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C H A N G E

2021-2022
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VOLUME III

Case Studies on
Development Action and Impact

STORIES OF CHANGE

2021-2022

VOLUME III

Case Studies on Development Action and Impact

Special Edition

Response to COVID-19 crisis by Civil Society

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Foreword

In March 2020, our lives were upended by the detection of COVID-19 cases in India and the ensuing national lockdown. There was widespread confusion, misinformation, anxiety, fear and panic. For millions of Indians who depend on daily earnings, their livelihoods disappeared overnight. Their meagre savings were soon exhausted, creating shortage of food at a scale not seen in recent times.

Not surprisingly, the civil society sprung into action to respond to the situation. Many organisations and neighbourhood associations started providing humanitarian relief by distributing cooked food, dry rations, soap, sanitary napkins and other items of daily need. Some organisations focused on the health crisis and assisted communities comply with various government protocols for isolation and treatment. Many new organisations and networks sprung up to respond to the rapidly worsening humanitarian crisis. As the weeks passed, many organisations shifted their attention to ensuring that the poor get access to the various schemes and welfare entitlement programmes instituted for their benefit (such as the Public Distribution System and the Mahatma Gandhi National Rural Employment Guarantee Act).

For most civil society organisations (CSOs), much of this was new terrain and entailed working on domains where they had no prior experience. It required their teams to learn about new areas such as lives of migrant workers in urban areas, welfare entitlement programmes and India's healthcare system. Their work patterns became less predictable as the situation changed every few months, with the focus shifting rapidly from humanitarian aid to welfare entitlements, COVID-19 awareness, setting up isolation centres, treatment of the infection, mitigating learning loss among schoolchildren and grappling with the dual crises of physical and mental health during the devastating second wave in 2021.

The work of CSOs is crucial even during "normal" times. But it is during disasters that the strength of CSOs becomes clearly visible and palpable: in mobilising people and resources for the "last mile" work of service delivery, in rapidly collaborating with government institutions and programmes to be able to act at scale, in designing effective programmes, and most important, in building trust with local communities.

This volume of *Stories of Change* seeks to capture the efforts of different CSOs during the pandemic: designing and conducting online classes for children during school closures, providing healthcare through in-person or telemedicine approaches, enabling welfare entitlements for marginalised communities in rural or urban India, connecting producers with urban customers, and of course providing humanitarian aid through various mechanisms.

As with previous volumes of *Stories of Change*, these narratives focus not only on the work done by the organisations, but also the process of designing and implementing these interventions in a short period of time and with limited resources. We hope that you find these stories interesting and inspiring in equal measure.

Acknowledgements

This compendium is a result of Azim Premji University's 2021-22 "Stories of Change: Case Study Challenge". We thank the organisations and individuals who submitted their inspiring stories on responding to the COVID-19 crisis. We appreciate the time and effort they have spent in developing the cases.

We had a two-stage evaluation process to select the 11 submissions in this compendium. We deeply appreciate the support of the 23 colleagues from Azim Premji University who reviewed the submissions and shortlisted the best ones. Their names, in alphabetical order, are: Adithya Pradyumna, Amalendu Jyotishi, Aravindhan Nagarajan, Aruna Bhattacharya, Ashok Sircar, Awanish Kumar, Bindu Menon, Gayatri Menon, Geetisha Dasgupta, Himanshu Upadhyay, John Kurien, Manjula M, Manjunath SV, Nazrul Haque, Porag Shome, Priyanshu Gupta, Rajesh Jospeh, Saswati Paik, Seema Mundoli, Shreelata Rao Seshadri, Silpa Satheesh, Smitana Saikia and Sonika Parashar.

Several individuals from the 11 organisations selected for this compendium worked closely with the university team and the copy editor, Aditi Sengupta, to arrive at the final versions of their cases. All of them took out time from their busy schedules and were always prompt and earnest in their engagement. This compendium is a culmination of their efforts. We are also grateful to Aditi for her professional and careful language editing.

We would like to thank Madhurya Balan for the illustrations which were done with much care after a detailed reading of the case study, and Shashwat DC for his advice in the design of these illustrations.

Throughout the entire initiative – from publicity and outreach on the case study challenge to the final design of this book – our colleagues from the Communications team have supported and helped us at every step. Thank you, Sachin Mulay, Vipul Kumar and Nanit BS for making this happen.

Finally, Anurag Behar, CEO of Azim Premji Foundation has been very supportive of the "Stories of Change" initiative. Our Registrar Manoj P was, as always, enthusiastic and encouraged us to imagine the task at a scale bigger than what was planned earlier. We want to thank Anurag and Manoj for their continuous support.

As mentioned in the cover of this book, this is Volume III of our "Stories of Change: Case Studies on Development Interventions" series and we want to continue this effort. We hope this book will reach the intended audience – educators, researchers, practitioners, policymakers as well as students of development – and will be regarded as a persuasive and authentic account of the Indian social impact ecosystem.
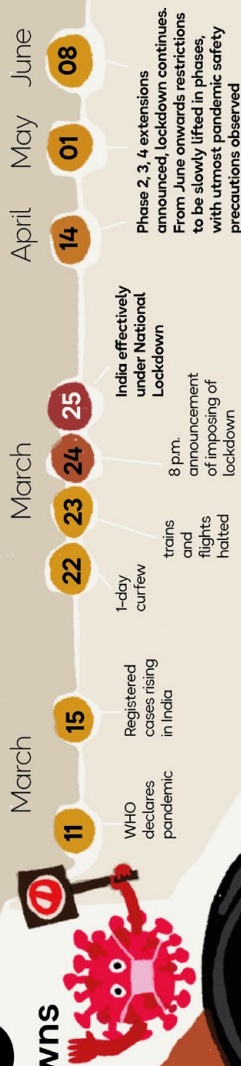
Readers can write to us at case.study@apu.edu.in with their valuable comments, suggestions and reviews.

Thank you for reading and look forward to hearing from you!

2020
COVID-19 Lockdowns

Pandemic Timeline for India

March

11 — WHO declares pandemic

15 — Registered cases rising in India

March

22 — 1-day curfew

23 — trains and flights halted

24 — 8 p.m. announcement of imposing of lockdown

25 — India effectively under National Lockdown

April — **14**

May — **01**

June — **08**

Phase 2, 3, 4 extensions announced, lockdown continues. From June onwards restrictions to be slowly lifted in phases, with utmost pandemic safety precautions observed

75 day total lockdown

The protocols of the pandemic required everyone to stay in their homes and step out only to procure essentials and for emergencies. The crisis also highlighted the circumstances of the most vulnerable during the lockdown.

In a tremendous response to the crisis, initiatives and organisations working in healthcare, education and livelihoods, with special vulnerable groups, securing access to welfare and entitlement, and providing humanitarian support rose to action to provide relief to vulnerable groups during the lockdown

Vulnerable demographic hit hardest

No job security

No savings

No regulated minimum wage

No health insurance

Difficulty accessing hospitals/healthcare

Migrant workers

Daily wage labour

Domestic and informal work sector workers

Differently abled

Elderly

Remote rural areas

I. Changaayi: The last-mile humanitarian supply chain

Dr Anoopa Narayanan

Kerala Institute of Local Administration (KILA)

Abstract

This case study is a first-hand account of a minimalist delivery channel in a remote village in North Kerala, set up to assist the local self-government. During the strict lockdown in March 2020, when shops were shut and movement was prohibited, I – Dr Anoopa Narayanan, district project coordinator of the Kerala Institute of Local Administration (KILA) – noticed duplicated efforts and uncoordinated volunteer attempts at the supply of essential services. These posed a problem for the gram panchayat or local self-governing institutions. Taking a cue from this, the Changaayi app combined volunteer efforts and essential delivery on a single platform. It reduced duplication of efforts, minimised movement by volunteers, and made it easy for local governments to track and manage every movement. All households under the gram panchayat were grouped into clusters and assigned to a dedicated volunteer. Ordering, physical delivery, billing, and payment were recorded in the central database. This approach dramatically reduced the travel of multiple volunteers in the same area, thereby reducing the risk of exposure to the COVID-19 virus. It retained the essentialist factors of the last-mile supply chain and linked it with the community element. This case study concludes by pointing out that many such individual initiatives have a short and unstable existence with inadequate links with long-term developmental aid. The case points to the need for integrating such learning into the larger social fabric.

On 23 January 2020, three students from the Wuhan Institute of Medical Sciences in China travelled back to their homes in Kerala. Next week, one of them tested positive for SARS-CoV-2 and became India's first reported case of COVID-19. Soon it turned out that three of the six confirmed COVID-19 cases in India were from Kerala. The initial question was if Kerala would be able to contain the three cases.

The state plunged into action. The student who was the first confirmed case underwent antiviral therapy and a longer-than-usual quarantine time till she repeatedly tested negative. International passengers were thoroughly screened, health professionals were deployed at airports, local governance started aggressive contact tracing, community groups monitored strict quarantine measures, and arrangements were made to test all doubtful cases.

In early March, a BBC talk show reported the achievement of Kerala in containing the first three positive cases of the deadly virus. In April, *The Guardian* reported how the state had managed to flatten the coronavirus curve.

Kerala is known for its high literacy rates amongst other states in India. One of the top tourism destinations in the country, Kerala is a supplier of skilled manpower to different parts of the world, particularly West Asia. The state has higher-than-average international traffic within the country due to these two reasons.

Things took a turn for the worse in the following weeks. Confirmed positive cases in Kerala jumped to more than 100 by 24 March. It was reported that the state had a fifth of India's total number of cases, despite having only 2.5 percent of the country's population. In the coming weeks, the number of positive COVID-19 cases increased across the country. Yet before the declaration of national lockdown, Kerala imposed stricter measures for a war-like situation. Schools were closed, all gatherings were prohibited, entry from other states barred and quarantine measures closely monitored. Contact tracing and travel mapping of suspicious cases were the norms. This resulted in people being homebound without adequate supplies, medicines and other essentials. On the evening of 24 March, India declared a nationwide lockdown for 21 days.

Home alone

My experience as a volunteer during the two devastating floods in Kerala and my association with a local administration organisation brought me to the field once again. On the one hand, I was working with volunteers like myself, coordinating relief measures. On the other, I was answering queries from those who were stranded at home alone.

The major focus of the "break the chain" campaign was on contact tracing, isolating positive cases, and raising awareness on precautions to take to avoid spreading the infection. It was assumed that volunteers would bring food, medicines and other supplies to those stuck at home. The supply of cooked food was arranged from community kitchens. This herculean work was done by volunteers.

Though the state has a robust network of primary health care centres and private hospitals, there is no comprehensive emergency response system in remote areas. Shin and Kleiner (2003) define a volunteer as an individual "who offers him/herself to a service without an expectation of a monetary compensation". Volunteer management research has been an important topic in the social sciences (Cnaan, 1991; Allison, 2002; Bussell, 2002; Falasca, 2012). While writing this case, I realised that one logistics challenge that had not received adequate attention was the difficulty in effectively coordinating large numbers of volunteers (Ratliff, 2007)

Manpower management

As the country went on lockdown and the pandemic struck fear in the hearts of people, Kerala entrusted the field-level coordination of COVID-19 activities to local self-government. It included operating community kitchens, managing guest (what other states refer to as migrant) labourers, ensuring the quarantine requirements, providing all facilities for Covid First-Line Treatment Centres (CFLTC), and so on. Crippled by staff shortage, local government offices were under pressure to garner volunteer support. Samoohika Sannadha Sena (Social Service Army), the official volunteers' portal of Kerala, attempted to ramp up the number of registrations. However, field realities were grim. Unlike in earlier disasters such as the floods, where anyone could engage in relief activities, COVID-19 protocols slowed down the volunteer augmentation to the efforts of local self-governments.

Many volunteers serving on the field were unprepared and untrained, except that they wanted to help somehow. The situation was similar to what Neubauer et al (2013) call "spontaneous volunteers". Some of them were not serious about keeping physical distance while delivering the essentials. Many travelled repeatedly to the same place to deliver food and medicines, thus making contact tracing difficult for health workers.

Volunteer selection and authentication and the issue of travel passes were done by the local self-government. But once that was done, local self-governments had little control over volunteers, particularly their movement. Matters became more complicated when some people started using the "volunteer" label for personal commuting. It was important to distinguish genuine volunteers from the rest. As the rules related to travel became more stringent, the need for better volunteer management also increased.

Without public transport and the minimal movement of private vehicles, many stuck at home struggled for essential items and medicines. Imbalance in the supply of volunteers was another challenge. There were more volunteers for some regions, and few or none in other areas. This further complicated the delivery process. A tool to map the demand and supply of volunteers became the need of the hour. Moreover, there was no centralised database to monitor the number of requirements raised by the public and the number of requirements that were met. People with better connectivity found access to delivery while the needs of the rest remained unattended. Many questions, including that of equity during an emergency, were left unanswered.

Conceiving an app

The situation presented volunteers with a twin challenge: volunteer management and the delivery of essentials. It was clear that only a web tool or an app could combine these functions effectively. Yet the definition and scope of what we meant by "effectively" was open to debate.

At around the same time, some news from Delhi underlined the risk of last-mile delivery under the circumstances. When a pizza delivery boy tested positive for COVID-19, close to a hundred families in a South Delhi neighbourhood had to go under quarantine as primary contacts. Secondary contacts were unknown. This incident underscored the importance of a constrained delivery system that would make tracking and contact-tracing easier.
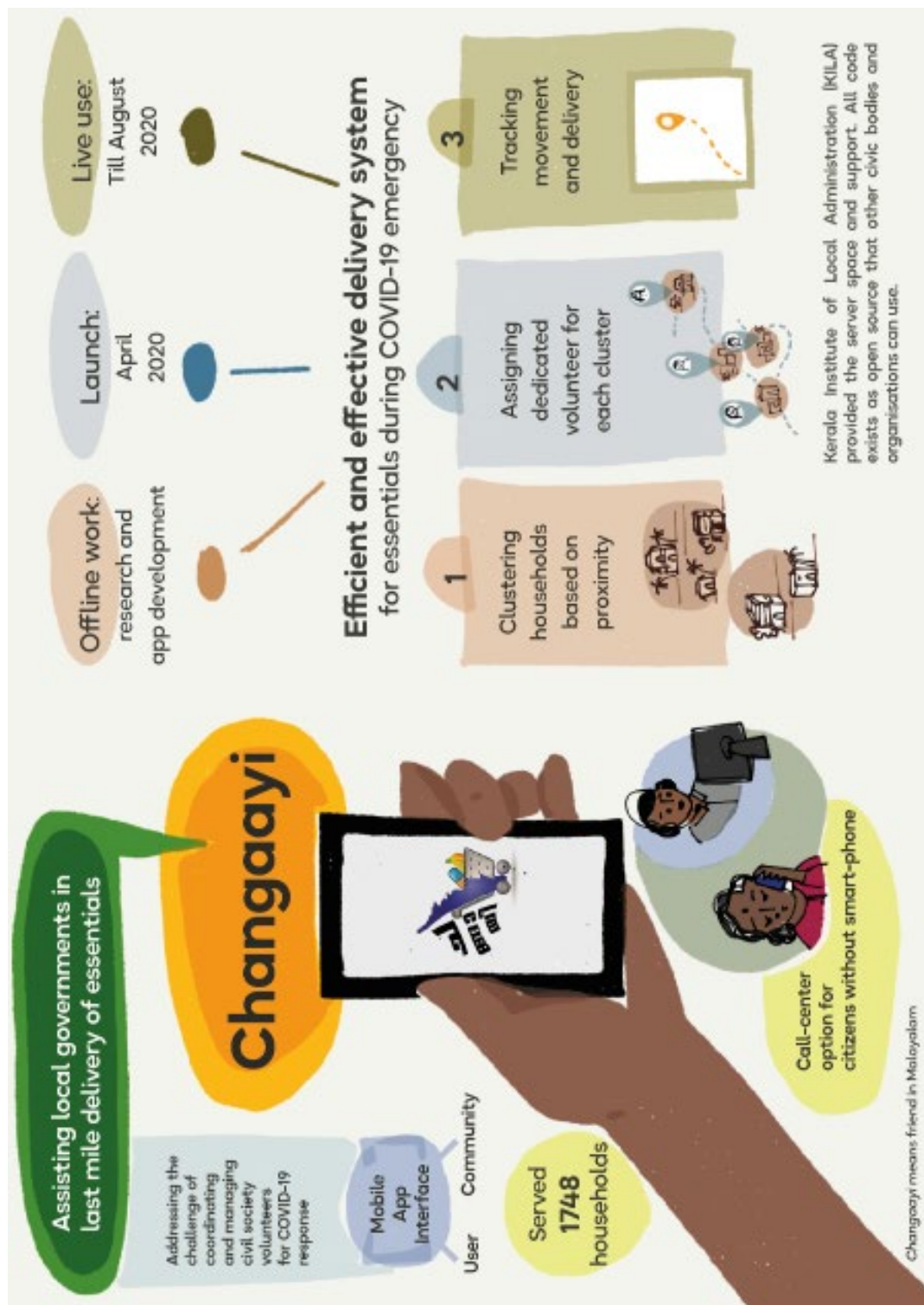
This was when I first thought of assigning a cluster of pre-designated households to a dedicated volunteer. In other words, an agile, minimalistic app that would reduce volunteer movement and enhance tracking. I took the help of two students for the technical know-how. My next step was to get inputs for this initial concept from more members – how it works with the local bodies, community kitchens and other stakeholders, and what it costs.

I shared the initial concept with a few gram panchayats, citizen activists and volunteers. The same was communicated to the district head of gram panchayats in Kannur with a request to identify a panchayat where we could pilot this work. As the lockdown was stringent and strict, he suggested Eranholi, my home panchayat, for the project. Eranholi is a small town near Thalassery in Kannur district, North Kerala. It has a population of 24,610 with 55 percent females. The panchayat has 16 wards spread across 10.08 sq. km with 27,435 people as per 2011 census. The state-imposed measures followed by national lockdown kept the entire population indoors.

I set up a small team, including two students with app-development experience. It also had a few panchayat members in advisory roles. Households were grouped on the basis of proximity and ease of travel. The entire work took more offline efforts than online, as this idea was the cornerstone of the tool. Each group, considered as a cluster, was assigned to one volunteer. I walked to each ward, met the volunteers, and explained the concept with drawings, because the app was still a work in progress. All stakeholders were added to a WhatsApp group and the entire effort continued on a shoestring budget.

While the first version of the app was in the making, the question of server space remained unresolved. Based on my request, KILA allowed the use of its server space. KILA is an advisory and capacity-building organisation for the local governments in Kerala.

The app had two interfaces namely citizen and volunteer (Annexure-I a and b). It was developed in the local language, Malayalam, for inclusivity and user-friendliness. The citizen interface was designed concisely with simple forms for reporting. It also has the facility for ticking off drop-down menus or selection boxes. The volunteer interface included screens to show orders, update delivery status and upload the billing details. Several rounds of initial testing and debugging were done while incorporating insights from volunteers and other stakeholders. The technical issues were rectified, debugging done and testing completed. The app named Changaayi, a vernacular word for "friend", was ready to be launched.

Changaayi

Assisting local governments in last mile delivery of essentials

Addressing the challenge of coordinating and managing civil society volunteers for COVID-19 response

Mobile App Interface

User Community

Served 1748 households

Call-center option for citizens without smart-phone

Changaayi means friend in Malayalam

Efficient and effective delivery system
for essentials during COVID-19 emergency

Offline work: research and app development

Launch: April 2020

Live use: Till August 2020

1 Clustering households based on proximity

2 Assigning dedicated volunteer for each cluster

3 Tracking movement and delivery

Kerala Institute of Local Administration (KILA) provided the server space and support. All code exists as open source that other civic bodies and organisations can use.

Changaayi in town

The app for essential delivery was launched on 12 April 2020. The entire concept and development process took less than 15 days. The app was made available on Google Play for download. The links were circulated through social media. Users needed to provide name, mobile number, ward number, house number, house name, priority, if any (senior citizen, medical issues) and password to register, followed by an OTP verification. Those without smartphones could get themselves registered through the call-centre facility and also place their orders with a volunteer.

Building the plane while flying

What was most needed were volunteers. But where should one look for volunteers? And what should one look for in a volunteer? The first choice was the Samoohika Sannadhasena (Community Volunteer Corps), a portal with a volunteer database (sannadhasena.kerala.gov.in). It provided a ready-to-act community of volunteers registered on the portal.

From the database, a four-criteria screening was done for age, proximity, mobility and connectivity. The preferred age group was 18-40, aligning with the then prevailing COVID-19 protocol. Proximity was decided on the basis of residence in the same ward of the local body. Mobility meant access to two-wheeler or suitable vehicles with a valid driving licence. Connectivity ensured that the potential volunteer had access to a smartphone for at least 12 hours a day. A list was generated using these four criteria, sorted for each ward and handed over to the respective ward member. Some wards did not have enough registrations on the portal. To address this, ward members were given the freedom to bring in volunteers from the same or nearby wards. These volunteers, too, were asked to register on the portal.

On an average, 10 volunteers were required in each ward. The shortlisted volunteers were invited to log onto the Changaayi app. By the end of the third day, 178 volunteers had registered and been designated one cluster each. A few volunteers were reserved for coordination work at the call centre. The problem of ensuring volunteer authenticity and availability was solved rather easily, thanks to the portal that was a template for Changaayi. Due to various reasons such as the difficulty to render services on a daily basis or movement-related barriers, a few volunteers could not continue the work; the clusters were eventually reassigned among 129 people.

The challenge for the leadership during emergencies such as a pandemic requires expanding the volunteer base while maintaining service delivery standards to small and remote communities. To address this, we soon felt the need for broader participation and better citizens' engagement. The management of the network of volunteers was a continuous process and could not be done online alone. There were four primary challenges.

The first was managing the community interface. As they interacted with citizens as well as the community kitchen, their efforts needed to be optimised.

The second was registration and follow-up. In order to ensure legitimacy, volunteers were recruited from the official volunteering service portal of the state. Changaayi offered local government officials the provision to endorse volunteers. It helped ensure a significant level of accountability among volunteers and foster better cohesion with local self-government officials. Once registered, the volunteers found access to the requests and data of citizens for the designated cluster. The use of social media expanded opportunities to attract more people, to make them understand the need for delivery and the relevance of the app.

The third significant challenge was mapping the volunteers exclusively for a single area where the least distance principle was applied. This naturally created time constraints for the beneficiaries and the need to generate requests in advance. This was tackled by training volunteers on how to optimise time and interacting with beneficiaries who expected a shorter delivery time.

The fourth was training the volunteers on a shoestring budget while concurrently doing the implementation. Changaayi's first WhatsApp voice message to the group of volunteers said, "We are building the plane while flying it".

At the first level of training, there was a short online interaction with all panchayat committee members. It was followed by five small pocket-meetings of key members of the neighbourhood on 4 April 2020. The aim was to brief them on the app, get their initial feedback for the technical team the next day and focus on specific risk areas during a morning training session with volunteers. It was presented as a technology-based lean delivery method. The common aim of delivering essentials kept all other interests away.

Next morning, there was a half-hour online introductory session for volunteers in all 16 wards. Near the essential collection centres, hands-on training on how to log in, receive orders, possible errors and completing the order in the Changaayi app was arranged. This was the second level. At the third level, there was an extended demonstration for volunteers at the call centre on assisting users to log in, prompt basic menu selections, issue orders and record instructions to take orders via telephone from those without smartphones. None of these volunteers were professionally trained in tele-calls or call centre assistance. Therefore, as homework, call-centre scripts for a half dozen companies who provide service at ground level were used for rehearsal. All training was provided by key members of the Changaayi team.

Table 1: Combining briefing, interaction and implementation training

Purpose	Target	Time and mode	Questions addressed
Level I *To get:* *a) political buy-in* *b) administrative buy-in*	Panchayat committee members and panchayat officials	20 minutes online 20 minutes direct with not more than 3 members	Why the app? How can an app do the delivery? How are we different from other apps?
Level II *a) Briefing* *b) Hands-on use of the app*	a) Volunteers and potential volunteers b) Volunteers	30 minutes online. Half-hour session was provided separately for volunteers in the 16 wards	What is our role now? How to operate the app? What are the possible issues with the app? How things could go bad and what to do if this happens?
Level III *a) Basics of call centre-based coordination* *b) Taking orders via phone*	Call centre volunteers	20 minutes online	Thinking as if there are no smartphones Taking orders through tele-call How to list, note and transmit

A total of 90 minutes' training programmes were provided for volunteers following all Covid protocols.

Call centre

Many people in the remote areas of the gram panchayat do not have a smartphone. Offering them the same level of service was one of the concerns and goals. The answer was setting up a call centre that assisted in buying. The call-centre volunteers were trained to note the requirements and place the order through Changaayi. It was one feature that distinguished Changaayi from commercial apps.

Dashboard

Among the volunteers, a few were not as active as desired. With the dashboard statistics on undelivered orders, the volunteers were contacted. Based on their interest to serve, some of the volunteers were removed and the cluster reassigned to others. The feature that helped was an easy-to-track dashboard in the app (Annexure-II). The dashboard provided statistics on the number of orders delivered, orders under process and orders unattended. This data was arranged according to volunteer name and date of order.

Social challenges

We faced difficulties in five major areas during the execution phase: a) accessing the essentials was difficult as few shops were functioning; b) travel restrictions of volunteers between gram panchayat borders; c) without recognising that volunteering is an unpaid work, some users behaved rudely, which affected the morale of first-time volunteers; d) the family pressure for the fear of contracting the infection was another worry for volunteers. This was addressed by wearing safety gear and, in some cases, convincing family members of the value of volunteer work; and e) compatibility issues with certain handsets, which volunteers could not solve.

On the other hand, it was tempting for citizens to compare Changaayi with the familiar services of corporate online retailers. The misplaced comparison resulted in several perceived challenges for users. First, instead of placing multiple orders of small numbers, people had to club their requirements and place one order. Second, they could not compare the quality, price and brand of the items ordered. The third challenge was technical. The delivery time could not be tracked via the app. Similarly, the app had compatibility issues with certain handsets. The fourth challenge was dealing with the confusion

that arose from the different kinds of provisions. Volunteers and beneficiaries, in some cases, failed to differentiate between provisions from the local government (such as a grocery kit), paid provisions (home essentials, for example) and items that were urgent (say, medicines).

In spite of the social obstacles, the response was reassuring. In the first few days of the launch, Changaayi received a message from a woman in Bengaluru whose ailing parents were stuck in the gram panchayat. She ordered the essentials sitting in Bengaluru and was excited to see the delivery photos. She shared her excitement of getting items such as medicines and household goods from multiple vendors delivered in safe, clean packaging. It was a moment of truth.

Intervention and learning

Changaayi was essentially a case of minimalist and agile essential delivery during an emergency. Agility is the ability to thrive and prosper in an environment of constant and unpredictable change (Maskell, 2001). The approach of Changaayi was not that of a delivery app of commercial nature. This was evident from two aspects. First, it involved offline work before the technology kicked in. For example, a vital part was identifying a group of homes as clusters based on proximity and then assigning volunteers for delivery in each cluster. Second, the monitoring of challenges involved and the cooperation of many actors – from a non-tech-savvy user to the community kitchen operator and local self-government officials. The emergency coordination frequently demanded interactions with local bodies, governments, independent NGOs as well as a diverse group of volunteers.

Table 2: Changaayi: A conceptual overview

What is the *Changaayi* approach of supply of essentials	
What is done?	**So what?**
Houses are clustered based on house numbers and proximity	☐ Each house gets individual attention ☐ Full coverage to the gram panchayat ☐ Transparency of supply movement
Dedicated single volunteer for each cluster	☐ Minimal movement of volunteers ☐ Easy tracking ☐ Can easily trace contacts in case of any future emergencies like social spreading
User and volunteer modules mapped in the app	☐ Each movement and delivery are traceable ☐ Elimination in duplication of efforts

Changaayi served the citizens in the gram panchayat till August 2020. When the lockdown was lifted, its local relevance slowly evaporated. By July-end, the number of transactions witnessed a steep decline. In this short period, it served 2,197 individual orders across 1,748 households.

In the meantime, Changaayi started getting enquiries from nearby states and NRI associations from abroad. Since commercialisation of the attempt was not the plan, the entire app was given to KILA for local governments in the states or elsewhere to use the template, model, and software codes for public good. Changaayi also did not accept advertisements and paid promotions.

The service delivery portfolio was in alignment with the prevailing distribution infrastructure of the state and Changaayi was a meaningful augmentation. The volunteers delivered medicines, groceries, fruits, vegetables and all daily items. In addition, food items from community kitchens and grocery kits from the ration shops were also delivered. Community kitchens and grocery kits were the initiatives of the Government of Kerala during the pandemic. The government supplied the kits to the ration shops through the Public Distribution System (PDS), which is the backbone of social welfare and the anti-poverty programmes of the state. Changaayi was

able to extend this to the citizens who could not visit the kitchen or ration shops. The average time for delivery of regular items was six hours. However, medicines were delivered from within a few minutes to a couple of hours.

From a citizen's perspective, there were three key learnings. First, that local self-governments can provide better service through tech-enabled volunteer management. They can efficiently meet the needs of the public along with effective monitoring of volunteer activities.

Second, there is a need to quantify volunteer efforts during crises, which has never been a priority in India. Though citizens volunteer during every natural disaster, their efforts remain unquantified and undocumented. Changaayi was a move in this direction. A centralised system to capture, record and analyse volunteer activities will be of immense learning value in future crisis management practices. Dashboarding and tracking as in the case of many commercial services can be done during crises through community-enabled parameters.

Third, given proper enablers, any citizen will be able to tap the power of volunteers during a crisis. Though I was instrumental in initiating the idea and continuing the work, the provision of certain enablers translated the need into timely execution. Enablers can create the desired social reality. In the case of Changaayi, these enablers were support from local self-government and volunteers, trust of the local community, provision for server facility along with data security from KILA, and timely entry of two students as technical persons. Changaayi reiterated the value of bottom-up intervention in emergencies. It demonstrated that anyone with enhanced grassroots sensibilities with the right enablers can orient solutions. However, the future of Changaayi and similar initiatives depends on the degree to which policymakers integrate such learning into the broader social fabric.

Table 3: Outcome facts and figures of Changaayi app

Batch orders	2,197
Percentage from call centre	48.9
Percentage directly from citizens	51.1
Households served	1,748
Average cycle time for delivery for medicines	1.5 hours
Average cycle time for delivery for other than medicines	4.5 hours
Total number of volunteers	129

A total of 2,197 transactions were done in 10 weeks, which included serving 1,748 households. Nearly half (48.9 percent) of the orders were placed through the call centre and the remaining by the users themselves. The orders were accepted within 10 minutes and the customer was contacted to confirm the same. Mean delivery time was 4.5 hours for general items because the volunteers delivered items after purchasing all orders placed before 11.30 am. Mean delivery time for medicines was 1.5 hours.

The idea and the work were initiated by the author, with the technical support of two app developers, Avinash P and Aslam Mocheri, and the implementation agency was Eranholi Grama Panchayat, which is the local body. The entire process was supported by KILA and the office of the deputy director at Kannur district. The computing and hosting requirements were done in the KILA server and it avoided issues of data privacy. Volunteers were the cornerstone of the entire work. They were encouraged to purchase items from local shops in order to strengthen the local economy and to reduce the commuting.

Conclusion

What was unique with Changaayi is that it combined volunteer efforts and essential delivery into a single platform. Unlike the delivery mechanisms of other apps and leading online retailers, Changaayi posed constraints on volunteer movement by design itself, reducing movement and avoiding duplication.

In my eyes, the app was the last mile of a humanitarian supply chain. Humanitarian supply chains have similarities with business supply chains, but there are important differences (Oloruntoba & Gray, 2006). Many of them have a short and unstable existence. They have inadequate links with longer-term developmental aid.

There can be many similar cases initiated by ordinary people across the country. However, the effort ends and the initiative fades till the same requirement reappears. There is no sustenance and coordination to institutionalise the learning to the social fabric, beyond the memory of beneficiary individuals and volunteers. In other words, a collection of similar cases and the corresponding learning can be a part of larger humanitarian aid literature in the state. This may also inspire more such independent initiatives to be rolled out, to be coordinated, documented and learned.
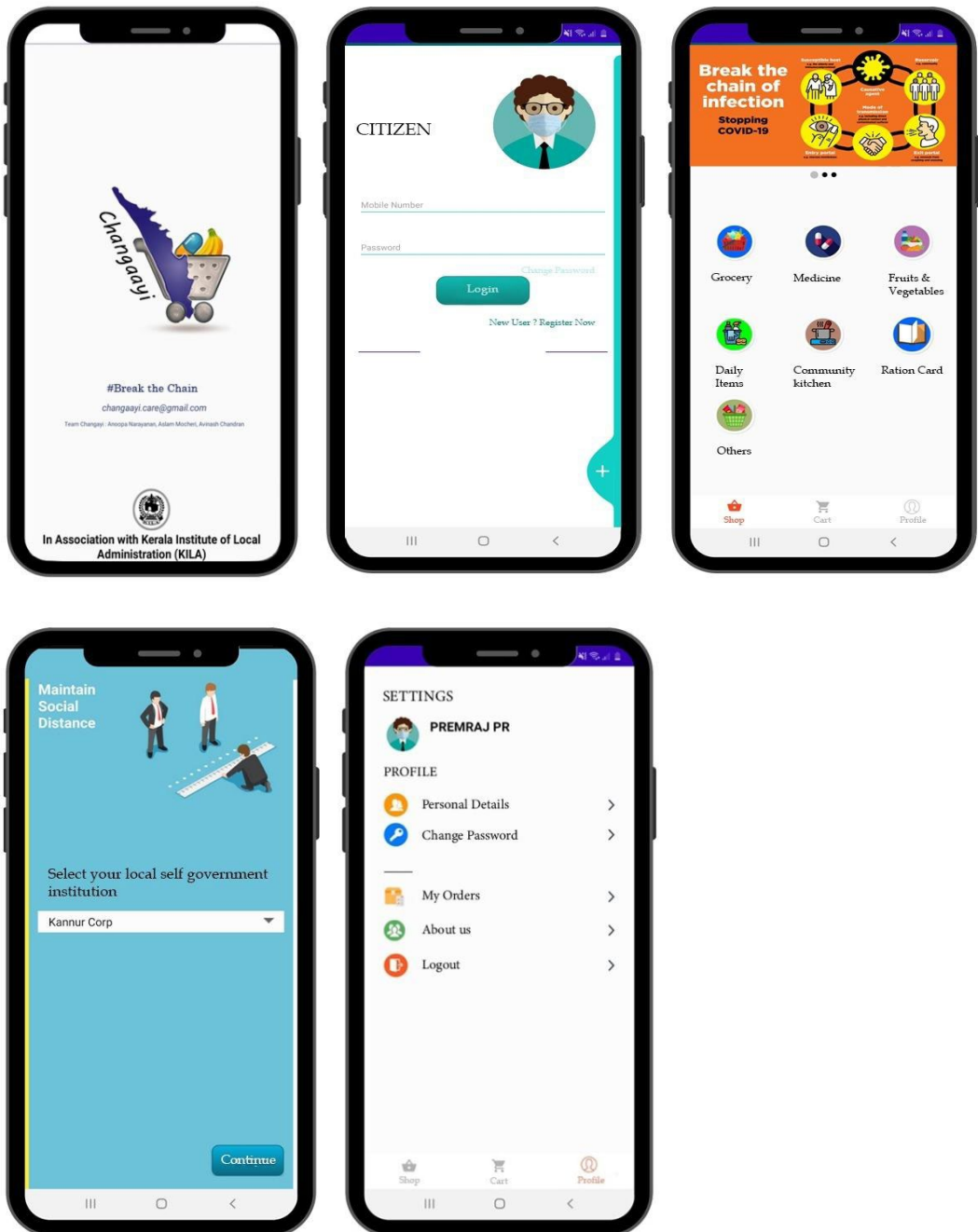
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Annexure I: Screenshots of the citizen interface

Annexure II: Screenshot of the dashboard

Media coverage and review of Changaayi

More local bodies to get on board 'Changaayi' app

SHIBU B S @Kochi

THE mobile application developed by the Kerala Institute of Local Administration (KILA) to track the movement of volunteers who supply essentials in red zones, demarcated under Covid-19 precautionary protocol, is gaining popularity and has even evoked the interest of neighbouring states. Named 'Changaayi', the mobile app was developed mainly to help local bodies monitor the volunteers as well as people who are seeking the help of admins for various emergencies.

People who are living in Covid-19 hotspots or areas under triple lockdown cannot go out and buy essentials. "In the app, there are provisions for user registration and volunteer registration. The users can register their name and place request for the supplies that they require. The app will redirect the request to the volunteer designated for the particular area from where the request is posted.

The admins (in this case), the local bodies, which have availed of the service of the app can monitor over a dashboard the actual number of requests posted, the number of deliveries made by each volunteer and the pending orders," said KILA Ernakulam district coordinator Anoopa Narayanan.

The app is available on Google Play Store for downloading. While downloading the app, the user can register with it, only if the respective local bodies where they are living in have opted the service from KILA.

"Already Eranjoli panchayat in Kannur and Adimali panchayat in Idukki have tied up with KILA for the service," she said.

Chithra Nair 🏷 recommends **Changaayi**.
21 Apr at 10:54 am · 🌐

Thanks to Changaayi, I was able to make sure my parents staying alone at home- both aged 65+ - didn't step out of their homes during lockdown! The hassle-free menu made sure that the user experience was easy. Also, I received a bill and a photo of the items purchased as a confirmation before I made the cashless transaction via Googlepay! This is as good as it can get, Team!! Keep up the good work. Thanks to you, many kids like me are relieved that their parents back home are safe 🙂

Start a private conversation with Chithra Nair in Messenger.   [Message]

❤️ Love   💬 Comment   ↪ Share

❤️ Changaayi

Changaayi
Thank you very much mam🙂
5 d · Like · Reply

സാധനങ്ങൾ വീട്ടിലെത്തിക്കാൻ 'ചങ്ങായി' ആപ്പുമായി എരഞ്ഞോളി പഞ്ചായത്ത്

അവശ്യസാധനങ്ങൾ എത്തിക്കാൻ എരഞ്ഞോളിയിൽ 'ചങ്ങായി'

■ എല്ലാ തദ്ദേശ സ്ഥാപനങ്ങൾക്കും ആപ്പ് പ്രയോജനപ്പെടുത്താം

II. SWAN: A friend in need for India's stranded migrant workers

Abstract

Stranded Workers' Action Network (SWAN) is a network of volunteers who came together post the imposition of the lockdown on 25 March, 2020. SWAN has been responding to distress calls from migrant workers across the country. In terms of relief, SWAN has been making small cash transfers to meet basic needs in addition to connecting workers to local organisations and the administration. They are involved in advocacy efforts too.

On 25 March 2020, India announced a nationwide lockdown that was extended three times until the end of May. The unplanned decision triggered a migrant crisis that received national attention and criticism. A number of civil society initiatives responded to the crisis in various capacities.

The Stranded Workers Action Network (SWAN) has been actively involved in relief work from March 27, in the form of zonal helplines that connected workers to organisations and the government for rations. SWAN interacted with about 34,000 workers across the country. Since many workers have been in dire need of cash for basic essentials, SWAN solicited financial support from individuals who have directly transferred money to the workers' accounts. In 2020 alone, SWAN transferred more than INR 60 lakh directly to the workers' accounts.

The initiative started with a handful of volunteers catering to distress calls from stranded workers. These calls were from groups in Jharkhand and those affiliated with Samaj Parivartan Shakti Sangathan (SPSS), an organisation that works on proving access to government programmes in Muzaffarpur, Bihar. Soon, the distress calls began pouring in from various other sources. As the number of calls increased, SWAN set up a system to verify each call, and to provide assistance by primarily linking stranded workers with local organisations for rations/food and to help them access government facilities.
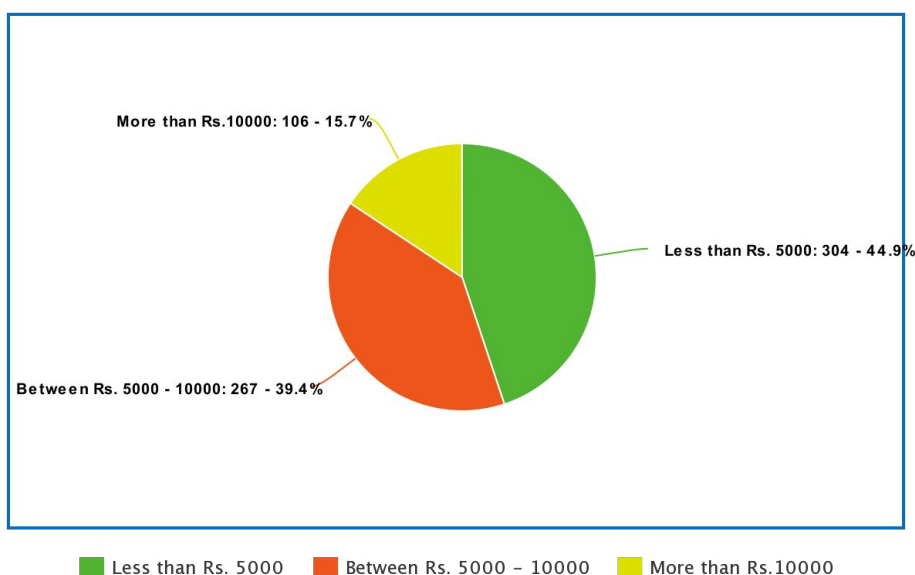
However, as numerous worker testimonies have indicated, cash-in-hand was critical to buy basic essentials such as medicines, groceries and phone recharge among others. To this end, SWAN volunteers solicited financial contributions from individual donors by setting up a system that paired the donor directly with the worker for the fund transfer.

SWAN evolved a work plan of streamlining these distress calls into different zones (South, Delhi-Haryana, North, West and East) and allocating teams to assess workers' needs on three fronts — cash support, dry rations/ cooked food and travel assistance. SWAN used the intervention data to support advocacy efforts too.

Funding

The funds for money transfers were crowd-sourced through Google forms. Since SWAN as a group did not have a bank account, the donors were asked to pledge an amount and a volunteer from a dedicated money transfer team coordinated with them to facilitate a direct bank transfer from their accounts to the workers'. SWAN encountered an overwhelming response in terms of the number of donors who pledged help. In total, approximately, INR. 63,12,625 was transferred to the workers by approximately 677 donors. The average amount of donation was about INR 6,000 (excluding large donations that exceeded INR. 10,000) (see Figure 1).

Figure 1: Funding break-up

More than Rs.10000: 106 - 15.7%

Less than Rs. 5000: 304 - 44.9%

Between Rs. 5000 - 10000: 267 - 39.4%

🟩 Less than Rs. 5000   🟧 Between Rs. 5000 – 10000   🟨 More than Rs.10000

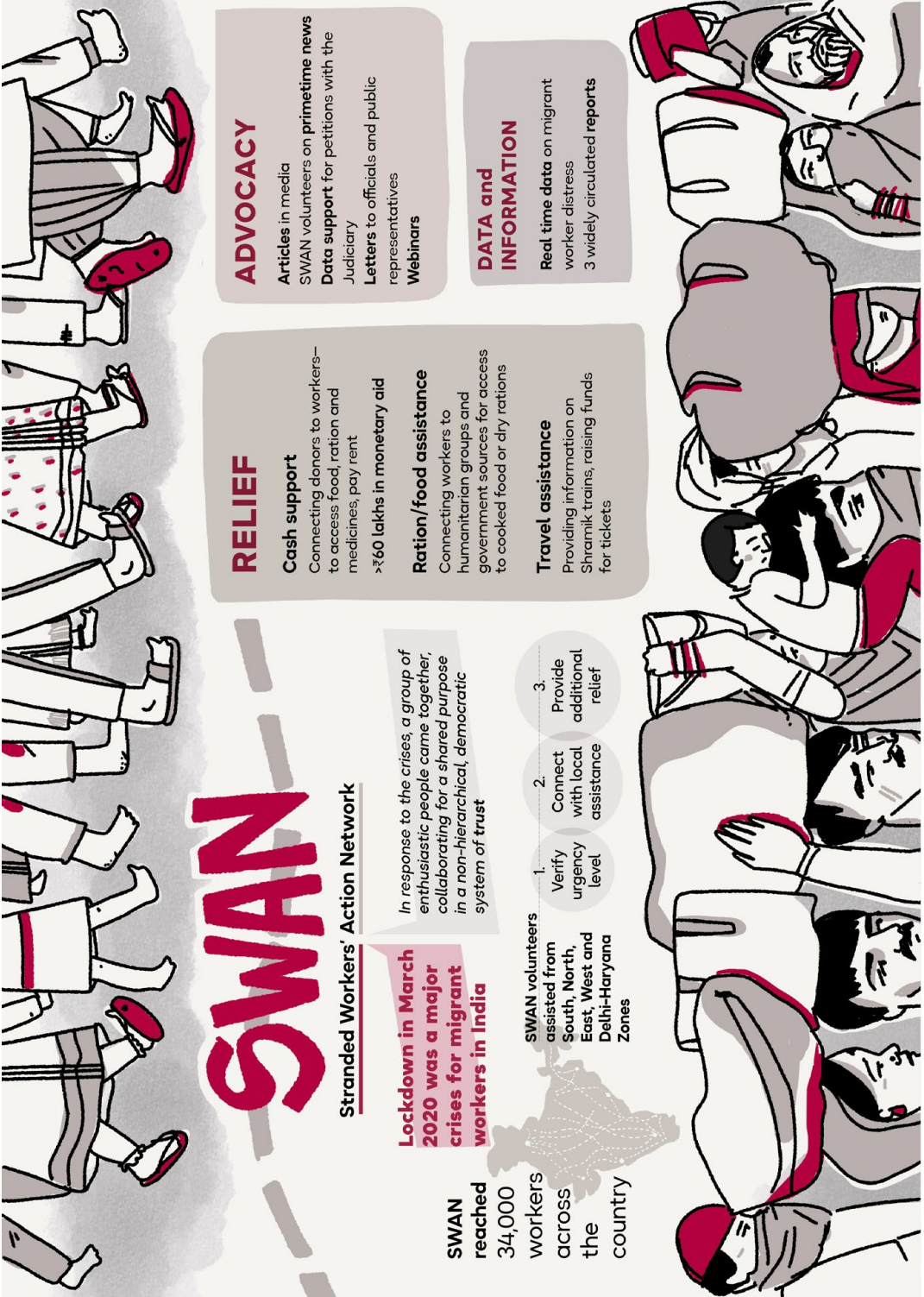meta-chart.com

Profile of volunteers

SWAN is entirely a by-product of volunteer efforts which swelled in numbers and shifted form. The ever-expanding team reflected the added skills, expertise, resources and convictions of all its members. At its peak, SWAN had 256 volunteers helping out in different zones, with varied tasks and serving in differing capacities. Most of them joined the group having heard of the initiative through word of mouth or via the Azim Premji University alumni and student networks. An address book of the team that existed in July yielded a critical figure — about two-thirds of the volunteers were women and the remaining were men as was determined from a count based on names. Most of them had their roots in cities and urban environments. About 12-15 percent were students from different universities including Azim Premji University and St Xavier's College, Mumbai. This may be a reflection of the affiliation of the first few volunteers who spread the word in their social/work circles. Rest of the volunteers were researchers, academics and working professionals. Most of the stranded workers were from the Hindi-speaking states of Bihar, Jharkhand, Uttar Pradesh, Madhya Pradesh and Rajasthan. There were workers who also spoke Kannada, Telugu, Tamil, Bangla and Odia. To reach out to these diverse groups, our zones consisted of multilingual volunteers. The languages most heavily represented among the SWAN volunteers included Hindi, Malayalam, Telugu, Tamil, Kannada, Odia and Bangla.

Organisation of volunteers

As the requests for help increased and more people came on board, a system of organising volunteers into separate teams was devised to efficiently allocate tasks and expedite processes of mobilising relief. Here is an overview of the teams and the tasks they carried out, and the processes of decision-making which evolved organically from the interactions amongst the volunteers.

SWAN

Stranded Workers' Action Network

Lockdown in March 2020 was a major crises for migrant workers in India

In response to the crises, a group of enthusiastic people came together, collaborating for a shared purpose in a non-hierarchical, democratic system of trust

1. Verify urgency level
2. Connect with local assistance
3. Provide additional relief

SWAN volunteers assisted from South, North, East, West and Delhi-Haryana Zones

SWAN reached 34,000 workers across the country

RELIEF

Cash support

Connecting donors to workers— to access food, ration and medicines, pay rent

>₹60 lakhs in monetary aid

Ration/food assistance

Connecting workers to humanitarian groups and government sources for access to cooked food or dry rations

Travel assistance

Providing information on Shramik trains, raising funds for tickets

ADVOCACY

Articles in media

SWAN volunteers on **primetime news**

Data support for petitions with the Judiciary

Letters to officials and public representatives

Webinars

DATA and INFORMATION

Real time data on migrant worker distress

3 widely circulated **reports**

Structure of organisation

Volunteers were organised into four different kinds of teams based on four essential tasks.

1. Money transfer team: They coordinated the fundraising effort and followed up with the donors to facilitate transfer of money to the workers' accounts.

2. Needs assessment teams/Zonal teams: These teams dealt directly with the distress calls, assessing needs and following up with the stranded workers. They were divided into regional zones because of linguistic differences and to streamline all relief efforts for one state/region. There were five such teams - the **South Zone** that dealt with Tamil Nadu, Karnataka, Andhra Pradesh, Telangana and Kerala; the **West Zone** that dealt with Maharashtra, Goa and Gujarat; the **North Zone** that handled Uttar Pradesh, Punjab, Chandigarh, Himachal Pradesh and Jammu, and the **Delhi-Haryana Zone** and the **East Zone**, that dealt with calls from any of the states not covered by other zones. At a later point, a special team was set up to deal with all incoming requests from SPSS as their own leader, Sanjay Sani, vetted the requests, calculated an amount and then forwarded the filtered request to SWAN. Over the course of three months that the intervention lasted, each zonal team evolved independently, building its network and sub-systems to respond to regional challenges.

3. Data on helplines and organisations team: They put together and verified a regionally stratified database of helplines and organisations involved in relief work. Eventually, one member of the team got integrated into a zonal team, helping the zones network with governmental and non-governmental offices in various districts, sub-districts or localities.

4. Social media team: It had the twin tasks of communication and documentation. Eminent media personalities, government and bank officials were tagged or approached via social media platforms for help with individual cases. The team also put out appeals for donations, posted workers' and volunteers' testimonials and experiences, and served to keep the donors and others informed about the workings of the intervention.

A few volunteers were constantly coordinating, monitoring and managing the technological platforms that SWAN used to do the needs assessment, make calls through and record data. They largely used existing

free technological tools and platforms to collaborate. Two volunteers were in charge of onboarding new volunteers and assigning them to the different teams. One volunteer helped with data analysis and a few were dedicated to documenting and writing reports, petitions, press releases and letters, and presenting them on media and social media platforms.

Processes of decision-making

Each team had a point person who coordinated with the other teams on joint tasks and decisions. All inter-zonal decisions were taken collaboratively by these point persons along with the initial group of anchors. Other members of the team were welcome to pitch in at the inter-zonal meetings. In these meetings, the zonal teams updated each other on the patterns of distress in their zones and learnt from each other about handling daunting challenges, whether procedural, technical, technological, administrative, but all related to the relief effort. They took stock of funds and kept notes on the evolving and often confusing state response to the migrant worker crisis. At times, this response was in the form of conflicting court orders, official memos, police and ministry mandates. The team brainstormed together and strategised over the emerging problems from the zones and the possible actions that SWAN could undertake. Out of these meetings emerged the common protocols and plans of actions to go forward. Sometimes, full group meetings just allowed volunteers to lean on each other when the going got tough.

Within most teams, a non-hierarchical, collaborative process of decision-making was replicated. Team members discussed the new protocols and plans of actions put forth in inter-zonal meetings and then either accepted, rejected or modified them for use within the zone. Often quite organically, volunteers organised themselves further into region wise or language-wise sub-zones. They updated each other about the distress in different regions, worked out their schedules and off days, discussed tough cases and traded them if one person got overwhelmed, pooled in ideas and resources for zone-specific challenges.

The older volunteers often played mentors to new ones, inducting them into the main work flow, familiarising them with regional profiles of workers and introducing them to the local organisations and resources to quickly and effectively extend assistance. Some zones underwent formal inductions and

introduced their own resource documents for systematic and quick integration of new volunteers. But the new volunteers were equal contributors to all decisions made after their joining. They often added fresh enthusiasm and brought in new perspectives, skills, information and resources to deal with old and recurring problems. They allowed old volunteers to take a break from manning helplines and contribute to advocacy efforts, petitioning, writing letters, articles about the challenges migrant workers were facing in their zones.

Intervention workflow

The next few lines summarise the general workflow of the intervention and then describe the different kinds of assistance SWAN was able to facilitate over the three months.

A volunteer from a particular zonal team would pick up a case from their zone from a first information sheet, where basic details of name, phone number and the state that the person was stranded in were recorded by whoever received the information. The zonal volunteer then quickly assessed and recorded the needs of the person in distress using a standard set of questions on a google form. This assessment helped the volunteer make a decision about the urgency of the person's situation, labelling it as either SOS, need assistance within two days or has adequate rations and can wait for organisation/government aid.

If the volunteer concluded that a money transfer was needed to provide assistance, they then calculated the amount needed. At various times, depending on factors such as the number of calls coming in, the funds available, etc. a standard amount ranging between INR 200 and INR 400 per head was used to calculate the amount needed for a particular group. Factors such as presence of children or pregnant and lactating women, sick and elderly within the group were also considered. This amount was meant to last the group of workers for at least 10 days. After this was submitted by the volunteer, it was reflected on a money transfer worksheet. The money transfer team would then vet the records for urgent cases and pair donors with workers to enable direct bank transfers.

The volunteer would then follow up to make sure the worker received the amount transferred and to check if they needed further assistance. For a maximum number of cases, SWAN extended assistance primarily through these micro bank transfers. But, as the lockdown kept getting extended throughout the summer, a system of requesting three repeat money transfers was added. This was only requested, if the worker was back in an SOS situation after 10 days and no other aid could be mobilised, or if they needed cash for things such as cooking gas. The amount of INR 200-400 per head in actuality could not last the workers for 10 days either, especially if the group had very young children who needed milk. Workers often relied on borrowed money from their caste and kin circles in the absence of government support and to supplement the gaps in the relief that an overwhelmed civil society could mobilise.

The other methods of extending relief that SWAN used were largely about connecting the workers to other organisations/local administration for ration and transportation mainly, but also for some other kinds of needs.

Ration and cooked food assistance

Along with money transfers, volunteers from all zones acted in concert with the database team to find local, government sources for dry rations/cooked food that was being distributed under Pradhan Mantri Garib Kalyan Yojana (PMGKY), Public Distribution System (PDS) or any other state/central scheme.

If any district/local government helplines had been set up, such information was passed on to the worker. In some instances, volunteers had to call on the district offices and police stations and fill out forms on web portals to get the workers registered for their share of rations in the absence of any government facility to help workers do it themselves.

Oftentimes, the workers organised themselves within their localities/communities and one of these community volunteers interacted with SWAN volunteers to draw up lists of all beneficiaries and demand for their rightful assistance. Many potential activists emerged in these times of crisis, who worked tirelessly for their communities. One of the workers in Bengaluru facilitated efforts in rescuing two trafficked women alongside organising workers at his place of work to demand their due wages and basic supplies in the face of sudden suspension of work.

In some places, both SWAN and community volunteers approached administrators at various levels of state bureaucracy to seek information vis-à-vis local procedures of obtaining free rations and to demand for wider coverage and quicker dispensation of relief. This was a critical space of intervention if only to address workers' distress on various counts of eviction, (partial or complete) wage non-payment, erratic train schedules, ration deficiency and police harassment.

In some regions where government help was not easily accessible, especially metropolitan cities such as Mumbai, Delhi, Bengaluru and certain parts within states such as Uttar Pradesh and West Bengal, volunteers networked with various NGOs involved in relief work. With the help of volunteers from the Azim Premji Foundation, certain organisations in Mumbai were also funded to replenish their stocks and continue servicing ration requests from SWAN.

Travel assistance

Following the revised guidelines of the Ministry of Home Affairs in the beginning of May 2020, inter-state trains were to become operational and special shramik trains were to ferry the migrant workers back to their home states.

Since the central government left the responsibility of shramik trains with the states, each state government came up with its own web portal for people to register for these shramik train journeys. Each zone had one or a few volunteers dedicated to procuring information about the different state portals for migrant workers within their zones. This information was then systematically passed on through follow up calls. Some zones also had volunteers dedicated to the task of helping workers register on these portals as they were being charged as much as INR 500 by opportunists to sign up on these web portals.

In states like Uttar Pradesh, state buses were running free of cost between different cities for intra-state migrants for a short period in May. Some cities had their own web portals for these intra-state journeys and links to these web portals were also shared with the workers.

Owing to complicated online procedures and inadequate trains coupled with confusion and uncertainty, many workers, who had no money left for rent or food, started their journeys on foot, in tractors, on private buses and via other such modalities. At this point, SWAN also collaborated with another network of organisations and volunteers involved in relief work called Covid Action Support Team (CoAST).

Via CoAST, SWAN volunteers booked tickets for regular trains or buses, or arranged other transportation for some workers in desperate situations or for those who had no shramik trains going to their destinations. Each zone had a few dedicated people to network with CoAST on travel issues. CoAST, too, relied on donors, much like SWAN.

Atypical assistance

Owing to the sudden unemployment, lack of cash and inaccessibility of public facilities such as hospitals that were overwhelmed with COVID-related cases, many people, especially daily wagers as well as the salaried workers also faced various challenges. If some people ran out of gas cylinders, others had no rations and the requisite cash to buy some. A substantial number of migrant workers faced eviction by their landlords and contractors in the case of company-furnished housing. Many migrant workers were unable to pay rent and bills for water and electricity, while several others were desperate for medical aid. Among the latter, iron-deficient women who were pregnant, workers in need of medical treatment for heart disease, injuries and accidents stood out. Medical access was fraught with difficulties such as lack of public transport, cash deficit and lockdown restrictions on mobility.

In some of these cases, volunteers arranged small money transfers for workers to buy cooking gas, medicines, or cover taxi fare to reach a hospital. Alternatively, they looked for organisations that could deliver free medicines. Some volunteers also spoke with landlords to remind them of the consequences of illegal actions in the face of central government restrictions. While all such cases could not be extended assistance, sometimes volunteers tried to help through their personal willingness and resources. A few volunteers raised funds on their own to finance medical operations for injuries, complicated births and other issues.

Another complicated and recurring issue was either the non-payment of due wages or the partial payment for work completed before the lockdown. This was an especially difficult challenge for workers whose contractors abandoned them, or those who did not have a direct line of contact with their employers. Some workers were intimidated, harassed and abused by contractors and employers, and in a few instances, faced overnight eviction when they expressed their wish to go home. In some places, volunteers were able to provide some kind of legal aid but it was a difficult problem to resolve within their limited capacity.

Some groups of workers left their homes in the hope of travelling by a shramik train or through hybrid methods that involved partially hitching a ride, getting a bus and walking; they were stymied in their efforts on many fronts. Trains were arbitrarily cancelled, police checkpoints came up suddenly, border restrictions were abruptly enforced. Trade unions such as Centre of Indian Trade Unions (CITU) and worker solidarity groups occasionally came to their rescue. In one such instance, one of the SWAN zones was able to rely on their connections with a district administration and arrange a few days' stay at a shelter home. While these workers waited for their shramik train tickets in the government shelter, many spent several nights and days on the streets. A few other workers were moved from one shelter to another as they waited endlessly to be sent home.

Sometimes, after reaching their home states, the workers would still call volunteers on account of the dismal conditions of the quarantine centres. In some cases, the East Zone team, which saw the highest reverse migration, tried to extend help through its networks.

By June 2020, while the lockdown was gradually lifted, requests for money for tuition fees and exam fees of schools and colleges, or devices for online learning also came up. These were way beyond the scope of SWAN, but through the networks that zones had built, some of these requests were also addressed

Finally, one of the most pressing concerns of many workers as the lockdown lifted was employment. Intra-zonal and inter-zonal discussions did take place about whether SWAN could help facilitate micro loans for workers looking for small capital or if SWAN could somehow help in any database creation work that could match workers to employers. Both these ideas were

abandoned, as it was beyond the scope of a group which largely depended on voluntary contribution of time, effort, funds and resources. But many volunteers went on to join another network Jharconnect, which assists the Jharkhand government in tasks of connecting returning migrant workers to state benefits such as the PDS and the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA).

Data and reports

In the first week of April 2020, when the initial group decided to onboard new volunteers and set up a system of working, a conscious decision was made to gather some crucial data of the stranded workers. With the awareness that the intervention could only support a portion of the migrant workers in distress, this sampling of data was to serve as a tool of advocacy for the larger migrant worker crisis. This data was recorded through the structured needs assessment form and attendant data sheets. This form served two purposes of helping the volunteers assess the urgency of the situation and record data.

The structured form featured the following categories of questions -

Demography - The state the workers hailed from, gender and age (absence or presence of children and women in the group of workers)

Geography - The location they were stranded in

Employment - Whether they were daily wagers, weekly salaried or monthly salaried workers, how much they earned in a day or a week or a month before the lockdown, what kind of work they did, in which company, and if they had received their salary for the lockdown period.

Relief during the lockdown - If they had received rations/cooked food from any governmental/ non-governmental source, whether they had received any money from the government, whether they were facing any eviction threat, amount of money they currently were left with, number of days their current ration supplies would last, if they needed any medical assistance

Bank account details

Travel - In the month of May, when SWAN was most heavily involved in providing travel assistance, a new section on travel was added to the needs assessment form, which asked for details of the journey workers wished to make and whether or not they had already registered for shramik trains.

All of this information was recorded on a single sheet through the submission of these filled out forms by various volunteers. This data sheet was then analysed and two reports, titled "21 Days and Counting" and "32 Days and Counting" were published on 15 April and 1 May, respectively.

Figure 2: Report 1 "21 Days and Counting"
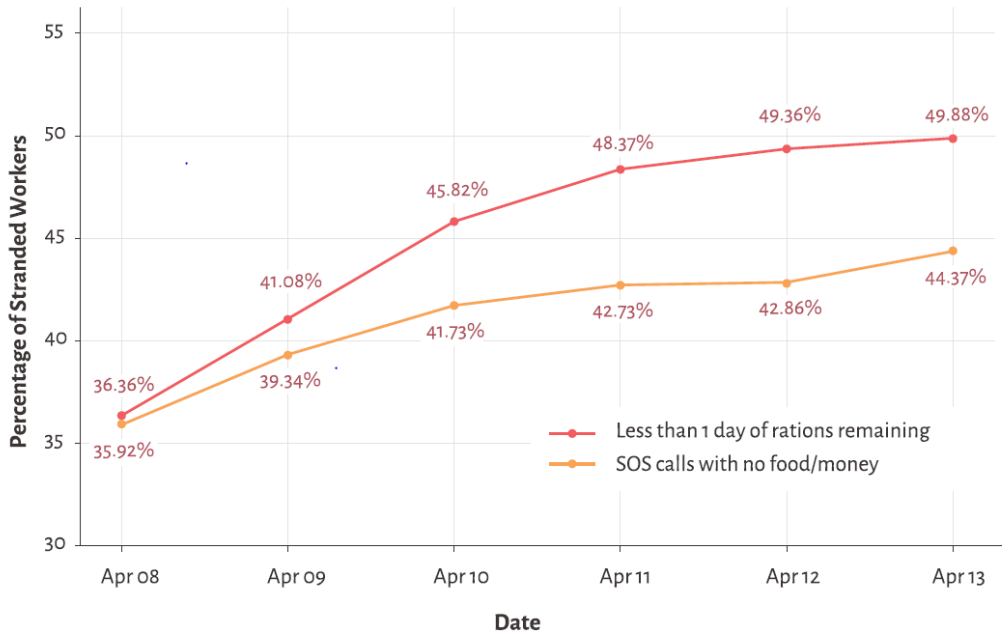
Report 1: "21 days and Counting"

In the first report, the main insight yielded was the extreme precariousness of the workers reaching out to SWAN. Forty-four percent of about 11,000 workers who had reached out by 13 April had no food or money left or had been skipping meals, and were in urgent need of assistance. Almost 72 percent had rations for two days or less and 78 percent had been left with less than INR 300. Eighty-nine percent had not been paid by their employers despite the guidelines of the Ministry of Home Affairs directing employers to pay full wages to the workers.

The data also enabled us to estimate the number of workers who had received aid from the government; 96 percent had received no dry rations from the government and 70 percent had not received any cooked food.

Despite announcements that assured INR 500 for women Jan Dhan account holders, and state schemes such as Bihar's app for migrant workers to get INR 1,000, 98 percent of the workers received no money. Three women had received INR 500 and a few workers who could successfully register on the Bihar state government app had received INR 1,000 in their accounts. Some of this data was also analysed for individual states, such as Maharashtra and Karnataka, where a higher number of workers were stuck.

Among other recommendations were those for better government response and social security, the report stressed the need for food **and** cash, not food **or** cash assistance from the government after outlining the oversight of food only aid throughout the report. It recommended universalisation of PDS and income support of INR 7,000 per month for two months to poor households.

Figure 3: Report 2 "32 days and Counting"

Figure 6: Percentage of people making SOS calls with no food or money between April 14th and April 26th
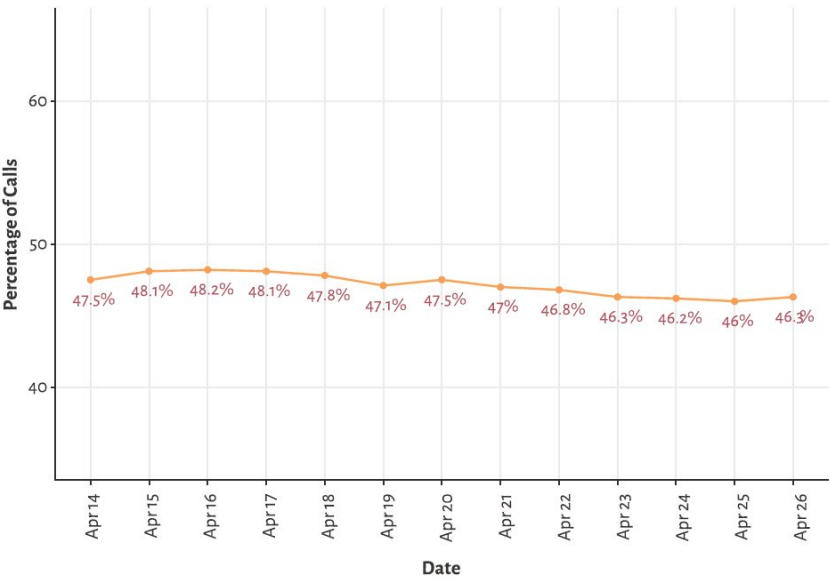
Report 2: "32 days and Counting"

In the second report, the trend of precarity and inadequate government response continued. Forty-six percent of the calls from 1,385 groups of workers (accounting for 16,863 workers) were SOS calls that reported total lack of food or money. Seventy-two percent had rations left for two days or less and 78 percent had been left with less than INR 300. About 82 percent had not received any dry rations from the government and 68 percent had not received any cooked food. This report also analysed the institutional response and specifically the response of the Home Ministry to the migrant worker crisis. Each zone also qualitatively analysed the changing nature of distress and the peculiar patterns and complexities of both the distress and the relief accessible in their zones. They also tried to anecdotally present a picture of the state response in the individual states within their zones. The recommendations of the previous report persisted with an addition of a suggestion to boost the strength of employment programmes and schemes like MNREGA and perhaps launching a new urban employment guarantee scheme to tide over the extreme unemployment crisis induced by the lockdown.

Report 3: "To leave or not leave"

A third report, titled "To Leave or Not to Leave", a largely qualitative analysis of the multiple issues spawned by the chaotic guidelines and mismanagement of travel and transportation of migrant workers by the centre and the state governments, was also published on 5 June 2020. The report featured a letter SWAN wrote to the Ministry of Home Affairs, highlighting the gaps in its eight-point Standard Operating Procedure on interstate migrant travel. It challenged the State's callousness in its delayed and ungrounded response to a grave humanitarian crisis through multiple horrific anecdotes of a journey home for workers caught in the trap of chaotic mismanagement.

This report also presented the findings of a survey conducted via an interactive voice recording from SWAN helpline which showed that almost 48 percent of about 1,500 people who responded, had taken loans between INR 2,000-5,000 to survive since the beginning of the lockdown. Almost 31 percent had taken loans of more than INR 5,000. This reiterates the significance of cash and income insecurity, overlooked by the government as well as the apex court, and became a prominent reason for the large masses hankering to go back home.

Advocacy

Apart from these reports, SWAN volunteers wrote letters to various Members of the Legislative Assembly (MLAs) and Members of Parliament (MPs) through the course of the lockdown, appealing for their urgent intervention in light of the dire inadequacy of the relief operations being witnessed on ground as was getting reflected in our data. Two of these letters addressed to the Secretary, Ministry of Home Affairs and the Chief Minister of Maharashtra were presented in the appendix of the third report.

Various news outlets carried SWAN's press releases from time to time, highlighting the gap between the situation on ground and the State policies being introduced to manage the pandemic. SWAN data was also used in the Supreme Court by petitioners Harsh Mander and Anjali Bharadwaj in *Harsh Mander and Anjali Bharadwaj vs Union of India*. The petition sought wage compensation for migrant workers in addition to food. Some data was used in case WP No.6435 of 2020 CJ / BVNJ: & Connected matters in Karnataka High Court, following whose orders shramik trains were organised from Karnataka.

SWAN volunteers wrote 21 articles in English (20) and Hindi (1) that were published in various news outlets. These articles were largely local qualitative anecdotes from the different hotspots recognised in the different zones, providing overall policy pitfalls. Some SWAN volunteers also appeared on primetime shows on news channels. Some appeared in webinars, and also shared their insights with various groups like the Commonwealth Human Rights Initiative on various matters related to migrant workers.

SWAN also organised two webinars — one where volunteers spoke to economist Jayati Gosh and another where some workers spoke about their experiences of the lockdown and their demands from the government and the society. The purpose of much of this engagement with the media was to not allow the ground reality to be distorted by official statements that were often misleading, painting the migrant worker crisis as a victory of the relief policies.

Raw data from the needs assessment form was also shared with certain groups that were working on other initiatives for migrant workers. Some workers also developed connections with journalists, reporters, and film-makers, so that they could voice their concerns and anguish.

In January 2021, with the remaining funds and a new fund-raising endeavour, SWAN launched a six-month fellowship programme for migrant workers to document their experiences on their own terms, in their own voices, and to communicate this to a larger audience. The fellowship seeks to enable the selected workers to assist other migrant workers (who have returned) in accessing government benefits. The fellowship aims to support them as they evolve in varying capacities as community leaders and complement their efforts in becoming "citizen journalists". Such a role was envisaged so that fellows could build and enrich their expertise in advocacy matters, helping their own and other migrant worker communities.

Challenges faced

SWAN worked on a trust-based system which had its own advantages for a crisis situation and demanded quick action. The money transfer system, while very agile, was also susceptible to a flood of aid requests not necessarily limited to relief and sometimes overburdened the effort of relief intervention.

While SWAN's forte was its networking of remotely situated volunteers, it was, by this very token, incapacitated to carry out swift on-ground responses. SWAN had to rely heavily on local organisational/administrative support and energetic community volunteers to carry out critical functions, cash transfer being key to them.

As an unregistered organisation without a bank account, the teams also faced issues in being able to utilise all the money pledged by donors, especially by foreign donors. Foreign donations could not be processed quickly and required currency changes, which was not always possible without an Indian facilitator. SWAN could not directly raise money and were entirely dependent on cooperation from donors to process the transfers. While for most part, donors were quite prompt but sometimes, emergencies at odd hours could be challenging. Volunteers had to keep some buffer funds from trusting donors in their own accounts to deal with such situations. This sufficed for the three months that SWAN worked for, but such a programme could not run for longer.

SWAN today

SWAN launched the "SWAN Fellowship" in January 2021 and it currently supports six migrant workers as fellows and provides them a platform to voice their concern to the larger audience. It also facilitates as a platform for fellows to engage with each other and learn the necessary media and political education to engage in the larger migrant workers' discourse.

SWAN has resumed the relief effort with a somewhat new pool of volunteers and is working on facilitating small bank transfers and mobilising local aid for stranded migrant workers since 21 April 2021. This time around, the network is also trying to assist workers who are back home get their ration cards and job cards, and resolve issues they may have with their existing cards. While SWAN lacks the capacity to help them with making these documents, a team is being put together to work on networking with grassroots organisations who do this kind of work in states such as Bihar and Jharkhand. Some volunteers are also curating COVID-19 content (with a focus on vaccine awareness) in multiple regional languages to disseminate public health messages amongst the workers from 2020 and those who connected with SWAN in 2021. Volunteers are also engaged in collating a list of lawyers willing to work pro bono on wage issues and eviction.

Conclusion

SWAN is almost an experiment in non-hierarchical, democratic organisation of willing and enthusiastic people collaborating for a shared purpose, out of only intrinsic motivation. Its fluid hierarchy coupled with a robust system of work allowed for agile responsiveness to quickly changing forms of distress throughout the period of initial lockdowns. The collaborative nature of decision-making along with proactive individual action translated into a well-coordinated and effective implementation of the intervention itself.

III. Role of multi-actor platforms in addressing the COVID-19 crisis

Richu Sanil, Debarupa Ghosh, Tenzin Chorran

Foundation for Ecological Security (FES)

Abstract

In this case study, we present stories from Rajasthan and Odisha, to understand how communities across different spatial locations with the help of federations helped to secure livelihoods in response to COVID-19 using multi-actor platforms (MAPs). MAPs aid in collective action by bringing together diverse stakeholder groups while ensuring equity and social justice. Such informal deliberative spaces have proved efficient in enabling the community to adapt to external shocks induced by the pandemic. We unpack the theory of change using the MAP as an institutional approach that helped in mobilising the community by taking up local stewardship initiatives to reach the intended outcomes.

The limitations of existing governance mechanisms have come to glaring visibility with the onset of the COVID-19 pandemic especially in countries like India, where State capacity to respond to challenges are often considered weak. Starting off as a public health emergency, the pandemic led to the disruption of the whole economy by upstaging livelihoods at a massive scale, triggering reverse migration to villages from cities, food insecurity and other severe deprivation. The poor and marginalised were the worst hit. As the country struggled with the pandemic, a recurrent discussion was the inadequate efforts towards decentralisation in the country. Crippled local bodies, with inadequate powers and resources were blamed for the shoddy response to the pandemic (Oommen, 2020; Aiyar, 2020). In India, the 72nd and 73rd Amendment paved the way for deepening democracy by decentralisation in villages and cities, respectively.

Two decades after the 72nd Amendment, India's track record of implementing decentralisation varies with some states taking proactive steps towards it, while some are still lagging. India is still known for weak local state capacity that manifests in policy paralysis, implementation gap, failure to achieve last mile delivery (Dasgupta & Kapur, 2017; Heller, 2020). One reason for this is the lack of deliberative spaces at the grassroots level to bring together multiple stakeholders working in their silos. It is in this context that the concept of polycentricity gains importance. As human activities are increasingly interconnected and complex at the local, national, and global level and involve multiple institutions and entities, the appropriate governance required should also reflect this complexity (Blmoquist, 2009). "Polycentricity" is a fundamental concept in the work of Vincent and Elinor Ostrom. The term connotes a complex form of governance with multiple centres of decision making, each of which operates with some degree of autonomy (Carlisle & Gruby, 2019). The decision-making units in a polycentric governance arrangement are often described as overlapping because they are nested at multiple jurisdictional levels (such as local, state, and national) and include special-purpose governance units that cut across jurisdictions. A polycentric system is enabled when there is sufficient coordination among the decision-making centres to cooperate, coordinate and resolve conflicts.

In simple terms, the concept of polycentric governance offers an alternative to top-down command-and-control, monocentric governance on the one hand, or completely independent action without any overarching governance. Polycentric systems have potential advantages in providing shared goods and services, adaptation to local circumstances, adaptive learning, resilient responsiveness to change, and other criteria (Carlisle & Gruby, 2019).

The following cases from Rajasthan and Odisha look at MAP processes and the responses undertaken in response to the pandemic. The two locations having a different location setting and geographies present context-specific issues and challenges that the communities faced during the pandemic. We analyse the two cases and arrive at conclusions regarding similarities and differences across the two resource systems, key challenges, pathways to MAP process, implications of actions engaging key actors at meso scale, role of federations and their responses to covid induced shocks.

Polycentricity and the pandemic

In India, the effectiveness of the COVID-19 response was entirely dependent on the capability of the institutions at the grassroots level, which includes mainly the local government bodies, NGOs, community organisations, healthcare workers and other local entities. The COVID-19 crisis called for working closely with relevant actors and stakeholders to respond to the crisis and alleviate distress effectively and quickly. Since the pandemic hit the poor and vulnerable most, it was important that the relief measures reached them. This necessitated that the current institutional vacuum that causes policy paralysis/inaction be overcome by bringing together the siloed actors. Therefore, putting in place a polycentric system allowed flexibility and innovation over existing institutional processes, which offered the adaptability to respond to external shocks such as the pandemic. It also encourages an effective mobilisation of community members by provisioning space for local members to best overcome context-specific challenges and deliver the targeted aid.

Figure 1: The interventions by FES

Core Model

Secure Land Rights + Empower Local Governance + Restore Degraded Ecosystems = Ecological Health + Resilient Livelihoods

FES and polycentric governance

The Foundation for Ecological Security (FES) works with rural communities in India to restore forests, pastures and other common lands. The work of FES illustrates ways of supporting the development of polycentric governance. As natural resources often transcend administrative boundaries and involve working with multiple stakeholders for the effective management of resources, it is important to ensure coordination between them (Priyadarshini et al, 2016). A polycentric approach is important in situations where we need to consider different scales of resource management (for example village,

district or landscape levels), a range of government actors with a mandate for resource governance, various actors and resource users, and different natural resources within a given landscape (Nagendra & Ostrom, 2012). FES facilitates polycentric governance through creation of MAPs, which are deliberative platforms for different decision-makers/stakeholders to engage and respond to issues.

MAPs and the processes on ground

The MAP is an approach to strengthen the local, regional and national governance with several distinguishing characteristics as it addresses challenges that are narrowly defined and is of critical concern to the communities. MAPs comprise multiple stakeholders involved from different sections of the society, which includes community members, civil society organisations, private entities, government departments, etc. It therefore links actors across all scales of decision-making, by providing a forum for debates and dialogues that helps in bringing together representatives from different localities and geographies.

The development of MAPs is an iterative process evolved through persistent dialogue building organised at the local level over a period on various issues concerning the local community. This helped in building a shared awareness of the issues specific to regions at different levels. To pursue a common purpose, debates take place about different courses of action, including assessment of groups that might support or oppose such actions and finally an action plan is decided consisting of commitments by the multi-stakeholder teams. It also involves capacity building of key actors, including marginalised, women and youth.

In this paper, our focus is on MAPs at block level (subdistrict) and below. The coordinated functioning of all the actors and stakeholders is necessary at this level to address the critical "governance gaps"— where there is a need for more responsive, inclusive and equitable governance. Therefore, to address this, FES played the key role of a facilitator and tried to bring together several local informal village institutions (VIs) and other functioning entities in villages under one umbrella. This unit or platform is termed as "federation" (a collection of village institutions) which collectively addresses common issues and challenges of the landscape.

The federations in our study areas have been facilitating MAPs by bringing together various stakeholders at the block levels. Our case studies are about how federations leveraged previous experience of facilitating MAPs to respond to COVID-19 crises. MAP at the local level is achieved by nesting VIs in federations, and federations in turn in the larger MAP process (consisting of other stakeholders) at the local level.

Ground realities

In the aftermath of the first lockdown, the villages in Rajasthan and Odisha where FES works saw large-scale reverse migration from the metropolitan cities. They migrants arrived in trucks, buses, goods carriers and on foot. The sudden loss of livelihood and the uncertainty over returning to the cities gripped the migrants. In some villages, they were not allowed entry. There was a scare of virus transmission and communities with the help of local governments and NGOs provided temporary transit camps for migrants. In the interior parts of Odisha where FES works, communities were not aware of the COVID-19 protocols of wearing masks, social distancing and personal hygiene.

Moreover, there was a sudden stoppage of all economic activity in the villages. Lockdown coincided with the time of rabi harvest both in Odisha and Rajasthan. The farmers were uncertain on how to sell their produce in the event of a lockdown. The lockdown also affected a large number of daily-wage earners who suddenly found themselves without work. This also gave rise to fear of hunger and starvation.

The lockdown stopped all kinds of field activities of FES. It formed a COVID-19 response coordination body institutionally. In each of its field locations, the teams were tasked to find the most pressing challenges and strategise to respond to them. FES has a strong field cadre that involves the community resource persons, para-workers and other field staff who were quickly mobilised to the villages for assessing the needs of the communities. The field cadre also mobilised the communities in responding to the various issues.

Rajasthan

Study area and location: In Rajasthan, the study locations selected were the blocks of Mandalgarh and Mandal in Bhilwara district. The area is inhabited by the agro-pastoralist communities that are highly dependent on common lands, consisting mainly of pasture lands, for their livelihoods. These lands, often under the management of panchayats, suffer from weak governance resulting in neglect, overexploitation and illegal encroachments. The Bhils, Gujjars and Rajputs are the major communities in the area. Agriculture, livestock keeping, forestry and daily-wage earning in the villages (agricultural labour and Mahatma Gandhi National Rural Employment Guarantee Act or MGNREGA) are the primary sources of livelihood among the communities here. Most households depend on income from migration and remittances.

Figure 2: Map of study locations across Rajasthan

Identifying the purpose and context: In the Mandalgarh block, the problems of land fragmentation, industrialisation, and increasing pressure on pasturelands led to the growing issues of encroachment, granite and water mining in the block. Similar issues of encroachment on pasturelands were faced by the communities residing in resource-rich regions of Mandal block, where illegal mining is still prevalent and has led to water scarcity and groundwater table depletion over time. Even though government policies and programmes for pastureland governance were effective and had the potential

to address these issues, the implementation at the block level was weak and the impact was negligible. This could be attributed to the lack of availability of services, inability of the community to harness technology, less coordination between the different administrative units functioning within the region and local institutions, and the lack of government accountability at block levels.

The evolution of federations: In Mandalgarh, the Tree Growers Cooperative Society (TGCS) under the National Tree Growers' Cooperative Federation (NTGCF) continued with their work of eco-restoration and watershed management with the help of village institutions facilitating the entire environment conservation agenda during 1995-96. Having met with pastureland-related issues that impacted their livelihood, the village communities understood the importance of strengthening institutional governance. In 2003-04, drawing inspiration from the united forum of NTGCF, about 70 village institutions (charagah vikas samitis) came together to form a larger organisational unit called the Paryavaran Premi Samaj federation. The unit consisted of three-four representatives of each village institution, which added up to a total of 210 members at the time of its formation. The present-day federation of the Mandalgarh block consists of representatives from 216 village institutions.

In Mandal, the communities and village institutions have been working closely with FES since 1998-99, on various issues such as securing community rights over commons, eco-restoration of degraded landscape and rejuvenation of the waterbodies through watershed management. Initially the villages and the institutions formed smaller associations/groups to resolve environmental concerns jointly. Nine associations comprising two-three village institution representatives in each association were formed across the block in pockets. However, these associations, even after prolonged deliberations, were not able to bring all the concerns of the communities together in the same string, because the region (called Siloti Mandaria) has a long north-south extent and caste diversity. In 2004-05, all the nine small associations came together with other villages of the block to form a more connected federation body called the Paryavaran Jan Chetna Manch, Siloti Mandaria. It now has representatives and members from 220 villages and institutions across the block.

MAP in practice and on ground: The NTGCF is an organisation devoted to the restoration and protection of the native ecology of the country.

During the late 1990s, when village institutions were taking shape in both the blocks of the region, FES, through its expertise on restoration of "commons" and securing livelihoods of communities, helped the people understand their livelihood threats owing to the environmental concerns. Thereafter, the communities realised the importance of a federation and their direct connections/interactions with other functional entities of the region. The entire concept of developing a federation within the blocks brought everyone together amidst the stringent caste-dominated mindset of the rural communities of Rajasthan. The federations of Mandalgarh and Mandal blocks had well-built connections with a diverse range of actors and stakeholders. Moreover, the communities along with the federations continued to have small-scale interactions with panchayat members, block officials and other NGOs. Additionally, FES conducted guided workshops and interactive sessions between the federation representatives and the partners.

Community mobilisation during COVID-19

Figure 3: Response to COVID-19 in Mandal and Mandalgarh blocks

Helpdesks and information centre: Faced with the large-scale reverse migration in April-May, a majority of the village households were grappling with concerns related to food shortages, health and well-being, sale of rabi harvests and so on. The federations of Mandal and Mandalgarh set up two

helpdesks in the block headquarters and 40 smaller information centres in different gram panchayat and villages. These helpdesks were managed and monitored by federation members with the support of FES staff and community resources. Through the helpline numbers circulated in the region, communities were provided information about COVID-19 safety precautions and health checks, availability of market and transportation for sale of crops, crop insurance, ration shops, banking facilities (ATM/E-mitra) and so on. More than 1,000 concerns were heard and resolved through information sharing per week per desk.

Ensuring food security: The federations took charge of ensuring availability of food and basic items of need for the families of migrants and the other vulnerable sections of the society. With the help of panchayat members, local stewards and communities, the federations listed the households in need of food. This led to the "Mutthi Anaj campaign" across the region, where better-off households could contribute grains and pulses for the food security of the vulnerable and low-income households. Through this, the federations reached 4,500 households across the region. Additionally, keeping track of the entitled government schemes, the federations members submitted a petition to the district collector seeking nutrition or "poshahar" kits for pregnant women and lactating mothers. Thereafter with the convergence with the Bhilwara Dairy Milk union, 2,000 "poshahar" or nutrition kits were distributed among beneficiaries.

Figure 4: Image of communities contributing grains and pulses for Mutthi Anaj campaign in Rajasthan

Figure 5: Image of dry ration kits being handed over to vulnerable families in Rajasthan

Ensuring viable livelihood options: The federations facilitated the registration of 4,000 new job cards for the unregistered and vulnerable households and put forth work demand (Kaam Maango Abhiyaan) under MGNREGA. Interestingly, 85 percent stakeholders who opted to work at MGNREGA during the crisis were women. In fact, 68 percent of the active job cards in the financial year belong to women.

Similarly, through an android application called GEET (GIS Entitled Entitlement Tracking) designed and developed by FES, the federation members, local stewards, youngsters and community resource persons conducted household surveys and tracked the entitled government schemes that individuals in each household are entitled to. Of the 8,500 households surveyed, more than 4,000 households benefited from government entitlements such as old-age pension, Pradhan Mantri Kisan Nidhi and other social security schemes they were not aware of (Source: India Observatory-GEET dashboard).

Figure 6: Community resources person conducting GEET survey of vulnerable family tracking government entitlements

Figures 7 & 8: MGNREGA work for communities in Rajasthan during lockdown

Ensuring safety nets and awareness: Along with COVID-19 warriors, the federation members campaigned at the MGNREGA work sites to ensure social distancing and distribution of masks, soaps and sanitisers. Additionally, the same group went from village to village to encourage communities to take precautions to prevent the spread of the virus from the in-migrants. For example, they ensured sanitisation and cleaning of COVID-19 wards set up in government schools. The group also supervised timely health check-ups of the sick and needy by anganwadi and ASHA workers.

*Figures 9 & 10: Distribution of masks and awareness campaign with the MGNREGA stakeholders in Rajasthan*

Odisha

Study area and location: Fifty-seven percent of Kankadahad block's population belong to the tribes. This area in Dhenkanal district is densely covered by forests rich in flora and fauna. The area is also rich in minerals, which has led to industrialisation. Kankadahad's main tribes are Munda, Gondhs, Santhal, Juang and Dehuri; of these, the Dehuris are a particularly vulnerable group. Agriculture, livestock keeping, forestry and daily wage from agricultural labour and MGNREGA are the primary sources of livelihood for Kankadahad's tribes.

In Kankadahad, rights over use of forest land were denied to its people since Colonial times. The problem persisted even post-Independence, considering that industries rushed to exploit Odisha's resources, which alienated local communities and led to conflict over resource boundaries within villages. The existing governance structure often generated conflicts between the Forest Department and the people. Moreover, despite legal mandates for participation in community and governance processes, women and tribal groups were marginalised and disempowered from doing so.

Figure 11: Map of Kankadahad block in Dhenkanal district, Odisha
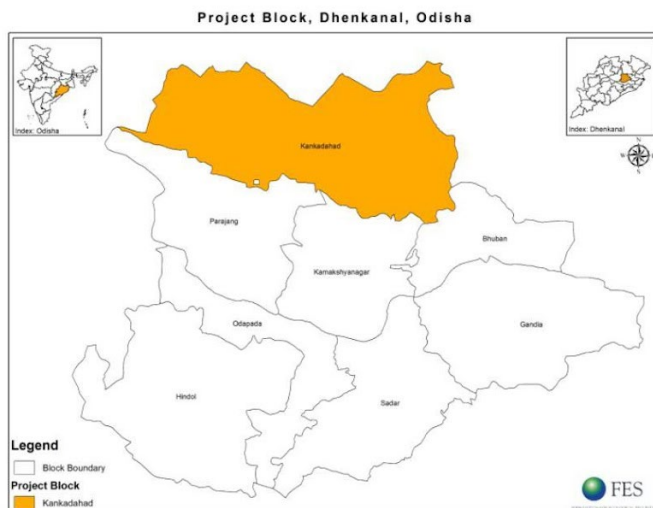
Evolution of the federation and MAP process: Kankadahaad's history is marked with issues relating to land, water and livelihood. Over the decades post-Independence, it became tougher to address these issues on a broader scale, due to geographical remoteness, the scattered nature of hamlets and lack of spaces for representation of local communities. A need was felt to bring together the scattered siloed actors operating in the region to address issues pertaining to forest fires, agriculture, water and land conflicts.

FES has initiated MAP processes at the Kankadahad block level in 2016, though the ongoing engagements with local level institutions started two decades prior. The block consisting of 21 panchayats was divided into four zones, each having 5-6 panchayats. In each of the panchayats, FES identified six leaders, including women and youth. Over the years, through rural colleges or Prakriti Karyashala set up by FES, the organisation has been working towards capacity-building of the leaders. The leaders would hold meetings with other community leaders, caste and religious groups and self-help group leaders on various issues such as agriculture, water and the implementation of the Forest Rights Act, 2006 (FRA).

The Sauvik Vikas federation was formed in 2019 and was instrumental in converging these multiple issues and bringing it on one platform. Due to enhanced participation of women, youth and other minority groups, the local issues are initially addressed at village level during pali sabha meetings, then

at gram sabha meetings, and finally at the block level. There is representation from each panchayat during block-level meetings with definite roles and responsibilities and proper course of action and planning. Infringement of rules set in the federation's rule book could lead to sanctions or expulsion as a member.

Depending on the severity of the issue brought up for discussion at block-level meetings, the federation works in collaboration with block district officials, collectors, line department, health department, agriculture department and other to reach intended outcomes.

Community mobilisation during COVID-19 response

Figure 12: COVID-19 response in Kankadahad block

Ensuring viable livelihood: Community Forest Rights (CFR) claims or CFR, under the FRA, provides tenurial security over forest lands to forest-dwelling communities. It has the potential to improve livelihood opportunities of communities by ensuring community management of minor forest produce in common forest land. It was recognised that fast-tracking the implementation

of CFR would be a relevant response to widespread livelihood loss and income. In the Kankadahad block, the Forest Department and the Revenue Department were supporting the CFR implementation. The main stumbling block of CFR implementation was the unsettled forest boundary issues and conflicting claims by villages as well as lack of awareness about FRA provisions in communities. The planning process initially identified all the villages with potential CFR claims. The federation leaders were mobilised to conduct meetings in all the villages to submit CFR claims. In this process, the villages with conflicting claims and boundary issues were identified. Special meetings were held in these villages to come to a consensus on the boundary issue. Many conflicts were resolved in these first rounds of discussions at the village level. In villages where conflicts persisted, deliberative spaces were facilitated to find an amicable solution. It brought together conflicting villages, and the Forest and Revenue Departments under one umbrella. Once this process started, of the 135 villages with potential community forest land, 90 filed CFR claims and 45 got entitlements (over 12,710 acres of forest land).

Marketing of agriculture produce: Kankadahad exhibits diverse cropping patterns with prominent winter crops including paddy, pulses and oilseeds. The landholding size is small, the yields are usually low and subsistence farming is common. The lockdown imposed by the Central government to curb the transmission of COVID-19 coincided with the time of harvesting of rabi crops. The pandemic had hit both rabi and kharif seasons; the disruption in the transportation of goods and services necessary in farming and marketing threatened food and nutrition security. To avoid further loss and distress selling, the federations helped the local communities in providing membership to the Farmers Produce Organisation (FPO). Initially, the FPO consisted of 130 members from 10-15 villages, but after interventions and mass mobilisation, its strength went up to 500 members from 42-50 villages. Further, fertilisers were sold at subsidised rates to the farmers. The federation members held dialogues with the local-level authorities and raised concerns of inadequacy in supply and marketing of agricultural produce. Finally, with permission from the sub-collector and the block development officer, passes were issued to local communities who could then sell their produce in nearby towns.

Conclusion

Comparative analysis and key learnings

Both cases displayed several similar challenges and circumstances in the COVID-19 response plan. Though different approaches were used to initiate MAP processes in both the regions, the outcomes were quite similar. It could be seen that MAP processes enhanced the resilience, adaptability and ability of local communities to respond to external shocks and also allowed the space to respond innovatively to issues. It helped them address the pressing problems of governance gaps at block level due to siloed actors, information asymmetry and lack of local-level concern at the higher levels. In both the regions, ever since the formation of federations, there has been an enhanced communication and coordination between actors. Because of the pre-existing cycles of liaising and cooperation with government departments, civil society organisations, village institutions, local communities, local leaders and other actors, the federations could step up to the ask of addressing multiple needs of the community during the pandemic. The federations already had the advantage of being connected to the local community as well as other stakeholders at the administrative level. This led to accuracy and efficiency of crowdsourcing of information flow, enabling communities to mobilise themselves to take prompt measures in terms of health support, marketing agriculture produce, harnessing technology to spread awareness and mitigate the reverse migration crisis by assisting with job cards.

In Odisha, the major COVID response centred around securing CFR claims and marketing of agricultural produce. In Rajasthan, the efforts were directed towards leveraging technology to provide access to employment and social security schemes. In both the regions, efforts were made at the local level to improve rural livelihoods.

Figure 13: Pathway showing community mobilisation using MAPs for COVID-19 response
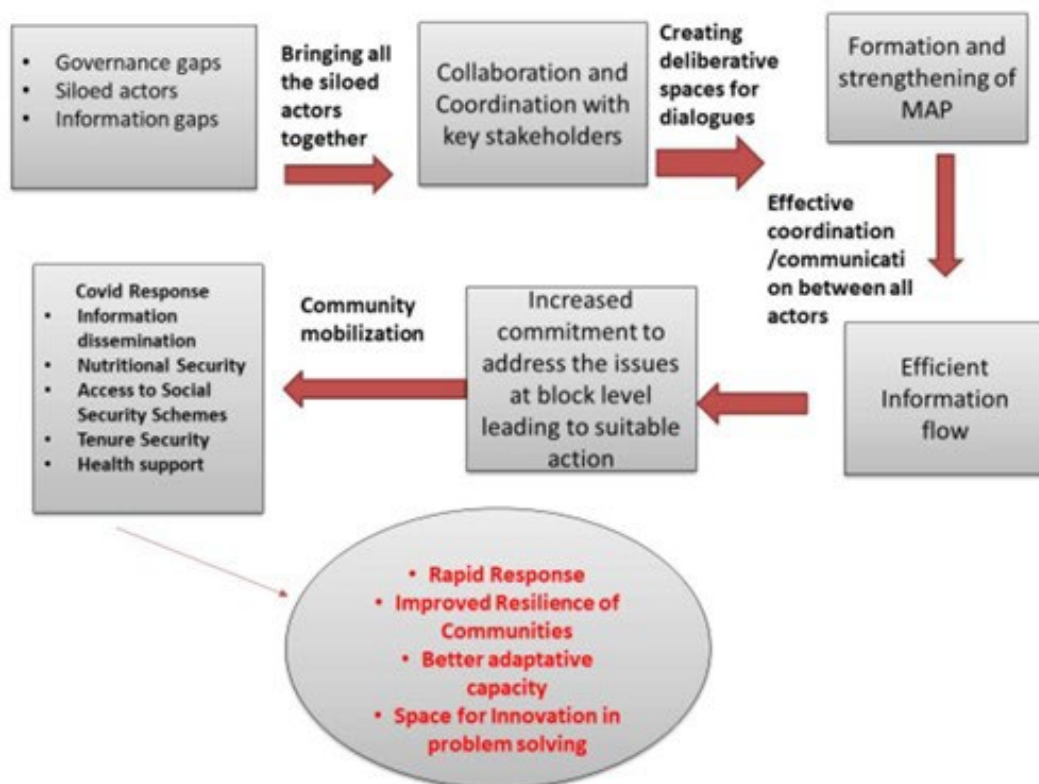
Challenges and limitations

- During the COVID-19 response, direct interaction with communities were a challenge because it involved the risk of spreading infection.

- In communities fraught with social division of caste and gender, it often became difficult to make MAP processes inclusive. Although FES has made several strides in making federations inclusive, there are still miles to go.

- In the initial stages, some of the community members, stewards and the block officials took time to understand and grasp the techno-communication infrastructure such as social media. After FES intervention, they leveraged tools and technologies to the maximum. The existing network of strengthened VIs, community resource persons, local stewards

and government officials were mobilised through the use of tools and technologies. All such capacity-building programmes and mobilisation were organised virtually.

• In the initial phases, it was also difficult to bring together different stakeholders under one platform because of divergent interests and power relations. Therefore, formation and strengthening of MAPs is an iterative process, which requires consistent efforts to unite all stakeholders.

• The MAP process is dynamic as the interests, structures and limits of authority of actors can be in a constant flux. It can also be governed by external factors such as policy shifts. Therefore, it is difficult to sustain MAP over a longer period without constant adaptation.

• Considering the dynamic nature of the MAP process, the monitoring and management of regular meetings of federations is tough. FES has been trying to record them in its MIS database and has evolved an approach through participatory self-evaluation. However, the federation members maintain a register for their own record.

Policy implications

The two cases discussed here highlight the need to recognise the importance of strengthening deliberative processes at grassroots level for better governance and policy outcomes. As federations are grassroots collectives that are composed of and span communities; they are capable of directly representing and responding to community needs, and it becomes extremely important to strengthen them for more responsive policy implementation. In the current context of governance, gram sabha is the only deliberative space where communities can directly hold the State accountable and take part in governance and policy issues that concern them. Even though it is constitutionally guaranteed space, gram sabhas are sometimes dysfunctional, erratic and non-inclusive spaces for marginalised communities. In this context, the FES case studies show that deliberative spaces with multiple stakeholders that involve state actors, civil society and community members can facilitate quick problem solving well-suited to the local context in a cost-effective manner. This also calls for strengthening other formal deliberative processes already happening at the grassroots — such as Gram Panchayat Development Plans, MGNREGA planning and gram sabha meetings. FES has

been working with MAPs in various tiers of the government. Sometimes, FES is part of MAPs or it initiates such spaces. Over the years, FES has recognised the fact that MAP is an important tool to realise common goals and objectives. FES also has the agenda of scaling up MAP across the regions it works in.
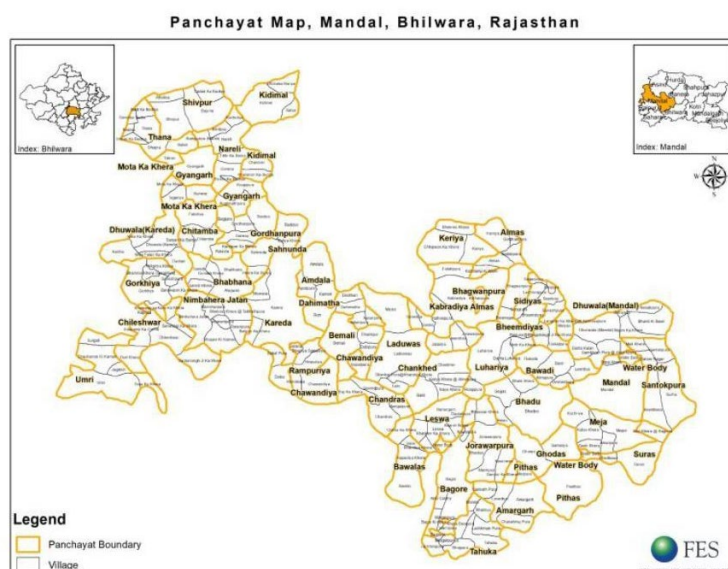
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Annexure I

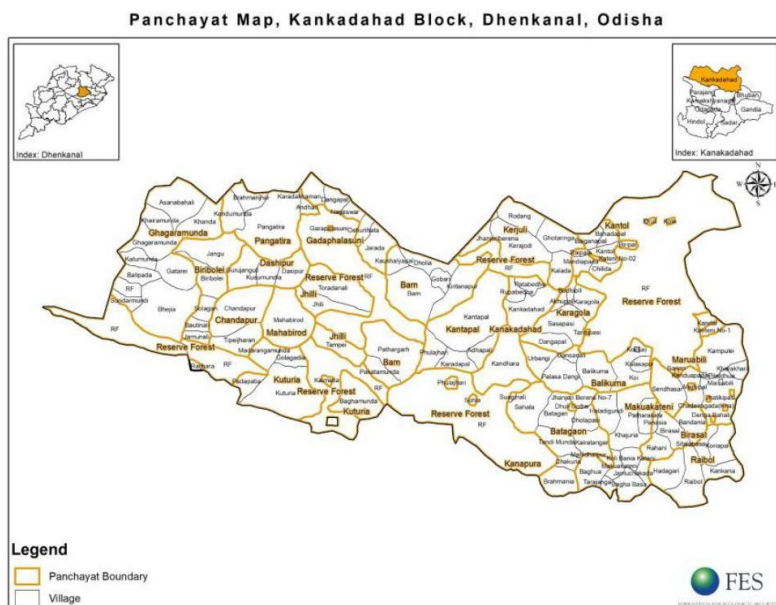*Map of India with study locations in Rajasthan and Odisha*
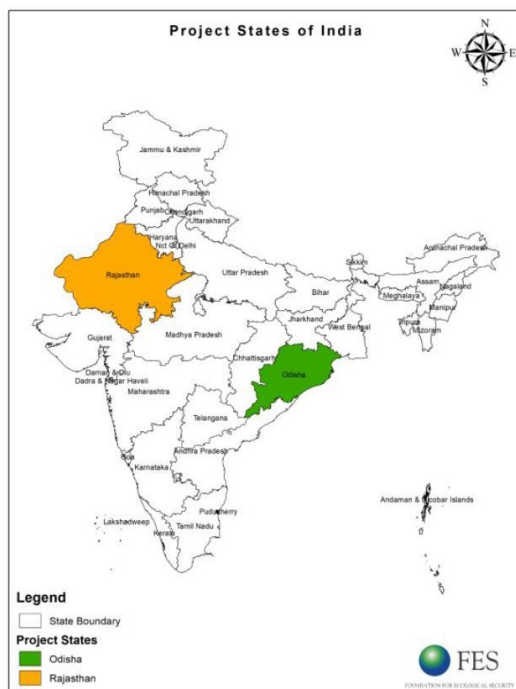
Map of Mandal block at panchayat level

Map of Mandalgarh at Panchayat level

Panchayat Map, Mandalgarh, Bhilwara, Rajasthan

Map of Kankadahad at Panchayat level

Panchayat Map, Kankadahad Block, Dhenkanal, Odisha

Annexure II

Planning, process and execution of MAP

IV. LEARN: Restoring women's right to work and dignity

Dr Indira Gartenberg

Labour Education and Research Network (LEARN)

Abstract

Established in 2000, the Labour Education and Research Network (LEARN) is an NGO that seeks to empower women in the urban informal sector to work and live in conditions of dignity and freedom. It engages with over 900 self-help groups (SHGs) in Maharashtra to help enhance livelihoods and create awareness on health, education and community development.

With the outbreak of the pandemic and the nationwide lockdown in March 2020, LEARN's women members and their families faced hunger, job-losses, income insecurity, lack of healthcare and a high level of anxiety among other challenges. The vulnerability among widows, female-led households, migrant workers, senior citizens and other marginalised groups were twice as much.

During this time, it was the support of grassroots organisations such as LEARN that helped the urban poor tide through an unprecedented crisis. LEARN focused its resources and efforts on livelihood support, in conjunction with preventive health measures. The story described in the following pages outlines that journey, the challenges along the way, key learnings and outcomes.

A usual April afternoon in Nashik, the wine country of India, is hot and dry. Vendors selling popsicle *golas, kulfis*, lemon juice and other cold drinks bring much respite. For most Indians, fond childhood memories often include savouring these chilled items from street vendors during scorching summers. The year 2020, however, would not evoke any such memories. Meena, 38, is a

domestic worker in Nashik and her husband is a *kulfi* vendor. The couple has four children. In a usual year, Meena's husband is able to earn his maximum income from March through May, while he pushes his humble cart all over the city selling *kulfi*. However, the lockdown imposed in March 2020 for arresting the transmission of the COVID-19 virus resulted in the complete loss of his livelihood for the year. Meena, too, was unable to work due to the prejudice against domestic workers as being dirty and unhygienic, stoking fears of COVID-19 infection among their employers. As a result, both Meena and her husband were unable to earn anything for nearly three months. The rest of the year, they hoped, would be different, but it was not. They were ill-prepared for the year-long lockdowns and had no supplies or provisions in stock. They also did not have any savings. When they ran out of supplies, Meena and her husband decided to eat on alternate days, but made sure that their children did not go hungry.

Heart-breaking as this story is, Meena and her husband are among the 47 crore workers in India's informal workforce (92 percent of total, NCEUS, 2007). They have no job security, no employment contracts, no regulated minimum wage, no health insurance, no social security benefits, no maternity coverage and no law protecting their interests. Often, they belong to socio-economically and historically marginalised communities of India, and live and work in less-than-ideal conditions of safety and health. Indian cities house 33.5 percent of its population, and this number is rapidly growing as rural migrants often find jobs and income in cities (Chen Raveendran, 2014). Nearly 80 percent of urban employment in India is in the informal sector, and many women constitute a substantial proportion of this urban population (Ibid.). Most urban informal workers live in slums with dismal civic amenities and they often lack documents needed for benefits and entitlements for certain income groups. The COVID-19 pandemic has had a devastating impact on the already fragile lives of urban and rural working poor of India.

In the absence of any social security and state support, informal workers rely on each other and on their social networks for support of all kinds. Women workers face triple marginalisation — in the family, in the labour market and in society. Their work is extremely low paid (often less than their male counterparts), their work is invisible (both in government statistics and in mainstream narrative) and their quest for a life of respect, dignity and recognition (both at work and at home) is often unfulfilled. The Labour Education and Research Network (LEARN) represents the interests of informal workers, particularly those of women informal workers in Maharashtra.

Established in 2000, LEARN is a NGO that believes in holistically empowering women in the urban informal sector to work and live in conditions of dignity and freedom, by conducting strong research to guide its work at the grassroots. It aims to build women's collective strength through self-help groups (SHGs) that take up issues of enhancing livelihoods, raising awareness on health issues, education and grassroots community development. Today LEARN has a strong grassroots base of 8,620 urban poor women workers in 971 SHGs across three cities of Maharashtra: Mumbai, Nashik and Nagpur. These members work in a variety of jobs such as home-based work, domestic work, construction work, street-vending, rag-picking, micro-factory work and garment work. LEARN believes in extending support to women in distress, enabling them to come up with collective solutions for issues of livelihoods, health and education. In this pursuit, their children are also an important focus of the efforts. LEARN provides safe, developmental childcare and a variety of activities to foster children's creativity, and nurture their activism through theatre.

The conditions under which women become members are intrinsically linked to their identity as women workers. The informal economy is characterised by rampant exploitation and dismal working conditions, with slum-dwellers in low-income settlements facing a number of citizenship rights issues, the absence of digital access and nearly no access to social security. The most important need for women when they join the union is that of identification documents, because a majority of them are migrants to the city from various rural and semi-rural locations. That is the first hook. Hence, for a new member, the organisation's role is to help them create identification documents. A slow process of discovery through collectivisation helps them become aware of their identity as workers, and they seek guidance from each other and learn to brainstorm for group solutions to common problems. After coming to the grassroots women's collective, they find support, and they slowly discover their identity and also realise that they are not alone (*"Tila himmat yete"* — *she gets the courage*). The women gain information and knowledge, their awareness increases on a number of aspects, such as their own rights, children's education, healthcare, etc. They also reach a level where they are able to translate their solidarity to create tangible gains (such as income increase, improved public transport facilities and so on). This then encourages them to bring even more women to the collective as members.

Table 1: LEARN membership in Maharashtra

	Nashik	Mumbai	Nagpur
Domestic workers	1,598	1,218	61
Home-based workers	1,269	1,594	138
Street vendors	403	222	13
Construction workers	308	78	1
Ragpickers	120	198	0
Micro factory workers	692	702	5
City-wise total	4,390	4,172	218
Grand total		**8,620**	

Among the 4,390 members in Nashik, the religion and caste profile is as follows:

Dalit/ Scheduled castes	40%
Maratha	25%
Muslim	20%
Tribal/NT	15%

These 4,390 members are in the following age categories:

18-25	5%
26-33	10%
34-41	40%
42-49	20%
50-57	10%
58-65	10%
65 plus	5%

The women members are divided into groups of 20 each. At the moment, LEARN has 971 SHGs in Mumbai, Nashik and Nagpur. Of these, Nashik has two types of groups: 207 groups (representing 4,140 members) that do not

engage in savings activities, and 25 savings SHGs with 10 members per group (representing 250 members). Of the latter category, two groups comprise persons with disabilities.

The 25 SHGs that do monthly savings and inter-loaning have the savings range of INR 100-500 per month. Some groups are able to put more money into savings than others, primarily determined by the nature of their stable income. Most of the groups however, are able to put in INR 100-200 per month as savings.

These savings SHGs conduct one meeting per month. In the very first meeting after the SHG is formed, they decide the "house rules": how much should each person in the group equally contribute as savings, what should be the rate of interest for internal loaning and so on. The members elect those who will manage the group, i.e., president, vice president, secretary (based on literacy and willingness to contribute time to manage the responsibilities of the group), and then also submit the resolution and letter to the bank with regards to the signatories for that savings SHG.

SHG benefits

Over the years, women have listed several benefits of being part of the SHGs.

The most important benefit is savings itself. Women in the informal economy often do not have any cash left in hand after a day's work, especially if they are self-employed. When they are able to cast away some part of their income in a bank, then they know that they are building a reserve elsewhere and that it is not easy for them or their family members to spend, as is the case with cash in hand.

The second benefit women see is the ability to take loans from a source other than family and moneylenders.

Women also value getting to know each other. The SHG meetings become a platform for unwinding, chatting, sharing and learning from each other. These non-material intangible benefits are the glue that holds them together in the long run. They also encourage other women in their families and neighbourhoods to create or join similar SHGs.

Another important benefit has to do with the market linkage that SHGs could provide. For instance, in the case of the Nashik LEARN office, during festivals such as Diwali and Navratri, the Nashik Municipal Corporation, through its department of National Urban Livelihoods Mission (NULM), invites SHGs to display and sell their products through a free stall space in massive exhibitions. Women get access to a much wider and more diverse customer base and are able to make good profit margins on their handmade products. The earnings of the SHGs from these exhibitions are pooled together and put back into the SHG's savings account. The entire management of earnings is conducted in a transparent manner by the women in the SHGs on their own.

At the end of each year, there is an audit of the SHGs. The interest accrued is shared by all members equally.

Being part of the 10-member SHGs does not limit the reach to just the members in the group. In Nashik, 25 SHGs came together and established a *Vastistar Sangh* (cluster-level federation) called Uttam Nagar Vastistar Sangh, which means that now this unit can access much higher amounts of loans for setting up a group enterprise. If they desire to do so, the government provides INR 50,000 seed capital to start the group business.

SHGs also self-organise short picnics and trips, and participate in exposure visits organised by the municipal corporations. For instance, the SHGs in Nashik travelled to Malegaon, Shirdi and Kopargaon for events organised by the municipal corporation.

The SHG meetings, the exposure, the improvement in one's financial situation through the women-led groups also builds grassroots leadership of women. They learn to co-create and work towards successful collective outcomes, they build their confidence in speaking with each other, in front of the public and with the government officials, become decision-makers within the family and gender-equality champions within their communities.

The pandemic effect

Since the onset of the COVID-19 pandemic and subsequent lockdowns starting March 2020, LEARN's women members and their families had been experiencing hunger, job-losses, income insecurity, lack of healthcare, distress reverse migration, misinformation, increased domestic violence and high level of anxiety about the future. The vulnerability during this crisis was especially amplified for widows, female-led households, migrant workers, senior citizens and other marginalised groups. All of these factors pushed many families into deep poverty with no respite in sight. A study conducted by LEARN in 2020, assessing the impact of COVID-19 and lockdowns on domestic workers in Mumbai and Nashik, found that 90.1 percent of them did not have work during the lockdown. In Maharashtra, after the first unlock in 2020, only 11.9 percent of the domestic workers had resumed their old jobs, whereas 71.3 percent had reduced work, which meant reduced incomes.

Figures 1a & 1b: Median incomes of women domestic workers
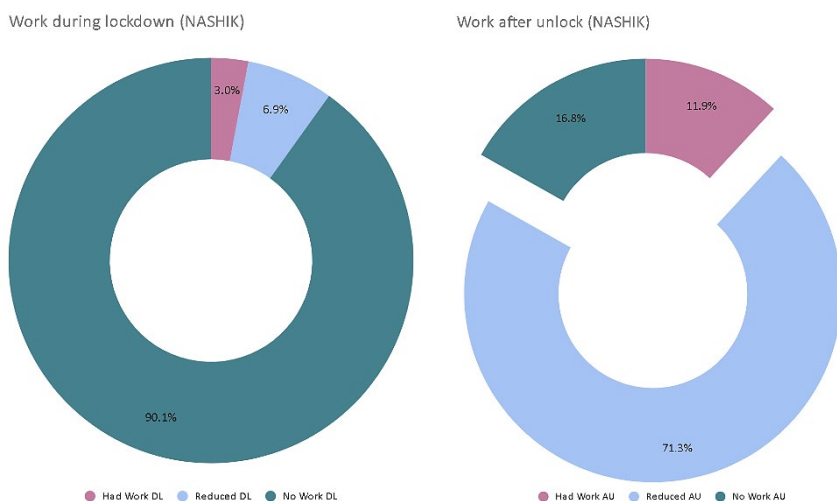
As a result, incomes also fell drastically, and for long periods of the year. Figure 1a (Work during lockdown [Nashik]) and b (Work after unlock [Nashik]) indicate the median incomes of women domestic workers in Nashik before and after lockdown of 2020, as well as a comparison of incomes before, during and after lockdown (Figures 2a and 2b).

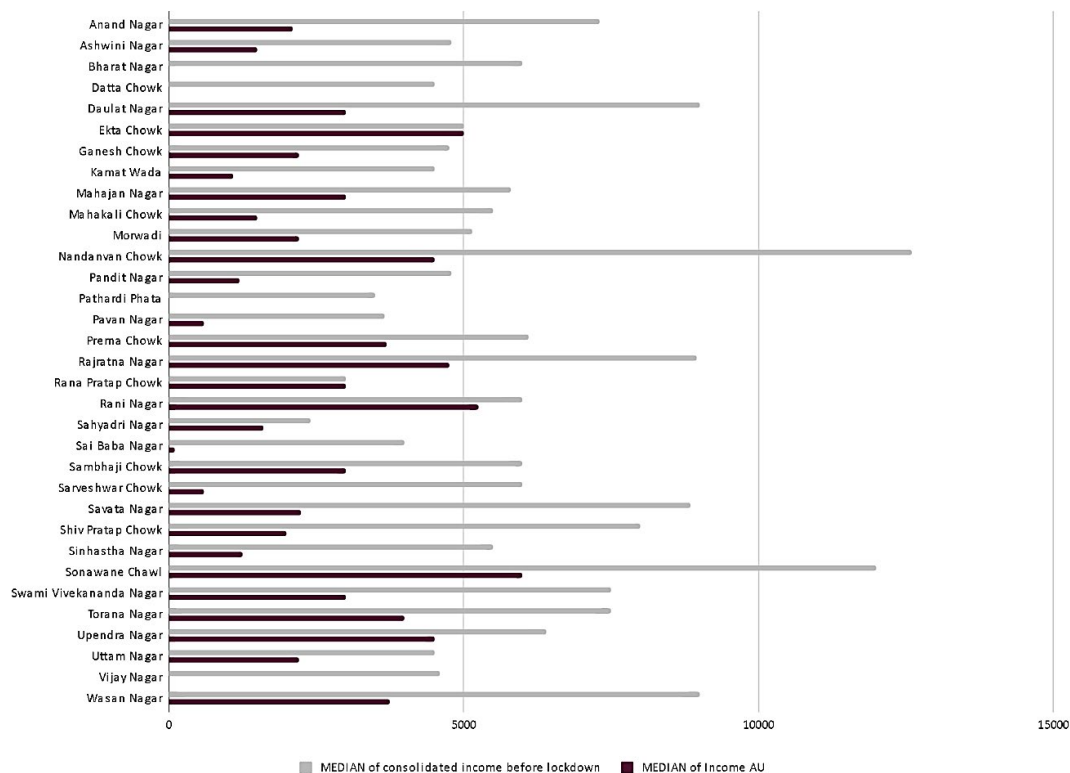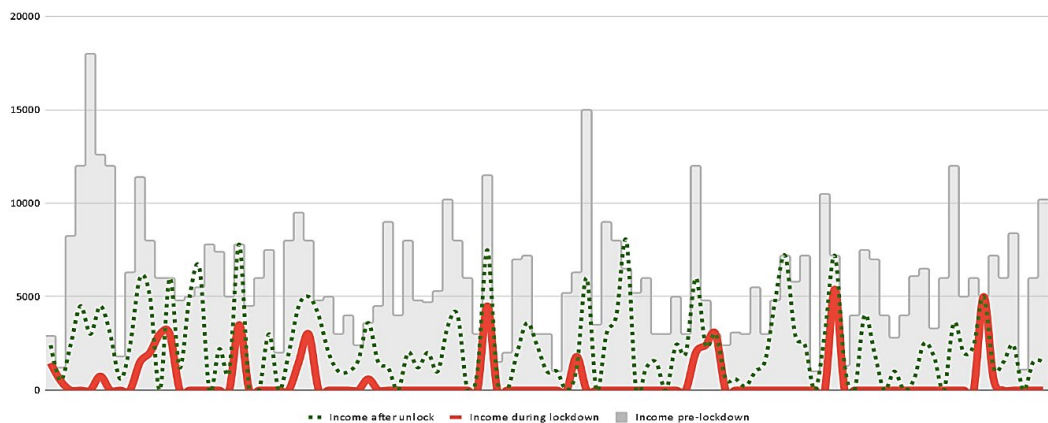*Figure 2a: Median income before and after lockdown (Nashik)*

Figure 2b: Income before/ during lockdown/ after lockdown (Nashik)

During this time, when the government outreach and media narratives about the urban working poor was minimal, it was the support of grassroots organisations that helped them tide through an unprecedented crisis.

As a grassroots organisation composed of and led by urban poor women, LEARN realised that the task of immediate recovery and build-back of these communities would need focused work in the area of livelihood support, in conjunction with preventive health measures. Most of LEARN's women members are domestic workers, hence the grassroots team of LEARN Nashik adopted a rights-based approach and came up with a pragmatic scalable solution to support their livelihoods. The programme titled "WASH Trainings and Skill Development for Livelihood Protection of Domestic Workers" intersected poor women's livelihoods, skill upgradation and preventive health, contributing to Sustainable Development Goal (SDG) 5 on Gender Equality and SDG 8 on Decent Work.

The backstory

LEARN's preliminary research in 2020 found that domestic workers were anxious about their employment situation in the aftermath of the pandemic and lockdowns. Government support during this period had been negligible and they had a drastic loss of income during the sustained lockdowns of 2020. Domestic workers were (and are) staring at an employment and livelihood crisis, mainly because their employers were fearful of their exposure to the COVID-19 virus and their lack of understanding about preventive protocols against transmission. Employers also had concerns about the hygiene of slum-dwelling domestic workers and fears of close interaction with them. Hence, domestic workers were confronted with the stigma that prevented them from getting their original jobs back or finding new employment. After a year of no jobs, no incomes, and a health scare, they have plunged further into deep poverty. They felt ashamed that they could not provide for their families, which added to their feelings of worthlessness and stress.

In the communities of urban informal workers, the lack of access to adequate, accurate and reliable sources of information about health, sanitation and hygiene — especially in the context of COVID-19 — necessitated a training from medical professionals for the urban working poor to increase their understanding of the prevention of transmission and safety precautions in general. The initiative by LEARN Nashik directly addressed domestic workers' WASH-related concerns surrounding the COVID-19 pandemic.

LEARN

Labour Education and Research Network

Working with empowering women in the urban informal sector to work and live in conditions of dignity and freedom through research and engagement

Domestic workers were (and are) facing employment and livelihood crisis

WASH

Trainings and Skill Development for Livelihood Protection of Domestic Workers

1 Interactive training by healthcare professionals

- Conceptualised by informal workers themselves
- Training by certified doctors and nurses
- Teaching and demonstration of government safety protocols
- Self-care tips for domestic workers

2 Certification

- Successful training completion
- Raised curiosity of employers

None of the women had received any certificates before. Their joy receiving and their families' praise upon seeing these certificates filled the domestic workers with pride and confidence

3 Monitoring of outcomes

93% lost jobs re-hired

42% wages increased

- Highly positive feedback and encouragement
- Sensitisation to addresses stigma and fear about domestic workers' hygiene

Water, Sanitation and Hygiene (WASH)

The initiative

WASH Trainings and Skill Development for Livelihood Protection of Domestic Workers had three main steps:

1. Interactive training by healthcare professionals

2. Certification

3. Monitoring of outcomes

The training format was conceptualised by LEARN's grassroots women leaders' team, who were themselves informal workers. As a first step, they mobilised their networks of SHGs comprising domestic workers, inviting them for an awareness session about COVID-19. For resource-persons, they invited doctors and nurses to conduct the training, focusing on prevention of infectious disease through a combination of pedagogy and demonstration techniques following the Ministry of Health and Family Welfare's (MoHFW) safety protocols which include handwashing, surface cleaning, physical distancing, the proper use of personal protective equipment (PPE), proper use of water (for washing, cleaning, drinking) etc.

In the planning and preparation phase, LEARN's grassroots leaders contacted their network of area-leaders for support and cooperation. Their initial brainstorming and planning session included several questions. What kind of space is suitable for the training, given the COVID-19 appropriate protocol where social distancing was possible? How many women to invite and who should be given preference? Will the women be interested in the training if the duration is more than two hours? Then came the question about which doctor or medical professional would be willing to come down to a slum to share information and tips specifically for domestic workers. Coordinating the timings and schedules of domestic workers was harder than the leaders had anticipated. Mindful of these challenges, the leaders made preparations, which among other things, also included assigning two area leaders to get the women to sit at a safe distance from each other.

To begin with, they decided to invite any domestic worker interested in this training. After a successful first pilot, they decided to target domestic workers who were heads of their households, giving special priority to those who were widows, or differently-abled. The question about whether or not women would sit patiently for more than a couple of hours was allayed right in the first session with an overwhelmingly positive response from the domestic workers.

*Table 2: Details of training conducted for domestic workers*

Date	Area	No. of participants	Group composition	
28 January 2021 4 hrs	Uttam Nagar 1,000 masks distributed	37	OBC Teli	10
			ST Ramosi	1
			OBC Maratha	7
			Muslim	1
			SC	11
			SC Mang	2
			SC Chambhar	5
			Total	**37**
20 February 2021 4 hrs Posters used + Pamphlets distributed	Rana Pratap Chowk 1,000 masks distributed	77	Brahmin	5
			SC	21
			ST Vanjari	12
			ST Ramosi	1
			OBC Sutar	10
			OBC Shimpi	3
			OBC Mali	10
			OBC Maratha	2
			SC Chambhar	5
			SC Mang	5
			Koli	3
			Total	**77**
13 March 2021 3 hrs Posters used + pamphlets distributed	Rajratna Nagar 1,000 masks distributed	65	OBC Maratha	21
			OBC Dhangar	3
			OBC Sutar	10
			ST Vanjari	6
			ST Ramosi	1
			Muslim	4
			SC	6
			SC Chambhar	3
			Koli	11
			Total	**65**

Date	Area	No. of participants	Group composition	
23 March 2021 3 hrs Posters used + pamphlets distributed	Sai Baba Nagar 1,000 masks distributed	65	OBC Dhangar	10
			OBC Maratha	15
			OBC Shimpi	10
			OBC Mali	6
			OBC Teli	5
			Muslim	2
			SC	6
			SC Chambhar	1
			ST Koli	9
			ST Ramosi	1
			Total	**65**
Total		**244**		

OBC - Other Backward Class, SC - Scheduled Class, ST - Scheduled Tribe

Figure 3: Participants' profile
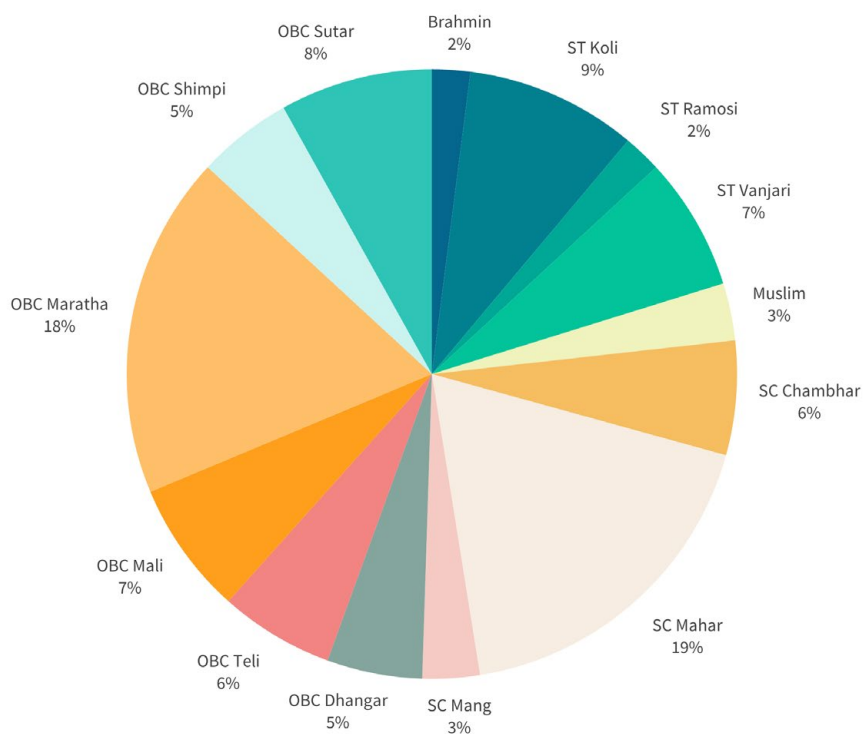
The session also had a separate section for tips and suggestions specifically for domestic workers, for instance, on how to care for oneself in the employer's household, what care should be taken on the commute to and from the employer's household, what safety precautions to be taken while working in the employers' household, how to prevent skin ailments caused by excessive use of cleaning chemicals (such as detergents), etc. In a world rife with fake news, rumours and misinformation, domestic workers also had many questions for the healthcare professionals about COVID-19 as well as other health-related issues. This part of the session was also interactive. Women would also share their thoughts, current updates and learnings with each other, in a very enabling and supportive "sisterhood solidarity" environment. There was no judgement, no looking down on anyone; just a warm peer learning space. The Q&A session also served as a myth-buster and domestic workers felt equipped with accurate information about concrete steps for safety during COVID-19, as well as preventive healthcare in general. After all the questions were answered, women participants were asked to demonstrate the proper way of washing hands and reiterate some of the key preventive tips shared with them by the healthcare resource-persons.

The session always ended with an emphasis on domestic workers carving out some minutes for self-care every day, by stretching and doing gentle exercise, to avoid irreversible ill-effects of maintaining one position during work (such as standing too long, bending or squatting continuously, having feet or hands dipped in water too long). This was a one-of-a-kind training that the domestic workers had never attended before. One attendee said, "… nobody ever bothered about my health, including me."

The doctor's sessions were very well-received.

During 2020, and the early part of 2021 as well, women were not fully aware about how to care for themselves and others in the context of COVID-19. The doctor explained the details about the virus and the pandemic along with the correct safety protocol (handwashing and sanitising within the premises of the home, outside and at the workplace). This also benefited their children and their families because they, too, did not have access to this kind of information. Due to its interactive format, women also asked questions about maintaining good health in everyday lives, and the doctor provided insights on the importance of mild exercise and a nutritious balanced diet, which can be made on a low budget. The women also had a lot of questions

about the vaccine, especially due to the myths that fuelled vaccine hesitation. Fears and questions included death following vaccination, infection following vaccination, inflammation and red spots on the face due to vaccination, further illness, headaches, body pain, etc. after vaccination, and also that the vaccination is all fake and the pandemic being a big lie. The doctor patiently acknowledged their hesitation, and then gave information about the importance of the vaccine. After all their fears were allayed, 227 women who enrolled for vaccination in the subsequent days got their first shot. Due to the shortage of the vaccines in the days that followed the training, the women had to wait longer periods. To this day, women leaders and trained members of LEARN continue to allay the fears of other women regarding vaccination.

Importance of certificates

Each participant who successfully completed the training received a certificate of completion from LEARN, which helped to boost their confidence. Many of LEARN's domestic worker members are illiterate or have attended only primary-level education. Not a single one of them had received any certificates ever. Their joy at receiving these certificates, and their families' praise upon seeing these certificates, filled the domestic workers with pride and confidence. They also took the certificates to their workplace and showed them to their employers. One of the employers, who is a businessman based in Nashik city, took the domestic worker to his office, held up her certificate and praised her in front of his 40 employees. They all clapped for the woman. Bhagubai Sonawane was elated "I had goosebumps… I was smiling and I had tears… nobody had clapped for me ever. I felt recognised… that I am also somebody." Soon after, Sonawane also got two new jobs, and her income has doubled from the pre-COVID times.

Figure 4: Certificate for domestic workers

The certificate turned out to be a much bigger motivating factor and employment-aid for the domestic worker and her employer than imagined. As mentioned earlier, many domestic workers were asked not to come to work during the pandemic, which is still ongoing. However, women showed their employers the certificates they had received after the training. In the slow process of building back their trust, the certification seemed to have played a major role. Employers looked at the certificate and felt that their domestic workers were now aware, and they had gained important information on how to handle themselves in keeping with COVID-19 protocols. Most women managed to resume their old jobs just on the basis of the trust that the certificate generated in the minds of the employers. One participant said, "If I did not have the certificate, I would not have got my job back. I understood the value of this certificate".

The certificate helped solve a major livelihood problem for these domestic workers. Women felt very happy after receiving the certificates. They would say, *"How children get prizes in school, we also got this certificate. We have been doing domestic work for so long, but nobody gave us respect. With this certificate, we feel respected."* Women also enquired if they could laminate these certificates, while some framed them and placed them in the most prominent spot in the house.

Team leaders would call them up once a week, just to ask how things were going, how their work was progressing. The replies were filled with positivity. The main intent was to find out if they were using the information that they received at the shibir (camp), whether they benefited from the way in which they used the information, whether they got their old jobs back or found new ones, how they continued the safety protocol and if they shared the information with their children and family members. The women also reported finding new jobs as well. Some who worked as cleaners in companies/factories were called back to office.

New avenues

The doctor who conducted these sessions, Dr Vishal Hire, was also impressed with the work of LEARN. He asked the women participants in the *shibir* if they would like to send their children as under-studies for nursing. He said that he would teach them free-of-cost in a training hall right above his clinic. He added that he was happy to provide lodgings for those with housing issues. This idea inspired community ownership of this public health initiative. Many domestic workers said that their employers were curious about what aspects the doctor had covered during the training. In reply, the women spoke in detail and also demonstrated some of the techniques such as proper handwashing, as shown by the doctor. The overall feedback from employers was overwhelmingly positive. Some also wrote their praise on pieces of paper and sent it to the LEARN office.

For result-oriented monitoring, LEARN kept track of those who got their lost jobs back, if the training had had a positive impact on their wages and if they were able to find new employment. In 93 percent cases. domestic workers who had lost their jobs were re-hired. In 42 percent of the cases (103 participants), the wages went up, even though marginally. Despite

the restrictions of the entry of domestic workers by most resident welfare associations' (RWA) (regardless of government directives), 38 percent (93 participants) of the women were able to find new jobs. This was a glimmer of hope in the context of overall joblessness among the urban poor. Domestic workers think that their respective positive developments had a close, if not direct, correlation with the certification and training.

The programme approach combined WASH awareness and employability support which gave the women a sense of respect, confidence and self-worth. It sought to build their capacities, knowledge and soft skills through WASH awareness workshops, covering topics such as preventive healthcare, personal hygiene and safety measures at work and at home. It is important to note that this programme involved minimal costs — grassroots women leaders organised it within their communities, the doctors and nurses participated in the spirit of volunteerism, the community halls and community spaces were given to the women organisers free of charge and the area leaders pooled in their own resources for the tea served at the *shibir*.

Evidence from grassroots women-led monitoring tells us that this programme restored the faith of employers in the domestic workers' ability to maintain safe hygiene and to apply the learnings in their workplaces and homes. Not only did this initiative raise awareness of best practices and ultimately turned domestic workers into WASH champions in their homes, communities and workplaces, its simple format and easy replicability made it popular among domestic workers across Nashik who demanded similar training and certification.

On 8 March 2021, which is International Women's Day, LEARN organised an online celebration over Zoom. Women workers from across Maharashtra's urban slum communities joined in and shared their experiences during lockdown, their determination to keep going, their "won't give up" spirit, and their solidarity for each other. Mixed with dismay and sadness, their "stories of hope" also highlighted their resilience. Domestic workers who had participated in the training camps in Nashik also spoke at this forum. They shared their devastating situation during the strict lockdown, followed by their experience through and post-training and certification. It inspired women across cities in Maharashtra to replicate this model in their communities.

Reflections

This initiative has been welcomed by the employers who have given highly positive feedback and encouragement to promote these best practices all over the city. Hence, it has also initiated a sensitisation process among employers, which addresses the current stigma and fear about domestic workers' hygiene.

LEARN believes this initiative will continue to accelerate the recovery of the marginalised communities and promote the continued improvement in public health. After gaining knowledge about WASH practices from medical professionals, domestic workers will also promote healthy practices at home and at work, creating a multiplier effect for public health advocacy. The urban poor are resourceful people who can support the government and society in several ways.

LEARN's wider narrative is grounded in the belief that grassroots community-based engagement is essential for improvement in society's overall welfare. This low-cost initiative engaged and mobilised the power of an informal women-workers collective in promoting WASH and public health practices at the grassroots level, with the objective of protecting livelihoods of urban poor women workers.

This kind of grassroots engagement creates multiple beneficial outcomes that range from health, pride within community, enhanced employability and decent work. It was conceptualised by urban poor women workers at the grassroots for urban poor women workers at the grassroots. In a world where the poor are considered "parasites" "sucking public resources", initiatives such as these prove that the working poor are survival experts who have much to offer, and to contribute to the global fight against the COVID-19 pandemic.

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V. Sneh-Setu: A bridge of compassion for Maharashtra's tribespeople

Akshay Shetty
Saajha

Abstract

Saajha, founded in 2014, seeks to enhance parental and community involvement in education. In Maharashtra, our organisation works with the Tribal Development Department (TDD) on strengthening the participation of the parents in the state's residential schools for students from Adivasi communities. During the first phase of the COVID-19 lockdown in 2020, Saajha collaborated with TDD for the design and implementation of the Sneh-Setu – a programme that facilitated empathetic telephonic conversations between TDD teachers and parents. We trained and mentored over 250 teachers in making the "reassurance calls". They spoke to parents and asked about the well-being of the families, how the children were spending time at home, if they had enough supplies and any crisis the family was facing. All calls were recorded and documented. A teacher would report about parents in distress and local officials helped us address it. We reached out to over 12,000 households in the state through the programme and provided critical relief to more than 130 families within a month. Following its successful implementation in TDD, the Sneh-Setu design was replicated in Mumbai's municipal schools and in Delhi government schools.

Prologue

Santosh Mahali[1] lost his job with an automobile company just before the announcement of the nationwide lockdown in March 2020. He lived in a rented

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1 Names of parents and students have been changed to protect privacy

house on the Talegaon-Chakan highway in Pune with his wife and son, while his daughter Neha studied in a residential ashramshala in Ghodegaon. A week before he got laid off, Santosh received a call from the school. They asked him to take Neha back home as the school was going to shut down indefinitely. On 28 March, Santosh's phone rang again. It was a call from Aditya, who, on behalf of Saajha, had called to check on the family. After introducing himself and stating the purpose of the call, Aditya went on to ask how the Mahalis were coping with the lockdown and if they had essential supplies at home. Santosh shared his concerns that stemmed from the loss of income. He was anxious that the family would run out of provisions. Due to network issues, Santosh had not even been able to reach out to his relatives from his village for help. Furthermore, he was worried about the education of his children who were now sitting idle at home. There was no word from the school on commencement of classes. Santosh thanked Aditya for the call. Amid growing fear and a sense of isolation, he felt reassured that there was someone who cared about what his family was going through. At the end of the call, Aditya shared Saajha's helpline number with Santosh and asked him to reach out for support.

Over the years since 2014, Saajha has worked in collaboration with the Delhi government, in the tribal regions of Jharkhand, in rural Karnataka, and with UNICEF in Maharashtra's Mumbai and Palghar regions. One of the objectives of our work is to strengthen School Management Committees (SMC) in government schools. Since 2019, we have focused on amplifying parental participation in ashramshalas — residential schools for children from the tribes. Over 2,00,000 students attend the 527 government ashramshalas scattered across the Adivasi belts of rural Maharashtra. Unlike other government schools in the state, the ashramshalas are run by the TDD. The government followed this arrangement after observing that the challenges and needs of the Adivasi communities differ significantly from the rest of the population. Since inception, these residential schools have provided essential nutrition and healthcare facilities to lakhs of children from the tribes. However, they remain underfunded and face administrative neglect. In the last few years, the Maharashtra government has started amending its approach towards the ashramshalas. The collaboration with Saajha was a part of those efforts.

Responding to COVID-19

Saajha formally began its Maharashtra operations in November 2019. However, the emergence of the COVID-19 pandemic put our year-long plan in disarray. Pausing our original arrangements, we immediately switched to creating awareness posters and making automated calls to parents regarding the virus and taking necessary precautions at home. Even as we focused on the pandemic and its effects, we were in the dark about the specific challenges facing Adivasis in the state. In the last week of March 2020, we decided to initiate telephonic conversations with parents of ashramshala students. The objective was to check in on them and their children, and understand the problems related to the availability of ration, health services and livelihood. After each day of calling, our team would assemble on Zoom meetings and share observations and reflections from the calls. Two things became clear to us: several families among the tribes were struggling to make ends meet, and most of them had received little or no communication from schools since their children returned home. A preliminary analysis of our calls revealed that 25 percent of the parents did not have enough ration at home, 73 percent were unaware of government relief measures and schemes, 21 percent were in severe financial crisis, and over 15 percent reported feeling anxious and unhappy at home. However, as illustrated in the call mentioned in the introduction, most parents felt happy and reassured when we called them. "आमची काळजी करणारं कोणीतरी आहे"[2] was a refrain we heard from many.

The calling process gave us insights that we decided to share with the government. We began sending bi-weekly updates to senior officials from TDD through a WhatsApp group. Manisha Verma, the then principal secretary, asked us to make a presentation for department officials. In the presentation, we shared the data we had collected from our outreach and what we had learned regarding the challenges faced by parents. Impressed with the ground we had covered in a short time, Verma said that our insights could help design policy responses to the pandemic, but she added that we should reach out to more parents. With Saajha's team stretched to its capacity, we suggested including ashramshala teachers in the exercise. The department officials liked the idea and we got down to work.

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2 Translation: "At least someone cares about us."

Sneh-setu

Bridge of compassion and empathy between parents from tribal communities and their children's teachers

Saajha

coordinated with the Tribal Development Department

Ashramshalas

Residential schools catering to children from tribal communities

> 20,000 students in 527 Ashramshalas in rural **Maharashtra**

Created a digital database of 76,717 students

Trained over 250 teachers

Initial research with the parents revealed that

73% unaware of government relief schemes

25% not enough ration at home

21% in severe financial crises

15% anxious and unhappy at home

Outreach phonecalls

- Check in on parents and their children
- Extend support in terms of ration, health services and employment where possible
- Provide compassionate listening and responding through regular phonecalls

Grievances

- Prioritised in terms of severity
- Brought to notice of Project Offices
- Followed up till resolved

Weekly webinars

- To acknowledge and motivate teachers
- Teachers shared work and experience with officials

Preparing for intervention

Our first task was building a database of the students' contact details. TDD had no consolidated information; most of the contact numbers were either incorrect or outdated. So, we reached out to ashramshalas across the state for the numbers. Most of them shared with us images of school registers, numbers from their DBT (Direct Benefit Transfer) database, and screenshots of contact numbers from their phones. We raised a team of over 30 volunteers who started digitising and classifying these numbers. This remained an ongoing process throughout the intervention and, in two months, we were able to build a database of 76,717 students.

While collecting students' data, we also began the process of recruiting ashramshala teachers — for calling parents — in collaboration with TDD. For administrative purposes, the department has divided the state's tribal belts into roughly 29 project offices (PO), with each PO having anywhere between 5 to 40 schools. Based on size, we finalised the required number of teachers from each PO and shared it with the respective project officers along with a basic list of expectations. These included technical aspects from access to the internet and familiarity with Google Sheets to qualitative elements such as the ability to empathise with parents, knowledge of tribal contexts and so on. After constant follow-ups and coordination with POs, we had a list of 241 staff members for the intervention.

After we finalised the list of teachers, we had to train them for the intervention. While it was easier to monitor Saajha's internal team on the calls, it was vital for us to ensure that the integrity of the exercise was maintained even after expanding its scope. To do that, we prepared a list of broad guidelines for each teacher. These included informing the parent that the call was being recorded, tips for connecting better with parents, and details of Saajha's helpline for those who wanted to reach out to us again. We also prepared a document enlisting all Central and state government welfare schemes that parents can avail of.

For Sneh-Setu, we did not want to compromise on the quality of calls, no matter how many parents we reached out to. To ensure that and to provide necessary feedback to teachers, we decided that all calls would be recorded through a cloud-based calling service. We created calling agent IDs for all volunteer teachers, and they were required to make calls through an Android

application called "SuperReceptionist." For call documentation, we created a Google form that included details of how the family was doing, whether they had enough ration, need for jobs under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), immediate crisis in the family and so on. This would help track emergency cases as well as in drawing insights from the conversations.

Launching Sneh-Setu

With all back-end processes in place, we finally decided to launch the programme on 1 May – Maharashtra Day – with a webinar attended by senior officials from TDD. The programme was called Sneh-Setu – a bridge of empathy and compassion that connects parents and teachers. Through the webinar, Saajha's team members oriented over 240 staff volunteers on using the mobile application for calling and documenting the calls. Saajha's senior-most team member, Shakuntala Mankad shared her insights on working with Adivasi communities for over 40 years, along with tips on how volunteers could make parents feel comfortable during the conversation. She stressed that the main motive of the call was to have the parent say "तुमच्याशी बोलून मला किती बरं वाटलं"[3]. Sneh-Setu was formally launched with the principal secretary Verma calling a parent from the Salsadi Ashramshala in Nandurbar district.

The intervention

The outreach calls began on 2 May. Teachers held empathetic conversations with parents over a wide range of issues, with each call lasting over 5-10 minutes. Saajha paid for these calls with funds from TDD. Some of the questions asked by teachers in these calls were:

1. How are the children spending their time at home?

2. Have the children received any learning material from school?

3. Are there enough food supplies at home?

4. Are ration shops open in the village? Are parents able to access them?

5. Is anyone in the family facing any medical emergency?

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3 Translation: "I am feeling so much better after speaking with you."

6. Do they have access to MGNREGA jobs in their village?

7. What is the current employment status of parents?

8. Are they aware of the precautions they need to take for keeping the family safe?

9. Has any health worker reached out to them with guidance on COVID-related precautions?

10. Do they have information about government helplines related to COVID-19?

Figure 1: Each Saajha member tracked daily calls made by teachers

We created an elaborate system to ensure effective tracking of calls and provide necessary support to teachers. Each Saajha member was assigned two to three POs and was required to track daily calls made by teachers, allocate schools to them, resolve issues faced by them, listen to call recordings, provide feedback on calls and communicate regular updates to respective project officers. Every Saturday, we shared details about the total calls made by each PO on a WhatsApp group that included teachers and senior department officials. If fewer calls were reported from any PO, the respective

mentor would take steps to boost calls the following week. Every week, Saajha organised webinars at the assistant tribal commissionerate (ATC)-level. Each ATC heads a cluster of seven to eight POs to motivate volunteers, listen to their experiences, and understand the issues the parents were facing. These webinars were chaired by the respective assistant tribal commissioners and also served as a platform to recognise the efforts of teachers, acknowledging their noteworthy achievements.

Figure 2: Every week, Saajha organised webinars at the ATC level

Our outreach to parents could not be limited to merely calling parents to check on them; we were aware that many of them might be facing problems that needed immediate attention. We were cognisant of this even when it was just Saajha's team that was calling parents – we could not merely tell a parent who had no food at home to take care of themselves and move on to the next call. In those cases, we would reach out to friends and NGOs in the vicinity of the parents' village and arrange for help. For Sneh-Setu, too, we put a similar system in place with the help of local government officials. A couple of our team members were explicitly assigned the responsibility of resolving grievances reported by parents. In the Google form shared with teachers, a

specific question related to whether parents faced any emergency related to food availability, safety or health. Our team analysed the form data daily, filtered parents' responses and prioritised the grievances in terms of severity. We immediately brought critical cases to the POs' notice and followed up till they were addressed. Other grievances were shared every week with the respective POs. Once officials informed us that help had been provided, our team would reach out to the family concerned, verify the information and close the case accordingly. We shared a grievance redressal status update (see Table 1) on the Sneh-Setu WhatsApp group every week.[4]

We also used the Google form data to obtain insights about the reach of government schemes, challenges faced by parents and the need for MGNREGA jobs in certain districts. Every 15 days, we would conduct an in-depth analysis of the data recorded through the calls made and share relevant learnings and recommendations with the government.

Table 1: Sneh-Setu grievance resolution update - 30 May 2020

ATC	PO	School	Parent Name	Issue	Updates
Amravati	Pandharkawda	Jamb		Walked back home from Pune, ration not available	Spoke to EO who coordinated with HM and Warden to provide food kit including grains and essential food items to the family
Nagpur	Gadchiroli	Kurundimal		Father is mentally unstable & family didn't have ration	Spoke to APO who contacted HM of Rangi AS and collectively they delivered food kit to the family
Nashik	Yaval	Malod		Query about second instalment of DBT being not credited	Spoke to APO who asked the HM to check the records and it was confirmed that the second instalment has been credited on 29/02/2020
Nashik	Yaval	Malod		Query about second instalment of DBT being not credited	Spoke to APO who asked the HM to check the records and it was confirmed that the second instalment has been credited on 13/01/2020
Nashik	Kalwan	Bhilwad		There is no ration at home and facing food shortage	APO checked with them, and it was found that they received only rice, HM and Warden are delivering wheat from the school
Thane	Shahpur	Vihigaon		No ration card & shortage of food at home	APO coordinated and ensured that Rice, Toor Dal and Beans were delivered to the family the next day by the HM.
Thane	Shahpur	Vihigaon		No ration card and shortage of food at home	APO coordinated and ensured that Rice, Toor Dal and Beans were delivered to the family the next day by the HM.

4 *APO – Assistant Project Officer; EO – Extension Officer; HM – Headmaster/Headmistress*

Figure 3: Understanding challenges of tribal parents

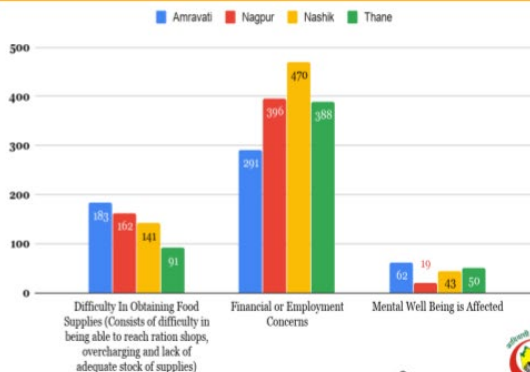*Figure 4: Call-based support by teachers to parents*

Encountering challenges

We initiated Sneh-Setu at such a swift pace that we knew we would encounter challenges during implementation. The key was in identifying them quickly, finding solutions and incorporating them into the programme. These fixes only helped in making the programme more robust and meaningful for parents. Some of the challenges were technical — for example, unavailability of correct phone numbers and network issues. Even as teachers engaged in calls, we continued our internal process of procuring and digitising contact details. We shared the updated directory with teachers. Several tribal regions of the state have poor connectivity — on an average, only one in four calls made by a volunteer would get through. Dialling numbers that would not get any response was quite frustrating for teachers. In Bhamragad, for instance, teachers decided to make village visits instead of calling students, because their call success rate was the lowest across all POs.

Keeping teachers motivated throughout the intervention was also a challenge. With no additional financial incentive for participation, there was not much that encouraged teachers except a sincere desire to connect with parents. We worked with project officers to ensure that a certain number of calls were made in each PO every week; however, that alone was not enough.

Figure 5: Heart-warming stories gave volunteers the hope they needed amid the gloom of the lockdown

Regular and constant communication with teachers helped a great deal – on the Sneh-Setu WhatsApp group, we encouraged teachers to share insights from their calls. Every Saturday, we would acknowledge teachers who made the highest number of calls and appreciated their work. This, however, had a flip side, because some teachers focused on the number of calls instead of the quality of conversations. Therefore, we started listening to call recordings and rewarded one teacher every week based on their conversations. The teacher of the week was announced with a graphic shared by Verma, and the volunteers were thrilled to receive appreciation from the principal secretary herself. Additionally, in the fortnightly webinars chaired by assistant commissioners, teachers who had done exemplary work would get an opportunity to share their experiences with officials. These gestures helped in giving teachers a sense that their work was important and that it was being acknowledged and appreciated.

A problem we did not anticipate initially pertained to privacy and confidentiality issues raised by the teachers. All teachers were required to make their calls through the SuperReceptionist app, and these calls were recorded on a server that Saajha's team could access. Teachers were concerned about all their calls (including calls not made through the app) being recorded, and many of them repeatedly raised this issue in the WhatsApp group. On reading these messages, others became apprehensive as well. To us, the recordings were important for three key reasons – tracking call volume, monitoring the quality of calls for feedback and preventing any potential harassment of students. At the same time, we had to allay the teachers' fears to maintain their trust in the process. To do this, we shared a video with them explaining why it was essential for us to record calls and how the recordings were stored. We provided every PO access to SuperReceptionist's dashboard where they could check which call was recorded. These efforts helped us in creating a culture of open communication and transparency in the intervention.

Baramate was one of our calling volunteers from Rajur PO. When he called Shankar Mali's family in Jawale Baleshwar, he found out that Shankar had committed suicide 10 days ago. His family had run out of money, and there was barely any food at home. Even though Rajur's PO officials promptly provided help to the family, each call like this was a reminder of the unprecedented scale of suffering we were dealing with. While we were grateful for being able to serve Adivasi communities during this period, we knew that our

efforts were merely a drop in the ocean. When we started Sneh-Setu, we had prescribed a minimum target of 10 calls per day for every teacher. But soon enough, teachers reported that some of the calls were so heart-wrenching and overwhelming that they could not   disconnect and move on to the next number. They needed time and space to process the conversation; we eventually asked teachers to call only as many parents as possible. Several parents reported being in severe distress – even though we worked with POs to ensure that some form of relief was made available to them, it was not always possible to reach highly remote villages.

Despite these challenges, we soldiered on and were able to reach out to over 12,000 families in 40 days. The actual call volume was higher than this, but we could not document all calls due to network and technical difficulties. We provided relief to over 133 families facing acute distress. In over 70 percent of the cases, support was in the form of ration supplies. Local TDD officials gave rice, wheat, dal, cooking oil, sugar, and other essential supplies that would last at least two weeks. In four cases, officials helped stranded parents reach their families by arranging transportation. In some cases, medical services were provided to families in need.

Figure 6: Map representing relief provided through Sneh-Setu
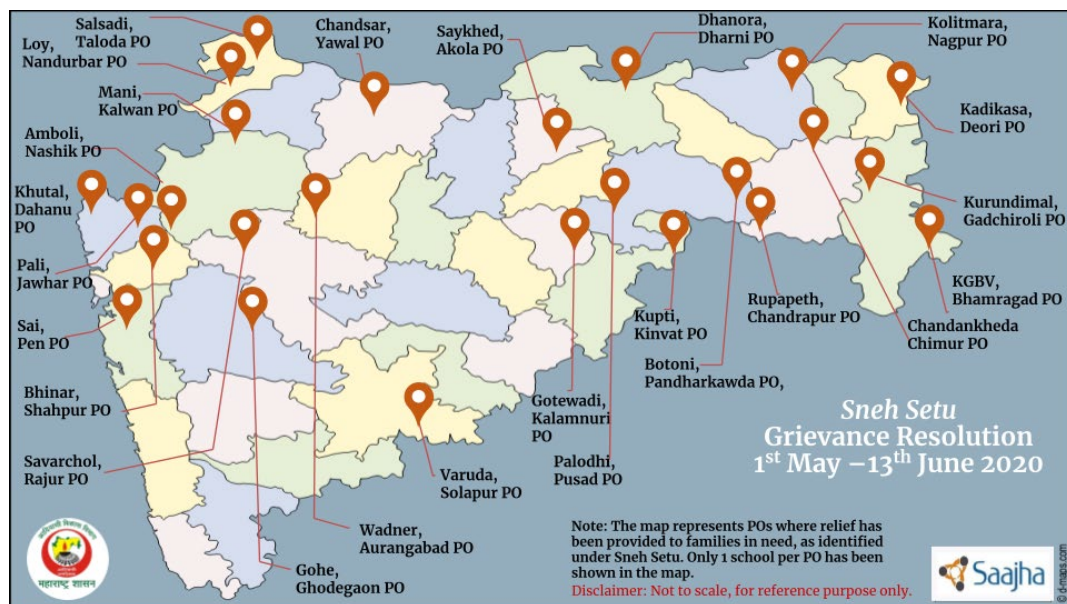
Figure 7: Sneh-Setu reached out to 12,000 families in 40 days

The numbers do not capture the dedication of the TDD local teams that toiled to extend support to some of the remotest villages in Maharashtra. In Dharni, when volunteer teacher Kanchan Tehere found out about a parent stuck in a brick kiln with her three children, the PO officials took them to a hospital for a check-up and dropped them home. In Pandharkawada, two sick children of a family could not travel to the doctor's due to the lockdown and financial problems. The project officer sent an ambulance to the village, the students were examined by a doctor and medicines were provided to them. Ganpat Vaykol from Mokhada was worried about his differently-abled daughter and her child, who were stranded in a remote village in PO Shahapur. When PO officials visited the address given by her, they found no one there. Two days later, we found out that the woman had walked over 80 km with her baby to her father's place in Mokhada. We then contacted the local Integrated Child Development Services (ICDS) supervisor who visited the family and offered help. These heart-warming stories gave us the hope we needed amid the gloom and turbulence of the lockdown.

Learning along the way

The work we did through Sneh-Setu also became a source of enormous learning for us. Consolidating these lessons was important not just to incorporate them in our future work but also to contribute to a shared knowledge base for the development sector.

We need to acknowledge and accept that a significant power gap exists between teachers and parents – particularly those from marginalised communities. We heard many call recordings where parents were surprised that their child's teacher had called to check in on them. Sneh-Setu played a crucial role in bringing teachers closer to their students' families, helping them build ties beyond the classroom. Research across the world shows that parents and families play a significant role in education and learning. Building relations with parents can help teachers facilitate the students' learning at home. Sneh-Setu also allowed teachers to enter the worlds of their students, something that does not happen when you engage with them in school, divorced from the backgrounds they come from. The next time students are back in school, the teacher will be able to create a space for them to bring a little bit of their homes with them, ultimately enhancing students' learning experience.

Saajha has been a firm believer in the idea that the state needs to "listen" to the voices of parents. The essence of participative democracy lies in ensuring that voices – including those of parents in government schools – are heard at every level of the state. Perhaps, it might not be possible for the state to respond adequately to everyone, but to have someone listening to them gives parents a sense that their existence matters, that their voice means something. Every time a teacher called a parent, it was the state taking time out to listen to a citizen. Active listening from the state can help increase parents' trust in the system, thus enabling their participation in improving schools. Through weekly updates and fortnightly webinars, we ensured that the insights from the conversations between parents and teachers reached the highest levels of governance and administration. In future, it would be equally important to build sustainable platforms of engagement between parents and teachers so that the momentum generated by Sneh-Setu does not dissipate.

From the design of the intervention, we learned that the key to implementing programmes at scale was simplicity, replicability and space for innovation. Sneh-Setu's design was straightforward; a teacher could be onboarded to the programme with a simple 15-minute orientation. Though a few key guidelines were given as conversation points, it was up to the teacher to steer the call. The Google form to be filled after the call, too, recorded only the essential details. This helped us ensure that the exercise did not

overwhelm teachers and that they could employ their creativity and ingenuity while engaging with parents. The simplicity of the design also helped us replicate the programme elsewhere, thus expanding the reach and impact of our work.

Beyond Sneh-Setu

As lockdown restrictions started easing in Maharashtra, TDD issued a circular in June 2020 instructing teachers to report back to schools. In the circular, teachers were explicitly asked to contact families regularly and to stay in touch with them. Schools were expected to prepare a comprehensive plan on how families would be contacted and how they would provide support.

Figure 8: Media coverage of Sneh-Setu's work

Schools were also asked to contact Saajha's team if they needed help in reaching out to families. Thus, Sneh-Setu went from an immediate-response intervention to a defined policy measure. UNICEF also took an interest in Sneh-Setu's initial impact and collaborated with us to take the programme to Mumbai's municipal schools – it was implemented in two wards of the city from June to December 2020. After we shared our learnings from Sneh-Setu with them, the Delhi Directorate of Education issued guidelines instructing class teachers to call students from their respective sections and to "enquire about their well-being, whereabouts and ask for their feedback about the

remote classes (sic)". A format was attached with the circular where teachers were supposed to document the call. The extensive buy-in for the intervention from state governments and institutions such as UNICEF was vindication of our belief that we need to extend empathy and compassion to our parents in these difficult times. At the same time, it was important that Sneh-Setu does not just remain an NGO programme — the idea needs to get embedded in the ecosystem of our education system. We are glad that some steps have been taken in that direction. More than anything else, Sneh-Setu also pushed us to reimagine our approach towards our work. Often, conversations over interventions get limited to quantifiable, tangible outcomes, which can end up reducing the complexities and diversities involved in helping people. Even while we were engaged in the programme, several questions were raised about its outcomes. Do teacher-parent calls increase learning outcomes? Do they contribute towards higher enrolment in schools? While these questions were necessary, it might also be essential to consider that empathy and compassion can also be outcomes in themselves. That treating people with dignity and respect can also be an end to aspire for. It is perhaps the best antidote for the fractured and divisive times that we live in today. So, let us keep the conversation going.

Figure 9: An illustration depicting Sneh-Setu's "reassurance calls"

VI. Mobile Dispensary Seva: Helping Pune fight the pandemic

Bharatiya Jain Sanghatana

Abstract

The Bharatiya Jain Sanghatana (BJS) implemented COVID-19 mitigation programmes in Maharashtra, Karnataka, Tamil Nadu and Gujarat. During the challenging lockdown period, the BJS conducted free doorstep health checks for 22,56,045 citizens to identify COVID-19 suspect cases, and referred 2,25,724 cases to government hospitals for early testing. In the unlock phase, it conducted 3,46,809 rapid antigen tests and 41,614 RT-PCR tests free of cost for people in hotspots and containment zones. The organisation partnered with local governments, CSOs, industry and business partners, health workers and volunteers, contributing nearly 1,03,800 man-days of service to society.

BJS conducted an impact analysis of the Mobile Dispensary Seva implemented in collaboration with Pune Municipal Corporation in Pune and Pimpri-Chinchwad, then one of the largest COVID-19 hotspots in the country. The programme helped in reducing the average growth rate of cases from 37 percent to zero in Patil Estate slums, and from 40 percent to 6.3 percent in Yerwada slums; Patil Estate being the largest and Yerwada being the second largest COVID-19 hotspots in Pune. Overall, the analysis showed that aggressive screening, referrals and early detection of cases enabled early isolation, breaking the chain of virus transmission and lowering the number of deaths.

BJS and its COVID-19 response

The COVID-19 pandemic posed an unprecedented challenge for India in 2020. The nation went through a strict lockdown from 25 March, bringing life to a standstill. The impact of the pandemic was so severe and multi-dimensional that India needed everything in its capacity to fight economic, socio-cultural and health challenges. The debilitating impact on people's health necessitated immediate action to prevent larger adverse outcomes. It was in this context that the BJS decided to implement emergency COVID-19 mitigation programmes.

The programmes were implemented in a phased manner responding to emerging challenges as the pandemic progressed. These included Mobile Dispensary Seva, providing doorstep free health checks during the lockdown, followed by Mission Zero, which provided rapid antigen and RT-PCR tests in containment zones. While Corona Se Do Haath and Prachar Raths helped dispel myths and misconceptions regarding the virus, introduction of new technologies such as Smart Helmets used artificial intelligence to scale COVID-19 screening services in highly populated and most vulnerable areas such as slum settlements.

All programmes were implemented in collaboration with municipal corporations, social organisations and partners from industry and business, demonstrating their untiring efforts, and those of the deployed field teams comprising doctors, nurses, paramedics, health workers and volunteers.

Overall, the Mobile Dispensary Seva covered 48 locations across Maharashtra, Karnataka, Tamil Nadu and Gujarat between 1 April and 22 June 2020, using 223 mobile clinics. It provided free general health checks to 14,87,863 people and referred 19,972 suspected COVID-19 cases to municipal hospitals for early testing.

Mission Zero was implemented across 22 locations in Maharashtra, Karnataka and Tamil Nadu between 22 June and 31 October 2020, using 210 mobile clinics. It provided free health checks to 7,68,182 people, referred 2,05,752 suspected COVID-19 cases for testing, conducted 3,46,809 rapid antigen and 36,680 RT-PCR tests in hotspots and containment zones.

Together, both these programmes reached more than 22.5 lakh people with doorstep free health checks through a total of 416 mobile dispensaries, identifying and referring more than 2.25 lakh suspected COVID-19 cases for early testing at government hospitals between 1 April and 31 October 2020, when the entire country was under complete/partial lockdown.

These programmes have also conducted 3,46,809 rapid antigen and 41,614 RT-PCR tests in containment zones by physically visiting those areas to provide services. They helped to identify 34,707 COVID-19 positive cases (8.94 percent) out of the total number of people tested. By introducing *Smart Helmets* that use artificial intelligence for accelerated screening in high population density/high vulnerability areas, 3,33,189 people were screened and 2,785 suspected cases were referred to government hospitals for testing within 24 hours.

Figure 1: Mobile Dispensary on its way to service location; distributing free medication

Bharatiya Jain Sanghatana (BJS)

Mobile Dispensary Seva

Retrofitted tempo travellers and school buses with all required clinic equipment and medicines to treat general ailments, staffed with a doctor, a medical attendant and a volunteer

Free doorstep health services

Free RT-PCR testing in COVID-19 hotspots and containment zones

Identifying and referring COVID-19 suspected patients to hospitals

Reaching more than 22.5 lakh people with doorstep healthcare through a total of 416 mobile dispensaries across the country

BJS in collaboration with the Pune Municipal Corporation helped reduce growth rate of cases in two of the biggest COVID-19 hotspots in the city and home to the urban poor

Patil Estate	Yerwada
37%	**46%**
0%	**6.3%**

Mobile Dispensary Seva in Pune

In March 2020, the Government of India declared COVID-19 as a national disaster. As the nation went into an unprecedented lockdown, almost all private hospitals and clinics were closed, resulting in severe restrictions for ordinary people to avail health services. Access to even basic healthcare became difficult. The increasing patient count in government hospitals led to a spike in the number of red-zones across the country. As the pandemic spread, misinformation and fear about the virus created panic.

A service like the Mobile Dispensary Seva was the need of the hour. Apart from providing free health services to the people at their doorstep, there was a need to identify and isolate suspected COVID-19 cases. The World Health Organization recommended that "health systems need to be able to detect, test, isolate and treat every case and trace every contact" in order to get disease transmission under control. In Pune city, slum settlements emerged as major hotspots.

As the lockdown exposed people to increased health risks, the Mobile Dispensary Seva provided a doctor at the doorstep of anyone who needed urgent health services. Vulnerable sections of the society like women, children, elderly and comorbid patients were given the much-needed healthcare support and medicines. As was its mandate, the programme also helped to identify COVID-19 suspected cases and ensured their immediate referrals to government hospitals.

Objectives

The Mobile Dispensary Seva, implemented in close collaboration with the Pune Municipal Corporation, had the following specific objectives:

- Provide free doorstep health services to needy patients during lockdown

- Identify suspected COVID-19 cases and refer them for testing within 24 hours

- Increase community awareness on prevention measures; dispel myths and misconceptions

- Assist the Pune Municipal Corporation to limit community spread of the virus

Figure 2: Health checks and screening services

Health check and testing coverage

Following clearances from the highest political quarters in the state, the Mobile Dispensary Seva was launched in Pune on 1 April 2020 in collaboration with the Pune Municipal Corporation. Vehicles such as tempo travellers and school buses were retrofitted and converted into mobile dispensaries. They were staffed with a doctor, a medical attendant and a volunteer, and stocked with clinic equipment and medicines required to treat general ailments. Between 1 April and 13 June 2020, a total of 86 mobile dispensaries were used across Pune and Pimpri-Chinchwad municipal areas to conduct 7,04,421 health checks, referring 9,186 suspected COVID-19 cases to government hospitals. The programme covered 90.3 percent of COVID-19 screenings and 91.2 percent referrals for testing in the entire Pune and Pimpri-Chinchwad areas as of 8 June 2020. All staff of the dispensaries were provided with personal protection equipment (PPE) for their safety and all government norms for social distancing and COVID-19 safety were observed by doctors, assistants and volunteers.

Fleet operations

The large fleet of Mobile Dispensaries were operated with support from industry and business partners who pitched in with infrastructure for parking of vehicles, fumigation, disinfection and replenishment of clinic supplies. All mobile clinics were also provided with refreshments for staff, stationery and formats for case papers, MIS reports and other documentation.

Figure 3: Process – Mobile Dispensary Seva

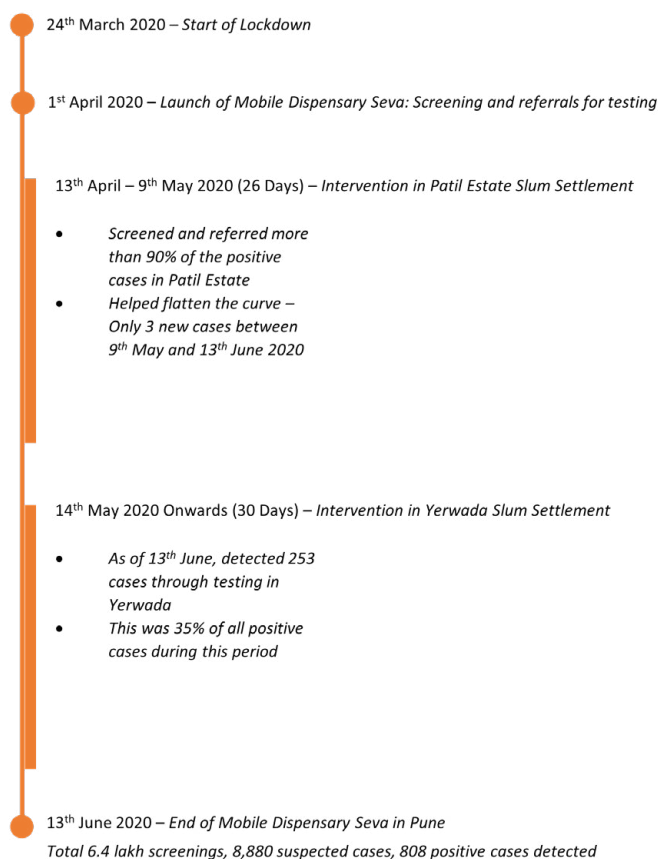*Figure 4: Daily routine of mobile dispensaries*

Impact analysis

A study was conducted to understand the grassroots pandemic response implemented by the Mobile Dispensary Seva in Pune, focusing on its processes for maximising coverage of COVID-19 screening in the city. The study sought to understand the impact of the programme by analysing data on screening, testing and detection of positive cases, specifically:

- What was the impact of early and aggressive screening, followed by testing and isolation on the number and prevalence of cases?

- What was the impact of these methods, especially in hotspots such as slum settlements?

Timeline of events

Figure 5: Timeline of events

24th March 2020 – *Start of Lockdown*

1st April 2020 – *Launch of Mobile Dispensary Seva: Screening and referrals for testing*

13th April – 9th May 2020 (26 Days) – *Intervention in Patil Estate Slum Settlement*

- *Screened and referred more than 90% of the positive cases in Patil Estate*
- *Helped flatten the curve – Only 3 new cases between 9th May and 13th June 2020*

14th May 2020 Onwards (30 Days) – *Intervention in Yerwada Slum Settlement*

- *As of 13th June, detected 253 cases through testing in Yerwada*
- *This was 35% of all positive cases during this period*

13th June 2020 – *End of Mobile Dispensary Seva in Pune*
Total 6.4 lakh screenings, 8,880 suspected cases, 808 positive cases detected

COVID-19 in Pune

Table 1: COVID-19 cases in the city

Date	Total Cases	Active	Recovered	Deaths	7-Day Growth Rate of Cases
25 March – Lockdown 1.0	20	18	2	0	8%
15 April – Lockdown 2.0	377	307	29	41	11.82%
4 May – Lockdown 3.0	1,878	1,288	483	107	6.41%
18 May – Lockdown 4.0	3,598	1,599	1,800	199	4.92%
3 June – Unlock 1.0	7,089	2,389	4,348	352	3.62%
13 June – Programme End	9,336	6,087	2,810	439	2.75%
22 June	12,686	4,496	7,672	518	3.63%

Figure 6: Number of active, recovered cases and deaths in Pune city as of 22 June (total 12,686 cases)
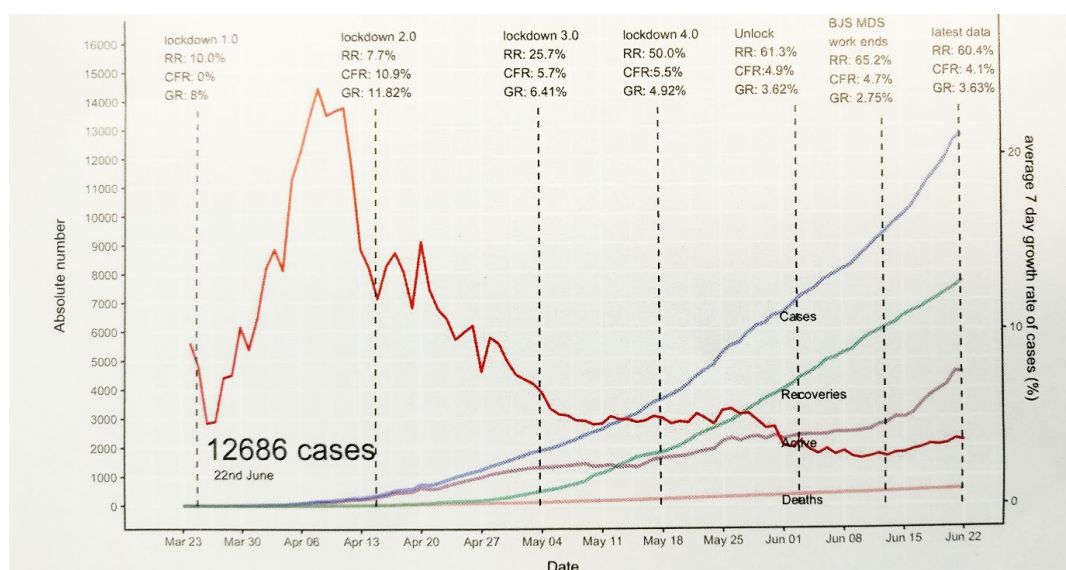
The 12,686 cases consist of 4,496 active cases, 7,672 recoveries and 518 deaths. The red line shows the 7-day average growth rate of cases. In the Figure above, RR refers to the Recovery Rate, CFR the Case Fatality Rate and GR the 7-day Growth Rate. The vertical lines show various phases of the lockdown and the end of the Mobile Dispensary Seva programme in Pune (13 June 2020).

Mobile dispensaries deployed in Pune conducted extensive door-to-door screening and identified COVID-19 positive cases in communities. All suspected cases were referred to the Pune Municipal Corporation for isolation and testing. Early identification and isolation of cases helped limit the spread of the virus, arresting community transmission to a large extent.

To understand the contributions made by mobile dispensaries in the overall COVID-19 response of Pune city, the reference date of 8 June 2020 was taken into consideration because on that date, the data for Pune city was available for the first time on the dashboard of the Pune Municipal Corporation COVID-19 war room. As on 8 June 2020, a total of 6.92 lakh people had been screened, 9,092 people referred and 484 were found to be COVID-19 positive. Out of this, the mobile dispensaries were responsible for 6.25 lakh screenings (90 percent) and 8,300 referrals (91 percent). As on this date, out of the total 2,938 doctors' trips in Pune city, 2,116 had doctors from the Mobile Dispensary Seva (71.3 percent) and 714 had doctors from the Pune Municipal Corporation (24.5 percent). The remaining 103 trips (3.4 percent) was through the Pune Cantonment Board.

Impact of early and extensive screening

Early and aggressive screening, followed by testing and isolation, played a vital role in limiting the number of cases and the spread of the virus. In the absence of early detection, infection could spread unchecked, increasing the chances of death due to delayed treatment. Whether the intervention by the Mobile Dispensary Seva was effective or not in "breaking the chain" of virus transmission can be understood by tracking the number of cases in a selected location.
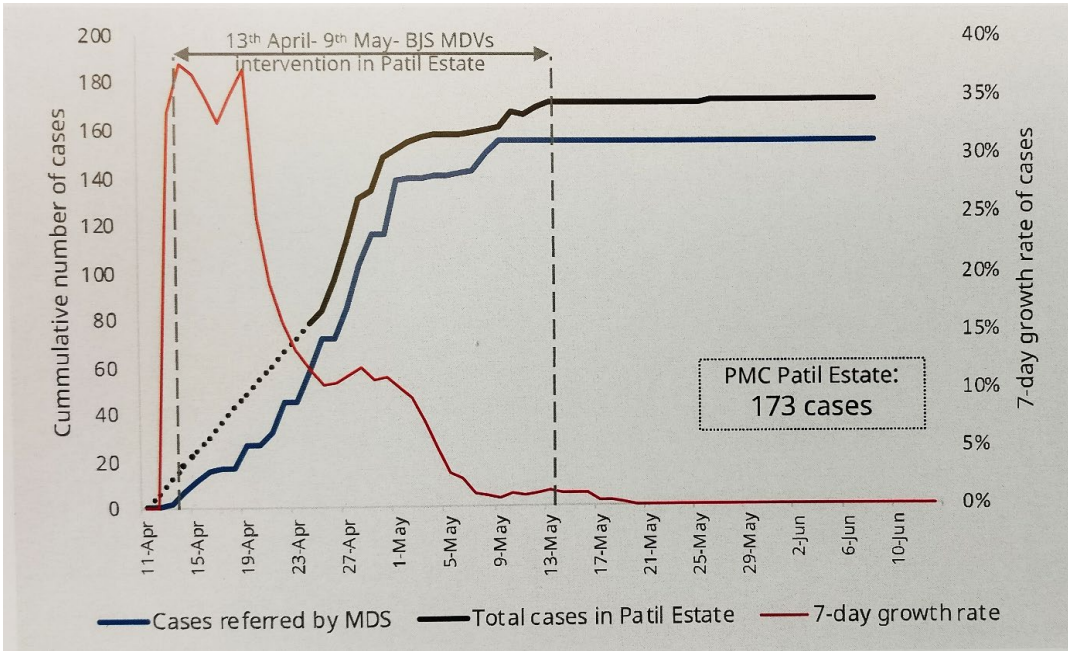
To analyse this, COVID-19 cases in wards with maximum positivity was considered. The first ward selected was Shivajinagar-Gole Road as it had 2,939 referrals out of which 274 were positive cases. Within this ward, the case study of Patil Estate slum settlement was selected due to:

- The highest number of screenings done and positive cases found

- The maximum cases at the beginning of the analysis

- The slum settlements where the control of the virus is tough

The Mobile Dispensary Seva was implemented in Patil Estate slums between 13 April and 9 May 2020. Figure 7 shows the spread of cases in Patil Estate. As can be seen from the map, several cases were detected in gullies and lanes of the slum that had highly congested living conditions and poor access to WASH infrastructure. The Mobile Dispensary Seva had reported 90 percent positive cases in this slum settlement.

Figure 7: Analysis of intervention in Patil Estate slums

Observing the trend in Patil Estate slums

The black line in Figure 8 below shows the total number of cases in Patil Estate slums. The blue line shows the total number of patients referred by the Mobile Dispensary Seva who were detected as COVID-19 positive. The red line shows the seven-day average growth rate of cases. The chart shows that patients screened and referred by the Mobile Dispensary Seva formed more than 90 percent of the total positive cases from the area. It also shows that the number of cases flattened after 9 May 2020.

Figure 8: Trend of cases in Patil Estate slums

Data for Patil Estate not available from 11 to 23 April. Average values taken (dotted line).

Findings in Patil Estate

At the beginning of the pandemic, Patil Estate slum was one of the largest and fast-growing COVID-19 hotspots in Pune city, contributing to over 62 percent of the ward's cases. Figure 8 shows that new cases started reducing from the first week of May 2020. The average growth rate of cases reduced from 37 percent to zero, and Patil Estate slums flattened the curve. In the one month between 13 May and 13 June, just one new case was detected. The intervention was extremely effective in breaking the chain of transmission of the virus and limiting its spread. The Mobile Dispensary Seva helped flatten the curve in an area of the city that had one of the highest number of cases. The extensive and aggressive screening and referral method helped in early detection, isolation and testing of cases, breaking the chain of virus transmission.

Assessing testing data in Yerwada

In Yerwada, a total of 8,880 patients were referred by the Mobile Dispensary Seva after screening, of which 808 cases were detected as positive until 13 June 2020. Figure 9 shows that a large number (253) of cases reported were from the Yerwada-Kalas Dhanori Ward. As per the data provided by the Pune Municipal Corporation, Yerwada ward had the second highest number of cases in Pune, and within it, Yerwada Prabhag had the second highest number of cases. Hence, Yerwada was chosen for this analysis.

The Mobile Dispensary Seva did extensive interventions in Yerwada between 14 May and 13 June 2020. Figure 9 shows the distribution of cases (red points) within Yerwada Prabhag. As can be seen from the map, most of the testing was conducted in slum settlements in the Prabhag (grey polygons indicate slum settlements).

Figure 9: A large number of cases were from the Yerwada-Kalas Dhanori Ward
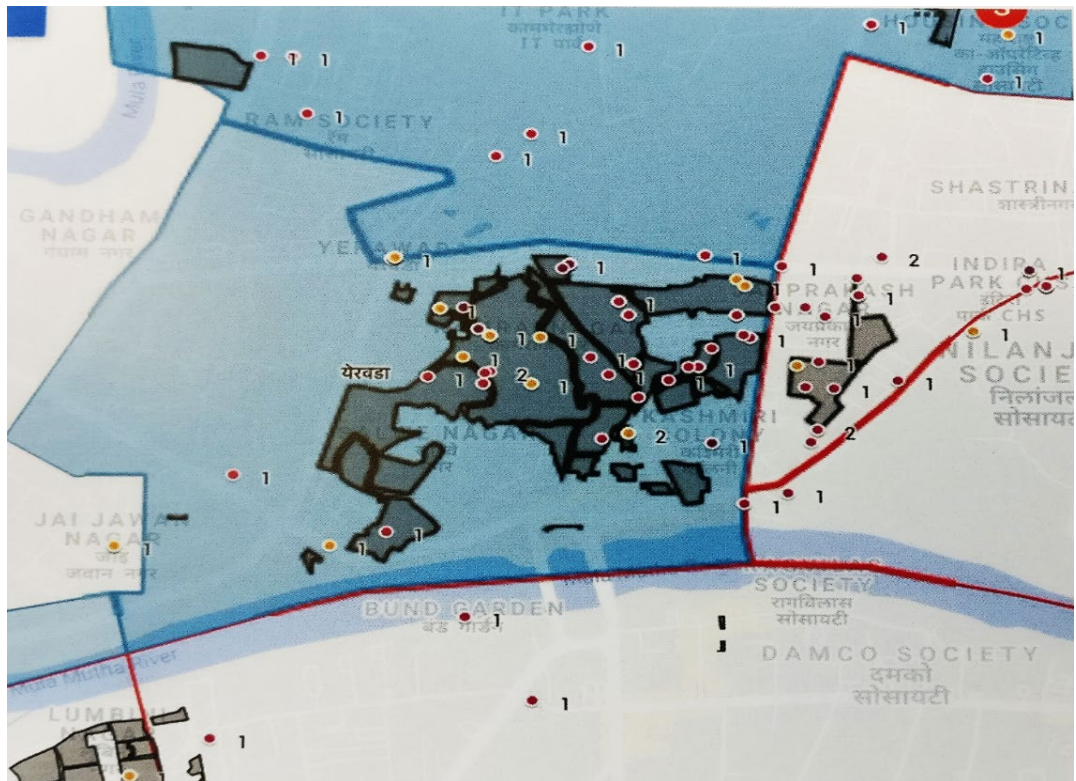
The map shows the spread of suspect and positive COVID-19 cases in Yerwada. Grey polygons show slums, red points show the location of positive cases and yellow points show suspected cases. Analysing the daily new cases detected in Yerwada, it was observed that 35 percent of the positive cases during the period 14 May to 13 June 2020 were detected through the Mobile Dispensary Seva. It was also seen that the growth rate of cases decreased during this period.

Observing the trend of daily positive cases in Yerwada

Figure 10 shows that 35 percent of the positive cases in Yerwada (between 15 May and 13 June 2020) were detected by the Mobile Dispensary Seva. It also shows that the growth rate of new cases detected has reduced from 42.6 percent at start to 6.36 percent on 13 June. The light blue area in Figure 10 shows the daily new positive cases in Yerwada. The dark blue area represents the daily new positive cases detected by the Mobile Dispensary Seva. The red line shows the five-day growth rate of cases (in secondary axis).

Findings in Yerwada

The growth rate of COVID-19 cases in Yerwada significantly reduced between 15 May and 13 June 2020. The importance of increased and targeted testing is particularly noticed in hotspot Wards like Yerwada. The data also show that:

- Yerwada had the second highest number of cases in Pune city (1,113 cases) and was growing fast at 40 percent during the start of the intervention

- The Mobile Dispensary Seva detected 35 percent of the positive cases in Yerwada during the period 15 May and 13 June 2020.

- The screening and referrals for testing provided by the Mobile Dispensary Seva were targeted towards slum settlements in *Prabhag* to ensure early identification of cases to reduce the transmission of virus.

- Two weeks after the Mobile Dispensary Seva began its intensive work in Yerwada, the number of daily new cases decreased. The five-day growth rate of cases too decreased from a high of over 40 percent at the start to 15 percent as on 1 June and to 6.36 percent as on 13 June 2020. The new positive cases in Yerwada had flattened over time.

Figure 10: Trend of daily positive cases in Yerwada
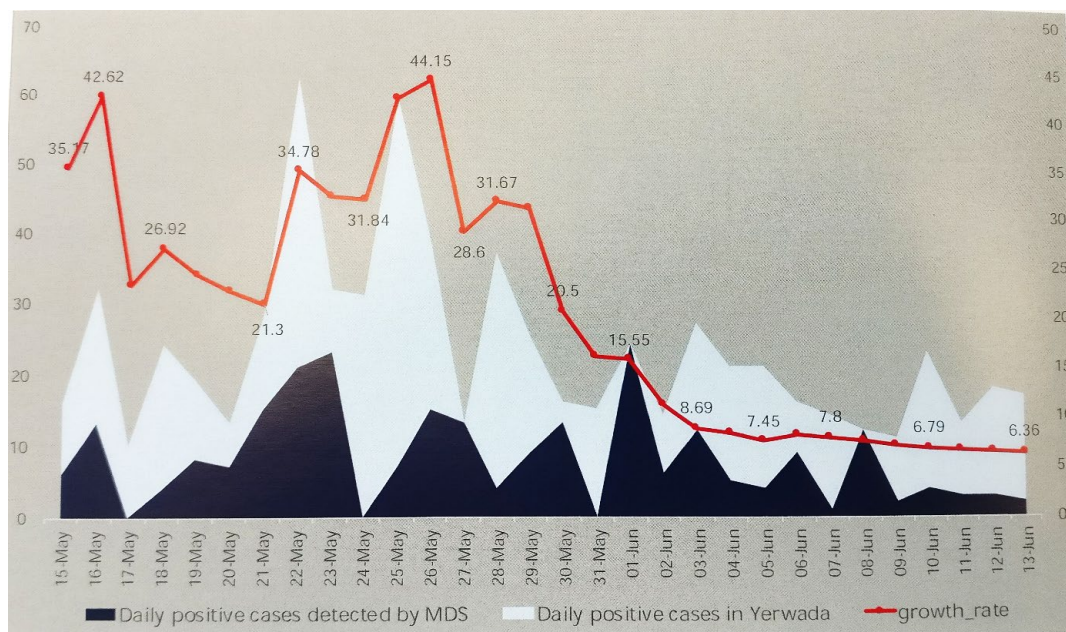
Early and extensive screening, referrals and early detection of positive cases through testing enabled early isolation, breaking the chain and lowering the number of deaths. Testing and detection of positive cases through the Mobile Dispensary Seva in Yerwada helped reduce the growth rate of cases and the ward showed early signs of flattening the curve.

Key learnings

The Mobile Dispensary Seva intervention in Pune's targeted locations had significantly aided the fight against COVID-19, specifically:

- Helping to detect 808 COVID-19 positive cases in early stages through aggressive screening of 6.4 lakh people, referring 8,880 suspected cases

- Contributed 90.3 percent of the screenings and 91.2 percent of the referrals in Pune city during the programme period, helping to detect 99.7 percent of the positive cases in the city

- The focus on highly populated slum clusters that emerged as largest hotspots in the city helped in early identification of maximum cases, helping to flatten the curve

- The programme helped in reducing the average growth rate of cases from 37 percent to zero in Patil Estate slums, and from 40 percent to 6.3 percent in Yerwada slums; Patil Estate being the largest and Yerwada being the second largest COVID-19 hotspots in the city

- The Case Fatality Ratio (CFR) of positive patients detected by the Mobile Dispensary Seva is considerably lower than the CFR of all positive patients in Pune city. This could be due to the focus on early detection of cases.

- Overall, the extensive screening and referral methods helped in early detection, isolation and breaking the chain of virus transmission. The early detection of positive cases helped to control the transmission, resulting in a reduced death ratio.

Challenges addressed

Even during the unprecedented and strict lockdown, the programme was able to leverage multiple sources for availability of doctors for the Mobile Dispensary Seva. Several doors were knocked to ensure adequate number of doctors to run the mobile dispensaries. Requests were made to Municipal Corporations, IMA, Indian Dental Doctors' Association, local corporators and influential personalities along with direct advertisements on television and WhatsApp, assuring safety of all participating doctors.

Encouraging citizens to avail Mobile Dispensary Seva for health checks was extremely challenging. Getting patients suspected of COVID-19 infection undergo swab tests within 24 hours of the health check was even more so. However, the exemplary work of the field team encouraging and convincing people to undergo swab tests within 24 hours succeeded and the programme could make a definitive impact.

Availability of everything – vehicles, PPE kits and volunteers, for instance – were additional challenges faced by the programme. Vehicles were sourced through personal contacts, referrals to ambulance services, school van providers and travel agencies. Drivers were assured of all the protection and facilities. PPE kits were initially procured by paying higher prices, and resources were generated by leveraging all possible and available sources, even including family/friends contacts of team members for procuring safety products. In the initial phase of the programme, the staff of Bharatiya Jain Sanghatana and its office bearers volunteered to run the Mobile Dispensary Seva, however,adequate number of volunteers were later provided by local corporators.

About Bharatiya Jain Sanghatana

BJS is a non-profit, non-government social impact organisation with a history of 35 years' exemplary work responding to issues of national importance, including disaster-response, education and social development. Founded by social entrepreneur Shantilal Gulabchand Muttha in 1985, BJS over the years has built a strong country-wide network of volunteers, and with its professional team and the state-of-the-art infrastructure situated in Pune, has demonstrated impact in the community by working at the grassroots and by also contributing to policy-level thought process and decision-making.

Muttha's philosophy has been the driving force of BJS. A keen strategist, he is strongly committed to working closely with stakeholders, and leveraging both technology and media for maximising reach and impact of programmes. His leadership vision established scale, speed and reach as USPs of the organisation. As a result, BJS demonstrates an exemplary track-record of implementing complex large-scale projects, speed of their execution, and reach to wide-spread and remote locations, bringing about a sustained impact in the community.

BJS's early work from 1985 that transformed into a mass movement has been instrumental in reducing the exorbitant marriage expenditures and freeing several religious communities from the shackles of undesirable social customs responsible for dowry deaths and female foeticide. This has notably been a sustained transformation in the communities.

BJS has always been in the forefront of relief and rescue efforts during major disasters since the Latur Earthquake of 1993. With its ability to mobilise strong teams of volunteers in any part of the country at short notice, BJS has created several sensitised task forces to undertake rescue, relief and rehabilitation work, making utmost efforts to ensure that the dignity of the affected people is respected. In addition to the Latur Earthquake of 1993, the Jabalpur Earthquake of 1997, the Gujarat Earthquake of 2001, the Akola Floods of 2002, the Tsunami in 2004, the Jammu & Kashmir Earthquake of 2005 and the Bihar Floods in 2008 were some of the major disasters where BJS was at the forefront of rescue, relief and rehabilitation operations.

BJS also realised the detrimental impact disasters have on surviving children. In the aftermath of the disaster, lack of physical and mental activity can make children relive the tragedy over and over again, translating into irreparable psychological damage. BJS recognised these symptoms as added dimensions to a disaster and promptly set to work with an action plan to ensure educational rehabilitation of disaster-affected children. Today, BJS has its own infrastructure at the Wagholi Education and Rehabilitation Centre (WERC) in Pune that offers residential education to disaster-affected children and children from marginalised sections of the society.

The ongoing efforts of BJS responding to the devastating COVID-19 pandemic in the country is only an extension of its disaster-relief mandate. BJS has partnered with various state governments and several municipal corporations to provide relief to common citizens in several parts of the country, be it through emergency doorstep free health checks, COVID-19 testing in hotspots and containment zones, mass awareness programmes disseminating authentic information on COVID-19 helping to dispel myths and misconceptions of people, managing Swab Centres and COVID-19 Care Centres, supporting municipal corporations in their implementation of COVID-19 vaccination programme, and most recently, responding to the emergency situation in the country due to the shortage of hospital beds and oxygen by providing O2 Concentrators to hospitals as a life-saving support.

End notes

1. Twitter handle of Mayor, Pune city Shri. Murlidhar Mohol https://twitter.com/mohol_murlidhar

2. All figures of the Mobile Dispensary Seva were taken until 8 June 2020 to enable comparison

3. Data from Mumbai show that 60 percent of people who die, die within four days of being diagnosed or identified because lack of oxygen had already severely affected internal organs. People detected early have a much higher chance of recovery

4. The Mobile Dispensary Seva screened 6,665 people, found 1,692 suspected cases and detected 156 out of the 173 (90 percent) positive cases in this locality

5. At one point, Patil Estate had 63.2 percent of the cases in Shivajinagar-Ghole Road Ward. The Ward had 133 cases on 25 April 2020 out of which 84 was from Patil Estate. 25 April was selected because it is the earliest observation available for Patil Estate slums

6. http://Source:%20Twitter%20handle%20@sidshirole/

7. Twitter handle of Mayor, Pune city Shri. Murlidhar Mohol https://twitter.com/mohol_murlidhar

8. Source: PMC – Yerwada Ward had 1,075 cases, second only to Dhole Patil Road – 1,706 cases. Yerwada Prabhag had 834 cases, second only to Tadiwala Road-Sassoon Hospital Prabhag – 1,168 cases

VII. Project Swaasthya: Primary care for migrant workers using telemedicine

Siddhartha Prakash, Ridhima Vohra, Niharika Gupta and Raunaq Puri

Daily Wage Worker Platform

Abstract

The COVID-19 crisis devastated the health and lives of migrant workers, daily wage-earners and other informal workers who constitute 92 percent of India's total workforce.[1] The majority of these workers reside in slums with inadequate safe drinking water, poor housing and overcrowding. As a result, they suffer from a range of acute as well as chronic health disorders such as diabetes, cardiovascular diseases, hypertension, asthma and long diarrhoea. Migrant and daily-wage workers face difficulties in accessing basic healthcare, which increased exponentially with the loss of livelihoods and food security during the nationwide lockdowns. With formal health systems overwhelmed and resources directed towards the management of COVID-19, the most vulnerable were left with little or no access to health services, especially to treat non-COVID-related diseases.

The Daily Wage Worker Platform (DWWP) is an NGO that emerged as a response to COVID-19 in April 2020, with the aim of supporting migrants and daily-wage workers with access to food security, healthcare, jobs, skills, government welfare schemes and awareness of the new labour laws. The organisation was formed in Geneva, Switzerland, and Delhi, in partnership with Jindal Global University and Shawview Consulting, Australia. DWWP began by documenting 200 relief efforts by NGOs, corporates and states to support migrants during

the lockdowns across India. DWWP developed and implemented evidence-based pilot projects to address the diverse needs of migrant workers with the support of donors, NGOs and volunteers. Over the past year, it has:

- Raised USD 50,000 to feed 30,000 families in Dharavi, Mumbai

- Provided basic healthcare to 15,000 workers in the slums of Hyderabad and Delhi

- Conducted a survey of 8,000 migrants impacted by COVID-19 in Odisha, Bihar and Maharashtra

- Developed a comprehensive framework to address the root causes of the migrant worker crisis

- Contributed to the development of the draft national policy for migrant workers

- Managed COVID-19 helpdesk on the availability of medical supplies during the second wave

- Conducted a vaccine resistance survey among 200 migrants in five cities after the second wave

- Connected 6,000 migrants in Odisha to 3-5 government welfare schemes

This case study documents how DWWP developed and implemented the idea of an emergency health package to provide basic services to migrants without access to healthcare. DWWP partnered with Smile Foundation to implement Project Swaasthya among 10,000 workers across 10 slums in Hyderabad, supported by the Swiss Agency for Development Cooperation. Smile Foundation is a national-level NGO formed in 2002, currently benefiting more than 7,50,000 underprivileged communities through more than 200 welfare projects in education, healthcare, livelihood, women's empowerment and advocacy across 25 states of India. Under its health intervention, Smile Foundation seeks to improve access to essential health services through doorstep medical facilities to the vulnerable and the marginalised. Considering the lagging health status of rural and urban slum populations of India, Smile Foundation initiated the Smile on Wheels programme in 2006, to provide last-mile healthcare delivery using mobile medical vans.

DWWP's aim is to develop and test innovative, low-cost and effective pilots to provide healthcare to remote communities, using digital health and telemedicine. With the support of a group of health experts, the organisation developed a three-month emergency health package for migrant workers affected by the pandemic, lockdowns and the monsoon. After discussions with several NGOs, the concept of Project Swaasthya evolved to provide workers with basic health services at their doorstep. These included screening, diagnosis, treatment, counselling and referrals. The project was implemented through telemedicine because social distancing was crucial to preventing the spread of COVID-19.

After evaluating the capacity of different healthcare partners, Smile Foundation was chosen to implement the pilot in Hyderabad, where it already had mobile health vans. DWWP added the telemedicine component through leveraging the Smile Foundation's existing infrastructure to connect slum populations to doctors remotely. Patients who visited the mobile vans were screened by a nurse, who connected to the doctor by phone and sent prescriptions to the patient through WhatsApp. Patients could collect the drugs for free at the mobile van dispensary. The pandemic led to increased recourse to telemedicine in Europe, Asia and North America, and there appeared to be consensus on the desirability of bringing it into the mainstream, both to prepare for future pandemics and to improve the functioning of the healthcare system as a whole.[1]

Healthcare challenges faced by migrant workers

a. Lack of healthcare for migrants

With the surge in migration observed in the past two decades, there has been a deterioration in the healthcare of migrant workers. The article, "Migrants and health" suggests that the geographical mobility of migrants aggravates the health challenges faced by them in their source, transit and destination states. They are privy to health-related risks due to limited access to healthcare services, poor hygiene, sanitation and insufficient nutrition. Hence, the migrant workers were especially vulnerable to the spread of COVID-19. To add to the complexity, the current housing conditions of migrants pose a grave risk during the pandemic. They reside in congested accommodation, where social distancing and isolation cannot be practised due to space constraints. As stated in the report by the

International Organization for Migration, their risky working conditions may also pose health concerns. The majority of migrant workers fall under the category of unskilled to semi-skilled, employed in industries such as agriculture, construction, garbage collection and cleaning services. The lack of flexibility to operate remotely, close contact with people and lack of protective gear (masks and gloves) further jeopardises their health. They also face other health-related issues such as psychosocial disorders, reproductive health problems, higher infant mortality, nutrition disorders, drug abuse, alcoholism and exposure to violence – increasing their vulnerability to non-communicable diseases (NCDs).

b. Catastrophic out-of-pocket expenditure

The second wave of COVID-19 exposed the catastrophic consequences of a lack of prevention and planning that resulted in the collapse of India's health systems. By April 2021, the country was reeling with 4,00,000 new cases per day. As per the latest National Health Profile 2019, India's aggregate health spending accounts for less than 1.3 percent of GDP. According to the International Organization for Migration, migrant workers are unequipped to prevent transmission of COVID-19 and resort to visiting hospitals. Local primary care centres were ill equipped to respond to patients. The hospitals were overburdened and unable to cope with the sudden surge in COVID-19 patients.

c. Challenges faced in accessing healthcare

Despite the government's sustained efforts to combat the pandemic, the struggles of migrants were overlooked. They failed to receive consistent access to public healthcare services and COVID-19 containment measures. Accurate data on the demographics of migrants in the country is not readily available, especially as seasonal and short-term migrants are not represented in the national population census or migration surveys by the National Sample Survey Office. Since migrant workers are constantly on the move, their documentation does not pertain to their place of work or residence. Valid documentation was vital to avail of financial and social welfare schemes, especially during the lockdowns.

d. Knowledge of COVID-19 precautions

The lockdowns have increased one's overall dependence on the internet. However, during the pandemic, the disadvantaged sections of society such as migrant workers were deprived of devices and a stable internet connection. The lack of internet along with illiteracy aggravated the challenge for the poor. Lack of access to the internet is correlated with low levels of literacy. Since they lacked the awareness on the degree of risks associated with the pandemic, the alarming need to maintain social distancing and isolation was not a priority for them. They were not abreast with the latest COVID-19 data and protocols. The limited knowledge on COVID-19 precautions, along with minimal compliance to rules such as wearing a mask and hand washing, made it tougher to mitigate the risks of COVID-19.

Migrant health survey

DWWP designed a detailed survey to collect primary data from migrants living in slums on their health-seeking behaviour, disease profiles, access to health services during COVID-19 and social distancing. Since the study was aimed at migrant workers, the survey was used as a method of data collection to ensure that the target population's opinion, behaviour, knowledge and disease profile are captured properly. The survey was field-tested in the slums of Hyderabad and subsequently adapted to local conditions by Smile Foundation. The findings reflected the healthcare challenges that the migrants in slums face.

Sampling method

Convenience sampling method was chosen wherein the survey was conducted door-to-door in 10 slum areas, covering a sample of over 3,000 people. These included Krishna Nagar, Arjun Nagar, Airlines Gate, Mohammadiya Nagar, Anna Nagar, Shiva Nagar, Balam Rai, Indiramma Nagar, CBN Nagar and Ambedkar Nagar. The households were randomly selected by the surveyors. Those availing of the services of the Swaasthya Project, i.e., visiting the tele medicine unit, were also surveyed.

Figure 1: Health workers collecting data from residents of slum areas


Survey findings

1. Demographics

Out of the total number of respondents (3,120), 58 percent were female and 42 percent were male. In terms of age, 88 percent of those surveyed were between 20-59 years old and 12 percent were 60+ years old. Fifty-five percent were self-employed migrants at the time of the survey while 19 percent were daily-wage workers, 14 percent were in regular non-governmental jobs and the rest 12 percent had other occupations.

2. Access to sanitary products

In light of COVID-19, it was essential to have access to personal hygiene products in order to minimise the spread of the virus. Through the survey, we tried to assess if the respondents had regular access to such products. The majority of the respondents had some access to soap, water and sanitisers. But as is typical for urban slums, menstrual hygiene products are not readily available, with 50 percent women being unable to access sanitary napkins or other related products (Figure 2).

Figure 2: 50 percent women did not have access to sanitary products
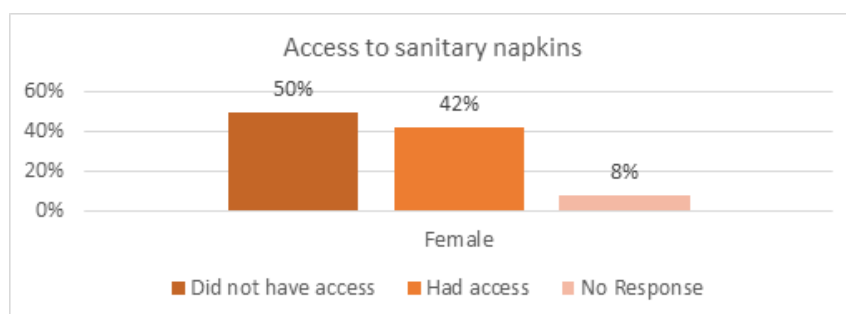
Source: Swaasthya Survey

3. Health profile

During the survey, it was found that out of the total respondents (3,120), 12 percent suffered from a chronic cardiac ailment, 12 percent had diabetes, 2 percent had skin ailments, 4 percent had asthma and less than 1 percent had tuberculosis.

Looking at the prevalence of addictive substances in the population, it was also observed that 21 percent of men surveyed consumed alcohol, 15 percent consumed tobacco, 14 percent consumed gutkha, and 2 percent consumed some other addictive substances (marijuana, bhang, etc.).

4. Access to healthcare

During the survey, it was found that less than 1 percent of respondents surveyed visited any healthcare facility (hospitals, private clinics, nursing homes, etc.) in the month of August 2020. The main challenges faced by the population were transportation issues, unavailability of healthcare professionals, financial constraints and fear of the ongoing COVID-19 pandemic.

On being questioned about the type of medical facility visited by the respondents in case of an emergency, it was found that 77 percent preferred going to private clinics/hospitals, and the remainder that they visit government establishments and charitable clinics for availing healthcare services.

It was found that out of those suffering from a cardiac ailment (12 percent of total sample), only 63 percent were taking medication for it. Only 20 percent of tuberculosis patients (less than 1 percent of the total sample) were taking Anti Tuberculosis Treatment (ATT). Seventy-two percent of diabetes patients (12 percent of total sample), were taking medication while out of those with asthma (4 percent of total sample), and skin diseases (2 percent of total sample), only 29 percent and 46 percent, respectively, were taking medicines.

Figure 3: Data on patients taking medicines for various health conditions
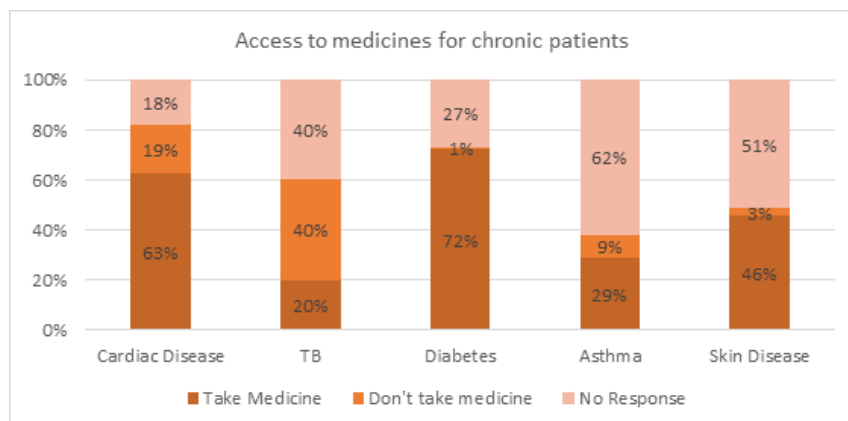
Source: Swaasthya Survey

5. Universal health coverage

The Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) launched by the Government of India in 2018 aims to provide universal health coverage via two major components – Health and Wellness Centers (HWCs) and Pradhan Mantri Jan Arogya Yojana.

However, during the pandemic, there was a sharp decline in the enrolment of beneficiaries under the scheme. According to our survey data, less than 1 percent of the total respondents had an AB-PMJAY card, 55 percent did not have it (but were aware about the scheme). The remaining 44 percent were unaware about the AB-PMJAY scheme – indicating a serious lack of awareness about the AB-PMJAY scheme and its benefits among slum populations.

Telemedicine package for migrants

Post the survey, the findings were used to study the disease profile of slum residents and, accordingly, provide them the necessary medicine, diagnostic tests, counselling and referrals. The survey findings were used to ensure COVID-19 protocols are practised by the slum residents – through awareness about use of masks, following social distancing, provision of soaps and sanitisers to limit the spread of infection. It was also observed that menstrual hygiene products are not readily available, hence provision of sanitary napkins was also used as an intervention in the Swaasthya project.

Figure 4: Mobile van providing health services during lockdown; Doctor on a tele-consultation with slum dwellers

Smile Foundation identified 10 slums in the heart of Hyderabad city, covering a total population of 10,000. The occupations of people in these slums are primarily daily wagers, construction labourers, rickshaw pullers, domestic helps and street vendors. Due to the lockdown, many construction sites were shut down. With the onset of a major economic recession, workers were struggling to feed their families and access basic healthcare. In the periphery of these 10 slums, there is only one government hospital and no other affordable healthcare facility within 6 km.

Smile Foundation adopted a combination of telemedicine, whereby a full-time doctor provided diagnosis and treatment over the phone and the deployment of a mobile medical unit staffed by a qualified nurse and pharmacist conducted basic tests and dispensed over 80 types of drugs to patients in the slums.

Community mobilisers spread awareness about the OPD clinics by using pamphlets that were designed by DWWP in the local language of the slum residents and distributed by the community health workers. About 60 camps were held across the slums targeting over 4,000 workers over three months. The camps stressed the importance of social distancing, hand washing and wearing masks. The project focussed particular attention on the needs of women and children. Through the door-to-door household survey, we learned that women are often relegated into positions where they are not only more vulnerable to suffering from health problems, but also have less access and control over healthcare resources than men. Hence over 70 percent of project beneficiaries comprised women and children.

Table 1: Lab tests conducted by a mobile medical unit during lockdown

Lab Test Bifurcation					
Type of test	July 2020	Aug 2020	Sep 2020	Oct 2020	Total
HB	0	1	2	2	5
RBS	0	35	58	102	195
UPT/Pregnancy	0	2	4	3	9
Others	0	3	4	8	15
Total	0	41	68	115	224

Table 2: Common diseases found amongst migrants

Disease pattern July to October 2020						
Sl No	**Type of disease**	**July-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Total**
	Acid peptic disease (APD)	0	3	7	19	29
	Acute diarrhoea	2	9	12	12	35
	Acute gastritis	19	57	63	87	226
	Acute gastroenteritis	1	3	5	7	16
	Anaemia under evaluation	1	3	3	4	11
	Aphthous ulcers	2	31	5	33	71

Disease pattern July to October 2020					
Sl No	**Type of disease**	**July-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Total**
	Burn (first degree)	0	2	3	5	10
	Dental caries	1	5	19	29	54
	Dermatitis	0	8	22	28	58
	Diabetes mellitus type 2	4	54	131	141	330
	Diabetes mellitus type 2 and hypertension	4	52	33	31	120
	Functional constipation	1	5	12	7	25
	Hypertension	6	47	112	68	233
	Infected wound	1	5	8	9	23
	Leucorrhoea under evaluation	0	2	3	1	6
	Lower backache under evaluation	9	56	66	84	215
	Osteoarthritis (knee)	18	58	76	99	251
	Otorrhoea left ear	0	3	4	3	10
	Pain abdomen under evaluation	6	5	6	8	25
	Scabies	0	2	3	5	10
	Tension headache	4	0	73	128	205
	Trauma	1	21	56	66	144
	Upper respiratory infection (URI)	36	131	606	794	1567
	Urinary tract Infection (UTI)	0	2	1	2	5
	Vulvovaginitis	0	2	3	1	6
	Weakness under evaluation	3	58	53	48	162
	Total	**119**	**624**	**385**	**1,719**	**3,847**

Patients were provided with free medicines for the project duration. Only generic drugs from reputed manufacturers were procured through a bulk drug purchase discount to keep project costs low. The most common drugs included metformin for diabetes, amlodipine for hypertension, paracetamol for fever, ranitidine for acidity, loperamide for diarrhoea, naprosyn, dextromethorphan, etc.

Awareness activities were conducted to educate workers and their families about ways to prevent COVID-19 and manage NCDs. The project focused on NCD patients (hypertension and diabetes type II) and 683 consultations were recorded and about 200 rapid tests with blood and urine samples were conducted. Forty-seven patients were referred to nearby hospitals such as Basti Dhavakana and Gandhi Hospital for advance treatment. Of these, 35 people were successfully treated and 11 patients remain under treatment. Three thousand hygiene kits, including sanitary napkins and soap, were also distributed. These kits also helped reduce social taboos and raise awareness about menstrual hygiene.

In order to successfully implement the Swaasthya Project, DWWP provided regular technical assistance and guidance to the Smile Foundation. This included advice on staffing needs, surveys, monthly reporting and jointly addressing operational challenges. DWWP developed a format for monthly narrative and financial reports and held bi-monthly calls with the Smile Foundation to review progress and offer advice. It also ensured that all staff members were in PPE kits while distributing the hygiene kits, conducting surveys, distributing medicines, screening and counselling patients. Smile Foundation secured the health and safety of all their staff and front-line workers to protect them against COVID-19.

Figure 5: Free medicines were distributed to among 4,000 patients; Social distancing was maintained during access to health services

Project results and impact

Due to the persistent efforts and rigorous approach followed by Smile Foundation, supported by the DWWP team, the Swaasthya Project was successfully able to exceed its targets by catering to 3,847 slum residents (target was to cater to approximately 2,500 slum residents) in a matter of three months. It is one of the pioneers to have successfully delivered primary healthcare to migrants and daily-wage workers since the onset of COVID-19 and ongoing lockdowns. The pilot project was completed in three months at a cost of INR 1.50 per patient per day, which depicts that delivery of healthcare package services can be achieved at a reasonable cost.

Project highlights

• 3,847 beneficiaries were treated through 60 OPDs

• 1,130 of the beneficiaries were male, 2,044 were females and 673 were children

• 224 point of care (PoC) tests were conducted

• 3,000 hygiene kits were distributed in the operating slums

• 34 community meetings were conducted to increase community participation in issues concerning health especially on COVID-19 and NCDs

• 47 cases were referred to specialists in government hospitals

• 3,120 survey forms completed in the operating slums

Key factors for success

1. Telemedicine to beat lockdowns: Initially, the plan was to rent an office where patients would be attended by a nurse. But with the rapid rise in COVID-19 cases and the lockdowns, a mobile van was proposed. In order to provide innovation in the delivery of healthcare services to the slum residents, the use of telemedicine was suggested by DWWP. The Swaasthya Project intended to cover a population of 10,000 and was accordingly implemented in 10 slums in Hyderabad. In order to ensure that the health services are delivered within close proximity of the slum residents, the mobile van developed a roster to provide services at different locations on a regular basis.

2. Medical staff and coverage: In order to provide healthcare services to the population via telemedicine, there was a doctor employed who was available for six to eight hours daily. The healthcare service was provided by using a mobile van ("Smile on Wheels") having a nurse for aiding the screening, testing and consultation via telemedicine route with the doctor along with one helper for aiding in the distribution of medicines.

3. Staffing: Having adequate human resources to complete the designated task is an important step in achieving the targets set within the defined timelines. One challenge was the initial unavailability of a pharmacist for distribution of medicines to the patients at the start of the programme. The private sector was paying higher salaries with the onset of COVID-19. The Smile Foundation continued the distribution of medicines by involving the nurse and other team members via the Smile on Wheels.

4. Awareness among patients: When the project was implemented in the month of July 2020, there were less patients who came to avail of services via Smile on Wheels. The main reason was the fear of catching the deadly virus and lack of information among the slum residents with regards to the benefits of Project Swaasthya. DWWP developed an information, education and communication campaign through the use of flyers in local languages. Smile Foundation disseminated the materials across the 10 slums to educate the community about the precautions being used by the project team in the delivery of services. Also, while distributing the sanitary kits there was some opposition faced by the community male head of households due to socio-cultural barriers. DWWP advised the team to overcome this through counselling and communicating directly with the women. As a result, Smile Foundation was able to increase the awareness and uptake of sanitary kits in the communities.

5. COVID-19 and flood issues: While the project was being implemented, the project manager tested positive for COVID-19. Keeping in mind the safety and welfare of the community members, the project services were suspended for about 10 days. The project was also affected by heavy rainfall and floods. However, to meet their timelines, Smile Foundation increased the number of volunteers and community health workers from other ongoing projects to cover up the gap.

Project recommendations

- With the collapse of health systems across the country during the second wave, it became clear that the public sector alone cannot deliver healthcare to 1.3 billion people.

- The importance of partnerships is evident through the case study, whereby DWWP and Smile Foundation leveraged each other's strengths to reach the poor. While DWWP developed the Swaasthya model, health survey, raised funds and provided technical advice; Smile Foundation helped with the technology, healthcare professionals and community workers to execute the project on the ground.

- During the first wave, thousands of front-line health workers contracted the virus from hospitals and patients due the limited availability of PPE kits and established COVID-19 protocols. The use of telemedicine proved an effective way to safeguard the health of doctors and nurses and, at the same time, reach communities located in overcrowded slums.

- Telemedicine programmes also helped the implementation of prevention and awareness programmes among daily-wage workers and migrants with limited access to information.

- Behaviour change is a critical response to combating the pandemic. The Swaasthya pilot demonstrated the effectiveness of community outreach programmes in promoting the widespread adoption of COVID-19 prevention measures such as using masks, hand washing and social distancing.

- In order to improve the health-seeking behaviour, accessibility needs to be improved as well. Migrant labourers and daily-wage workers do not get the time off to visit healthcare centres that are located far away from their places of work and dwellings. In such cases, they often postpone their visits to hospitals, which can be dangerous in terms of ailments. Tele-consultations where doctors provide online/remote screening, advice and prescriptions to such patients can save a lot of time, resources as well as the expenses of commuting.

- As seen through the implementation of Project Swaasthya and the Smile on Wheels initiative, mobile vans with diagnostic and testing capacity can easily reach out to areas where healthcare is sparse and provide necessary relief in the form of medicines, consultations and referrals.

- Going forward, such approaches will become the order of the day to provide decentralised healthcare service delivery at the local levels. As these models expand, they will enable patients to seek care at the primary level, thereby reducing the burden on tertiary care facilities. A proper triage and referral system will ensure that basic healthcare is provided at the community level and only patients with critical care needs are directed to hospitals.

- The use of generic medicines instead of branded drugs can play a vital role in keeping costs down to make the treatment affordable for vulnerable groups that prefer to opt for private healthcare. This was one of the key factors that kept the project costs low enough to provide the package at INR 1.5 per patient, per day.

- The lessons from these pilots can be used to design effective vaccination programmes to provide last-mile service delivery using telemedicine to reach mobile populations like migrant workers that comprise 955 million people today. The approach followed by project Swaasthya can be effectively applied to mobilise rural communities and reduce misinformation and fears about taking the vaccine.

- The project can also be scaled up to provide low-cost primary care to vulnerable communities suffering from non-COVID diseases such as tuberculosis, diabetes and mental illness.

- Enrolment in state health and social security schemes could be increased through the model of mobile vans/stations which issue registration forms on the spot for people who are eligible. Through awareness programmes, adverts, flyers, etc., the services under this scheme need to be extended to the daily-wage workers and migrants who are usually most deprived of healthcare in their destination cities.

- The National Telemedicine programme is beginning to deliver healthcare remotely across the country. It can benefit from the experience of Project Swaasthya in bringing together technology, communities and healthcare professionals to collectively deliver healthcare remotely.

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VIII. GyanVahak: Bringing school to the doorstep of Uttarakhand villages

Kabir Yeshe, Richa Pandey

Simple Education Foundation (SEF)

Abstract

The COVID-19 pandemic has been one of the biggest challenges for the country's public education system. Millions of students faced prolonged learning loss due to indefinite school closure. As different state governments adopted a one-size-fits-all approach, Delhi-based NGO Simple Education Foundation (SEF) designed an intervention rooted in the local context and constraints of 13 villages in and around Gularghati, Uttarakhand. The GyanVahak programme reimagined learning by leveraging low-cost solutions (free voice calls and printed workbooks) and urban youth volunteers to provide meaningful learning opportunities. It effectively utilised locally available resources to facilitate a shift in narrative from victim to victor through increased ownership of children, parents, and community.

Prologue

"Go to Chandrabhaga Pul and wait for a bus or taxi there" – when you enquire about the best way to reach Gular, this could be the response from one of the folks at the Rishikesh inter-state bus terminus. Walking 10 minutes from the bus stop, you reach the Chandrabhaga Pul, from where you have to count on luck for a bus or shared taxi for the journey ahead. Then begins a 23-km-long journey through Tapovan, a popular tourist destination along the Ganga, for the most part of this scenic stretch. As the number of hotel buildings reduces

on the way to give way to more greenery, you start seeing small settlements perched on hills. After many bumps and jolts, and a number of blind turns and breaks due to roadblocks caused by rockslides, you arrive at a concrete bridge, built some 50 feet above a stream. This is Gular.

Gular's only bank, only ATM and only government school with Std XII (there is no private secondary school) are in a radius of 15 km. A 10-minute walk takes you through the small market with a few *kirana dukaan* (provisions stores), and another 10 minutes uphill brings you to the SEF Pathshala Centre.

The small house with two rooms serves as both office and home for our team of four that works round-the-clock to provide continued learning for 150 children from Std VI to XII living in 12 villages around Gular. The villages served by the team are Khagilya, Karth, Sirasu, Kundiya, Baliyakhana, Gaal, Chameli, Gular, Thaat, Dusekad, Bilogi and Kyarkhi.

According to a survey of 155 families conducted by us in 2020, close to 45 percent of the male heads completed Std-VIII schooling or less while around 50 percent of the mothers finished Std V or less. Around 25 percent of the working male heads, who live in the community, are manual labour in construction work, while another quartile is in the hospitality industry as cooks, rafting guides and hotel staff. Close to 25 percent of the fathers live in cities across India as visible-invisible migrants. Most of the families depend on the Public Distribution System for sustenance because the little patches of land they own cannot meet their food requirement.

The children from minority castes are also the victims of structural inequality and often face discrimination with their social standing. These norms are often reflected in everyday settings such as schools and relationships within the community. This impacts the ideological and perceptual conditioning of the children coming from minority groups, leaving them with little to no aspirations. Mostly, the families of these children are involved in agro-based activities, poultry or other work that needs no technical know-how. On an average, the parents of the children have attained basic education and hence the exposure has largely influenced the behavioural orientation of the children.

Pathshala: The bridge between rural children and learning

SEF is a Delhi based non-profit organisation, transforming teaching and learning practices inside government schools in India. It was founded in 2013 with a belief that every child, regardless of socio-economic background, deserves access to quality education. As part of its school transformation model, SEF engages with key-enablers, teachers, parents, and school leaders who have direct impact on the life and learning of a child. Rooted in this approach, the Pathshala Learning Centre marked the beginning of SEF's journey in the villages of Gular Dogi, Uttarakhand. The learning centre started as a during and post-school unit, with the hope of improving learning outcomes in the senior secondary schools in the region. However, we assessed that children's challenges with learning begin as early as their primary years; youth aged 14-18 fell significantly behind their grade level, having only just moved beyond the elementary school ages. Moreover, through the learning centre, SEF was able to work closely with the community and children leading to the observation that the community's participation had an outsized impact on the quality of education in the area and worked to ensure the community has the tools, skills, knowledge and mindset to keep the child at the centre and build an ecosystem that supports the growth and development of a child.

Since then SEF has been curating a host of opportunities for children and youth in the area that directly enable them to strengthen 21st-century skills of collaboration, creativity, critical thinking and leadership along with other opportunities that support their aspirations. This is done in the form of foundational learning support that bridges learning gaps while strengthening well-being. We integrate activities such as storytelling and writing in the curriculum to keep learning contextual and learners engaged. To strengthen the 21st-century skills, we also run a student-internship programme (Rural Youth Tribe) and collaborate with organisations such as Voices of Rural India and Prayogshala to introduce children to areas such as writing, teaching, journalism and so on.

However, the COVID-19 pandemic and subsequent lockdowns had a sizeable impact on the programme and its outreach. It became difficult for us to reach out to the children, hence we decided to adapt the existing strategy to ensure continued learning.

GyanVahak: The beginnings

On the evening of 24 March 2020, India announced a nationwide lockdown for a period of 21 days. This was the beginning of what later came to be known as the "new normal". We at Gular were not sure what to make out of the situation. As two weeks passed by and we saw our counterparts in the cities resorting to the virtual model of learning, we had to come to terms that online education through platforms like Zoom simply could not function in Gular as (a) more than 40 percent of the households had no access to smartphones, and (b) out of those who had smartphones, many could not access a synchronous online environment due to one or multiple reasons – phone being with another member of the family, weak network connectivity or internet recharge not being done.

As an organisation, we had to stick to low-cost resources that would ensure maximum access and impact. Consequently, we decided to send printed worksheets to the homes of around 80 children from the learning centre, on a weekly basis.

Given that we had already been working with the children for the last four years, our baseline and end-line assessments told us that the children are not at uniform learning levels. While some of them could read paragraphs and short stories, others struggled to decipher words. It was a similar story with mathematics. In an assessment conducted in January 2020 for 17 students of Std VI, more than half the class could not solve a simple division question. Therefore, for both mathematics and English, at least two different sets of workbooks were printed for two learning levels (L1 and L2) on a weekly basis. (There was a third set for mathematics on some weeks – an L0 – taken from Ganit Bodh books by NGO Digantar). Here, L1 depicts Level 1 – a simpler level of arithmetic operations – and L2 depicts Level 2, a comparatively higher rigour level of arithmetic that includes the concepts of percentage and ratio.

The only way these could be printed was through the printer available at the centre. Over the course of the next six months, this printer was to print over 23,000 sheets of paper. All these printed sheets would then be stapled and converted into levelled workbooks. But we knew too well – just handing down the workbooks to children was not going to translate into learning.

Our prior experience showed us that the children would need constant support to learn through these workbooks. As calling them to the centre was out of the question, there was just one medium left – a regular phone call.

From 4 to 14 - buddies enter the scene

We were a team of four on the ground, with two belonging to the local community. Already swamped with the work of creating, printing and delivering these workbooks to the doorstep of children in 12 villages every week, how could we even place individual calls and do justice to the quality of support being provided?

An idea threw some light in the dark. It would be difficult for a single individual to call 15 or more children but three or four children per individual was still feasible. What if we could get more people to help us?

Figure 1: Volunteers were onboarded for the GyanVahak outreach
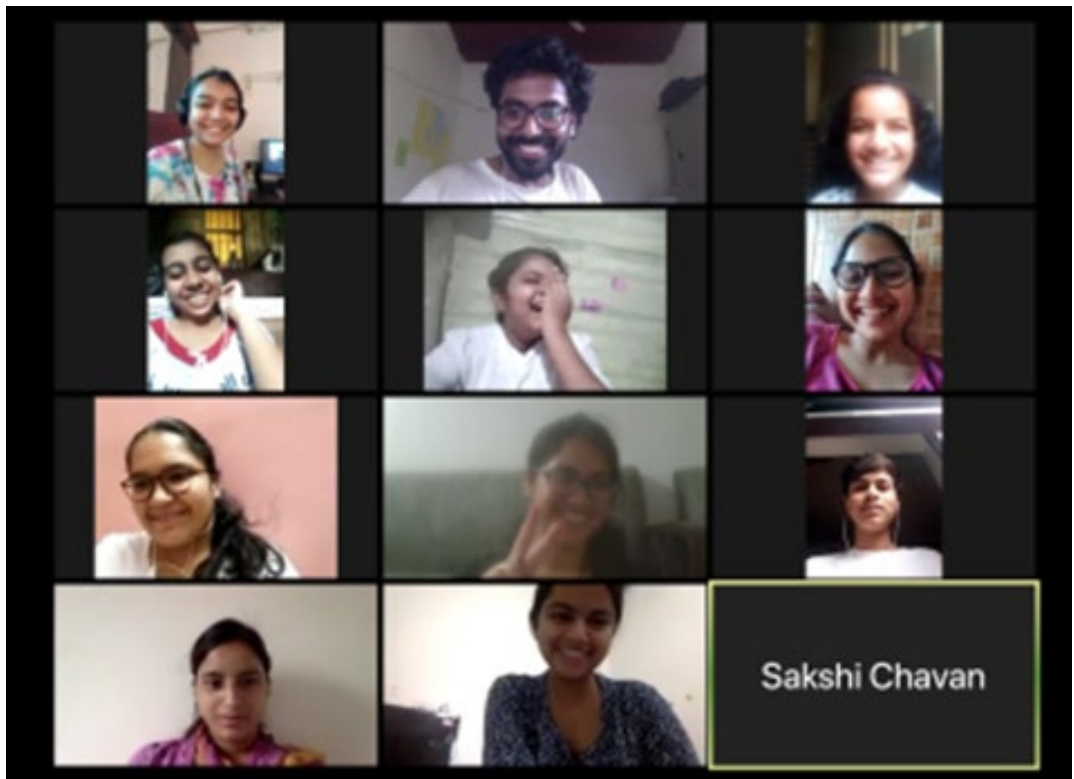
Hence, we decided to onboard a few people on a voluntary basis. Given that the programme was in its nascent stage, we decided to work with people we knew personally and could trust. With seven enthusiastic schoolchildren from secondary level, two working professionals and one college graduate each from Mumbai and Pune, the first cohort of 10 was ready. GyanVahak was thus born.

The volunteers were onboarded on 15 April with a brief induction that spanned two hours and covered a number of topics – Gular's context, intention behind the programme, and the importance and details of their role as GyanVahak buddies.

In order to ensure that children and families trusted volunteers (referred to as buddies henceforth) they had never met before and were aware of the purpose behind the telephonic interaction, we devised what we refer to as "first connection calls". We decided that the two team members who belonged to the region and could speak the local language would connect each "buddy" with the children and their parents through a conference call. Getting four different people (SEF team member, buddy, child and parent/s) together on a call was easier said than done.

It took around eight hours to complete onboarding calls connecting 10 buddies with 35 children and their parents.

Workbooks created. Buddies onboarded. But how were these workbooks to reach the children and back?

The human chain

Each workbook was marked with the name and village of the child it was intended for. These were then bundled together village-wise.

A network was devised for delivering the workbooks across the 12 villages. It consisted of "village agents" and "student champions". Gular being a village with a central market, which is actually a cluster of shops, draws people from other villages. The village agents are people who visit Gular on an almost daily basis. We asked them to hand over the workbook bundle to the student champion of the village, who would then distribute it to all the marked children. The same network was used to get the workbooks back a week later.

While this kept the students focused on completing lessons, it gave the team a sense of the effectiveness of the learning content.

Figure 2: Workbook network delivery tracker

Figure 3: GyanVahak model

A simple system in a Google sheet – workbook delivery tracker – was created to track this entire movement and it was made robust through reminder phone calls to both village agents and student champions.

The telephonic classroom

Each buddy was assigned a maximum of four children and was expected to spend three to four hours a week supporting these learners. The buddies were given a soft copy of the workbooks. Since the volunteers were tech-savvy and had consistent access to smartphones, Excel sheets, Zoom calls and WhatsApp were used extensively to interact with them.

The different actors in the system – buddies, children, SEF team members – were operating from different physical locations at different times. It was imperative to design a structure for some level of monitoring of these calls. The Buddy Call Diary Entry was one of them. The buddies were expected to submit a Google form at the end of each call. It captured some of the key fields such as (a) whether they were able to talk to the child; if not, what was the reason behind it; (b) what were the two challenges they faced during the call; (c) did the child ask any questions, and (d) how they felt at the end of the call.

Another crucial structure was the weekly buddy circles, held through Zoom calls. The purpose of these circles was to provide ongoing support – technical training, emotional support, discussing challenges over the week – and reflection on their learnings. This space also facilitated a sense of collective and encouraged buddies to seek support from each other. The design of these buddy circles was guided in part by the data captured through the buddy call entries for the week.

The first cohort lasted seven weeks. It left buddies with some strong connections to the children and the team with a number of learnings. For example, (a) the model could work with modifications; (b) buddies who were under 18 and still in secondary schools, despite being highly invested, struggled to implement the programme as effectively as the older volunteers; (c) a high buddy child ratio of 1:4 posed a challenge for many buddies to provide quality learning support, and (d) there was a need to lay out the progression of the workbooks at the beginning in order to create more cohesive content.

At the end of cohort 1, the schools were still shut and this meant that we could take the programme deeper and wider.

Figure 4: Student artefact - Amit's (Thaat, Std VII) entry for letter to an alien friend
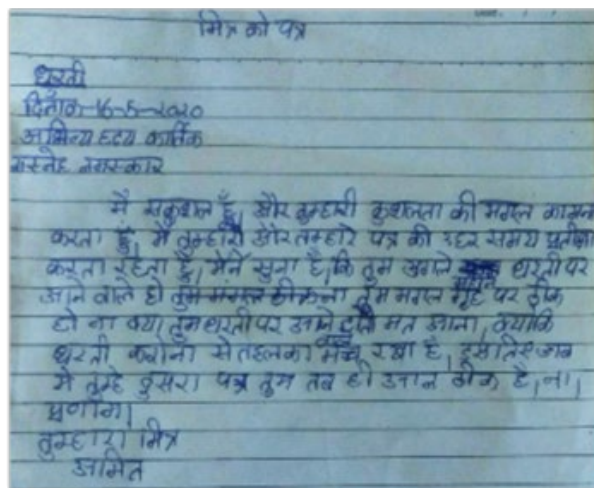
Welcome cohort 2 - from 10 to 50

On 19 June 2020, a week after the completion of cohort 1, we invited applications for a seven-week-long second cohort through platforms such as LinkedIn and Instagram. Within the first 10 days of the announcement, we received 81 responses, out of which 53 volunteers were shortlisted. A buffer was kept for dropouts. Forty percent of the volunteers were working professionals and the rest were college students or graduates. All together they represented 13 states and Union Territories of India. The induction programme was extended to five hours. These extra hours were invested in giving volunteers an overview of the workbook structure, some rehearsal time for reading activities and an overview of the Child Protection Policy of the organisation to understand what it would mean to create a safe virtual space for the children.

In addition to mathematics and English workbooks, we sent a fun supplementary workbook containing puzzles, riddles, art and craft activities and journaling-based activities to the children. This supplementary was introduced to provide some scope of expression.

Learning from the first cohort, the buddy-child ratio was strengthened to a maximum of 1:2 and a workbook map for six weeks was laid down in the beginning.

"I think in Cohort 2 of the programme, the greatest reward for me has been to see Rohit grow so much from being scared of English to wishing me "good night" after every call and speaking small broken sentences. He has also improved a lot in mathematics. He has shown more willingness to listen and understand. He also plans stuff now… he decides what we will study and when, he takes a lot of initiative," says Dhyanvi Katharani, a buddy in cohort 2.

New cohort and the challenges of scale

1. Volunteer dropouts: We experienced the problem of volunteers dropping out in the middle of the programme for various reasons – health, work schedules, time commitment challenge, etc. While we had prepared for it and recruited more buddies than needed, it was an operational challenge to map children of dropout buddies to other buddies and let children start over. By the end of seven weeks, 30 percent of the volunteers had dropped out. Given a smaller size of the first cohort and composition of secondary students in it, we did not face the dropouts in the first cohort. During the second cohort, we took a decision to engage with college students and working professionals, based on our learnings of the quality of teaching done by secondary school students.

2. Student dropouts: A few children, too, dropped out in between. With schools adapting to new ways of learning during the second cohort, some of them cited reasons such as "workload" coming from the school on WhatsApp channels. Some others – especially girls – cited increased load of household chores while a few simply said no to the workbooks. A flag, denoting the level of support a child needed (low, medium, high), was placed against the name of the student in a tracking sheet. A high correlation was observed between the students needing high support and dropping out of this system. One thing came out clearly – a combination of low investment and low academic fluency levels of students played out more strongly in an independent environment like this.

3. Student accountability: The workbook return rate hovered at around 50 percent, i.e., half the workbooks were not coming back to us despite constant reminders. The reasons behind this varied from children struggling to work in a relatively independent environment, far from the supervision of teachers in a classroom setting; lower accountability towards student champions, and difficulties in teaching certain content, especially mathematics, over the

phone. This was a hurdle in ascertaining if the children were able to learn anything. As soon as movement was permitted, we asked students to collect the workbooks from the centre after submitting the previous week's assignments.

Weaving all the learnings in

It was the second week of August 2020 and the schools were still closed. Consequently, we opened applications for the third cohort of GyanVahak. This time we designed the programme for 11 weeks and the volunteer's commitment was the essential condition for application. The decision to shift the programme to an 11-week cycle was to strengthen our selection and training process with the buddies. This was intended to make the execution of the programme more proficient. Therefore, the application form was more detailed as it required applicants to reflect upon their immediate circumstances and apply only if they could commit till the end of the programme. We had also made similar provisions to ensure ownership on the part of the children. For instance, students were expected to give a missed call to their buddies at the pre-decided time, indicating that they were ready for the conversation. Similarly, a GyanVahak card was provided to the students for keeping a record of their weekly calls.

Figure 5: GyanVahak Student Card

The children were expected to visit the centre every Friday to submit the previous week's workbook and take home the new one. An induction programme was organised for parents where we told them about the purpose behind the programme and their role in making it successful. The session, which was mostly attended by mothers who are illiterate, advised parents to check the pages of the workbook before sending it for submission at the centre. Another significant change in this cohort was related to workbooks. This time we designed two sets – the equity workbook and the mathematics workbook. The design was based on the recommendation of National Curriculum Framework (NCF) 2005 and National Education Policy (NEP) 2020. It was contextualised, experiential and interdisciplinary in its approach. Consequently, the volunteers for the third cohort underwent a 10-hour long induction as the focus was on providing ample time to practise how facilitation for such content can be done over voice calls. To ensure ease in communication, we started using Google Classroom, in addition to weekly Zoom calls, in order to connect with the volunteers. All the workbooks and Google forms for buddy call entry were now uploaded on this platform on a weekly basis. Additionally, we created designated spaces for one-on-one communication between team members and volunteers.

The third and last cohort of GyanVahak started in September 2020 and ended in November 2020. The cohort consisted of 50 volunteers selected through a two-step process – review of the application form and telephonic interview. This cohort represented 14 states and Union Territories of India and 50 percent of the members were working professionals.

Despite our best efforts to ensure commitment on the part of volunteers, 15 out of the 50 volunteers dropped out of the programme before completion. There was one interesting difference from the previous cohort though – eight volunteers dropped out at the time of induction, resulting in fewer changes during the course of the programme. When schools reopened in November for the students of Std X, some children dropped out citing coursework given by teachers.

Magic workbook: USP of the programme

Given that GyanVahak was a response to the pandemic, the learning experiences provided to the children form the most crucial aspect of this intervention. Indefinite school closure combined with the lack of infrastructure made it impossible for the children to learn "normally". The challenge not only forced us to alter our mode of interaction but inspired us to redesign the content itself. As the programme took its final shape, there were weeks of deliberations and discussions. This resulted in 10 learning packets or workbooks that explored issues affecting people in the local community. Following are the features that made the workbooks used in the third cohort a USP of this programme:

1. Thematic: The themes covered in the workbooks included livelihood and migration. Given that almost all the families in this community have at least one person who has migrated to the cities for livelihood, these themes are relevant to the children.

2. Contextualised: The workbooks included stories designed specifically for the purpose of this programme. All the characters in the stories were based in Gular and moved as far as Rishikesh, the nearest town. The aspirations and challenges of these characters were similar to the ones reading the stories. This allowed the children to relate to the characters and engage meaningfully with the concepts.

3. Integrated: The concept of reverse migration was introduced using the story of an individual who returned to his village during the lockdown. The story was given in Hindi and English and the follow-up exercise required children to answer the questions, both factual and reflective. The mathematics workbook had questions such as "how much would the ticket for a family of four migrants cost if they are returning from Dehradun to their village given that one ticket costs INR 800?". In this way, the content was presented in the way they experience life.

4. Experiential and inquiry-based: The workbooks included exercises that required children to interview people around them about their occupation and its associated challenges. This made the concept of livelihood as real as it can get and also reinforced the spirit of inquiry. In fact, in some of the

workbooks, every story had space for a question that the child would want to ask of a character. These simple exercises are quite effective in developing the habit of asking questions.

5. Solution-oriented: Though the curriculum highlighted the major problems faced by the community, it left the child with hope and a sense of responsibility. Real-life stories in the workbooks serve as examples of community-driven social projects. One such story is that of Divya Rawat, a local girl who quit her well-paying job in a city to work for her community. She was later rewarded by the state government for her efforts to uplift her community. Another story is that of Barefoot College that transformed Tilonia in Rajasthan into a self-sustainable village. These stories end with exercises for children to identify a local problem that they can work upon and state concrete actions they would take to address those problems.

Table 1: The magic workbooks were designed keeping the following guiding principles, themes and skills and dispositions at the centre

Guiding principles	Themes	Skills & dispositions
Enables relationships built upon a deep-rooted awareness of being there for each other, a sense of purpose (intention, building in each other) and trust.	Inequities exist all around them	Compare and contrast Making connections (critical thinking) Curiosity
Enquiry progresses from self to local community, and to the larger world.	Inequities can be dismantled by us / me	Logical reasoning Ownership Grit
Makes the connection of the learning explicit and visible to the academic learning of the child to both the child and the guardian.	Critically examine things	Critical thinking Reflection
The abundance of the community and the needs of growth for the community are explored.	Acceptance of identity as well as grit to figure it out.	Reflection
Multiple ways of engaging with learning and expression.	I know where my choices lead	I know where my choices lead and I make choices with full knowledge of that.
Celebration and garv in self growth and learning	Celebrating my actions and growth	Compassion

Challenges in the implementation of the intervention

1. Infrastructure: Given our context, it was clear from the beginning that low-cost resources had to be used. A state-wide lockdown meant printing the workbooks with the inkjet printer at the centre. Getting the ink and rims from Rishikesh was a challenge in itself. Being a small team, we wore multiple hats and designed the worksheets, printed them, arranged them as per learning levels, stapled them and organised them into village-wise bundles. To do so, coordination between different members was crucial and systems were put in place to ensure minimum errors. Likewise, all workbooks were printed in advance with a buffer of three days keeping in mind the frequency of power failure in this region.

2. Upskilling the team: The success of this intervention depended solely on timely distribution of workbooks to the children and the volunteers. While the volunteers were provided with the digital copy of the workbooks on a weekly basis via Google drive, children were sent printed copies. This was made possible as our team of four designed and printed 23,000 papers on a single printer during the entire programme. Half of the team is from the local community and technical upskilling was a major challenge. They were not too comfortable working with Google sheets, forms, docs and classrooms and the different permutations needed for printer settings. So, upskilling them became an important element of this programme. Needless to say, continuous upskilling and managing change that was required in these times often proved to be exhausting for the team.

Reflections: Did the programme work? To what extent?

1. The workbooks used in this intervention were designed keeping in mind the learning levels as well as grade-wise minimum learning outcomes. The content was curated to be in alignment with the vision and philosophy of our organisation, which itself is in alignment with the recommendations of NCF 2005. For instance, there was explicit emphasis on reflection and inquiry. Specific activities were designed to provide an experience that allows children to question the status quo. There was a constant push towards observing the surroundings and questioning the "norms". Towards the end of the

programme, we realised that some children were not interested in working with workbooks as it was too rigorous and a cognitive overload for them. They were not used to reflecting and questioning so much. Also, initial learning levels and investment played a major role in influencing learning during the pandemic. This means that the children who showed little interest towards engaging in learning experiences in the pre-COVID era were more likely to fall behind and not benefit from this programme.

2. Another important observation or realisation was that children from a low socio-economic background found it more difficult to stay motivated and invested in learning during the pandemic. Interestingly, villages in Uttarakhand are organised on the basis of the caste system; therefore, the village-wise pattern was evident from the analysis of the submitted workbooks. For instance, Karth is a village inhabited by Dalits. It had one of the lowest rates of return of workbooks. Keeping the residents of this village invested in a child's education proved to be a challenge. Neither continuous follow-up calls nor visits to the village could bring the parents to the same page as us. We thought that concentrated efforts on one child from this village could help bring more children to the centre, but eventually bringing that one child to the centre proved a challenge.

Conclusion

The COVID-19 pandemic severely impacted vulnerable children living in the poorest neighbourhoods of some of the poorest countries. These harmful effects are believed to be three-fold: the danger of getting infected with the virus, the immediate socio-economic impacts of preventive measures and the long-term impact due to delayed implementation of Sustainable Development Goals (United Nations, 2020). In India alone, 27 crore children have been deprived of "normal" learning opportunities due to school closure since March 2020 (Vyas, 2020). According to the National Sample Survey, 4.4 percent of rural (and 23.4 percent of urban) households possess a computer and 14.9 percent of rural (and 42 percent of urban) households have access to the internet. These statistics, when combined with its counterpart for "school going population in rural and urban areas categorised according to the type of school", highlights the inequity in terms of access to resources. While urban India witnesses approximately one-third of schoolgoing children enrolled in government-run schools, the situation is quite the opposite in rural India

where 73.7 percent at primary level, 76.1 percent at upper primary level and 68 percent at secondary and higher secondary level attend government-run schools. This means that the majority of students impacted by state-led interventions stay in rural areas where infrastructural challenges impede the possibilities of virtual mode of learning.

a. One of the major insights from this programme has been the potential in engaging urban youth for empowering rural children. GyanVahak managed to expand the boundary of "village community" by engaging unemployed youth, college students and working professionals living in urban areas. This small step went a long way in establishing connections among people from different parts of the country. A similar approach can be adopted to provide continuous mentorship and one-on-one support to the children in rural areas.

b. Another important insight is with respect to the content used in designing learning experiences for the children. We realised that stories hold immense power as they connect people through time and space. The impact of these stories increase manifold when they are rooted in the local context. In other words, designing content from the space of experiencing it rather than from the space of reading goes a long way in making learning meaningful and joyful.

c. NEP 2020, like its predecessors, has made certain recommendations for improving learning experiences. These recommendations include a shift to interdisciplinary and integrated mode of learning along with a special emphasis on social emotional learning. The workbooks designed for GyanVahak are in alignment with NEP 2020 and NCF 2005. They can be directly used by government schools in this region and can be modified and adapted for use by other schools located in similar contexts.

d. We also learnt the power of being a grassroots organisation during the pandemic. The ground team had the support of the local community as well as the autonomy needed to implement the programme effectively. There was accountability to the organisation as well as to the children, but decisions could be made quickly without waiting for approval from the head office. This experience reinforced our belief in decentralisation. Managing change in a centralised fashion might be difficult for an

organisation given the circumstances the world is in. Roping in the grassroots organisations in the transformation initiatives, on the other hand, would help in escalating the efforts.

e. Finally, any organisation that operates on the volunteer-based model could benefit from this experience. We learnt that success of such interventions depends largely on the induction and continuous capacity building of the volunteers. Continuous monitoring, evaluation and genuine feedback from the implementers help in doing timely course correction. The major challenge, however, is the retention of volunteers – something that remained an unsolved problem for us.

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IX. Satya Special School: Digital intervention for Children with Special Needs in Puducherry

Satya Special School

Abstract

COVID-19 and the ensuing lockdown led to our special education services migrating online. Two initiatives stood out for their efficacy: WeLearn, the mobile tablet device library, and the creation of online parents' groups.

WeLearn used the library concept for learning for Children with Special Needs (CWSN) and capacity building for their parents through offline digital devices, with a high level of personalised content. The interim assessment of the offline worksheets indicates a good level of learning. This might provide a good way to supplement learning at the physical school, especially in satellite centres and in remote rural areas. The adaptability of technology and the resultant bonding of siblings also points to possibilities in creating informal groups of learning that are removed from a formal school setup.

The success of ideation and innovation in mildly mediated parents' online groups was an eye-opener in many ways. The interactions, the camaraderie and the ideas that resulted—mostly jugaad using household items—revealed the potential not just of sharing resources, but also that of self-advocacy. This could mark a turning point in our quest to move away from a charity-based model for our work with People with Disabilities (PwDs).

Background

When the nationwide lockdown was imposed on 24 March 2020, the country came to a grinding halt. Satya Special School's centres had to shut, and we had to pivot to other modes of education. We had used the digital medium earlier, but this was something entirely different: We had to completely change our pedagogy and communication both within and without. Our journey over 2020 and the first few months of 2021 have helped us explore the possibilities of the digital medium in furthering our vision.

Satya Special School is an NGO that directly caters to around 1,000 children and youth with disabilities, and disadvantaged children, with a focus on inclusion in mainstream education.

Satya Special School works with children with various conditions including, but not limited to, autism, mental retardation, cerebral palsy, muscular dystrophy and Down Syndrome. Apart from the flagship special school in Puducherry, Satya also runs several other initiatives that include an early intervention centre, an alternative inclusive centre for education and three rural satellite centres.

Satya Special School has a zero rejection policy, which translates into any child with an intellectual and development disability (IDD) being provided support through one or more interventions. Parents of children at Satya Special School primarily come from Puducherry's semi-urban and rural areas.

In the rural centres, most of the parents are involved in seasonal daily labour in agriculture or nearby agri-based industries such as sugar factories. Some of them have micro businesses such as petty shops.

Another worrying statistic is that 45 percent of children at Satya are being raised by single mothers. Husbands often abandon a CWSN, leaving the mother with the double responsibility of financial security, and raising the child on her own.

Children with disabilities are already at a disadvantage when it comes to learning: According to a report by UNESCO, 75 percent of children with disabilities do not attend a regular school. While India has been in the forefront as far as legal frameworks for the education of CWSN are concerned, the on-the-ground situation is vastly different.

In Puducherry, for example, the Right to Education rules do not include three out of five recommended provisions: those for assistive devices, representation of parents or guardians of children with disabilities in school management committees, or reference to special schools. In fact, the only state in the country that has all five provisions in its RTE rules is Kerala.

Just to get to school is, therefore, a huge accomplishment for our children and their parents. To paraphrase a recent popular quote from an actor: "Where our children's dreams are apparently fulfilled, typical children's struggles begin."

Special needs education is also very different from typical pedagogy, as the name implies. In its purest form, it is personalised and most therapy forms require physical contact. It emphasises both physical and mental development with a range of programmes depending on the child. As most IDDs come in a spectrum, it is nearly impossible to achieve much if taught in a classroom as in most mainstream schools.

Each child is provided with an individual plan, keeping in mind the child's development and condition. A typical day usually comprises a mix of group classes, individual sessions and physical therapy.

The interventions include, but are not limited to, literacy and numeracy skills, speech therapy, physical and occupational therapy, and other therapies that may be indicated for the child's condition. Satya Special School uses a combination of traditional, modern and alternative therapies from around the world — for instance, Watsu (passive hydrotherapy); art, drama, music therapy and repetitive chanting.

Most of the methodologies require active engagement with the teacher/therapist, as many of the children have atypical communication and also attention deficit. Much of special needs education requires reinforcement, and without that, gains made in therapy and academics would regress soon.

It is in this context that COVID-19 and the subsequent lockdown posed significant problems to our programmes and services.

We realised we had to pivot our programmes quickly, as there would be no respite in the near future. We had three major strengths:

a. Our belief in parents, especially **mothers, as co-therapists.** Mothers of children at Satya Special School attend as many as 30 training workshops/ sessions related to children and youth with special needs every year. This would prove critical in our continuance of effective services.

b. Our **deep connect with the communities** we serve. Since we are based in Puducherry and neighbouring areas, we are acutely aware of the hyperlocal situations that contribute to and affect the lives of people with disabilities in our communities.

c. With a strong belief in the efficiency of working together, we have an advantage when it comes to **networking** with other entities: organisations, government, educational institutions, and the like.

While the organisation was involved in relief efforts, academic and therapy sessions were also being looked at.

Deciding to continue learning online was the easy decision. This, however, came with its own set of challenges that threatened the inclusivity that we seek from society.

Remote learning

When lockdown was announced and the scale of the pandemic became apparent, there was no question that Satya would continue its services. The obvious choice for the same was the online medium, as soon as the imminent threat of survival was addressed.

We had to put in place a few online processes that were natural in the physical space: An online support group for teachers to discuss and ideate the new pedagogy; weekly online staff meetings to solve issues with the interactions and to support teachers with ideas for engagement; a detailed tracking mechanism to ensure that the child's individual needs are taken care of, and to study efficacy of online learning for IDDs; and detailed parent feedback mechanisms, to address any concerns about the child, as also well-being of the family. This included a choice: The number of classes they wanted per week (one to three), with an option to opt out of digital learning as well.

While the number of classes held may not accurately reflect impact, it points to increased participation with 40,000 sessions being held from August 2020 to March 2021.

Timeline of online classes preparation:

March 22: Voluntary public curfew

March 24: Nationwide lockdown announced

March 24: Satya staff set a schedule for calling parents and checking their well-being. Immediate needs of provisions, vegetables and medication were identified

March 25: Relief work commenced

March 25-30: Parents required support to engage their children, who were otherwise not engaged and were watching TV or playing games on the phone. They were also unable to leave the house, which made matters worse

April 6: Online classes began, but without any tracking mechanism. The aim was to see if the medium was working for children with IDDs, and if the teachers were able to engage them well

April 15: An assessment was done, with mixed yet promising results.

April 20: A schedule was put in place, along with a tracking mechanism using Google Forms.

Satya Special School
For children with special needs

Tablet Library Project

Inclusion to mainstream education

1000 differently abled children and youth

According to UNESCO **75%** of differently abled children do not attend regular school

- ✓ Accessible
- ✓ Personalised
- ✓ Low-risk of COVID -19 transmission
- ✓ Cost effective

Device preloaded personalised plan and exercises

15m.

1 hr

Using technology to connect and communicate to children

Empowering mothers as co-therapists

Participation in caregiving by family other than the mother

Sibling bonding with online games as common ground

Resources included lessons and curriculum, storytelling, puppetry, other activities and schedule for parents
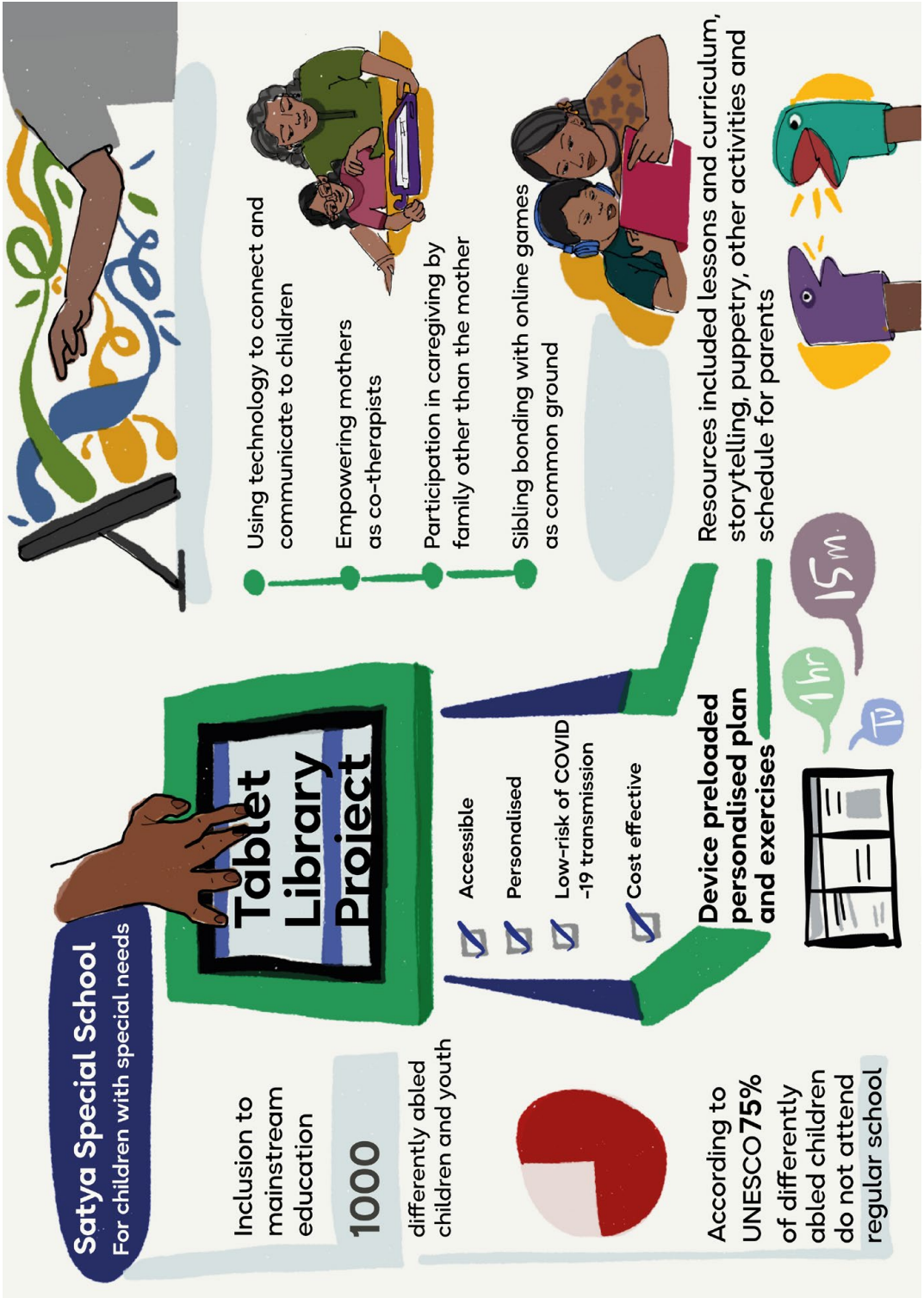
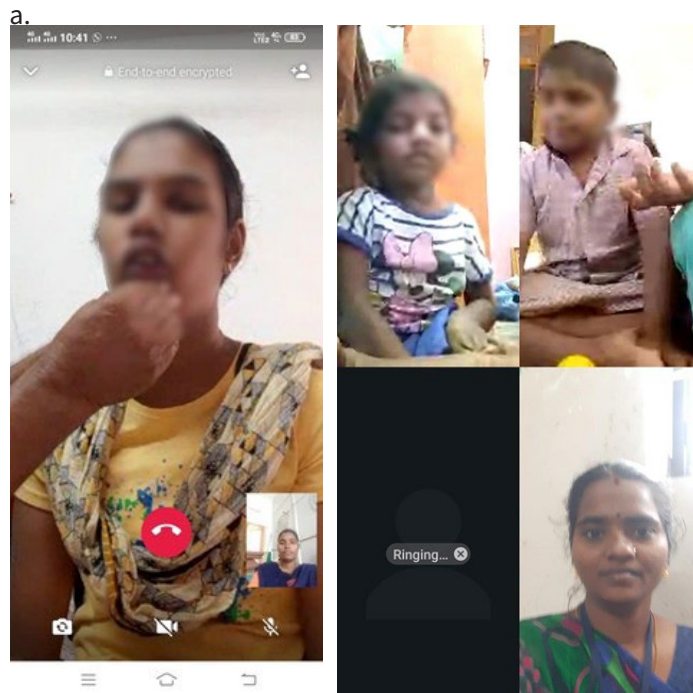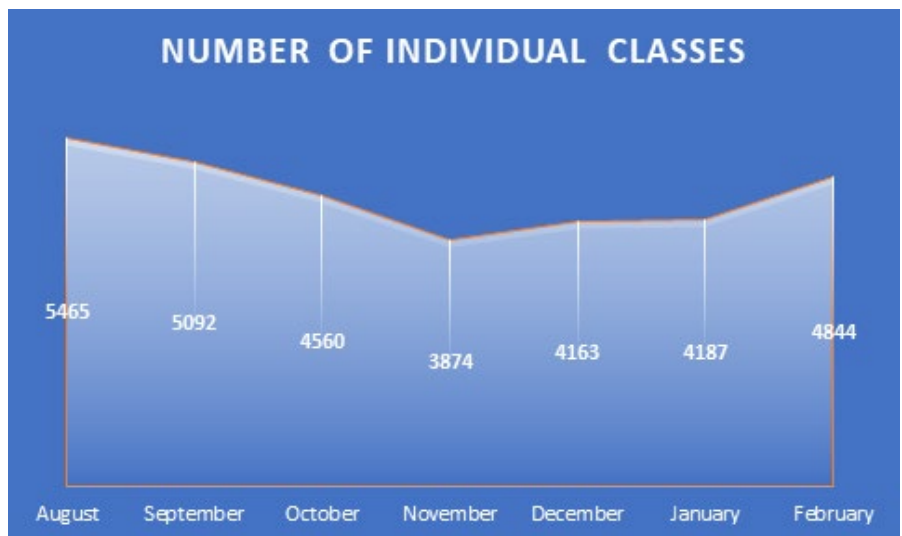*Figure 1: Online classes - individual and group sessions.*

a.

Figure 2: Attendance following normal year patterns

A few other factors:

a. Attendance following normal year patterns, especially in individual sessions. (See Figure 2)

b. Parents buying smartphones for the purpose of classes.

c. Parents who only signed up for the group sessions signing up for individual sessions as well.

Challenges in remote learning

Inaccessibility:

Many of the children were able to access online learning, even if learning was not optimal. We surveyed the families of the children. The following data captures their situation:

Table 1: Data on children's access to online learning

Category	Percent
Who have access to internet and CWSN are able to attend classes	20.1
Who have access to internet but CWSN not given priority	43
Who have access to phone but no internet and hence needed to be supplemented with activity sheets	24.6
Had other home-based intervention	7.9
Families who moved to their native villages	4.4

Some of the children spoke with their teachers on a phone call, because of the lack of internet connectivity. A lot of special education happens with visual cues reinforcing auditory cues and in many cases, the phone call by itself could not engage the student.

Parents' capacity building:

A large part of our work involves creating parents as co-therapists in the development journey of the children. This starts when the child is admitted to Satya Special School, when the parent (typically a mother) takes a parallel journey to that of her child.

Training for the parent happens at three levels:

1. Training specific to the child's goals. For example, if the child's goal is to be toilet trained by the end of the year, the mother is given individual training on ways and means to achieve that.

2. Training to achieve attitudinal change: These trainings, while generic, depend on the stage of perception each family/member is at. This often includes both parents, grandparents, and siblings as well.

3. General training/awareness sessions: These sessions are on topics of general interest to the disability community and includes varied topics such as self-advocacy, micro enterprises, financial planning for CWSNs, etc.

When the lockdown was imposed, there were challenges in transitioning some of these activities online. This was especially true of parents without internet connectivity, who could not access physical therapy classes. Parents could, however, perform physical therapy for their children. While the school had specialised equipment for the same; at home, parents had to use workarounds.

We also recognised that some of the training that we provided to mothers: livelihood training, for example, would have to be postponed.

Apart from the formal training sessions, several activities and events bring the parent community together, to form a cohort that helps build stronger communities. N Geetha, mother of our student Ananya, is a vocal advocate of the rights of the disabled. She not just helps other parents at Satya, she also ensures that people receive the right information regarding their child's disability. "When I go to the beach and see people struggling with a special child, I walk up to them and tell them about my journey," she says.

Mothers like Geetha help keep the communities going, and amplify the effects of the therapy. We were keen that the sense of camaraderie exemplified by parents like Geetha continued.

Two interventions would help us meet these challenges:

1. The "Tablet Library Project", a library for devices preloaded with lessons for the children, and videos of physical therapy for the parents and caregivers, and

2. Parent WhatsApp groups, which helped disseminate knowledge and foster a sense of community in parents.

Intervention 1: Tablet library project

Children from many villages did not attend the classes and when our staff reached out to them, they indicated that they did not have access to the internet. Many of them did not have access to a smartphone as well. Some children with cerebral palsy either did not have internet, or could not view content on a small screen. Lessons over the phone did not work for them.

While our online classes with other children progressed, we put our heads together to think of ways to reach the "unreached" more effectively. After all, we advocated inclusivity in every sphere: surely, we should find a way to be inclusive in our innovations?

It was clear that without intervention, they will not be able to make progress in their therapy and/or academics. With our core focus on creating mothers as co-therapists, we knew that the mothers were capable of taking on the challenge, but with some help.

Since our therapeutics were always personalised, we wanted any model to incorporate this.

Our key requirements for a solution were:

a. Accessible

b. Personalised

c. Low risk of COVID-19 transmission

d. Cost effective

We looked at a few options.

Table 2: Options considered as means of reaching the "unreached"

Intervention	Accessible	Personalised	COVID-safe	Cost-effective
TV programmes	✓		✓	✓
Purchasing smartphones		✓	✓	
Personal sessions	✓	✓		
Tablet device library	✓	✓	✓	✓

Television programmes were the first thing we considered, to see if lessons could be beamed on channels. The neighbouring state (Tamil Nadu) was considering broadcasting lessons for higher classes on television. We explored this for a bit before realising it was not personalised enough for our use, and our parents and children would have to wade through a lot to get to something that they could actually use. Also, it was a large effort to get the programmes ready for television broadcasting.

Purchasing smartphones for each child. This might have worked, except that it would not work well for our children with cerebral palsy who have low vision. The financial implications of this were huge.

We briefly considered **personal sessions** before dismissing them as too risky. Our children are immunocompromised and we needed to be extra careful as they are not always able to wash their hands frequently.

We knew that tablet devices worked well. They could be preloaded with therapy videos and interactive lessons for kids, and worked offline as well. However, purchasing one tablet for each of our 300-400 rural children would be too expensive. Plus, we did not know how it would work.

That's when we hit upon the idea of a tablet library. One tablet device could initially service three CWSN and we could later change it depending on efficacy, need and funds available.

Figure 3: Satya staff explaining the working of the tablet device

A timely fundraising effort by Give India, and donation by the Azim Premji Philanthropic Initiatives enabled us to start the project with an initial lot of 40 tablet devices. We settled on the Samsung Galaxy Tab A 8.0 and loaded various software on it, including the Avaz App, Blessed Angels, Kavi PTS and Jellow. Several other resources, such as our lessons and curriculum, storytelling and puppetry by our parents, and activities for parents including tutorials on how to make TLMs were loaded on the devices, making it a one-stop resource for their children's developmental needs. A complete list of the loaded programmes and software are in Annexure A.

Planning

As we waited for the devices to be loaded and sent, we brainstormed on what the tablet would contain. After all, we were trying to condense our entire bouquet of services onto an eight-inch screen!

We took inventory of all the content we had earlier created and catalogued and looked over them for currency of content. This was primarily done online.

We then took the individual plans for each of the 180 children who would be served by the library and mapped their needs to the lessons and developmental milestones.

We then filled in the gaps by creating a combination of lessons, activities on the software, as well as exercises that could be performed at home. For material that was not available, we had the teachers/physical and occupational therapists create content and send it over, so that we could include it in the tablet.

With this template in place, we created lesson plans for each child. This included creating separate folders for each child, with follow-up offline activity sheets. Special education, with its inherent personalised nature, needs to take care of the child's current level and possible growth and development and therefore, planning for special education takes more time than for mainstream education.

Also, because of the uncertainty of the outcomes, course correction, too, is an important aspect of special education. Aware of this, we created a tentative timeline for each student, but knew that lessons and development may not occur as expected. The emphasis was on the child being able to access the services, and not so much on the timeline.

Each child, whose personal plan was drawn up, would be given the tablet with his/her lesson on it. They could navigate to it on the device and start their lessons.

For parents, too, the schedule was drawn up and loaded on the tablet. All online training sessions were recorded and uploaded on the tablet. Parents could therefore access all the training materials and sessions. Step-by-step lessons on therapy exercises were also downloaded onto the tablet, for each parent. A few storytelling sessions by other parents and other simple videos were also shared with the parents of the children who used the tab device library.

Two days in the life of the tablet device

Monday:

10 a.m.: A Satya staff member gives the sanitised tablet to Child A. The child navigates (or the parent helps them navigate) to the lesson/activity of the day. The content also features videos for development, such as videos on how to brush their own teeth, etc.

The parent also accesses the videos meant for them. A few COVID-specific videos were also uploaded as were videos of online sessions.

3 p.m.: The staff member collects the tablet and provides some offline worksheets to Child A. The staff member also has a conversation with the parent about the physical therapy exercises, and any concerns or difficulties they may have faced.

4 p.m.: The tablet is returned to the nearest village centre where it is sanitised. The librarian makes note of the lessons completed by Child A and loads the activities for Child B on the tablet.

Tuesday:

9 a.m.: A Satya staff member picks up the tablet from the centre.

10 a.m.: The staff member gives the tablet to Child B. Based on Child B's routine, he/she performs the activities given. There are several activities uploaded, so that the child can move ahead a couple of steps, if they would like.

In the meantime, Child A is working on the offline sheets, and the parent is also working on the exercises learnt the previous day.

The same schedule is followed for Child B.

On Wednesday, Child A receives the tablet, and Child B is working on the offline worksheets.

The tablet is not distributed on Sundays, when all the data is collated and sent to the head of academics at Satya Special School.

COVID-19 safety measures

We purchased a COVID-19 oven, and also disinfected the screen every time it was collected. Although the WHO has now mentioned that COVID-19 does not transmit through surfaces, it was a concern when we started the project.

Figure 4: Cycle of the tablet device intervention
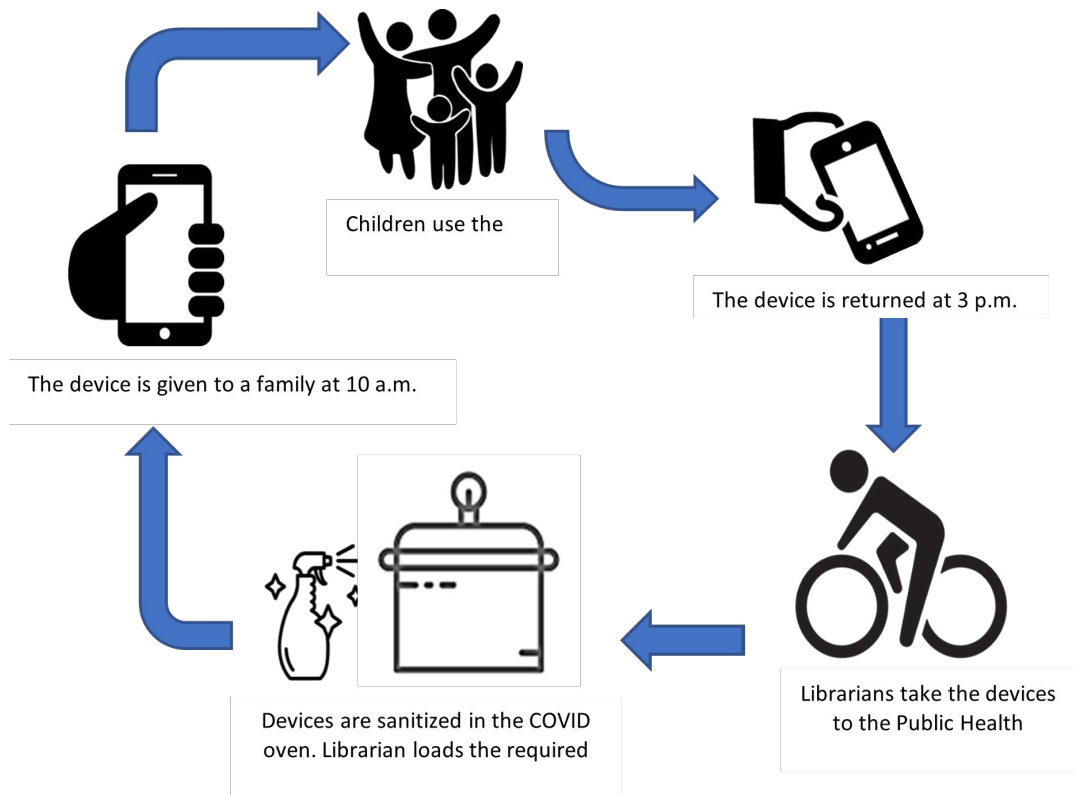
Impact

While formal assessment of developmental levels has not been possible due to the absence of face-to-face interactions, it was observed that 35 percent of the children progressed three learning levels.

What is important, from our perspective, is that these are children who would otherwise not have had access to any learning or therapy whatsoever.

Therapy: Our mothers were able to meet the challenge and exceed expectations by taking the process one step ahead. While mothers (and fathers, as many were confined to their homes) learnt about simple therapy exercises that they could do at home, their confidence in dealing with their child increased as well. Parents who had an internet connection were able to go one step further by communicating with a cohort of parents using the WhatsApp group (See **Empowering groups**).

Intuitive use of the device: We noticed that children used the devices intuitively after a few initial introductory sessions. Over a period of time, their use became expert, paving the way for their use of technology for effective communication, an important skill for all children with disabilities.

Figure 5: Children learnt the working of the tablet device quite intuitively

Communication: Teachers reported that children were able to easily grasp new words and add to their vocabulary.

Participation from other family members: Traditionally, the roles of parents in households with CWSNs has been clear: the father (if he is present) goes out and earns and the mother takes over the caregiving role completely. The online classes brought about a welcome change: participation from family other than the mother.

This figure, usually in single digits, reached an unprecedented 24 percent when online classes were happening. While part of this is simply due to the lockdown, the persistence of this figure can be attributed to the interest in and exposure to online classes.

Table 3: Family participation in online classes

Relationship	Participation level in %
Mother	76
Sibling	15
Father	6
Others	3

Sibling bonding: One of the unintended but heartening outcomes of the project was increased bonding between siblings of CWSN with the tablet devices and the games as common ground. Siblings of CWSN both played and helped their brothers/sisters learn through the devices, leading to increased communication.

Success story

K Rajesh, son of R Kumar, who works in a petrol bunk, had trouble adjusting to life without school. Rajesh, who is on the autism spectrum, could not attend online class either, as the parents could not afford a smartphone, he would just sit idle, or try to go out of the house. After the e-tablet was given to him, there are a lot of changes in him, says his mother, K Kavitha.

Figure 6: K Rajesh uses a tablet for his classes

"Now we could see a lot of changes after e-tab was given to him. With interest, he is watching the activities and tries to imitate what is visualised. We can also see that he is learning quickly. Also he has reduced watching television. Now his younger brothers also like to watch the lessons taught in the tab, and they are now playing together. That's a good sign for us," she says.

Due to the digital innovation, Rajesh was able to continue on his developmental journey. He was also able to play with his siblings, something that might not have happened otherwise.

(For other success stories, please see this video: https://www.youtube.com/watch?v=NvfUfnOdwoI)

Limitations

When we piloted the library, we discovered that some children with cerebral palsy were unable to access content on the tablet device because of low vision capability. We were able to procure larger laptops for them; however, the data might have to be captured earlier on in the process.

Cost is a limitation, as the project depends on initial donation of the tablet device. We are exploring if there can be a sustainable model for lending of the tablet devices that can partly or wholly offset its cost.

A few children from distant villages where there were only one or two children with special needs were left out, because of the impossibility of the logistics. A few villages that were relatively COVID-free did not allow those from outside the village to enter as well.

The way forward

Satya will try to understand the scope and possibility of integrating guided digital learning into the curriculum, to multiply the efficacy of interventions.

Some of the areas we want to explore are:

1. Testing the efficacy of digital learning and expression as a complementary method.

2. Robust and modular assessment of skills/learning

3. Including digital learning as a core competence for our children

4. Exploring the model of shared digital devices to maximise impact per rupee.

Intervention 2: Parent WhatsApp groups

A school for a special child is empowering not just for the child, but for parents as well, as they automatically become a support group for each other.

Satya Special School's focus has been on developing parents as co-therapists, and a typical parent undergoes at least one workshop/training session a month, related to their child's condition.

This model, of working with parents, especially mothers, as co-therapists, paid rich dividends when the lockdown was announced and we had to rethink our strategy.

The informal cohort of parents helped each other weather the storm. We at Satya stood aside to let them take centrestage, only nudging them along when needed.

Before the lockdown, mothers interacted informally — in person and sometimes, on a parents' WhatsApp group. With the lockdown, separate WhatsApp groups were created for each of our nine centres.

Parents who had been with Satya for a long time gave valuable suggestions to mothers who had just admitted their children. With the lockdown imposing physical and mental strain on the parents, it was also a place where mothers found a safe space to converse.

Some of the activities of this group of parents included:

1. Periodic storytelling sessions, uploaded as videos, for other parents. (See boxFrom Satya, with love)

2. Ideas and suggestions for substitutions to therapy equipment. For example, one mother suggested that one can use a vaanali (frying pan) in lieu of a balance board, and another, that a stack of pillows can be used instead of therapy balls for posture. Our physiotherapist closely monitored these threads to ensure that the suggested tips were appropriate.

3. A safe space to talk and share stories about problems and issues they faced.

4. Encouragement and tips for newer Satya parents to manage the situation.

5. Ideas and creation of Teaching and Learning Materials (TLMs) from easily available household materials

Figure 7: Ananthalakshmi B (first from left) is one of the mothers who have helped other mothers navigate the lockdown and attendant problems with simple home activities

The encouragement from the group has helped one mother start her own YouTube channel: With love, COCO, with an eye to celebrating her child (see box, From Satya, with love). Other parents too, have shared that their outlook on disability has changed after the multiple interactions online.

Reporting on the challenges of parents of children with special needs, The News Minute dated 19 September 2020 writes,

While children in mainstream schools have been attending online classes, many schools for children with disabilities have not provided any support for the parents to bridge the gap in education. There are, however, a few exceptions.

Instant messaging platforms like WhatsApp have played a major role in providing the much-needed support that the parents need in these testing times. While a few school teachers have been sharing their tips to keep the children engaged, it's the community of parents which has really come together to ideate and soldier on.

"After the lockdown happened, we parents started feeling restless because we didn't know how to keep our children occupied and support them, to make them feel comfortable at home. My son used to bring me the bag, the vehicle keys etc., to indicate that it is time to go to school every day," Santhi says. But with a WhatsApp group already in place with a few teachers from the school, it was just a matter of time before the parents started interacting more with each other.

"For example, nowadays when I narrate a story for my son, I also record it and send it to the group so that it can be narrated to other children who also like stories. Similarly, my son loves colouring. Other parents hence share nice pictures or colouring tips to make the activity engaging for my son. It is a collaborative effort and it is very useful for us as a group," she explains."

Women who did not have a smartphone/access to WhatsApp were able to get important information through other women in the village, or through the tab library. The groups therefore turned into a critical resource for the parents.

Satya staff, who were also in the groups, gently nudged the conversations and suggested modifications to the ideas that sprung up.

"The ideas were extremely innovative, and I was awestruck at some of the ideas," says Sheikh Sheriff, project coordinator. "Even we had never thought of using some of those materials [that the parents did]."

Limitations

One of the limitations of the groups is the exclusion of parents who do not possess the adequate digital tools. While information and ideas flowed offline to this cohort of parents, the immediacy of idea exchange is lost. This requires some research to see how this group can be better equipped to participate.

Some of the limitations were offset by loading some of the resources to the tablet device, for use in the tab library.

Case study

From Satya, with love
Sampoorna, Ananthalakshmi and a frog called Coco

Ananthalakshmi Bharath sets up the phone camera after dinner, propping it up with a couple of pillows and the help of her 11-year-old son. When the camera is switched on, she starts telling a story to her daughter, Sampoorna, 8. However, the star of the show is Coco, a sprightly puppet frog with goggly eyes and an orange and yellow mouth.

In one video, Coco convinces Sampoorna, who has Joubert's Syndrome, a neurological disorder often characterised by a lack of coordinated movements, to eat her dosa with chutney. And she complies. In other videos, Coco helps Sampoorna (and her friends) learn, laugh, play, say thank you and please, and yes, eat.

"I discovered that Sampoorna thinks of Coco as her friend, and when Coco tells her something, she immediately does it. I realised the power of puppetry, and it made things easier for me, especially now," says Ananthalakshmi.

Ananthalakshmi is one of many parents at Puducherry-based Satya Special School who are sharing innovative ways to work with their children with special needs during the lockdown. They create, share, and help each other deal with the lockdown and its attendant stresses.

This is largely possible because of Satya Special School's emphasis on parental involvement in the development of a special child. Ananthalakshmi happened to see a puppeteer after Satya Special School shared a link to a webinar, and Ananthalakshmi thought she would try it herself.

"Mainstream schools often don't know how to handle the fragile psyche of parents of CWSNs. We, at Satya Special School, give confidence to parents, and also explain the situation to the parents. We strongly believe in parents as co-therapists," says Chitra Shah, director of Satya Special School.

Based on the feedback received by other mothers of children with special needs, Ananthalakshmi has started a YouTube channel starring Sampoorna and Coco.

Ananthalakshmi credits Satya Special School with the positivity in her attitude, which is reflected in her YouTube channel. She says, "I wanted to show that our children are not always sad. There is a lot of joy and happiness in our lives as well."

Ananthalakshmi's YouTube channel, With Love Coco, is here: https://www.youtube.com/channel/UCXVSYbs6q0OecLzHBrCrDKQ

The way forward

Obsolescence is the ultimate goal of every non-profit organisation. The way to this can be through several routes:

1. Government intervention and services

2. Self-empowerment and awareness

3. Groundswell of support and ownership from community

With our lockdown experiences, we realised that the light of empowerment can burn bright, with only a bit of starter fluid from an organisation, as with the WhatsApp group of parents.

Digital special interest groups have an amazing potential to empower and change the landscape of awareness and rights. We hope to be able to encourage and empower the groups further, and expand this to other aspects of our inclusion rights work as well.

We will work closely with parents to ensure that it does not deter them from accessing and contributing to the resources and actions of the group.

The key to the child's well-being lies in inclusion and partnerships, and Satya Special School hopes to be able to fuel both.

For us at Satya, the digital domain had hitherto been a tool for education within the classroom and communication with parents. The lockdown opened up possibilities for better outreach, even beyond the pandemic. It is clear that the models of communication and learning are evolving and we recognise the need to explore it further.

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Annexure A

Software and resources uploaded on the tablet for the device library:

1. Avaz App: Avaz is a picture-based communication and learning application for people with special needs. It facilitates collaboration by offering different training modules and resources that enable the entire ecosystem around the child.

2. Blessed Angels App: Blessed Angel, is to help children with learning difficulties, with the primary goal being to enhance their cognitive skills.

3. Kavi PTS: Kavi-PTS is an augmentative alternative communication (AAC) device to help children with severe speech impairment to interact with the external world.

4. Jellow: Jellow Basic Communicator is an augmentative alternative communication (AAC) system that uses icons/images to enable aid communication in people learning to speak or with difficulty with speech and language.

5. ABC Kids for learning letters of the alphabet: A fun learning application for kids, to introduce them to English alphabet learning in ABC phonics.

6. Satya's lessons and curriculum

7. Storytelling, puppetry videos by mothers of students of Satya Special School

8. Tutorials on making TLMs for parents

9. Meditation exercises for parents

10. Colouring activities for improving attention and concentration

11. Kids flash cards

12. Speech therapy activities

For more information, please write to Meera Rajagopalan at meera@satyaspecialschool.org

X. Tala-Tod: Facilitating entitlements during lockdown

Centre for Social Justice (CSJ)

Abstract

The havoc the lockdown caused in the lives of India's marginalised communities has been unprecedented. To ameliorate the conditions of such people, the government announced various entitlements. With vast experience in the sphere of disaster management ranging from floods to riots, the Centre for Social Justice (CSJ) designed a two-pronged intervention for the impending livelihood disaster. The first prong was facilitating lockdown entitlements with the help of telephone volunteers, through the service delivery mechanism. The second prong was indirect intervention through wide dissemination of the announced entitlements through a Lockdown Entitlement Monitoring Toolkit, supported by people from various organisations. The story covers the processes involved in carrying out the intervention and the challenges faced. in the process by those affected, as well as by CSJ's volunteers on the ground.

The context of the intervention

The COVID-19 pandemic was declared a disaster under the Disaster Management Act 2005. A slew of measures were announced to prevent it from getting out of control. The images of migrant workers walking back to their homes, in the scorching heat, got etched in public memory. People confined in factories, hundreds of miles away from home, forced the privileged class to reflect upon the dire situation of India's poor. Realising the impact of the lockdown on vulnerable groups, the Central government repackaged existing welfare schemes into the Pradhan Mantri Gareeb Kalyan Package. As an

organisation with extensive experience at the grassroots, Centre for Social Justice (CSJ) foresaw the lockdown as an economic calamity. Coupled with the institutional problems of implementation of the Direct Benefit Transfer (DBT) schemes, it knew that an intervention was in order.

The announcements by their very nature were inadequate and did not cater to a large section of the population. The announcements included pulling forward payments under various schemes with ex gratia amounts in some cases. The announcements made by the government under the scheme included insurance cover of INR 50 Lakh per health worker fighting COVID-19, 5 kg wheat or rice and 1 kg of preferred pulses for free every month for the months of March, April and May 2020, transfer of INR 500 into Jan Dhan account of women account holders for three months, increased Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) wages (differing state-wise), ex-gratia of INR 1,000 to poor senior citizens, widows and disabled; front-loading INR 2,000 to farmers in the first week of April under existing Pradhan Mantri Kisan Yojana and gas cylinders, free of cost, for three months through the Ujjwala scheme as well. In addition to this, certain entitlements for migrant labourers were announced, which called for a separate intervention.

CSJ planned an intervention through a service delivery mechanism with the help of its volunteer and paralegal teams. The intervention directly benefited about 3,000 individuals in the organisation's field areas. The issues faced by the people in accessing these benefits, paved the way for us to analyse systemically the policy design shortcomings of these DBT Schemes.

Need of the intervention

As soon as the lockdown was announced in March 2020, CSJ performed a primary assessment of affected areas and simultaneously started thorough documentation of each notification and welfare announcements. This formed the base on which the planning was conducted. The intervention was necessitated by the sheer scale of the economic impact and accessibility issues faced in rural India, especially Schedule V and coastal regions in Gujarat. The fact of the matter remained that the systemic issues in the DBT schemes were exacerbated by the lockdown restrictions and how this played a role in implementation of the welfare schemes is something the organisation

examined whilst primarily facilitating the entitlements. For example, the nearest bank from Garmal village in the district of Dang was a little more than 20 km away.

With heavy police deployment during the first three phases of the lockdown, access to these banks was severely restricted. The public transport jeeps or rickshaws were not allowed to run. When some people on two-wheelers went to collect their benefits, they were stopped and sometimes even beaten up by the police.

A similar example can be cited from Shiyal Bet, which is an island village in Amreli district of Gujarat. Shiyal Bet does not have a bank or a post office, and people need to go to the mainland to access their entitlements. They have to walk till the shore of the island, then take the boat to the mainland, followed by some other mode of public transport to reach the nearest bank or post office. The unique location of Shiyal Bet created its own set of vulnerabilities.

Geographical and thematic scale and scope of the intervention

The intervention followed a two-pronged approach — one was service delivery through volunteers and paralegals directly facilitating benefits and claims in areas where the CSJ has centres, and the other one was generating awareness and urgency on the various benefits among civil society organisations (CSOs) across the country, and the way in which those could be monitored for better facilitation and policy advocacy.

The service delivery approach of facilitating claims through telephone volunteers and paralegals was conducted in a total of 167 villages in Amreli, Gir-Somnath in coastal Gujarat, Bharuch, Surat (Mandvi block) and Dang districts in Southern Gujarat, Gumla district of Jharkhand, Raipur, Bilaspur, Balodabazaar and Raigarh districts of Chhattisgarh. Of these 167 villages, 105 were in Gujarat, 34 in Chhattisgarh and 28 in Jharkhand.

The organisation focused on welfare schemes such as Jan Dhan Yojana, Pension Schemes, Pradhan Mantri Kisaan Yojana and Ujjwala Yojana, and monitored payment of wages under the MGNREGA. Distribution of ration through the PDS was monitored as well. While the Public Distribution System (PDS) has its own issues during ordinary times, these had the potential of being inflated during the lockdown.

The second approach involved creating a COVID-19 Lockdown Monitoring Toolkit, which could be used by organisations throughout the country for facilitating and monitoring claims. For communication of how this toolkit was to be used, CSJ had an extensive online training programme of staff of CSOs from all over the country in four languages: Hindi, English, Gujarati and Marathi. This outreach was possible through wide dissemination of the toolkit and the desire of CSOs and volunteer groups to understand and facilitate the announced entitlements. The total participants in these training sessions were more than 700 from more than 30 organisations.

Communities engaged with

In Gujarat, CSJ worked primarily in Schedule V and Coastal areas, with each region presenting its own sets of challenges. Here, it engaged mostly with the Adivasi community in South Gujarat and the fisherfolk community comprising Muslims, Scheduled Castes and Other Backward Classes (OBCs) in the coastal areas. In Jharkhand's Gumla and Simdega districts, the team worked primarily with Adivasi, Dalit and Muslim communities. In Chhattisgarh, it engaged with Adivasi, Dalit and OBC communities. These included farmers, communities who depended on minor forest produce, fisherfolk communities and migrant labourers who had returned to their hometown. Through such engagements, the organisation realised the long list of people like artisans, small shopkeepers, pastoralists, landless labourers, etc. who were severely affected by the lockdown, received only ration and no cash in hand, pushing them further into poverty.

Design of the intervention

The intervention was designed in the five steps of research design that CSJ follows in any intervention.

1. Awareness about the entitlements

2. Facilitation of claims and entitlements

3. Monitoring of claims and entitlements

4. Identification of systemic issues in policy arising from the former

5. Advocating for a holistic policy design on the basis of issues identified

Planning

Since the lockdown had restricted movement, we had to be creative, and design an intervention around the restrictions imposed. As most villages had also passed a resolution barring entry of outsiders, it was not possible for our staff to directly intervene even in the case they got a pass. Each of our field units virtually gathered our volunteers — existing, old and new. We planned training of volunteers — both internal and external. Each field unit came with its own set of issues, and we proceeded around all the specific inputs we received. Since lockdown was such a volatile time, our planning and action went hand in hand. Each learning at the ground informed our next phase of planning.

Awareness about the entitlements

The second step, after the internal documentation of the entitlements and planning was wide dissemination of the entitlements through various media. The most crucial turned out to be *Aawaz de*, a platform for wide dissemination of text messages to thousands of people in its database. Complicated entitlements were drafted in simple local languages and then communicated via text to thousands of people. The volunteers then disseminated the information further in their own field areas, which was about more than a hundred individuals per volunteer. This strategy of mass dissemination also helped in word-of-mouth communication of the entitlements. For example, an old widow in a village in Mandvi block of Surat district did not own a cell phone. She stated that, "People in the village received messages and started going to the bank. As everyone started going, so did I." This was the impact of just dissemination of information facilitated entitlements.

The Lockdown Entitlement Monitoring Toolkit was formed with a dual purpose of dissemination of information related to entitlements and a framework of monitoring those entitlements. The toolkit, which was drafted in Gujarati, English and Hindi, explained the benefits people were entitled to. This toolkit was targeted especially towards CSOs and volunteer groups that were working on the ground.

Such was the reach of the toolkit that other organisations posted it on their websites while an Odisha-based organisation even translated it to Odia.

Resourcing

Facilitation of entitlements: Institutionalising the role of telephone volunteers

For a grassroots CSO, having a strong volunteer base is a sine-qua-non. This volunteer base is the bridge between the people of the village and the organisation in question. CSJ has a separate volunteer empowering programme aimed at building competencies of volunteers by honing their skills, perspective and increasing their knowledge base on critical issues of law. Due to the strange and unfamiliar conditions under which the intervention was designed, the usual entitlement facilitation processes had to be improvised. To understand the concept better, we need to understand CSJ's volunteer programme.

Volunteers in CSJ's terms are those key individuals who play a crucial role in empowerment of communities through law. The identity of a volunteer is flexible and it can be anyone — a college student, farmer, member of the panchayat, a homemaker, etc. The only non-negotiable factor is that the person has to deeply care about the community and should have a lens of acting upon injustice of any form. They also should have a connection with the community and the capacity to galvanise the people when necessary. The volunteer can be of varied strengths according to the design of the intervention.

Execution

As soon as the lockdown was announced, CSJ started engaging with volunteers in in Gujarat, Jharkhand and Chhattisgarh. Once it had a list of the villages and volunteers for the intervention, CSJ conducted internal capacity building processes to empower them with the tools to intervene in the villages. For example, during an internal capacity building meeting with regards to people not being able to go to the banks to access their own money, the volunteers and the team came up with the idea of activating bank *mitras* (friend of the bank) in the village. Each village is supposed to have a bank mitra under the Pradhan Mantri Jan Dhan Yojana, but the people in the villages were not even aware of the existence of bank *mitras*. The volunteers identified bank *mitras* in each panchayat, and facilitated claims and benefits through them with the support of the panchayat members.

The telephone volunteers, after their training, were equipped to handle a plethora of issues that also included work with paralegals to file applications at the block- and district-level offices. There were times when the beneficiary did not receive their entitlement. That is where CSJ volunteers stepped in and made sure they received what the state owed them. One such example is of a village in Mandvi Block of Surat District, where women did not receive their entitlement as the Jan Dhan account was not connected to their Aadhaar. The bank mitra/ sakhi was inactive in the village. This led to the volunteer themselves taking up the mantle of the bank mitra, arranging the travel of women to the bank and connecting their Aadhaar card with the Jan Dhan account.

Figure 1: DBT entitlement beneficiaries in Dang. Image taken from Centre for Social Justice's Instagram page

ISSUE:
TRIBAL VILLAGERS IN REMOTE AREAS DO NOT HAVE ACCESS TO BENEFITS ESPECIALLY THE ONES IN CONTAINMENT ZONES OR ELDERLY AND DISABLED

#VOCALFORLOCAL
#GUJARAT

Solution:
DLSA in co-ordination the Taluka Legal Services Authorities. Bank Mitras and Banks to organize Service camps at the Panchayat level and direct disbursal of funds to happen at the Panchayat level.

"The bank sakhis and mitras don't get paid enough and have other commitments, hence are not active during normal times. During lockdown, as people started facing difficulties, we initiated conversations with people about them and facilitated entitlements through them."

Sardar Vasava, Mandvi block, Surat district

Reaching 3000 individuals

Across 167 villages

Jharkhand

Chhattisgarh

Gujarat

Interventions included
- Training of telephone volunteers
- Awareness about entitlements through multiligual text messages
- Using an app to monitor whether entitlements were being received

through the help of telephonic volunteers and paralegals

to be accessed by CSOs across country for facilitating and monitoring claims

Center for Social Justice

GoI

Jan Dhan Yojana (JDY)
Pension Schemes
Pradhan Mantri Kisaan Yojana (PMKY)
Ujjwala Yojana
MGNREGA
Distribution of ration through PDS

Facilitating the benefits of state-wise government claims and entitlements

Creating COVID-19 Lockdown Monitoring Toolkit

Identifying issues through on-ground monitoring

- Frozen bank accounts due to inactivity
- Issues due to Aadhaar non-linkage
- Issues due to spelling errors in documents
- Non-updation of passbooks
- Distance from bank/post offices

Advocating for a holistic policy design of DBT for schemes

Activating the pre-existing NALSA (Legal Services to Disaster Victims through Legal Services Authorities) Scheme to influence the District Legal Services Authorities to conduct service camps to address the systemic issues

Tala Tod

Institutionalising telephone volunteers

Traditionally, volunteering has always meant a tangible relationship between the organisation and the volunteer in the village. But the lockdown left CSJ with no option but to virtually engage with volunteers. This bred the concept of institutionalising telephone volunteers. Since the reach of the team at the law centres is limited by the number of staff members, the reliance on a strong volunteer base is high. This lacuna of outreach can be filled with the help of a strong system of phone volunteers. These phone volunteers would undergo intense capacity building training and would be engaged with the organisation on a paid basis. This serves two purposes — the volunteer is empowered to handle the issues plaguing the village; and when a serious issue arises, they can involve the organisation for intervention. Since CSJ operates in a sustainable manner wherein nominal fees for services are charged, the volunteer is paid an amount so that they are active participants in the intervention. This also acts as an additional source of income for a person from the community.

"Since quite a lot of job cards had expired we applied for renewal of job cards- I applied for renewal of job cards not just of people from my village but also of neighbouring 4-5 villages with the help of Kanuni Sahay Kendra, Dang."

Gulabbhai, telephone volunteer from Bilmad village, Ahwa block of Dang district

Monitoring

Monitoring claims and entitlements

Monitoring of entitlements is a crucial element of any intervention if systemic gaps are to be identified in policy design. To monitor the entitlements of beneficiaries, CSJ used an application ATLAN. As the intervention in the field area s was wide covering about 3,000 individuals, monitoring of entitlements was a challenge. Of these 3,000, CSJ had to also monitor state-specific entitlements. For example, in Gujarat a person eligible to receive ration under the National Food Security Act was also entitled to INR 1,000 through

direct benefit transfer. CSJ created a questionnaire in ATLAN to monitor the entitlements whilst simultaneously capturing the reason, if any, for not receiving an entitlement.
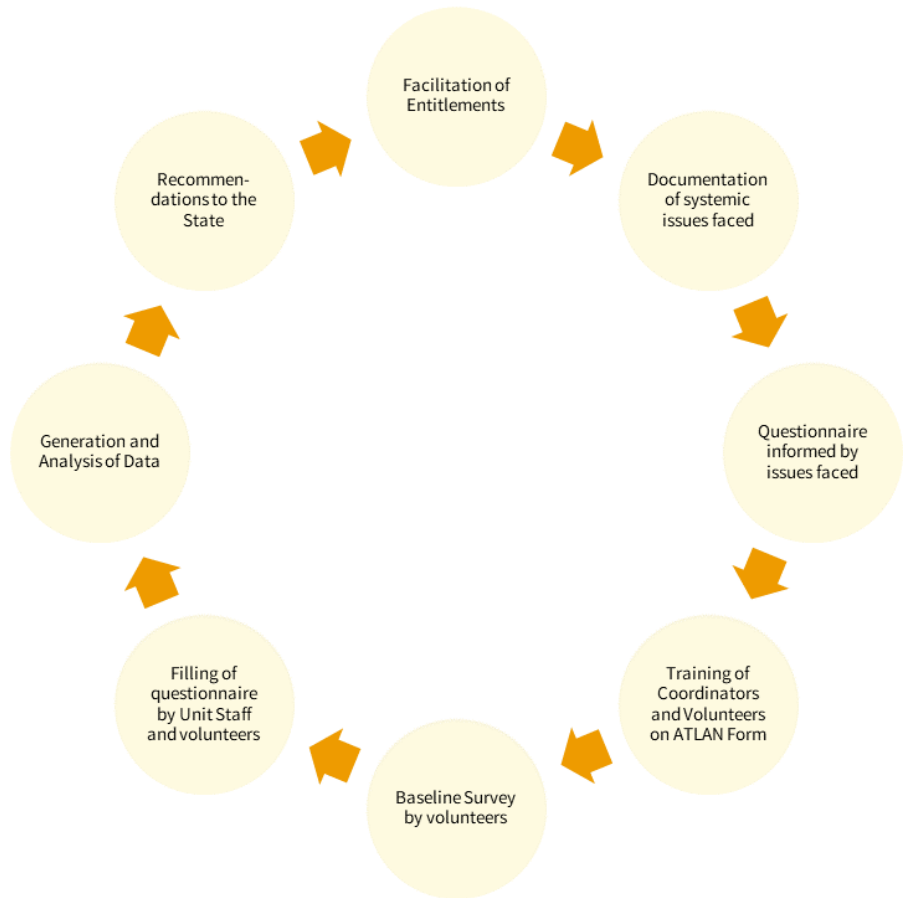
The monitoring process

Monitoring by itself was a process which required tremendous effort. Since CSJ was monitoring entitlements of 3,000 individuals, it had to be sharp and accurate in the assessment with minimal room for error.

So, how did CSJ go about it? The process of execution, i.e., facilitation of entitlements informed the opinion as to the difficulties faced while accessing benefits. Entitlement monitoring questionnaires for the first three months of the lockdown were drafted for each scheme with a focus on the most vulnerable. After the questionnaire was finalised, intensive training of the team members was conducted on how the application functions and the process of filling the forms. The team members then, along with the volunteers on the ground, filled the forms. The analysis of the data from the forms informed two processes — first it gave a sense of the reach of the entitlements, and answered as to why and what the impediments faced by the people in accessing their benefits were. These answers then informed the policy- influencing strategy, which CSJ used to recommend certain measures that authorities could have taken for maximum facilitation of benefits.

Figure 2: Entitlement monitoring form on ATLAN

Figure 3: The monitoring process

Identification of systemic issues in policy

Systemic issues were identified through two methods — anecdotal evidence of people affected by the lockdown and entitled to the welfare schemes and the monitoring mechanism through the ATLAN application. This method of analysis and identification of policy issues, CSJ believes, informs the best kind of policy recommendations as they are rooted in people's experiences.

Data from 167 villages in Gujarat, Chhattisgarh and Jharkhand shows that a mere **31.8 percent** of all women surveyed were aware of receiving the full INR 1,500 amount under the Jan Dhan Yojana component of the Gareeb Kalyan Package. The numbers of other schemes are not encouraging either.

Table 1: Entitlements received under various schemes

Scheme	Percentage of people who received all the installments
Ujjwala Yojana	35.1
Jan Dhan Yojana	31.8
Widow Pension	15.2
Old Age Pension	13.7
Disability Pension	50 (38 people surveyed)

Barriers to entitlement

In addition to blatant non-implementation, a number of barriers to implementation were observed in the DBT schemes, the effect of which had disentitled rightful beneficiaries. In tribal and coastal areas, the effects of these barriers were more intensely felt.

Common DBT Issues

When examining the functioning of DBT Lockdown response schemes, five striking trends emerged – frozen bank accounts, issues due to Aadhaar non-linkage, issues due to spelling errors in documents, non-updation of passbooks, distance from bank/post offices. A significant number of Jan Dhan, Ujjwala, and Pension beneficiaries were not able to access their entitlements due to bank accounts being frozen from inactivity. Another sizeable group was not able to access their entitlements due to their bank accounts not being linked to Aadhaar. Similarly, a large number of beneficiaries did not receive their payments since their names were spelt differently on their Aadhaar cards and bank accounts.

A large number of DBT beneficiaries did not know whether they received their entitlements due to bank staff/post office staff not updating their passbooks. This was particularly so in tribal areas and island villages where access to services and institutions is limited. The case of a woman in Shiyal Bet, the island village in Amreli district, Gujarat, captures how relatively easily solvable problems such as passbook non-entry resulted in further marginalisation of people affected by the lockdown. It also sheds lights on

the unique access issues of island communities, whose needs were entirely absent from the overall disaster response. Shaliniben (name changed) is a widow pension beneficiary in Shiyal Bet. Since there is no post office in Shiyal Bet, she and others like her have to travel to the shore to access their entitlements. As a regular practice, the postman responsible for disbursing payments to pension beneficiaries in Shiyal Bet keeps the passbooks of all beneficiaries and informs them every time a payment is disbursed so that they can travel to the bank to collect their payments. Shaliniben did not know that she was entitled to an advance and ex gratia payment during the lockdown as the postman did not contact her about a new payment. Whether this was due to non-entry by the bank or corruption by the postman is unclear. However, the state's failure to provide for even the most basic needs of island village communities during the pandemic becomes clear.

Another considerable barrier was distance. Many beneficiaries were not able to access their Jan Dhan, pension and Ujjwala money due to banks/ post offices being too far from their villages. This was particularly the case in Adivasi populated areas like Dang district, where undulating topography, poor connectivity and state neglect have meant that basic services such as banks, post offices etc. are not easily accessible. In Nirgulmal village of Dang, the nearest bank is 16 km from the village. In Garmal, this distance is more than 20 km. Distance, compounded by intense police patrolling, meant that many women were not able to withdraw this money when they needed it the most, despite it being deposited in their accounts.

In almost all places, panchayat secretaries were not present in the village during the lockdown. As a result of this, many people were not able to submit applications to address any issues faced in accessing their entitlements (especially pension and Ujjwala entitlements).

Another problem encountered on the field was that thumb-impressions would often not match the official database, consequently disentitling beneficiaries from support payments. Furthermore, there were cases of applications of people under Jan Dhan, Pension and Pradhan Mantri Kisan Yojana being under process at the time of announcement of the lockdown. This critical issue was not addressed either. Heavy police patrolling made it almost impossible for the beneficiaries to follow up on their application.

Unique scheme-wise issues

In addition to the common DBT issues discussed above, a number of scheme specific barriers also became evident during this study.

1. **Jan Dhan:** In some instances, a general account, instead of a Jan Dhan account, was opened at the time of setting up due to clerical errors by bank staff. As a result of this error, some women who were under the impression that they have a Jan Dhan Account did not get their entitlements.

2. **Ujjwala:** Due to delays in transfer of the DBT payment, some women were compelled to buy cylinders with their own money and then wait for a DBT reimbursement. While some were presumably able to do so, many did not buy cylinders when they needed to due to non-receipt of payment and non-availability of disposable income.

3. **Pradhan Mantri Kisan:** In a plethora of instances, it was seen that those who had their individual forest rights claim under the Forest Rights Act accepted, did not receive INR 2,000 under Pradhan Mantri Kisan Yojana, as their land was not registered yet in the Revenue Department. One more aspect pointed out was that when the land was in the name of one person, and four or five people cultivated that land, only the landholder received INR 2,000. This caused friction internally between families.

Bank Mitras/Bank Sakhis

The issues described above are not unique to the lockdown. Barriers to access have always plagued DBT schemes. To address this, most states have Bank Sakhi/Bank Mitra schemes, under which local volunteers are trained to assist community members with bank-related issues. Linking Aadhaar to bank accounts, reactivating frozen bank accounts, disbursing cash at the village level, etc. fall within the mandate of the Bank Sakhi/Mitra. A well-planned disaster response would have adequately deployed and incentivised Bank Sakhis/Mitras and strengthened overall implementation of the scheme. Instead, Bank Sakhis/Mitras were largely inactive during the lockdown; when their role was most critical. Bank Sakhis/Mitras are engaged on a commission basis. However, the remuneration is so low that many Bank Sakhis/Mitras are disincentivised from performing their tasks. During the lockdown, Bank Sakhi/Mitras were not given any additional disaster remuneration to perform

their role. In tribal areas, network connection tends to be extremely poor due to both state neglect and remoteness. As a result, many Bank Mitras/Sakhis were not able to provide assistance during the lockdown. Despite these difficulties, CSJ volunteers were able to activate Bank mitras/sakhis in more than 25 villages.

Advocating for a holistic policy design

Due to the increased marginalisation from the lockdown, and the obstructive nature of certain policy designs, CSJ made informed, concrete recommendations to the state. These policy recommendations were not aimed at changing the policies. Instead, CSJ tried to increase access of the beneficiaries to their entitlements, which fell within the powers of the district and state administrations.

One recommendation was activating the pre-existing NALSA (Legal Services to Disaster Victims through Legal Services Authorities) Scheme to influence the District Legal Services Authorities to conduct service camps to address the systemic issues identified above (Aadhaar non-linkage, frozen bank account, passbook non-updation, etc.). This served two purposes: people in large numbers would not have to go to banks to link their Aadhaar, which prevented the chances of infection, and the linkage would have ensured they received their entitlement.

The classic technocratic approach of announcing benefits and hoping that they trickle down without actively ensuring their holistic and inclusive implementation has always plagued Indian policymaking. This is what CSJ tried to address through the policy intervention whilst simultaneously facilitating these benefits.

Challenges faced

Systemic challenges

Since the lockdown was an unprecedented situation, figuring out how to proceed was a task in itself. With experience in disaster response to floods, earthquakes and riots, CSJ was able to navigate these challenges with relative ease as compared to other organisations. But the situation on the ground was stark and gloomy. Heavy police patrolling made it difficult for the team

and volunteers to intervene physically when required. The intervention was mostly coordinated virtually through telephonic volunteers. This was challenging as it was a new concept which we were trying to institutionalise without the team's actual physical presence.

Communication and logistical challenges

Some of the areas CSJ worked in were quite remote, especially in Dang district of Gujarat. Facilitating benefits in these areas for the volunteers was difficult. Reaching volunteers itself due to network issues was a hindrance. Various communication issues arose as well. Using Atlan application for monitoring proved to be challenging as filling of forms accurately took a lot of time and so did data cleaning due to the various mistakes received in the monitoring data.

Innovations and creative spaces in the intervention

Institutionalising telephone volunteers

Institutionalising a paid telephone volunteer system was an effective and innovative way in which the service delivery took place. This provided additional income to the persons from the communities, whilst also motivated them to facilitate benefits and claims. Telephone volunteers are now an integral part of CSJ's plan and an entire programme is dedicated to strengthening this base, after the successful "forced pilot" in the lockdown. This will make entitlement services reach more villages, which will in turn help CSJ identify more specific and systemic issues in the policy designs, whilst legally empowering the people from the community.

Activating District Legal Service Authorities (DLSAs)

Activating DLSAs for organising service camps using the NALSA Disaster Scheme was another unique way in which CSJ tried engaging with State bodies for optimum disaster management response. DLSAs were mostly engaged in relief work, and not what their actual mandate was, therefore, disseminating information about their roles and duties in the wider civil society discourse was unique by itself.

The toolkit

The toolkit was a one-of-its-kind document referred to by organisations throughout the country. The training on the basis of the toolkit helped propel the exact schemes and benefits and the strategies that the organisations could employ. The toolkit was so widely circulated that it was independently translated by an organisation into Odia and CSJ received calls from almost everywhere across the country seeking information and training on it.

Key learnings

This particular intervention (integrated with other interventions) helped CSJ find creative solutions to its research and engagement with the State. Collating such strong data was a herculean task and as is the case with CSOs, a focused approach towards concrete action than documentation was something of a struggle but the teams overcame that and learnt the essence of combining both the approaches. One key learning has also been that law alone cannot solve all problems and even if a legal approach is the backbone of CSJ's interventions, an inclusive socio-political, and economic approach to policy implementation and monitoring is necessary.

Season cycle

Taking into account the season cycle while deciding interventions was a reinstated learning for us. Planning interventions according to the season cycle means taking into account migration season, sowing season and the multiple other circumstances before planning an intervention. For example, if CSJ wants to plan a campaign around a particular issue in June, which is the sowing season in Gujarat, it will not be able to galvanise the villagers nor have meaningful conversations with them. This would limit the reach and the impact of the intervention as well. Hence, strategies revolving around the season cycle are necessary for any intervention.

XI. YUVA: A rights-based response to the plight of the urban poor

Youth for Unity and Voluntary Action (YUVA)

Abstract

This case study highlights a turning point in collective action and solidarity, with the impact of the pandemic on the urban poor across the Mumbai Metropolitan Region. It presents the power of a ground-up community-led response — centred on people's needs, dignity and security — facilitated by the non-profit Youth for Unity and Voluntary Action (YUVA). It also highlights how a sustained focus on the needs, rights and exclusion of the marginalised people played a major role in the attempt to shift the narrative on how the poor are viewed within city spaces. This furthered the ongoing dialogue on how public response should not just be limited to charity but be engaged to demand effective governance and accountability from decision makers, and call for the removal of structural inequalities and exploitative systems.

"I work as a daily-wage earner on construction sites. But with no work and no money at this time, it has been very stressful. I live in a rented room with my family, so I need to pay rent. Our health is deteriorating, with fever and cough symptoms. What is one expected to eat, merely sitting at home with no money and ration?"

In March 2020, with the onset of the COVID-19 pandemic in India, the despair in Navin's account from Bhabrekar Nagar, Malad, in March 2020 was echoed by many others across the city's poor neighbourhoods. At that time, not only was there growing speculation on the evolving situation, misinformation and helplessness were on the rise too.

How it begins: Identifying people's needs during a simmering crisis

Two weeks prior to the lockdown announcement on 24 March 2020, there were visible changes in the informal economy. There was a gradual decline in work and the quantum of work available. Hearing about this from community members, YUVA conducted a rapid assessment between 18-22 March in 34 settlements across cities of the Mumbai Metropolitan Region where we work (in Mumbai, Navi Mumbai, Panvel and Vasai-Virar).

The findings helped us understand the growing vulnerabilities—95 percent respondents were daily wage workers; many had already lost their source of income and others were foreseeing losses; the homeless, disadvantaged community members and forcibly evicted families were already at the tipping point; there was hardly any awareness on the pandemic and more.

The quick survey, led by the YUVA team and community volunteers, helped set up a strong framework that could respond to the needs of the urban poor in the coming days.

It was clear that the approach would be guided by human rights: calling on duty bearers to fulfil their rights-based obligations and people's (rights holders') capacity to claim rights from them. This would shift the focus from charity to duty bearers being obligated to fulfil human rights, and invite people's participation in decisions that affect them. Further, YUVA adopted a three-pronged approach, focused on relief, access to rights (via entitlements) and research to ensure a holistic response to the situation.

In the short-term, as the findings indicated that many were losing their jobs, anganwadis had stopped providing food, and mid-day meals were inaccessible, YUVA decided to provide weekly ration kits to identified families. This was necessary because most families were not receiving their full quota of ration from the Public Distribution System or were excluded from it due to lack of Aadhaar-ration linkages (among other factors). YUVA also launched a fundraiser "Together We Can" to support the relief work. Simultaneously, YUVA also presented advocacy demands to the Government of Maharashtra, in light of income sources being seriously impacted, the closure of schools and Integrated Child Development Scheme (ICDS) centres, and forced eviction threats to informal settlements.

# Community-led response to emerging needs

YUVA's immediate response strategy helped the organisation begin relief work even before the nation-wide lockdown was announced. It strengthened further once restrictions came in place and expanded based on people's evolving needs. While the team initially distributed rations within surveyed communities, the magnitude of the crisis compelled them to expand beyond these areas, basis identified needs. From early April, when the long-term impact of the pandemic became clear, YUVA began providing ration kits with a month's supply of grains to help families remain secure over a longer period of time. Teams in Nagpur, Nashik, Bhopal and Guwahati also began supporting local relief efforts.

Two weeks into the relief efforts, seeing how cooked meals could address the needs among front-line workers (by taking off the food-related load among those working long shifts) or among migrant workers (who by now did not have any cooking gas supplies or were stranded on their way home), YUVA began offering daily cooked meals to the Mumbai Police, staff in government hospitals as well as migrant workers and their families in Navi Mumbai, Mumbai, and Bhiwandi (Thane).

Days into beginning relief efforts, the phone lines for fundraising buzzed non-stop. These were not calls on donation-related requests but desperate appeals for food from migrant workers across the state. Within a few weeks, YUVA had already received over 900 calls, numerous voice notes and messages (including names and numbers scribbled on pieces of paper) from groups of migrant workers, daily-wage earners, the homeless and many other marginalised people. The organisation tried to address as many requests as possible, or transfer their support needs to other networks engaged in relief.

As the migrant workers' crisis escalated, YUVA's teams met and interacted with many workers as they tried to leave the city by any means. They stationed support vehicles at prominent highway junctions and state transport bus nodes and tried to offer food items that could be consumed on the go, drinking water, footwear and other essentials that could help them make their way home safely. The YUVA team also recorded testimonies of the migrant workers to share voices and experiences from the ground and used social media to amplify the pressing demand for additional long-distance transport options. They also tried to help groups of migrant workers reach home safely by facilitating travel via buses and trains.

Figure 1: Extent of YUVA relief work
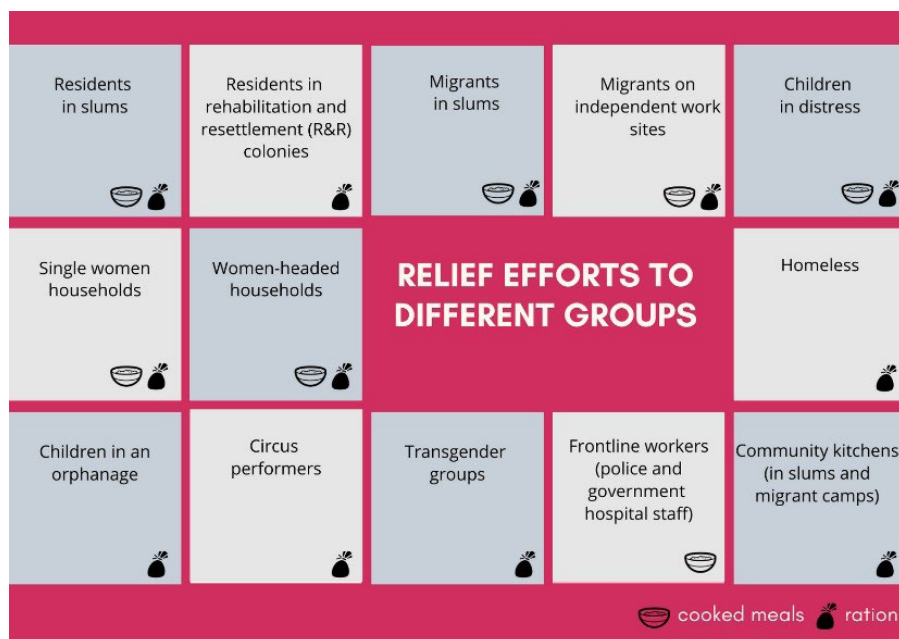
The calls and requests for help kept coming, and the YUVA team stretched itself to respond. Some of these requests had been highlighted in media (such as that of Rambo Circus staff and animals in Airoli struggling without food, or garment factory workers in Wadala and Sewri being denied ration), and YUVA reached out to the parties concerned on reading the reports. Others were referred to the organisation, such as the plight of starving children in a Mumbai orphanage. Within seven weeks, YUVA had reached out to numerous groups of vulnerable people (detailed in Figure 1).

By August 2020, YUVA had provided rations to 45,000+ households supporting 2,25,000+ people in nine areas within the Mumbai Metropolitan Region, and across Nashik and Guwahati. The organisation had provided 7,80,000+ cooked meals to migrant workers and front-line workers. As part of the Maha PECONet network, initiated by UNICEF Mumbai, which comprises 50+ partners, YUVA had distributed 17,000+ essential item kits and facilitated the travel arrangements for 1,000+ migrant workers across the Mumbai Metropolitan Region, Nagpur and Nashik.

While these impact numbers may seem high for a single non-profit with a small team, even other non-profits engaged in this work reached similar scale. Yet, the need was so staggering that each of these efforts only addressed the tip of the iceberg. To increase the scale of work and effectively use limited human resources, YUVA strategised on unlocking people's access to government welfare announced during the lockdown or relevant from earlier on. This was critical to ensure that the rights-based social contract with the State is realised. In the initial days post lockdown, facilitating entitlements was challenging due to limited mobility and since most government offices were operating with limited capacity. However, the organisation kept working on this as part of its larger response strategy, and since July 2020 was able to facilitate:

- INR 3,00,000 in wage recovery through the YUVA Labour Helpline in Navi Mumbai

- Over 4,800 entitlement related documents such as bank accounts, PAN Cards, ration cards, Aadhaar cards, worker's registrations, etc.

- Over 2,000 persons' access to welfare schemes (rations through the Public Distribution System for those without ration cards, loans for street vendors).

By helping the marginalised access legal entitlements, claim their identity in the city and access government welfare schemes, YUVA sought to reduce the need for charity-based work and drive state accountability towards marginalised populations.

Sharpening interventions through action research

Alongside relief, YUVA also engaged in advocacy efforts for government action at the local, state and central levels, guided by objectives of securing basic dignity, rights and entitlements for all. While the lockdown and restrictions announced made advocacy challenging, the YUVA team tried to find new ways to keep interacting, share data-based insights from the ground, and hold leaders accountable.

The ongoing relief and advocacy efforts, along with deep understanding of the evolving ground situation helped YUVA conduct much-needed research, which was published in two phases:

- An interim report in June 2020 focused on people's access to entitlements and government relief, based on a survey of 7,515 households, and

- A final report of August 2020 with detailed findings, based on a study of 39,562 respondents in 10 cities of the Mumbai Metropolitan Region, with recommendations for decision makers at the local, state and national levels.

The final report highlighted demands made by the community members, which helped finalise recommendations for relief and rehabilitation from the lens of accessibility and inclusion.

"Conversations reaffirmed, more than anything else, that their experiences in the face of the disaster were in fact magnified everyday problems. The people proposed solutions and made demands that are aimed at, but go beyond the lockdown. Their demands with regard to work, food, education and healthcare, point towards realising their right to life in the city."

The detailed findings also helped YUVA develop specific policy briefs on the following themes, which was shared with elected representatives and officers to further amplify people's demands for rights and entitlements:

- On ensuring building and other construction workers' access to relief through the Building and Other Construction Workers Welfare Board (BOCW-WB)

- On street vendors' access to microcredit

- On revival of the Maharashtra Domestic Workers Welfare Board (MDWWB)

- On dignified livelihoods and social security for informal workers (including migrant workers)

- On adequate and affordable habitats for the urban poor

- On direct benefit transfers among the urban poor

- On access to the public distribution system and food security

- On support for women and children in urban poor communities

For weeks after the central and state governments had introduced their relief packages and food security strategies post lockdown, YUVA monitored the grassroots implementation of these schemes with communities. They also "advocated forward-level planning to protect the health and hygiene of vulnerable groups, a relief fund to support daily-wage workers, an end to the threats of forced evictions in informal settlements, the provision of shelters for homeless populations and the universalisation of the Public Distribution System".'

Media showcase

YUVA's extensive community relief efforts on-ground and the publication of the action research had already led to significant media coverage in national and regional dailies. The teams helped the media further identify and report on additional ground realities, and also encouraged community members, especially the youth and child leaders, to publish their own experiences, share ground-efforts they were involved in and demand for stronger governance and systemic change.

For instance, Asma Ansari, a youth leader, shared how the Malvani Yuva Parishad, the youth collective she is a part of, led extensive community efforts in response to the pandemic. "Talking about the role of local leadership in supporting people living in Mumbai slums, she says, "If our officials can reach out to each of one us when they need our votes, why have they forgotten us when we need them the most?"

Shimon Patole shared how their children's collective, Bal Adhikar Sangharsh Sangathan, has been working to make the area safe with the support of YUVA and how this work continued even in lockdown and later in the year. "We wrote a letter to the Supervisor of the anganwadis and met her to inform her of her duties towards the Child Protection Community [CPC]. We also met the Corporator of the area and informed him of his duties as the Chairman of the committee and told him that we would not like to stop at just three CPCs, but create more such safety networks at the community level. We also met the Mayor of the city and asked for the creation of such

communities in the 224 electoral wards of Mumbai". The children's collective and YUVA also led an extensive campaign "My Ward My CPC", engaging with multiple stakeholders to press for these demands to be met. Their efforts were rewarded when the district collector of Mumbai Suburban not only accepted their demands but also declared that by the end of 2020 all child protection committees should be formed and activated in the city.

The community-led approach also helped highlight how even those with ration cards were being excluded from the Public Distribution System, how accessible relief provisions were for non-ration card holders, and the work of people's groups in this regard. Construction and daily-wage workers shared how, even after four months into the lockdown, most were unable to access jobs and why the Maharashtra Building and Other Construction Workers' Welfare relief was inaccessible to most of them.

YUVA has always used its blog and social media channels (Twitter, Instagram, Facebook, YouTube and LinkedIn) to offer a welcoming and safe space for expression of voices from the ground. It leveraged these existing platforms again to share ground updates, strengthen advocacy efforts online and build a community of support for not just relief but people's rehabilitation too. YUVA also published daily updates on the ground situation on social media and published a weekly blog on the relief efforts. With many donors and supporters connected on WhatsApp, YUVA also shared a weekly update message. The organisation's monthly mailer consolidated the updates with a visual summary.

When the migrant workers' crisis became more visible, YUVA used these channels extensively to keep people updated on the evolving ground situation, especially on the areas not receiving sufficient media coverage. For instance, in May 2020, YUVA shared an update on the long queue of migrant workers waiting at the Mumbai-Nashik highway to complete formalities before they could start searching for some vehicle to take them home. Another devastating scene was of the 25,000+ strong crowd gathered at Vasai's Suncity Ground on 26 May, in the hopes of getting a train to go home. YUVA highlighted how the lack of clear planning and instruction sharing by authorities was only heightening confusion and panic. On this day, eventually only seven trains with around 11,000 passengers left the city. YUVA's detailed amplification of the struggles in Vasai eventually led to more media coverage. The organisation also anchored a petition on Change.org on supporting migrant workers on

their way home; the petition gathered 4,61,000 signatures over time.

YUVA engaged extensively with audiences online through webinars and other online discussions. For instance, the "Indian Cities and the Nation-wide Lockdown" webinar series brought together diverse city experts to share the ongoing effect of the COVID-19 crisis across the Mumbai Metropolitan Region, in Indore, Bhopal, Chennai, Nagpur, Patna, Ahmedabad, Bhuj and Guwahati. "COVID–19 Lockdown and Resilience: Narratives from the Ground" was a 12-part bilingual series launched on the YUVA blog, to directly share community experiences in lockdown and after, and people's fears and hopes.

Working within twin frameworks

YUVA's COVID-response was innovative due to the following two approaches:

The ground-up collaborative approach

From the beginning, YUVA was clear about working with community members as active partners. This also helped strengthen existing relationships and build credibility in new areas of work too.

The community-led strategy was reflected in every step of the work. Right from the process of identifying people's needs to the distribution of relief, collaborating on the action research and advocacy efforts, YUVA walked every step with the community. During the distribution process, for instance, YUVA took the support of local volunteers who shared clear guidelines with residents beforehand and helped implement a coupon system to minimise crowding, used markings on the ground to encourage people to maintain distance, and more. By involving YUVA teams in distribution basis their own residential proximity to the area of distribution, the organisation ensured that travel was minimised. Stocks were stored at the YUVA Centre in Kharghar and transported to different hubs as needed. This was efficient, and also kept the work locally rooted and impactful. The collective efforts made it possible for YUVA to continue relief efforts and scale them over the months.

In the action research too, YUVA helped community workers "participate in and shape the process of knowledge creation … They helped interpret the narratives and lived experiences of community members. They were

apt interviewers as the participants trusted them and engaged with them freely. With the kind of sensitivity and concern of community organisers for the community members they work with, their subjectivity added a critical perspective in this study".

"[Our approach is to enable] the communities [as] change makers—we support the agendas decided by the community. I think that is what has allowed us to succeed, albeit it does take time," shared Roshni Nuggehalli, Executive Director at YUVA.

The community-centric focus has been highlighted across sectors as a sustainable approach to change. India's National Health Policy of 2017 highlighted the need for capacity building of community-based organisations, community-centred solutions for people's health needs, the importance of community-based interventions to offer psycho-social support, their role in emergency care and disaster preparedness, and more. This community-led model of support comprises of the principles of "co-production, community focus, support and advice to prevent crises, a culture based on trust and empowerment in which people are treated as equals, minimal bureaucracy, and a responsive and proportionate system that delivers positive outcomes". These principles have also guided and empowered YUVA's work. It focuses on helping community collectives form, and train them on diverse skills "such as critical thinking, conflict management, negotiation, knowledge of citizen's rights, and entitlement benefits through workshops, training sessions, street plays, and film screenings ... Over time, these collectives function independently and solicit external help, only as and when needed".

In a recent Bridgespan Report that profiled community engagement models, where YUVA's work was featured, it was further detailed as follows:

"In this model, community members identify their own needs, design and implement solutions largely independently, and seek external support only where there are gaps in local resources or expertise. Members of Malvani Yuva Parishad—a youth collective in a non-notified slum called Ambujwadi—operate autonomously on a day-to-day basis to address the needs of their communities. During the pandemic, the youth collective is mobilising resources to address the most urgent needs of its neighborhood. Another woman's collective in Ambujwadi focuses on identifying and addressing needs pertinent to women in the slum".

While YUVA may have initially adopted an approach to address people's food insecurity, given the intersecting vulnerabilities at play in their lives, the organisation eventually adopted a holistic, integrated approach focused on accountability. This, too, required a community-led model of work. YUVA recognised that while emergency relief was the need of the hour in March 2020, it was critical to move towards people's rehabilitation and empowerment at the earliest.

Accordingly, addressing people's daily needs, YUVA continued advocacy on people's right to food, shelter, labour and kept demanding for more accountability and better governance. The organisation's earlier experience on relief efforts also guided and sharpened the pandemic response. YUVA chose the human-rights approach to relief. It meant identifying the intersectionality of vulnerability, partnering on relief work with local communities and collectives, and identifying that duty bearers need to be made accountable.

In fact, supporting community leadership has played such an important role in helping people respond to each other's diverse vulnerabilities with needed and timely support. "When cyclone Nisarga hit the city [the Mumbai Metropolitan Region in June 2020], a house in Panchsheel Nagar, Belapur, was completely destroyed due to the strong winds. The youth members visited door-to- door in the community, collecting donations to support the affected family".

Shifting the narrative of the urban poor

Alongside its work with communities on-ground and online, YUVA also aims at building a strong community of support for the marginalised and misrepresented population in the city, both online and offline. The urban poor are often viewed as encroachers in the city; they are considered essential yet treated as invisible.

As the crisis continued, YUVA's external communication channels showcased voices from communities. Its consistent online and offline engagement helped build credibility and strengthen the connection with audiences. Further, as the organisation had been among the early relief responders in the Mumbai Metropolitan Region (due to the pre-lockdown survey and quick response framework), YUVA had already drawn both support and attention online. The team personally connected with many of these influencers and supporters, and worked with them in different ways in the

coming weeks. "Through the pandemic, many people who would otherwise not be convinced about these [rights based] issues were willing to support the work we were doing". While it ran creative fundraisers with some individuals, YUVA engaged with many others on deeper issues such as the systemic failures that had led to a deep humanitarian crisis in the early days of the pandemic.

"Looking back at those weeks, what stands out is how the city came together to support its own. While the pandemic unleashed a massive humanitarian crisis, it also launched a wave of giving unlike others seen in recent times, which cut across boundaries and locations and was not restricted to monetary contributions alone. People across the city came together to look for ways to tackle deeper systemic issues and vulnerabilities. Although their efforts remain ongoing, it is a promising start and speaks volumes about citizen participation for change, even in the face of a big crisis".

The "Hunger Talks" webinar series, which YUVA anchored at a time when donor fatigue had set in, is a case in point. It helped its members place the spotlight back on urban vulnerabilities via a range of industry-specific talks led by eminent personalities such as Justice BN Srikrishna, Harish Salve, Rahul Dravid, Zaheer Khan and many others. Each talk began with a short segment and video presentation on why the urban poor needed to be supported, followed by sector-specific discussion. While this may have only been an initial engagement, and it is too early to draw further inferences, the celebrity pledges towards supporting the city's marginalised definitely garnered attention and drew more support for people's rights.

For many of those who reached out (and often for the first time), there was a process of constant engagement beyond the mere act of giving. Perhaps it was a reaction to the deep fault-lines that the pandemic had exposed, which heightened awareness of people's own position and ability to help, and made them interested in how this could turn into a deeper engagement to help the city recover over the long-term. Perhaps the opportunity that the pandemic gave everyone, to think about the world and how people could use this crisis to reimagine a better world, spurred the collective agency and spirit. Be it as it may, this unprecedented period has shown the power of collective action and engagement, and people's interest to remain invested beyond charity holds the promise to work together towards addressing deeper structural challenges, for the access of human rights for every individual.

As the economic and social impact of COVID-19 becomes increasingly evident, going forward it is imperative to find deeper and more meaningful ways of working together. Producer Anupama Mandloi says in an article, "I feel it is time for policy makers to invite organisations such as YUVA to the table and work with their understanding of the people as well as the existing ground issues and formulate policies that will ensure there is never again a repeat of the horror we witnessed from our homes in the month of May 2020".

With the spread of the second wave of the pandemic, many of YUVA's supporters from March 2020 and earlier reached out to the organisation again. YUVA had been ideating on partnerships with many of them in the past few months as restrictions were easing. In the interactions, YUVA sensed a shift from the time when they first engaged. Their understanding of urban challenges is more layered, and their response has been more mindful of grassroots contexts.

Challenges and constraints

At the individual, family and social level it is often challenging to encourage agency among marginalised groups, given their history of oppression and anger at denied opportunities or misrepresentation in the past. Some are cynical due to past attempts to drive change, which may not have achieved intended results. At the group level, it is also important that the collective be aligned to the vision of each one of its members, else conflicts are common and impact gets left behind. YUVA encountered conflicts throughout its relief and rehabilitation work, whether it was about who gets ration kits to how much should be invested in each person's life. The organisation's strength lay in not ignoring these conflicts, but embracing them, and ensuring a satisfactory mediation whenever possible.

Moreover, while the action research captured many needed insights, it does not represent the sum of all the COVID-response strategies and how they impacted the marginalised populations. It is still a challenge to build longitudinal knowledge of how COVID-19 continues to impact people's lives and what systemic changes need to be made. While evidence is necessary for informed advocacy, the process is a long one, and requires both strategy and patience to make shifts happen.

Given the dynamic nature of the response to people in light of the spread of the pandemic, it has also been challenging to monitor its impact at all levels. Rather than quantitative measures, narratives (like the one described) are best placed to capture the depth and breadth of what the pandemic has meant for the country, and how people have responded.

With the onset of the second wave of the pandemic and the emergence of new challenges, YUVA reoriented its response strategies. The organisation's April 2021 rapid assessment highlighted emerging vulnerabilities again, and YUVA began ration and vaccination helpdesk support, and further evolved appropriate strategies.

Key learnings

YUVA's efforts to help the urban poor recover from the pandemic, through the lens of upholding dignity and rights and with community support, has been an important choice. Many who received relief were informal workers, struggling to access many rights but at least able to take care of most of their daily needs. The pandemic snatched their basic rights away. Further, with the devastation that was unleashed by the second wave, it was hard to fathom how they would cope in the long run. Therefore, it is even more critical to create an ecosystem of support to help them recover with dignity. The community engagement model can be a powerful way to build resilience in the long term.

Further, the pandemic displayed the resolve of civil society and the power of genuine collaboration. The collective approach helped reach out to millions, and without this support the crisis could have been even worse. These efforts for change should be recognised and more supportive environments for civil society should be created.

It is equally important to keep holding decision makers accountable. In the last two years, rights violations have risen, inequalities have further grown, and hardly any efforts have been made to address systemic faults. With the pandemic bringing the massive challenges of the urban poor into plain view, it is a critical moment to act on the recognised fault-lines and uphold the rights and dignity of the most marginalised.

Finally, this period has also been an immense learning opportunity for YUVA. As an organisation, it has been flexible in its operations and agile in decision-making. The teams have straddled new roles and a multiplicity of demands on their personal and professional lives. There have been disagreements, low moments and several dilemmas along the way. However, the determination to stay focused on meeting the crisis head on, and to resolutely stand alongside the urban poor has been the lighthouse. YUVA has been able to do so much as the teams have willingly taken so many risks to keep their commitment to what they do. Their individual and collective leadership has been inspiring!

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