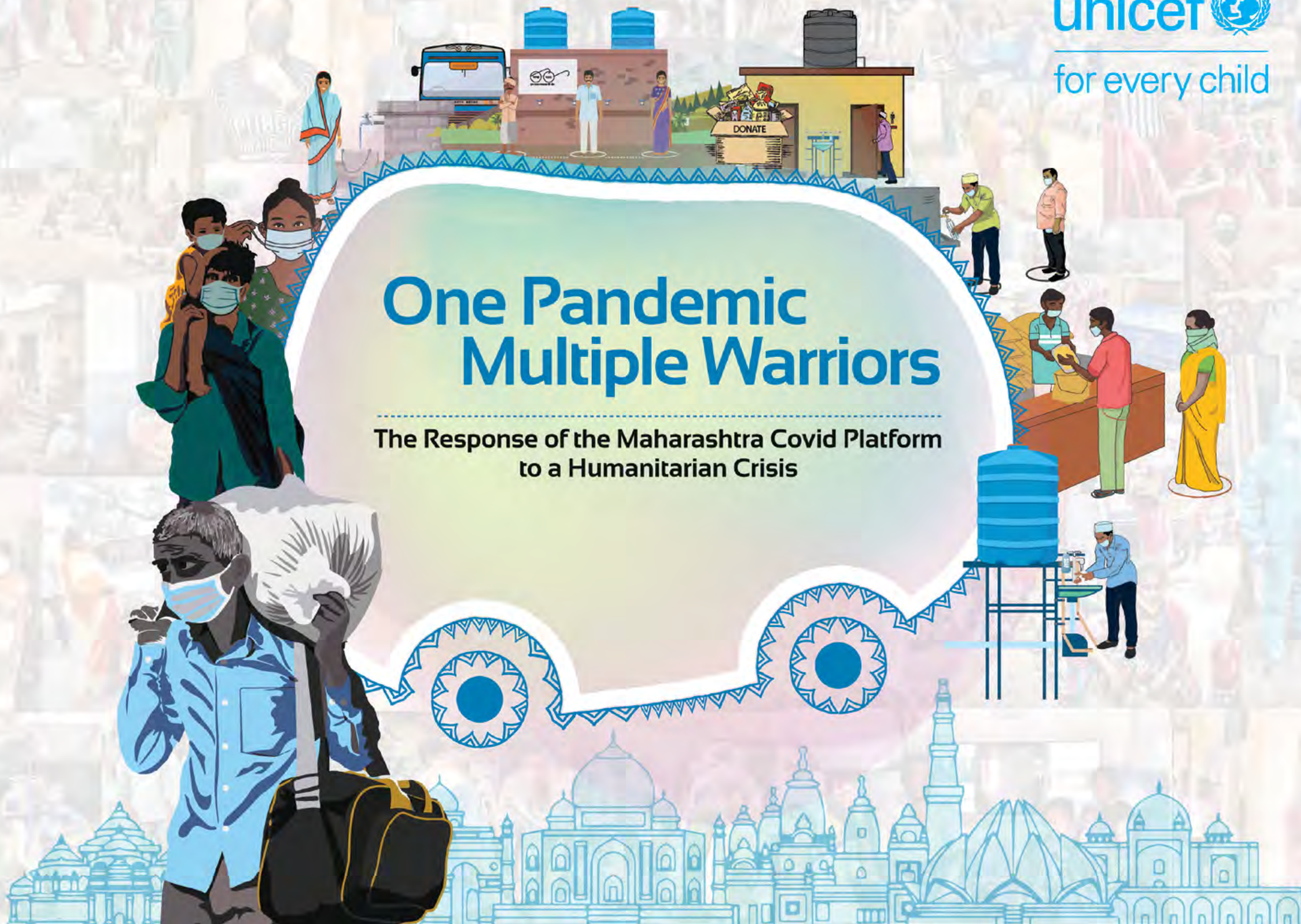


One Pandemic Multiple Warriors

The Response of the Maharashtra Covid Platform
to a Humanitarian Crisis



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One Pandemic Multiple Warriors

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FOREWORD

It is my immense honour and privilege to provide a preface to this Coffee Table E-Book that captures the journey of the Maharashtra COVID-19 Platform over 150 days. In these unprecedented times – the pandemic has wreaked havoc with the health and overall wellness – the Platform brought together more than 55 Development Partners to address a common cause.

The global response to the pandemic was the imposition of a total lockdown – bringing countries to a grinding halt. India was no exception and here it was the poorest of the poor who were the worst affected. Mumbai, the financial capital of India, has around 1,200,000 migrant workers. With the lockdown, they faced job-loss, inability to pay their rents and fear for their lives. These migrant workers then started leaving Mumbai, in a desperate bid for survival. Many of them started walking barefoot towards their homes, thousands of miles away. In the meanwhile, Maharashtra became a hotspot for COVID-19 cases, with more than 70 per cent reported cases from across the country of which 80 per cent were from cities with a population of one million plus: Pune, Mumbai and Thane.

In this backdrop UNICEF Mumbai decided to streamline its efforts to respond to COVID-19 and connect them with the actual needs on the ground. UNICEF Mumbai began conversations with 20 of its NGO partners, who then added many members that were supporting the cause, as organizations or as individuals. Very soon the group grew from 20 to 100. The main purpose of this group was to exchange ideas, support with resources at the required places and execute rapidly while avoiding duplication in the relief and response work. This Platform came to be called the MAHA C19 PECONet (Partners who support with resources, Enterprises who provide solutions, Citizen volunteers who help on the ground, and individuals who sustain the impact. 'O' is for ownership, the glue that holds the team together).

The MAHA C19PECONet is a network of volunteers, corporates, government and technical bodies, and civil society organizations that responded to the pandemic at two levels: the containment and management of the disease itself and the response required to handle the humanitarian crisis. The Net collected non-perishable food, hygiene materials, water, sanitary napkins and basic medical support items and used small trucks to carry and distribute them to migrant workers in different parts of Mumbai, Thane, Dahisar, Vasai, Virar, Pune, Nashik, Palghar, Nagpur. In addition the Platform provided and is still providing support with cash transfers, livelihood and skill mapping, travel support and dry ration kits to people on the move focusing on daily wage earners, laborers from unorganized sectors, stranded population in urban slums and people in the tribal hinterland. All of this work has been under one of the verticals called Jeevan Rath.

The Platform also has 8 other crucial verticals:

- 01** Flush the Virus on urban WASH response in slums with OHOT (One Home One Toilet)
- 02** MHM in COVID-19 time
- 03** Village preparedness and community resilience
- 04** Capacity building of FLWs and service providers on RCCE and IPC
- 05** WASH in health care facilities in COVID-19 time
- 06** School readiness
- 07** Mapping of reserve migrants for shelter, livelihood, social entitlement and skill, and
- 08** Rapid Pro for Real Time monitoring of continuity of Services on WASH during COVID-19 time

The response has consisted of a mix of human and technical interventions as well as respectful partnership building. The Platform worked to drive results with a commitment and passion to contribute towards significant change without compromising the voices from the field.

This coffee table e-book collates the impact that this collective has had through the Jeevan Rath vertical. I would like to congratulate and thank the volunteers in the field, the frontline workers and our partners who played a major role in making sure the migrant workers reached their homes safely and with dignity.

I also extend my gratitude to the State Government, various line departments, heads of districts and towns for their silent and steady support. They gave us the space to work and accommodated many last-minute requests and always had their doors and minds open for constructive, forward looking dialogue.

The testimonies in these stories speak for themselves. The Jeevan Rath brought hope, dignity and immediate relief, many times, life-saving responses to many of our citizens and I hope these stories inspire you as they've inspired us to continue serving.

Rajeshwari Chandrasekar
CFO, UNICEF Mumbai

ACRONYMS/ABBREVIATIONS

AGPL	Affero General Public License
AIILSG	All India Institute of Local Self-Government
ASHA	Accredited Social Health Activist
ANM	Auxiliary Nurse Midwife
ATMA	Agricultural Technology Management Agency
BMC	Brihanmumbai Municipal Corporation
BO	Block Officer
CACR	Citizens Association for Child Rights
CBO	Community Based Organizations
CCC	Covid Care Centre
CEO	Chief Executive Officer
CMC	Crisis Management Centre

CoAST	Collaborative/COVID Action Support Team
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
CTB	Common Toilet Block
CYDA	Centre for Youth Development and Activities
DHNS	Deccan Herald News Service
DIC	District Industries Center
ELSA	Lady Shriram College Alumni Association
FHTC	Functional Household Tap Connection
FICCI	Federation of Indian Chambers of Commerce & Industry
FLO	FICCI Ladies Organization
FLW	Frontline Worker

GHI	Global Hunger Index
GIS	Geographic Information System
GoI	Government of India
GP	Gram Panchayat
GSDA	Groundwater Surveys and Development Agency
HCF	Health Care Facilities
IEC	Information Education Communication
INR	Indian National Rupee
IPC	Infection Prevention and Control
IVR/IVRS	Interactive Voice Response System
JJM	Jal Jeevan Mission
KPI	Key Process Indicators
LDM	Lead District Manager
MAVIM	Maharashtra Arthik Vikas Mahamandal

MCGM	Municipal Corporation of Greater Mumbai
MPCB	Maharashtra Pollution Control Board
MHM	Menstrual Hygiene Management
MHP	Menstrual Hygiene Products
MJP	Maharashtra Jeevan Pradhikaran
MLA	Member of Legislative Assembly
MNREGS/ MGNREGS	Mahatama Gandhi National Rural Employment Guarantee Scheme
NMMC	Navi Mumbai Municipal Corporation
MO	Medical Officer
OHOT	One Home, One Toilet
ONGC	Oil and Natural Gas Commission
PECONet	Partners Enterprises Citizens Ownership Net

PM Cares Fund	Prime Minister Cares Fund
PMC	Pune Municipal Corporation
PPE	Personal Protection Equipment
PRI	Panchayati Raj Institutions
PWD	Persons with Disability
Q/A	Question/Answer
RCB	Rotary Club of Bombay
RCCE	Risk Communication and Community Engagement
RedR India	Register of Engineers for Disaster Relief, India
RIF	Rise Infinity Foundation
RING	Red is the New Green
RTI	Respiratory Tract Infection
RTO	Regional Transport Office
SA	Shelter Associates
SBM	Swachh Bharat Mission

SCERT	State Council of Educational Research and Training
SDMA	State Disaster Management Authority
SOP	Standard Operating Procedure
SSP	Swayam Shiksha Prayog
STF	Sakhi Task Force
TMF	Tech Mahindra Foundation
TPM	Triratna Prerana Mandal
ULB	Urban Local Bodies
UWM	United Way Mumbai
ToT	Training of Trainers
WASH	Water, Sanitation and Hygiene
WCD	Women and Child Department
WVI	World Vision India
YUVA	Youth for Unity and Voluntary Action





Jeevan Rath

(1.0, 2.0 and 3.0)



ALLEVIATING HUNGER AND MEETING LOCAL NEEDS

A large section of India's manufacturing industry, small scale and large, massive building and other infra-structure projects depend on the labour of people who have 'migrated' from states with few employment options. There is no consolidated official estimate of the total number of such migrant workers. When the nationwide lockdown was imposed on 25 March 2020 because of the COVID-19 pandemic, jobs disappeared overnight as only a few essential services were permitted to continue to operate. The migrants found themselves without incomes or any certainty on how long the lockdown would continue. Thousands upon thousands decided that the only option before them was to return to their home states. The result was an exodus from the cities of several states.

As a result of the widespread unemployment among the most vulnerable sections of the community there was an almost immediate decline in buying power, loss of access to basic needs such as food, shelter and healthcare. Hunger quickly became a very real challenge, especially for women and children, and increased the risk of comorbidities among the most marginalized families. As indicated by the Global Hunger Index (GHI) 2019, which ranked India 102 out of 117 countries, the situation in India was risky even before the current crisis.

(Source - <https://www.globalhungerindex.org/india.html>, accessed 14 Septem. 2020)

The migrant workers, primarily from rural areas of Uttar Pradesh, Bihar, West Bengal, Assam, Odisha, Madhya Pradesh, Chhattishgarh, and Jharkhand, had been living in metropolitan cities near their places of work. Many were daily wage earners and could not afford to buy more than a day's worth of ration, healthcare, sanitation and other essentials. Rent also became



impossible to pay. Many were kicked out by their landlords. Their erstwhile employers also forced them to vacate company accommodation.

It was this human tragedy that faced the Maha C19 PECONet (Maharashtra Covid Response and Readiness Platform) initiative, facilitated by UNICEF Maharashtra and multiple stakeholders. This collaborative effort aimed to provide/arrange necessary resources, coordinate with field volunteers, and technical support and community volunteers on the ground and to ensure vulnerable individuals a safe passage home.

The PECONet counts within its fold about 55 organizations representing government, technical, civil society foundations and CSR projects of private companies in Maharashtra that streamlined their processes and systems into those of a single large team.

One of the first activities that was begun was the pressing into service of mini-trucks, referred to as a *Jeevan Raths* or chariots for life, to act as a means of mobile relief. They began going to particular spots, where travelling migrants gathered, to provide meals and dry rations. The quality of non-perishable food for distribution was checked by volunteers and kitchens were assessed for hygiene conditions. Distributing relief items during the lockdown was challenging, especially because of the distant locations that had to be reached, delays in supplies, and the functioning of the police authorities, who regularly stopped field volunteers, as a part of their duty to implement the lockdown. Often, the food truck became overcrowded with beneficiaries ignoring rules about physical distancing and wearing masks. This not only endangered the lives of the migrants, but also the volunteers.



Here are some stories of how the Maha PECONet collaboration rose up to various challenges.

“No One Shall Go Hungry” Campaign, Centre for Youth Development and Activities (CYDA)

This campaign was a collaborative effort by 6 international agencies, 8 national foundations, 6 corporate social responsibility partners, 12 NGOs, 300 individual donors and 100 volunteers. The entire process was facilitated by CYDA Pune. To ensure timely access to resources for the migrants, efforts were made to connect with dhabas, small roadside eateries, along the highways and major roads. The cooperation of the owners of these businesses was sought regarding the logistics of providing food kits and toilet



6 international agencies



8 national foundations



6 corporate social responsibility partners



12 NGOs



300 individual donors



100 volunteers



25,000 families and individuals reached



3 million meals provided through dry rations

facilities for sanitation needs, especially for the women. CYDA ultimately received a travel permit to facilitate relief measures accompanied by a nodal person from the police department. Help was offered to peripheral communities such as commercial sex workers, transgenders, people with disabilities and migrant workers stranded without a source of income or food.

Due to limited funds and resources initially, CYDA could only distribute 75 ration kits among the sex workers in Budhwar Peth. The team received more than 200 calls daily from different parts of Pune and other towns such as Hyderabad, Junner, Nandurbar, and Nashik, seeking ration support.

CYDA facilitated the distribution of cooked food from Gurudwara Guru Nanak Darbar, Pune to more than 300 migrant workers for 15 days. This collaboration helped increase reachability of locally-based organizations. In a winning moment for community cooperation, many institutions opened up their premises to facilitate storage, preparation and distribution of cooked food and dry ration.

The premises of Nagarwala School were used for storing, packing and distribution of ration materials and kits. To ensure that the most vulnerable were not left behind, priority was given to daily wage earners, widows, children and people with disabilities. CYDA continues the campaign to end hunger as part of the Sustainable Development Goals (SDGs).

For this Campaign, support was provided by Help for Children in Need Foundation, Azim Premji Philanthropic Initiatives, Persistent Foundation, Tata Motors, ACG, Forbes Marshall, Terre des Homes, SwissAid, HCL Foundation, Eaton India Foundation, Plan International, Charity Aid Foundation, TSYS, Tech Mahindra, Mukul Madhav Foundation, Save the Children India, CEE, Mashal, SarvaSeva Sangh, Zomato, and Save the Children International, Tuba Foundation, Parama Naturals, RiseSmart HR Services and Helpshift.



For distribution we received support from Nirman, CFAR, Development Support Team, SarvaSeva Sangh, St Annes Sneha Bhavan, Yuvagram and many other NGOs.

Citizens Association for Child Rights (CACR) – Respite for ragpicking families

Gaikwad Nagar in Mumbai houses a large number of ragpicking families in unsanitary conditions. Sumathi Kasi (45 years old), Rani Ramaswamy (55 years old) and Angamma (48 years old) have been ragpickers since they lost their husbands to an accident in a manhole sewer cleaning incident 4 years ago. They have been trying to make ends meet to pay rent, electricity and water bills and to buy basic food supplies. During the lockdown they were unable to work, nor could they afford to go back home to far-away Tamil Nadu. They like the members of the other 200 families in their area were supported by the Jeevan Rath initiative.

CACR collaborated with the Tech Mahindra Foundation and was supported by the Community Development Officer to distribute a monthly quota of rice, wheat, flour, pulses, oil, sugar, salt, etc. Additionally, 500 minors of Gaikwad Nagar were provided cookies, *chikkis* (energy bars) because the prevalence of malnutrition among children there had been high in pre-pandemic times as well.

Hunger problems were replaced with worries about the residents' lack of preparedness for the monsoons. CACR is currently working out strategies to alleviate the damage caused by heavy rains to the settlements used by labourers/workers.

Ragpickers – exposed to inhuman working conditions – earn only 200–300 (USD 3–4) per day.

Mapping local needs with Youth for Unity and Voluntary Action (YUVA)

YUVA is a 30-year-old rights-based organization that has branched out in Maharashtra, Madhya Pradesh, Odisha, Assam and New Delhi. YUVA's focus is on rights and development work; it is not a charity organization, but it modified its activities at the time of the pandemic crisis. The team at YUVA conducted a rapid assessment in mid-March to identify the most vulnerable families. It designed a questionnaire with different parameters to facilitate identification of beneficiaries from lower income settlements, rehabilitated, resettled, and homeless communities. During the time the Jeevan Rath was functioning, YUVA carried out distribution work by

calling in small groups of 3-4 families at a time in order to deal with the challenge of identifying beneficiaries in a rational way.

After joining the Jeevan Rath initiative, the organization mapped its intervention areas in Nashik, Nagpur, Navi Mumbai and Vasai. YUVA was already familiar with the communities and their local needs since the team had been working with these groups long before the lockdown.

Phule Nagar in Nashik was declared a containment zone after recording the highest number of COVID-19 positive cases in the city. The restrictions imposed had a negative impact on the daily wage workers, domestic workers and others dependent on work in the informal sector. The vegetable market was also in the containment zone. The supply of food and essentials was seriously disrupted.

The residents had to use community toilets, which along with the areas around the house were not sanitized and disinfected regularly. Living in constant fear and uncertainty ultimately impacted the mental health of many individuals. Subsequently two suicides were witnessed in two months. Despite the high number of COVID-19 cases there, the YUVA team distributed dry ration kits and consumables such as bathing and laundry soaps in Phulenagar, Tarwalanagar and Hirawadi areas in Nashik.

YUVA supported a group of monks and their families living in Nashik. Referred to as Vaghyas and Muralis, they rely on alms and food earned after performing devotional songs at cultural programmes that they organize. The Jeevan Rath initiative helped provide ration kits to 17 such families. Relief material was also distributed to the migrant workers waiting for the confirmation of their passage in the shramik trains at the Sun City ground, Vasai.

Special care was ensured for the team distributing relief materials inside containment zones. The YUVA team had PPE kits, sanitizers and other essentials. Their temperatures were checked regularly. To keep communication channels open, the YUVA team would meet after work while ensuring physical distancing. Their mobility was hampered by flooded/broken roads that led to some vulnerable settlements. All steps were taken to cooperate with government officials and to carry out activities without breaking rules.

All teams connected to the Jeevan Rath initiative were provided health insurance and protective gear.

Connecting with local volunteers through Resilient Foundation

The Resilient Foundation has been operating proactively in disaster management and responsiveness with a special focus on school safety programmes. Its primary objective is to enhance internal preparedness for vulnerable communities. Palghar, a disaster prone tribal settlement, is its key area of intervention. The organization believes in empowering vulnerable communities by enhancing their resilience and making them independent. The involvement of the Resilient Foundation in providing COVID-19 relief began with assistance provided through self-funding to pregnant women, cancer



patients and other vulnerable sections in the Kalyan area of Greater Mumbai. The Foundation's association with Jeevan Rath and collaboration with the Ness Wadia Foundation helped in the distribution of ration kits in Dahanu, Borivali National Park and Vasai. In Palghar it helped 1000 families access ration kits in the interior blocks.

The Resilient Foundation mobilized volunteers for distributing dry ration kits by connecting with NSS and other youth groups whose members were

local residents of selected areas of intervention such as Thane, Mumbai and Palghar. It ensured that volunteers would not have to travel long distances amid lockdown restrictions by utilizing local resources for purchasing, packing and distribution of relief materials.

Vulnerable families were provided relief through a system of verification to ensure equity in distribution of resources and to make the process as transparent as possible for the beneficiaries.

The organization also provided online training on values and ethics to eradicate bias among volunteers, facilitated by Dr Srilatha, professor at Tata Institute of Social Sciences (TISS) and part of the the Radical Transformational Leadership Programme.

Young people take initiative with RISE Infinity Foundation

Catherine Fernandes from RISE Infinity Foundation had a team of volunteers that included college students living in her neighbourhood who wanted to help out. Information about local needs was provided through call centres (distress lines) or other partners. Requirements were verified by a group of three volunteers who asked necessary questions and documented the needs of the beneficiaries in a comprehensive report. On the basis of these reports, a list of beneficiaries was prepared, and required kits were issued through the Jeevan rath initiative. The Jeevan Rath would come to a specific spot at a particular time, about which beneficiaries were informed beforehand. The distribution then took place according to the list. The beneficiaries were from low income groups, vendors of vegetables, flowers, snacks, etc.

Fundraising

Over ₹450,000 (USD 7000) has been generated for food and other things by fundraising on Ketto and Donatemarket.

Help for Children in Need Foundation (HCNF) came forward to carry out immediate relief work with 55 ration kits. Out of this total, 20 kits were distributed to sex workers and 35 to transgender communities based in Hadapsar on 31 March 2020.

The Resilient Foundation raised ₹400,000 (USD 6500) through crowdfunding – organization account and collected ration worth ₹1,500,000 (USD 24,000) as donation to help more than 7000 families in Mumbai, Palghar and Pune.

In addition, UNICEF India has continued to support the Platform to meet the critical gap through public sector fundraising since mid-May 2020.



Best practices and learnings



The establishment of a common platform for multiple stakeholders has helped create a network of specialized groups all working towards the same end. The support of different partners has helped address various different aspects of the humanitarian crisis and to reach a large number of vulnerable people. The combining of resources, technical support, communication and determined human effort has helped migrant workers, daily wage earners, widows, children, senior citizens and people with disabilities to live in dignity and security in the midst of the pandemic. One of the takeaways from this unique and organic partnership with the Jeevan Rath initiative has been that holistic support for long-term rehabilitation for vulnerable communities in the aftermath of emergency situations like the lockdown requires cooperation and collaboration.

■ HELLO, I'M THERE FOR YOU!

Anxiety had already started building up when news of the pandemic broke out in late 2019. By the beginning of 2020, news of the increasing number of cases had led to growing fear and much questioning as to what was going on. However, there was no clarity about the virus, how exactly it spread or how fast. It is rightly said that the less information there is, the more worry inducing a situation becomes. Several business organizations had started closing offices and asking employees to work from home as a precautionary measure, even before the lockdown. However, after the first official lockdown declared by the Government of India on 24 March 2020, and with an entire country of more than 1.3 billion people staying indoors, the scene became reminiscent of wartime.

Around this time, UNICEF representatives approached RISE Infinity Foundation (here onward referred to as RISE) to assess how stranded migrants from Jharkhand, who had been living and earning in Maharashtra, were coping with the lockdown situation. Although RISE is not a disaster management organization, it geared up to provide as much support as it could. A database of people in need to be contacted was provided by UNICEF to RISE. RISE soon put together a team of 33 qualified and committed executives whose task was to call the migrants from its list and get an in-depth picture of the situation. This was the beginning of an emergency call centre that would become the heart of a system of communication between people in extreme distress and organizations willing and able to help with the delivery of food, as well as with shelter and transport.





Karon Shaiva, Managing Trustee of RISE, says, “The coming together of the 33 executives for the call centre happened overnight. It took just a few messages in our network and by the next morning, we had these committed individuals ready to get the call centre started.”

With the first few calls, the grimness of the picture started emerging: even the most basic essential – food – was difficult for these stranded citizens to procure. The RISE team quickly identified the systemic requirements and got to work. Within a week, they had a fully functional virtual call centre operating in three shifts of four individuals each, which was able to easily handle 500+ calls in a single day. These calls were distributed throughout the country, which helped RISE build an immense network of people within a few days.



The distress number was widely circulated by the Jeevan Rath partners through personal networks and social media. It also gained traction through word of mouth communication. The call centre started dealing with fresh incoming calls as well. These calls mainly pertained to requests for transportation and monetary assistance. However, since the purpose of the call centre was to be a crisis management and distress line, the proportion of outgoing calls was greater, owing to the urgency of tracking out-bound migrant workers and their families.

While executives worked in shifts, the management at RISE worked round the clock. For some in managerial roles, it could easily mean working 18 hours a day and sometimes more.

Before the commencement of work, call centre executives were duly trained regarding their duties. Since they had to interact with people who were perhaps going through the most traumatic situations they had ever experienced, the trainings focused on handling conversations with sensitivity at an emotional and psychological level. Mock call sessions designed to provide practice with the toughest possible questions were part of the training. When the real calls initially started coming, the conversations were monitored and a certain level of hand-holding was done to ensure that the executives were enabled to take on the responsibility on their own.

The call centre had started before the idea of Jeevan Rath was conceived, so RISE started connecting with donors and volunteers on their radar with the aim of mitigating the impact of the lockdown and reach out to vulnerable communities with relief materials as quickly as possible. The call centre team coordinated between the beneficiaries and the volunteers; however, the transactions were not smooth and easy, to say the least. Worthy beneficiaries had to be identified, scammers had to be filtered out, and volunteers had to be guided. It soon dawned on the both the management and the volunteers that the task before them was uphill and to take up the responsibilities single-handedly, within the confines of their homes, may not be the best way of dealing with it. A better system was clearly the need of the hour.

At the behest of RISE, a learning exchange session was held on 12 May 2020 with UNICEF and its various partners that had been working during the pandemic in their own capacity. This session became the cornerstone of a massively impactful initiative known as Jeevan Rath. From 25 May 2020 the UNICEF Mumbai office started to support all the activities of the call centre and engaged the RISE Foundation as a secretariat for Jeevan Rath. A simple idea – strength in unity – was transformed into a reality of powerful and extraordinary dimensions through wholehearted commitment and collaboration.

During this session, various important factors were analysed and processes worked out, such as for the most efficient way of procuring food, finding the best routes, and actual delivery of the food materials to migrants walking to their homes. Within 48 hours of the session, food trucks were on the road. The logistics were evolved as the work progressed. The rest, as they say, is history.

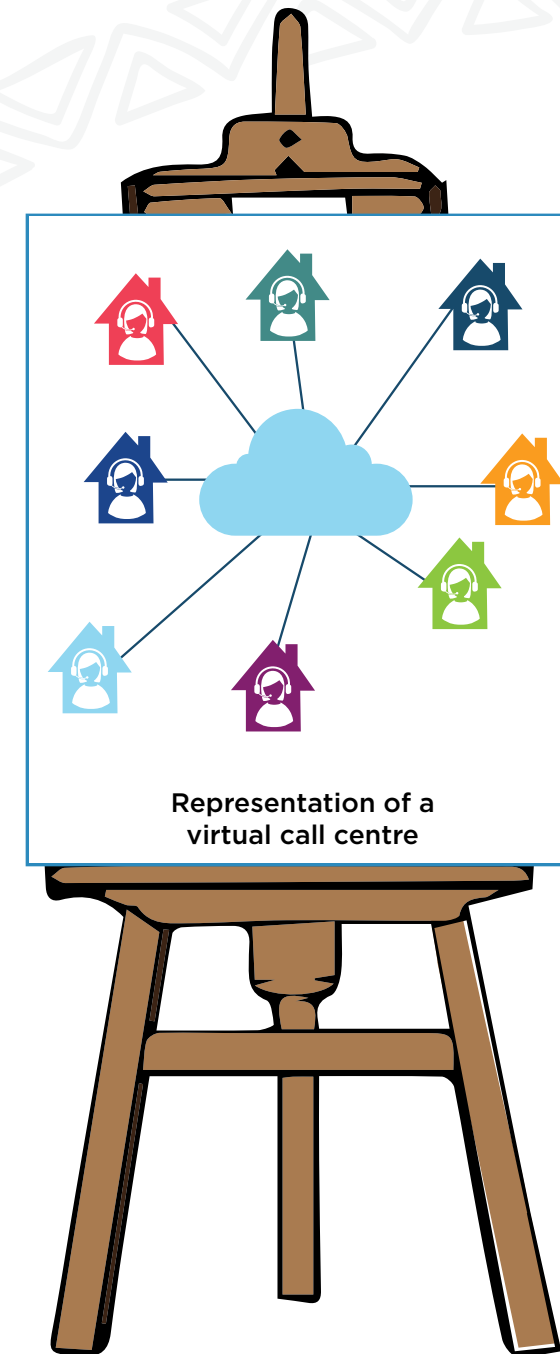
*Karon says, “For any problem to be solved, one needs **Partners** who have resources to scale up ideas and solutions, **Enterprises** that will bring in the entrepreneurial approach and provide standard services, supplies and innovation, and **Citizens** who are willing to volunteer to solve problems on the ground and give traction to the idea. The glue that holds the alliance together is **Ownership**. Hence, the idea of **P-E-C-O-Net**.”*



All the partners in the Maha PECONet group were clear about their roles and viewed the larger problem as their own responsibility. That approach was the biggest strength of the network.

A typical day in the call centre would start with ensuring that all executives had the correct lists of people to call. The system was also well-coordinated—RISE would try to handle situations with its internal resources. Critical cases were forwarded to other partners in the PECONetwork as necessary. Approximately 800-900 calls were made every day and monitored. Along with ensuring that the interactions during the calls met professional standards, the call centre team's emotional and mental well-being was also taken care of. The day concluded with collating data from the calls and sending reports to the partners.

The dynamics at the call centre could change by the hour. Andaleeb Qureshi, Head of Partnerships at Idobro Impact Solutions, a RISE partner organization, says, "For example, by the time we would arrange travel expenses for a particular person, he would have sold his watch or other valuable and boarded a truck." Karon adds, "We would get one call requesting travel arrangements for 15 people. In the next couple of minutes, the number would increase to 100 people, which would require a train and not a bus which we had started arranging on the basis of the previous call. It was a constantly changing, chaotic process."



The call centre managed to track more than 71,000 migrants with Support from UNICEF Mumbai.

Towards the end of the worst periods of the crisis, people started calling just to express their gratitude.



Overcoming challenges

Providing relief in a disaster scenario is never easy in any circumstances. The current situation was the outcome of a global pandemic. Decisions had to be taken within the span of seconds, functionality areas were narrow, and to top it all, one could not physically meet anyone and talk things through. It was like a highly complex online game with very real repercussions.

People on the other end of the line could be experiencing a range of emotions. Some voices were full of tears, some were in an absolute state of panic, some were angry, and some needed reassurance that the call centres were genuine. The executives were trained to deal with all sorts of issues with a patient ear and calm demeanour.



Best practices and learnings

The Maha PECONet is a treasure house of experience that truly reflects the commitment of several big and small highly knowledgeable partners who have been working in the social sector for years.

Karon says, “The biggest silver lining of the programme for us is that we have received an opportunity to work with so many amazing individuals and organizations. People have worked without the tag of any designation or limitations of structures or hierarchies. The full focus was on finding solutions to problems, whatever they may be. We even worked with volunteers who were themselves in dire need of ration at home but wouldn’t utter a word about it even as they handed out kits to others.”

There are people out there who want to help with manpower and there are organizations who want to help with funds and resources. Connecting them in a coordinated and efficient manner is what will get us far in mitigating the consequences of any disaster situation.

EMERGENCY CARE THROUGH CASH TRANSFERS

A part from dry ration and other commodities, monetary help to cover certain emergency situations was also provided through the Jeevan Rath programme.

Requests for cash transfers initially came through the Maha PECONet Platform and the helpline call centre that RISE Infinity Foundation (RISE) had established. (See more about this in the call centre chapter) The call centre contacted the individuals in need and assured them that they would receive monetary assistance. Cash transfer were then made. If the need was for supplies, the beneficiaries generally called again when they needed more, usually after about a month. The beneficiaries also spread the word and more people started calling in for such help.

The Jeevan Rath teams working on the backend had to establish in each case whether the request and caller were genuine. Once convinced, they would either make direct bank transfers to the accounts of beneficiaries or would make payments on their behalf. For example, if the request was for money to purchase ration, the Jeevan Rath team would ask the caller to reach a nearby shop where they would make an online payment and the beneficiary could collect the supplies. They would pay from their own account, and be reimbursed thereafter by RISE and donor partners.

To establish the authenticity of a request, the team would ask the caller a few questions such as what work they did, details of how the money needed would be spent, and ask them to send a proof of identity. In cases where it could not be established whether the caller was genuine, a volunteer present on the ground would be sent to connect personally with him/her and verify the details.

The case of Dipak Kumar, a migrant labourer from Jharkhand is illustrative of the persistence of the team and the care it took to help people in genuine distress. Dipak used to work at a small manufacturing unit for costume



jewelry in Mumbai. The factory shut down and by June his savings dried up in taking care of himself and his pregnant wife. He started approaching NGOs for help. When the Jeevan Rath team got in touch with him initially, his case seemed authentic. He had all the required identity proofs. However, just as the team was getting ready to send him help, he vanished. After about 15 days, he contacted the team again, saying that his wife was very unwell and that he needed the money. At this point, it seemed prudent to send a volunteer to meet Dipak. Arrangements were made for one of the volunteers from

a partner organization to meet him. Indeed, things were not going well for Dipak and his wife.

The wife of one of the partners on the PECOnet Platform was a gynecologist. A video call was arranged between her and Dipak's wife, after which the doctor advised that the young woman be taken to a hospital immediately. Losing no time, some money was transferred to Dipak's account and he got his wife admitted to a local municipality hospital at Nalasopara, Mumbai, where he lived. The same evening, his wife gave birth to a healthy baby boy through a C-section. Both mother and child continued to do well. Team members following the case, some of whom had become emotionally invested in it, justifiably heaved a heartfelt sigh of relief.

Although medical expenses and rent were to be taken care of through payments made under the PECO initiative, Dipak insisted that he wanted to go back to his home in Tatanagar,

feeling that his family would receive better care there. The team also agreed that going home would be a better proposition. Travel arrangements were made accordingly and the team bid adieu to the little family.

Hema Ganachari, a member of RISE, who worked on Dipak's case, says, 'As part of the Jeevan Rath Program, RISE tried to help him and his family. We felt that at a time when he should be filled with joy and happiness instead [he was undergoing] stress and anxiety. His wife too needed special care, and we supported him for his travel back to his home. We had the satisfaction of helping in a unique way; we helped two young people become parents for the first time. We wish them all the best.'

Under the initiative, about 300 cash transfers were made. These included direct transfers, payment towards supplies, electricity bills and rent, etc.

Overcoming challenges

Some partners were already working from home before the first lockdown was announced, and not all members had experience with handling a disaster situation. Hema says, 'We were not prepared for the kind of challenges that were going to come our way. Relief work in a pandemic is a whole different story, given that not all of us could venture out on the streets and face-to-face communication was minimal.'

The one major issue with the distribution of money is that it can easily fall into the wrong hands. With ration and other supplies, one might even condone and ignore the misdeeds of some individuals. For instance, some beneficiaries had the tendency of hoarding, but it could be said that because the goods would only end up being used as food or for personal sanitation, matters should not be escalated. However, one needed to be very careful when distributing money, because if it were diverted to the wrong person, it would no longer be available to someone who actually needed it. Besides, money can be used for anything. It may not even be linked to the purpose of the donor's generosity. It turned out that at the early stages all requests were genuine, but towards the end of the lockdown period when people got used to NGOs helping them, a significant number of fake requests started pouring in.

Here is one such incident where the team had to ultimately deny monetary help. Hema received a request to help a man suffering from polio who needed a particular drug to help him walk and stay energized. Since Hema herself had been a polio victim in her childhood, she was curious to know what drug could help the caller walk. A little investigation by the team cleared up what was going on. It was revealed that the man was being conned by a drug brand representative who was selling him a bottle for ₹ 2500, while something similar was available in the market for just ₹ 450. When he was asked to visit a doctor and get a prescription, the doctor he went to refused to divulge even his name. As the situation became more and more unbelievable, the team decided to not to make the payment for that particular medicine. However, a check-up with a proper doctor was arranged for the caller.

On a different note, it must be mentioned that donor expectations also had to be dealt with, in case they were individuals. In normal times, donors usually receive reports of where and how their funds have been utilized. But it was not possible to share with individual donors where exactly their funds were being used because many a time, all funds were pooled in and used for various relief measures. However, it should be mentioned that once the initial surge of panic was over, the beneficiaries did express their gratitude when asking for more relief materials.

Another challenge that partners still face are situations where the beneficiaries keep asking for monetary help, long after they have reached home. It is a fact that there is only so much that any organization can do as resources are limited. But at times it seems that there is no convincing way to convey this reality to the beneficiaries, with some of whom team members have built an emotional rapport during the crisis.



Best practices and learnings

Under normal or pre-pandemic circumstances, it was difficult to bring different organizations together as each had its own goals and way of working. However, when the Jeevan Rath initiative was developed and more than 50 partners got on to the one Platform of Maha PECONet, it was an altogether different story, and one that remains extremely inspiring. Separate organizations worked as a single unit with common concerns and goals. Barriers of hierarchy, red tape and lack of familiarity dissolved – almost on their own. Everyone was ready to help everyone. It can be confidently said that the collaboration enabled the partners to do more relief work than any of them could have done on their own.



FROM CRISIS AND DESPAIR TO IMPACTFUL COLLABORATION

If the entire Maharashtra Covid Platform initiative had to be described in two words, they would be: impactful collaboration. Indeed, everyone associated with it experienced the power of the concept represented by these two words in a very short span. The desire to help and the idea of bundling resources would never have worked so effectively and smoothly had it not been for the seamless collaboration among all entities involved.

In a world often overtaken by cynicism and despair, the timely and effective work of the Jeevan Rath and Flush the Virus initiatives have helped to repair one's belief in humanity. There are by now thousands of stories of people's lives being lit up with hope in the most desperate of times, of volunteers putting the needs of others ahead of their own, despite the terrible suffering they were undergoing, of individuals foregoing sleep for days on end so that the wheels of the Jeevan Rath could keep rolling on. It is not possible to capture each story within the covers of this book, but we can at least share some extraordinary illustrative ones here.



Some incredible and moving stories

**When people are on the radar of helpers, it is easier for them to get help.
But what does the helper do when people are suffering in a remote location?**

In a distant village of Palghar district, 28 people including children and senior citizens were stranded with little access to food and other essentials. This group of daily wage earners did not even have sufficient funds to take a rickshaw to the nearest bus stand or railway station.



Their location meant that they could not access the few travel arrangements available at the time. It was an intense coordinated effort that came to the rescue. Within 5 days travel arrangements from Vasai to Varanasi and Allahabad were made through the network built up by Jeevan Rath and RISE. Karwan-e- Mohabbat and United Way Mumbai funded the bus and logistics. Indo-Global Social Service Society enabled the procurement of the necessary food and water for the journey, logistical documents and other arrangements including insurance for the travellers. Collaborative/COVID Action Support Team (CoAST) even made available ration kits that would be sufficient for two-weeks once they reached home. Vasaicharaja Foundation helped with medical screening, vehicle sanitization and hygiene kits for all, and SWAN helped with local coordination. The families were relieved of the frustration of surviving during the lockdown on their own and the struggle of funding and managing everything regarding their return home.

Facilitating relief for people is often not just about giving them food and supplies. At times teams have to manage more complex systemic issues.

YUVA had been running a labour helpline for migrant workers in Navi Mumbai for some time. As contractors often don't fulfil their contractual obligations, YUVA has been helping workers get their rights enforced by filing complaints with the Labour Commissioner's Office and other figures of authority. This background became very relevant and useful when YUVA volunteers came across information about four families hailing from Chhattisgarh, seasonal migrants who had been working 1,280 kms away from Nashik city and wanted to return to their home state. Their worksites had been shut down as soon as the lockdown was imposed and their contractors had refused to pay their pending wages. With depleting resources and nowhere to go, the migrants were in a desperate position both mentally and financially.

The YUVA volunteers were able to arrange for provisions of both cooked and packaged food for the stranded families. They also organized a meeting with the Labour Commissioner and explained the plight of the migrant workers. They sought help in demanding payment from the contractor. The efforts of the team paid off as the families were given their wages by the contractor and support was offered for their safe transportation back home through the Maha PECONet collaborators.

Initially it had been difficult to even reach the group of migrant workers as they were located far away from the main city of Nashik. The YUVA team had to first approach the Sarpanch of the village who led them to the local MLA and eventually to the collector of the district, who arranged for their travel along with YUVA. It was the coordinated efforts of multiple stakeholders that helped the migrant workers reach home safely.



There were repeated instances when reaching the beneficiary became more difficult than arranging the help actually asked for. How does one reach out beyond one's capacity? How did the team do it?

Through a message on a WhatsApp group, the YUVA Nashik team received information about 13 migrant workers from Chhattisgarh who were stuck near Mohdari village in Nashik. They had been brought there by a contractor. As they were new to the city, the only thing they knew about it was that a certain road from the village would lead them to Pune. Left completely adrift by the lockdown, the workers decided to go to Pune on foot. But the owner of the road construction project that they were working on did not pay their wages and, to make matters even worse, did not let them leave the city. Additionally, when the road construction work was completed, the owner sent them to work on another site, but refused to pay any wages.

The YUVA team tried to reach the workers by mobile phone, but it was difficult to get through, as only two of the 13 workers had phones and the lines were unreachable most of the time. With the workers not being fluent in Hindi, it was difficult to understand exactly where they were located. After requesting the worker on one of the successful calls to give his phone to a local person standing nearby, a YUVA team member was finally able to speak to the security guard of the construction site where these workers were then employed.

Zeroing in on the correct location, the YUVA team was quick to reach the spot and begin working on arrangements for the workers to travel home. After understanding their situation in detail, the team immediately lodged a complaint against their employer with the Deputy Commissioner of Labour for non-payment of wages. The district collector was also informed about the case in writing.



Soon thereafter, the collector and tehsildar began working together to facilitate the migrant workers' journey home. A lawyers' collective from Chhattisgarh also got in touch and offered to pay the travel expenses and requested the YUVA Nashik team to make the necessary arrangements. The owner of the construction project finally cleared all the payments. The local tehsildar bore the expenses for the travel of migrant workers by bus up to the Chhattisgarh border. For the rest of the journey, which was to

be undertaken by train, the expenses were taken care of by the Chhattisgarh lawyers' collective. All the migrant workers eventually reached home safely.



“When our employer did not help us, strangers like you have been our saviours. We did not know anybody in this city and people refused to believe whatever we said. They thought we were lying... we are really grateful for all the pains the YUVA - Jeevan Rath team took for us,” said one of the workers.

The Jeevan Rath initiative helped thousands of abandoned citizens. The Rath helped them reach their homes, provided dry ration kits to both migrant families and local communities of daily wagers and equipped community spaces with WASH facilities to combat the fast spreading coronavirus infection. Amid the large-scale relief work, sustained efforts for reclaiming lost livelihoods and education are still ongoing.

The total number of migrant workers and daily wagers adversely affected by the sudden order of lockdown in India is still not known. It is no secret that thousands of



families, including small children and pregnant women, walked hundreds of kilometres without proper footwear, food supply, water, sanitation materials or money. Some ended up traveling in inhuman conditions in such vehicles as supply trucks and milk delivery vans. No call centre could reach them. An unknown number of individuals lost their lives.

In this background the achievement of the PECONet initiative is all the more remarkable. The spirit of cooperation, deep concern for utter strangers, practical and consistent effort, and the determination to face and overcome obstacles displayed by the team bring to mind the aspirations set out in the Universal Declaration of Human Rights. The UDHR was drafted in a unique moment in human history, when representatives of almost the entire world got together to foreswear war and violence and actually conceive of a new kind of world in which peace and the rights of common people would matter.

The PECONet team has truly lived up to the moving words of Article 1:

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.



A SAFE AND DIGNIFIED PASSAGE HOME FOR STRANDED CITIZENS

One of the major consequences of the nationwide lockdown, which commenced on 25 March 2020, was severe restrictions on the movement of ordinary people. The virtual shutting down of cities except for a select few essential services cost many families their livelihoods and basic needs. Among such people were migrant workers from rural parts of India who could no longer afford their rent, or pay for food, electricity, water, health care and other bare essentials. Many daily wage earners did not have an income that could enable stocking of essentials or the option of working from home. Therefore, many decided to leave for their home states with the last of their

savings and belongings. There were some who decided to walk or cycle all the way.

Most migrant workers were stranded with no homes/shelter to go back to, as trains were cancelled or overbooked. Fear and panic gave rise to chaotic conditions as the rising COVID numbers increased the urgency of travelling away from the cities. It was observed that physical distancing was not being followed in the buses; no mechanism was being implemented to prevent overcrowding. Since a large number of people had spent most of their savings in arranging for transportation, they still needed food and medical aid. Due to lack of literacy and resources, many migrants were unable to register for e-passes that would permit them to travel to their respective states.

By May 2020 nearly 1,700,000 migrants had left Maharashtra in trains and buses.

(Source: DHNS, Mumbai)



Though Jeevan Rath was initially operating to provide relief kits to both local communities and stranded citizens, learning from the developing situation, the partners upgraded their plan to Jeevan Rath 2.0, and added safe travel to their aims. By the time one hundred days had passed after the Jeevan Rath initiative first began, around 67,000 people had registered themselves as migrant workers needing assistance to return to their home states.



Strengthening collaboration for timely relief – RISE Infinity Foundation

In spite of RISE not being a disaster management organization, it realized the scale of the problem that was unfolding soon after the onset of the pandemic and the lockdown, and began reaching out to distressed

migrants and daily wage earners. At the earliest stages they had 32 volunteers and started their work by tracking a group of migrants from Jharkhand that was stranded without food and had no source of income. Many motivated volunteers associated with RISE went ahead to assist migrant groups with money from their own pockets too.



People who returned home sent their happy pictures

The organization distributed 300 ration kits to almost 1400 migrants from Jharkhand stranded in Mumbai in the course of 10 to 12 days. Even before the Jeevan Rath initiative, many UNICEF partners were already collaborating to meet the needs of the hour.

The lockdown restricted regular movement of people and vehicles which became a challenge for volunteers and various partner teams. As a result, relief materials were distributed in the evening, when limited movement was allowed. The strategy at every step was to reach out to as many distressed people as possible. In the early days, phonelines were mostly used for outbound calls, to help locate people waiting for relief supplies and to streamline resources, internal and those of partners.

Very soon the call centre was operating for almost 18 hours every day, when calls started pouring in from all corners of Maharashtra. The call centre executives were monitoring almost 1000 calls in a day.

RISE Infinity Foundation and United Way Mumbai collaborated to organize a bus to Jaunpur, Uttar Pradesh. UWM provided financial support and helped with the logistics. They also provided insurance for the travelers and provided additional monetary help for emergencies. The RISE CMC team helped to mobilize the migrants, register them for e-permits, and verify the IDs of individual travelers. UNICEF supported the two organizations by providing information about state permits and requirements for inter-state travel. In this arrangement the beneficiaries were supported with the cost of transport and state permits. Getting state permits and registrations meant one needed resources like smartphones, access to the internet, as well as a certain level of literacy, which meant that many individuals required assistance.

The bus arranged was comfortable and safe. Only 29 passengers (11 men, 6 women and 11 children) were allowed in a 50/60 seater bus, meaning that the seating arrangements were made strictly according to the physical distancing rules. All the passengers were medically screened before they boarded their bus, provided hot meals, water and additional cash for food during the 2 to 3 day journeys.



Building trust in distress – Youth for Unity and Voluntary Action (YUVA)

YUVA mapped the routes of migrant groups travelling to their homes. Jeevan Rath trucks were plying on some major highways that a large number of migrants were taking. However, the concentration of migrants kept changing on the routes, therefore, to be most effective, teams used to track migrants and ask them which routes they were taking, so that the trucks could be sent there, and also to arrange vehicles to send migrants home wherever possible. The calls were made on the basis of a list of migrants which was provided by NGOs already working with low-income groups plus additional contacts that were collected during the calls.

YUVA also came across a group of 13 students from Nagaland, who had been staying in Nashik pursuing their higher studies, while also working part-

time to manage their expenses. They were left stranded after the nationwide lockdown with their institutions shut down and their jobs lost. Having very little savings and no family help, these students could not manage for even the medium term. The YUVA team with the Jeevan Rath initiative helped them with dry ration kits. However, in that period full of uncertainty, the students were anxious to go back to their home state and approached YUVA and the Emergency Services Department under the Nashik Municipal Corporation for transportation assistance. The Jeevan Rath initiative, supported by the Government of Maharashtra, helped by making suitable travel arrangements from Vasai to Mumbai Metropolitan Region to enable the students to get seats on trains to Nagaland that had been scheduled by then. They were also provided cooked meals, dry snacks and energy drinks to sustain them during their long journey.



“

We were stuck in Nashik for the past three months with absolutely no hope of returning home. Our ration was over and with no work, we did not know if we could refill our ration stock. In between all this uncertainty, the Jeevan Rath and YUVA team have instilled a sense of hope in us. We are really thankful!

— Testimony of one of the 13 students stranded in Nashik

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When organized help did not reach them, many migrant workers were forced to travel in extremely overcrowded, almost inhuman conditions, in vehicles not meant for people. The Jeevan Rath team was able to offer some help to 80 people packed in a truck bound for Bihar. They were workers from areas like Parel and Dharavi in Mumbai, mostly street vendors. The truck had been filled up to excess, without any concern for hygiene, and no adherence to the rules regarding physical distancing or the wearing of masks. The YUVA team found out that for several days these migrant workers had barely had even one meal a day, some had been starving for the past 4 to 5 days. The Rath team provided cooked food and to sustain them for the rest of their journey, dry snacks.



“Without working, how will we earn enough money to get food for ourselves and our families or pay for our shelter?” one of the home-bound migrants in the truck asked. Many others also expressed their worries about the future, which looked very uncertain. They said that they had no idea where their next meal would come from.

Sanjay and Poonam Mishra were among the 80 people travelling in the truck. After reaching home safely, Poonam connected with the YUVA team. She said that the food provided by Jeevan Rath had lasted them almost three days. Her family had started small-scale farming to support the household in the previous two months.

The YUVA team also encountered 40 migrant families headed to Bihar from Pune in two and three-wheeler vehicles. The breadwinners among them had lost their jobs when a Pune-based company had been shut down, one of the many small family-owned businesses adversely affected by the

lockdown. There were 11 women and 8 children in the group. These families rested by the side of the road in the scorching heat for hours, usually without food or drink. They found the dhabas/food stalls/shops along the way closed. Each two wheeler had four persons travelling on it and each auto rickshaw had ten, which made physical distancing impossible. As they rested under the shade of trees on the side of roads, The YUVA team provided some much-needed respite by offering cooked food, dry snacks and drinks.

Sustaining efforts every step of the way – Centre for Youth Development and Activities (CYDA)



Namdev had migrated to Pune just a few months previously. However, his work was cut short by the lockdown. As he was being constantly harassed by his landlord about rent and was running out of money for food and other essentials, he thought of going back home. However, he was unable to pay the exorbitant amounts of money demanded by travel agents promising to arrange transportation to his home in Yavatmal.

To his relief, he found out about the work of CYDA and reached out to its volunteers. He was first given a dry ration kit and then provided financial assistance to travel to his village. The CYDA was also able to provide food kits to many of the migrant groups that had started walking to their villages. The reason was that it had already started tracking migrant movement and facilitating travel since a database of beneficiaries had already been built up during the dry ration kit distribution in April.

HELPING PEOPLE MAKE THE LONG AND EXHAUSTING JOURNEY HOME

Bustling Mumbai, “the city that never sleeps”, came to an unprecedented screeching halt with the announcement of the all-India lockdown in March 2020. Thousands of migrants who had made Mumbai their temporary home were left without any means of survival as their places of employment shut down abruptly. With no hope in sight, they started returning to their homes – on foot, packed in trucks and sometimes in private buses paying extortionate amounts for tickets. At one stage approximately 30,000–40,000 migrants were leaving Mumbai daily, without food and water, in a desperate bid for survival.

Major highways became populated not by vehicles but tired, grimly determined walkers – thousands of men, young and not-so-young, sometimes with women and children in tow. As they marched from the land of dreams back to the only option they had for surviving – their native villages/towns – several organizations and individuals joined hands to make their journey a little less painful.



While Jeevan Rath trucks plied on major migrant routes, distributing food and water to the migrants, partners also sought out people who needed travel assistance, such as booking tickets and getting e-passes permitting them to move out of the towns and cities they had been working in.

One of the partner organizations, YUVA, started working with Jeevan Rath in early May 2020. It made its contribution to relief work in parts of Nashik, Nagpur and the Mumbai Metropolitan Region focusing on Vasai-Virar and Navi Mumbai areas. Since YUVA volunteers had been active in these areas for several years, they were familiar with the local community. They knew the demographics and vulnerabilities well. So,



when the COVID crisis struck, the network of community members they had been working with, along with various WhatsApp groups already established for different purposes, started responding to the voices of distress and connecting them to the YUVA team.

As part of the Jeevan Rath initiative, the YUVA team would make lists of people who wanted to return to their native states. Diligent preparations and arrangements would be made, such as checking on the status of COVID infections in the destination areas, getting medical clearances to leave Maharashtra as needed, seeking police permission, liaising with local contacts to deliver cooked meals to the travellers, and so on.



Doel Jaikishen, from YUVA, says that Jeevan Rathes were stationed at major junctions of the routes the migrants were walking on. Before shramik trains were launched, migrants were either walking or travelling in trucks and buses. Those leaving from Mumbai or Navi Mumbai would receive cooked meals again at Nagpur and Nashik. For the remainder of the journey which could be as long as 30–40 hours, they would receive dry foods such as theplas, chana, and peanuts, that would keep them going.

Bringing solace to a grieving family

When the lives of hundreds of thousands of people are disrupted, there are bound to be some whose circumstances leave them even more vulnerable than others. Nambi Thevar (65 years) and EsakkiThayi (64 years), a Tamilian couple that had been making a living selling South Indian breakfast items like idli and vadas, found themselves in a dire situation. Their widowed daughter had lost her only daughter to brain tumour recently and was mourning at her native place, where she had gone to seek treatment for the child. Alone and desolate in her situation, the couple's daughter needed her

parents by her side. But with income reduced to zero and no easily available transportation, Nambi and Esakki could not even attend their granddaughter's funeral.

Catherine Fernandes, a staff member of RISE, a prominent collaborating organization in the Jeevan Rath initiative, knew Nambi and Esakki as she lived not far from where there stall used to be and had often purchased snacks from them. One day during the lockdown, Catherine saw Esakki at a chemist's and approached her to ask how she was. As Catherine, who is also Tamilian, talked to Esakki in her native language, she learnt from the grief stricken old lady about the family tragedy and subsequent difficulties. At that stage her husband had fallen sick and needed medicines, but she did not have any money. The stall could not be opened as running such businesses was prohibited during the lockdown. When Catherine asked her what she wanted to, Esakki told her that her only wish was to go to their native place to be with her daughter.

Catherine immediately contacted her team which started charting out details of how the journey could be arranged. When she met Esakki in Matunga Labour Camp, Catherine found a crowd of migrant men in that area who also wanted to return home. There were 29 men in all. Through the Jeevan Rath network, it was arranged for all of them to be taken to their home through actor Sonu Sood's Covid relief initiative.

Everyone was overjoyed to learn that they would finally reach their homes; however, their ordeal was far from over. Just the evening prior to their departure, the e-passes of all those in Matunga Labour Camp were nullified because their home state had closed its borders because of sharply rising number of COVID cases there. This news came as a shock to the would be travellers, who had already packed their bags and were ready to leave early the next morning.

Esakki could not bear the sudden quashing of her hopes, and attempted to kill herself. Catherine was informed and she quickly went to see her. She tried to console her and promised that fresh arrangements would be made in the next two days. Lunch and dinner were also arranged from a nearby hotel for the stranded group.

Immediately, the Jeevan Rath team launched into action and started reaching out to district collectors of the destination states to explain to them the situation and get help with the passes. The officials offered prompt help and soon the team booked tickets through travel agents on the Netravati Express. Within two days, all the arrangements were actually completed. The group was to travel to Tamilnadu via Kerala. The tickets were put in Esakki's hands, and her face lit up as she was finally assured that she was going home. Food and dry snacks for the journey were also arranged through Jeevan Rath.



When Esakki boarded the train, she again had tears in her eyes. When asked why she was crying when she was finally about to begin her journey home, Esakki said, “Betiyeh khushi ka aasun hain. inko roko mat. I don’t have anything to give you but this – every drop of my happy tears that I am shedding are my blessings to you and your team. You might have helped many people to reach their native place, but you don’t know now much it means to me. I am alive only because of you.”

Special arrangements for an expecting mother

A group of migrant labourers working in Nashik, Maharashtra, desperately wanted to reach their village in Chhattisgarh. Among them was a woman who was seven-and-half months pregnant and obviously would need special care if she were to undertake a long and uncomfortable journey.



As their tension grew, one of the men posted the story on Facebook. The post was viewed by the CEO of the man's Zilla Parishad in Chhattisgarh, and passed on to the Labour Department. Around the same time, this appeal was also circulating on local COVID-19 support network groups in Nashik. As soon as the news reached the YUVA team, it swung into action.

Jeevan Rath teams provided the group with food and sanitary kits (masks, hand sanitisers, etc.), and the local administration helped to arrange a car for their travel home. The group set out on 3 June 2020. At Amravati, when they were halfway through the journey, the driver called the RISE Call Centre to convey the information that the pregnant lady needed rest and could not continue travelling throughout the night as the journey was very tiring and uncomfortable for her. The YUVA Nashik team again got to work and arranged a night's stay for the group at an acquaintance's residence for the night. Happily, the group reached their homes safely by the next day.

The group was immensely thankful to the team. “It was difficult for us to believe that the YUVA – team would go to such lengths for just one group of workers. We were afraid that we won’t be able to reach home in time but your team made it possible,” said one of the group members.

Bringing relief, undeterred

Relatively small obstacles such as the non-availability of government officials during weekends becomes a major challenge in desperate times. However, for the YUVA team coordination and networks again became tools for finding solutions. A bus taking 33 people (mostly migrants) from Rajasthan to Andhra Pradesh was stopped at the Maharashtra state border near Nashik owing to non-payment of certain taxes. The workers who had each paid ₹6,000 for the journey were left stranded outside the RTO office in a foreign state with no food or water as the bus was seized by the police. It was late evening on a Saturday when this happened. Government offices were shut, and the next day was Sunday, the weekly off day. YUVA volunteers soon got to know of the situation, and they reached out to the stranded passengers, simultaneously contacting RTO officials, so that the workers could be provided shelter for the night, along with cooked food and water.

The YUVA team also got in touch with the travel company in Rajasthan which asked the team to talk to the local MLA in Rajasthan. Through proper coordination between the parties, the team ensured that the tax was paid and the bus able to continue on its journey later the same night. For the travel ahead, the support of Jeevan Rath enabled the team to distribute packaged food kits to the workers.



A passenger who had gone to Rajasthan for her father's funeral, leaving her children back at home in Andhra Pradesh, said, "After paying so much money, we were going to the village, but we got stuck here due to the contractor's mistake. The driver left us, but strangers like you came to help and talked to the authorities. You gave us shelter and food and we felt safe and cared for. We thank YUVA and the Jeevan Rath team for their efforts."

Overcoming challenges

When Esakki and others in Matunga Labour Camp had their e-passes cancelled at the last minute, the extended network of Jeevan Rath and the RISE teams reached out to



Returnees in quarantine centres in their home state

the collectors of various states, who personally granted the permission required for their e-passes. As it turns out in numerous instances, networking was the key to overcoming obstacles, both expected and unexpected.

Fake calls asking for money became a common phenomenon. Catherine says that when she received calls or audio messages asking for money to be sent into an account, she would always ask for an address where supplies could be sent through volunteers. Many of them would not be able to produce an address and would stop calling. Some would go to the length of giving just some address, misleading the volunteer who went there and eventually never showing up themselves. Catherine advises taking a calm, logical and practical approach when making decisions in the course of relief work, in order to ensure that time, effort and resources are expended in the interest of those who actually need help.

The onset of the monsoons also caused difficulties regarding mobility and coordination in some areas.

Working in containment zones was a hard nut to crack too, as restrictions were greater than in normal areas. In these cases, building rapport with administration officials helped in navigating through the maze of regulations and getting relief to the beneficiaries.

Another unique challenge in the early days was gaining the trust of the intended beneficiaries themselves. Some migrants had been promised help with transportation by other NGOs, but nothing had come of it. It led them to becoming sceptical and disheartened about the Jeevan Rath initiative as well. However, working with them



A volunteer offering slippers to a migrant walking home

consistently helped dissolve their fears and lack of belief. Eventually, word-of-mouth confirmation and appreciation from those who had reached home safely also prompted the next group of beneficiaries to respond well to the Jeevan Rath partners.

In one instance, a group of forty people were scheduled to leave from Nagpur for Sitamarhi in Bihar. They were residents of Farooq Nagar, a Muslim-majority basti in North Nagpur. The police had not permitted the bus inside the basti as the area was not spacious enough to allow for social distancing, and hence, the boarding point was arranged one kilometre away. As tough as it was to gather people while maintaining physical distance, there was also another issue to deal with. Some individuals were scared that the bus would take them to a quarantine centre. The teams finally succeeded in convincing the travellers that there was no foul play afoot; at last they all left for their homes, smiling and with proper physical distancing norms in place.



Best practices and learnings

Individuals and organizations at some stage need to start encouraging people facing difficulties to try to become self-reliant. No organization can support someone forever. The wise way for dealing with those who keep coming back for monetary help, citing the closure of their factories or similar situations, is to direct them towards other sources of income.

Doel says that although their organization did not have a lot of experience working in disaster relief, the Jeevan Rath collaboration was an important learning experience. Indeed, the experience will help them in their advocacy work in the future.

Moving forward from immediate relief measures, Maharashtra Covid Platform partners are focusing their efforts on formulating long-term solutions aimed at making community members self-reliant. The reality is that it will take years for people on the margins to recuperate all that they have lost. So government departments, civil society foundations, CSR programmes and private corporations associated with the Jeevan Rath initiative are strategizing to work out skill development projects, channelizing communication to bring together recruiters and candidates, develop monsoon relief measures, and educational opportunities. One of their main concerns remains that communities be enabled to navigate the pandemic in safety.

Many corporations and individuals with no prior experience in disaster relief management were brought together by the COVID-19 crisis and the lockdown. The multisectoral partnership resulted in many organizations learning to leverage their resources in cooperation with others and to advocate for social equity in times of crisis. This experience of a variety of organizations, all with different priorities and aims, working together so successfully and meaningfully has the potential to lead to a permanently collaborative approach in development work in the future.



Flush the Virus



NAVIGATING A PANDEMIC IN DENSE URBAN SLUMS

Physical distancing is not easy for people living in urban slums, densely populated areas that can easily become hotspots for transmission. Residents depend on shared sanitation facilities and due to the large numbers needing and using them, managing such spaces can be very challenging. Community toilets continue to be used by the majority of the people who cannot afford individual toilets. However, availability of water for maintaining hand and toilet hygiene remains a matter for serious concern. In the current period, such conditions can lead to CTBs becoming a major source of COVID-19 transmission. In Maharashtra, slums are fast emerging as COVID-19 hotspots. Dharavi, the biggest slum in the city, and many other smaller ones, which clearly display the persisting inequalities of urban spaces, have been vulnerable areas in these difficult times. The SBM guidelines recommend one toilet seat per 35 men and one per 25 women. However, in the shared community toilets in Mumbai slums, the actual ratio is nowhere close to these figures. Each toilet seat there is used by 100 to 150 community members.¹

¹<https://www.indiawaterportal.org/articles/flushing-away-covid-19-mumbai-way>



42 per cent of the total households in Mumbai are located in its slums.

(source-<https://www.brookings.edu/blog/up-front/2020/04/16/are-slums-more-vulnerable-to-the-covid-19-pandemic-evidence-from-mumbai/>)



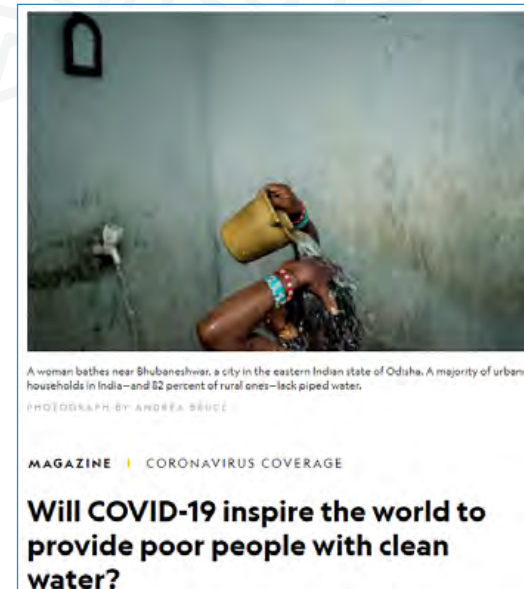
During the exodus of migrant workers, the focus of many NGOs like Citizens Association for Child Rights (CACR) in Mumbai and Centre for Youth Development and Activities (CYDA) in Pune was on distributing food and water. However, the shortage of spaces for COVID care and the crowded settlements could not be ignored either. In three hotspot wards of the Municipal Corporation of Greater Mumbai (MCGM) in G North (Dharavi), M East and H East, 50 MCGM schools were converted into COVID Care Centres. UNICEF collaborated with CACR and Triratna Prerana Mandal (TPM) to assess these 50 facilities, and concluded that SOP, IEC, Infection Prevention and Control (IPC) and hygiene protocols were not satisfactory in any of them. The residents of these settlements also lacked awareness about such safety protocols. For the community toilets, the MCGM released a circular waiving any fee for toilet usage, to ease the burden on users who may already have been facing income issues. As a result, maintaining hygiene in these toilets

became even more difficult for the caretakers and CBOs. Since, schools were converted into COVID Care Centres, the preparedness of these institutions to safely receive students also became questionable.

“Flush the Virus” – “Chase The Virus” – “100% Mask Usage in Critical Times” were some of the slogans used in a campaign called “Flush the Virus: Mumbai Diary”. This campaign was initiated to draw public attention towards maintaining the cleanliness of 150 community toilets and 50 BMC schools, and protecting these spaces in the interest of the community’s safety and health. The campaign was later extended to another 100 community toilets in Navi Mumbai, Thane and other slums pockets of Pune and Mumbai.

Streamlining community-based efforts by leveraging resources

CACR has been an urban partner of UNICEF Maharashtra for implementing WASH in schools. It has been involved in conducting behaviour change training in schools on personal and menstrual hygiene management for about 3 years. Before joining UNICEF’s Jeevan Rath initiative, CACR was involved in the distribution of dry ration and other food items with a longer shelf life to migrant workers. According to Nitin Wadhwani from CACR, something that began as a personal endeavor evolved into an organized distribution of resources to returning migrants, and ultimately grew in scope to become a much bigger community-based initiative for making urban slums cleaner, hygiene conscious, and more able to cope with the dangers of the pandemic.



Triratna Prerana Mandal (TMP) was supported by UNICEF Maharashtra and CACR to ensure that toilet maintenance was not hindered by a lack of funds. Requests were made for CSR support and donors for a monthly quota of cleaning materials and equipment, as well as disinfectants such as sodium hypochlorite and bleach. TMP has been associated with UNICEF Maharashtra for almost 10 years and has tried to take the

implementation of WASH to the grassroots level. Shelter Association and UNICEF partnered to conduct an assessment of Community Toilet Blocks (CTBs) and to map the sanitation status of selected communities. Shelter Association leveraged funds for the construction of 250 individual household toilets and also advocated for the operation and maintenance of 31 CTBs.

Post the assessment, the managers of the centres were provided an SOP with checklists covering strict social distancing, regular disinfection of the facilities and IPC protocols. The SOP contained guidelines for caretakers of community toilets about precautions required to be taken before and during the cleaning of the toilets, and a checklist regarding procedures before opening and after closing of community toilets. There were guidelines on wearing masks as well.

Keshari Prasad owns the Jai Matang Rushi Maharaj Pratishthan, a CBO community toilet from Mandala locality of Mankhurd, M East Ward. To prevent a COVID outbreak in his community, his caretaker follows strict instructions regarding maintenance of physical distancing and floor hygiene, disinfection of toilet blocks, including deep cleaning every day. Further, he disinfects railings and other frequently touched surfaces, inside and outside the toilet premises, thrice a day. After the installation of pedal operated non-touch innovative handwashing stations, Keshari Prasad was confident that the footfall at the toilet would increase indicating a positive shift towards IPC protocols. Apart from this, Prasad and his team also disinfected common surfaces around the houses in the community and distributed dry ration to more vulnerable families.



Sustained communication for positive behaviour change

Similarly, guidelines for users/beneficiaries include precautions to be taken while using the toilet, returning home from the toilet, and also special guidelines for women and children. The community toilets have been installed with non-touch pedal operated hand washing stations and the school toilets have been provided with over 300 elbow operated hand taps. IEC material about correct hand washing steps have also been installed nearby. Hand washing may seem a simple activity; however, during assessment a group of Assamese migrants informed the field volunteers about their lack of awareness about handwashing steps, the time to be spent on each, and the importance of soap. Muntazir Mustak, caretaker at one of the centres feels reassured about his and the community's safety after the installation of elbow taps and IEC material, since all residents are following hand hygiene with minimal surface contact.

IEC materials in the centres were upgraded and messages about maintaining hand and respiratory hygiene, safe waste disposal, physical distancing and the importance of referring to verified new sources of information to prevent fear and panic, were installed at the most frequented spaces in each of the centres through Risk Communication and Community Engagement (RCCE). These messages had clear illustrations and were also made available in regional languages in order to make them easily understandable, and the information contained in them easier to retain.



250 community toilets in 9 slum pockets from Mumbai, Pune, Thane and Navi Mumbai covering a population of 750,000 have been identified for RCCE and IPC maintenance activities.

As Wadhwani from CACR reiterates, “60–70 per cent users of the community toilets were following the correct handwashing technique, wearing masks and maintaining social distancing. Online training via Zoom was provided to CBOs, caretakers and MCGM personnel to monitor behaviour change within the local community using the toilets. Hard copies of training materials and guidelines will be shared with the trained personnel.”

Creating change with volunteers from local communities

The Yerwada slums accommodate about 25,000 households with a population of 130,000. Most of the dwellings there are small



with cemented flooring and tin sheets for walls and roofs. Most of the people living there are daily wage earners, domestic workers or casual labourers. In the Yerwada slums over 800 cases of coronal virus infection were reported and 34 patients lost their lives. The “Flush the Virus” initiative aims to disrupt the chain of infection with systematic and routine disinfection of community toilets by volunteers.

The CYDA started COVID relief with the “No one shall go hungry” campaign in the Yerwada slums through fundraising, aiming to distribute 15 days’ worth of dry ration/ kirana to vulnerable people including sex workers, transgenders and migrant workers. It carried forward the efforts with FTV, assisted by two residents of the slum, Dilip Korade and Yuvaraj Bansode, who mobilized 36 volunteers. For each cluster there were 4 volunteers and 2 leaders.

The volunteers were assigned the task of disinfecting commonly used surfaces. The cluster leaders supported preventive measures such as physical distancing, use of masks, and improving WASH access in community toilets. Community volunteers took initiatives to identify more vulnerable people by conducting regular medical check-ups, prioritizing senior citizens. All the volunteers were provided ration kits, masks and gloves by CYDA, while face shields and energy drinks were provided by another NGO.

Through the support of the Pune Municipal Corporation, the cluster leaders also started checking people’s oxygen saturation levels with pulse oximeters and referring people who needed medical intervention to nearby clinics. This method helped reach almost 3000 senior citizens.

“

Mobilizing the volunteers was challenging with individuals regularly dropping out, since both the volunteers and their families feared that they would be exposed to the virus. The volunteers also had many expectations which included ration kits, insurance, medical support, children’s education, not only for themselves, but also for their neighbours. It took us over a week of continuous interactions to raise their volunteering spirit. Ultimately they realized that the purpose of the group was not to distribute relief material to the people, but to help break the chain of virus spread in the community.

— Yuvaraj Bansode, volunteer

”

“

The two main problems identified were the lack of hygiene in the common toilets and the widespread habit of spitting. Initially the people were apprehensive about the oximeters and feared ending up being quarantined. The volunteers have been working with the communities and helping address some of their concerns and creating awareness about COVID-19.

— Dilip Korade, Volunteer

”



Establishing points of contact between communities and facilitators

Initially the volunteers were trained with the KoBo app to assess the situation of the community toilets. After completion of the assessment, the volunteers wanted to disinfect the entire slum settlement area, not just the toilets, which required pressure pumps and sodium hypochlorite. Tree Foundation and Persistent Foundation fulfilled the need for spraying pumps and also facilitated the training of the volunteers for carrying out the work, which they had obviously never done before. Almost 39 caretakers of the community toilets participated in a meeting organized by CYDA to discuss challenges faced by them. The main points discussed were issues that disrupted their work, such as user fee payments, regular blockage of commodes caused by dumping of bottles, stones and paper waste, lack of cleaning materials, and of safety and hygiene kits. The volunteers decided to help them to interface with the community to make their work easier. The volunteers spent 4 hours every day in creating awareness about the importance of maintaining hygiene in toilets, supporting the installation of handwash stations, putting up IEC material, and facilitating interactions with the community.



A total of 150 volunteers were engaged in the “Flush the Virus” campaign, reaching out to a population of almost 300,000 in Pune! Tadiwala and Nagar Road ward offices have also issued requests for similar community-level interventions. In the slum settlements of Tadiwala 50 volunteers and in Nagar Road 25, have been mobilized to initiate the campaign.



One home, one toilet (OHOT) is no longer a dream in Slum Settlements: Covid showed us the path to reimagine urban slum sanitation

The WASH response to COVID-19 was done through Risk Communication and Community Engagement (RCCE) and Infection Prevention and Control (IPC)

Community Toilet Blocks (CTBs) are viewed as a major threat to public health as they can become sources for transmission of the corona virus and other infections. In the majority of CTBs hygienic conditions are not maintained. Often, the ratio of toilet seats to users is highly disproportionate and often results in the toilets being filthy and unusable. Most families are unable to invest in an individual household toilet often due to misperceptions about affordability, space constraint, and lack of sewerage networks in the slums.

With the aim of shifting the graph towards greater personal hygiene and improved sanitation, Shelter Associates (SA) and UNICEF jointly responded to this challenge through Risk Communication & Community Engagement (RCCE) and Infection Prevention and Control (IPC) along with facilitating the safe use of community toilet blocks (CTBs). They also promoted the construction of household toilets in selected slums of Thane (1 slum), Pune (2 slums) and Navi Mumbai (1 slum) reaching out to 41,800 people directly and nearly 1,00,000 indirectly.

The RCCE engagement targeted 6,799 families (33,800 people) residing in the informal settlements of Pune, Navi Mumbai and Thane. The key activities and interventions focused on assessing the current sanitation status in the selected communities; assessing the situation of CTBs, touch and risk points within the community; liaising with ULBs and CBOs for coordination, planning and implementation; leveraging funds for the construction of 250 individual household toilets, installation of pedal operated hand washing stations; generating awareness about COVID-19 and the importance of using masks; as well as community mobilization through activities that can engage people from a distance like digital trainings, miking, etc. Identifying and training volunteers from the settlements themselves to spread awareness within their communities was also a priority matter.

The engagement had a multi-pronged impact: improved access to safe sanitation; increased awareness on COVID-19 prevention, healthy practices and safe use of community facilities. Increased use of spatial data for effective decision making on sanitation and sewerage planning for long term sustainable development was also promoted.

Mask Use in Maharashtra – The 100 % adoption goal

Globally accepted fundamentals for prevention of corona virus – use of mask, hand sanitization or washing with soap, and maintenance of physical distance of 6 feet – have been promoted and adopted across the world and the country. However, the Navi Mumbai Municipal Corporation (NMMC) has been facing active resistance to these measures in various slum pockets and other defined areas.

To help NMMC, UNICEF developed a behavior change campaign known as the ‘100 % MPH campaign’. Started in September 2020, it focuses on four critical outcomes:

- » increased knowledge about the importance of wearing masks properly by everyone, including residents of urban slums, in all risk situations;
- » increased understanding that non-compliance with preventive behaviors can be life threatening for all concerned – those who do not wear masks as well, as others around them;
- » increased adoption of the three key preventive behaviors i.e., wearing of masks, physical distancing and hand washing with soap; and
- » creation of an enabling environment and encouragement of people’s participation in supporting safe behaviours by everyone, irrespective of age, gender, caste, ethnicity, religion, occupation, economic group or location.

The other significant goal of the campaign is to educate community members about the various aspects of preventive behaviors – how and when to use masks, what kind of masks to use, safe disposal of masks, etc., and to tackle persistent myths and misconceptions.

Three categories of mask users have been identified as the primary target audience for the campaign: first, people who wear masks, but not according to the safety rules, second, those who do not wear masks at all, and third those who wear masks even when it is not necessary. The secondary audience comprises direct influencers such as community leaders, health workers, FLWs, CSOs, etc. The tertiary audience, comprising indirect influencers such as local government leaders, ward members etc., will be targeted with communications that motivate them to play key roles in setting agendas and mobilizing resources, and encouraging a political pride in a disease-free status.

The campaign is designed to be holistic and is based on a 360-degree approach. It is to be implemented through all communication media: IPC using leaflets and booklets; outdoor and mid-media using posters, hoardings, miking, mobile van, and banners at strategic locations; news articles, opinion pieces and press briefings; mass media using paid spots, discussions, programs on live TV/ radio/FM channels; digital media using IVRS, caller tunes, SMS, WhatsApp bot, infographics and helpline; and social media.



Best practices and learnings

For the partners in this endeavor, COVID relief evolved from spontaneous small scale efforts to distribute essentials to people in desperate need, to larger campaigns designed to facilitate positive behaviour changes for public safety during the pandemic. The take-away of CACR's Nitin Wadhvani from this fruitful collaboration between different organizations has been that without positive behaviour change and training, even the best resources cannot be put to good use. Online training sessions to prepare schools that were functioning as COVID Care Centres has been completed. The participants in this training included the Director of SCERT, superintendents, headmasters and teachers. The best way to make schools safe for returning students is to have sanitizers, soaps, WASH facilities in toilets and to carry out regular disinfection of common spaces. Shelter Association is using Spatial Data for effective sanitation and sewerage planning as a long-term sustainable solution.

In an attempt to initiate sustainable and long-term benefits for beneficiaries, CYDA is also beginning its second phase of COVID relief work, which includes efforts to restore the livelihoods of people who have lost them. For this purpose, small loans on zero interest are being issued to microbusinesses and a placement cell with a helpline has been created. As its strategy for the future, CYDA is working to facilitate online learning for marginalized children whose education was disrupted due to lack of resources.

The entire effort would not have been possible without the generous support of the Solidarity Fund from UNICEF, funds from the government of Japan, Hindustan Unilever, Tech Mahindra Foundation, Gala Enterprise, Persistent Foundation, World Vision, and Bewakoof. These entities mobilized funds for the substantial amount of consumables required, supplies for the operation and maintenance of community toilets, and personal protective gear for the sanitation workers.



INCREASED SAFETY IN COMMON FACILITIES THROUGH ACCESS TO WASH SERVICES

Social, or more accurately, physical distancing is a luxury only few can afford. The lack of WASH (Water, Sanitation and Hygiene) facilities in densely populated city slums has emerged as a major challenge and increased the urgency for providing them. Maharashtra was one of the first Indian states to be affected by the corona virus infection on a large scale. The lives of millions in overcrowded slum dwellings in Mumbai, Pune, Malegaon, Thane and Navi Mumbai were jeopardized. Conditions were such that it was not uncommon to find ten persons living in a 100 by 150 square foot room, without access to a private toilet or safe drinking water.¹ Not surprisingly, there was a sudden surge in COVID-19 cases in the slums of Mumbai, including Dharavi, Govandi and Mankhurd, and Yerwada in Pune. These slums have distinct characteristics in relation to various aspects of life, however, the dependence on community toilets is a common factor.

Finding ways to ensure proper management, operation and maintenance of these toilets was an extra and very pressing challenge that came with the pandemic. People suffered because for most families there was no alternative to the CTBs. It became clear fairly quickly that as toilets were the one common facility accessed by the vast majority of the slum population they obviously were one of the key reasons for infection and community transmission of COVID-19. The non-availability of human resources for carrying out disinfection, and the lack of standard protocols for operating and maintaining the toilets during a pandemic had to be tackled.



The WASH challenges amid a pandemic

In the early stages of the pandemic, it was realized that the various municipal corporations were not responding in the same way. The Pune corporation decided on disinfection of community toilets through its own management and arrangements. In the Mumbai slums, Community Based Organizations (CBOs) and MCGM were managing, maintaining and operating the community toilets together. After the pandemic began, MCGM instructed

¹<https://www.indiawaterportal.org/articles/flushing-away-covid-19-mumbai-way> (accessed 23 September 2020)

over 1200 CBOs to allow the use of community toilets free of cost as a gesture towards those who had lost their livelihoods. However, because of the fear of transmission, the attendance in the toilets was less than usual. As there had been very limited time to prepare, no allotted funds were available. Moreover, the complete shutdown of markets presented a barrier in collecting sanitation materials on a large scale for dispensing as relief materials.

The critical issue of the need for safety equipment, especially for the toilet caretakers and operators, remained completely unaddressed, because in the early stage there



was very little understanding of the nature of the virus and its method of transmission. Problems were compounded because disinfection material and proper guidance and protocols for the maintenance of community toilets were not available either. In many cases the recovery or business model of community toilet management did not look like it could survive as it was realized that most users had lost their ability to pay the charges, which further impacted the set-up. Many basic services were interrupted. One of the reasons was that many caretakers left the city for their native places due to a sense of insecurity and fear of infection.

Aware of increasing complications a group of organizations got together to try to work out a viable solution. The “Flush the Virus” initiative evolved as a result of the collaboration. The organizations were Citizens Association for Child Rights (CACR), Triratna Prerana Mandal (TPM), Centre for Youth Development and Activities (CYDA), Shelter Associates (SA), Tech Mahindra Foundation (TMF), RISE Infinity Foundation, Gala Enterprises, World Vision India (WVI), Shelter Associates, Lixil SATO, Bewakoof, Municipal Corporations and Community Based Organizations (CBOs). The key aim of the initiative was to ensure that basic WASH services reached the 250,000 people, which included 50,000 children, living in slums and other densely populated settlements, red zones, and CCCs. Flush the Virus covered the major issue of WASH including hand hygiene, social distancing, use of masks, reduction of the density of users in community toilets through the provision of mobile toilets in strategic places, with support from LIXIL SATO, the habit of spitting in public places and proper disposal of used sanitary napkins.

leveraging partnerships to meet specific demands for operation and maintenance, communications, supplies and capacity building, including awareness generation. In an effort to synergize available resources and partnerships, added efforts were made in making contacts and building a rapport with the caretakers and CBO operators.

One gets a glimpse of the existing conditions from the fact that in Navi Mumbai and Thane settlements, an average of 500 to 600 people had been using the sanitation facilities in the community toilets per day, before the pandemic.

Capacity building of stakeholders

To understand local needs and problems, the KoBo app was used to do a rapid assessment of WASH services in the community toilets and HCFs in Mumbai and Pune slums and in the Pune corporation area. To prevent misuse of funds and consumables, physical verification of the potential sites and beneficiaries was carried out. Resources were mobilized by



Post the assessment and internal and external discussions, existing and available material was reviewed, including the SOPs, guidelines, knowledge products, checklists and documentation regarding the early

stage responses of corporations. A set of resource materials was developed, and then training of various stakeholders with support from experts and resource persons was begun. The stakeholders who participated in virtual training sessions included the following:

- » Officials from the ULBs
- » Community Toilet Operators and CBOs including the caretakers
- » Centre managers of the CCC (schools)
- » Staff of partners (CYDA, CACR, TPM etc.) and
- » Volunteers

A checklist was provided to the ward officers to prioritize coordination, logistics, supplies/procurement and also contact tracing, if required.

The resource material used in these virtual sessions was widely circulated among the partners within and outside the state of Maharashtra for reference and use by relevant stakeholders.

Minimizing surface contact in community facilities

One of the key preventive measures against COVID-19 transmission is proper handwashing with soap and regular use of hand sanitizers. It was soon realized that contact surfaces/touch points like basins, taps, and door handles in common spaces



such as offices, jails, community toilets, and COVID-19 care facilities posed a serious threat as sources of transmission. An increased effort was made through the Flush the Virus initiative to provide no-touch (hands free) pedal-operated hand washing stations in both the men's

and women's sections of community toilets and elbow operated hand washing stations in MCGM schools converted into COVID Care Centres (CCC). The pedal operated hand washing stations were designed as the result of active collaboration between SACRED Aurangabad and UNICEF Maharashtra. After identifying a manufacturer in Aurangabad,



the handwashing stations were transported to Mumbai in batches of 55. As of now 400 such stations have been manufactured and supplied. The target is to fabricate and deliver 1000 of these cost-effective hand washing units by the end of 2020.

The caretakers were provided virtual training in understanding the operation and maintenance of the pedal operated hand washing units, which had one lever for dispensing liquid soap and another for water. Communication material on the correct use of the units was also installed above them. The toilet users were advised to use these no-touch handwashing stations instead of the basins with taps or using any other type of handwashing method. Communication material with key messages about various preventive measures for limiting/controlling the spread of COVID-19 was also displayed in the toilet area.

The initiative also advocated with government for age disaggregated evacuation plans, provision of more toilets (both community and household) and drinking water to reduce the footfall in community toilets and water points.

The Shelter Associates (SA) partnered with UNICEF Maharashtra to help leverage funds for the construction of 250 individual household toilets supported by GIS mapping of key points like manholes, sewerage network, roads, water points.

The initiative has opened up opportunities and strategies for improving WASH services in 20 healthcare facilities in Pune with support from DBS Bank.

20 units of the no-touch handwashing stations were supplied to Arthur Road Jail in Mumbai and Yerwada Jail in Pune for the inmates and 4 units to 2 shelter homes of Mumbai.

IEC campaign for positive behaviour change

IEC material for Risk Communication and Community Engagement (RCCE) and Infection Prevention and Control (IPC) activities focusing on hand washing, respiratory hygiene and safe disposal of waste was adapted or freshly designed. Simple messages advocating behaviour change and preventive measures for safety and community health were distributed. Information about the use of masks, physical distancing, handwashing with soap or using of hand sanitizers, steps regarding effective

containment/isolation, providing care to older family members and children was communicated with utmost diligence and regularity. Advice and instructions about respiratory hygiene and basic principles related to avoiding areas where infection could most easily be spread were propagated through posters in the community toilets and also interaction with the caretakers, who also helped in monitoring whether the facilities were being used properly by the community.

A special drive using a megaphone for information dissemination, awareness generation, creating a monitoring mechanism, developing a peer responsibility system was conducted every alternate day for four hours, near and around two community toilets at a time.

A Whatsapp-based community radio show with key messages has also been running to keep rumours and fear-mongering in check.

Approximately 6,799 families residing in the informal settlements of Pune, Thane and Navi Mumbai will be reached through the RCCE and IPC programme.



Ensuring safety of service seekers/beneficiaries

Safety equipment, protection kits, face shields, and sanitary napkins as well as disinfectants for community toilets were collected and distributed to stakeholders. The comprehensive supply package included brooms, wipers, cotton gloves, bleaching solution, white phenyl, liquid soap, sanitizer alcohol base, and washable cotton masks, buckets of 20 litre capacity, liquid soap and gum boots. In addition, cleaning equipment like wipers and floor cleaners was supplied by Gala Enterprises and distributed to more than 200 community toilets. More is to be provided soon. The supply package was developed to fulfill the demand of community toilet operators for supplies of floor cleaners and hand sanitizers in the slum areas. The major donor was the Tech Mahindra Foundation (TMF) and ONGC. World Vision India also contributed to the package distribution.

Ensuring the safety of key stakeholders

UNICEF Maharashtra tried to mobilize resources to provide PPE kits to frontline workers (FLWs) through the Maharashtra Covid Platform. Additionally, UNICEF partnered with LIXIL SATO and ensured that four mobile toilets were made

available with the sole objective of preventing transmission among service providers and FLWs through the unavoidable use of common facilities during field work. Each mobile toilet unit had 2 toilet seats for male FLWs and 2 for female FLWs. These toilets were handed over to MCGM officials. The units were installed in several areas. For example, in Dharavi and Deonar area a mobile toilet unit was installed for the sanitation workers at their *chauki*, which is the designated space for preparation before work and afterwards to sanitize and disinfect themselves after a long day of work. To ensure the safety of volunteers/field coordinators in the red/containment zones, PPE kits containing masks, face shield, sanitizer, gloves and aprons were distributed.



UNICEF with its partners such as World Vision India and Bewakoof mobilized more than 20,000 masks for distribution to the frontline workers and the COVID-19 warriors including the volunteers of the partners. UNICEF and HUL are working to source 1,300,000 bars of soap to distribute in cities like Mumbai, Pune, Thane, Navi Mumbai, and districts like Osmanabad, Latur, Sholapur and Kolhapur.



Best practices and learnings

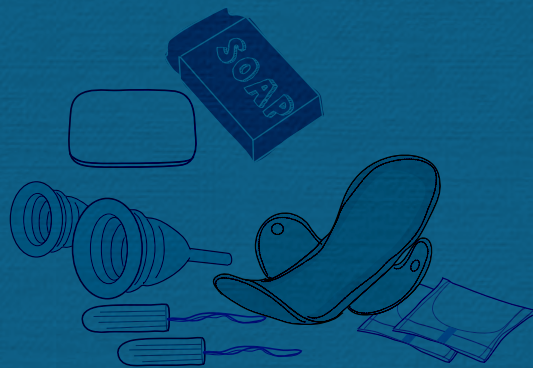


The aim of the Maharashtra Covid Platform was to pool the strength of each partner working in the field directly or with support from local organizations and individuals. This collaborative approach benefited the Flush the Virus campaign meant to facilitate access to sanitation and hygiene and COVID-related communication. The support was provided either directly or through coordination. Local staff and youth helped the successful implementation of the Flush the Virus intervention with the support of local CBOs (engaged in community toilet operations), volunteers within the communities, administration officials and elected representatives. Active collaboration between Shelter Associates and UNICEF Maharashtra has facilitated effective decision-making on sanitation and sewerage planning that will be useful for long-term sustainable development, because geospatial locational data collected by SA has been used.

In the four wards of Mumbai (G North, H East, M East and F North), a total of 150,000 people have benefitted from WASH services in community toilets. 261 pedal operated handwashing stations have been set up there and 453 elbow operated handwashing stations have been installed in the COVID Care Centres across Mumbai. Other locations where these units have been installed include jails and health care centres in Mumbai and residential pockets in Pune, Navi Mumbai and Thane.



MHM in Covid time

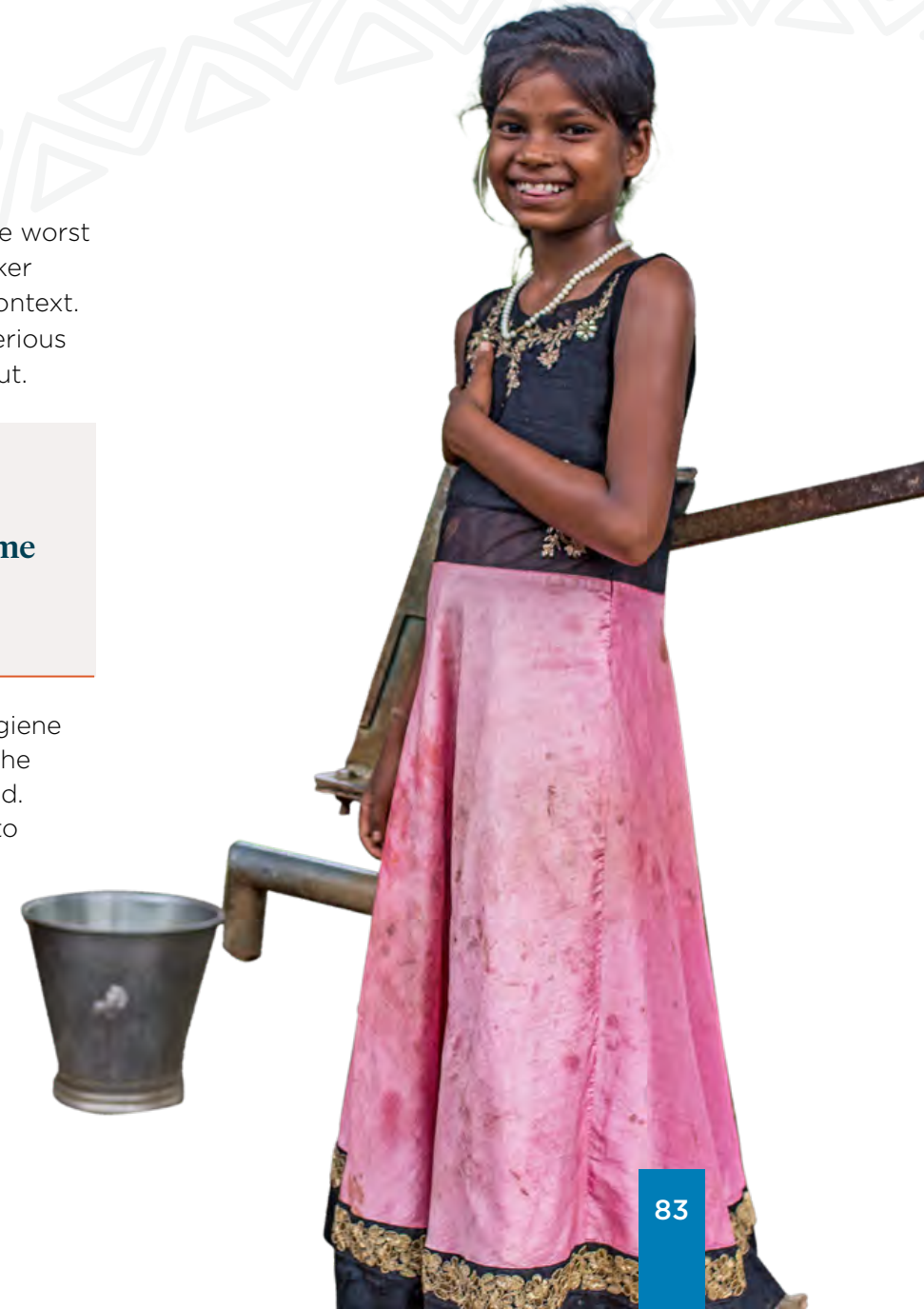


TOTALLY UNEXPECTED HELP IN MHM

It is common knowledge that when a crisis hits, the most vulnerable become the worst sufferers. The plight of menstruating girls and women in the economically weaker sections of Maharashtra during the pandemic needs to be understood in this context. Apart from the dangers every individual faced, this group had to deal with the serious problem of maintaining menstrual hygiene, which could not even be spoken about.

Menstrual hygiene management (MHM) remains a challenge for women in the country, especially in the villages, urban slum settlements and among lower middle-class communities. At the same time, it must be noted that the effect of the taboo associated with menstruation is not limited to any particular class.

In the aftermath of the first nationwide lockdown, supply chains of menstrual hygiene products (MHP) were hit hard. For the first four days, they were not included in the list of essential commodities and hence, could not be manufactured or distributed. At shops, pads started to be informally rationed with one person being allowed to buy only one packet. Between the disrupted supply chain, hoarding and panic buying, it is not surprising that in Dharavi, for instance, the shortage soon led to sanitary pads being sold in the “black market” or under the counter, at twice or thrice the maximum retail price. For millions of families that lived a hand-to-mouth existence as a norm, the sudden stoppage of earnings meant that whatever meagre savings existed were used to procure the bare necessities essential for survival. Sanitary pads did not make it to this list. The taboos associated with menstruation further complicated the problem as women and adolescent girls were unable to even ask for their menstrual hygiene needs to be considered.



RTIs are one of the biggest causes of cervical cancer and death among women in India.

Before the lockdown, working class women living in urban slums, employed in the unorganized sector as household help or casual labour, had managed their personal expenses on their own. When the lockdown hit, they found themselves with no choice but to buy pads at inflated prices or use cloth. Although the use of cloth in itself is not problematic, in villages and urban slums the inadequate water supply means it becomes very difficult to wash the used cloth. Further, there is no privacy for drying it properly in direct sunlight. These factors created unhygienic conditions leading to RTIs, thereby compromising women's health in already difficult circumstances.



School-going adolescent girls, many of whom could earlier access pads from vending machines at schools, were rendered part of the vulnerable demographic, since schools were shut indefinitely. Closure of schools also meant that millions of girls who reached the menarche during the pandemic lost access to important scientific information and guidance about the monumental changes happening in their bodies. In pre-pandemic times they would have received the necessary counselling through teachers or visiting counsellors from NGOs like Red is the New Green (RING), Citizen Association for Child Rights (CACR), Essar Foundation and RISE.

In 2018 the Ministry of Human Resource Development made it mandatory for schools to have MHP vending machines and incinerators. Young girls benefitted from easy access to sanitary products, which were funded through CSR and other donations.

“Periods do not stop during a pandemic,” says Deane de Menezes, the founder of RING (Red is the New Green), a Mumbai-based NGO that has been working since 2016 towards reducing both the social stigma and economic inequality connected to menstruation. RING went into action very quickly and decided to start relief work for communities that were the worst hit. In mid-April, it was able to rope in volunteers from about 15 to 20 partner NGOs, which included Pratham, Asha, Insaniyat, Helping Hands Charitable Trust and Apne Aap Women’s Collective. The focus of all of these NGOs is women and adolescents, except that organizations such as Apne Aap work with extremely marginalized communities like commercial sex workers.



As they had been working at the ground level, the volunteers had their fingers on the pulse of the community, and so had the ability to map where the requirement was most dire. During this time Maharashtra was going through one of the harshest consequences of the pandemic and areas were being declared containment zones with alarming

regularity. It was in this environment that RING and its volunteers were trying to reach and support the most vulnerable.

It can now joyfully be said that the partnership functioned like clockwork. While the partner NGOs were better trained and equipped to map demand and undertake distribution at the ground level, RING, with its all-women staff of six, dived into arranging resources and coordinating help. There was a roadblock though because RING did not have enough stocks of MHP to manage the demand coming in.

RING sought various means to overcome this obstacle and, in the process, Deane sent a WhatsApp message to a contact at UNICEF, sharing details of RING’s recent efforts. Little did she know that RING would soon be part of a dynamic collaborative group of organizations and individuals who were all trying to do the same thing – make the pandemic hurt a little less, especially for the most vulnerable sections of society. RING was brought under the umbrella called PECONet.

Almost instantly, RING began collaborating with donors, funders and other NGOs to meet the demand for relief materials. CACR and RISE were two major NGOs that joined hands with RING through PECONet.

During the lockdown, 21,000 women benefitted from the collaborative efforts of PECONet.



Produce, procure, provide

Asmita Yojana, an initiative of the State Rural Livelihood Mission of the Rural Development Department, Government of Maharashtra, was involved in supplying the sanitary pads. Asmita is a network of women-led groups that produce and package sanitary napkins which are sold in rural Maharashtra to adolescents and women of menstruating age at affordable rates. Collaboration with Asmita had a double benefit: inexpensive sanitary napkins were procured while much-needed

employment generation during the time of the lockdown was promoted. FICCI FLO, the women's wing of the Federation of Indian Chambers of Commerce & Industry (FICCI), and ELSA, the alumni association of Lady Shri Ram College, provided financial support. RING, RISE and CACR, along with their partner NGOs, handled the management, coordination and distribution. Overall, a functional ecosystem of women helping women was created, with the support (it must be noted) of many male volunteers and organizers who recognized the significance of the work being done.

During this MHM exercise, women migrant workers were not forgotten. Sanitary napkins were included among the products supplied to migrants on their way to their home states. Apart from the usual food and water supplies, volunteers stationed at the Jeevan Rath made sure and informed target beneficiaries that they could access sanitary napkins as well. Although the percentage of women migrants on their way home was low compared to men, the number was nonetheless significant.

“Ensuring dignity was the topmost priority of volunteers, whether the beneficiary was an urban slum dweller, a school girl or a migrant,”
agree Nitin and Deane.

Support to the extremely marginalized

Commercial sex workers were one of the worst-affected communities during the lockdown. Unsanitary living conditions, an abrupt stopping of business, and very limited knowledge about MHM put this community up against severe odds. They were provided not only with relief material, but also information and awareness on MHM through the efforts of partners, and especially ApneAap Women's Collective. Efforts were also made to reach out to the tribal women of the Aarey forest, another group on the extreme margins. Relief material was sent to female inmates of the Byculla prison as well.



Beneficiaries expressed profound gratitude to those who provided such timely and totally unexpected help in MHM management and for understanding their plight, which was often overlooked or not even considered by family members. “Thanks for even thinking of this issue,” they would say.



Overcoming challenges

As it was with other focus areas, providing menstrual hygiene relief too came with its own set of problems, one of which was identifying the most vulnerable beneficiaries.

Dipa Hakani of RISE says, “Many a times, even males would insist on taking sanitary pads, saying that their female relatives could use them.”

Another challenge that volunteers encountered, Deane says, were some male community members who opposed the distribution of sanitary pads, saying that volunteers should use funds for providing “real essentials” like food. In such situations, women of the community would

come forward to welcome the volunteers, accept the relief material with gratitude and ask volunteers to ignore the naysayers.

Eventually, RING also started encouraging the volunteers in the field to educate beneficiaries about menstruation. The discourse focused on two aspects: being open to conversations about menstruation and managing menstrual waste effectively. In some areas where there was sufficient water supply and access to safe toilets, older women familiar with using cloth were encouraged to take up reusable cloth pads. This example indicates a relatively new approach to MHM in India, which brings into focus the need to reduce the carbon footprint of managing menstruation. Beneficiaries were also encouraged to pass on their new-gained knowledge to others.

Helped from within the community: Harshada Doiphode, who lives in Dharavi, is an active social worker. She has been part of a small NGO by the name of Danagosh, which provides food every day to people who have relatives admitted to KEM Hospital in Parel and who cannot afford meals. Harshada's help is frequently sought out by many who know about her. About a fortnight into the lockdown, she started getting distress calls asking her to arrange food and supplies. During one of her relief visits, a young girl of about 14 years of age called her to a corner and quietly asked, 'Didi, do you have any sanitary pads?'

At that time, Harshada only had ration supplies that she was distributing to the needy in the community. The girl told her that since the lockdown, she had been able to find only one packet at a medical store, and that too at thrice its actual price. She and her sister had been forced to cut up each sanitary pad into two to make the packet last longer. And by then, they were close to finishing that supply as well.

Indeed, sanitary napkins were not available at several medical stores in the city. Those who could were ordering online, but for the women and girls of Dharavi, it was looking like a lost battle. Through her list of connections, Harshada soon came across Deane, who helped her procure 3000 packets of sanitary pads for distribution in Dharavi. Harshada says that the boys in her network, many of them college goers in their twenties, came forward in full support to do the distribution. Given the taboo associated with menstruation, Harshada was pleasantly surprised when she didn't have to do any persuading and coercing; the young men realized that the pads were a real need and seriously wanted to help.

Beneficiaries were also educated on proper disposal of used MHPs and important sanitation practices related to MHM.



Best practices and learnings



All partners agreed that having a grassroots level network made the biggest difference when working in an environment of pandemic-level challenges. Those who knew their beneficiaries and their context well, became precious assets in the delivery of relief material. Seeking out those who were already in the business of making lives better helped to gauge the actual impact level, formulate more effective plans, ensure more efficient distribution of resources and tackle unexpected challenges.



THANK YOU
FICCI FLO
BAI.



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हस्तिन नंद, विमान बाजार

THANK
FICCI
&
ELSA. MIIM





TAKING RELIEF WHERE NO ONE ELSE WAS GOING

The pandemic hit the most vulnerable among the marginalised communities like a ton of bricks. Lacking social security, and having access to very few civic amenities, many of these communities were on the verge of complete destitution. It was the timely intervention of initiatives like the Jeevan Rath that brought them some succour.



Braving a pandemic and a rainstorm

Nashik was lashed by uninterrupted rains in the first week of June 2020, owing to cyclone Nisarga. While the heavy spells of rain disrupted normal life for everyone, it was especially difficult for the nomadic tribes staying in the Kumbh Mela grounds. These groups had inhabited portions of land there for the past 15–20 years, earning their living through traditional performance arts like tightrope walking or self-flagellation (where a person in a group gets dressed up like a devotee and hits himself with a lash while others beat drums).



They were already stressed having lost their source of income because of the lockdown. Then the cyclonic winds that came with the storm seriously damaged or destroyed many of their belongings and some of their makeshift huts. The heavy rains also flooded the area around the huts. The loss, insecurity, and trauma suffered by the community was almost unimaginable.

The tribal community was among the most neglected in Nashik. When the YUVA volunteers approached its members, they learnt that several groups had contacted them and promised help earlier. But no one had really done anything. Many organizations and networks perceived the community as insanitary and hence did not interact with them for fear of contracting the coronavirus. Clearly these people stranded in the Kumbh Mela grounds were in a very vulnerable position, without food or money. The first thing that the Jeevan Rath team did when it reached them was to provide dry ration kits.

During the cyclonic storm, relief operations were almost impossible to conduct; however, once it was over, volunteers from YUVA, with the support of the Jeevan Rath programme, again helped source and distribute both cooked food and packaged snacks to 58 families of the community. The team additionally provided the families with sturdy synthetic sheets to cover, strengthen and waterproof their homes for the coming monsoon.

“You extended a helping hand towards us when nobody else did. Some organizations came in the beginning but never returned. You have helped us with not just food, but with resources to rebuild our shelters, said a community member.

Fighting discrimination with compassion

The most vulnerable need the most compassion, but the ugly truth is that what they often get is discrimination.

Pathardi village in Nashik fits into this category. It had a high number of COVID-19 cases, but was missing from the lists of many relief organizations.

The residents were mostly nomadic tribes engaged in traditional livelihoods for survival. Their sources of income also dried up when the lockdown was announced and they

were left with no work, no money and increasing susceptibility to the corona virus.

The people of the community stayed in informal makeshift housing. Because there were no community toilets, open defecation was the norm. This lack of basic facilities put the community at further risk of contracting the coronavirus infection.

With the support of the Jeevan Rath programme, the YUVA team provided dry ration kits to 60 families in the village. Along with the distribution of kits, the team interacted with the community to share information about the importance of sanitation measures, especially during the pandemic.

The team also spent some time playing games with the children. Through these games, team members taught the kids about the correct steps for washing hands and measures to take to ensure personal hygiene. The teaching method adopted, which made learning more fun, was also a way to ensure that the concepts



were communicated to the elders. The chances of community retention, crucial for safeguarding the whole village, were increased substantially.

“Nobody is ready to help us, they call us insanitary and feel that they are unsafe around us. We are so thankful to the Jeevan Rath team that even though the situation was challenging, the team kept their word,” said a community member.

The news of Jeevan Rath and YUVA soon reached a community near Panchvati in Nashik, that was facing a similar dire situation. They too earned their living through indigenous professions and lived in conditions of deprivation. Not many organizations came forward to help them fearing infection due to unsanitary conditions.



When the YUVA team received a call from one of the community members, members visited the settlement to understand the situation better. Looking at their living conditions, the team felt that the community needed support with immunity-building, along with food supplies.

With the support of Jeevan Rath, the team distributed ration kits and homeopathic medicine and shared information about the various precautionary measures to be taken during the pandemic.



“When no one was ready to even look at us, help us, the Jeevan Rath team supported us. We are happy that we have someone to turn to in this time of need,” said a community member.

Accepting the challenges of personal risk

Infection control for the volunteers was a priority at all times, especially when they went into high-risk zones. Ensuring physical distancing, use of masks and gloves, frequent cleaning of hands wherever possible, taking baths and washing their clothes upon returning home, drying clothes in the sun, were some of the measures through which volunteers maximized their own safety. Every volunteer associated with Jeevan Rath was provided health insurance through the initiative too.

Best practices and learnings



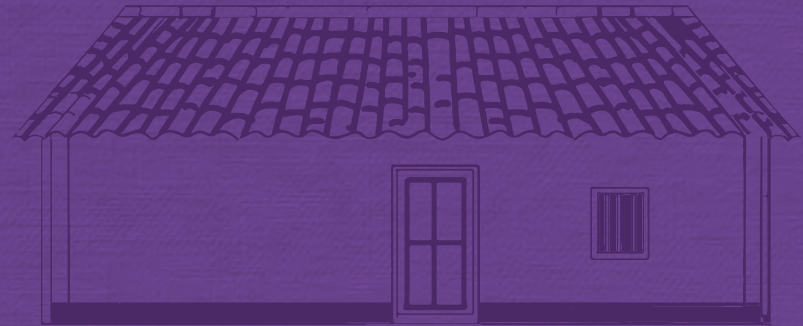
The astounding success of the Sakhi Task Force (refer to chapter Strengthening self-sufficiency through women leaders) in the rural communities of Osmanabad proved once again that creating leaders from within the community always helps to deal with unpredictable situations better. Many vulnerable groups, such as daily wage workers, widows, pregnant women dependent on government facilities, incoming migrants etc. would have been in a worse situation if not for the intervention of STF.

The leaders of STF, all women, rallied stakeholders around supporting vulnerable groups and lobbied with GPs to ensure equitable access to relief schemes, food supplies, other essentials and livelihood opportunities. The leadership qualities of these women were not conjured up in one day, or just as a response to the pandemic. The seeds of self-confidence, dynamism and ownership of the responsibility of bettering society had been sown and also nurtured much earlier, by agencies like SSP. When disaster struck, the success of the training and community spirit developed in the women quickly became visible.

Identifying and building advocates for the community from within it appears to be the ideal way to strengthen society and the one with the most promise for the long-term. Everyone who witnessed or was benefitted by the work of the STF can bear testimony to the potential that promoting women leaders at the grass-roots level holds for future developmental work.



Capacity building of FLWs and service providers on **RCCE** and **IPC**



TECHNOLOGY AND TRAININGS: STOCKING UP THE ARSENAL AGAINST COVID-19

The age-old adage, “necessity is the mother of invention,” in the case of Maharashtra’s response to the COVID-19 pandemic, became “necessity is the mother of innovation”.

The pandemic put everyone in an environment of unprecedented uncertainty regarding its possible scale and ways of dealing with it. There is not likely to be anyone alive today, who remembers the last global pandemic. When COVID-19 struck, there was no

option but to find solutions on the fly. One of the most crucial, and most challenging aspects of solution-finding was coordinating the twin needs of public health education and communication while complying with the physical distancing necessitated by the deadly corona virus. Meetings and gatherings, even unplanned and quick two-person consultations, which were the norm for dissemination of important information, had become things of the past. At the same time communication had to be carried out swiftly, as guidelines were repeatedly revised based on new developments. Compliance with restrictive protocols on movement and social/physical distancing had to be ensured at all times. It was imperative that messages about correct practices reached the largest possible number of people at the grassroots level, from the severely affected poor and marginalized in the urban areas to the rural communities, which had very little by way of healthcare infrastructure. Villages became increasingly vulnerable as large numbers of migrant workers returned to their native villages.



Rising up to the challenge

Enthusiastic organizations and individuals across the spectrum geared up and brilliantly used digital technology to overcome the unavoidable need for physical distancing. Unique efforts were made to reach out to community members to spread awareness among stakeholders such as government officials, development partners and frontline workers, to ensure effective coordination in respect of trainings and participation of relevant individuals.



The past decade, 2010 to 2020, has witnessed the development of a multitude of digital communication tools worldwide. In India too, the penetration of social media such as Facebook and messaging apps such as WhatsApp has been rapid, not only in the cities, but in small towns and rural areas as well. Rapid internet growth and usage have led to more than half a billion people in the country being connected digitally.³ The estimates are that in January 2020, there were 629 million mobile internet users in the country.⁴ In the light of the events that overshadowed the entire world in early 2020, this massive user base proved to be a boon. Technological gadgets became tools for tackling the crisis as they enabled ordinary people to access the internet and receive information and education. Officials at various levels were able to access the latest training modules.

³<https://economictimes.indiatimes.com/tech/internet/internet-users-in-india-to-reach-627-million-in-2019-report/articleshow/68288868.cms?from=mdr>, accessed 15.09.20.

⁴www.statista.com/topics/2157/internet-usage-in-india, accessed 15.09.20.

Online trainings became a new normal after the pandemic struck, even in rural belts. These trainings during the lockdown proved to be very effective and helped to instill confidence among officials. They continue to do so in the era of limited physical contact. Such trainings have opened avenues that had not been seriously considered before. Online trainings reduce the need for travel over long distances, save time, are cost effective, and require fewer logistical arrangements. Equally importantly, online trainings have increased accountability and transparency and helped to create a dialogue and connectivity among people at all levels, from community members to government officials.



Online trainings in urban areas

Virtual Training of Trainers (ToT) was conducted on Risk Communications and Community engagement on Infection Prevention, Control on Environmental Sanitation and Waste Management for officials, teachers and engineers of ULBs, in Maharashtra. About 15,000 participants benefitted from the trainings. The target groups for urban trainings included:

- » ULB officials such as commissioners, chief officers, engineers, sanitary inspectors and operators of public toilets, STPs, FSTPs & ETPs who are involved in the response to COVID-19 through infection prevention and control, as well as sanitation and waste management
- » Teachers working in Municipal Corporation of Greater Mumbai (MCGM) schools
- » Representatives of community-based organizations and caretakers of public toilets from M-East, G-North and H-East ward of Municipal Corporation of Greater Mumbai

The sessions were conducted by sector experts from WHO, BMC, MPCB, AILSG, MCGM and supported by UNICEF Maharashtra. The training modules were developed by sector experts and finalized after several reviews to ensure that the information shared would be relevant and practical in the field on a real time basis. Reviewers also checked to ensure that sufficient detail had been provided in the training modules to help front-line workers deal with any kind of infection prevention and control situation that may come up on the ground level.

“I got to know about such critical and useful information today. I will definitely convey this knowledge not only to my students but to the community as well,” says Dattaram Pisal, one of the teachers who attended the trainings.

The sessions lasted from 90 to 120 mins, and sometimes longer. They became extended depending on the kind of interactions that took place and the query solving engaged in. One of the critical aims was to make trainees adept at sharing the information they gained with people in their downline, such as front-line workers who deal directly with the community. Orientation sessions were also organized for 25 community radio stations to guide them on conveying messages on WASH and MHM to their listeners.

These training sessions also were also conducted for engineers involved in the management of community toilets in Delhi, under the Delhi Urban Slum Improvement Board.

Online trainings for rural areas

The situation in rural areas was different in the sense that there was a rapid progression of the disease after



the mass influx of migrants back to their native villages and towns. To tackle the crisis which is still not under control and continues to affect a large section of the population in rural areas as well, a series of capacity building trainings were organized.

All the 34 rural districts of Maharashtra state were covered and 159,714 stakeholders were trained through 164 training batches and equipped to work with the local communities and institutions in response to the COVID-19 pandemic.

Based on the requests and needs felt by various government departments, such as water supply and sanitation, education, health, SDMA, rural development, Zila Parishad



etc., focussed training modules were created. These modules dealt with self-care and care of others through the adoption of precautionary measures, such as maintaining a physical distance of up to 6 ft., wearing face masks, washing hands regularly with soap, the correct method of washing hands, etc. Participants in the trainings included Swachhagrahis, Jalsurakshaks, teachers, Kendra Pramukhs, Head Masters, FLWs of different government programmes and volunteers associated with partner organizations.

“The quality of this training is very commendable and systematic, every detail has been delivered very carefully. We hope RedR India and UNICEF will bring such advanced and important steps every time, to create developed communities,” says Priyadarshini More, Dy. CEO, SBM, Zila Parishad, Kolhapur.

A series of attractive informational videos were created by UNICEF Maharashtra to make information easy to understand and interesting. The videos were launched on different portals by the state government and they soon went viral, acquiring millions of views.



Some of the issues faced were:

- » Problems with connectivity and use of technology;
- » Lack of control over the local conditions while undertaking the trainings;
- » Problems encountered in getting feedback;
- » Difficulties in evaluating if people had understood what had been discussed (lack of face-to-face interactions makes such evaluation quite difficult at times);
- » Comfort level of people with technology itself.

To tackle some of these issues, steps such as pre-training sessions have already been undertaken to better orient participants on the processes for reaching desired outcomes. Efforts have also been made to synchronize the efforts of facilitators. Improvements in terms of better presentation of information in terms of clarity, colors, designs, font types, size, use of pictures etc. have been carried out wherever possible to make the experience better for facilitators as well as participants.

Challenges to be overcome

While online capacity-building sessions provided immense benefits, some caveats must be borne in mind. As with any innovative process, there are bound to be issues, problems, and even occasional failures in the early stages. The need now is to document and analyse these challenges, address them and use the learnings for future training programmes.

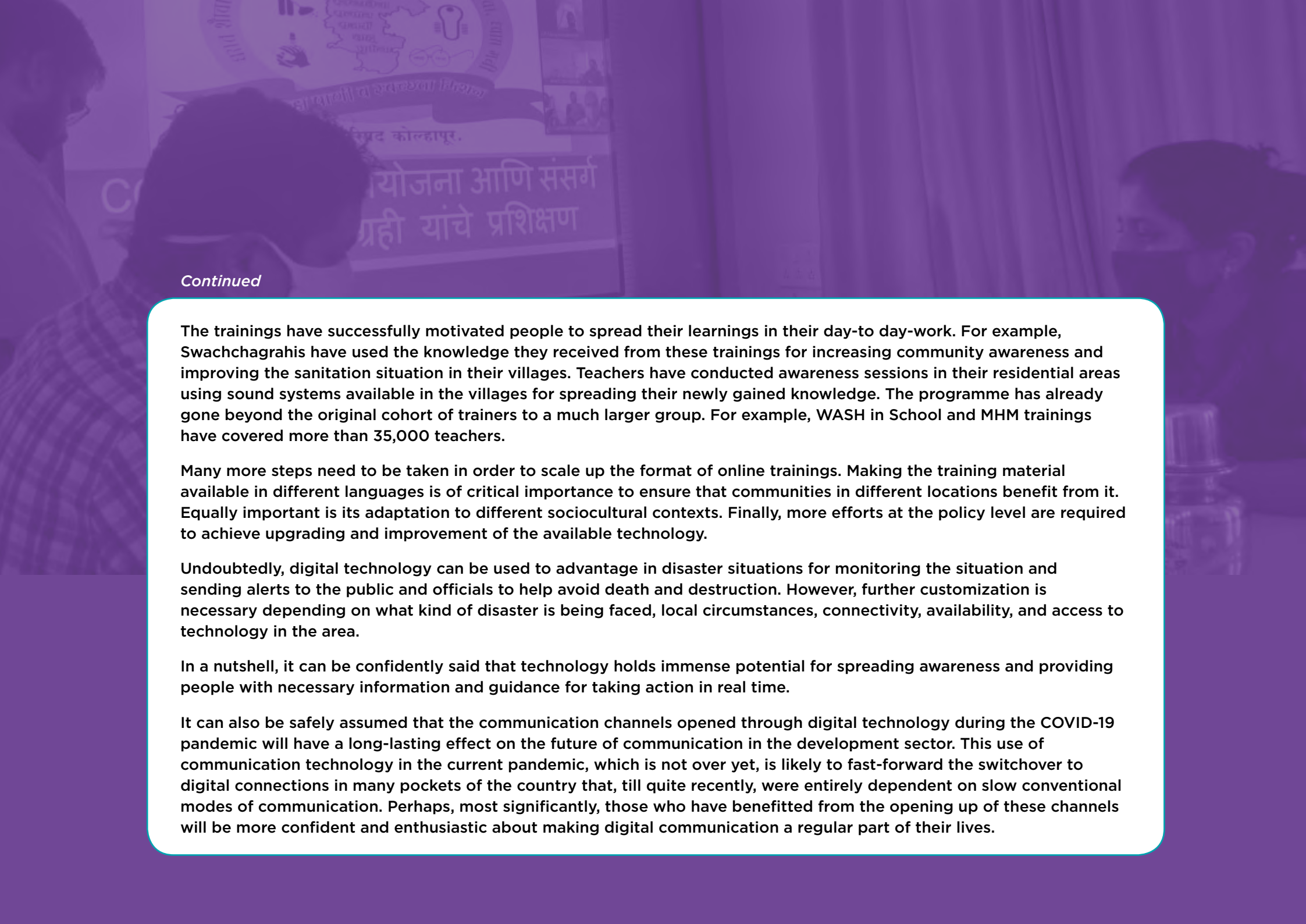
Best practices and learnings



Though the pandemic exposed several fault lines in the existing systems and challenges were created on multiple levels, it also highlighted the crucial role of awareness and community participation in advocating behaviour change. The concrete steps taken so far can also be made into subjects for case studies for future reference.

At the same time various areas for improvements have already been recognized. For example:

- + Training content must be designed based on the needs and circumstances of stakeholders, like the Rapid Training Need Assessment;
- + A phased approach should be used while considering the IT glitches;
- + Innovation can be used to make the content interactive through online polls, menti-meter;
- + Prioritize the content and keep in mind a suitable time of the day;
- + Queries can be addressed through the use of Q/A boxes, WhatsApp groups, refresher trainings, etc;
- + The absorption capacity of the trainees must be borne in mind (attention of trainees may be kept focused by keeping the length of each presentation not more than 10-15 minutes with regular options for dialogue to reduce monotony)
- + More than one trainer can be used to bring variety;
- + The need to ensure follow-up with IVR based Rapid Pro calling mechanism every week to reinforce the message and also to get data points on training-based action.



Continued

The trainings have successfully motivated people to spread their learnings in their day-to-day-work. For example, Swachchagrahis have used the knowledge they received from these trainings for increasing community awareness and improving the sanitation situation in their villages. Teachers have conducted awareness sessions in their residential areas using sound systems available in the villages for spreading their newly gained knowledge. The programme has already gone beyond the original cohort of trainers to a much larger group. For example, WASH in School and MHM trainings have covered more than 35,000 teachers.

Many more steps need to be taken in order to scale up the format of online trainings. Making the training material available in different languages is of critical importance to ensure that communities in different locations benefit from it. Equally important is its adaptation to different sociocultural contexts. Finally, more efforts at the policy level are required to achieve upgrading and improvement of the available technology.

Undoubtedly, digital technology can be used to advantage in disaster situations for monitoring the situation and sending alerts to the public and officials to help avoid death and destruction. However, further customization is necessary depending on what kind of disaster is being faced, local circumstances, connectivity, availability, and access to technology in the area.

In a nutshell, it can be confidently said that technology holds immense potential for spreading awareness and providing people with necessary information and guidance for taking action in real time.

It can also be safely assumed that the communication channels opened through digital technology during the COVID-19 pandemic will have a long-lasting effect on the future of communication in the development sector. This use of communication technology in the current pandemic, which is not over yet, is likely to fast-forward the switchover to digital connections in many pockets of the country that, till quite recently, were entirely dependent on slow conventional modes of communication. Perhaps, most significantly, those who have benefitted from the opening up of these channels will be more confident and enthusiastic about making digital communication a regular part of their lives.





MAKING HEALTH FACILITIES VIRUS-READY: SUPPORTING THE SAVIORS

The first COVID-19 case in Maharashtra was reported in the city of Pune, in early March 2020. After that the state experienced such an upsurge in the number of cases it emerged as almost the worst hit in the entire country. In such extreme conditions, any deficiency in the health infrastructure and resources would not only

adversely affect patient survival and overall infection control, but also the well-being of health workers, the most important stakeholders in the healthcare system. Without them, treating patients and controlling the death rate cannot even be contemplated.

In the early days of the pandemic, the situation seemed to be going beyond control. The announcement of the nation-wide lockdown, less than a month after the first case in the state, left almost no time for planning, preparations, or pre-positioning. Not surprisingly, almost no one was ready to address the chaos when it happened. Still, true to the best in human nature, people and institutions bounced back and efforts began to be made.

Here is a case study of how the Pune Municipal Corporation (PMC), along with UNICEF, acted to improve health facilities in the PMC area and make them virus-ready.



Initially, there was a huge shortfall of supplies and medical equipment. This need was taken care of by PMC's own resources, and continues to be. Subsequently, 100 ventilators were supplied by the PM Cares Fund, which pushed the next priority – bio-medical waste management and WASH Facilities – on top. This issue had not been addressed at all and it was quickly realized that there was no scope for compromise, since equipment as important as needle cutter hubs were not available at several facilities. Immediate attention was also required to be paid to drinking water and waste disposal systems.

A project called “Improved WASH Access in 19 health facilities and 50 community toilets in slums” was planned by CYDA, in collaboration with UNICEF. The aim of the intervention was to resolve issues related to WASH and biomedical waste.

Beneficiaries in PMC area



11 Hospitals



8 dispensaries



50 community
toilets



The target of the project was not limited to just acquiring equipment and installing systems. The project planners built into its working perspectives on groups that are generally the most vulnerable, such as children, adolescents, and women, to ensure that they would get access to WASH facilities in the community and inside health facilities. The access to these facilities is either free or at a very nominal charge as they are run by PMC – a ULB. These hospitals and dispensaries are spread across the city and already focus on equity and access. Through the programme, an effort was also made to sensitize the staff about gender equity and access issues, through interactions, orientations and bringing relevant elements into the standard operating protocols and checklists.

UNICEF began with an assessment of all 21 Health Care Facilities (HCFs) in the PMC area which led to a gap analysis. Subsequently, an action plan and implementation plan were prepared to fill the identified gaps.

WASH

The assessment process for WASH practices and facilities commenced with introductory meetings with the medical officer (MO), nurses in-charge, and non-medical staff. At these meetings, these groups were briefed about the project and their views about existing gaps in the areas of WASH and bio-medical waste management (BMWM) elicited. Then followed a walk with the staff



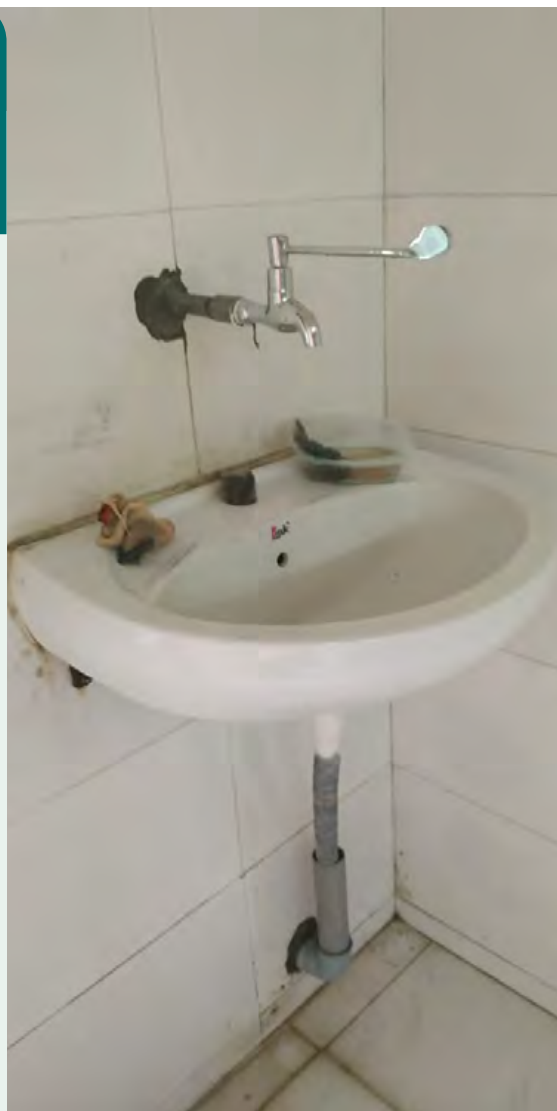
for a detailed assessment of the WASH infrastructure in the facility. After an analysis of the gaps, a detailed estimate of the work required was prepared and shared with the MO and others so that the plan could be finalized.



The WASH assessment parameters included the main sources and storage of water, drinking water purification systems, condition of the toilet blocks, availability of separate toilets for persons with disability (PWD), fecal sludge management, handwashing stations, BMWM, and provision of hand sanitizers at the entrances of HCFs.

A snapshot of WASH equipment and material arranged so far in 13 hospitals and 8 dispensaries:

- » 9 wash basins
- » 178 elbow operated taps
- » 49 different cocks
- » 34 water connection pipes
- » 13 flush tanks
- » 28 pedal-operated handwashing stations
- » 35 water filters
- » 47 drain pipes
- » 15 liquid handwash bottles
- » 25 sanitizer stands



Bio-medical waste management

The project for strengthening BMW facilities and practices began with identifying gaps in terms of awareness, resources and practices through a rapid assessment tool. Under it, the aim was also to monitor and review the progress of each healthcare facility in meeting WASH standards in relation to implementation and maintenance. Further, the aim was to direct resources to address problems identified regarding effective management of the

infection control program and BMW. Other aspects of the project were ensuring the availability of necessary supplies, guiding and building the professional capacity of the housekeeping staff, making SOPs and checklists available to hospital staff, building resilience against the corona virus, and leveraging resources for replicating and sustaining a desirable model across the PMC area.

The assessment process for BMW practices and facilities was based on criteria similar to those used for WASH services, though it required more technical tools. Initially, preliminary meetings were held for the purpose of building the team, then orientation sessions. Assessment

tools were prepared, timelines and survey plans developed. Separate assessment tools were prepared for each Urban CHC (Hospital with beds) and Urban PHC (Dispensaries/ OPD/ Polyclinic) based on Kayakalp 2019, a national initiative under the Ministry of Health and Family Welfare, GoI, under which awards are given to health care facilities that maintain a high standard of cleanliness and infection control.

Detailed assessment of HCFs

An assessment team comprising a public health consultant, an assistant for BMW, a co-ordinator and assistant co-ordinator for WASH visited HCFs. In-depth inquiries were conducted on various assessment criteria such as implementation of BMW Rules 2016 & 2018, storage and disposal of biomedical waste, management of solid and liquid waste, equipment and supplies for BMW and also statutory compliance. Assessment methods included observation, staff interview and review of records and documents.

The opportunity of visiting HCFs was also utilized by the assessment team to informally educate and empower the staff regarding the desirable practices connected to BMW. During the survey, deliberate efforts were made to interact with the support staff, such as lab technicians, pharmacists and housekeeping in-charges, to understand their awareness levels, as well as difficulties/ limitations with regard to implementation of the current SOPs. Later on, MOs were also requested to conduct formal training for the staff in their respective HCFs.

Gap areas were analysed through a software programme called KoBo. Gaps were revealed in the domains of awareness, resources, as well as practices related to BMW. Specifically, lacunae were identified in areas of website development and uploading of

annual reports, emission standards as per BMW Rules 2016 & 2018, availability and use of needle cutters, securing of storage facilities against pilferage, treatment of recyclable waste and incineration of discarded/ contaminated linen, trollies for transportation of BMW, and also review and monitoring of BMW through a dedicated committee.

Action plans for each HCF on the list were prepared accordingly.

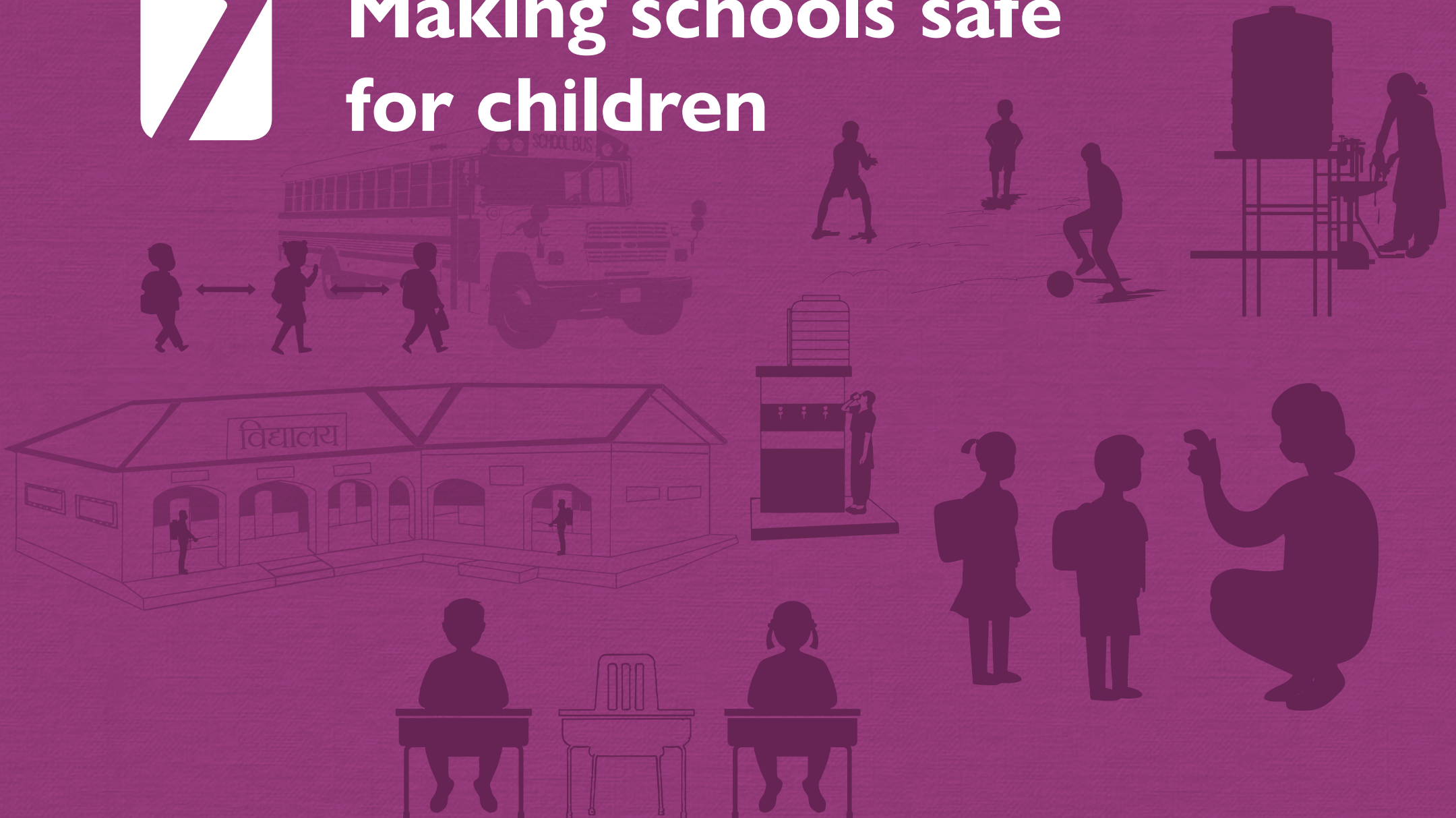
A snapshot of BMW provisions arranged so far in 13 hospitals and 8 dispensaries:

- » 186 dustbins
- » 14 wheel trollies for waste
- » 40 trollies to contain waste bins in wards/storage place
- » 45 needle cutter hubs
- » 22 trollies for transport
- » 84 IEC/protocol locations
- » 15 dedicated storage facilities/ areas/rooms





Making schools safe for children



BRINGING VULNERABLE CHILDREN BACK TO SCHOOL

The fear of corona virus transmission has grown to such an extent that many economically marginalized communities may decide not to let their children attend when schools reopen, after the lockdown finally ends. Sheetal Singh (name changed), a 15-year-old girl is afraid that the longer it takes for schools to reopen, the firmer her parents' resolve will become not to send her back. The greatest fear for Sheetal's parents and others like them is that their children, and subsequently entire families, will get infected and they will not be able to afford the necessary treatment. During the pandemic, many families, especially daily wage earners lost their sources of income. As a result basics like food, shelter, electricity, and water have gone out of their reach, so resources for facilitating online learning can only be categorized as unimaginable luxuries.

During the lockdown, out of 214,062 students in classes 1–8 in schools run by the MCGM, the Greater Mumbai municipal corporation, only 100,049 (46.74%) have been able to access online resources for learning.⁴ The mass exodus of migrant families from Mumbai has caused a substantial gap in the education of children from the weaker sections. According to a BMC report, nearly 60,188 students (28.12%) in classes 1–8 and 8,143 out of 33,403 students in classes 9 and 10 have migrated from the city⁵.

⁴<https://indianexpress.com/article/cities/mumbai/only-half-of-all-bmc-school-students-accessed-online-resources-amid-lockdown-6451441/>

⁵Ibid.



The exodus of migrant workers and their families away from Mumbai leaves in its wake the very real possibility of an automatically increased dropout rate in MCGM schools. In the context of overall child health in the state, it is necessary to understand that the closing of schools during the lockdown disrupted not just formal educational activities, but also other school-based services such as nutrition, vaccination, mental health, and psycho-social support, especially for the marginalized children. As a result, many children missed important life-skills and decision-making sessions that target personal hygiene, menstrual hygiene management, gender sensitivity and other behaviour change actions for healthy living.



Sanitizing school spaces used for Covid care

To ensure that educational opportunities for Sheetal and many aspiring children like her remain available, UNICEF and Citizens Association for Child Rights (CACR) are streamlining efforts to make MCGM schools ready to receive students in terms of safety protocols. CACR was chosen as an appropriate partner as it has been implementing behavioral change communication programmes on WASH and Menstrual Hygiene Management in MCGM schools for the past 3 years. The initiative called Flush the Virus:

Mumbai Diary was the result of a collaboration between UNICEF with CACR and Triratna Prerna Mandal (TPM). In three hotspot wards of the MCGM in G North (Dharavi), M East and H East, 50 MCGM schools were converted into COVID Care Centres. As part of the Flush the Virus initiative, these schools began following SOPs and guidelines for routine disinfection of the buildings with Sodium hypochlorite, installed elbow operated hand taps in the toilets, and had put up IEC materials for IPC protocol. Schoolgirls were also provided with sanitary kits that included underwear, sanitary napkins and soap to enable them to better manage menstrual hygiene. They were also provided training on MHM.



TPM has had an extensive association with UNICEF, which has resulted in its recent connection with the Rotary Club of Bombay (RCB) as the latter is one of the prominent development partners in the state. One of the results has been that TMP has been able to fund and distribute around 1200 face shields to toilet caretakers.



Streamlining resources to restore the trust of parents and school staff

Re-opening schools requires proper planning with the target of protecting students, staff, teachers, and their families. Strict guidelines and preventive measures must be developed and implemented to ensure that transmission risks are eliminated as far as is humanly possible. With this end in view, UNICEF and CACR conducted three days of online training about COVID-19 awareness and management on 2 June 2020 to 4 June 2020. The participants included more than 13,000 MCGM education officials, the Director of SCERT among them, superintendents, headmasters, beat officers, and teachers. SoPs and guidelines were prepared in various languages for the use of MCGM education officials through this collaborative effort.

“

It is of utmost importance that we facilitate a safe environment in schools after reopening. Our responsibility is not only to our students but also their families and caregivers. Some students are also depending on us to strengthen the trust of their parents to enjoy uninterrupted educational opportunities. With the help of this training, we will be able to educate the parents and children on COVID-19. The training will help us to put necessary protocols [in place in] schools to make these 'safe spaces' for children even safer amid this pandemic.

– Aarifa Shaikh, B.O. MCGM

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The training was well planned with efforts made to make it accessible and easily understandable. As this critical time demands, the sessions on COVID-19 accompanied by possible adaptation methods and activities were reassuring and enlightening.

– Kiran D'Silva,
Beat Officer, MCGM
Education Department

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Many children who attend these MCGM schools come from families that have undergone a painful struggle and much loss during the pandemic. Navigating through so much distress and anguish within their families homes has been stressful for children. Apart from providing education, in such times schools can function as a safe space where vulnerable children can develop a wholesome and positive outlook.



Capacity building in rural schools

School preparedness was integrated with capacity building efforts for various stakeholders who were working with rural communities in Maharashtra. The need for this initiative was put forth by various departments such as Water Supply and Sanitation, Education, Health, SDMA, Rural Development, Zila Parishad, etc. Teachers and headmasters along with stakeholders such as Swachhagrahis, Jalsurakshaks, Kendra Pramukhs, FLWs and volunteers associated with partner organizations participated in the online training sessions. The training sessions were aimed at equipping various stakeholders with the necessary knowledge and routes to assist local communities and institutions to respond to the challenges of COVID-19. UNICEF Maharashtra along with government departments and partner organizations covered 34 rural districts of the state. A total of 319,58 Zila Parishad teachers (divided in 12 batches) and 400 Village Social Transformation Foundation (VSTF) fellows (in 1 batch) were trained for enhancing preparedness of schools for management of COVID-19.







Best practices and learnings

In order to implement the best practices that make schools safe for returning students, sanitizers, soaps, WASH facilities in toilets and regular disinfection of common spaces are required. For the successful reopening of schools a lot also depends on the positive behaviour change of returning students. Unless their level of understanding and cooperation is high, even the availability and accessibility of consumables and the best facilities will be of no use. UNICEF has partnered with different government departments and development organizations to use digital platforms to spread awareness about COVID-19. Online training programmes have also been conducted on menstrual hygiene management, WASH in schools and urban slums and water safety in urban pockets of the state.

The beneficiaries of these training programmes include officials and workers of Urban Local Bodies (ULBs), school teachers and engineers, CBOs and caretakers of community toilets, toilet operators, sewerage and waste management staff, cleaners, etc. The training partners included WHO, MCGM, MPCB, AILSG supported by UNICEF Maharashtra. A partnership with the departments of Water Supply and Sanitation, Education, Health, SDMA, Rural Development and Zila Parishads facilitated the training of stakeholders like Swachhagrahis, Jalsurakshaks, teachers, Kendra Parmukhs and headmasters, FLWs of different government programmes and volunteers from partner organizations.

The capacity building efforts for ensuring preparedness against COVID-19 in rural schools has been a success. This is because the trained stakeholders have been motivated to spread the information they receive from the online sessions in their day to day work. Teachers are not only using their training to focus on school preparedness but are also conducting awareness sessions in their residential areas using the village sound system.

All necessary measures are in place to ensure that various stakeholders associated with schools and community spaces remain prepared to facilitate a safer transition back to the regular operation of educational institutions. It is in the best interest of disadvantaged children to have effective provisions for sanitation in their homes as much as in their schools.



WASH in School and MHM trainings have covered more than 35,000 teachers.



Mapping of reserve migrants for shelter, livelihood, social entitlement and skills



STRENGTHENING SELF-SUFFICIENCY THROUGH WOMEN LEADERS

Sakhis – fabulous potential hidden in plain sight

There is no way that people dependent on daily wages and those subsisting on small businesses could have been prepared for the shock of the COVID-19 pandemic and its consequences. In order to limit the spread of the deadly coronavirus, a country-wide lockdown was declared in India, in the fourth week of March 2020, with only four hours' notice given. This unanticipated step disrupted lives and businesses in innumerable ways. Its impact hit on a massive scale – individuals away from home were stranded, people became jobless overnight, with the poorest who had little or no savings left to fend for themselves; many employers did not pay pending wages either and even evicted workers living on their premises. The fear, uncertainty, and insecurity resulting from the loss of jobs and wages and the subsequent unavailability of food and basic amenities even eclipsed the fear of contagion. Thus began the biggest migrant crisis in the country since the Partition. All of these issues – medical, social, economic, financial and administrative presented an insurmountable challenge for the public as well as the policy makers. While both the state and its citizens continue to battle on, the threat of infection is still very real. Till date, there is no definite cure or vaccine for the novel coronavirus.



In the early stages, responding to the challenges, UNICEF Maharashtra, along with one of its partners – Swayam Shikshan Prayog (SSP) – initiated a pilot project in 50 vulnerable villages of Maharashtra located in the two blocks of Tuljapur and Osmanabad within Osmanabad district of Maharashtra. The aim of the pilot was to strengthen the all-women *Sakhi* Task Force (STF) to raise awareness about life-saving sanitation practices such as, handwashing, maintaining hygiene, use of clean water etc. The STF was also tasked with the duty of distributing essential ration items to the neediest in their villages. In a nutshell, the STFs were entrusted with the responsibility of helping the community to cope with the impact of the pandemic and the subsequent lockdown.

What is the *Sakhi* Task Force (STF)?

The STF was envisioned by the SSP in response to the challenges encountered in the wake of the pandemic and growing demands for the creation of a smaller and more

focused sub-unit of the larger team. Since its inception, SSP has been working with women in the domains of WASH, nutrition, and livelihood. Over the years, it had built up a strong network of women leaders in the states where they were active. These leaders included women who had done exceptional work towards improving the standard of health, sanitation, nutrition and agriculture in their villages; entrepreneurs who had raised the standard of living for other women by giving them employment; women who had shown leadership in mobilizing community members in projects aimed at betterment of the community. STF was visualized as a group of three members, including women leaders and arogya sakhis, who were adept at educating and inspiring people and ensuring the functionality of health and hygiene resources.

The arogya sakhis group was developed by SSP to focus particularly on improving hygiene and health through promotion of soak pits and kitchen gardens. In the past these sakhis had also been instrumental in



providing support to frontline health workers such as ASHAs and ANMs. The STF and the sakhis have been active since the beginning of April 2020.

SSP works towards building and empowering grassroots networks and communities of women across seven states, including Maharashtra, Kerala, Bihar and Odisha through relief, recovery and development of long-term resilience to reduce the impact of humanitarian, economic and health crises. SSP has been working in Marathwada for the last 25 years, especially in Latur, Osmanabad, and Solapur. They have been present in this area since the 1993 earthquake in Latur. SSP has focused its work in disaster-prone areas.

As soon as the impact of COVID-19 began to be felt women leaders and arogya sakhis were ready for action. They began assisting the Corona Sahayata Samitis – groups comprising frontline health workers, members of PRI (Panchayati Raj Institutions) and police patils – that had been formed at the village level to mitigate the effects of the pandemic. Initially, the efforts of the Samitis were streamlined towards spreading awareness and infection control. However, every functional member was soon overwhelmed with additional tasks that they had to take on. It was in that situation that a group like STF proved critical.

Each member, depending on their own unique strengths, contributed to the capacity and capabilities of the wider group. Further, UNICEF Maharashtra armed the STFs with the requisite training and materials to navigate the uncharted waters of managing and responding to a pandemic. It also included a much needed stipend for the STF members in its budget. For the purpose of this document, the members of the STFs are referred to as 'sakhis' or 'sakhi leaders'.

Coming to the rescue of stranded pilgrims

Tuljapur is a pilgrim town that houses the Tulja Bhavani temple. Hundreds of pilgrims found themselves stranded as soon as the lockdown was announced. The district administration set up temporary shelter camps, but it was the STF which closely monitored them, along with the Gram Panchayat (GP)



of the respective areas. In response to the needs of the pilgrims, the STFs arranged food distribution, organized security and ensured maintenance of health and hygiene in the shelter camps. These efforts were sustained for a period of 15–20 days until the lockdown was partially lifted and stranded persons were allowed to travel home. However, the work of the STF didn't end at that point and the sakhis continued to provide them support throughout the period when their return home was being arranged. Whether helping to fill up travel applications, arranging documents for verification, and getting applications approved by the police patil or tehsildar, or staying in touch until they reached home safely, the sakhis remained active.

Getting supplies to the right beneficiaries

The STFs played a crucial role in leveraging the support of the community to ensure that vulnerable groups like stranded migrant labourers, widows, pregnant women and children had their needs met. Even before free ration was announced by the government as a relief measure, the sakhis ensured that they had enough food to sustain these groups. The sakhis organized aid in cash and kind from the more affluent residents of the villages and dug into their own savings as well. They also assisted women in accessing healthcare services and medicines.

About a month and half after the initial lockdown, those who had been working in urban centres started pouring back into the villages. The returnees presented a new challenge as they had to be quarantined. Large enough locations such as schools had to be identified and proper arrangements made. For the STFs, this development meant an additional set of responsibilities. Besides the other tasks, they now had to ensure that the quarantine centers had the requisite food supplies, access to clean water and toilets, and that infection control practices such as physical distancing and hygiene measures were being followed.



The sakhis and sakhi leaders made sure that basic food items were made available by the gram panchayats. Although the distribution of free ration through PDS shops had begun as part of the government's relief package, there were many returnees who could not avail of the scheme as they did not have ration cards. Not only did the sakhis leverage community support to meet pressing needs, they also held workshops with block officers, CEOs and block tehsildars in their untiring efforts to ensure that no one went hungry. By the end of two months, a total of 2300 applications for ration cards had been made. As Unlock 1 guidelines came into force, people began receiving their ration cards.



Sanjana Sen, programme manager at SSP says, 'Special efforts were focused on returning migrant workers. Women leaders (sakhis) stood guard on the highway to register the migrants and ensured that food and essential services were delivered to the quarantine centers and safety and security [measures] for the women [put in place].'

Because of the advocacy of the trained leaders of STF, approximately 23,500 families from 50 project villages in the Osmanabad district received free ration from May to July 2020. Without their crucial support and sustained efforts, the survival of many – migrants and locals without documents – would have been doubtful. The GPs (Gram Panchayats) have also expressed their appreciation of the task force's efforts and skills in educating families and ensuring safety, hygiene and food security.



Leveraging MNREGS for returned migrants

The migrant labourers who managed to return home had to be accommodated in an already fragile and overburdened ecosystem. Many of these migrants did not wish to go back to the cities given the travails they had endured during the period of lockdown. There was thus a growing need for both relief and rehabilitation measures. This implied the need to overcome the losses sustained, search for opportunities for starting afresh and rebuilding lives.

Sanjana says, "work from home is not possible for rural women and communities. Farmers were unable to restart agricultural activities, many micro enterprises faced closure with little or no income alternatives. SSP

and community teams mapped the local livelihood opportunities, especially those dealing with food essentials. Women's collectives innovated varied strategies – restoring agriculture by linking women and migrant workers to potential employers/farmers and also created a list of migrants for MNREGS and lobbied with the Panchayat and district administration.

There was a common misconception in the villages that MNREGS works involved heavy-duty labour meant only for men. The sakhis quickly noticed this gap and actively lobbied with the GPs and district administration to create more women-oriented work within the scheme. Eventually, they managed to get women enrolled for various tasks, such as cleaning of community areas like schools, offices, temples and work in agricultural fields. Interestingly, SSP had not given them any training for action in such a situation. This advocacy work was purely an innovation of the proactive sakhi leaders. As a result of the STF's effort, about 400 people received jobs under MNREGS, out of which more than 50 percent were women. The STF members also helped 2,500 families from these communities to enroll themselves for Jan Dhan/bank account benefits.

Advocating job cards in Nashik

Youth for Unity and Voluntary Action (YUVA), another NGO in the MahaC19 PECONet (Maharashtra COVID-19 Response and Readiness Platform) located in Nashik worked with the Jeevan Rath team to advocate for the welfare of informal workers. They held meetings with administrative officers as well as the Zila Parishad members to expand the accessibility of welfare schemes. In particular, they proposed and demanded the allocation of job cards on a fast-track basis, at the district level.



When the migrant workers returned to their home states, many of them did not have the requisite documentation for availing of the benefits of the MNREGS scheme. Through detailed discussions and support from the administration, different solutions were developed and pursued so that even those who lacked documents could get work under the scheme. The Jeevan Rath and YUVA intervention eventually led to 130 people being registered and receiving job cards. To reach out to more beneficiaries, the YUVA team also diligently put up posters about access to MNREGS and shared it with communities.

Mapping local livelihood opportunities

Again and again it was seen that the work of STF was characterized by quick thinking and active decision making. While the MNREGS scheme accommodated some people, there were many more who still needed temporary yet secure sources of income. So, in addition to their advocacy and implementation efforts, the STF started mapping the agricultural work which was available locally. In conjunction with farmers and landholders of the village they tried to identify short term work for women and migrants. Since it was not clear whether migrants would stay or go back, it was essential to find local, time-bound earning opportunities for them.

One of the major achievements of the sakhis, who were primarily housewives, was the efficient way in which they picked up various online activities like making Zoom calls, using mobile applications, attending online trainings and conferences, accessing information, filling forms online and so on. While SSP did its part to train sakhis to become technologically adept, many of these women were already familiar with smartphones and the internet. They utilized their skills to participate in webinars, conferences and to gain as much knowledge as they could so that they could execute their tasks effectively. Their commitment to the relief work was so sincere that some women, who did not have access to smartphones, walked up to 5 kilometers to attend online trainings and conferences. At the same time, members of the task force helped each other become more tech savvy. Their solidarity made the work easier and smoother.



Promoting nutrition gardens and healthier villages

Members of the STF have long been promoting and encouraging nutrition gardens or poshanparas baghs in their villages. A nutrition garden is the systematic cultivation of indigenous fruits and vegetables in small pieces of land easily available to households. These gardens, which require some labour and effort, but not extra monetary investment, can become a source of wholesome fresh foods throughout the year. Such gardening is increasingly being adopted in various parts of rural India. The lockdown has only furthered its significance as an effective method for ensuring food and nutritional security.



Many women who had nutrition gardens were also able to sell their surplus produce through which they managed to earn a daily income of about ₹200-300 (USD 2-4). One of these enterprising women, whose husband had an autorickshaw, collected vegetables from those who were not selling it themselves and then sold the produce herself at a small profit.



Sanitation through cleanliness drives and soak pits

Out of the 50 villages in the STF pilot programme, about seven to eight were identified as having unhygienic, open and overflowing drains. To resolve this issue, the sakhis amassed support from the public and the gram panchayat to undertake cleanliness drives. They were thus able to plug a major source of infection before it even became an active threat. The members also spread awareness about waste management practices. Screening camps were set-up in villages where unhygienic conditions had been identified as well as in those where COVID-19 positive cases had emerged.

Undoubtedly, the pandemic brought to the fore the urgency of the need to pay attention to sanitation practices. Since soak pits are an important part of sanitation at the village level, the situation was leveraged to encourage their construction. Soak pits not only absorb greywater waste generated from households but also nourish nutrition gardens and reduce the amount of water going into open drains.

Sakhis who had been working on waste water management responded promptly by encouraging several houses to build soak pits. In certain places, common areas were used to build soak pits so that they could service more than one household. The construction of such pits is a simple process that does not require many materials or much investment. So convincing community members to build them was easier during this period since sanitation had now been recognized by everyone as a top priority. In one village, after the intervention of sakhis, seven families built soak pits at their houses which solved their long-standing waste water problem.

Overcoming the challenges of community work

Undertaking community work comes with many challenges, some of which are unpredictable. So it is not always possible to be prepared in advance. The sakhi leaders too, dealing with the lockdown and the ongoing pandemic, had to face many confusing and seemingly insurmountable obstacles that went beyond their portfolio and experience level. Yet, not surprisingly given their problem-solving approach, they took on each of them and resolved them through grit, hard work, commitment, and persistence.

In a few villages the residents were apprehensive of the migrants returning from the cities. Since they perceived the returnees as potential sources of the dreaded virus, their fear and apprehension made them hostile towards those who had come back. Some of the village folk objected to their rehabilitation and created difficulties in the process. The sakhis promoted understanding and compassion for the migrants through dialogue. They held counselling sessions with such community members and educated them about the purpose of the quarantine. They convinced them that this system of segregating people helped determine who was infected and who was not. They assured the residents that those who did not show any symptoms after the period of quarantine were not a threat to the community.



Best practices and learnings

The pilot project involving STF proved to be such a runaway success that plans are underway to upscale the model to three districts, Osmanabad, Latur and Solapur. The aim is to create a preparedness plan involving district and block officials based on the learnings drawn from the project.

Through this project, sakhi leaders showed how women working together at the local level can bring about an enormous difference in the lives of their communities. Their continuing efforts, like their advocacy of nutrition gardens and soak pits, became an important means of survival and protection from disease during the lockdown period. The pilot also brought to the fore appropriate ways in which community support can be leveraged during a disaster or pandemic situation. Very significantly, STF sakhi leaders correctly identified the importance of paid work or avenues for entrepreneurship as crucial requirements in the overall response to such crises. The large number of applications submitted for accessing social protection schemes and the assistance provided to people in acquiring ration cards and job cards etc. by sakhis are great examples of scalable possibilities.

The timely help of the STF will, no doubt, long be remembered by beneficiaries. For the wider world the work and achievements of this unique entity also represents some of the best practices ever seen in development work. If the STF is sustained beyond the duration of the pandemic, and more such groups are built up elsewhere, the impact on the future will surely be very positive.

Sakhi leaders and other STF members, many of whom had previously led heavily domesticated lives, confined to restrictive and gendered roles, quickly adapted to the environment beyond their homes. When they got opportunities to discuss issues and solutions with block and district level government officials, they exhibited a remarkable practical sense and a deep understanding of current problems. The interactions provided an unprecedented exposure for the women and led to a very significant boost in their confidence level. From the later part of April till end of May 2020, about 90% of the sakhi leaders were made members of the Corona Sahayata Samitis which gave them a platform for raising their concerns at the administrative level. With the experience and connections that they gained during the pilot, the sakhi leaders have the potential to be very strong assets for the community.



AAPULKI*: AN INITIATIVE FOR ASSIMILATING RETURNING MIGRANT WORKERS

A case study from district Buldhana

The pandemic resulted in a nationwide lockdown starting 25 March 2020, bringing most activities in the cities to a halt and restricting the movement of people. Daily wage earners and other migrant workers faced the brunt of the fallout as they lost their jobs and incomes almost immediately. Unable to afford shelter, food and basic amenities such as electricity, water and health care, the only survival option for many was to return to their homes in rural parts of the country. However, many migrant

workers were left stranded due to their inability to pay for the travel. Buldhana district of Maharashtra faced a unique situation as it had a substantial population of two separate kinds of migrants workers – those who came there from other states and natives who had gone away to work elsewhere and were returning. As a result, there was an urgent need to integrate relief work for people stranded in the district and a plan for those who wanted to come back.

****Aapulki: Aapulki in Marathi means a feeling of closeness. This initiative is an inclusive effort to welcome back and assimilate people who belong to the district, to reintegrate the reverse migrants into the life of Buldhana. The idea is to instill a sense of belonging in the people who have returned to the district owing to financial or health distress and loss of employment in big cities due to the COVID-19 pandemic.***



Buldhana is a predominantly agricultural district. Approximately 4500 migrant workers were left stranded there in the wake of the lockdown. A much larger number of workers came back from other states.

Reaching out to stranded workers through Operation Dignity

When his ordeal was over, Bilal, a migrant worker from Moradabad remembered to contact the Buldhana district administration to express his gratitude for the timely relief provided to him. He was so grateful because the district administration had shown both concern and practical sense by launching a programme called Operation Dignity. Under it, the administration accommodated hapless workers in safety at quarantine centres. It then organized transportation to take them home.



Many of these workers had been apprehended travelling in inhuman conditions inside container trucks and milk vans. They were brought to the district administration camps to be counseled and reassured of shelter and arrangements for a safe passage back home. The salient features of the initiative were as follows:

- » Safe shelter for stranded workers referred to as Migrant Shelter Camps
- » Medical check-up by a medical officer every day
- » Safety and health kits, grooming kits, including soap, masks, shampoo, toothpaste and toothbrushes
- » Dignity kits for women in the shelter
- » Health and nutrition was taken care of by providing cooked meals thrice a day and milk and fruits for women and children

- » Counselling sessions facilitated by the Art of Living Foundation and counsellors from the Department of Women and Child Development to help with the psychological stress and anxiety caused by financial difficulties and isolation
- » Ensuring a hassle-free passage for stranded workers by bus and special trains

Using technology to reintegrate in-migrants

The Aapulki initiative was launched primarily to assimilate and integrate the migrants who were returning to their homes in Buldhana district. The aim was to build inclusivity



into relief efforts for people in distress due to financial crises, unemployment and health issues. The district administration and UNICEF, Maharashtra collaborated to launch the Shelter Management App. Since the app's roll-out was delayed and most migrant camps in the district had already been vacated, the app was equipped with additional features with a focus on long-term concerns like employment. The administration

created a skill-wise inventory of returning migrants with the aim of putting them into contact with potential employers. The module of the app included a village profile and individual profiles. Covered in the village profile were the basic data in respect of each village; its existing infrastructure and human resources; demographics; preparedness of the panchayat to effectively manage COVID-19; awareness and alertness of the local community; and basic facilities at the quarantine centres such as water supply, sanitation, safety and security. Demographic details of people at the quarantine centres' were categorized according to age, disability, gender, unemployment, etc. In the individual profile, basic details such as Aadhar identity and bank details; health screening reports of 21 days; educational qualifications; job experience; skill sets and levels (skilled, un-skilled, semi-skilled); and needs assessment of every individual worker were recorded to facilitate planning and equitable distribution of resources.

Streamlining resources for continued shelter management

A district-level master login and 13 block logins, both web-based and app-driven, were created for the portal. The district collector was the master admin, followed by the shelter manager, who updated details. Managers were appointed to maintain a record of stock in the shelters and to address the grievances of residents with the help of higher authorities. Caretakers of the quarantine centres/shelters could also access the app. NGOs working independently could also use the app and visit shelters for relief work. A citizens' application through which the public could seek information was also developed. A dedicated cell of three nodal officers functioned 24x7 to facilitate hassle-free in-bound and out-bound travel to and from Buldhana district. Village secretaries and village health functionaries (ASHA worker, Anganwadi Sevika, ANM) were appointed to carry out field surveys, and each was given a login ID. They conducted house-to-house surveys in their areas and created a database with information about returning migrants.



In the first phase of the functioning of the Shelter Management App, the Buldhana administration managed to collect data about 97,074 in-migrants from 870 village panchayats with the help of more than 2000 survey staff.

Dual outcome-employment generation and identification of the most vulnerable

After the data was collected, data analytics was used to map the skill set of the workers. In order to complete this exercise, the district-level functionaries of MSRLM, the Skill Development Department, R-SETI, Lead Bank, Women and Child Development, ATMA- Agriculture, Animal Husbandry, and Labour Departments, MAVIM, Fisheries, etc. were given administrator login IDs to filter and fetch village-wise data. After receiving the analysed data, each department assessed its needs and used the skill-wise inventory to train each individual and place him/her as per the demand-supply dynamic in the local market, companies and institutions. Meanwhile, at the shelters, detailed inventories were kept of the medical examinations carried out, entitlements at the quarantine centers, number of inhabitants at any given time (with demographics), general information about the centre, availability of food considering the special needs of mothers, children, aged people, etc., and WASH facilities such as toilets, water, soap, etc. Since the app assessed the needs of shelter residents in detail, it became easier to identify the most vulnerable citizens and ensure that resources were allocated to them.





Best practices and learnings

The Zila Parishad has played a pivotal role in populating the app with comprehensive data. With a focused approach on inclusion as well as the long-term needs of displaced people in terms of self-reliance, including those with special needs and women.

**Strategies
for the
second
phase of
the app
roll-out
include:**

01

Re-skilling and up-skilling of workers, and training of the unskilled with the help of the Skill Development Department;

02

Temporary absorption of all the unskilled personnel in MGNREGS with a special drive to paint school buildings and develop nutrition gardens in schools;

03

Using District Industries Centre to coordinate with industries/companies in need of employees to ensure the integration of mobilized candidates in the formal sector, especially in the captive employment industries;

04

Using Lead District Manager to ensure the availability of Mudra loans and small vendors' loans under the newly announced Atmanirbhar Yojana to help establish local entrepreneurial ventures; and

05

Complete health profiling of in-migrants to help prevent COVID-19 transmission and timely detection and treatment of the infected.

The district administration is very optimistic that this collaborative and sustained effort will fulfill the tenets of the ambitious Atmanirbhar Yojana will lead to the development of a self-reliant village community and empowered citizenry.



RapidPro for real time monitoring of continuity of services on **WASH** during Covid time



RAPIDPRO: A TECHNOLOGY THAT SIMPLIFIES DATA COLLECTION

What is RapidPro?

The use of real-time monitoring for program implementation and reporting is a global phenomenon, where many organisations are leveraging technology to avail quick data on their running programs. In the current COVID-19 context, with changing landscape and priorities, it has become even more important to deploy effective data collection methods that can easily capture data from the ground. Accessing such data during emergencies helps in making prompt responses and taking appropriate decisions to support the community as per perceived needs (matching the gap between demand and supply). One such technology is RapidPro.

RapidPro is an open source platform to build interactive messaging systems with an easy visual interface. It can be used for program monitoring by collecting data from frontline workers and analyzing it in real-time; creating awareness and building capacity of frontline workers or the public at large.

Decision makers can use this tool for getting an authentic overview of crucial aspects of their work. They can assess the situation on the ground, monitor processes, and inform stakeholders about programme components. RapidPro makes evidence and information from the field available at every necessary level and ultimately improves overall programme quality. This tool is extremely useful for implementation of time bound programmes like Swachh Bharat Mission (SBM) and Jal Jeevan Mission (JJM) as well as in emergencies like pandemics, floods, droughts, etc.

UNICEF has invested to make RapidPro a public technological good and has been engaged with ensuring that development partners and governments also look into investing in this open source, common software. UNICEF continues to invest in the growth and evolution of RapidPro as new ways for using mobile services to better the organization's work emerge. Anyone who is interested in RapidPro can use it. RapidPro is free and open source software and is available to the public.



Special technical features:

RapidPro is an open source platform and no formal procurement process is necessary. Any in-house technology team can set up the platform using its extensively documented setup procedures and support from UNICEF.



Any organization can set up RapidPro on its own server infrastructure and connect voice, message, email or social media channels to the platform to start communicating. Transaction costs, i.e., cost per call / SMS, etc. are calculated for each channel by the mobile service provider.

Multiple programmes or departments can use the same RapidPro setup for their communication needs.



During the pilot implemented from 8 June 2020 to 13 September 2020, the department has reached out to more than 55,000 registered Swachhagrahis and Jalsurakshaks from all villages in Maharashtra.

Key activities of the pilot project included collection of phone numbers, development of thematic WASH survey questions, recording of survey questions in the Interactive Voice Response (IVR) system, development of a dashboard for weekly calls with analysis of survey questions, and repeated campaigns to mobilize and create awareness about the RapidPro pilot among participants.

RapidPro in the recent pandemic

The Department of Water Supply and Sanitation, Government of Maharashtra used the RapidPro system with the technical support of UNICEF, as part of its response to the COVID-19 pandemic, to connect with field level functionaries, service providers i.e., Jalsurakshaks and Swachhagrahis, through voice calls. The aim of the initiative was to deliver rapid and immediate real-time information and monitor the continuity of basic WASH activities under JJM and SBM, as well as COVID-19 interventions on the ground.

Stakeholders received information about COVID-19, WASH, the Swachh Bharat and Jal Jeevan missions regarding the existing situation at the field level.

As a result of the calls, inputs required about the ongoing situation regarding COVID-19 were received in real-time and directly from the field. Understanding about Swachh Bharat and Jal Jeevan missions inside the community was also enquired about.

This data was shared with the department on a weekly basis and thus decisions aimed at improving the quality of programme interventions could be taken almost immediately.

Topics for data collection by the Department of Water Supply and Sanitation during the pandemic included:



Handwashing practices being observed by villagers



Mask usage



Physical distancing at water collection points, community and public toilets



Instances of open defecation



Demand for soap



WASH in schools and anganwadis



Activities related to the sanitation value chain, gaps in terms of access to water, sanitation and hygiene facilities



Disposal of masks and PPE kits



Finance for augmenting WASH facilities, availability of water



Water tax



Water quality



Training materials and IEC



Stigma suffered by Covid patients



Fatigue related to hand and respiratory hygiene and physical distancing

Usage of RapidPro

During the initiation process, the UNICEF team handholds the department team through the initial campaign planning process. A typical campaign includes identifying various groups of stakeholders such as the community, FLWs, service providers, PRIs, partners, consultants and staff etc. and obtaining their contact details. The stakeholders are then oriented on and informed about the RapidPro system. After charting out the requisite programme details and developing questions, calling and messaging can be started as scheduled. Informing District Cells and stakeholders (like frontline workers) in advance about what to expect from the system helps in the formulation of better responses and more meaningful data, and in fixing accountability.

The road ahead

The RapidPro system is designed to minimize external factors and hence, reduces chances of human error. It is cost-effective and has an easy-to-use flow that does not

require much technical assistance. As we have seen above, RapidPro was found to be a very useful and practical tool during the pandemic. Apart from emergencies, it can also be used to support routine flagship programmes like Jal Jeevan Mission, Swachh Bharat Mission, etc. for routine services and gathering data points.

If it is adopted well, and only crucial data points are utilized, the RapidPro system will be very useful for field level stakeholders. The system can also be used by departmental staff to share their suggestions, communicate decisions and to develop eleventh hour support systems in emergencies.





Best practices and learning

The RapidPRO system is flexible and adaptable. It has multiple features that allow changes to be made quickly on the basis of ground level feedback. Topics, questions, sequences, and recordings can be dynamically changed and targeted to varied stakeholder groups, as necessary in a given situation.

In the Maharashtra pilot, recordings and mode of information transmission were adapted to ensure user friendliness and ease in the use of technology. It is clear from the higher call success and answer rates, as compared to other IVR-based market survey rates, that the system worked effectively.

It was found that the system was most effective if respondents had prior information about its purpose; a pro-active role by district teams in alerting field level functionaries and conducting activation drives at village level can be instrumental in improving the response level. Frequent checks and optimization of the RapidPro and IVR system helped to reduce technical barriers.

User fatigue was present as multiple agencies reached out to the same group of FLWs, which led to a lower answering rate. This difficulty can be mitigated by re-examining the frequency of the calls when focusing on routine SBM 2.0 and JJM services. Moreover, a mix of multiple channels, like IVR + WhatsApp + missed call and call back could potentially be used to achieve increased coverage.



THE WAY FORWARD

Development through human
collaboration and digital technology

As their response to the COVID-19 pandemic, numerous stakeholders in Maharashtra converged to try to provide succour to the hungry and the hopeless through complex collaborations. Given the uncharted nature of the crisis and the suddenness with which it was compounded by the all-India lockdown, new processes needed to be established. However, even the simplest of actions required out-of-the-box thinking. The movement of people was severely curtailed, public transport halted, and the majority of offices, business and industries shut down to limit the spread of the virus as much as possible. The unprecedented problems included a desperate mass-scale exodus of migrant workers from the cities, a large number of people having to use common toilet blocks in congested urban slums, and the shortage of public information about the virus and its transmission.

In the face of this reality, an immense and effective effort emerged in the form of Maha PECONet, the Maharashtra Covid Response Platform, which brought relief to a massive number of people who faced the triple blow of a pandemic, an unavoidable lockdown, and financial insecurity.



It can be said that the pandemic exposed several fault lines in the existing state of development, that need to be addressed. It has also taught us a wealth of lessons about multiple hazards, vulnerability profiles, as well as ways of moving forward. Here are some takeaways that should inform our participation as stakeholders and movement towards a strengthened community and eventually, a resilient nation.

1. Greater acceptance of WASH

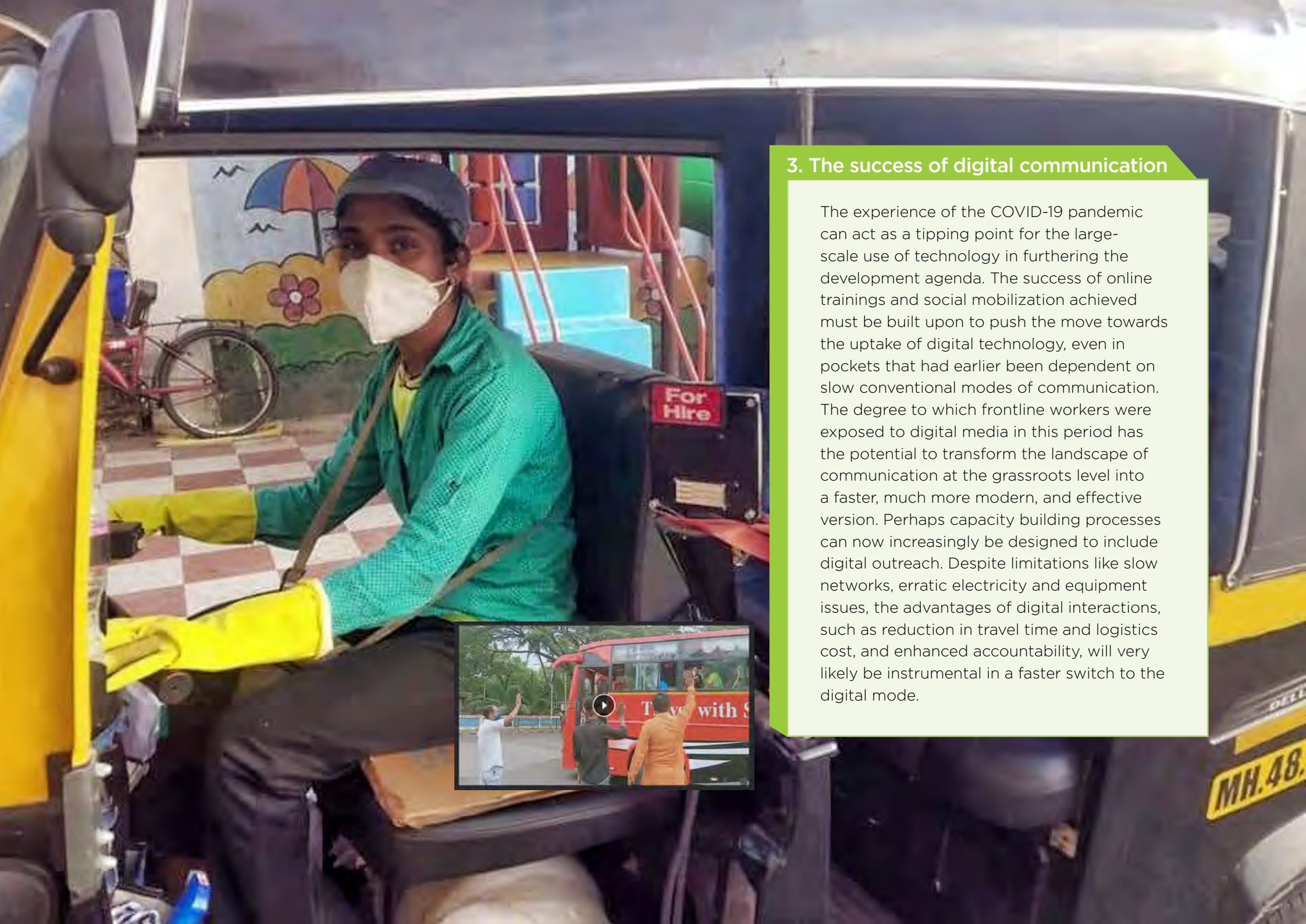
Although WASH (Water, Sanitation and Hygiene) has been a focus for the development sector for over three decades, it did not gain much traction amongst the poorer communities. The pandemic has catapulted this factor to such a position of importance that there is likely to be an increased acceptance of and aspiration towards WASH-related behaviour. Robust and sustained IEC and behaviour change communications can help to capitalize on this situation and lead to better uptake of sanitation initiatives, such as micro-loans for water purifiers, indoor toilet usage, demand for potable water etc. in the long run.



A photograph of a group of women and a child in a rural setting. In the foreground, a woman in a dark sari and a white headscarf is holding a large white sack. To her left, a young boy in a light-colored shirt and dark pants stands with his hands clasped. Behind them, several other women are visible, some wearing headscarves. The background shows a dirt path, some buildings, and palm trees under a cloudy sky.

2. The potential of the collaborative approach

The significance of the cooperative and collaborative approach among individuals and organizations cannot be overemphasized. While younger organizations benefit from the experience of older ones, they have much to offer in terms of sheer zeal, technological know-how, and modern approaches to problems. It was in this way that the Maha PECONet collaboration paved the way for greater symbiosis between organizations that had a stronger fund base and others with an extensive volunteer network. It also became clear from this experience that common platforms elevate the potential of distinct sets of stakeholders and reduce redundancy of effort. As a result, resources do not get concentrated at one spot, or wasted, and a wider base of beneficiaries can be reached. Perhaps the most exciting lesson of successful collaboration is that the impact of various innovations has long-term implications. Replication and scaling-up of initiatives taken forward during the pandemic may well be possible in more 'normal' situations, beyond the scenario of disasters or emergencies. What is certain is that impactful rehabilitation, essential for vulnerable communities after any emergency, is not possible without sustained cooperation and collaboration.



3. The success of digital communication

The experience of the COVID-19 pandemic can act as a tipping point for the large-scale use of technology in furthering the development agenda. The success of online trainings and social mobilization achieved must be built upon to push the move towards the uptake of digital technology, even in pockets that had earlier been dependent on slow conventional modes of communication. The degree to which frontline workers were exposed to digital media in this period has the potential to transform the landscape of communication at the grassroots level into a faster, much more modern, and effective version. Perhaps capacity building processes can now increasingly be designed to include digital outreach. Despite limitations like slow networks, erratic electricity and equipment issues, the advantages of digital interactions, such as reduction in travel time and logistics cost, and enhanced accountability, will very likely be instrumental in a faster switch to the digital mode.





4. The effectiveness of digital tools for data collection

Tools like RapidPro, whose effectiveness has been proven beyond doubt, must be promoted and scaled-up. Such technology reduces the burden of detailed and monotonous work like data collection and frees up resources for other impactful work and helps to reduce the digital divide because of its IVR based platform.

5. The importance of investing in women leaders

The success of the Sakhi Task Forces has established that continuous and progressive investment in creating women leaders at the village level leads to multifold returns and benefits over time. The rapport of women leaders with members of their community is unmatched. It gives them a soft power and position from where they influence not just other women, but through slow and sure means, ultimately make an impact on the behaviour of the entire community. As seen in the recent crisis, women have an intimate and instinctive understanding of the dynamics of their communities.



The sakhis showed that they could rise up to challenges and work out solutions in situations that were overlooked by others and could facilitate the growth of community resilience. Empowering women leaders helps them to project themselves as representatives of their community and reach out to figures of authority, defying perceived boundaries of lower levels of education and exposure.

During the pandemic, the natural ease with which they functioned from within the community eased the burden on the PRI machinery tremendously, at a crucial time. The identification and capacity building of women leaders, hence, should not be ignored, and must be scaled up to more regions of the country.

The impact of the best practices and the lessons of the current pandemic pervade almost every sphere of development. As the lockdown eases and life settles into a post-pandemic phase, the learning needs to be carefully analysed and folded into regular practice so that it can continue to enrich our work long after we have collectively defeated the ungodly and disruptive virus.



Our strength, our partners







One Pandemic Multiple Warriors

The Response of the Maharashtra Covid Platform to a Humanitarian Crisis

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