharashtra also has prioritized the Skill Development mission and set a vision of equipping 45 million persons with employable skills by the year 2022.

**To achieve this Skill Development Mission in the state of Maharashtra, Maharashtra State Skill Development Society has been registered on 15th February 2011 under the Societies Registration Act 1860. The Society is established and is the Single Nodal Agency for planning, coordination, execution & monitoring of Skill Development Initiative of Government of Maharashtra.**

**Within the given context, the Thematic 3 on Skill Development has been designed to strategically intervene in the following sub areas:**

- Skill training for informal/un-organised sector workers.
- Skill training for women.
- Skill training for the vulnerable communities.
- Skill training for youth.

**Furthermore, within each sub group, targeted interventions, research and advocacy campaigns can be initiated in order to further the overall thematic agenda. Some of the examples of activities and the targeted population groups include:**

- Designing and implementing various skill development programs.
- Conducting skilling programs in partnership with development agencies.
- Conducting activities in collaboration with the Ministry of Labour and Welfare Board.
- Awareness programs for skills and education.



### 3.2 Employment

Broadly employment allows for self-sufficiency and subsequent economic growth of an individual and eventually the country. However, unemployment rates continue to be a significant problem in terms of elevated overall percentages of the general population.

The pandemic has impacted the employment situation in India, wherein almost all the commercial establishments, industrial units, transport systems, school colleges, even government offices except emergency services, were under lockdown.

The unemployment rate was around 12% at the end of May 2021 which translates into a loss of jobs by 1 crore people during the period due to the 2nd wave of corona pandemic. Income of 97% households have declined since the outbreak of the pandemic last year. The unemployment rate stands at 12.4%, urban 15.1% and rural 11.2% on 3rd June 2021.

**The Skill Development and Employment thematic plays a key role in**

- **Building and sharing knowledge for accelerating policy initiatives for making Indian youth and workforce employable.**
- **Identifying as well as offering solutions to critical issues concerning employment, jobs and livelihood creation.**

**Some of the suggestive measures for Maha PECOnet to undertake increase employment in collaboration with Skilling are:**

- 1. Improve in visibility of the trained workforce**
- 2. Establish connectivity between the 2 parties to ensure opportunity for employment**
- 3. Invest in creating a system to close the cycle between the unemployed groups and employers**

### 3.3 Entrepreneurship

***Sustainable economic development is at the top of the political agenda in India. The need of the hour is creation of a strong eco-system through active participation by the private sector, public sector, Government & academic community.***

With a population of more than 1 billion people and witnessing trends of entrepreneurship in various capacities, the GDP per capita is still at \$1,900 USD per year. This is a stark reminder of the vast gap in income equality which correlated with economic losses. Data by Start-up India shows that only 13.76 % of the total entrepreneurs in India are women which is close to merely 8 million as opposed to a whopping 50 Million male entrepreneurs.

Empirical data:

- Women owned enterprises constitute only 7.35% including both the sectors. Women entrepreneurs face barriers to scale than male entrepreneurs in both informal manufacturing and service sectors.
- Lack of social entrepreneurship knowledge presents a major challenge for social enterprises in finding competent and skilled promoters.
- Social enterprises face hostile reaction from financial institutions and Governments as far as funding is concerned.
- Cooperation between industry, the academic community and government bodies remains weak, thus hampering the innovative capacity and sustainability of MSMEs (including social enterprises and start-ups)
- There is a huge untapped business potential in the environment sector. (CII Green Business centre). Lack of a strong support system to experiment with green ideas and test piloting.
- The Sustainable Development Goals and MSMEs agendas are mutually reinforcing but lack processes and mechanisms for inter-linkage; Cooperation with research and technology institutions or with academic establishments is virtually non-existent.

As a platform that works on equal rights, dignity and service, upliftment of the vulnerable, Maha PECOnet has a lot of areas to focus for Entrepreneurship facilitation and Engagement with forward linkages. Some of these are:

- Scope to play a big role in growing the rural sector in the future presenting opportunities to study and support factors, like fair trade, that will shape the social entrepreneurship philosophy.
- A network approach to influence Government to provide lucrative schemes and opportunities
- Assisting higher education institutes in developing social entrepreneurship curriculum, provide social enterprises with access to good quality managers and promoters
- Government giving large push to women entrepreneurs through schemes, need support on end to end linkages
- Change in consumer buying pattern on the basis of eco-friendly or green product indicates there is a space creation for the green entrepreneurship



#### **Thematic 4: Climate Change Adaptation and Community Resilience**

The weight of scientific evidence for rapid climate change is not only overwhelming but also undeniable. Climate change is predicted to have a latitudinal impact ranging from adversely affecting ecosystems and biodiversity to increased disaster situations as well as direct impact on human health, livelihoods and habitat. Therefore, mitigation strategies warrant global collective efforts and political will, along with action right down to the individual level focusing on Climate change adaptation and mitigation.

**Within the given context, a focus on supporting vulnerable communities to be self-resourced towards adapting to climatic events, while ensuring justice and inclusion will enable long-term resilience. Hence the Thematic 4 on Climate Change Adaptation and Community Resilience has been designed to strategically intervene in the following sub areas:**

- **Disaster preparedness and risk reduction**
- **Climate Change**
- **Community Action and Resilience including Urban Resilience**
- **Key role of Local Governments, CBOs, Women's Self help groups and other community based groups**

**Furthermore, within each sub group, targeted interventions, research and advocacy campaigns can be initiated in order to further the overall thematic agenda. Some of the examples of activities and the targeted population groups include:**

- **Climate change mitigation and adaptation with a justice lens**
- **Facilitating conservation and sustainability**
- **Disaster Management**
- **Disaster risk reduction and disaster preparedness**
- **Enabling community resilience - SHGs, CBOs, youth groups, tribals other community based groups**
- **Research and advocacy in any of the above**

## 4.2 Way forward

In the year 2022, one of the key focus areas will be on nurturing thematic groups as inter-related agencies to take forward the work of the **Maha PECOnet** coalition. In keeping with democratic principles, the direction that each group will pursue will be collectively decided and designed, while keeping the GB in the loop.

Yet, some of the processes that each of the groups might adhere to include:

**Selection/Election of Thematic Anchors:** In the formalization of the **Maha PECOnet 2.0**, certain governance structures were put in place to guarantee sustainability and accountability. In the thematic areas, this took the form of an anchor and co-lead organization, which would mediate the processes of the group and ensure that the agenda is formulated and met. This anchor would be elected from among the general body, and would serve a two-year term, before another round of elections is announced.

**Collective Goal Setting and Mapping the Agenda of Thematic Groups :** Collective goal setting is key, as the formulation of an agenda serves as a strategic guide to the actions and advocacy initiatives of the group. It is also an important tool to support outreach to and mobilisation of new members for the thematic group.

**Agenda must include both Programmatic Interventions and Avenues for Advocacy :** The **Maha PECOnet** aims to be a multi-stakeholder response network, including government and non-government agencies, public and private partners. For this it is necessary that a clear agenda is determined early which includes:

- Programmatic work which will help reduce the inequalities and provide marginalized populations access to their basic rights and services, and
  - Advocacy work that aims at catalyzing systemic shifts and policy transformations that are anchored in the principles of justice and equality.
- All endeavours should be based on risk reduction and mitigation programming to soften the blow in the case of future disasters.

**Thematic Convenings and Capacity Building to enhance the Knowledge and Skills of Partners:** While disasters often arrive with little intimation, and each one brings with it a unique spate of challenges, there are some common risk-mitigation tools and strategies that would benefit organizations who might form a part of the relief force. For this, it is necessary for regular opportunities for knowledge and skills training which will ensure increased preparedness and more relevant responses at the time of action. Such occasions also provide a chance for peer learning and collective strategizing before the disaster actually strikes.

**Financial Sustainability to be embedded in the functioning of the Thematic Groups:** Through the course of agenda setting, the thematic group will also be responsible for scouting for donors, making project pitches and meeting CSR partners to ensure that all the programmatic and advocacy work has sufficient financial support. Part of the funds raised for the functioning of the thematic groups will also be used to help the Secretariat to function.

**The pandemic has clearly demonstrated a need to link humanitarian response to a wider agenda. Moreover, it is imperative to enhance engagement between humanitarian and development actors. In this context, the role of the Governing Council along with the Secretariat and thematic members will be to expand the platform's efforts beyond emergency response, focusing on preparedness during peacetime to increase resilience and reduce vulnerability. This will only be possible if undertaken within a rights-based and social justice framework in collaboration with a wide range of stakeholder groups.**







## To Collaborate, Build a PECOnet

- **P**artners (Resources)
- **E**ntrepreneurs (Solutions)
- **C**itizens (Support) and the
- **O**wnership of every Individual in making this possible!

