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URBAN RESILIENCE

Maharashtra Multisectoral Response
to the COVID19 Pandemic





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Sanjay Kumar
Chief Secretary

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Date : 25th January 2021

FOREWORD

It has been over 10 months; we have been facing an unprecedented public health crisis of COVID19 in the world. The Government of India and the Government of Maharashtra have stood together in solidarity to control the spread of the virus. The pandemic, as we all know, hit the urban areas more than elsewhere and it has had far-reaching impact on the communities, especially those living in the densely populated areas. My Government has taken immediate steps towards relief and response in the initial stages of the pandemic. As we see a decline in cases now, we should not be complacent. There is a need to focus on medium- to long-term strategies for rehabilitation and recovery that is currently underway. The pandemic has highlighted the need to focus on urban governance and infrastructure, especially to redesign the urban primary health care as much as tackling the urban learning crises.

Maharashtra adopted an inclusive and comprehensive approach by involving everyone, i.e., government departments, scientists' community, philanthropists, CSR, academia and development partners to draw and implement data-driven and pragmatic actionable plans to fight COVID19 in the State. We have also witnessed the heroic commitment of our government officials, health functionaries, frontline workers, individuals and development partners, saving lives and restoring the dignity of the lesser privileged in the communities.

We have achieved a lot together, but we still have a long way to go. With the roll-out of the COVID19 vaccine, getting every eligible individual vaccinated is the priority of the Government. Simultaneously, we are in the process of strengthening our health (immunization and basic health) and other development systems.

Though our State's needs are great, so is our ability to meet them. We can achieve this faster when we share the same vision, action and goals, both within and with partners outside of Government. The publication 'Urban Resilience' brought out by UNICEF Maharashtra on the multisectoral response to the COVID19 pandemic in urban areas is very timely and relevant. The lessons and best practices from the publication, I am sure, will be useful for programme and policy implications going forward.

I thank and commend UNICEF and development partners for their support to the Government during the most difficult times. I look forward to continued collaboration and cooperation in the future.



(Sanjay Kumar)

Preface

On 11 March 2020, the World Health Organization (WHO) declared COVID19 a pandemic, as the disease spread to more than 110 countries around the world. The pandemic created a reversal of fortune and gains for many who were just coming out of extreme poverty (World Bank Group, 2020). Among all the states in the country, Maharashtra reported the highest number of cases, as its cities became hotspots for COVID19 transmission. The impact of COVID19 has led to an unprecedented economic and social disruption affecting women and children the most. It is estimated to have reversed the gains made 10 years ago (World Bank Group 2020). As the Government manages to contain the spread of COVID19 as well as manage the vaccine procurement and distribution, this pandemic has mirrored the existing stark urban inequities for women and children. For Maharashtra, the total COVID19 cases in urban areas are over 1.2 million and almost double (0.7 million) that of the cases in rural areas (Public Health Department 23 January 2021), suggesting large concentration and even larger programmatic implications to mitigate its impact.

Maharashtra has the largest slum population in the country (nearly 40% according to Census 2011). The 10 million plus cities of the state have nearly 67% of the population living in the slums (Census 2011 analysis by IIPS). COVID19 pandemic in the state, presented three main challenges to the Government of Maharashtra (GoM): one, prevention and control of the virus in the cities and its spread to rural areas; two, inculcate right behaviour change and communication practices of respiratory etiquette and hand hygiene; three, avoid disruptions in people's livelihoods and provide for social entitlements to the poorest. In order to support GoM, UNICEF adopted a multisectoral approach that included leveraging technical knowledge, expertise, reach and resources (both in kind and funds).

UNICEF Mumbai convened a meeting of development partners including CSOs in the first fortnight of April 2020 for an in-depth understanding of the field realities in urban areas, especially for slums. In close collaboration with WHO, the office developed a containment and response plan for urban areas a month later. Realizing that fear, misconception, stigma and discrimination were rampant all over the cities, including housing societies as well as slums, UNICEF, on 22 May 2020, organized the State Alliance of Humanitarian actors and faith leaders that included 15 religious groups in the fight against stigma and discrimination and other misconceptions. As a follow-up of the meeting, the faith-based organizations issued

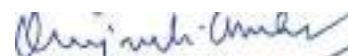
a Statement of Intent and reached out to the affected communities with essential supplies, counselling and messaging on appropriate behaviours.

It was evident that to survive COVID19 pandemic, a multisectoral approach with inclusive and community-led interventions was required to address the needs of the urban poor from the informal settlements. With this was born Maharashtra's multisectoral plan to contain COVID19 in the urban areas with colocation of interventions in the most vulnerable pockets of the cities.

UNICEF adopted a three-pronged approach, namely, establishment and implementation of Risk Communication and Community Engagement (RCCE) plan for COVID19 with GoM and WHO, development of sectoral and cross-sectoral COVID19 response plans for critical government activities that focused on health, nutrition, water and sanitation, education and child protection, and coordination with corporates to leverage support. UNICEF identified partners who had the local knowledge, expertise and reach to work on ground zero with the Government. This has helped in substantial understanding of ground realities, which is captured in this report through the work of UNICEF partners.

The report titled Urban Resilience is the story of the evolution and progress of the multisectoral response to the pandemic and captures voices of the communities infected and affected, the development partners who partnered with UNICEF and most important of all, the Chief Secretary and the Heads of Departments of Public Health, School Education, Women and Child Development, Water Supply and Sanitation, Urban Development and Commissioners of the Municipal Corporation of Greater Mumbai, Navi Mumbai, Pune and Thane under whose able leadership the conducive environment was created for piloting the multisector response.

On behalf of UNICEF, I extend sincere appreciation to the State Government, development partners and the communities – all of whom represent resilient COVID19 warriors.



Rajeshwari Chandrasekar
Chief of Field Office
UNICEF Maharashtra



Abbreviations

AIILSG	All India Institute of Local Self Government	DGIPR	Directorate General of Information and Public Relations
AMB	Anaemia Mukht Bharat	DIET	District Institute of Education and Training
ANC	antenatal care	DRR	Disaster Risk Reduction
ASHA	accredited social health activist	DWCD	Department of Women and Child Development
AWC	anganwadi centre	DWCDO	Department of Women and Child Development Officer
AWW	anganwadi worker	ECD	early childhood development
BPNI	Breastfeeding Promotion Network of India	ECE	early childhood education
CAB	COVID-appropriate behaviour	ES	environmental sanitation
CACR	Citizens Association for Child Rights	FGD	focus group discussion
CAP	Communication, Advocacy & Partnerships	FTV	#flushthevirus
CBO	community-based organization	FLW	frontline worker
CCC	COVID care centre	GHD	Global Handwashing Day
CCI	child care institution	GIS	geographic information system
CDPO	Child Development Project Officer	GPS	global positioning system
CPC	Child Protection Committee	HCF	health-care facility
CPCB	Central Pollution Control Board	HCW	health-care worker
CSR	corporate social responsibility	HUL	Hindustan Unilever Limited
CTB	community toilet block	HWS	handwashing station
CWC	Child Welfare Committee	ICPS	Integrated Child Protection Scheme
CYDA	Centre for Youth Development and Activities	IDI	in-depth interview
DCPU	District Child Protection Unit		

IFA	iron folic acid	NULM	National Urban Livelihoods Mission
IPC	infection prevention and control	OHOT	One Home One Toilet
IVRS	interactive voice response system	PMC	Pune Municipal Corporation
IYCF	infant and young child feeding	PPE	personal protection equipment
JR	Jeevan Rath	RCCE	Risk Communication and Community Engagement
KYW	Know Your Ward	RCUES	Regional Centre for Urban and Environmental Studies
LBW	low birth weight	RJMCHN	Rajmata Jijau Mother Child Health and Nutrition Mission
MAA	Mother's Absolute Affection	SAM	severe acute malnutrition
MAM	moderate acute malnutrition	SBCC	social and behaviour change communication
MC	Municipal Corporation	SCERT	State Council of Education Research and Training
MCGM	Municipal Corporation Of Greater Mumbai	SDG	Sustainable Development Goal
MFMR	My Family, My Responsibility	SNP	Supplementary Nutrition Programme
MHPSS	mental health and psychosocial support	THR	take home ration
MSF	Médecins Sans Frontières	TISS	Tata Institute of Social Sciences
MPCB	Maharashtra Pollution Control Board	TMH	Tech Mahindra Foundation
MSCPS	Maharashtra State Child Protection Society	TPM	Triratna Prerana Mandal
MSCERT	Maharashtra State Council of Education Research and Training	UCPC	Urban Child Protection Committee
NCCVMRC	National Cold Chain and Vaccine Management Resource Centre	UDD	Urban Development Department
NEP	National Education Policy	ULB	urban local body
NFHS	National Family Health Survey	UPHC	urban primary health-care centre
NGO	non-governmental organization	WCD	Women and Child Development
NIPHTR	National Institute of Public Health Training and Research	WVI	World Vision India
NIUA	National Institute of Urban Affairs		



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Executive Summary

The first case of the COVID19 pandemic in Maharashtra was confirmed on 9 March 2020. Since then, the state remained a prominent hotspot. Urban metropolitan regions of Mumbai, Pune, Thane and urban cities like Nagpur and Nasik have reported maximum number of cases in the state.

The COVID19 pandemic and the subsequent lockdown greatly disrupted lives, specifically for the urban poor. It, therefore, became very clear early in the lockdown that large-scale interventions would be required to address the COVID19-induced challenges. To support the Government in its endeavour to save lives and reduce the impact of the pandemic, UNICEF Maharashtra, along with its strong network of development partners and corporate donors, formulated and coordinated several efforts across cities of the state to facilitate targeted actions to redress the impact of COVID19 at the community level.

This report is an attempt to present an overview of the work jointly done by the State Government, UNICEF and development partners to mitigate the impact of COVID19, particularly for the cities of Maharashtra.

Health: Saving Lives during COVID19 Pandemic in Urban Maharashtra

Community transmission of COVID19 in the country confirmed that dealing with the pandemic would require an extraordinary mobilization of the health system. To manage the pandemic at both facility and community levels, Maharashtra Public Health system's response was broadly organized under: readiness of the hospitals for intensive care, ensuring relevant skills and competencies, using Risk Communication and Community Engagement (RCCE) to advocate for COVID19-appropriate behaviours and finally, generating resources in terms of both budgets and medical staff. With COVID19 cases increasing in areas within the jurisdiction of the Municipal Corporations (MCs) of the state, the

Government faced the challenge of dual pressure of meeting demands for the care of patients as well as for the delivery of essential health services to the most vulnerable, such as children, women, elderly persons, people living with disabilities, people living with chronic conditions, and minorities. To support the State Government in its fight against the COVID19 pandemic in urban areas, UNICEF Maharashtra supported key MCs such as Municipal Corporation of Greater Mumbai (MCGM), Pune Municipal Corporation and Navi Mumbai Municipal Corporation to facilitate the implementation of targeted activities under two main pillars: pillar one – COVID19 preparedness and response activities; and pillar two – ensuring uninterrupted essential reproductive, maternal, neonatal & child and adolescent health (RMNCH+A) services at health facilities and at the community level.

UNICEF Maharashtra supported the Public Health Department by establishing the RCCE plan for the state in coordination with Information, Education and Communication (IEC) Bureau, Government of Maharashtra and strengthened the containment, contact tracing, monitoring isolation/treatment facilities, monitoring of severe acute respiratory infections (SARI) Surveillance, and COVID19 death analysis.

Nutrition: Nurturing and Nourishing the Urban Child

The NFHS-5 data on the nutrition status of Maharashtra points to the threat of a triple burden of malnutrition – an increasing trend of childhood obesity in the urban poor communities, stunting and wasting, along with micronutrient deficiencies. Extensive social and behaviour change communication (SBCC) campaigns on infant and young child feeding (IYCF), including nutritious recipes, and the importance of the first 1,000 days of a child's life were carried out using digital platform and videos as well as popular radio programmes. Key field-based inputs were obtained on the post-



lockdown strategy in urban hotspot areas. One of the key findings was large pockets of participants that had not been covered by the programme due to growth and expansion of slum pockets. Besides, there was a felt need for a common medium which would be easily accessible, with authentic source of information that would guide participants on appropriate nutrition practices and recommendations. An innovative way of linking service providers and caregivers was identified through “Tarang Suposhit Maharashtra”. Technology played a key part in the outreach of messaging to communities with the use of interactive voice response (IVR) helpline, broadcast calls and a WhatsApp chat box.

Water, Sanitation and Hygiene: Flush the Virus, Flush with Pride – One Pandemic, Multiple Warriors

The coordinated water, sanitation and hygiene (WASH) response, jointly supported by the Government, UNICEF Maharashtra, development partners, corporate and other donors, proved to be very effective. A population of over two million from the slum pockets of selected MCs of Mumbai, Pune, Thane, Navi Mumbai, Pimpri Chinchwad and Kolhapur were alleviated from the worst effects of the pandemic soon after the #flushthevirus intervention started. The multi-pronged approach made use of RCCE efforts and infection prevention and control (IPC) measures. For instance, distribution of masks and soap bars, installation of non-touch pedal- and elbow-operated handwashing stations, augmentation and retrofitting of community toilets, COVID-sensitive operation and maintenance (O&M), leveraging of support for scheduled de-sludging and cleaning of sewer lines, promotion of ‘one home, one toilet’ (OHOT) interventions wherever feasible, and real-time monitoring of access to urban basic services. Community resilience was thus built around habits leading to practices, minimization of risks and sustained behaviours. Technology contributed immensely to the WASH response with web-based trainings on WASH for professionals who were engaged in essential services.

Education: Schools Closed, but Learning Continues

The extended closures of anganwadis and schools pose a real threat to the continuation of children’s education. To effectively address this threat, UNICEF continues to support the State Government and the MCGM Education Department in adapting existing programmes and launching new interventions.

For children in the age group of 3–6 years, UNICEF, in partnership with Integrated Child Development Services (ICDS), adapted the Responsive Caregiving Programme to provide parents of young children practical activities to support children’s learning at home. Further, to prepare for safe reopening of anganwadis, balwadis and other preschools, including those in Mumbai, UNICEF offices for Maharashtra and Bihar collaboratively developed a reopening checklist. With the MCGM Education Department, UNICEF and its partners, introduced new interventions to promote learning at home: (i) the Parent Engagement Programme to help parents support children’s learning at home, (ii) the Mindspark Programme to provide good quality learning material through technology, and (iii) the state-wide Reading Campaign, adapted for Mumbai by the Regional Academic Authority, to ensure that children have access to story books. To understand the reach of some of the state-wide interventions, UNICEF conducted two rapid assessment surveys with the state government that included Mumbai schools. Findings from the survey are helping the development of strategies to reach all children. In addition to the above initiatives, a career guidance portal was launched by the state with UNICEF for students from secondary and higher secondary grades.

Child Protection: Addressing Children’s Vulnerabilities and Creating Safe Spaces

Following COVID19, the Supreme Court of India ordered states to undertake special measures for safety and protection of children in the Juvenile Justice System and measures for prevention and response to COVID19. UNICEF, its NGO partners and



Department for Women and Child Development developed guidelines for restoring children to their families and enhanced the capacities of the child protection system to implement the orders of the Supreme Court. UNICEF strengthened the capacity of child care institutions in Mumbai Suburban for COVID19 prevention and response; brought mental health and psychosocial care resources (MHPSS) to the care systems; and enabled psychosocial support to children and families in urban slums to address domestic violence, stigma and discrimination. Urban Child Protection Committees were activated in Mumbai Suburban and Pune. UNICEF worked in close collaboration with the Department of Women and Child Development, the Bombay High Court Committee on Juvenile Justice (HC), the police, Tata Institute of Social Sciences (TISS) and NGOs.

Dealing with COVID19 Pandemic-induced Stigma and Discrimination

Stigma and discrimination have been issues throughout the worst phases of the COVID19 pandemic, especially in the first few weeks. UNICEF initiated an extensive data collection exercise in two severely affected, low-income wards of Mumbai to study the views of a cross-section of stakeholders and to develop appropriate interventions. The assessment found that for several months, frontline workers (FLWs) were treated in the communities as “infected” and as “spreaders” of the dreaded disease. Overall, the data shows that misinformation and prejudice exist to a significant extent among all categories of people, regardless of the level of formal education. Sensitization and capacity building of stakeholders through SBCC strategies came out as a strong recommendation.

Conclusion

UNICEF’s work with the Government and development partners in the last 10 months of the pandemic in the state suggests that the pandemic preparedness plan requires a comprehensive multisectoral approach that involves all stakeholders including community. Understanding the ground-level dynamics and applying local knowledge and expertise are critical during the pandemic times as these build on the much needed commitment for policy decisions.

For a successful management of health pandemic, UNICEF’s work with the Government and development partners suggest five key sutras (strategies): one, leverage existing partnerships and collaborative efforts with civil society organizations (CSOs), corporate social responsibility (CSR) and community to reach out to the neediest; two, continuously assess needs, identify resources, strategize and implement plans for all sectors; three, support the Government for surveillance strengthening, which will enable early diagnosis and prompt treatment (a hallmark strategy for public health programme); four, continuous engagement with private health-care providers for judicious use of their services as well as to ensure people are not exploited; and five, strong communication and advocacy strategies that will reach out to every person for instilling and sustaining appropriate behaviour.

Saving Lives during COVID19 Pandemic: Response In Urban Maharashtra



Ayat Idrisi aged 11 months with his mother awaiting immunization at Mandala outreach camp, M/East ward



I. Introduction

Community transmission of COVID19 in the country made it clear that dealing with the pandemic would require an extraordinary mobilization of the health system. To manage the pandemic at both facility and community levels, the Maharashtra state health system's response was broadly organized into five categories: readiness of the hospitals for intensive care, ensuring relevant skills and competencies, use of RCCE to advocate for the use of masks, physical distancing and handwashing and finally, generating resources both in terms of budgets and medical staff. With COVID cases increasing in areas within

the jurisdiction of the municipal corporations of the state, the government struggled with the dual pressure of meeting demands for the care of patients, as well as for the delivery of essential health services to the most vulnerable, such as children, women, elderly persons, people living with disabilities, people living with chronic conditions, and minorities.

To support the state government in fighting the COVID19 pandemic in urban areas, UNICEF Maharashtra coordinated several efforts across municipal corporations to facilitate the implementation of targeted actions through two main pillars.

PILLAR 1

COVID19 preparedness and response activities, including:

- RCCE
- Contact tracing, testing and awareness
- Strengthening of COVID facilities
- Outreach, training and capacity building of the health work force
- Mental health and psychosocial support to families of COVID19 patients and health care workers in the MCGM area



Fever Camp at Transit Camp, G/North ward

PILLAR 2

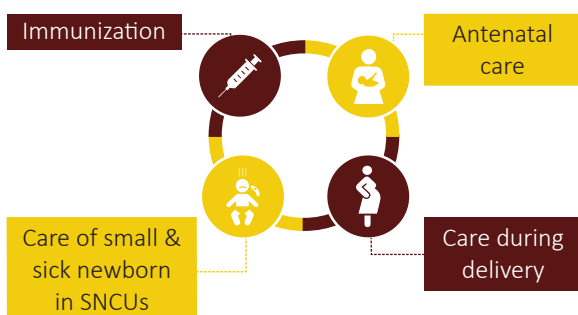
Ensuring uninterrupted essential RMNCH+A services, including immunization, home-based care, public private partnership for care and referral systems adapted to the COVID19 scenario.

- Strengthening of essential RMNCHA services at facility level



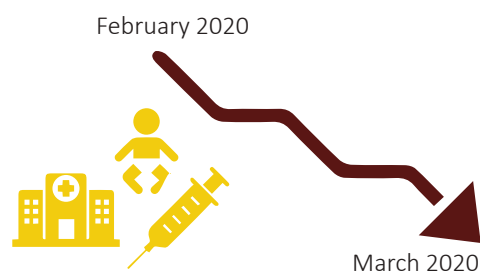
II. Facts

UNICEF supported GoM to adopt guidelines during COVID19



This ensured continuity of essential RMNCHA services to women & children in the state.

Steep reduction in coverage of RI & institutional delivery



With revised guidelines, in subsequent months, RI coverage improved but institutional delivery is yet to reach the pre-COVID levels

UNICEF initiated the Primary Health Care approach with the assessment and plan of action

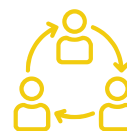


47 health posts in 2 vulnerable wards of MCGM (G/N and M/E) leading to assessment of all NUHM **651 UPHCs** in the State in 2021–2022 by the NUHM.



Maharashtra: first state in the country to undertake this approach

Engagement of UNICEF Maharashtra with CSO partner (DFY)



Collaboration for containment response in two wards of Mumbai as part of the health sector action plan included under the multisectoral approach

UNICEF influenced NHM PIP through



- Formulation of state-specific urban RI strategy
- Leveraged budget of **Rs. 277 lakh**
- Support to state in **rollout of IDCF and SAANS campaign**, cold chain preparedness for COVID19 vaccine

Virtual learning platforms during the lockdown ensured



- Capacity building
- Continuity of essential immunization services
- MNCH services



UNICEF Maharashtra organized and facilitated a multi-stakeholder consultation on COVID19 response



G/North and M/East wards
of Mumbai



Over 90 participants from:

National Urban Health Mission
Department of Women and Child Development
NGOs
Academic institutes



Municipal Corporation of
Greater Mumbai (MCGM)



WHO



Civil society
organizations



Faith-based
leaders



4 June 2020

This culminated in the
development of multisectoral
action plans for RCCE,
COVID19 containment
response and RMNCHA
services in the urban slums of
Mumbai.

UNICEF facilitated development of comprehensive urban immunization (UI) strategy in January 2020 through a situation analysis

Meta-analysis
for UI

HMIS data trend
analysis for FIC
using HMIS
data between
2016–2017 to
2018–2019

Secondary
data analysis
of NUHM
in 27 MCs,
comprising:

Qualitative
community-
level
assessments
in 9 MCs

Vulnerability
assessment

Health
infrastructure

Human
resource

Community
interventions

NUHM budget
expenditures

4 FGDs

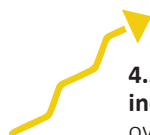
36 KIIs

Findings from meta-analysis

In the last decade



Less than 2%
increase in
urban FIC



4.5%
increase in
overall FIC

During 2013–2019

urban FIC < overall FIC



No. of
left-outs &
drop-outs

Rural areas < Urban areas

Findings from HMIS data

Increased
variation for
FIC among the
MCs by 25%
points

Drop in
FICs among
greater
number of
corporations

An **interstate multi-stakeholder consultation** held
on 14–15 February validated the strategy which
resulted in **UNICEF leveraging Rs. 266.5 lakh for
urban RI** in NHMIP20-21



URBAN RESILIENCE
Maharashtra Multisectoral
Response to the COVID19 Pandemic

UNICEF partners

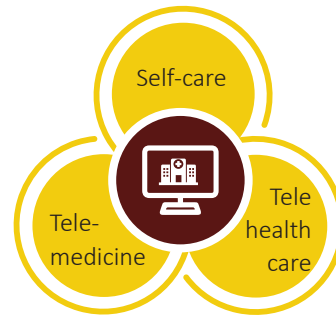


NCCVMRC

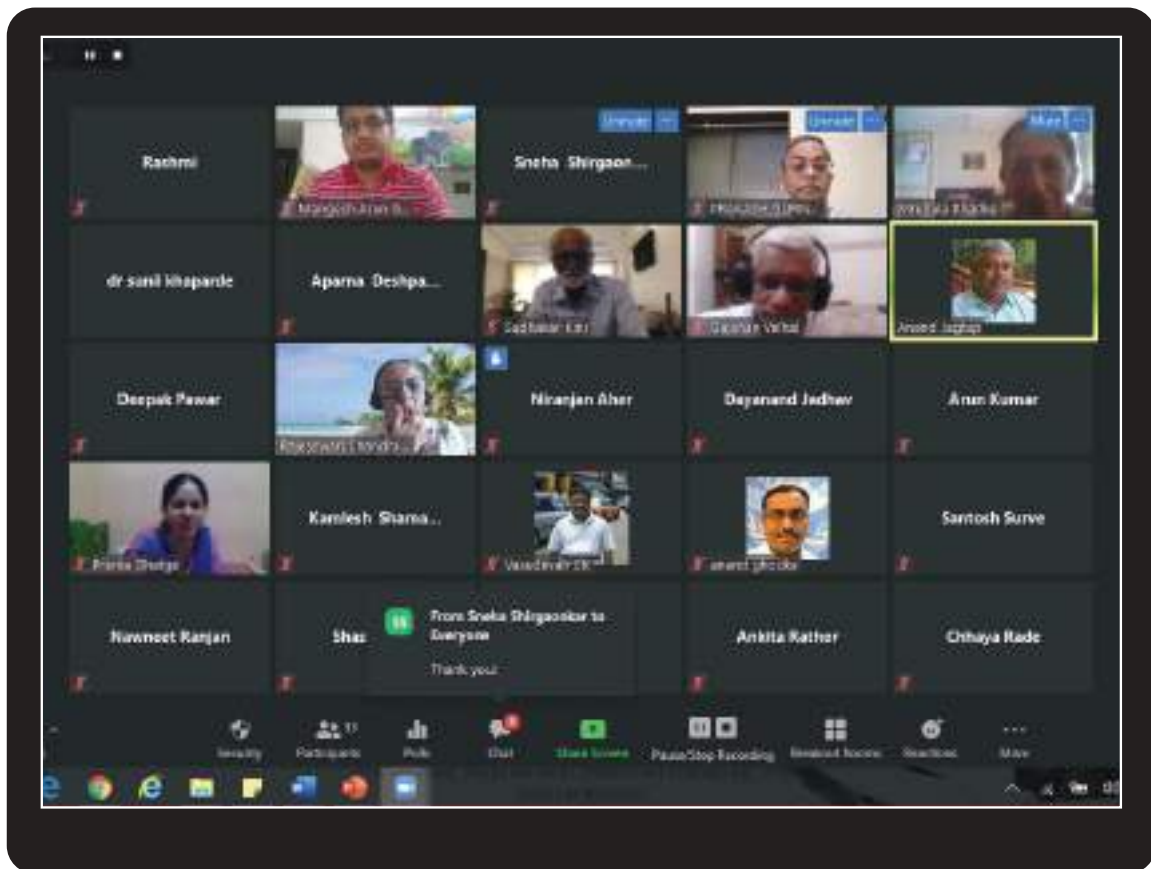


**National Cold Chain
Resource Centre
(NCCRC), Pune**

**COVID19 has provided unprecedented
opportunity for strengthening**



UNICEF, in partnership with the government of Maharashtra, will leverage technology for strengthening primary health care in the urban areas of the state affected by the pandemic



Screenshot of the Multistakeholder Urban Consultation organized by UNICEF Maharashtra on COVID19 response

II.1. Risk Communication and Community Engagement

Communication (IEC) Bureau, Department of Public Health and the Directorate General of Information and Public Relations (DGIPR), GoM to implement a social media campaign through digital marketing platforms, including Facebook, Instagram, Twitter, YouTube, and Google ads. This campaign targeted high traffic websites under the category of News and Media, Breaking News, Local News and Regional News. Several communication activities for COVID19 prevention began in May 2020 and are continuing; covering the entire state to date.



Miking at Bainganwadi, M/East ward



COLLABORATIVE REACH OF SOCIAL MEDIA CAMPAIGN FOR COVID19 PREVENTION

SENSITIVE

Stop tobacco use

The campaign was designed to help prevent the use of tobacco and tobacco related products.

Health and nutrition

Through this campaign, the Health IEC Bureau and UNICEF promoted messages on adequate nutrition and health care during the statewide lockdown from 23 March to 31 May 2020. During the lockdown, it was important to remain physically active and ensure a balanced diet and adequate nutrition for health promotion and for boosting immunity.

Care of elderly people

For ensuring care of elderly people, who are at a higher risk of COVID19, this campaign disseminated messages related to their care and promoted intake of adequate nutrition, mental health promotion along with care of non-communicable diseases among them.

Stigma and discrimination

The aim of this campaign was to reduce the stigma and discrimination faced by the COVID19 warriors like health workers, policemen and women, sanitation workers and staff employed in the provision of essential services.

'Majhi Kutumb, Majhi Jababdari' (My Family, My Responsibility (MFMR)) campaign

On 15 September 2020 the honourable chief minister of the state launched the MFMR campaign which aimed to reach every person in the state with messages about COVID19 prevention, to screen everyone for symptoms, and also about non-communicable diseases. UNICEF provided technical support to the Department of Public Health for formulating the operational guidelines, as well as designing the communication strategy for the campaign. UNICEF provided technical support for its implementation in four Aspirational Districts and the Municipal Corporation of Greater Mumbai (MCGM). Behaviour change communication materials related to 100 per cent usage of masks were also included in the 'MFMR' campaign.

Health promotion and control along with prevention and care of non-communicable diseases for reducing death due to COVID19

UNICEF advocated with the Department of Public Health, GoM in May 2020 for reducing the risk of death due to COVID19 through health promotion and prevention of noncommunicable diseases. This advocacy facilitated the State Health IEC Bureau in implementing a communication campaign to encourage people to consume a balanced diet, to cut down on smoking, and to take special care of people at higher risk for COVID19 infection, as highlighted above.



SPECIFIC

100 per cent MASK use campaign

UNICEF advocated with the Public Health Department for implementing a 100 per cent mask use campaign in the state and together with Health IEC Bureau, developed several communication materials for mask use, which were disseminated through different channels across the state. Further, UNICEF offices of West Bengal, Andhra Pradesh and Maharashtra, together with WHO and other development partners, developed the plan for implementation of the 100 per cent mask campaign in Navi Mumbai Municipal Corporation. The plan that included a 360-degree communication approach has been successfully implemented by the municipal corporation.

Early detection and treatment of COVID19

This campaign was aimed at providing information about early detection of symptoms of COVID19 and ways of treatment.

Meech Maza Rakshak (I am my own protector)

A campaign designed to bring awareness among people for protecting oneself from COVID19 through handwashing, physical distancing and addressing fake news.

Handwashing campaign

A campaign was implemented in multiple languages, for promoting regular handwashing and the use of 70 per cent alcohol-based sanitizers targeting both rural and urban populations.

Social distancing and discouraging crowding

Guidelines and messages were disseminated for reducing the number of people at gatherings such as weddings, funerals, etc. in order to prevent crowding and the spread of COVID19.



Total population covered
110 million

Total budget (Govt.)



Total budget (UNICEF)

INR 66.5 million

INR 14.3 million

Media platforms used

- ◆ Newspapers
- ◆ 11 private TV entertainment, news channels
- ◆ 55 private FM radio channels
- ◆ Akashwani
- ◆ Doordarshan
- ◆ Social media
- ◆ Hoardings
- ◆ Creative ads





II.2. *Community-level Tracing, Testing and Awareness*

UNICEF provided technical support to the state COVID19 control room in monitoring containment zones, contact tracing and monitoring of isolation/treatment facilities in selected MCs and four aspirational districts.¹ UNICEF supported contract tracing of 346,313 COVID-positive persons with 2,997,402 high-risk contacts (8.65/ positive case) and 4,667,440 low-risk contacts (13.47/ positive case) across the state through the control room until 19 August 2020. UNICEF Maharashtra initiated the development of the containment strategy for urban slums (Dharavi and Govandi) in Mumbai using RCCE framework through thematic stakeholder group consultations involving WHO, community leaders and local CBOs for micro-planning for COVID19 prevention. Draft COVID19 Response and Containment plan for Urban Slums



Fever screening at camp site, Kumbharwada (Potters' Colony), G/North ward



Screening of ANC, G/North ward

was developed with WHO focusing on urban slums in Mumbai for concurrence of Municipal Commissioner MCGM between 15–22 May 2020. Also, UNICEF Maharashtra successfully organized and facilitated Multistakeholder Urban Consultation on 4 June 2020 where strategies to address implementation challenges and validate COVID19 response and containment plan for urban slums were validated with 90+ participants from MCGM, NUHM, WHO, DWCD, CSOs, NGOs and faith-based leaders across the Mumbai. Following this, sectoral action plans for health, nutrition, WASH/DRR, child protection and education outlining immediate, short term (0–2 months) and medium terms (3–9 months) were drafted for advocacy meetings with assistant municipal commissioners of G/N and M/East wards in Mumbai.

Similarly, technical support for establishing containment plans and monitoring of containment, contact tracing was provided through UNICEF district consultants in four Aspirational Districts, namely Osmanabad, Washim, Nandurbar and Gadchiroli.

¹ The Aspirational Districts Programme is a product of collective effort in which the aim is to expeditiously improve the socio-economic status of 117 districts from across 28 states with a major thrust on Health & Nutrition, Education, Agriculture & Water Resources, Financial Inclusion & Skill Development, and Basic Infrastructure. In Maharashtra, the aspirational districts are Osmanabad, Washim, Nandurbar and Gadchiroli.



II.3. Strengthening of COVID Facilities and IPC, BWM in Health Facilities

II.3.1. Assessment of Dedicated COVID Hospitals and Health Centres

At the beginning of the pandemic from April–May 2020, UNICEF, upon the request of the government of Maharashtra and in coordination with WHO, assessed six dedicated COVID hospitals (two in Gondia and four in Latur district). The assessment highlighted gaps in these health facilities, such as non-availability of central oxygen supply, inadequate human resources, intensive care units and isolation wards not yet functional. The findings of the assessment and recommendations were submitted to the Public Health Department for necessary action.

Also, a rapid assessment of 52 out of 494 Category II Dedicated COVID Health Centres (DCHCs) from Pune, Gadchiroli, Osmanabad and Jalgaon Districts was carried out by UNICEF.



Isolation ward strengthened in Late Droupadabai Muridhar Khedekar COVID19 Hospital, Bopodi, Pune

Findings from the Rapid Assessment

1. Identified large gap in COVID service delivery system between government and private DCHCs where, government DCHC found to be functioning better.
2. Efforts were made by government health facilities for a functional DCHC and to comply with standards and protocols.
3. Most of the private hospitals (n=36) are nonfunctional (or were in the process of being made functional) as DCHC. A few private hospital owners were not aware that their facility had been designated a DCHC.
4. Several gaps were found in private hospital DCHCs in terms of availability of O2 cylinders, PPE kits, N95 masks, essential medicines. Provision of separate entries to and exits for COVID19 wards was not possible in some of them.
5. Most of the private hospital had no emergency and triaging areas. Many did not have space to create separate triaging areas.
6. Private hospitals were found to have significant staff deficiency preventing them from managing wards like DCHC. Many private hospitals communicated they could only start COVID19 wards if government provided them with doctors and staff.
7. Private hospital DCHCs lacked COVID19 protocols and posters. Many private hospital doctors mentioned that their staff did not receive any COVID19 training.
8. Some private hospitals (Shlok Hospital Kedshivapur) faced community resistance and threats regarding its attempts to establish a DCHC.
9. In many dedicated government DCHC facilities, separate wards for male and female patients with provision toilets were not available (10/16).



Screening and triaging area outside the main Hospital building for COVID19 at SDH Manchar District Pune



Screening and triaging area with doctors and SNs following infection control prevention measures (Wearing PPE), using hand sanitizers at SDH Manchar, District Pune Maharashtra



COVID19 Isolation Ward at SDH Indapur District Pune Maharashtra



II.3.2. Strengthening of Infection Prevention and Control

Controlling the spread of disease and minimizing health care associated infections are among the primary concerns of all health-care facilities. Elements in the environment of hospitals and health-care facilities have the potential to spread infectious diseases. In this context, UNICEF and Pune Municipal Corporation partnered with 21 health facilities (13 hospitals and 8 dispensaries) to strengthen IPC. Infection prevention and control (IPC) is a practical, evidence-based approach which saves health workers and patients from avoidable infections as well as those resulting from antimicrobial resistance (WHO). Supported by DBS Bank, the partnership drew up a series of activities such as baseline assessment of IPC in the hospitals, capacity building of 289/300 health-care providers on IPC measures like COVID19 screening and triage, and hospital preparedness.



Supply of oxygen cylinders at Dalvi Hospital Pune for operationalizing 164 beds with O2 supply



UNICEF provided technical support for establishment of the triage/screening area,² isolation wards as per protocols³



Through DBS funds, UNICEF supported procurement of 10,000 PPE kits by Pune Municipal Corporation for health functionaries working in 13 hospitals & 8 dispensaries



164 isolation beds and 10 ICU beds supported with central oxygen supply through procurement of 438 jumbo oxygen cylinders and 20 small oxygen cylinders by Pune Municipal Corporation at Dalvi Hospital Shivaji Nagar with DBS Bank and UNICEF support



Isolation wards in 3 dedicated COVID hospitals of PMC strengthened⁴ and provided with:

- Handwashing stations
- Functional toilets
- Separate wards for male/female
- Warm water
- Steam apparatus
- Oxygen supply

Equipment procurement in dedicated COVID19 facilities of PMC:

- 1 ventilator
- 2 x-ray machines
- Oxygen support



Establishing COVID19 screening area and RTPCR and Antigen Testing Centre at Late Droupadabai Muridhar Khedekar COVID19 Hospital, Bopodi, Pune

Through this partnership between UNICEF, PMC and DBS Bank, more than 700 in-patients suffering from COVID19 benefited on a weekly basis for three months. The oxygen cylinders support to Dalvi COVID hospital contributed towards the management of approximately 2,500 mild to moderate COVID19 patients and supported 120–150 severe COVID19 patients over the following six months.

² Clinical triage includes a system for assessing all patients at admission, allowing for early recognition of possible COVID19 symptoms and immediate isolation of patients suspected of having the disease in an area separate from other wards and patients (source control). Patients suspected of having 2019-nCoV infection are shifted to the isolation facility from the triage area as soon as possible. The HCWs do this after donning appropriate PPE. The patients wear mask/respirator.(Source: adopted from WHO – The COVID19 risk management package for health-care facilities)

³ Which provided for a separate screening cabin with glass/transparent fiber created for seating of health-care workers, infrared (IR) thermometers, pulse oximeters and clinical symptom algorithms for use, creation of patient waiting spots near the screening area to ensure physical distancing, hand-washing stations and pedal-operated hand sanitizer dispensers.

⁴ Khedekar Hospital, Bopodi, b) Dalvi Hospital, Shivaji Nagar and c) Sonawane Hospital, Bhawanipeth.



II.4. Training and Capacity Building of Health Workforce

The government of Maharashtra and UNICEF, recognized the need to educate and train health-care staff and frontline worker in the prevention and management of COVID19 at the facility level, as well as at the community level. Efforts were also undertaken specifically to enable health-care staff dealing with children and

women to recognize, assess, and prevent COVID transmission at both levels.

To this effect, on a request from GoM, UNICEF supported a number of training activities for all health-care staff, using training material prepared by Gol.

Some details regarding the trainings undertaken are set out below.



Capacity building session for health-care providers in Dalvi Hospital, Pune for COVID19 infection prevention and control



URBAN RESILIENCE

Maharashtra Multisectoral
Response to the COVID19 Pandemic



98.58%

(192,657/195,429)

frontline health workers trained on detecting, referral and appropriate management of COVID19 cases



5,981/7,000

health-care staff and community health workers trained in Infection Prevention and Control

UNICEF supported the Training of Trainers on COVID19:

Communication

Basics of
COVID19



Community
surveillance

Care and
treatment

Infection
prevention and
control at health
facilities

UNICEF supported training of 214 health-care providers of MCGM on containment, surveillance and MFMR campaign:



152 out of **211** Assistant
Medical Officers (AMOs)

62 out of **211** Public Health
Nurses

My Family My Responsibility (MFMR) campaign:



UNICEF consultants at state and district level supported trainings for maternal and child health, RI and COVID19 surveillance



4,076 community health workers trained to maintain essential maternal, newborn and child health services since COVID19 disruptions

In collaboration with National Cold Chain and Vaccine Management Resource Centre (NCCVMRC) New Delhi, training support given to officials from all divisions, consultants and programme officers of immunization partners (WHO/UNDP/UNICEF and NCCRC) from UNICEF for:



Strengthening cold chain preparedness



Effective vaccine management practices



National Cold Chain MIS portal



Supportive supervision of Primary Vaccine Stores (State Vaccine Store/Regional Vaccine Stores)

Support from UNICEF on:



Guidelines for home-based KMC



Training of **63** master trainers at district level



137 batches completion



136,093 KMC bags procurement



16,633 KMC cards printing

West Zonal Conference of Indian Academy of Pediatrics:



Trained **300** members of FOGSI on EMTCT



Sensitized IAP members on HIV, access to treatment, stigma and discrimination



II.5. Innovations: Psychosocial Support (PSS) Cell at KEM Hospital Mumbai

Social isolation and fear of infection resulted in increased distress and anxiety amongst a certain section of the population. Some of the most vulnerable groups identified were people who had contracted the disease, those at heightened risk of getting it (including the elderly, people with compromised immune functions, and those living or receiving care in congregate settings), people with pre-existing medical, psychiatric or substance use conditions, and physicians and other frontline health-care professionals/ workers.

Considering the importance of psychosocial care and promoting the mental health of the people affected by COVID19 and their families, UNICEF initiated telephonic counselling services for COVID19 patients, caregivers and health-care workers in Mumbai Municipal Corporation areas. UNICEF partnered with the Department of Psychiatry, Seth GS Medical College and KEM

Hospital, Mumbai and established a PSS cell run by professional counsellors. Counsellors provided PSS support to health-care workers and helped in promoting a sense of safety by ensuring that health-care providers had accurate, up-to-date information on COVID19 and how they could protect themselves and their families. It also reinforced active and positive coping skills that enabled providers to better manage their emotional and psychological reactions by building their capacity in respect of basic psychosocial care principles and psychological first aid.

Through this PSS cell, a total of 28,647 calls had been made till 31 December 2020, reaching 12,214 people infected by COVID19 (8124 males, 4,090 females) and 6,380 caregivers. A total of 9,604 people (6,084 males, 3,520 females) were provided counselling services for mental health, stigma and discrimination faced due to COVID19. A total of 302 people were referred for additional mental health support. A total of 1,700 health-care workers were provided with PSS counselling services through this initiative.

PSYCHOSOCIAL CARE & MENTAL HEALTH SUPPORT

12,214

COVID-19 patients

6,380

Caregivers

1,700

Health-care providers

reached
through

28,647

Calls by PSS Cell
at KEM Hospital,
Mumbai





Key Qualitative Findings

- ***Job loss, psychosocial stress, depleted financial resources, reverse migration*** – Sudden unemployment was the major stress trigger amongst persons affected by COVID19, especially in cases where they were the only earning members in their families. Major psychosocial stress was found among people who had paid or were paying huge bills for hospitalization in private hospitals. Among people whose money reserves were exhausted and who had no resources for survival, the result was an increase in the school dropout rate or in some cases, even discontinuation of ongoing medical treatment. Reverse migration to villages increased due to sudden job loss and rising inflation in the cities. Many faced new health problems, and a significant number faced mishaps while travelling.
- ***Behavioral changes, frustration, and mental fatigue among children*** – Children affected by COVID19 in the initial days of the pandemic, were found to have become completely isolated from their families. As a result behavioral changes were seen in them, for instance parents found their children being more aloof from others, displaying more anger, and in some cases being more quiet than usual. Similarly, virtual schools and increased screen time led to mental fatigue, frustration and boredom amongst students.

Uncertainty regarding the academic year has also propelled cases of depression amongst students.

- ***Fear of getting COVID again*** – People who had the COVID19 infection, but had recovered physically, expressed fear about going out of their houses or resuming work. They were fearful about contracting the virus again and the experiences they recalled about their hospital stay, still hovered over them and made them anxious when stepping out of the house.
- ***Domestic violence against women and children*** – Many families have reported issues in relationships such as increased violence against women and children, as well as depression due to tensions induced by uncertainty.

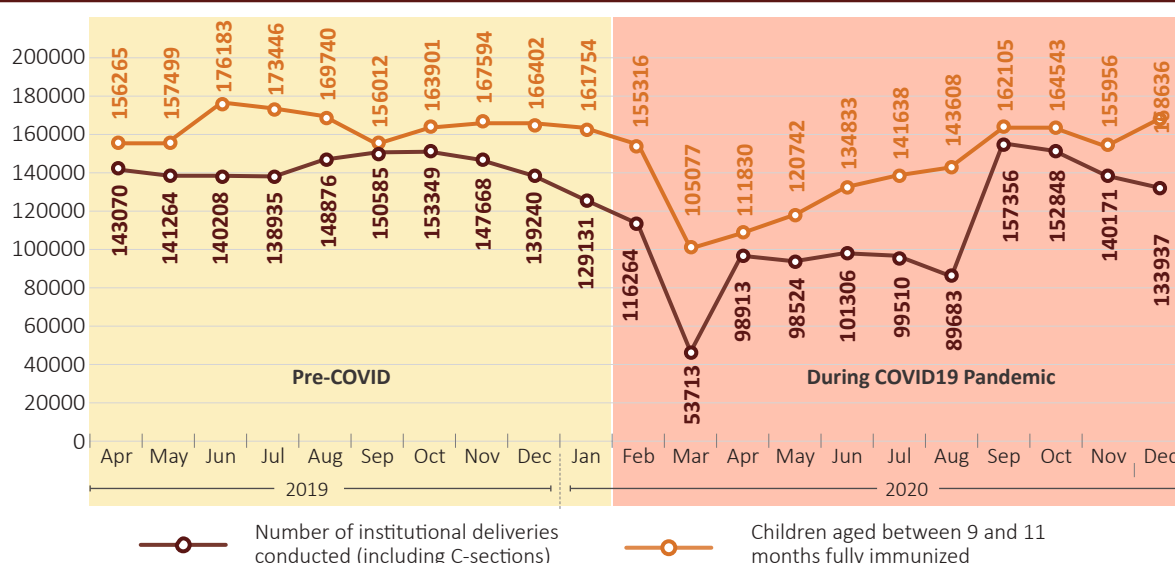
While the counsellors listened and provided solace to many over the telephone, they faced barriers as they were not able to capture non-verbal cues and behavior, which are important channels of communication in traditional face-to-face counselling situations. In addition, the counsellors faced resistance from a few recovered COVID-positive patients who refused to narrate anything about how they fared in the hospitals as the memories caused them terrible anxiety, and even trauma.



PILLAR 2

II.6. *Piloting of Comprehensive Programme for Continuity of COVID19 and RMNCH+A Services in M/East and G/North Wards of Mumbai*

Significant drop in RMNCHA services since COVID19 pandemic in the state



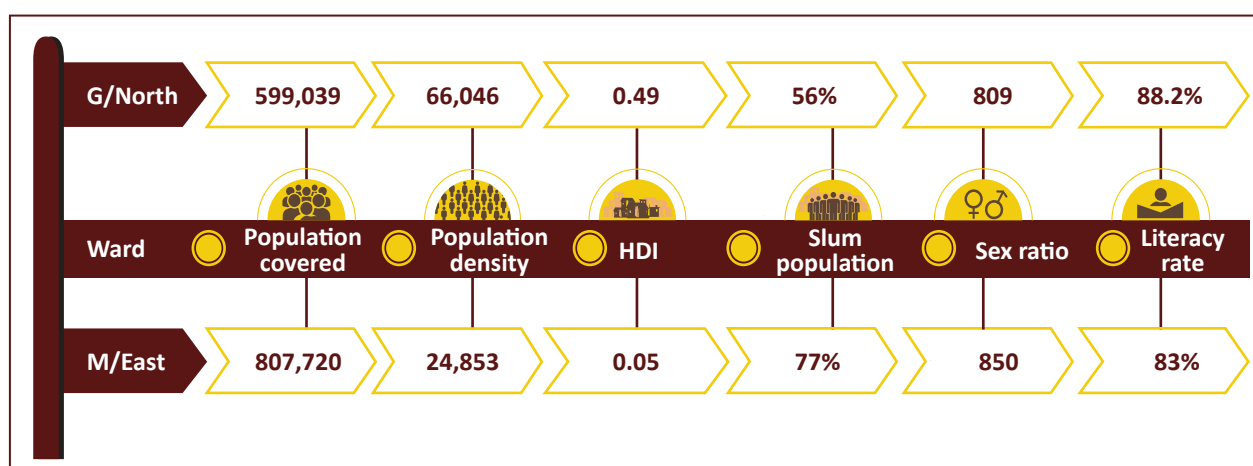
- Significant drop in coverage of services, specially RI and institutional delivery
- Service delivery is affected much more in urban areas, affected by COVID19 pandemic
- RI services improved, but significant drop in institutional delivery
- Private sector health services are equally affected, private medical colleges reported only 20–30% of attendance for illness (non-COVID)

The COVID19 pandemic and the subsequent lockdown in the state affected the RMNCH+A services greatly, particularly in respect of the slums. Services related to pregnancy care and management, newborn care and childhood illness management, immunization services, management of SAM children, family planning services, adolescent health services and comprehensive abortion care services were affected adversely. While essential services such as hospitals and medical facilities were exempted from the lockdown, the fear of infection as well as curbs on movement resulted in low access and also limited availability of services. Factors that affected the

use of essential health services were both on the demand and supply side. From the demand side, fear of infection on being exposed, lack of access to services, lack of information on the availability of services were some of the concerns. From the supply side the concerns were overburdened and overwhelmed health facilities and staff, lack of beds, lack of ventilators and oxygen cylinders, insufficient PPE gear, staff shortage due to infection or quarantine, shortage of trained and skilled staff to manage and treat COVID19 patients. Overall the scene was of an overstretched health infrastructure and personnel.

The overall complexity during the pandemic gave an opportunity to the MFO office to not only support the MCGM for RMNCH+A services, but also to understand the dynamics and response mechanism between communities and health-care

systems during a pandemic. With this background in view, UNICEF Maharashtra partnered with Doctors for You (DFY), an NGO with a pan-India presence to support the two most vulnerable wards (M/ East and G/North) of Mumbai.



Source: Census 2011, MCGM Human Development Report 2009



ANC follow-up G/North



Number of People Reached (updated till 15th January 2021)

As per the activity targets fixed with the M/East and G/North ward offices, UNICEF and DFY project implementation reach out was more than 100 per cent by 15 January 2021. Targets for other activities were also met except for ANC, PNC and immunization which averaged out to 88 per cent and 55 per cent respectively for both the activities. The ANC and PNC activities included identifying, screening and follow-up of the ANC and PNC women while the immunization activity involved identifying the most vulnerable pockets in the slums where immunization rates were low, and thereby ensuring the children identified were fully immunized by UNICEF and DFY team.

The challenge as per health post staff was in re-establishing ANC, PNC and immunization services in the most vulnerable pockets of the slums during the pandemic as there was resistance from the

Activity	M/East	G/North	Total	Target per ward
1. Miking	204,000	218,400	422,400	200,000
2. Fever screening	28,461	31,610	60,071	18,000
3. High-risk contact tracing	2,600	2,800	5,400	2,500
4. ANC, PNC and children survey and screening	3,687	5,079	8,766	5,000
5. Immunization	3,146	2,344	5,490	5,000
6. Community SHG women members trained on COVID19 awareness	491	481	972	450
7. Women SHG members and community women trained on mask making	264	323	587	250
8. Capacity building on RMNCH+A of ICDS staff of both wards	0	241		300

community due to fear of COVID19 infection. With the services hampered in both the wards, UNICEF, DFY and the ward health officials together conducted outreach RI sessions in the resistant and vulnerable pockets of the community. UNICEF-DFY team continues to support both RMNCH+A activity as well as strengthening the full immunization of children in both the wards. Similarly, the capacity building of the ICDS field staff is in the planning process with ICDS Commissionerate.



Immunization, Cheetah Camp, M/East ward

The activities implemented focused on 3 major outputs

1. Risk Communication and Community Engagement (RCCE) activities to fight against COVID19
2. Strengthening containment strategy – community level COVID19 screening, contact tracing, isolation and treatment services for persons who tested positive for COVID19
3. Continuity of essential RMNCHA services (routine immunization, antenatal checkups, postnatal visits, essential newborn care, etc.) during the COVID19 emergency



II.6.1. Risk Communication and Community Engagement Activities to Fight against COVID19

RCCE for G/North and M/East ward involved activities such as miking regarding the use of masks, hand hygiene and physical distancing, training of SHG members for disseminating COVID19 prevention messages and for production of 3 layer masks and WASH awareness activities in the community.

Of the targets fixed for RCCE, the program reach was 100 per cent through miking, SHG training COVID awareness (total members trained 972) and cloth mask making (members trained 589) including WASH awareness (150 sessions held and reached out to 11,532 people from COVID hotspots)

Misinformation, myths and fear were rampant in the community during the pandemic. In the pilot wards, with the support of DFY, UNICEF carried out miking activities twice a month for the entire ward where each spot covered a minimum of 300 people. Similarly, as more than 70 per cent of the G/North and 80 per cent of the M/East ward community were employed as daily wage earners (quote NSSO data) and had little or no savings, the stringent lockdown maximized their economic loss. To counter this situation, UNICEF supported local SHG groups from both the wards by training them in mask making and selling them at profitable prices. For the training, material required was given free of cost to women from the community. Besides, miking and mask training and production at community level, UNICEF also supported wall painting work with themes of COVID19 prevention at strategic locations. Initially offers of such work were rebuffed and there was generally resistance from the community regarding RCCE activities, but cumulatively, these approaches lead to a positive acknowledgement and greater acceptance.

II.6.2 Strengthening the Containment Strategy – Community-level Screening, Contact Tracing, Isolation and Treatment Services

For strengthening of the containment strategy, activities undertaken included tracing and testing of high-risk contacts, swab collection from 10 swab collection kiosks, organizing fever clinics/ flu OPDs,



Swab collection from kiosk at the Kohinoor Testing Site, Dadar, Mumbai

referral of symptomatic patients and follow-up of pregnant women, lactating mothers and children for screening, testing and admission.

Door-to-door fever screening and thereafter check-up were conducted through the mobile medical unit in the community. Major targets were achieved in strengthening the containment strategy wherein 53,774 people were reached for screening, 3,624 symptomatic patients were referred to testing sites and subsequently 526 people were tested positive and referred to the quarantine facility for medical care in both the wards. High-risk contact tracing was conducted for 3,551 contacts. Vulnerable groups such as pregnant women, lactating mothers and children were followed up for screening, numbering 661, 2,114 and 4,298 respectively. Five kiosks were donated to each ward through which 3,827 swab collections were carried out.

The fear and stigma attached to COVID19 and easy access to misinformation led to obstacles in the screening efforts. However, eventually after rapport building and RCCE activities were conducted, awareness among the people increased. This development led to the successful implementation of subsequent activities for COVID19 containment strengthening. The demand for mobile medical units increased in the community once people started receiving services at their doorsteps.



II.6.3. Continuity of Essential RMCNH+A Services during COVID19 Emergency

The pandemic impacted the RMNCH+A services, which affected the health seeking behavior in the vulnerable groups such as pregnant women, lactating mothers and children. Due to widespread fear, mobilization for the outreach RI camps was challenging. The situation was eased only because of regular follow-ups and counseling of the mothers and their families, following safety measures scrupulously, and explaining the importance of immunization fully. In spite of the initial resistance, the community started responding positively also because the sessions were conducted in the community itself, near people's residences. The fear of contracting COVID19 at health facilities was so dominant, especially among the ANC cases that there was hesitation about registering, which was leading to the women being deprived of the necessary ANC services.

All the government health facilities such as health posts, UPHCs, dispensaries and maternity homes, i.e., 26 and 19 facilities were assessed in M/East and G/North ward respectively. Catchup plans for each health post for the continuity of the RMNCH+A services were prepared. In both the wards, 4,056



Immunization, Milind Nagar. G/North ward

UNICEF's Work in M/East and G/North Wards Led to Two Major Outcomes

Re-purposing of the training cell for strengthening the trainings on RMNCHA at MCGM and also support for other sectoral trainings. A quarterly training calendar was developed, and trainings initiated for 5,638 MCGM health facility and field staff.

UPHC health assessment was completed in 2/24 wards. Findings led the way to a facility-based plan of action with investments for both the wards. MCGM requested UNICEF to complete the UPHC assessment of the remaining 22 wards.

children were immunized through DFY outreach RI camps wherein 1,153 and 317 children were given vitamin A and Albendazole for deworming respectively. The high-risk ANC cases were identified through a door-to-door survey and ANC check-ups conducted in the community, after which birth plans were prepared for 27 women. Due to the lockdown and stigma associated with health facilities during the pandemic, women needing ANC were reluctant to visit the hospitals, which would ensure institutional deliveries. Ninety high-risk ANC cases were encouraged to go for check-ups. Through regular follow-up efforts and counseling the ANC's were mobilized for registration at the health posts nearest their community.



IV. Challenges

Some of the constraints included limited resources (financial and human) for urban areas, especially slums; poor convergence between different government departments for the urban poor. The COVID pandemic and lockdown disrupted the continuity of RMNCH+A services, especially in the districts of Mumbai, Thane and Pune, which are mostly urban and were the ones worst affected. It has been estimated that the pandemic will reverse the gains that had been made in maternal and under five mortality reduction made in the last few decades. The reasons are the increase in malnutrition due to a rise in poverty, food insecurity and interruption of health and nutrition services. Therefore, the state has to accelerate the services for health and nutrition, while increasing spending on the social protection schemes.

V. Advocacy

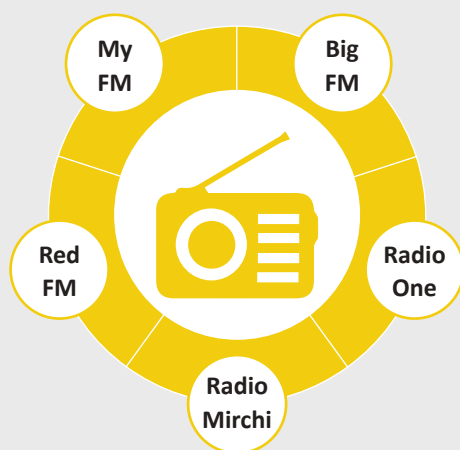
As part of risk communication for health, Communication, Advocacy and Partnerships (CAP) undertook the engagement with the following stakeholders: one, engagement with media; two, engagement with youth; three, engagement with faith-based groups; and four, engagement with legislators. Communication, advocacy and partnership built the capacity of youth networks, legislators, academia, media, and the department officials of information and public relations around COVID-appropriate behaviour, stigma and discrimination, 100 per cent mask use campaign and mental health. After the orientation and the capacity building, all the groups and the networks undertook campaigns to disseminate the information through their network.



Miking at Matunga Labour Camp, G/North ward



Radio interviews and campaigns held across private radio channels



Engagement with Youth: National Service Scheme

UNICEF worked with NSS of the Higher Technical Education Department, Government of Maharashtra to create awareness about COVID19 among NSS volunteers. About **4 lakh youths** are enrolled as NSS volunteers through various universities in the state.

Communication channel

between programme officers and NSS volunteers to:

A. Disseminate messages on:

- Handwashing
- Wearing masks
- Physical distancing

B. Create awareness on COVID-related stigma and discrimination

Collaboration with UNICEF and Nehru YUVA Kendra,
Government of Maharashtra for creating awareness about COVID19 among over **10,000 NYK volunteers**

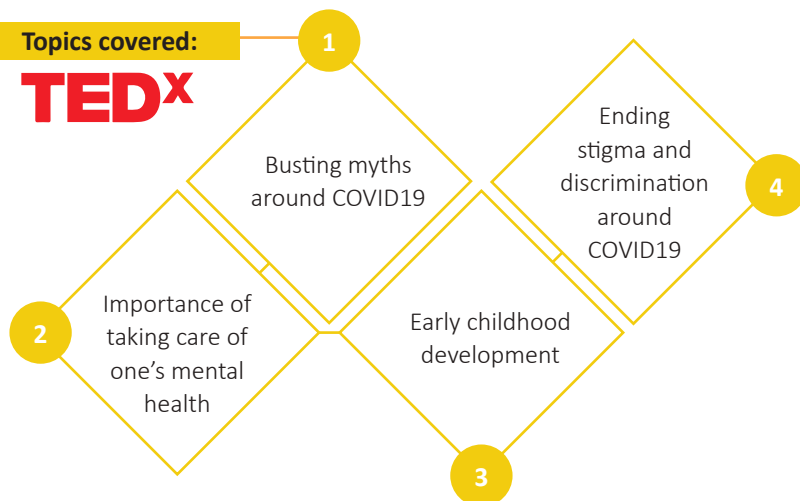
Training of **80,000** NSS volunteers and professors of various universities under the 'COVID Warriors Scheme' through an online platform.



Podcast partnership with TEDx Pune on the campaign 'Outside In'

Topics covered:

TEDx



Outreach:

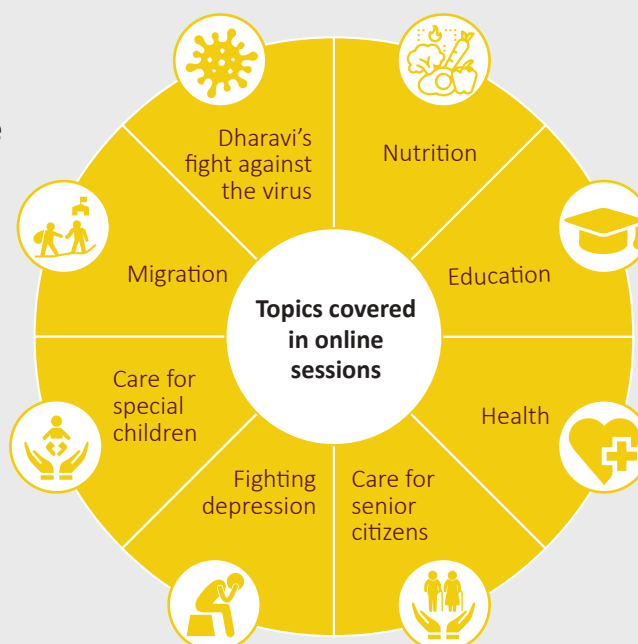
50,000
in PUNE MC

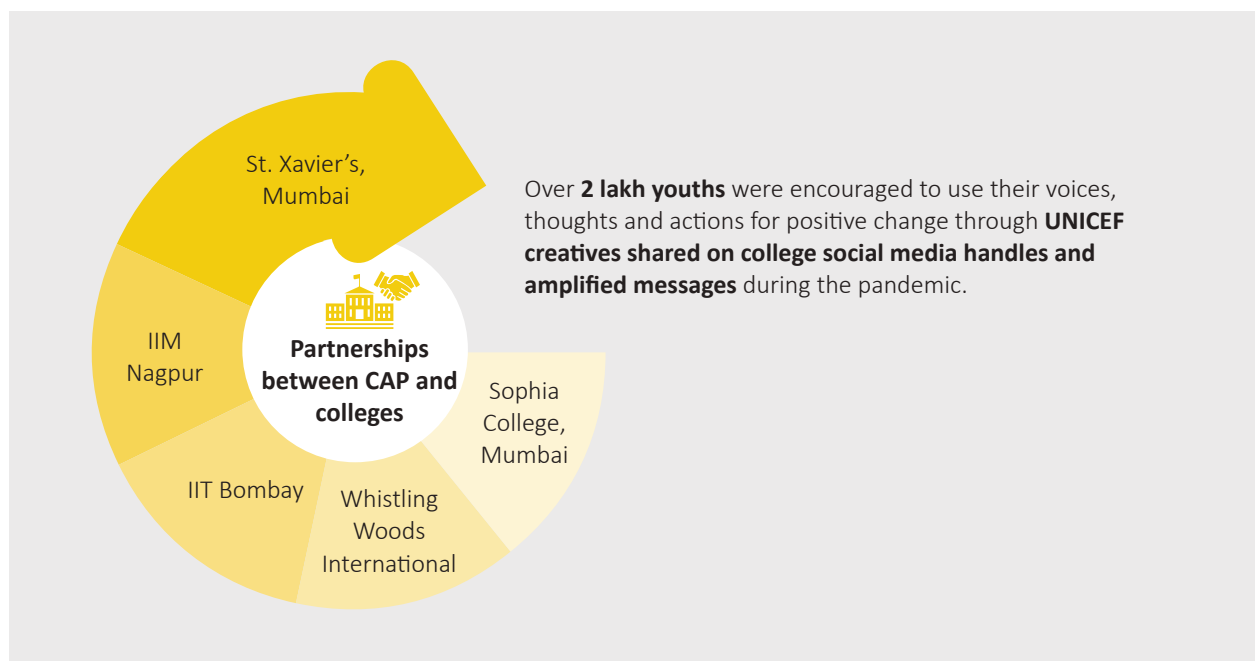
1 lakh
nationally



40 online sessions on Navi Umed were conducted for 1 lakh people by Sampark*

*Sampark is an organization that specializes in public interest advocacy with policymakers, CSOs and legislators across political parties and media.





Engagement with faith-based groups

Various sects and religious groups reached out to communities in kind and through counselling to mitigate the impact of the pandemic. With their grassroots following, FBOs are committed to supporting UNICEF in maintaining an informed and locally relevant dialogue around COVID19 status and other related issues.

UNICEF and WHO studied the efforts of FBOs towards tackling COVID19 in their communities

Consultative process

22 May 2020: Presentation of work and concerns to the government by 15 humanitarian organizations

UNICEF Maharashtra partnership with 13 FBOs in disseminating scientific messages on COVID and its prevention:

- ISKCON
- Brahmakumaris
- United Singh Sabha Foundation
- Jamaat-e-Islami Hind
- Bhikku Sangh
- Archdiocese of Mumbai



NAME OF MOTHER:
Afsana Khatun Sartaj Shaikh
DATE OF DELIVERY: 21 May 2020
PLACE OF DELIVERY:
Home, Dhorwada, M P Nagar, Dharavi
MOTHER'S AGE: 27
MOTHER'S AGE AT MARRIAGE: 18

VISIT DATES:
1st visit: 14 October
2nd visit: 19 October 2020
3rd visit: 20 October 2020
(Vaccines given – OPV, Penta 3, Rota 3)

Case Study 1: Home delivery in Dharavi

Afsana Khatun, a 27 years old woman married at the age of 18 years in Sitamari village of Bihar. She, along with her husband (a daily wage worker) and four children reside at Dhorwada of MP Nagar, Dharavi. In the midst of the pandemic, she was at an advanced stage of pregnancy and had an expected delivery date in May, for which she had registered at Sion Hospital. As she began to feel labour pains she was taken to Sion Hospital, but due to the COVID19 situation, was denied admission. From there the husband and wife went to Chota Sion Hospital, Shahu Nagar, where they got a similar response. In the circumstances, the couple had to get the baby delivered at home with the help of elders in the neighbourhood. A few days after the birth, the family went to their village in Bihar as there was no means of earning and survival had become a challenge. The newborn was given BCG at the village; thereafter, no vaccine was given.

The condition of the mother was vulnerable as she had given birth to four children in the span of 5–6 years. Of the children, all daughters, the eldest was aged 5 years, the second was 3 years old, the third was 2, and the fourth was the newborn, who was 5 months old at the time of the home visits. There was no birth spacing among the four children, giving rise to the apprehension that no use had been made of family planning methods. Another relevant aspect of the case was gender preference. Since all four of their children were daughters, the parents remained unsure as to whether they would opt for family planning methods to prevent future pregnancies.

In view of the home delivery, the delicate situation of the mother and the child, UNICEF and



Home visit on 19 October 2020, Dhorwada, MP Nagar. C/o Home delivery during the pandemic.

DFY team, along with the community volunteer, made a visit to see them on 19 October 2020. After understanding the case history of the mother, it was advised that the parents should visit the Shashtri Nagar-1 health post and get the child immunized at the earliest. Though the weight of the child seemed to be normal, white pigmentation on her face and pale hair color was observed. Also, counselling on IYCF practices, such as exclusive breastfeeding, was given to both the parents. The mother looked anaemic and was advised get Hb and thyroid tests done and to visit the health post for IFA tablets.

In the middle of this critical situation, it was confirmed that all the older children had been immunized as per the proper schedule. As for the newborn, due to the COVID19 situation, the parents were unaware that immunization was ongoing in the hospitals. As per the advice given, the parents went to the health post and got the child immunized on 20 October 2020 at the health post. The mother didn't receive the IFA tablets as there was no stock left, but she purchased some from the medical store and started taking them.

Case Study 2:

Immunization

The mother of the child was interviewed by the volunteers during the survey. She informed them that she had delivered the child at home in her native village. After a brief conversation it was found that child had not received any vaccination since birth. The volunteers convinced the mother to take her baby to the RI outreach camp for the vaccination. The mother did not have the ANC card and the baby had not been vaccinated for 3 months after the delivery. After a lot of convincing, the mother agreed and baby was given BCG, OPV-1, Rota-1, Penta-1, IPV-1 vaccines in the DFY RI outreach camp on 8 December 2020.



Volunteer while taking follow-up

MOTHER NAME:

Mrs. Wasima Khatoon Chaudhari

CHILD NAME: Alfiya Wasiullah Chaudhari

DATE OF BIRTH: 05 September 2020

ADDRESS: Indra Nagar, near Ganesh Mandir, Mandala Mankhurd, Mumbai 43

CONTACT NUMBER: 7045734459

GENDER: Female

NUMBER OF DELIVERY: 5

VISIT DATES:

1st visit: 17 November 2020

2nd visit: 4 December 2020 (mother was unavailable)

3rd visit and date of immunization:
8 December 2020

BABY IMMUNIZED THROUGH OUTREACH CAMP:

BCG, OPV-1, Rota-1, Penta-1,
IPV-1 given





**A GLIMPSE
INTO THE LIVES
OF COMMUNITY
FROM G / NORTH
AND M / EAST
WARDS,
MUMBAI**





8



9



10



11



12



13



14



15

1. Shweta Basu sitting with her son, Elvis, at the doorstep of their home in Rajiv Gandhi Nagar, G/North ward
2. A glimpse of Kumbharwada (Potters' Colony) in G/North ward, Mumbai
3. Kayum Rajbar, aged 3, at Mandala M/East ward
4. Young girls doing jari pasting work on clothing at the corridor of their home, Latur Galli, G/North ward
5. Sumaiya Khan, aged 1 year, with her sister who came for vaccination, Mandala outreach camp, M/East ward
6. UPHC assessment, Shastri Nagar 1, G/North ward
7. Old women doing jari work in Shatabdi Nagar, G/North ward
8. Durga Rajbar, aged 9 months, Mandala M/East ward
9. Abjur Khan, aged 8 months, with his sister who brought him for vaccination, Mandala M/East ward
10. Joshna Arapul with her son Charli during PNC visit in G/North ward
11. Isolation ward strengthened at Late Chandumama Sonawane COVID19 Hospital, PMC
12. Mask making training at 90 Feet Road, G/North ward
13. Wall painting at Kumbharwada Health Post, G/North ward
14. SHG training on COVID19 awareness, Shivaji Nagar, M/East ward
15. COVID19 screening and triaging area established in Jayabai Sutar Maternity Hospital, PMC



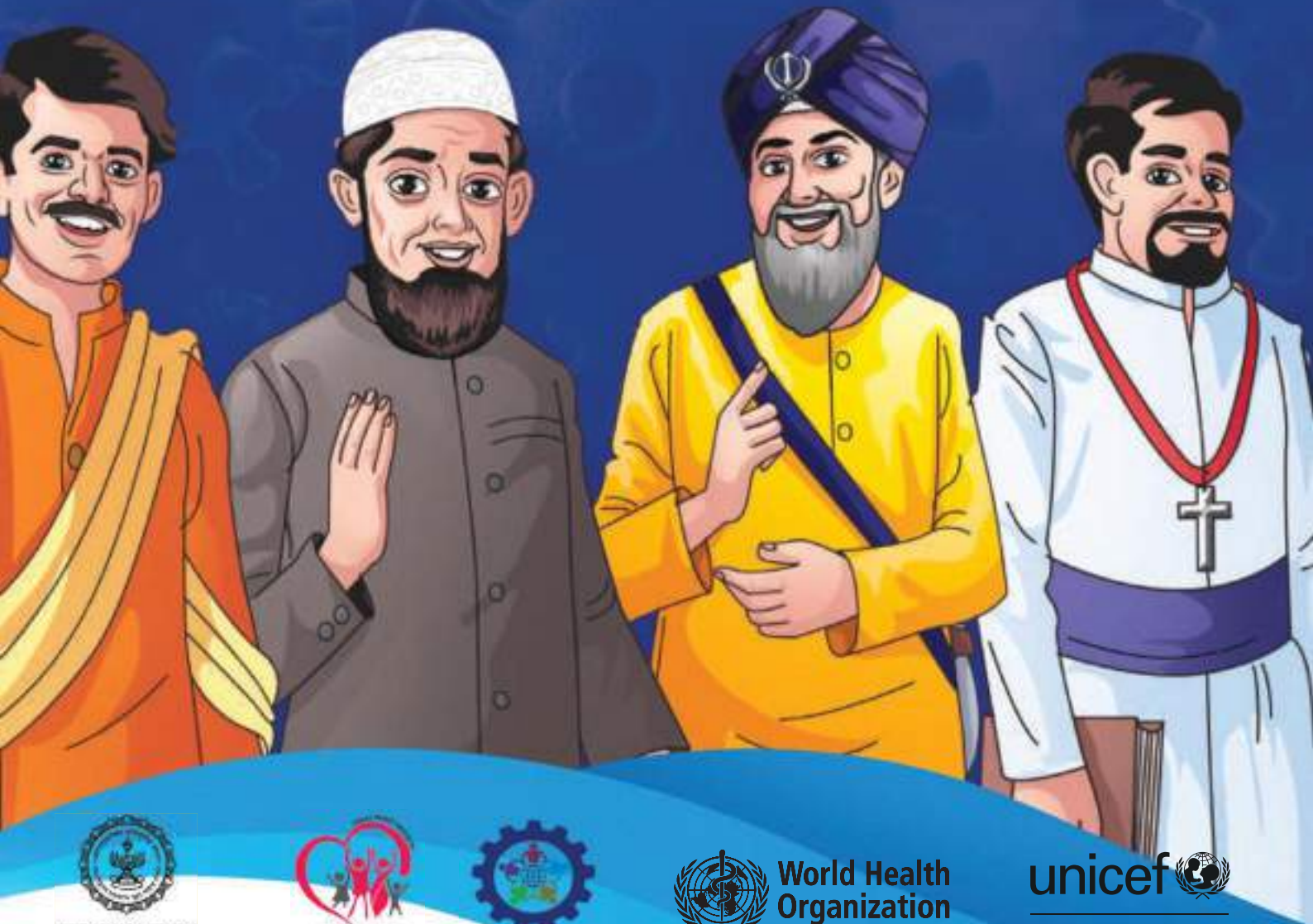
Mask Campaign in Navi Mumbai Municipal Corporation

Supported by UNICEF





Fight against COVID19: Role of Humanitarian Actors in Maharashtra





In May 2020, with the felt intensity of the COVID19 pandemic, UNICEF with WHO Maharashtra rolled out the Risk Communication and Community Engagement (RCCE) strategy in the containment zones and hotspots of the state. UNICEF reached out to 47 million people with messages on COVID19, COVID-appropriate behaviour (CAB) and stigma and discrimination in Marathi via IEC Bureau, Government of Maharashtra (GoM) and supported the Public Health Department, GoM [as of 30 November 2020]. UNICEF trained 184,237 frontline workers on prevention and management of COVID19 response.

At the same time, an important constituency addressed was the religious leaders cutting across all faiths. Recognizing their potential as messengers of peace and tolerance, especially in the fight against stigma and discrimination that was particularly noticed during the pandemic, a digital meeting was organized with Shri Rajesh Tope, Hon'ble Minister for Health, GoM; Shri Nawab Malik, Hon'ble Minister for Minority Development, Aukaf, Skill Development and Entrepreneurship, GoM; Additional Chief Secretary, Skill Development and Entrepreneurship, GoM; Principal Secretary, Public Health Department; Director, Public Health Department; 15 religious organization heads; DGIPR; development partners; and WHO. The objective was to connect with the humanitarian organizations on a common platform for better synergy and coordination with government efforts to reach communities and align and bridge the

communication gap based on facts, shared on social media. Together, these efforts would make communities more aware of government lockdown guidelines and other key information regarding testing, home quarantine, physical distancing and hygiene practices through humanitarian organizations.

The following were some of the contributions made by the humanitarian organizations towards communities during the COVID19 pandemic: counselling; provision of meals, rations and cash to the needy; appeals through 250 Imams in the state; 'I Stand with Humanity' campaign from Art of Living with a focus on food for daily wage earners; Anjuman-I-Islam reaching out to 97,000 students on COVID19 messages; Brahmakumari's online courses and programmes supporting awareness generation; provision of psychosocial care medical facilities for the needy by the Archdiocese of Bombay, as shared by Bishop Allwyn D'Silva; provision of yoga and meditation services by Isha Foundation for free or at minimal cost; ISCKON's contribution of prasad plates distributed to over 4 crore people; Jamaat-I-Islami Hind's distribution of ration kits and cooked meals to 81,000 families and financial assistance to many; large distribution of food packets and ration by Jamiat Ulama-I-Maharashtra; distribution of cooked meals and ration kits by Ramakrishna Math along with the Municipal Corporation of Greater Mumbai; support in meal distribution and reinforcement of COVID19 messages to vulnerable communities by United Singh Sabha organization.

Nutrition

Nurturing and Nourishing the Urban Child





I. Introduction

I.1. Impact of COVID19 on Childhood Malnutrition and Nutrition-related Mortality – Lancet 2020

The unprecedented global social and economic crisis triggered by the COVID19 pandemic poses grave risk to the nutritional status and survival of young children in low income and middle income countries. The major concern is an expected increase in child malnutrition including wasting due to steep declines in household incomes, changes in availability and affordability of nutritious foods and interruptions to health, nutrition and social protection services. The economic food and health system disruptions resulting from the COVID19 pandemic are expected to continue to exacerbate all forms of malnutrition.

As per the projected data, an increase is expected in wasting in children under 5 years. This high increase of child undernutrition will also be reflected in the poorer communities which includes the urban poor

in the context of Maharashtra. With the increasing trend in all forms of malnutrition in children and adolescents as projected by Lancet 2020, there is an urgent call to action to invest in improving the nutrition outcomes. Without a comprehensive action plan the profound impact of the COVID19 pandemic on early life nutrition could have intergenerational consequences for child growth and development and lifelong impact on education, chronic diseases and overall human capital formation.

Hence, there is a need to develop a specific strategy for nutrition, especially in the urban context for a state like Maharashtra where the pandemic was most impacted especially in the urban areas. A multisectoral action plan with adequate resources from both the government and partners requires to be prioritized for recovering and supporting opportunities for optimal growth and development in the current context and for future programing. This chapter focuses on the following:

1. Unpacking the National Family Health Survey 5 in the context of the nutrition situation for urban Maharashtra
2. Brief interventions at a glance

Importance of the first 1,000 days of life



The 1,000 days from a woman's pregnancy to her child's 2nd birthday offer a unique window of opportunity to build healthier and more prosperous futures. Good nutrition during the first 1,000 days provides the building blocks for healthy brain development.



1.2. The Rationale

Every stage during the 1,000-day window, a child's rapidly developing brain is vulnerable to poor nutrition, neglect and the "toxic stress" that comes along with hunger and food insecurity. The damage done to a child's development can be profound and irreversible. It is why ensuring that women and children get the nutrition and support they need during the first 1,000 days is essential to a thriving future.

Pregnancy

Brain development begins before birth.



- A child's brain begins to grow very early on in pregnancy and develops at an astonishing speed. At the 4th week of pregnancy, the brain has an estimated 10,000 cells—by the 24th week, it contains 10 billion. The nutrition that a baby gets from his mother through her diet is the fuel that drives much of this incredible transformation.
- Nutrients such as folic acid, iron, zinc and iodine, as well as protein and fatty acids play a vital role in building a baby's brain during pregnancy. When one or more of these is absent during pregnancy, a baby could be at risk for developmental delays, birth defects and cognitive deficits. Because a mother's diet and her nutrient stores are the only source of nutrition for a developing baby, it is critical that women get the health care and nutritious food they need before and during pregnancy.

Infancy

When it comes to brain development, breastmilk is nature's superfood.



- Infancy is a time of remarkable brain development and growth. During this time, a baby learns how to interact and

communicate with the world around her. Together with responsive relationships with their parents and other caregivers and safe, nurturing environments to explore, babies need good nutrition to fuel their growing brains.

- Breastmilk is the perfect nutrition for brain development. It contains a variety of nutrients and proteins—as well as growth factors and hormones that cannot be replicated in infant formula—that are vital to a baby's brain development. Numerous studies have shown that babies who are breastfed perform better in intelligence tests and have higher IQs scores as children and teens. Because it involves a great deal of mother-to-child touch and nurturing interaction, breastfeeding also plays an important role in strengthening a baby's sensory and emotional circuitry, which are critical for both cognitive and socio-emotional development.

Early Childhood

Little kids need big nutrition to power their brains for learning.



- Baby transitions into toddlerhood, her brain continues to develop at a rapid pace. While a newborn's brain is only one-quarter of the size of an adult's, it grows to about 80 per cent by age 3 and reaches 90 per cent of adult brain size by age 5. In early childhood, the brain is busy forming connections that allow brain cells to communicate with one another, including connections in the brain's language areas.
- Growing brains need nutritious foods rich in iron, zinc and protein. Toddlers need meat and other iron-rich foods to avoid a deficiency in this key nutrient which in turn can impair their learning abilities and their behavior.



II. Unpacking NFHS 5 in the Context of Nutrition Situation for Urban Maharashtra

The unpacking of NFHS-5 (2019–2020) data suggests that undernutrition among children continues to remain stagnated from NFHS 4 to NFHS 5. There has been no significant improvement in the previous five years, especially in districts with large presence of urban areas. The situation is far worse in Mumbai Suburban, which is a 100 per cent urban district in addition to being the focus of this project intervention. For instance, while stunting in Maharashtra increased by 0.8 points to 35.2 per cent in NFHS-5, stunting in urban areas increased by 5.6 points, from 29.3 per cent in NFHS-4 to 34.9 per cent in NFHS-5.

In Mumbai Suburban, stunting increased from 21.3 per cent to 37.2 per cent. Only 58 per cent of the mothers had an antenatal check-up in the first trimester as compared to the state overall, where the figure was 71 per cent. Anaemia amongst children aged 6–59 months was 66 per cent as compared to the state average of 69 per cent. The prevalence of obesity was much higher in the urban areas. While the

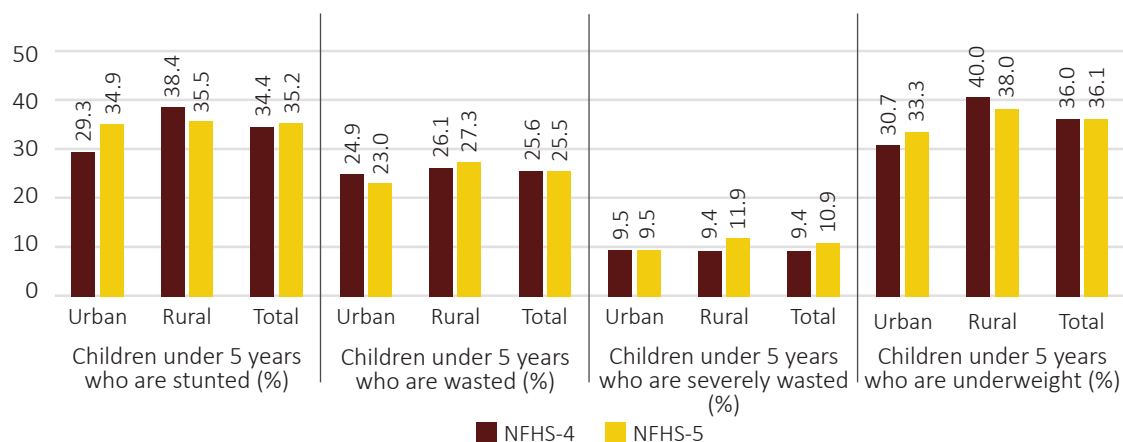
state average for overweight in children under 5 was 4.1 per cent, in Mumbai Suburban this was 10.5 per cent, which indicates an increase by 7.8 percent points since 2015–16. This data of increasing trend in childhood obesity in the urban poor communities coupled with stunting and wasting

Indicators that showed no significant improvements in the last five years, especially in urban areas (NFHS-5) 2019–2020



Nutrition Situation of Children in Maharashtra – Comparison between NFHS-4 and NFHS-5

Maharashtra's nutritional status



along with micronutrient deficiencies poses the threat of a triple burden of malnutrition.

In urban areas, poor intake of nutrient dense foods due to the families not being able to afford them, has resulted in children from the poor communities being given access to unhealthy food (snacks with high salt and sugar contents with preservatives). Such foods are largely introduced as complementary foods by the caregivers and they have a direct impact on a child's nutrition. NFHS-5 findings reveal that while complementary feeding was initiated for 49.9 per cent of children aged 6–8 months in urban areas (54.8 per cent in rural), only 8.5 per cent children aged 6–23 months were receiving an adequate diet. These data are a clear indication of poor IYCF practices in urban poor communities of Maharashtra.

This could possibly be due to lack of awareness among the mothers and caregivers on importance of IYCF and its impact on growth and development of young child. The outreach mechanism in the urban context is not well defined and the existing health care facilities do not have skilled personnel providing counselling support to mothers and caregivers on IYCF practices as compared to the rural and tribal health facilities. Urban nutrition continues to be a major challenge for policy makers development partners and the service providers in the context of reaching the poorest with quality services.

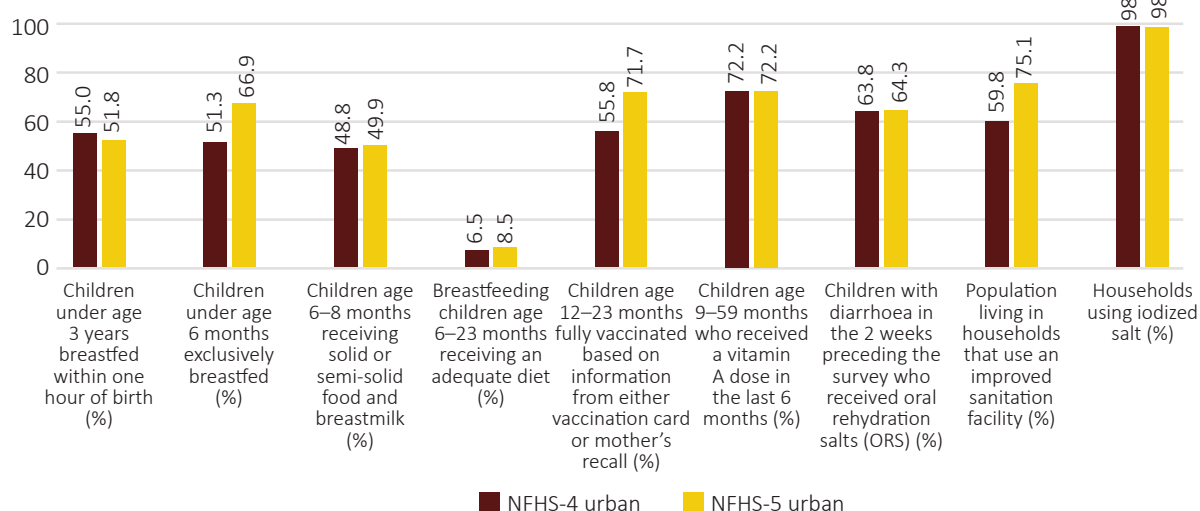
The private health care providers continue to influence behaviours of families and caregivers related to health and nutrition. It is need of an hour to develop and design a comprehensive nutrition plan specifically targeting the urban poor with involvement of business houses, private sector, NGOs, academia and community action groups that will support the service delivery platforms. The COVID19 pandemic which continues to affect the urban poor is an imperative to ensure that comprehensive nutrition plan to be developed that will address the impact during COVID and post COVID.

Efforts will be to have a three pronged strategy that will focus on the following:

1. Build the capacities of grassroot organizations working in the affected areas
2. Convening partnerships and evidence based programme interventions
3. Develop urban convergent POSHAN strategy led by DWCD jointly with PHD and UDD and other key stake holders.

UNICEF along with RJMCHN mission will provide technical support to the department of WCD and other sectors for development of the Urban POSHAN strategy and facilitate the roll out.

Snapshot of coverage of evidence-based high impact essential interventions in urban areas as per NFHS-4 and NFHS-5





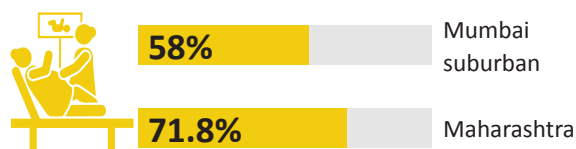
URBAN RESILIENCE

Maharashtra Multisectoral
Response to the COVID19 Pandemic

Stunting in Maharashtra (NFHS-5)



Mothers who had an antenatal check-up in the first trimester



Increase in stunting in urban areas



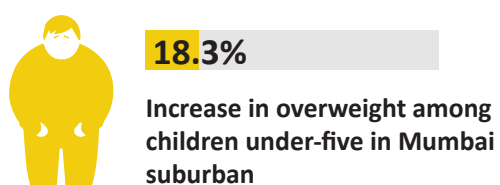
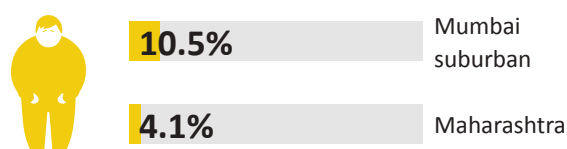
Increase in stunting in Mumbai suburban



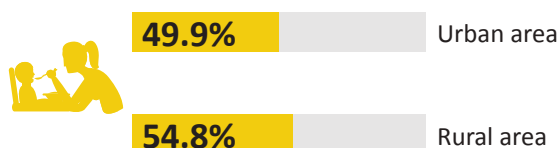
Anemia among children aged 6–59 months



Overweight among children under-five



Percentage of children aged 6–8 months initiated with complementary feeding



8.5%

children aged 6–23 months
were receiving adequate diet
in urban areas



II.1. Interventions at a Glance

Broadly the interventions undertaken jointly by the Department of Women and Child Development, ICDS RJMCHN Mission, UNICEF and other partners are:

1. Capacity building of urban ICDS, Education and NULM functionaries
2. Joint meeting of DWCD, ICDS, RJMCHN Mission and UNICEF for review of urban ICDS projects

II.1.1. Capacity Building

Capacity building of functionaries is an essential component for strengthening the functioning of a project leading to greater productive outcomes. Recognizing the need, multiple trainings were conducted to bridge the existing gap between knowledge and implementation at community level, especially during the pandemic. The training details are as follows:

- a. In collaboration with NGO CACR, webinar-based orientations were conducted over a three-day period for 1,757 headteachers and senior teachers from the MCGM schools, inclusive of headmasters and senior teachers on Anaemia Mukh Bharat and right nutrition for children in context with COVID19.
- b. On the occasion of POSHAN Maah, more than 2,500 ICDS officials and supervisors were given training on Anaemia Mukh Bharat.
- c. Training on various topics, such as reproductive maternal, newborn and child health, nutrition interventions and interpersonal communication skills (IPC), as well as an orientation session on COVID19 were conducted for 53 community coordinators and three supervisors. These personnel conducted various activities in the community such as counselling for ANC and PNC on IYCF, the significance of the first 1,000 days, taking care of newborns, balanced diet and preventive measures to be followed during the COVID19 pandemic.
- d. In G/North ward of Mumbai, 241 participants, including ICDS CDPO, supervisors and anganwadi workers, attended a training on the management of severe acute malnutrition, SAM, at community level. This training covered

a range of topics such as screening, identifying children with SAM, as well as those suffering from SAM along with medical complications, referring such cases and managing the less complex ones at the community level.

- e. NULM Training: UNICEF Maharashtra in collaboration with DAY-NULM Maharashtra organized a virtual State Training of Trainers on COVID19 preparedness, response and containment for its state and ULB (city) level staff – managers and assistant project officers – with the objective of sensitizing and training them and also to hold discussions with them and enable them to understand the NULM network and platform for Risk Communication and Community Engagement (RCCE). In total 321 participants, including state mission managers (5), city mission managers (176), and assistant project officers (140) were trained in the 3-day training.

II.1.2. Strengthening Urban Programming in Two Select Wards

Discussions were held with CDPOs of urban ICDS projects to identify gaps and address the challenges being faced, specifically with respect to ICDS service delivery. Key field-based inputs were obtained on the post-lockdown strategy in urban hotspot areas. The main observation was that there were large pockets



Training of ICDS Supervisors and AWWs from Dharavi project on Management of Children with SAM at Community level



Mothers Meeting for demonstrating handwashing as part of IPC protocols for prevention of COVID transmission at Dharavi G/N ward

of participants that had not been covered by the programme due to growth and expansion of slum pockets. Supplementary Nutrition Programme (SNP) in the form of take home ration (THR) was being supplied to registered beneficiaries, but next steps were needed in order to cover the pockets not reached so far. In terms of nutrition and health counselling, the focus was on strengthening home visits, telephonic conversations, use of WhatsApp groups, and heavy reliance on IEC material based on content sourced from the field (nutritious recipes, etc.)

II.1.3. Innovations – Using a Digital Platform

- During the COVID19 pandemic, Maharashtra state was severely affected leading to a negative impact on nutrition related services. The need to reach out to the parents, the caregivers, was

greater during this pandemic as a lot of myths and misinformation were circulating and were easily available to the community through various digital platforms. Due to COVID19 measures, it was not possible to reach parents physically for counselling regarding IYCF practices, the first 1,000 days, and nutrition related services as was done prior to the pandemic. There was a felt need for a common medium which would be an easily accessible and authentic source of information and would guide participants about correct practices. Given today's greater demand for digitization and online services, an innovative way of linking service providers and caregivers was identified through "Tarang Suposhit Maharashtra."

- Strengthening of counselling services regarding the first 1,000 days of life was initiated through this new programme, which included interactive a voice response (IVR) helpline, broadcast calls and a WhatsApp chat box for maximum reach. Easy interface, user-friendly approach and the use of multiple kinds of IEC material, such as audio, videos, posters and text led to wider reach and acceptability among the participants. A recipe video series named "Ek Ghas Mayecha" – "Feeding with Care" for mother and children was curated and innovative animated videos were designed as a part of "Aajibaichya Gujgoshti" – "Grandma's stories" for the behavioural change campaign.



Hi Tech Aaji – Mascot for the digital platform dedicated for dissemination of messages on nutrition



- This initiative was specially undertaken as part of “Saksham Mahila, Sudrudh Balak, Suposhit Maharashtra” by the Department of Women and Child Development. Over a period of two months, more than 571,000 broadcast messages were played and 118,000 IVR calls were facilitated with the families and caregivers with age appropriate information on nutrition.

III. Challenges

The COVID19 pandemic further affected the already compromised systems in the urban communities. Outreach services have been weak as a result

of which the urban poor largely depend on the private sector and on the ICDS that is currently reaching out to a limited population. As the nutrition situation in the urban context continues to pose a major challenge to policy makers, programme implementers, families and communities, it is important to deep dive and develop a comprehensive plan involving all stakeholders including communities. The capacity development plan is robust and implemented well for rural and tribal counterparts of ICDS. However, the urban areas need consistent quality investments for strengthening the capacities. Hence, it is critical to ensure that urban local bodies play a major role in strengthening urban ICDS.



Mothers nurturing and nourishing their babies for optimal growth and development



IV. Way Forward

I. Ensure implementation of Mother's Absolute Affection, through all delivery points in the intervention areas.

MAA is a programme designed to improve breastfeeding practices and complementary feeding of young children. The MAA programme intends to create an enabling environment to support mothers in breastfeeding their babies. The stress is on early initiation to exclusive breastfeeding and then to improved complementary foods and feeding. A series of short information video clips has been prepared and presented by nutrition experts from BPNI Maharashtra and UNICEF Mumbai, which provides guidance on pregnancy, breastfeeding, complementary feeding, and the child's first 1,000 days. The clips provide answers to simple questions and help dispel basic doubts among women and young mothers. Propagation of this video series can play an important role in SBCC.

II. Operationalization of Poshan Sankalp and Poorna Poshan in the urban context.

Maharashtra Poshan Sankalp (Maharashtra's Nutrition Vision), launched by the Minister for Women and Child Development, Yashomati Thakur, on the occasion of Poshan Pakhwada 2020 and International Women's Day 2020, aims to achieve a well-nourished population with healthy children and empowered women. The programme priorities include effective implementation and monitoring of Paanch Sutri: First 1,000 days of the child, optimal breastfeeding, complementary feeding, growth monitoring and promotion, education of adolescent girls, diet, and the appropriate age for marriage.

The aspiration behind Poorna Poshan is to achieve completeness in the foods and feeding of young children, who should receive foods that nourish both their bodies and brains. For this, it is important that families know practices of active and responsive child feeding and understand the benefit of feeding

children a variety of foods, which include pulses, seasonal vegetables and fruits, milk and milk products. If the family consumes animal protein then children too should be given these foods.

Operationalization of both these programs in urban areas can lead to a definitive behaviour change, thereby improving nutrition outcomes.

III. Strengthening of Growth Monitoring Promotion implementation for tracking growth and development of children below 5 years.

Ensure that AWWs engage in regular growth monitoring and promotion using ECD protocols (involving the parents in explaining the child's growth trajectory) for strengthening the community. Focus on facility linkages for management of children with SAM in the intervention areas.

IV. Ensure advocacy for prepositioning of Vitamin A, deworming medicines for coverage of more than 80 per cent of the children under 5.

V. Capacity development on AMB and ensuring IFA supplies are prepositioned and compliance for consumption tracked through the health facility and community.

VI. Demonstrate and use the platform of UHNSDs to Track ANCs for healthy weight gain to reduce the incidence of LBW in the intervention areas.

VII. Strengthen the existing nutrition and health information system for improved programme implementation by developing KYW (know your ward) system.

VIII. Comprehensive SBCC strategy for nutrition to be developed and rolled out within context for urban.

IX. Explore partnerships for addressing childhood obesity in urban poor communities.

WASH

Flush the Virus,
Flush with Pride –
One Pandemic,
Multiple Warriors





I. Introduction

Since mid-March 2020, the COVID19 pandemic has made a 360-degree impact on all stratas of society in India, including Maharashtra, especially in metro cities like Mumbai, Thane, Navi Mumbai, Pune, Aurangabad, Nagpur and other cities. The situation has been particularly challenging for poor and marginalized communities living in the slums. Due to lack of adequate, safe and improved water, sanitation and hygiene (WASH) conditions in the slums, the community was at high risk of infections and virus transmission.

UNICEF Mumbai undertook several assessments and consultations with both governments and development partners to understand the ground realities of COVID19-affected slum population. This helped in strategizing WASH interventions in the five Municipal Corporations (MCs) [Mumbai, Pune, Thane, Navi Mumbai and Pimpri Chinchwad], focusing on 10 slum pockets in these MCs.

The interventions focused on three key pillars for tackling COVID19, viz. Risk Communication and Community Engagement (RCCE); infection prevention and control (IPC) and WASH supplies under IPC; and lastly, innovations to reach the unreached.

RCCE and IPC focus on the following activities – distribution of masks and soap bars, installation of non-touch pedal- and elbow-operated handwashing stations, augmentation and retrofitting of community toilets, COVID-sensitive operation and maintenance (O&M), leveraged support for scheduled desludging and cleaning of sewer lines, promotion of “one home, one toilet” (OHOT) interventions wherever feasible, real-time monitoring of access to urban basic services.

Community resilience was thus built around habits leading to practices, minimization of risks and sustained behaviours.

The COVID19 pandemic has reinforced the role of informed community participation through behaviour change and awareness. This change has to be in terms of personal hygiene and improved sanitation practices among people, especially in shared spaces like homes, neighbourhoods, schools, marketplaces, health-care facilities (HCFs), etc. Community health became a matter of prime importance for which there was a need for provision of safe water supply, environmental sanitation, personal hygiene and waste management services. To ensure safe hygiene and sanitation in shared spaces, the MCs have well-established cadres of sanitation workers and janitors. They provided support for solid waste management, clean community toilets, sewer and septage cleaning and operations, street sweeping and collection, and transport of all kinds of waste generated. They are thus the most vulnerable frontline workers (FLWs) along with the health-care workers.

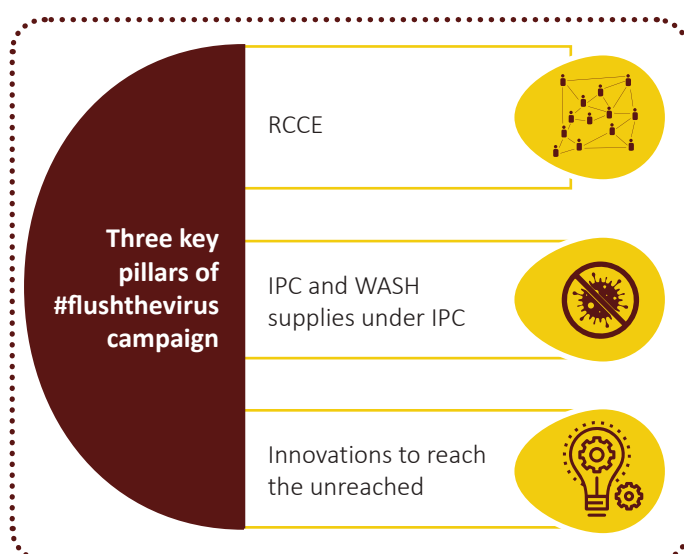
This chapter, therefore, captures the efforts taken towards WASH response in selected MCs such as Mumbai, Pune, Thane, Navi Mumbai, Pimpri Chinchwad and Kolhapur through the efforts of government stakeholders, UNICEF Mumbai, development partners, corporate and other donors. During the pandemic, many innovations and strategies came up in the hygiene and sanitation sector as a direct response to the pandemic, some highlights being pedal-operated non-touch handwashing stations, implementation of the OHOT activities, assistance in school readiness for COVID19 through retrofitting of simple taps into elbow-operated taps and plus codes to ensure that basic services reach the most vulnerable in the society.

II. Urban COVID19 WASH Response through RCCE and IPC

To tackle the pandemic at the ground level, it was crucial for both service providers and communities to be acquainted with adequate self-precaution and IPC measures, while also responding to sanitation and safety needs amid the pandemic. To address these issues, #flushthevirus was conceptualized that aimed to prevent infection and transmission within the slums and raise the community-level response through the adoption of basic behaviours and safety measures. To support the slum population and FLWs, multiple activities were planned, such as communication activities, capacity building, cross-learning, partnerships, guidance to access to facilities and WASH supplies.

As part of the urban COVID19 WASH response, #flushthevirus was conceptualized with three key pillars:

- Risk Communication and Community Engagement (RCCE)
- Infection prevention and control (IPC) and WASH supplies under IPC
- Innovations to reach the unreachable



II.1. Risk Communication and Community Engagement

RCCE is concerned with community engagement and behaviour change along with the efforts of municipal officials for risk mitigation through awareness. Some examples of RCCE activities are as follows:

- Display of effective information, education and communication (IEC) materials both in community toilets and municipal schools
- Megaphone awareness campaigns for wider dissemination of messages on COVID19 precaution and prevention in the community and ensuring respiratory hygiene in hotspot wards
- Guiding the community-based organizations (CBOs) and toilet caretakers on operation and maintenance (O&M) of community toilets through online trainings

#flushthevirus campaign emphasized on the safety of both the service providers and service seekers. Strengthening of IPC activities at the community level required the necessary hardware and supplies of consumables, equipment, facilities, including customized PPE (personal protection equipment) kits for sanitation workers. During the pandemic, community toilets were one of the major sources of infection within the community and therefore required critical IPC interventions in these facilities. Some of the measures undertaken were:

- Installation of pedal-operated handwashing stations (HWSs) in both male and female lobbies of community toilets
- Installation of elbow-operated taps in municipal schools used as COVID care centres (CCCs)
- Equipping the CBOs by providing them disinfectants, cleaning materials, etc. to ensure cleanliness in community toilets and ensure personal welfare of their caretakers



- Online training for the staff of schools and education department on future preparedness of schools post-COVID19
- Medical insurance coverage for community outreach coordinators, including plumbers and communications team
- Innovations such as the use of digital footprint, real-time mapping and monitoring of community toilets for access and service delivery

II.1.1. Partner Engagement

UNICEF Mumbai engaged with development partners from five MCs, namely Municipal Corporation of Greater Mumbai, Thane, Navi Mumbai, Pune and Pimpri Chinchwad to address the COVID19 pandemic in the slum communities through various strategies.

The RCCE and IPC aimed at the following objectives



Create an enabling environment for slum population, schools used as isolation/quarantine centres and MCGM to integrate and demonstrate community-based WASH components in the ongoing COVID19 containment plan of municipal corporations.



Ensure that basic WASH services are available to 250,000 population and 50,000 children living in slums and densely populated settlements, red zones and schools focusing on non-touch handwashing points, capacity building of stakeholders, toilet operators, cleaners, FLWs, etc.



Capacity building at community level and through various means for developing a component of epidemic prevention.



Development of SOPs, checklists and training materials for the WASH related activities for the stakeholders operating in slum areas.



Leverage partnerships to mobilize resources so as to meet the specific demands for operation and maintenance, communications, supplies and capacity building including awareness generation.



II.1.2. Web-based Training of Trainers on Response and Preparedness during COVID19 Times for Waste Management in Cities by RCUES, AILSG, Mumbai

- **Web-based Training for Officials and Sanitation Workers**

The National Green Tribunal, in its order dated 24 April 2020, stated that lapses continued to exist in respect of compliance with the Biomedical Waste Rules, especially the procedural and disposal aspects, even after the Central Pollution Control Board (CPCB) had issued guidelines on the subject. It noted further that “there is need for orientation/training of persons responsible for compliance in Local Bodies and Health department[s] by an online mechanism”. In that context, the Regional Centre for Urban and Environmental Studies (RCEUS) of the All India Institute of Local Self Government (AILSG) Mumbai with Maharashtra Pollution Control Board (MPCB) and UNICEF Mumbai, in collaboration with the Urban Development Department (UDD), Government of Maharashtra (GoM), organized a web-based training of trainers (ToT) on “Response and Preparedness during COVID19 Times on Risk Communications and Infection Prevention, Control on Environmental Sanitation and Waste Management in Cities of Maharashtra”.

The training was based on the cascade model with information flowing from urban local body (ULB) officials to their staff. Topics like WASH and biomedical waste management (BMWM) were covered and information was provided on public health, risks and hazards involved in waste management services during the pandemic. Experts from renowned organizations like World Health Organization (WHO), Maharashtra Pollution Control Board (MPCB), Tata Trust, National Environmental Engineering Research Institute (NEERI), Central Pollution Control Board (CPCB) and National Institute of Public Health Training and Research (NIPHTR) guided the participants, thus ensuring the quality of the trainings.



A girl using a non-touch pedal-operated handwashing station in a community toilet of MCGM

Over 1,200 participants, including sanitary inspectors, supervisors, deputy engineers from all 396 ULBs from the state, were provided training from 19 to 22 May 2020, equipping them with the ability to pass on this training further to frontline health and sanitation workers. Drawing upon the themes and learnings from the 4-day training, a resource book was prepared in a modular format by AILSG Mumbai in collaboration with UDD, GoM, MPCB and UNICEF Mumbai. Endorsed and uploaded by National Institute of Urban Affairs (NIUA), it is a part of the ministry’s national data repository on the COVID19 response.

- **Urban WASH Coalition Initiative by RCUES, AILSG, Mumbai**

Gaining insights from the Maharashtra COVID Response, a collective pandemic response idea – Maha Urban WASH Coalition – is in the process of being developed by UNICEF in collaboration with RCUES, AILSG, Mumbai under which the following activities have been carried out:

- Landscape analysis conducted and mapping of various WASH and Environmental Sanitation (ES) initiatives being implemented in urban Maharashtra undertaken
- Database created for organizations active in urban WASH and ES in Maharashtra,



and initiatives and programmes being implemented by them shared

- Consultations with potential partners of the coalition held
- A strategic plan developed and a presentation on the formation of “Maha-UWES-C” based on the above points shared

II.1.3. Campaign on Social Media

In partnership with Shelter Associates, social media platforms like Instagram, Facebook, Twitter, LinkedIn and WhatsApp were used to increase the visibility on RCCE and IPC activities. Besides, intensive RCCE and IPC activities were carried out in the slum communities of Mumbai, Thane and Pune.

II.1.4. Nurturing and Leveraging Partnerships for RCCE and WASH Supplies

- UNICEF Mumbai in collaboration with UDD, RCUES of AILSG Mumbai, MPCB, MCGM, Education Department in Maharashtra, NIPHTR jointly developed a module of web-based trainings of trainers (ToT) on “Response and preparedness during COVID19 times on risk communications and infection, prevention, control on environmental sanitation and waste management for ULBs in Maharashtra”.
- To ensure that schools reopen in a safe and controlled manner, UNICEF Mumbai along with the Citizens Association for Child Rights (CACR) conducted a three-day online training session from 2–4 June 2020 on COVID19 awareness and management with MCGM’s education officers and deputy officers.
- Médecins Sans Frontières (MSF) contributed to the COVID19 relief interventions by promoting health and IPC in the local community and providing medical facilities in M/East ward of Mumbai. UNICEF facilitated the implementation and this initiative was part of the leveraging and partner involvement.
- UNICEF Mumbai in collaboration with Centre for Youth Development and Activities (CYDA), Pune

and DBS Bank India played an instrumental role in capacity and awareness building of the staff of the HCFs in Pune Municipal Corporation (PMC) and provided them with installations, equipment and other supplies.

- Tech Mahindra Foundation (TMF) joined hands with UNICEF Mumbai to contribute towards the skill development of sanitation workers in Mumbai with the support of Maharashtra Skills Development Department under the Government of India. It was during the hard times of the COVID19 pandemic that TMF prioritized hygiene by providing disinfection kits for community toilets and those who took care of it. The enforcement was with the partnership of CYDA in Pune and Triratna Prerana Mandal (TPM) and CACR in Mumbai.
- With the support of LIXIL SATO, proper precautions were taken in order to eliminate any risk of infection among FLWs. This global manufacturer of sanitary products donated four mobile toilets with four seats each so that health workers and volunteers working in Mumbai’s hotspot areas did not have to use the public toilets and risk exposure to potentially contaminated zones.



Distribution of WASH supplies for community toilet in G/North ward, MCGM



- CACR worked with TPM to ensure regular communication with the ward officials in hotspot areas of Mumbai like M/East, H/East and H/West regarding toilet usage, maintenance, issues, etc. Both the organizations provided IEC and held training sessions for FLWs and MCGM officials.
- MCGM was responsible for looking after the four mobile toilet units donated by LIXIL SATO. MCGM also took care of acknowledging its receipt, providing a location plan, ensuring O&M and using the necessary details to the public, FLWs and respective members of staff. With support from UNICEF, CACR and TPM looked after the behaviour change campaign and agreed to present an annual written account regarding the usage and status of the toilets.
- Gala Enterprises supplied 1000 wipers, 750 litres of floor cleaner and liquid handwash for the caretakers of the community toilets. With support from two corporate social responsibility (CSR) organizations – Idobro Impact Solutions and Rise Infinity Foundation – Gala provided the required consumables for the sanitation workers.
- Bewakoof, an online product marketing and management platform, joined hands with UNICEF Mumbai to circulate essential resources. They distributed 10,000 washable cloth masks to the warriors of COVID19.
- Hindustan Unilever Limited (HUL) made a donation of two million soap bars, which were distributed, benefiting more than half a million people. Soap bars were provided to affected groups such as CBOs, COVID19 patients, CCC patients, frontline health workers, anganwadi staff, swachhagrahis, jalsurakshaks, gram panchayat staff, commercial sex workers, ragpickers, domestic help, police stations in containment zones, traffic policepersons, etc.
- Samhita, which is primarily a CSR consulting and aggregator firm, provided 1,000 PPE kits to toilet caretakers from Pune and Mumbai whose job was to ensure that the community toilets were clean and functional.



An image depicting types of WASH supplies provided for infection prevention and control at TPM office, Mumbai

II.1.5. The #flushthevirus Campaign in Six Municipal Corporations of Maharashtra

TPM and CACR partnered with UNICEF Mumbai and developed a campaign called #flushthevirus, (hereafter referred to as FTV) to address the seriousness and complexity of the pandemic. The means adopted were IPC and RCCE in slum community toilets and MCGM schools used as CCCs.

The spread of COVID19 highlighted the dilapidated condition of community toilets in slums and the major issues faced by people residing there and using the community toilet blocks (CTBs). Community transmission was high in slums, especially Dharavi in Mumbai, known as Asia's largest slum settlement and Yerwada slum area in Pune. A major reason behind starting the FTV campaign was the huge number of community toilets that were in use across Mumbai and Pune, which were potentially dangerous sources of transmission of the virus, and the fact that CTBs were the only spaces for physical interaction with the communities to promote COVID19 responsive behaviours during the lockdown.

Multiple touch points in a toilets like taps, basins, walls, etc. became the sources of transmission of



this highly contagious virus, thus affecting people from the communities and also putting the lives of the toilet caretakers at great risk.

The FTV campaign aimed to promote adoption of basic sanitation and hygiene behaviours, thereby leading to prevention of infection and transmission of diseases. The intention was to create an impact on a large scale through the use of communication activities, access to facilities, capacity building, cross learning, partnerships and providing WASH supplies to the slum population and FLWs.

UNICEF, in its efforts to bring about better sanitation practices, involved its partner agencies in five municipal corporations of Mumbai, Thane, Navi Mumbai and Pune through communication for awareness generation, supply of consumables

and equipment like pedal-operated handwashing stations, capacity building of the FLWs and development of communication material, protocols and checklists along with guidelines for the communities and the FLWs (staff of all departments of corporations dealing with COVID19 management).

CACR acted as the primary non-governmental organization (NGO) responsible for the implementation and procurement of the materials listed as fixed deliverables under the FTV campaign. Similar to FTV, it also provided aid for early hotspot wards in CCCs – M/East, G/North and H/East. CACR, under the guidance of World Vision India (WVI) and also actively contributed in the development of IEC materials and collaborated with TPM to provide significant interventions for community toilets.



A mobile toilet for use by frontline workers in a slum of Mumbai

Table 1: Total population reached directly with supplies through #FlushTheVirus campaign

Municipal Corporation Areas and Districts		
Mumbai, Pune, Navi Mumbai, Thane, Kolhapur, Solapur, Latur, Panvel, Osmanabad, Pimpri Chinchwad, Raigad, Palghar, Vasai Virar		
Intervention	Quantity	Population Benefited
HWWS	650 units	600,000
Disinfectant kits	300 units	300,000
Masks	21,500	7,000
Wiper	750 units	250,000
Floor cleaner	375 litres	
Liquid soap	375 litres	
Mobile toilets	4 units of 4 seats	16,000
PPE kits	1,000 units	1,000
Soap	20 lakh	700,000
Elbow taps	620 units	62,000
WASH in HCFs/day use	21 HCFs	4,700
BMWM in HCFs/day use	21 HCFs	
Household toilets/day use	385 units	1,500

II.2. IPC and WASH Supplies under IPC

II.2.1. WASH and Biomedical Waste Management Interventions in Urban HCFs in Pune

About 40,000 and more infected cases and a death count of 1,200 had been recorded in Maharashtra by May 2020. Pune topped the charts with around 2,000 plus recorded cases and a death count of

about 200 or more. Though the city had more positive cases, the deaths were relatively fewer.

Effective measures like isolating the infected and suspected patients had been initiated by the state and central governments by this time. However, the count continued to rise with each passing day. It was estimated that about 20 per cent of the infected population would require hospitalization and intensive treatment, the rest requiring to be quarantined. One of the repercussions would be a serious burden on the existing public health infrastructure, under the jurisdiction of the PMC.

As a response to the emergency, UNICEF Mumbai in collaboration with CYDA and DBS Bank came to the forefront with an essential intervention, related not just to supplies, installations and equipment but also the awareness and capacity building of the staff of HCFs. An assessment of all the HCFs spread across Pune was conducted by UNICEF Mumbai, which paved the way towards a gap analysis of the requirements in the context of the need to strengthen the facilities for dealing with COVID19.

The programme “Improved WASH access in 19 health facilities and 50 community toilets in slums under the PMC areas” was implemented between 1 June and 31 August 2020. It focussed on RCCE and IPC interventions, which included assessment, capacity building, awareness generation and provision of supplies to manage the sanitation, hygiene and BMWM in health facilities. These interventions were broadly conducted with the aim of preventing infection in the population, patients and among service providers like sanitation and health workers. While performing the daunting task of fighting the pandemic, the project successfully covered **11 hospitals, 8 dispensaries and 50 selected community toilets of the slums in PMC areas.**



The value addition of UNICEF Mumbai's support for WASH along with BMWM has contributed to a large extent to infection prevention and control.

We are particularly thankful for the water filter installed in the hospital. It has really been a value addition for the hospital and staff. It will mainly help for prevention of waterborne diseases. Since, our hospital started operating recently in 2016, we were unable to install a water purifier.

The existing biomedical waste management system of our hospital was for a calculated area. Due to the sudden conversion of the hospital to a CCC, the existing system was overburdened and the timely supply of biomedical waste management material like needle cutters, BMW colour-coded bins, BMW trolleys was really helpful.

Due to the proactive support of Centre for Youth Development and Activities (CYDA) and UNICEF Mumbai, our hospital is training the staff on BMWM and we have been following the recommended guidelines. The materials provided to us have been a value addition and helped us to cope with the overload of work and patients due to the COVID19 pandemic.

– Dr. Shubhangi Shah, In-charge, Laygude Hospital



Interventions by UNICEF Mumbai and Partners



Provided protection to **more than 4,000** out-patients from infection and potential transmission within the facilities on a daily basis;

Benefited **700+ COVID19** in-patients on a weekly basis assuming that patients were hospitalized for a seven-day period each;



Set up critical protocols for the management of biomedical waste

Ensured protection of **500** housekeeping staff members of 21 HCFs by providing them new equipment and facilities to combat the infection



Table 2: Biomedical Waste Management in 13 Hospitals and 8 Dispensaries

S. No.	Particulars	Total No.	Requirement vs Availability	
			Requirement	Installed
1	Total no. of hospitals and dispensaries	21	NA	NA
2	Total no. of beds	762	NA	NA
3	Average OP no(s).	4,115	NA	NA
4	Availability of dustbins	Green	40	40
		Red + Yellow + Blue	120	132
		Total	174	186
5	Trolleys for waste	(Only for dispensaries)	14	14
6	Trolley for waste bins in wards/storage places		40	40
7	Needle cutter hub		40	45
8	Trolley for transport		22	22
9	IEC and protocol locations		65	84
10	Dedicated waste storage facility/area/room		15	15

Table 3: Work under WASH in 21 HCFs (13 Hospitals and 8 Dispensaries)

S. No.	Particulars	Total No.	Requirement vs Availability	
			Requirement	Installed
1	Total no of hospitals + dispensaries	21	NA	NA
2	Total no. of beds	762	NA	NA
3	Average OP no(s).	4,115	NA	NA
4	Wash basins		4	9
5	Elbow tap		144	178
6	Different cocks		42	49
7	Water connection pipe		16	34
8	Flush tank		14	13
9	Pedal-operated HWS		28	28
10	Water filter		29	35
11	Drain pipe		24	47
12	LHW bottle		60	15
13	Sanitizer stands		25	25

II.2.2. Assessment of WASH Situation in Health Facilities

UNICEF and CACR worked with the office of the Executive Health Officer of MCGM to understand the WASH situation in the 323 urban primary health-care

centres (UPHCs), health posts and dispensaries in Mumbai. CACR completed the WASH in UPHCs and the assessment that will lead to the development of costed action plans for each UPHC. This assessment was done using the KoBO app.



Case Study:

A Dispensary Par Excellence: Late Vilasrao Tambe Dispensary

Area	Gavthan, Gulabnagar, Taljai, Daulat Nagar, Chaitanya Nagar, Ambegaon
Population	65,000
OPD services	Immunization, ANC, dental health care, implementation of economically backward schemes, anti-rabies vaccination, pulse polio vaccination, NHM, PMMVY, blood collection centre, outreach activities
Staff	8 permanent and 7 contractual
In-charge	Dr. Amol Khadke

The dispensary caters to 7,000 outpatients per month, including 1,300 members of the economically weaker sections and senior citizens. It boasts of several features that are worth capturing and being emulated by other HCFs for providing quality services to patients, especially in the COVID context.

- (i) Separate entry points for COVID19 symptomatic and other non-COVID patients:** Prior to entering the reception room, entrants follow a systematic line of movement – mandatory sanitization and thermometer reading, followed by registration at the reception room, visit to the consultancy rooms, wards or pharmacy. IEC materials are displayed in these areas for greater awareness of medical needs among patients.

- (ii) Committees for crucial health and sanitation activities:** The smooth functioning, operation and maintenance of the dispensary is overseen by various committees, such as Antibiotic Policy Committee, Infection Control Committee, Biomedical Management Committee, etc. These bodies ensure rigorous disease control plans, sanitary infrastructure, safe drinking water facilities and friendly staff.

- (iii) Collaboration with a purpose:** The dispensary undertakes collaborative activities with NGOs, annual peer assessment and provides comprehensive health-care services. The leadership is also proactive, professional and attuned to the health and social needs of the community. Additional support and materials provided by UNICEF DBS have also boosted the staff's confidence and enhanced the quality of services. All the stakeholders involved contribute to the realization of the SDGs, particularly those relevant to the health domain.

- (iv) Striving for high standards of quality:** Statutory requirements and quality assurance indicators are followed and implemented in all activities, such as IPC, WASH and biomedical waste management. This is evident from the meticulous upkeep of the facility, regular staff training and record maintenance.

II.2.3. Promoting Hand Hygiene through Soap Distribution: Partnership with HUL under IPC and WASH Supplies

The havoc created by the coronavirus across the world generated mass awareness about handwashing with soap or at least cleaning of hands

with 70 per cent alcohol-based hand sanitizer. Handwashing at critical times is good hygiene behaviour, but many people were ignorant of it. WASH plays a critical role in any pandemic; lack of adherence to rules of sanitation and cleanliness has the potential to give birth to a pandemic situation.



In the COVID19 context, WASH behaviour, with its focus on hand hygiene and cleanliness, has proven to be one of the key components of the IPC efforts.

As part of the nationwide drive to give impetus to promote the WASH response to COVID19, UNICEF in Maharashtra collaborated with HUL and other development partners such as Shelter Associates, Swayam Shikshan Prayog (SSP), CYDA, CACR, RISE Infinity Foundation and TPM to distribute two million soap bars to the needy in eight urban and three rural districts of Maharashtra. The partners reached out to the vulnerable population, including FLWs and HCFs and people who had lost their livelihoods. Slum residents, commercial sex workers, transgender community, COVID19 patients, sanitation workers, government staff, NGOs, small professionals and street vendors were the key stakeholders among whom the handwashing with soap for a minimum of 20 seconds rule was propagated.



Distribution of soap bars in Lokmanya Nagar in Thane

Table 4: Distribution of soap bars by UNICEF partners

Partner	Soap bars distributed
Triratna Prerana Mandal (TPM)	310,120
Citizens Association for Child Rights (CACR), Mumbai	299,952
Shelter Associates (SA), Pune, Thane, Navi Mumbai & Kolhapur	499,776
Centre for Youth Development & Activities (CYDA) Pune	536,594
Swayam Shikshan Prayog (SSP), Pune	299,952
Idobro Impact Solutions, Mumbai	85,370
Total received by partners in Maharashtra	2,031,764

Reaching the appropriate person is always a challenging job in such a distribution exercise, especially during a pandemic. A systematic approach is critical in such a situation. Everything needs to be taken care of – from storage to needs assessment to logistics and proper distribution to coordination and collaboration. All five partners followed this approach.

“

This will definitely result in public awareness and health protection of the cleaning staff and the slum dwellers who are working as sanitation envoys. Therefore, I truly thank Hindustan Unilever, UNICEF and Shelter Associates.

– Sudhakar Deshmukh, Municipal Commissioner, Panvel Municipal Corporation

”



In this pandemic situation, UNICEF has provided a lot of support in the past and today once again UNICEF and CYDA are donating 1,000 soaps to be distributed to the frontline paramedical workers. I am thankful to UNICEF and CYDA for this kind donation. I hope they will continue to support us in future

– Ayush Prasad, I.A.S., CEO Zilla Parishad, Pune



II.2.4. Urban WASH COVID19 Response 2020 in Urban Maharashtra – WASH Supplies for IPC

Municipal Corporation Areas and Districts		
Mumbai, Pune, Navi Mumbai, Thane, Kolhapur, Solapur, Latur, Pimpri Chinchwad, Panvel Raigad, Thane, Pune, Navi Mumbai		
Supply of Items	Quantity (Unit Nos.)	Partner organizations
HWWS	300	UNICEF
HWWS	32	WVI
Disinfectant kits	255	TMF
Disinfectant kits	32	BPCL
Masks	11,500	WVI
Masks	5,000	Bewakoof
Wiper	750	Gala
Floor cleaner	375 litres	Gala
Liquid soap	375 litres	Gala
Mobile toilets	4	LIXIL SATO
PPE kits	650 kits	Altran
Soap	7 lakh	HUL
HWWS taps	20	LIXIL SATO
Elbow-operated taps	600	UNICEF
HWWS	100	UNICEF

(Continued)

(Continued)

Supply of Items	Quantity (Unit Nos.)	Partner organizations
Disinfectant kits	50	TMF
Masks	3,000	Bewakoof
Wiper	750	RISE / Gala
Floor cleaner	375 litres	RISE / Gala
Liquid soap	375 litres	RISE / Gala
PPE kits	350 kits	Altran
Soap	6 lakh	HUL
WASH in HCFs	21 HCFs	DBS Bank
BMWM in HCFs	21 HCFs	DBS Bank
HWWS	4	UNICEF
Masks	1,000	Bewakoof
Soap	1 lakh	HUL
HWWS	7	UNICEF
Masks	1,000	Bewakoof
Soap bars	1 lakh	HUL
Soap bars	1 lakh	HUL
Soap bars	1 lakh	HUL
Soap bars	1 lakh	HUL
Soap bars	1 lakh	HUL
Soap bars	1 lakh	HUL
Household toilets	385	SA / UNICEF



II.3. Innovations to Reach the Unreached

1. The Urban COVID19 WASH response by UNICEF and Shelter Associates that focused on giving digital addresses to slum dwellers
2. Jeevan Rath Initiative under MahaC19PECONet – A network for COVID19 times

II.3.1. *Slum Households Get their Independent Digital Addresses through Plus Codes to Map the Access of Urban Basic Services*

According to the World Bank, about 24 per cent of India's population live in slums, and the cramped and congested living spaces of the slums make it a challenge to locate individual houses. To address this problem, Shelter Associates Pune in partnership with UNICEF Mumbai and Google India pitched in to bring an effective solution known as Plus Codes. Plus Codes work on the basis of lines of latitude and longitude to produce an alpha-numeric digital address for any location on Earth. Number plates with this digital address can be put on the doors of huts, making them unique, navigable locations. Service providers can also use Plus Codes to reach the nearest amenities such as water stand posts, electrical posts, community toilets, garbage dumps, manholes, etc., thus saving time and enabling emergency services, such as fire fighters, ambulances and the police, to reach individual doorsteps.

The first phase of the Plus Code project covered slum settlements of Pune, Thane and Navi Mumbai and reached out to nearly 11,677 families.

It is essential for the slum communities themselves to understand the purpose and operation of Plus Codes in order to use it to their advantage. Therefore, Shelter Associates, through their community workers, mobilized people through personal meetings and awareness workshops. For convenience purposes, large maps displaying household and infrastructure Plus Codes were also put up.

The system of Plus Codes will prove to be effective for governments since it will enable them to access vulnerable families more precisely and provide them effective and efficient service delivery. ULBs can link this new data to the previous data, allowing access to each individual household and locating it spatially. It will be much easier for NGOs, humanitarian groups and ULBs to reach vulnerable people, especially during pandemics and provide them basic aid. They will also be able to track and monitor programmes related to health, education, food security, etc.

The following details are from the Plus Codes project pilot in four slum pockets across three municipal corporations.

CITY NAME	SLUM NAME	PLUS CODE GENERATED
Pune	Laxmi Nagar	1,114
Pune	Vadarwadi	1,240
Thane	Lokmanya Nagar	4,424
Navi Mumbai	Chinchpada	4,899
TOTAL		11,677



Plus Code demonstration in Vadarwadi slum of Pune Municipal Corporation



WASH attributes have been mapped for Laxmi Nagar, Vadarwadi, Lokmanya Nagar and Chinchpada slums. A big physical map showing plus codes of each house and location of WASH parameters has been installed in Laxmi Nagar, whereas maps showing only WASH parameters have been installed at Lokmanya Nagar. For Vadarwadi, maps showing WASH parameters have been printed, but the installation is on hold due to political interference.

II.3.2. One Home One Toilet (OHOT) and COVID19 Urban WASH Response by Shelter Associates under IPC and Readiness to Respond

It is unfortunate that there are millions of people across the globe who still do not have access to basic improved sanitation facilities like individual toilets. Most of the population facing this problem live in slum areas, which are low-income, high density settlements. Apart from having a low level of immunity to disease, the people living in such

congested settlements have limited access to basic medical facilities. Often, they also do not have any option apart from open defecation since the CTBs are in dilapidated condition and need urgent attention in respect of O&M and faecal sludge management. In many places the seat to user ratio is 1:100. In the light of these circumstances, Shelter Associates, through its OHOT model aims not only to address the problem of open defecation but also to offer dignity and privacy to individuals. The OHOT is a data-driven, community-centric model that follows a fully inclusive approach to making individual household toilets available to the slum families of Maharashtra. The OHOT programme has been established in selected slum settlements of Pune, Thane, Kolhapur, Navi-Mumbai, Pimpri-Chinchwad, Sangli and Panvel. One of the major challenges faced by Shelter Associates relates to people “not accepting” that toilets are possible even in the smallest of areas with adequate space and sewerage networks.

3 Main Components of the OHOT Model



Data and geographic information system (GIS) mapping of slums and households



Community mobilization so as to bring about sanitation-related behavioural change



A cost-sharing model whereby beneficiaries are provided with the construction material while the cost of construction is borne by them

This model highlights the dual motive of improving sanitation and impacting the lives of residents on a broader level; behaviour change is an integrated part of it.

In addition to this work, Shelter Associates undertook an initiative to sensitize communities on issues related to sanitation under the Urban WASH COVID response in four municipal corporations in Maharashtra.



The following activities were undertaken:

- An assessment of community toilet blocks (CTBs) in Laxmi Nagar, Vadarwadi, Lokmanya Nagar and Chinchpada was completed in October 2020 and used for the COVID19 response.
- 25 pedal-operated non-touch handwashing stations were installed across three corporations in community toilets reaching out to more than 35,000 people.
- To generate demand and create awareness, IEC materials were tested and developed during the interventions and were used for community mobilization, communication and engagement through 1,939 activities. The materials are listed below.
 - Snakes & ladders board game
 - Maze game
 - Handwash boards
 - Handwash activity song
 - Plus Code video
 - Plus Code chitrakatha
 - CTB posters
 - CTB caretaker training booklet
 - Drawing competition posters
 - Menstrual hygiene presentation for women and adolescent girls
- RCCE and IPC activities impacted 35,480 individuals by creating a positive behavioural change.
- Maps were generated and updated on the GIS platform and shared with ULBs to identify and resolve issues related to drainage networks and other infrastructure requirements, which also helped in mobilization and monitoring.
- Individual household toilets were provided to 417 families under the OHOT initiative from August to December in the four slums.
- A system of shared toilets has been developed in Lokmanya Nagar, Thane.
- A concept note has been shared with the Navi Mumbai Municipal Corporation to scale the OHOT model to provide household toilets to the neediest slum families.
- With the support of UNICEF and HUL, Shelter Associates distributed 471,016 soap bars in Pune, Kolhapur, Thane, Navi Mumbai and Panvel.
- Global Handwash Week was celebrated in association with UNICEF and MCs in the cities of Pune, Thane and Navi Mumbai. A separate report has been shared with UNICEF.
- Case stories, in which beneficiaries shared their experience after getting household toilets installed with the help of Shelter Associates, were documented. (These have been shared in the September and October reports).
- World Toilet Day 2020 was celebrated in the cities of Pune, Thane, Navi Mumbai and Kolhapur. Various awareness activities and competitions were conducted. A detailed report has been shared with UNICEF.





A toilet constructed by a household under OHOT in Vadarwadi slum of Pune Municipal Corporation

II.3.3. Jeevan Rath Initiative under MahaC19PECONet – A Network for COVID Times

UNICEF Mumbai began conversations with 20 of its NGO partners, who then added many members who were supporting the cause as organizations or as individuals. Very soon, the group grew from 20 to 100. The main purpose of this group was to exchange ideas, provide resources at the required places and execute rapidly while avoiding duplication in the relief and response work. When during the lockdown, thousands of migrant workers who had lost their livelihoods began to leave Maharashtra on foot, these partners began planning some relief work immediately. Thus, Jeevan Rath (JR), a relief-on-wheels initiative, which began in April 2020, was facilitated by UNICEF within 48 hours of the migrant crisis to alleviate some of the misery that the migrants were undergoing in their desperate attempt to return home. The programme evolved over three phases based on the situation on the ground and the real needs of the migrant labourers, among the most vulnerable sections of society. The network of partners came to be called MahaC19PECONet platform – an acronym for Partners who support with resources; Enterprises

that provide solutions; Citizen volunteers who help on the ground; and individuals who sustain the impact; while 'O' is for ownership, the glue that holds the team together. Over 75 partners are now directly associated, while another 35 organizations provide support through these partners.

MahaC19PECONet is a network of volunteers, corporate entities, government and technical bodies, and civil society organizations that responded to the pandemic at two levels: the containment and management of the disease itself and responding to the humanitarian crisis by collecting and distributing non-perishable food, water, hygiene kits, including sanitary napkins, and basic medical support to migrant workers, ferrying the goods on mini mobile trucks to different parts of Mumbai, Thane, Dahisar, Vasai Virar, Pune, Nashik, Palghar and Nagpur. In addition, the platform provided and is still providing support with cash transfers, livelihood and skill mapping, travel support and dry ration kits to people on the move focusing on daily wage earners, labourers from unorganized sectors, the stranded population in urban slums and people in the tribal hinterland. All of these activities have been carried out under one of the verticals called Jeevan Rath.



Distribution of soaps to transgenders and HIV-positive people in Malad, Mumbai

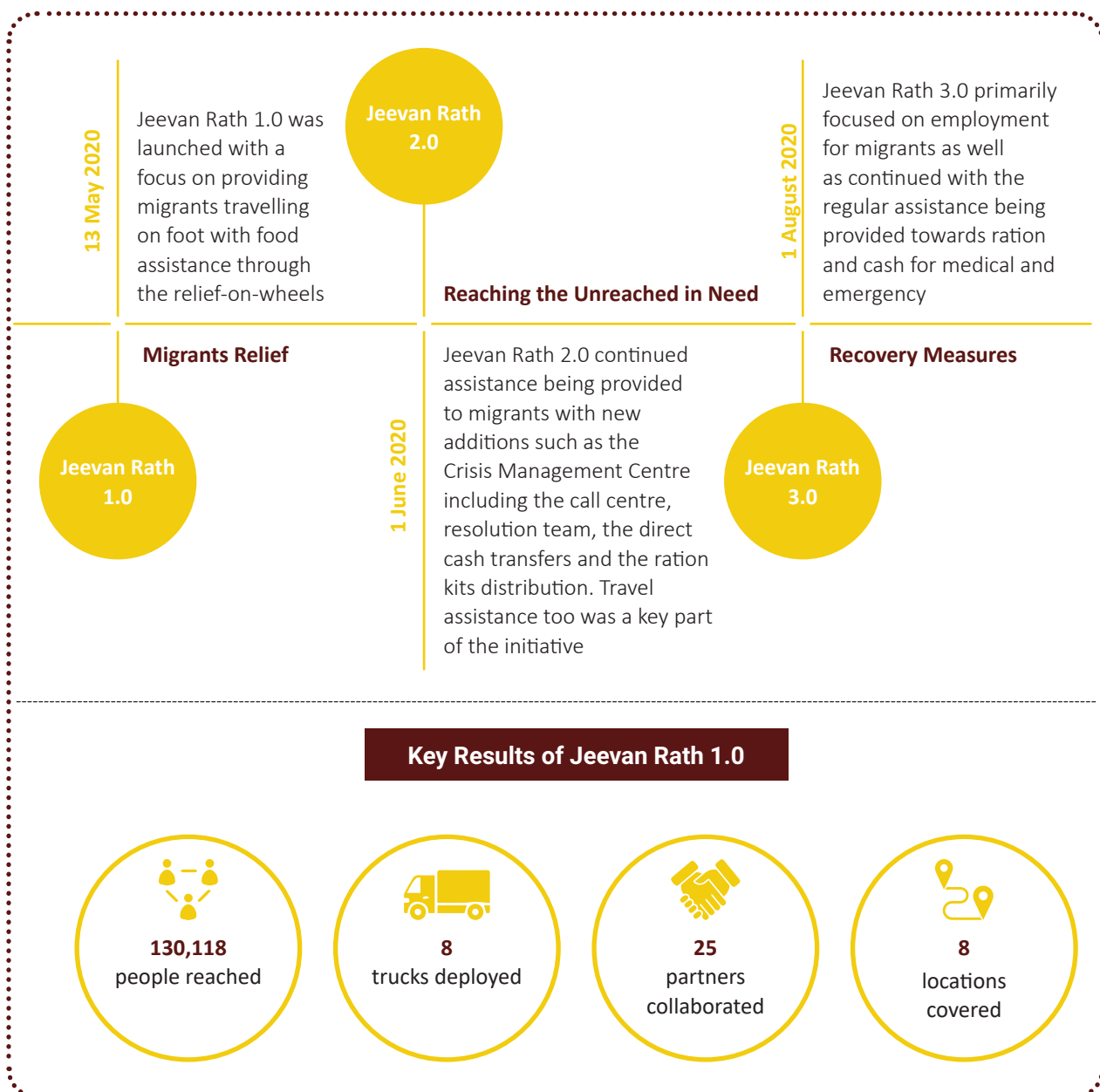


The objective of the Jeevan Rath is to assist families across Mumbai, Thane, Navi Mumbai, Palghar and Pune through immediate and mid-term recovery strategies through government and private initiatives along with its growing base of partners.

The Jeevan Rath initiative carried out under the MahaPECONet umbrella reached out to over













250,000 affected people in the first two phases (JR 1.0 and JR 2.0) for food, travel and cash assistance to cover medical and other exigencies. A call centre was set up at an early stage so that individuals in distress could get in touch directly with PECONet, explain their problem and provide contact details and identification.

Results of Jeevan Rath – Relief Measures: Food Security and Direct Benefit Transfers





Results of Jeevan Rath 2.0 – Recovery Programmes: Skill Development, Employment and Entrepreneurship

 71,293+ migrants tracked	 122,000 individuals reached	 20,739 migrants assisted with travel
 315 families provided cash assistance	 24+ States covered	 31,605 travellers provided food
 8000+ masks distributed	 45+ partners	 19,410 ration kits distributed
 41,026 calls made	 INR 3,600,000 worth of funds leveraged	 42,652 sanitary napkins distributed
RISE Infinity Foundation results		Combined results



Results of Jeevan Rath 3.0 – Amplification: System Strengthening

In its third phase, the MahaPECONet touched another 125,000 affected people and deepened the engagement with over 25,000 families in distress through food security, mapping of skills for employment, providing skill-appropriate training and connecting employers with job seekers.

Key Results of Jeevan Rath 3.0*

Relief



10,400 Milkar food requests verified



2,950 ration kits distributed



700 cooked meals provided



975 individuals provided cash assistance



36,694 calls made



4,500 hygiene kits provided

Recovery



15,000 people mapped for skills



840 job seekers mapped



85 employers mapped



158 provided employment



161 individuals skilled



100+ entrepreneurs supported

Amplification



INR 680,000 worth of funds leveraged



75+ MahaPECONet partners



1,150,368 reached across Facebook & Instagram



44,025 impressions on Instagram & Twitter



INR 900,000 worth of entrepreneurship development programmes



200+ volunteers

*Facilitated by RISE Infinity Foundation, nodal partner of Jeevan Rath programme convened by UNICEF Maharashtra



II.3.4. Use of KoBoCollect Mobile App in Rapid Sanitation Survey

KoBoCollect is an open-source platform used for undertaking surveys of humanitarian nature. Amidst the pandemic, the app was used to collect data on preparedness of toilet facilities and to capture the soap distribution points located in densely populated communities. This tool serves to receive varied data including text, number, decimal, multiple choice, single choice, date, etc. and can also record global positioning system (GPS) location and images during the survey. The data collected can be downloaded in Microsoft Excel so as to enable users to analyse it according to their needs.

The Kobo tool was used to assess the preparedness of toilet facilities amidst the pandemic. The information collected was about the location and age of the toilets, their design and active capacity, dependent population, availability of water, electricity connection, soap, safety measures for the caretakers, information on CBOs, and initiatives undertaken by CBOs concerned.

A manual guided the volunteers on collection of data. The collected data provides insights to take crucial decisions such as:

- Preparedness of the toilet to cater to a dependent population
- Improvements necessary in case of water, electricity and soap availability
- Facilities for the toilet caretaker

II.3.5. User-friendly Mechanism for Promoting Handwashing in Community Toilets

Ironically, taps can be the means of both washing away the virus as well as contracting it. Taps and basins installed at community facilities such as offices, jails, community toilets and schools taken



Distribution of WASH supplies to community sanitary complex, G/North ward, Mumbai

over by MCGM for using them as COVID19 care facilities, etc. have become potential transmitters of the virus because multiple people use and touch the same tap.

To reduce touch points in shared spaces, measures such as elbow-operated taps, automatic soap and water dispensers, pedal-operated handwashing stations and use of hand sanitizers by individuals were reviewed, out of which elbow-operated taps and pedal-operated handwashing stations were found to be the most appropriate. The rest were not feasible because of high O&M costs, while taking into consideration that hand sanitizers can be carried by individuals themselves.

An issue that came in the way of implementing the pedal-operated hand-washing stations was the non-availability of manufacturing services due to complete lockdown. Following elaborate discussions with its partners, it was decided that Sacred Aurangabad, a UNICEF Mumbai partner, would facilitate the designing and manufacturing of pedal-operated hand-washing units. After finalizing the design, Pushkar enterprises, Aurangabad took on the task of manufacturing and transporting these hand-washing stations to Mumbai in batches of 55 units. However, since Aurangabad had frequent lockdowns too, the manufacturing was severely impacted.



To increase the reach of the awareness programme, coordinators conducted social messaging activities at CTBs and connected communities on WASH and IPC of COVID19. Ten megaphones were procured and used to make announcements and convey WASH information for one month near the CTBs and in the surrounding communities.

Mumbai, Pune, Navi Mumbai and Nandurbar districts acted as the base for testing the household-level handwashing stations by LIXIL SATO. Stakeholders including security personnel, anganwadi staff and children, members of households and street food vendors tested 45 SATO taps.

Restricting further transmission and taking measures to ensure prevention of COVID19 are the need of the hour. As a preventive measure, 453 elbow-operated taps were installed at CCCs to ensure the well-being of symptomatic/asymptomatic patients as well as the housekeeping staff. A distance of one metre was maintained when the taps were installed.

11.3.6. WASH! Ek Safar – Kirdar Koi Bhi Ho, Hath Dhona Jaruri Hai: An Innovative Campaign

With the motivation gained after the success of the “My Family, My Responsibility” (MFMR) campaign by the GoM and MCGM for WASH, IPC and RCCE of COVID19, UNICEF, along with MCGM Health Department, CACR & TPM, began a campaign named WASH! Ek Safar – because handwashing never ends, should never end, if we are going to mitigate and prevent COVID19-like infections. The 20-day campaign was a set of follow-up activities on post Global Handwashing Day (GHD) (week) with the aim of keeping the momentum of the MFMR campaign going.

The activities involved street plays on handwashing with soap and water, regular use of masks and their safe disposal. It also included live demonstrations on techniques and steps of handwashing on no-touch pedal-operated handwashing stations. Moreover, a continuous social messaging was carried out throughout the travel between locations and at the spot of action

in municipal market areas and slum settlements in all wards. A pedal-operated non-touch handwashing station mounted on a utility vehicle with an expert team spread the message across the 24 wards of Mumbai Municipal Corporation area to motivate the most vulnerable and COVID19 prone population.

The post-GHD campaign managed to reach the unreached population at large in Mumbai. The reach achieved, including children and women across all 48 locations in 24 wards of Mumbai, was 35,000 people.

The impact made was, in reality, unmeasurable and, indeed, helped the CACR and TPM teams learn a lot on the ground. Based on their observations, TPM suggested that if the campaign could be leveraged more aggressively and consistently in the deep slums, it would lead to very meaningful behavioural change results on a larger scale.



I am very thankful to all the members of WASH! Ek Safar for coming out during the pandemic, going into the communities, sensitizing people about the importance of handwashing and giving trainings on handwashing with soap techniques and usage of mask before stepping out of home. This project is spreading a good message among the people. Keep doing this good work; we all are with you. We will fight this pandemic together. Thanks to all the volunteers of WASH! Ek Safar.

– Yaseen bhai from Wadala
CGS Colony, Mumbai





WASH Ek Safar – A campaign to sustain handwashing, mask wearing and social distancing practices in one of the wards of MCGM

III. Way Forward

Unarguably, the pandemic has exposed several fault lines that need to be addressed and has also left a wealth of lessons. Moving forward, here are some takeaways that should inform our participation as stakeholders towards a strengthened community and eventually, a resilient nation.

- Although WASH has for long been a focus for the development sector, it has not gained much traction among the poorer communities. The pandemic catapulted this domain to such importance that there is likely to be an increased acceptance of WASH-related behaviour. Capitalizing on this, robust and sustained IEC and behaviour change communication can lead to better uptake of sanitation initiatives, such as micro-loans for water purifiers, toilet construction, etc. in the long run.
- The importance of cooperation and collaboration among individuals and organizations can never be overemphasized. While younger organizations benefit from the experience of older ones, the

latter have much to gain from the former's zeal, technological know-how and modern approaches to problems. During this pandemic, UNICEF's expertise and experience of responding in humanitarian crisis situations was very helpful in mobilizing partners. This part of the work included discussing the situation, planning and coordinating, along with leveraging collaboration and working with the government agencies. The experience has helped to generate evidence on how a multi-partnership platform can be created and can be used in future to implement and support the development programming of the government. The collaborations and coordination have, of course, greatly reduced the burden of the pandemic.

- The Maharashtra COVID Response collaboration of more than 75 partners also paved the way for greater symbiosis between organizations that have a stronger fund base and organizations with an intensive volunteer network. Common platforms elevate the potential of distinct sets of stakeholders and reduce redundancy in efforts,



which means that resources are not concentrated at one spot and a wider base of beneficiaries can be reached. Replication and scaling-up of such initiatives, not just in the case of disasters or emergencies, but in more 'normal' situations would help to increase the impact of various innovations. Long-term rehabilitation that is essential for vulnerable communities after any emergency is not possible without sustained cooperation and collaboration.

- The pandemic can act as a tipping point for the use of technology in furthering the development agenda. As a response to the pandemic, the degree and urgency with which FLWs have been exposed to digital media will transform the landscape of communication at the grassroots level into a faster, much more modern version. Perhaps capacity-building processes will increasingly tend to be designed to suit digital outreach. Despite limitations, such as network,

electricity and equipment issues, the positive features of digital interactions, such as reduction in travel time and logistic costs, improved accountability, etc., will be instrumental in a faster switch to the digital mode.

- There is a need to revisit our entire urban policy, spatial planning and slum redevelopment plan, and to focus on housing, social security, protection and entitlement. As we have seen, the effects of the COVID19 crisis were felt in mostly all economic powerhouses and million plus cities of Maharashtra.
- There is also the need for localization of climate action to understand the increasing climate variability and disease spikes and revisit the Disaster Management Act, 2005 from the lens of urban slum settlement, migration and other intergenerational deprivations.

Our strength, our partners





A megaphone awareness activity in M/East ward, Mumbai

Education

Schools Closed,
but Learning Continues





I. Responses to Early Learning & School Education during the Pandemic

The COVID19 pandemic led to the closing of all educational institutions in India in March 2020 and suspension of related activities. This situation seriously impacted the education system and the people involved in it, including teachers, parents and most importantly, children. As it became increasingly uncertain when the educational spaces would be able to re-open, UNICEF in partnership with the State Department of Education and Integrated

Child Development Services (ICDS) extended and adapted the scope of its work to ensure children continued to get meaningful learning experiences at home during the COVID19 crisis. UNICEF's multi-sectoral strategy for addressing the COVID19 crisis in urban spaces includes the education response for continuity of learning.

UNICEF collaborated with the Education Department of the Municipal Corporation of Greater Mumbai (MCGM) to promote learning at home through innovative solutions, focusing on:

1. Strengthening the delivery of early childhood education (ECE)/responsive caregiving for children aged 3–6 years
2. Interventions for children enrolled in elementary and secondary schools



MCGM Balwadi Programme: Teacher checking in on children



I.1. Strengthening the Delivery of Early Childhood Education/ Responsive Caregiving for Children Aged 3–6 Years

To strengthen ECE at the state level, UNICEF supported the ICDS and the State Council of Education Research and Training (SCERT) in developing an early childhood education (Aakar) curriculum, which was finalized in 2018. The Aakar curriculum is currently being implemented in all anganwadi centres (AWCs) in the state. To ensure the implementation of Aakar based activities at home, UNICEF in partnership with ICDS, initiated the Responsive Caregiving Programme in 2018. During the COVID19 pandemic, the programme was adapted to provide parents with practical activities to support their children's learning at home.

a. Responsive Caregiving Programme in Urban Mumbai

Description of the Programme: ICDS with UNICEF Maharashtra has enabled the implementation of ECE curriculum (Aakar) based activities at home during the COVID19 situation. Through the Responsive Caregiving Programme, curriculum-based activities have been adapted into monthly calendars with unique activities to be conducted by caregivers every day. The calendar of activities is supplemented by daily videos demonstrating how the activity can be conducted. The activities have been selected keeping in mind the ease of implementation with readily available materials at home and within the daily routine of caregivers. The adapted package is currently being rolled out in the entire state by the ICDS department, which includes ICDS in Urban Mumbai.



Responsive Caregiving Programme, Mumbai



The adapted responsive caregiving resources have been accessed by parents through digital media (such as WhatsApp, recorded videos, radio, etc.) and non-digital means (such as home visits, small group meetings, and sharing of hard copies). ICDS functionaries, the anganwadi workers (AWWs) and supervisors, are playing a crucial role in delivering these resources and following up with the caregivers about their use.

Reach and Coverage: The Responsive Caregiving Programme is estimated to have reached 2.4 million children across the state, including approximately

110,753 children in Mumbai across 5,013 anganwadis.¹

Lessons Learnt: The Responsive Caregiving Programme has been very relevant in the current crisis. It has been observed that the use of the materials is better where: 1) the caregivers are able to and are comfortable in accessing the platforms where the materials are available; 2) the content of the resources is contextually appropriate to their lives; and 3) there has been effective follow-up with caregivers by the field functionaries.



Responsive Caregiving Programme, Mumbai

¹ Monthly Progress Report (MPR), June 2020



b. MCGM Pre-School (Balwadi) Programme

Description of the Programme: MCGM supports the pre-school education of over 20,000 children enrolled in around 800 Balwadis run by the department. These Balwadis are supported by 22 civil society partner organizations, with whom MCGM has a Memorandum of Understanding (MOU). UNICEF Maharashtra in partnership with Pratham has been supporting the MCGM to strengthen the delivery of the ECE programme to children who are at home due to closure of the Balwadis as a result of the COVID19 pandemic.

The MCGM Pre-School (Balwadi) Programme was designed following a comprehensive research-based approach, which focused on: 1) mapping of civil society partners and taking stock of their current work, and resources available, strengths, and challenges in reaching out to children at home; 2) identification of training needs of the Balwadi teachers and organizational heads with respect to programme delivery; 3) conducting capacity building activities for Balwadi teachers around working with caregivers on how to deliver ECE at home; and 4) ensuring coordination and coherence among different technical partners (Rocket Learning and Save the Children) involved in capacity building of

the MCGM partner organizations, to ensure quality ECE delivery at home. UNICEF and Pratham continue to provide coordination support and technical content so that the capacity-building sessions with Balwadi teachers are aligned to the capacity needs assessment and the emerging needs in the field. UNICEF is also facilitating sharing between the organizations to promote learning from each other.

Reach and Coverage: Capacity-building activities were conducted with 1,634 Balwadi teachers in 800 Balwadis, who in turn are reaching out to caregivers of 20,000 children aged 3–6 years.

Key Challenges: During the implementation of the MCGM Balwadi Programme, delays due to administrative issues impacted the frequency of the planned training and engagement of the partner organizations. The issues have been resolved, and the implementation is now back on track with continued technical inputs from UNICEF.

c. Preschool/Anganwadi Re-opening Checklist

Description of the Programme: In preparing for safe re-opening of AWCs, Balwadis and other preschools, UNICEF Maharashtra and Bihar collaboratively developed and validated a checklist² for re-opening

MCGM Pre-School (Balwadi) Programme



Reach and Coverage

- Engagement of **22** partner organizations
- **2** trainings of **1,634** balwadi teachers in **800** balwadis
- Outreach to **20,000** children aged 3–6 years



Key Activities

- mapping of the civil society partners
- identification of training needs of the Balwadi teachers and organizational heads
- conducting capacity building activities for Balwadi teachers
- ensuring coordination and coherence, among different technical partners

² A checklist which can serve as a decision-making tool for ICDS functionaries and other ECE practitioners, to make appropriate decisions while re-opening the AWCs during the COVID19 situation in the state. It provides the set of indicators which the decision makers need to determine which locations, age groups and spaces within ECE facilities (classrooms, common areas, playgrounds) should be prioritized for re-opening. It includes indicators around infrastructure, health, hygiene, operations, physical distancing, learning environment, curriculum transaction, learning materials and engagement with caregivers.



the centres in the state. This was done in partnership with the respective state ICDS departments and through consultation with experts and field functionaries from both states, including urban areas. The rationale for conducting this exercise collaboratively was to understand the challenges of various contexts (namely urban, rural and tribal), and jointly deliberate on strategies to address these challenges.

Reach and Coverage: As states prepare for the re-opening, the checklist will be used to orient all the deputy CEOs (ICDS), child development project officers (CDPOs), and preschool/Balwadis heads so that they can further train their functionaries for a safe re-opening. The checklist will be applicable to all the AWCs, Balwadis and other preschools in the state, including those in urban settings.

1.2. Interventions for Children Enrolled in Elementary and Secondary Schools

UNICEF has participated in a series of consultations, organized by the MCGM education department to support the coordination around initiatives for continuity of learning. This included content-related discussions as well as strategies for reaching all children. Some of the key UNICEF-supported initiatives for children enrolled in schools are given below.

a. Rapid Assessment Survey

Description of the Programme: Maharashtra State Council for Educational Research and Training (MSCERT) conducted two rounds of rapid assessments with UNICEF, in June 2020 and November 2020. The assessments aimed to understand the access to and use of resources for learning from home, and barriers faced by children in using the Home Learning Package that had been designed by MSCERT for continuity of learning during COVID19 times. The second round of the assessment, conducted in November 2020, also captures the views of parents and teachers on school re-opening and their readiness to return to school.

Reach and Coverage: The Rapid Assessment Survey was designed to collect data from all districts of the state, including Mumbai. Out of the total responses from the state, 477 responses in the first round and 577 responses in the second round were recorded from Mumbai. The survey was conducted by a team of 14 teachers identified for this purpose and led by an MCGM official.

The first round of rapid assessment showed that the primary mode of communication between a teacher and students was via online modality, which reached only 50 per cent of the intended beneficiaries (students in government schools). Further, the analysis showed that only 30 per cent of these households reported the use of the online learning resources developed and disseminated by the state. The preliminary findings from the second round of the rapid assessment conducted in November 2020 showed an increase of 13 per cent in terms of the access to the learning content, with 63 per cent students across the state now having access to the learning package.



Teacher surveyor conducting telephonic interview with parents



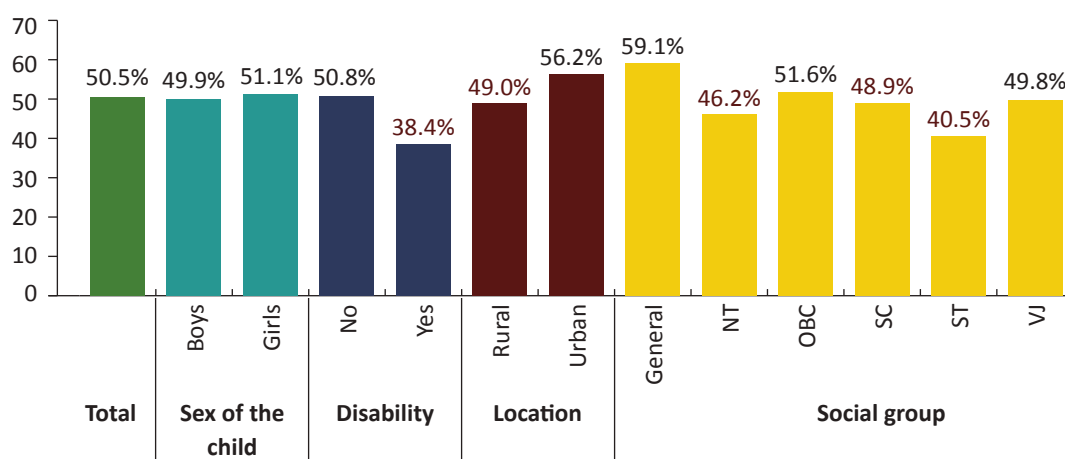
Percentage of Children Accessing Home Learning Package



50% students access the home learning package

Although there is **no significant difference** in boys and girls, there is **significant difference** in access on the following parameters:

- Location (urban/rural)
- Children with special needs
- Social groups



Rapid Assessment Survey findings for Maharashtra, June 2020

b. Parent Engagement Programme

Description of the Programme: UNICEF

Maharashtra with its partner agency, Saajha, which works in the area of parent and community engagement for student learning, launched a Parent Engagement Programme called Sneh Samvad (loosely translated from Marathi as 'care-driven conversations') in two urban wards of Mumbai. The aim of this programme was to train teachers to help parents in supporting their children in learning at home during the school closures. Teachers were oriented on the programme by the Saajha team. The orientation not only included the logistical implementation aspects, but also, and more importantly included inputs on how to conduct a call to ensure that families felt confident about trusting

the teacher callers and being more open with them when sharing their concerns and struggles.

As part of Sneh Samvad, the selected families received two types of support:

- Support through teacher check-in calls that were regular calls made to make sure the families were safe and to ensure that children were receiving the learning material provided by the state.
- IVRS calls in Marathi and Hindi to spread awareness among families on COVID19 prevention and learning continuity at home.

Reach and Coverage: The programme reached out to 3,748³ students of grades 1–8 from two wards of Mumbai through 11 IVRS calls and 100 trained

³ 1,982 families



Teachers learning to use the Saajha App for making support calls to parents

teachers extending calling support to parents via the Saajha Connect App. Of the 100 teachers who actively participated in the programme, 55 per cent shared that the systematic approach of the parent–teacher engagement had been a learning experience for them. They also reported that the interaction with parents had given them a fresh perspective

related to educational practices and tools in the context of the ongoing pandemic. Of the parents involved in the programme, 80 per cent shared that the parent–teacher interactions reassured them about MCGM’s commitment to uninterrupted provision of education to their children. The programme has led to the development of a

Parent Engagement Programme (Sneh Samvad)



Reach and Coverage

01

Outreach to:

- **2** wards of G/N & M/E
- **1,982** families
- 3,748 students of grades 1–8

02

Mode of communication:

- **11** IVRS calls
- Support calls to parents through the Saajha Connect App

03

55 of the 100 trained teachers extending call support found the interaction with parents a learning experience

04

80% of the involved parents felt reassured about MCGM’s commitment to uninterrupted provision of education for their children



guidebook on effective parent engagement, which will be provided to MCGM as well as the state education department, to take the programme across all schools. The guidebook includes the design of the programme, the operational details and guidance on effective communication.

Key Challenges: Although the MCGM supported the initiation of the programme, frequent changes at the ward level leadership, and conflicting priorities among the teachers, caused a delay in the programme implementation. Non-availability of updated contact details of parents was also a challenge in reaching families.

Case Study 1:

A Single Mother's Woes

Asha* is motivating women in her community in the fight against domestic violence and takes steps to ensure a better future for children.

"My husband was a demon. He is an uneducated man, with no zeal to work for his family. I was abused mentally, physically and emotionally all throughout the years when I was with him. I don't want my son Ravi* to be anything like him. Three years ago, with the help of a relative, I left him. I have broken all ties with him", explained Asha, who is helping other women to take a stand against domestic violence, and start taking care of their children on their own.

Ravi is now seven years old and is enrolled in the nearby municipal school at Dharavi, while Asha works as a sanitation worker to make ends meet. She is a regular at the parent-teacher meetings, attending it with the sole aim of understanding from teachers the ways in which she can better contribute to her child's overall development. Her source of motivation comes from the appreciation of her child from his class teacher. She is the only parent from Ravi's class who ensures that she regularly updates her mobile number in the school records and of the teacher on her phone.

When the pandemic hit and shut the schools for an indefinite period, Asha was scared of the COVID19 spread in her locality, confused about

what to do to keep her child safe and worried about how Ravi will cope with his studies. She called the class teacher (on the three different phone numbers) multiple times to ask for guidance. During her endeavour to reach out to the teacher, she was elated when she received a call from Ravi's school as part of the project Sneh Samwad to ask about their well-being coupled with a few questions about their house and online learning resources for Ravi. Asha was informed by the Sneh Shikshak (teacher volunteer) that Ravi's class teacher hadn't been keeping well and hence couldn't respond earlier.

"I am grateful to the Sneh Shikshak, who took out time to ask about us and my child. I will follow the guidance given by the teachers and I appreciate all the efforts that the teachers are taking for my child. They (teachers) are literate people who can guide clueless mothers like me and together we can work for our child's betterment. Even when the schools are shut, to keep us safe from the virus, nothing should stop the growth of the child", mentioned the dedicated mother.

Hope is fostered again in Asha's heart for her child to continue with his academics. She tells her neighbours as well about the initiative and for them to stay connected with the teachers.

**name changed to protect identity*



Case Study 2:

Far Away, Yet Connected

It is predicted that 743 million girls will miss out on their education, and 10 million more secondary school-aged girls will be out of school before the pandemic is over. (Girls Not Brides, 10 July 2020)

Five years ago, Manoj* along with his wife and daughter migrated from his village in Bihar to Mumbai. He opened a small shop near the temple selling flowers, incense sticks and earthen pots. His wife stayed home most of the time and helped in Manoj's work especially during the festivals. They admitted their daughter, Sweetie, in grade three in the school closest to their home.

When the pandemic hit, temples were shut for an indefinite period. This severely impacted their savings, forcing them to move back to the village. Manoj started working in the field along with his brothers while his wife and daughter spent most of the time chit-chatting and doing household chores with the other women of the joint family.

Manoj tried all means to ensure that Sweetie didn't lose interest in studies. Since the older family members weren't supportive of educating

girls, he woke her up at 4 a.m. before the elders of the household to practise math sums and revise Marathi chapters with her. He gave his smartphone to his daughter for her to play games and watch videos while he was out on the farm. The phone number of the smartphone was also the one registered at the school. The day the Sneh Shikshak called, Sweetie responded and asked the teacher to call back in the evening to speak with her parents.

Later in the evening, Manoj answered the phone and expressed his gratitude to the Sneh Shikshak, "My child, my home, my phone, all belong to the teachers. Call us anytime in the day. My relatives call me mad when I tell them that I left my smartphone with Sweetie for her studies. They say no studies can be done over the phone! I believe at least something can be done if nothing. Now I have six children at my family home, including my own daughter and her cousins. Even one text or call related to their studies will help us. My fight for my daughter's right to education will not go in vain because of the pandemic".

**name changed to protect identity*



Teacher volunteers or Sneh Shikshaks making support calls to families



c. **Ed-tech Mindspark Programme**

Description of the Programme: UNICEF Maharashtra facilitated the piloting of the P & G Mindspark Programme designed by Education Initiatives (EI). This is a technology-supported programme that helps students learn at their own pace by providing personalized inputs and assistance in response to the individual student's learning level. An assessment is first provided to individual students via Mindspark itself, which helps in identifying the student's learning level; subsequently practice questions are given to help students improve on their performance and hence improve their learning level. Mindspark is available for grades 1–10 of Marathi, Hindi and English medium schools. The number of users and use of Mindspark is automatically recorded and a usage report is generated by the system to facilitate monitoring of the programme.



School students learning with Mindspark

As a part of the intervention, selected teachers from the pilot schools were trained on the use of Mindspark for their students. Logins were then given to each of the students to enable them to access the learning material via their browsers. A preliminary analysis of the progress of the programme reveals that Mindspark has been used for more than 1,000 hours by students (September–December 2020) in the selected schools, which is an average of 197 minutes per participating student. A plan to scale up the Mindspark programme in three wards of Mumbai (L, M/East and G/North) is being developed.

Reach and Coverage: The programme was piloted with three MCGM schools reaching a total of 988 students. Out of the total students, 598 were from a Marathi medium school, 217 from a Hindi medium school and 173 from an English medium school.

Key Challenges: The updated contact details of parents were not available with the schools. As a result, there were limitations during attempts to reach families and share information on learning resources.

d. **Reading Campaign**

Description of the Programme: Goshticha Shanivar, or Reading Saturday, is a Reading Campaign aimed to promote the joy of reading among pre-primary (ages 3–6 years) and elementary school children (grades 1–8) in Maharashtra during school closures. In partnership with Story Weaver by Pratham books, the campaign is being implemented state-wide in the elementary schools and anganwadi centres with the support of the MSCERT and ICDS department. Books are provided in Marathi, Urdu and English languages.

In Mumbai, the campaign is being implemented by the Regional Academic Authority (RAA), GoM. The coordinator from RAA receives the stories every week from the UNICEF–Pratham books team and in turn shares the e-books with teachers and parents through the Urban Resource Centre



(URC) coordinators every Saturday. Every week, a monitoring form is also completed as per the state-wide implementation process. The data from Mumbai is analysed and sent to the UNICEF team by the coordinator. This data is presented and discussed in the weekly district coordinator meeting, where innovative ideas for maximizing reach are also shared. The programme is being implemented with much enthusiasm in the state with Gujarati and Hindi medium school teachers also coming forward to participate in the campaign. Many teachers have also innovated to reach more children, including the use of loudspeakers in temples, etc. to read stories out loud among many other innovations. Looking at the success of the programme, UNICEF is advocating for it to be continued even when the COVID19 pandemic is over. An important aspect of this proposal would be advocacy in respect of a designated period for joyful reading in the school timetable.

Reach and Coverage: Currently, the programme is reaching 1.7 million children in Maharashtra, of whom, over 20,000 are from the Mumbai government schools. Weekly data on the reach of the stories is collected and analysed with support from the campaign coordinator for Mumbai. As per this data, students look forward to the stories every Saturday, and more than 63 per cent of the children who received these stories read the stories every week.

Lessons Learnt: The experiences and stories from the field indicate the growing enthusiasm and acceptance of the campaign by teachers, parents, and students. An important learning has been that a robust monitoring mechanism that was put in place at the beginning of the programme, provided a systematic way for tracking the reach of the campaign, learning from each other and problem solving on challenges. This is significant for understanding the progress and advocacy at the level of the state to integrate reading for joy during regular school hours.



A young girl from an MCGM school reading a story from the Reading Campaign and doing the activity



Case Study 3:

Goshticha Shanivar, Reaching Children through Stories, One Saturday at a Time

Manasi Bhosale, a primary teacher, who has been deputed to work with the Regional Academic Authority (RAA), Mumbai, has earned a new identity during the lockdown; many children from the MCGM schools now call her the aunty who helps children receive new stories every week.

Manasi leads the coordination of the Reading Campaign for Mumbai schools. This campaign, titled Goshticha Shanivar or 'Story Saturdays' is being implemented by the Maharashtra State Council for Educational Research & Training (MSCERT) with technical assistance from UNICEF and its partner, StoryWeaver, Pratham Books. The campaign was designed as a statewide programme to promote the joy of reading among elementary school children who were at home, away from schools due to the COVID19 pandemic. The design was simple – children were to receive an e-story every Saturday along with an activity to keep them engaged and find joy in reading. Since the launch of the campaign in October 2020, the response from the children and teachers has been overwhelming, with over 1.7 million children reading the weekly stories across the state.

Unlike in the other districts, where a dedicated District Institute of Education & Training (DIET) is responsible for overseeing the campaign

implementation, in Mumbai, such an agency is absent. To address this gap, the RAA team, which is a regional body of the MSCERT, under the leadership of its Deputy Director, Ms. Tribhuvan and her colleagues, Manisha Pawar and Manasi Bhosale, decided to adopt this programme as their own for the Mumbai schools. They strongly felt that it was unfair to keep the children away from stories, especially when they could travel with the characters while sitting at home during the lockdown. This small team of three is now reaching approximately 20,000 children from the Mumbai government schools through the field resource persons or urban cluster resource coordinators.

The school teachers share with the team that children not only enjoy the stories, but have turned story-tellers! Families are also involved in the reading of the stories, with older siblings or young aunts at home reading out to the young children. The activities that accompany the stories are also completed with much enthusiasm. A recent activity of drawing designs on the floor or rangoli with materials available at home saw children raiding their mother's sewing boxes for buttons or the kitchen for available pulses and vegetables, all to make pretty designs that could be photographed and shared with their beloved teachers, whom they were missing terribly due to the school closures.



Children displaying their written work as part of the Reading Campaign activity



Drawing patterns on the floor as part of the Reading Campaign activity



To reach children who did not have access to e-stories due to the lack of Internet/phone facility, under the Goshticha Shanivar, Pratham Books also re-launched their 'missed call' facility. Under this facility, children could give a missed call to a toll-free number and, in turn, receive a call with recorded stories. As Manasi Bhosale supported children in understanding how the missed call process worked, she

became the 'aunty' who could help children in listening in to new stories!

As Ms. Tribhuvan puts it, "Any child, no matter where in the world, loves stories. Stories open up to them a different world. It helps them imagine and wonder. The more they enjoy listening and reading, the better their language development; and the more proficient they are in language, the more they can learn."

e. **School Re-opening Checklist**

Description of the Programme: The school re-opening checklist developed by UNICEF in partnership with civil society, including those representing MCGM schools, and MSCERT in July 2020 is being converted into an online course in Marathi for education functionaries to engage with. The course will be hosted on the Unilearn platform, developed by UNICEF, India.

The checklist, approved by the government, has been drafted in keeping with government guidelines on school re-opening and is a simple tool to help schools to consider the prerequisites for re-opening,

plan for it and understand the precautions to be taken once school is re-opened. The online course has been designed to take the participants through the checklist and assess their understanding to ensure that they are fully aware of these guidelines, including those related to situations where there may be a suspected COVID19 infected person in the school.

The online course being developed is interactive and allows for testing of individual understanding through quizzes as well as an end-of-course assessment. Participants need to score 80 per cent in the assessment to be able to receive a certificate for the course.



Online module of the school reopening checklist



MahaCareer Portal

Reach and Coverage: Once launched, the online course, would be expected to be completed by all 700,000+ educational functionaries in the state, including the teachers in urban areas.

f. **Career Guidance Portal**

Key Activities: UNICEF Maharashtra also supported MSCERT in launching the MahaCareer Portal, a state-wide career portal for students of grades 9–12. The portal provides information on more than 500 careers, including work in such fields as agriculture and sports, health and fitness. It also provides details on colleges and institutes that offer such courses and also scholarship opportunities along with their deadlines to help students pursue a career of their choice.

Five planned training sessions have been conducted, including an orientation to the portal and introduction to specific available career/academic options post grade 10. A monthly review with the district coordinators (counsellors) is being conducted under the leadership of MSCERT to maximize the reach and use of the portal in the coming months.

Reach and Coverage: UNICEF supported the state-wide orientation of over 2,000 school teachers and headteachers and 232 career counsellors on the use of the career portal. For the state, 3.79 million student logins have been created, of which 30,000 are for students from Mumbai. In the state, as of 15 January 2021, there were 286,914 active users, of whom 8,000 were from Mumbai.



II. Way Forward for Education Programming

The pandemic, and resulting school closures, provided an opportunity to focus on caregivers as an important resource towards contributing to the learning and development needs of their children. It is imperative that the focus on capacity building of parents through programmes, such as the Responsive Caregiving Programme, continue even when AWCs/preschool centres re-open in the state.

Further, as was seen from the implementation of the parent engagement programme, there is value in investing in strengthening the relationship between teachers and parents. This engagement was empowering for both the teachers and parents, with research showing the impact on student participation and learning. Looking forward, UNICEF will take a system strengthening approach to support the strengthening of parent–teacher engagement and scaling of the learnings of the programme across both urban and rural Maharashtra. This will be done through capacity building of education functionaries on skills for effective parent–teacher

engagement, which in turn will lead to effective functioning of existing structures such as the parent–teacher meetings, school management committees, etc. where parents/caregivers are involved. The guidebook developed through the Saajha–UNICEF partnership will be a useful tool in this regard.

Partnerships like the one UNICEF has developed with Pratham as part of the MCGM Balwadi programme is unique and has provided many learnings. UNICEF will continue to identify and nurture such partnerships as they lend themselves to a collaborative and more sustainable way to address challenges and incorporates the varied and rich experiences of participating agencies. In the same vein, looking at the success of the Reading Campaign in the state, UNICEF is advocating for the programme to continue beyond the COVID19 pandemic as it not only provides children and teachers an opportunity for developing language skills, but also helps to further their imagination and creativity. To ensure that the enthusiasm is not lost, UNICEF is documenting the innovations made by teachers and education functionaries for wider dissemination. To promote the vision of “every child reading” as per the National Education Policy 2020, UNICEF will advocate for a designated period for joyful reading in the school timetable for all children.



Children sharing a device to learn at home, while schools are closed

Child Protection

Addressing Children's Vulnerabilities and Creating Safe Spaces





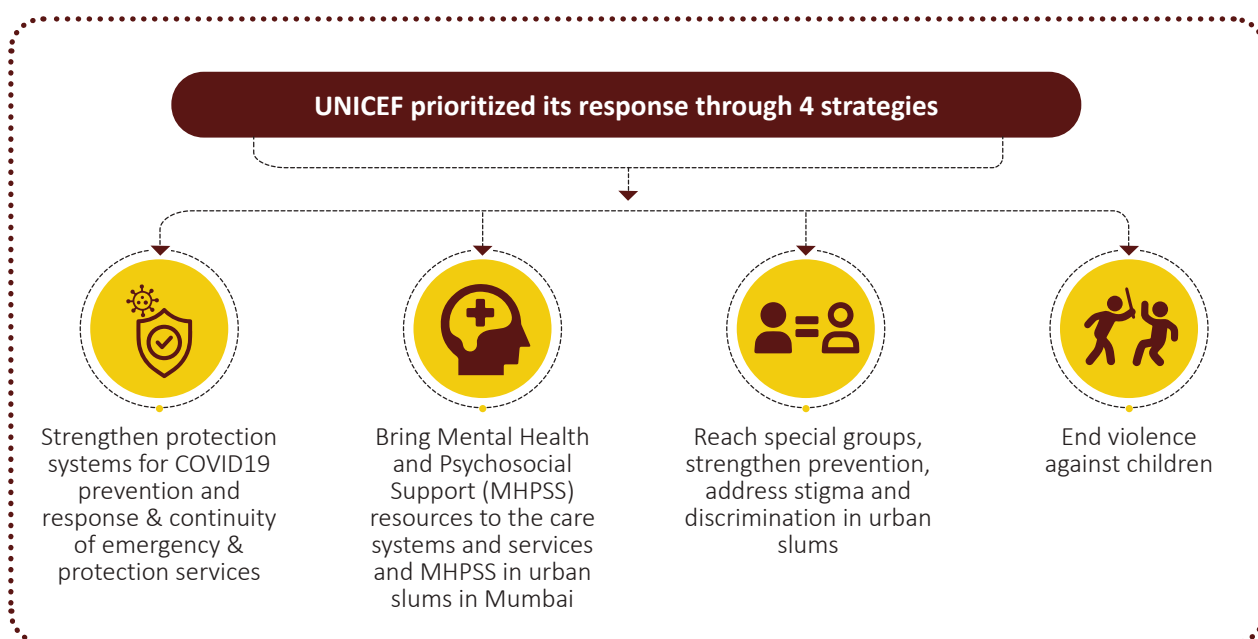
I. Introduction

Much has been witnessed on the socio-economic impacts of COVID19: increase in poverty and inequalities, distress, barriers to education. These factors have in turn increased mental health-associated issues, risk of violence against women and children, families resorting to negative coping mechanisms such as child labour, child marriage and unsafe migration.

With the community spread of COVID19, several urban slums and therefore women, children and adolescents were hard to reach. An emerging concern that emanated is the high number of suicides among student population. The psychosocial

impact as a fall-out of restricted movement, school closures and subsequent isolation intensified and are likely to intensify already high levels of stress, especially for vulnerable children and adolescents.

Seeing the alarming rise of COVID19 pandemic in the country, the Supreme Court issued an order on 3 April 2020 in a suo moto writ petition to lay down steps to be taken by state governments to protect children in child care institutions (CCIs) and those in non-institutional care under the Juvenile Justice System. Periodic Reports were sought by the Bombay High Court Committee for Juvenile Justice to monitor implementation of the directions. UNICEF collaborated with Department of Women and Child Development (DWCD) and the High Court Committee for implementation of the Supreme Court Orders.





These actions were possible through partnerships and collaborative work with the DWCD, the Bombay High Court Committee for Juvenile Justice, the Police Department, Department of Skill Development and Entrepreneurship Development, iCALL Project of Tata Institute of Social Sciences, Childline India Foundation, and child protection non-governmental organizations (NGOs) working in urban areas, such as Prerana, Miracle Foundation, Vidhayak Bharti, YRGCare Foundation, as well as social media platforms.

I. Activities

I.1 Strengthening Protection Systems for COVID prevention and Response & Continuity of Emergency & Protection Services

The Child Protection systems are established under protection legislations including Juvenile

Justice (Care and Protection of Children) Act, 2015 (JJA), Protection of Children from Sexual Offences Act, 2012 (POCSO), Prohibition of Child Marriage Act, 2006 (PCMA) as well as the Integrated Child Protection Scheme (ICPS) to prevent and protect children that have been victims of harm, abuse, exploitation and neglect. The District Child Protection Units (DCPUs) that function under the Department of Women and Child Development (DWCD) in the districts implement the services of care, protection, rehabilitation and reintegration based on decisions passed by competent authorities under various legislations such as Child Welfare Committees (CWCs), Juvenile Justice Boards (JJBs) under JJA. The services include both institutional and non-institutional family and community-based care services such as sponsorship, kinship care, foster care, CCIs, specialized support of counselling, support persons for victims of sexual assault, relief and victim compensation. UNICEF collaborated with the DWCD to strengthen these child protection systems and services for COVID prevention and response.

**UNICEF & DWCD
collaboration was
guided by**

Principal Secretary

Commissioner

Officers associated with Child
Development and Maharashtra State
Child Protection Society (MSCPS)

**Cooperation with District WCD
Officers and ICPS staff made
implementation possible.**



1.1.1. Technical Support to DWCD in Implementation of the Supreme Court Order

Following the Orders of the Supreme Court with the onset of the pandemic and lockdown, UNICEF convened experts and worked with the Department of Women and Child Development to develop guidelines in three areas



COVID19 prevention and response in child care institutions



Procedures for restoration of children in conflict with law and those in need of care and protection to their families



Remote follow-up of children in child care institutions and those restored to their families

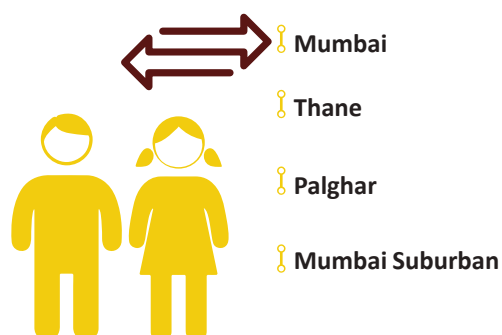
1.1.2. COVID Prevention and Response in CCIs

UNICEF provided guidance and assistance to CCIs of the Children's Aid Society in Mumbai including its Home for Mentally Deficient Children for response to 16 staff and children affected by COVID19. This entailed guidance on preventing the spread of virus, facilitation of admission to quarantine facilities for affected staff and children, risk mitigation for continued in-person services and setting up systems for remote working.

1.1.3. Guidelines and Checklist for Transfer of Children to be Reunited with their Families

UNICEF completed an Assessment Report of 896 children in child-care institutions awaiting inter-district, inter-state and inter-country transfer/repatriation and assisted the DWCD in accelerating pending transfers enabling restoration of children to their families.

Four Districts with Largest Number of Children Awaiting Transfer



To facilitate the safe and smooth restoration of children to their families within and outside the state, a checklist and procedures for transfer were developed by UNICEF to provide child protection stakeholders step-by-step guidance to plan and execute the safe return and repatriation of children. An orientation on the checklist and procedures was rolled out in the four priority districts for child welfare committees, CCIs and DCPUs to enable effective implementation.

1.1.4. CHILDLINE Emergency Service

The National Child Helpline 1098 was declared as an essential emergency service. Childline India Foundation reached out to UNICEF to deliberate on continuity plans and facilitate coordination with DWCD. The DWCD and the police department facilitated permissions and curfew passes so that the Childline Call Centre located in Mumbai could continue to operate and serve the country's western region, including Maharashtra. This technology assisted helpline continued to offer uninterrupted service, 24/7 through the pandemic and lockdown for vulnerable children primarily in the urban areas, but also extending to rural Maharashtra.

UNICEF and Childline undertook capacity building of the staff of 63 partner organizations including District CHILDLINE and Railway CHILDLINE located in the district headquarters of all the 36 districts of the State.

Collaboration with CHILDLINE to strengthen emergency response during COVID19

343 CHILDLINE personnel trained on the Juvenile Justice Act and responding to children in need of care and protection

357 personnel trained on the POCSO Act and responding to child victims of sexual assault

375 personnel trained on the Prohibition of Child Marriage Act and responding to child marriages

1.2. Mental Health and Psychosocial Support

1.2.1. iCALL Partnership for Systems Strengthening and Community-based Psychosocial Support

The Hon'ble Minister for Women and Child Development launched a collaborative psychosocial support initiative with iCALL – Tata Institute of Social Sciences and UNICEF for children and their families under the Juvenile Justice System.



Minister & Principal Secretary, DWCD prioritize psychosocial care

**Webinars covered
585 District Child
Protection Unit (DCPU)
staff, 453 counsellors
and 687 CCI staff.**

The online capacity building webinars covered self care; knowledge and skills to understand and respond to distress, fear, restlessness and uncertainty experienced by children in the aftermath of COVID19.



The webinars addressed manifestations such as:

- ✓ Eating disorders
- ✓ Violence
- ✓ Mood swings
- ✓ Self harm behaviour among children in CCI and those restored to their families

The webinars were designed based on a need assessment



Capacity Building for Child Protection Functionaries

S. No.	Topic	Functionary	No. of Participants
 Self-care			
1	Methods of practicing self-care for personal and professional wellbeing	DCPU Staff, CWC, JJB Social Workers	195
2	Methods of practicing self-care for personal and professional wellbeing	Counsellors of CCIs and DCPUs	200
3	Methods of practicing self-care for personal and professional wellbeing	Child Care Institution care givers	229
 Capacity Building for Psychosocial Support			
1	Understanding psychosocial impact & care with children during COVID19	DCPUs, CWC, JJB Social Workers	317
2	Adopting a child-centric approach while offering support to children in institutions	DCPU, CWC, JJB Social Workers	186
3	Conceptual frameworks for understanding child development and psychosocial impact of different kinds of vulnerabilities	Counsellors of DCPU and CCIs	169
4	Models for conducting a psychosocial assessment & adopting a psychosocial approach to counselling	Counsellors of DCPU and CCIs	151
5	Working with children, adolescent, and parents and planning support for children with a developmental disability	Counsellors of DCPU and CCIs	119
6	Addressing issues of substance abuse, and externalizing behaviour in children in the institutions and strategies for working with groups	Counsellors of DCPUs and CCIs	126
7	Interventions for addressing severe distress, crisis and trauma	Counsellors of DCPUs and CCIs	134
8	Sexual and reproductive health	DCPU Counsellors	60
9	Solution focused therapy and dance movement therapy	DCPU Counsellor	40
10	Psychosocial support for child and adolescent victims of violence	DCPU Counsellors	70
11	Introduction to art-based therapy and experiential activity	DCPU Counsellors	50
12	Effective counselling skills: A practitioner's guide to facilitate support	DCPU Counsellors	50
13	Addressing behavioral problems: Outgrown behaviours, violations, conflict management, trauma exposure	DCPU Counselors	70



Participants were provided with handouts and resources to help them translate learnings to actions. Of the individuals who attended the trainings, 95 per cent of the counsellors and 85 per cent of the DCPU personnel indicated high levels of satisfaction regarding the inputs, especially the sessions on self-care.

iCALL developed a repository of multi-lingual helplines and psychosocial resources for vulnerable, at-risk children, and victims of gender-based and other forms of violence that could be used for referrals.

236 messages for five groups of stakeholders promoting mental health and psychosocial well-being were created by iCALL.

Training was provided to 50 students of NSS and other youth groups as first responders in respect of psychosocial distress within their own communities and for reaching fellow students through college helplines. It was an effective strategy for outreach. A poster, social media and voice messages were developed with a mental health professional and DWCD to reach youth in need of psychosocial care. This task was undertaken with CAP.

iCALL has completed a detailed assessment of the trends in the psychosocial impact of the COVID19 pandemic on children, adolescents, youth and their families, so that the continuing needs for capacity building of child protection functionaries can be designed as part of the COVID recovery phase.



Psychosocial care session to respond to distress during COVID 19



1.2.2. *Psychosocial Support to Child Victims of Sexual Assault*

A partnership with DWCD and Prerana enabled continuing support to 258 victims of child sexual abuse along with appropriate COVID prevention and relief measures.

Tools for remote case management and family strengthening were used. The children and their families were provided empathetic listening, counselling, self-care tips, parenting tips for the adults and educational and recreation activities for children. Families were linked to relief by way of food supplies, livelihood options after the lockdown was lifted. Weekly check-ins supported families to tide over fear.

Families and children who have benefited from intensive counselling services since the commencement of the lockdown appear more accepting of the challenges that they face. This indicates the urgency of linking a larger number of children and families to counselling and psychosocial services, which is being addressed through UNICEF's partnership with DWCD, iCALL and Prerana.

Two rounds of rapid assessment "Surviving under stress: A report on child sexual abuse victims and families in lockdown" were undertaken by Prerana with UNICEF to strengthen services and psychosocial care.

The POCSO on the Ground Webinar "Working with Child Victims and Families of Sexual Offences during COVID19 – Evolving Roles and Challenges" with partner Prerana and Aarambh was attended by 160 practitioners, including representatives of Child Welfare Committees, District Child Protection Units, advocates, mental health professionals, medical health professionals. The recommendations suggest ways by which the bottlenecks can be addressed by Department of Women and Child Development, Police and Judiciary.

1.3. **Reaching Special Groups, Strengthening Prevention, Addressing Stigma and Discrimination in Urban Slums**

1.3.1. *Aftercare and Care Leavers*

The pandemic exacerbated the vulnerability of care leavers – orphans or other youth without parental care or those who had exited CCIs at the age of 18 years.

During the COVID19 pandemic and lockdown, it was the care leavers who got together to develop a support system to address the needs of their peers from care institutions. UNICEF supported the effort of the Youth Care Leavers Association to conduct an online survey to assess the situation of 442 of their peers. The diagrams below provides a profile of care leavers who responded to the survey.

Diagram 1: Number of Youth Care Leavers in Cities/District HQs of Maharashtra

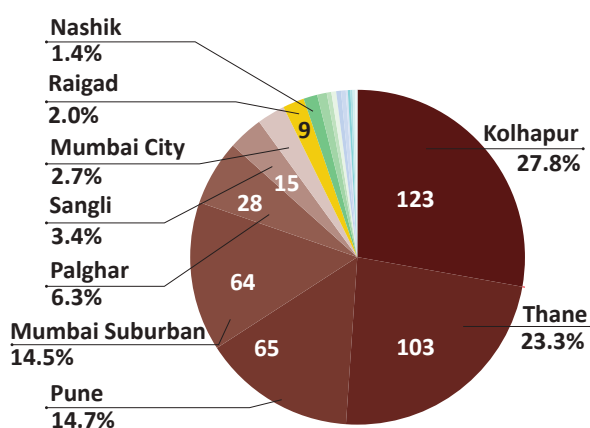
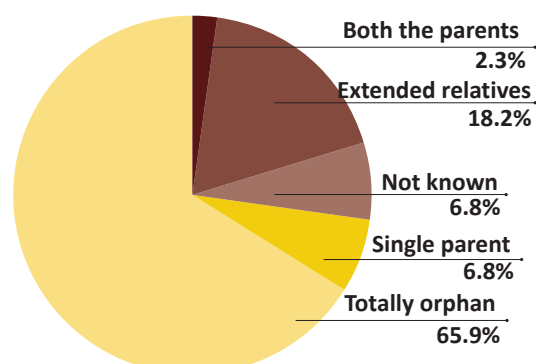


Diagram 2: Family Status of the Care Leavers





Nearly 80 per cent of the care leavers were without parental care or kinship support. The majority of these youth who responded lived in cities in order to pursue their education, acquire skills or jobs. Many of them lived in hostels or in rental accommodation in slums/ low income housing. However, during the lockdown many lost their jobs, were evicted and rendered homeless. They could not afford ration supplies and faced severe psychological distress.

UNICEF guided the enormous efforts of care leavers (See Case Study 1) to undertake crowd funding. UNICEF amplified their voices and concerns through advocacy, facilitated linkages with government and other partners. It must be placed on record that it was the dynamism of young care leavers and their platform – Youth Care Leavers Association – that tied up successfully with sources of support. The young people worked with the police for the distribution of medicines and rations to care leavers across the state, established peer support for emotional well-being and created linkages with NGOs and government relief bodies.

UNICEF hosted a consultation with care leavers that enabled stocktaking of the challenges faced by them. UNICEF documented best practices in respect of work with and for care leavers, and disseminated important information about acquiring the “Orphan Certificate”, announced by the DWCD. UNICEF ensured that care leavers were made part of the national advocacy initiatives facilitated by the platform YuWaah in collaboration with the Ministry of Youth Affairs.

In the COVID recovery phase, DWCD has commenced a campaign for the issuance of the “Orphan Certificate”. Skill development, education, shelter and psychosocial care are areas where success can be achieved through the collaborative ecosystem of care leaver led platforms, the government, NGOs and UNICEF that has emerged following the pandemic.

1.3.2. Strengthening Communities and Families, and Preventing Harm

a. *Demonstration of a Harm Prevention Approach in Ramnagar, Pune*

A community-led child protection initiative, undertaken as a collaboration with the Miracle Foundation, DWCD and UNICEF, strengthens mechanisms for supporting vulnerable families in urban slums, thereby preventing children from being separated from their families or placed in an institution. Ramnagar slum of Pune provides a meaningful demonstration of the programme, which is being implemented by Deepak Foundation and Miracle.

Prior to the arrival of COVID19, a Participatory Rural Appraisal in 5 clusters of the Ramnagar Slum had been undertaken through focus group discussions (FGDs), interviews, corner meetings with community members that identified hotspots of violence and 40 vulnerable families with a history of alcoholism, unemployment, desertion by fathers, or disability in the family.

With the onset of the COVID19 pandemic and the lockdown, a WhatsApp group of eleven community heroes including an anganwadi worker (AWW), doctor, teacher, ASHA worker, and other community representatives, supported by Deepak Foundation, came together to address the immediate needs of vulnerable and at-risk families. Linkages were established with elected representatives and NGOs who came forward to provide rations. Anganwadi workers, ASHA workers and local volunteers facilitated food and ration distribution to 63 vulnerable families.

While distributing food and rations in the community, it became clear that the community residents were not fully aware about COVID19. It was agreed that a one-window mechanism would enable resolution



Community mapping by community volunteers in Ramnagar, Pune

of community questions and provide information on COVID19 prevention. ASHAs held sessions on women's health & hygiene. Local volunteers demonstrated hand-washing techniques and hygiene practices to children of the community and provided guidance to families on assisting the elderly.

The period of the COVID pandemic also led to the constitution of the Ward Child Protection Committees and the formation of Bal Panchayats. The members of the CPCs continue to meet on a monthly basis and respond to addiction, domestic violence, school dropouts and other problems arising due to closure of schools. Their active participation is leading to local solutions and making Ramnagar community a safe and secure place for children.



Formation meeting of Bal Panchayat



Steps Taken to Address Child Protection Risks Identified in the Community



Regular online safety tips were shared with parents and children



Mental health and parenting support resources were reached to the community of nearly 4000 households



Women and child helpline numbers were disseminated



Creative online tools such as challenges put out by Western India Football Association kept children mentally and physically active while maintaining COVID prevention norms during lockdown



With support from the frontline functionaries, Deepak Foundation is also building leadership of 30 children and adolescents – 18 girls and 12 boys through a Life Skills Programme with a special focus on COVID prevention and response

b. *Urban Ward Child Protection Committees (CPC) in Mumbai Suburban District*

In the recovery phase, priority has been assigned by the government to child protection and prevention of family separation, and develop ownership in the community, particularly within urban local bodies to foster community oversight and investment to keep children safe, protected and free from violence and abuse.

In the period between September and December 2020, the District Women and Child Development Officer, Mumbai Suburban joined hands with NGO YUVA to establish Child Protection Committees in the entire Mumbai Suburban district. YUVA led a concerted campaign in Mumbai Suburban District titled "My Ward, My CPC". The district collector has now mandated the setting up of 100 CPCs and activation of all 169 CPCs in the district by YUVA and DWCD, Mumbai Suburban.



UNICEF is supporting the DWCD in the formation and scale up of CPCs across the state and has developed useful resources including films, hand book and training materials with NGO, Leher.

c. *Youth from Mumbai Colleges reach children in underprivileged communities*

Youth from urban colleges lent their time and talent for an initiative during the pandemic called “Sunday hain Funday”. The platform, initiated by UNICEF partner organizations Nine is Mine, sought to keep children from urban slums engaged every Sunday with an activity that was part-recreational, and part-educational. Activities conducted by college volunteers included a magic show, a story-telling evening, and various arts and crafts. The opportunity to discuss child rights with the children was also taken up. The activities kept the children’s spirit high during the pandemic.

1.4. Ending Violence against Children

UNICEF’s partnership with the Department of School Education and Sports saw completion of the manual

on child protection and ending violence against children in schools . The collaboration extended to capacity building of master trainers, reaching over 3500 members of the senior leadership and Kendra Pramukhs with the education department, on child protection during the COVID pandemic, online safety of children and psychosocial care.

A unique online collaboration between actor Sonakshi Sinha, the police department, Mission Josh and UNICEF to stop cyber bullying reached 36 million people. The collaboration extended to developing short videos for staying safe online.

Messages for prevention of child marriage, violence against women and children, and promoting mental health were disseminated through sensitization and trainings of the School Education Department , the police, child protection stakeholders and frontline functionaries, as well as through community radio, reaching an estimated 2,051,500 people.

Key Achievements

Despite the lockdown, the Childline emergency service continued to function and respond to calls 24x7 from children, parents and concerned citizens.

The urgencies of the pandemic were an enabling force for enhanced coordination between protection stakeholders and strengthened the linkages between critical child protection actors at the district level. This outcome is significant as thus far it has been highly challenging to address child protection in the urban areas due to a very limited workforce, an over-burdened child protection system. The engagement of decision makers with child protection concerns has now expanded.

The COVID context also lent itself to accelerating the formation of Urban Child Protection Committees, an initiative that had commenced in 2018 as part of a partnership between DWCD, UNICEF and YUVA. The formation of urban CPCs

in Mumbai Suburban District, as a collaborative effort of DWCD, the District Collector and YUVA, offers ideas for replication in other cities and decentralizes the presence of child protection structures to the ward and community level bringing focus on community ownership, as well as participation by children and adolescents.

Another significant achievement has been the laying of the foundations for psychosocial interventions for children in the child protection system, extending to staff and functionaries. This was achieved through partnership between DWCD, UNICEF and iCALL.

New partnerships on ending violence against children that emerged during COVID can have long term value for building the Ending Violence Against Children agenda within public and private schools, in the police department, and in the protection system as a whole.



II. Challenges

The absence of options for online communication in CCIs, shelter camps for migrant workers and the homeless was a challenge in terms of providing psychosocial support and messages regarding child protection, prevention of family separation and responses to the pandemic. Disaggregated data of women and children in migrant shelters was not available and that also hampered planning.

Economic distress is no longer restricted to single parent households, women headed households and child headed households with a growing number of families (urban and rural) indicating that financial uncertainty, because of lack of employment opportunities and exhaustion of savings, is the biggest stressor that they face. The importance of providing psychosocial support to children and families cannot be emphasized enough.

Families facing such economic hardships seek assistance from the state in their child-care role. Families also resort to negative coping mechanisms in such times like child marriage, child labour and children dropping out of school. There is a demand for children to be sent back to institutions or be given admission at institutions so that they can continue their education and have their basic needs met. This calls for larger family strengthening efforts. Learning programmes and urban child-centric social protection are important gap areas.

The absence of child protection mechanisms within urban local bodies and systems results in the police becoming the only recognized institution for child protection. The need for coordination between ULBs and WCD and for protection systems and structures such as Child Welfare Committees, Juvenile Justice Boards, District Child Protection Units to match up to urban needs and demands calls for an urban design for ICPS. During the COVID period the police force was excessively burdened and the repatriation of children was affected, due to non-availability of escorts.

A certain invisibility regarding child protection issues was also witnessed during the lockdown. However, this was followed by a surge of reporting on child marriage, child trafficking, child labour and vulnerability faced by street children. This situation needs to be addressed in the recovery phase.

III. Way Forward

COVID response and recovery has shown the importance of convergence of systems for child protection including the Childline Emergency Services, Police, Railway Police, WCD and ULBs and also the need for stronger safety nets to prevent children from being pushed into circumstances of violence, abuse, exploitation or negative coping practices such as child labour, child marriage, unsafe migration, and trafficking. The pandemic also saw partnerships between the public and private sectors. The role of NGOs, social media, FBOs, and youth was very positive. This convergence must be sustained and strengthened. Child Protection Prevention in the urban area needs attention. Formation and activation of Urban Child Protection Committees as a systematic campaign across urban areas is a step in the right direction. A government resolution (GR) for Urban CPCs would be a welcome measure to support state-wide scale up.

The convergence of urban local bodies with child protection systems is critical in order to make them effective in the urban context, as well as for making cities safe and child friendly. The COVID context has once again led to the reiteration of the demand for re-examining the ICPS scheme from the urban lens and strengthening the child protection system to match urban scales and complexities. Disaster risk reduction in the urban area with a child protection sensitivity and specificity is much required as preparedness and resilience building is key.

MHPSS received an impetus during the COVID pandemic and the recovery phase must retain a continued focus and expansion of community-based MHPSS. It would be of great advantage if psychosocial support is mainstreamed into public health and protection systems that can reach every ward.

The impact of negative coping mechanisms, unsafe migration of children revealed through the pandemic bring with them the opportunity to address child vulnerability and last mile groups like street children, care leavers, and those abruptly restored to their families from CCIs. In this light, urban social protection measures to cover food security, health, nutrition, and education services for children are absolutely critical.

Case Study 1:

Care Leavers Join Hands to Form a Support Network and Advance their Rights



During COVID19 the following happened: People lost jobs and earnings, could not pay rent or get access to ration. Now, imagine the same scenario for those without a support system: such as care leavers, especially orphans and women among them who grew up in CCLs till the age of 18 years. Whom do they turn to? In the words of Aditya Charegaonkar, a care leaver and a leading activist of the Youth Care leavers Association (YCLA), “Care leavers stay in rented rooms if they have jobs or more often than not, in slums and suddenly, those jobs are gone. So, where do we go? It’s really tough for us because our network comprises our own peers who are in a similar situation. But nobody thinks of our unique situation. For instance, civil society provides ration, but mainly to families. Most care leavers are single.”

Mayuri Joshi, a former care leaver in Pune points out, “Issues of care leavers, especially orphans remain the same: they still do not have shelter, have no access to rations/meals, and education options and job avenues are unclear. These concerns just became more pressing during the pandemic. The situation is more acute for women.” Health, education, personal safety, shelter, transport, and meals are some of the

myriad issues generally faced by young women, and these same issues cropped up with greater severity during the COVID19 pandemic.

Hence, care leavers including Aditya Charegaonkar, Mayuri Joshi, Kulsum Zehera, Gayatri Pathak, Manisha Shinde from the cities of Mumbai, Pune, Kolhapur, Nagpur began to proactively reach out and offer a safety net to their peers in need through the informal, but strong network of the Youth Care Leavers Association (YCLA). Charegaonkar posted a link to a Google contact form to care leavers in the YCLA, Maharashtra network and beyond on 23 March 2020. It enabled a quick assessment of the ground reality of care leavers in the state. Spherule Foundation, Pune extended help to send ration to around 60 care leavers in Mumbai, Pune and Kolhapur. Later, a crowd funding initiative, was set up by the care leavers themselves, which raised a sum of INR 4,20,000, which benefited more than 400 care leavers. Civil society organizations that pitched in for relief efforts, supported these youth in crisis or helped in gathering data included Spherule Foundation, Aapulki Foundation, Vinimay Trust's volunteer network, Prayas – TISS and UNICEF.

Linkages were also made with police authorities in Nashik, Navi Mumbai, Panvel and Kalyan, as well as with civil defense units in some areas of Mumbai to distribute ration kits to care leavers during the lockdown. The Department of Women and Child Development (DWCD) officers provided guidance about reaching care leavers in far-flung areas.

After the initial relief efforts, in continued collaboration with UNICEF and civil society organizations, the focus of YCLA, Maharashtra expanded to other areas. It began to offer mental health support in collaboration with Ashiyana as well as placement assistance and vocational training in collaboration with NGOs such as Vinimay Trust and Muskurahat Foundation. In an engagement



facilitated by UNICEF, Kulsum Zehera (23) who shares her rental flat with two HIV positive young women addressed parliamentarians and said, “We care leavers have supported other care leavers across the state. Please reach the terminally ill, disabled, adolescents and youth facing mental distress.” On the occasion of Girl Child Day, 2020, in an interactive session with Consuls General in Mumbai and UNICEF, Dimple Parmar said, “the support from the Care Leavers Association and

Ashiyana’s mental health programme gave me courage to leave an exploitative job. I used my savings to rent an apartment and found a better job. My life changed because of this support!”

The DWCD is developing a Helpline and a one-window system in Pune to support care leavers in different cities and across the state to provide crisis support, improve access to entitlements and services for independent living.

Case Study 2:

Surviving under Stress: A Report on Child Sexual Abuse Victims and Families In Lockdown

By Prerana’s Aarambh India Initiative in partnership with UNICEF, Maharashtra, April 2020

Soon after the complete lockdown was imposed, Prerana’s Aarambh India Initiative, in partnership with UNICEF Maharashtra, reached out to over 250 families affected by child sexual abuse that had been supported since 2015 as part of an ongoing partnership initiative for “Strengthening Child Protection Systems in Mumbai and Maharashtra”. Many of the children belong to the most vulnerable categories like adolescent girls, queer, disabled, and homeless children. Over March– April 2020, a rapid assessment was carried out telephonically in two phases reaching 124 and 128 families, respectively, to ascertain their immediate situation vis-a-vis health, food and accessibility to key government schemes. After the first survey, psychosocial support was offered over WhatsApp and telephone.

During the first interactions more than 125 families mentioned the immediate need for ration supplies, sanitation kits and telephone recharges. The immediate requirements

mentioned by families were addressed by the Aarambh India Initiative through a crowd sourced fund-raising campaign. Since April 2020, families have been provided with more than 2 months of ration supplies, sanitation kits and telephone recharges. **Other than this support, 97 per cent of the families were found not to have been able to access any form of non-governmental or government support or aid such as free ration, cooking gas, meals or financial aid.** The second survey revealed that the extension of the lockdown has made the precarity quotient in their lives significantly higher. The three major challenges the families were facing as ranked by them are: 1. current financial constraints 2. challenges in acquiring ration. 3. prospect of unemployment.

In a positive feature, 100 per cent of the families reported that they followed at least the basic precautions by staying at home, wearing masks, and washing hands regularly. Some families also mentioned that using the public toilet during the lockdown was a challenge, as they were afraid of getting infected by the coronavirus.



Impact on children

All the families understood the importance of the lockdown and in order to make sure that they did not get infected, have not let their children out of the house.

15 families mentioned that they were unsure whether they would let their children resume their education, as they weren't sure if they would be able to bear the expense.

Many parents mentioned they had given up on trying to keep up any set routine for their children.

Out of the 128 families, 94 families had POCSO cases pending at various stages at the sessions courts in Mumbai or the Juvenile Justice Board. **These POCSO cases were described by the families as added stressors. There is a need to ensure that the cases of child victims of sexual offences are given priority and the matters taken up as soon as the courts start functioning.** Even with the unlock, it's clear that more families require support not only vis-a-vis finance, ration and health, but also emotionally and psychologically. It is an indication of a massive crisis when families are put in the position of having to consider healing from sexual violence as a secondary priority. The first priority is survival.

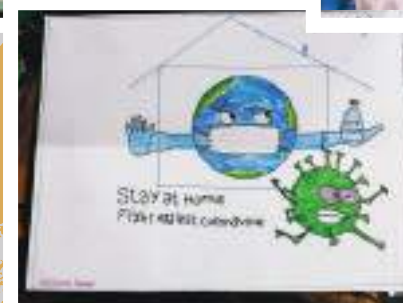


Safe return of migrant workers and their children to their home states



Creative Expressions of Youth during a Community-level Engagement on Human Rights Day on 10 December 2020

A series of art competitions on the theme of Human Rights and Impact of COVID19 was organized by Apnalaya as part of the UNICEF partnership project across eight clusters in G North and M East wards and for youth of 15–24 years. Around 200 youth across the two wards participated in the competitions.



Youth

Engaging Youth as Agents of Change



Young girls from Shivaji Nagar,
M/East Ward



I. Introduction

The COVID19 pandemic and the ensuing lockdown led to shutting down of schools and colleges as well as restrictions on mobility, which had an adverse impact on adolescents and youth in vulnerable communities. As an aftermath of the extended lockdown the slum populations of wards M/East (77.55 per cent) and G/North (56 per cent) of Mumbai were at a higher risk for several social, economic and health related shocks.

II. Project Brief and Objectives

During the pandemic, it was observed that people recovering from COVID19 were being increasingly

stigmatized and discriminated against. They were even facing social and economic ostracism in the communities. In response, **UNICEF and Apnalaya¹** devised a project to constructively engage youth (in the age group of 15–24 years) from M/East and G/North wards to address issues of stigma and discrimination. The project focused on providing young people a space to voice their opinions and engage on issues which were important to them. Consultations with UNICEF and government officials were held and seven clusters in M/East and one in G/North were identified as being most vulnerable, due to the higher rates of infection there and the density of the settlements. These locations included Ayodhya Nagar, Shivaji Nagar, Cheetah Camp, Baiganwadi, Indian Oil Nagar and Mandala in M/East and Matunga Labour Camp in G/North.

Objectives of the Programme



¹ Apnalaya is a non-profit organization founded in 1973 and works with the urban poor in 123 slum clusters of M/East Ward Mumbai including 15 Health Posts and maternity wards (catering to 60,000 people each) and 2 government hospitals.



As part of the project, a rapid assessment was carried out during October 2020 through four focus group discussions (FGDs) with youths in M/East and two FGDs in G/North. This exercise helped to build an understanding about the priorities of adolescents and youths in the context of COVID19 and the impact of the disease on them.

II.2. Limitations and Challenges

Mobilization of youth in the community was challenging due to fear of COVID19 and the restrictions of the lockdown.

III. Findings of the Rapid Assessment

III.1. Impact on the Daily Life of the Youth

- The daily life of youth has changed immensely due to the pandemic and lockdown.
- Boys and young men attend online classes, homework, play games or browse Internet on

mobile phone. Some boys shared that they play sports and spend some time with their friends

- Young women and girls mentioned that most of their time is taken up by cooking and other household

- Youth from Dharavi and Shivaji Nagar also participate in income generation activities like jobs, shop keeping and selling of cosmetic products.

- Closure of educational institutes meant that youth, particularly girls, did not have spaces where they could meet



Ghar ka problem rehta hai. Fees nahi bhar paate kyun ki lockdown me kaam nahi hai.²

– Youth from Dharavi



Ladkiya shop chala rahi hai jiski wajah se education me problem aa rahi hai.³

– Youth from Cheeta Camp



Unable to meet and interact with their friends after schools closed, as going outside and inviting friends over are restricted for girls



How were the lives of girls and young women more affected?



Mobility of young women impacted for safety reasons, as markets were full of young men who were unemployed

² There are problems at home. With no work during the lockdown, we cannot pay the fee.

³ Girls are managing shops, which causes problem in their education.



Painting competition in Indian Oil Nagar

and interact with their friends. This outcome had more impact on girls as they were not allowed to go outside of their houses or invite their friends over.

- Further, as many men were unemployed, the markets were full of men, which had a major impact on the mobility of young women since it was considered unsafe.

III.2. Impact on Education

• Challenges of online education

- ◆ **Unavailability of devices** (smartphones) – issues with network connectivity and inability to recharge their devices, because of constrained financial resources, led to reduced access to educational resources offered only through digital media.
- ◆ **Decreased interest among youths in their studies** – many found it difficult to understand concepts and the practical applications of the learning material, as well as to keep themselves motivated for attending online classes.

- **Delay in school admissions**, specifically for higher secondary and the graduation level, due to constrained financial resources and hikes in

education fees, especially for private schools/ colleges.

- **Increased risk of youths dropping out** of school due to migration of households, loss of income, and having to go to work (child labour).

III.3. Impact on Health

- As a result of continuous online classes, young people were suffering from headaches, pain in the eyes, and watery discharge from eyes.
- Severely limited mobility had also led to lethargy and demotivation
- Emotional distress because of social isolation, particularly among girls.



Last year mera pair ka operation hua hai, par koi theek se dekh nahi raha.⁴

– Youth from
Baiganwadi (PwD)



III.4. Factors Impacting Access to Health-care Services

- Since many government hospitals were also COVID19 centres, accessing health care became difficult for those in need including pregnant women.
- Fear and suspicion of government health-care facilities due to rumours, fear of being quarantined and related stigma.
- Moreover, private clinics were either closed or too expensive, making accessible and affordable health care a critical need for the community during this time

⁴ I had an operation for my legs last year. But no one is looking at it (providing follow-up medical care).



III.5. Knowledge and Awareness about COVID19

- Some misinformation and rumours were also spread during discussions on how the disease originated or spread, for example, that the disease spreads through chicken, or due to drinking cold water from the refrigerator. In addition, youths from certain slum clusters claimed that the disease was not “real”.

III.6. Denial of Services and Discrimination Originating Outside the Community

- Youth from Dharavi and Mandala also witnessed and shared instances of denial of services and discrimination due to COVID19 beyond their communities.
- Buses would not stop near Dharavi, which led to issues such as lack of accessibility to workplaces and means of travel for the community.
- In Mandala and Dharavi, sanitation workers did not clean in front of the houses where COVID19 had been detected or lanes that had been sealed, which led to piling up of garbage.
- After the lockdown was lifted, people from Dharavi couldn't find jobs and faced discrimination outside the community.
- A youth shared an instance where her friend had been asked by the employer to produce COVID19 negative report every three months just because she was from Dharavi.

III.7. Livelihoods, Skills and Aspirations

- Children and youth were engaged in income generation activities like running shops, rag picking, etc., which affected their studies and in some instances resulted in them dropping out of school.

- Youth in Dharavi and Mandala were able to articulate their aspirations clearly, but were unclear on how they would pursue them in view of the challenges in continuing their education, lack of skill development opportunities or of gaining practical knowledge. They needed more support from families and the government to be able to achieve their goals.

- Some requirements which were put forward included support in building communication skills, self-defense training for girls, a helpline where they could access information, and vocational courses for youth in the community.
- In communities like Cheeta Camp, Baiganwadi and Mandala, one of the direct consequences of the lockdown was that girls had lowered the aspirations that they previously used to nurture. They could no longer see any point in having dreams and goals when there were so many barriers and limitations in their communities. Girls in Baiganwadi even said that the **lockdown was only for the girls, not the boys**.

“

Basti me jo chheda bhai ka group tha ek jisme se sab gao chale gaye the wo akela tha aur khana paisa naa hone ki wajah se usne suicide kar liya.⁵

– Youth from Mandala

”

“

Agar corona hua to usko bolte the ye ganda hai isse dur raho.⁶

– Youth from Shivaji Nagar

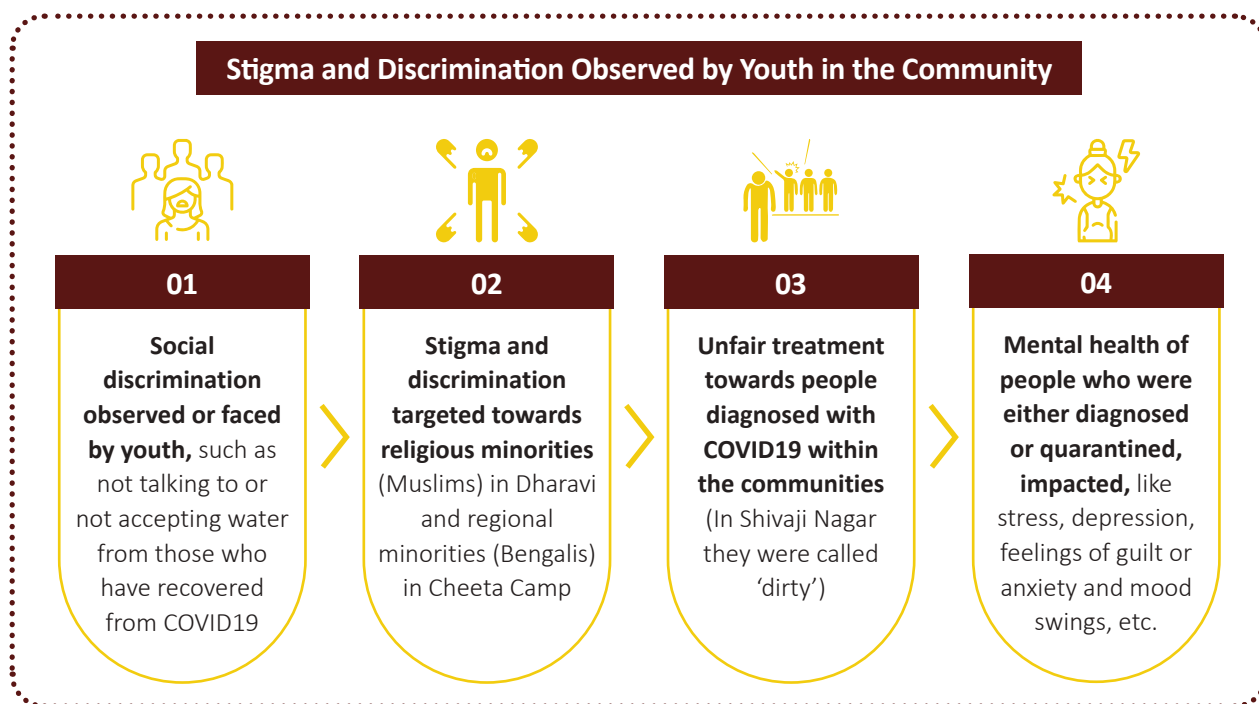
”

⁵ There was one man from the group of migrant labourers who went back to their villages. He had no food or money, which made him commit suicide.

⁶ If someone gets corona (COVID19), then people call them ‘dirty’ and stay away from them.



III.8. Stigma and Discrimination



Youth engagement for U Report platform



IV. U Reporters and Offline Engagement with Youth

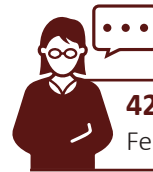
- **Developing youth volunteerism:** A core group of 60 youth, with representation of young girls and women and people with disabilities (PwD), were selected and trained in COVID19 awareness, understanding stigma and discrimination and use of the U Report⁷ platform. This group has been crucial in leading engagement in the community.
- **Blended approach for youth engagement:** The engagement plan was designed with inputs from the rapid assessment and participation of youth. The inclusion of on-field (offline) engagement along with the U Report platform was done to ensure better inclusion.
- **Use of popular art forms like rap and be-boying:** Music and street performances by talented local youth have accentuated mobilization efforts and youth participation during group meetings and communication campaigns.



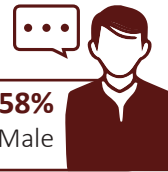
Rap performance by youth in G/North ward



1,700 U Reporters enrolled since November 2020



42%
Female



58%
Male

Findings from polls:

- **87%** of respondents understand that COVID19 is a virus which causes a disease
- **16%** know that only a test can confirm presence of COVID19
- **66%** know that an asymptomatic person can also transmit the disease
- **82%** are aware of all precautions to be taken to prevent COVID19
- **37%** say that COVID19 will spread through contact with an infected person
- **39%** agree that COVID19 doesn't spread through specific people or communities
- **60%** say that people may hide their symptoms because of stigma while 20% say there won't be any impact
- **36%** stated that they someone they know has experienced stigma

⁷ U Report is a programme designed to empower youth in India to speak out on issues that they care about in their communities, encourage citizen-led development and create positive change.



V. Conclusion and Way Forward

The insights from the rapid assessment and U Report engagement show us the need for interventions that focus on youth in vulnerable communities, help build a supportive ecosystem, and also draw on the potential of young people themselves for becoming change agents in tackling stigma and discrimination. In the context of the pandemic, the focus so far has been on online education. There is a need to look at different models of engagement to improve learning, increase the social participation of youth, as well as awareness about skill development and livelihood support. Incentivized volunteerism among youth should be promoted for building awareness on government initiatives related to health and education, both at the ward and city levels,.



Group meeting in Shivaji Nagar



Nukkad meeting in Indian Oil Nagar

Stigma and Discrimination in the COVID19 Environment

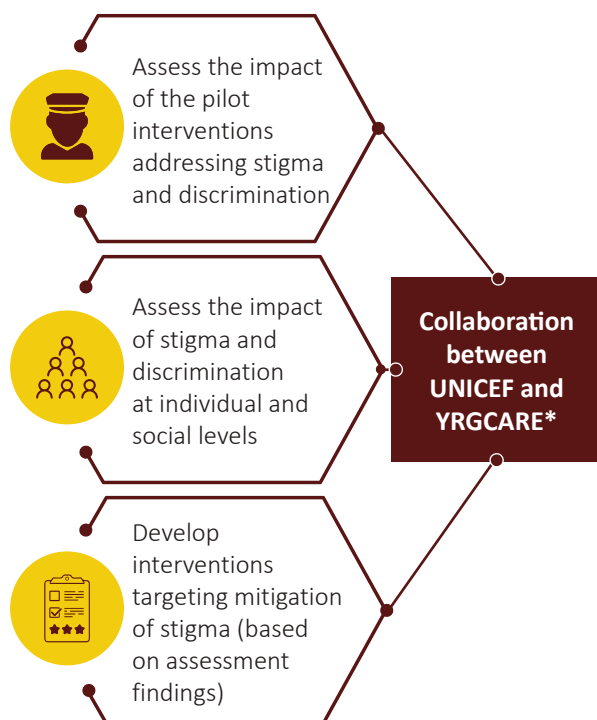




I. Introduction and Context

COVID19 impacted normal life since March 2020. Initial phases of this disease spread resulted in lack of structured information leading to difficult situations. Overall, lockdown in phases considerably affected individuals' movement, economic opportunities, mental wellbeing and led to an overall societal crisis. For this project, two low economic settings of Mumbai were selected – one, M/ East ward and two, G /North ward. Both wards have high population density (close to 1 million) with very limited space. Both wards reported high numbers of COVID19 spread with over 50 different micro venues declared under containment zones together.

II. Project Objectives



II.1. Stigma and Discrimination among Stakeholders – Qualitative Assessment

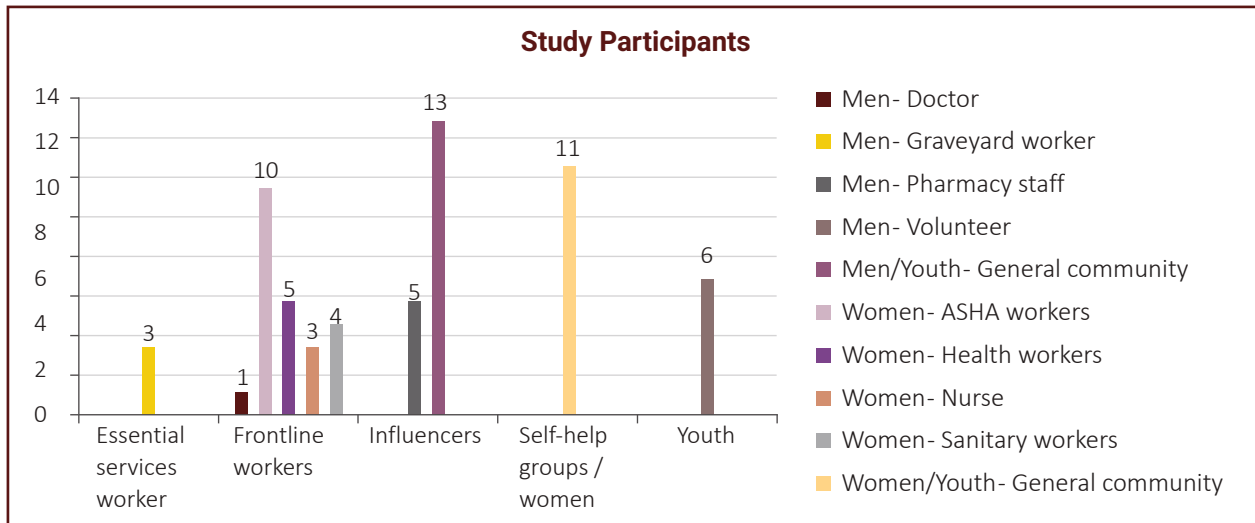
a. Methodology

As part of the project, a rapid qualitative assessment was done during October 2020 through in-depth interviews (IDIs) with stakeholders, faith-based organizations, community youth, men and women in the identified communities of both wards. This step helped to build an understanding of the impact of COVID19 on the community and youth, as well as the priorities of stakeholders and the communities in the context of the disease. Purposive sampling was used to identify the stakeholders – influencers, faith-based organizations, members of self-help groups, frontline workers in age groups ranging from 18–60+, which included youths, and persons from the general community. Respondents were selected based on their willingness to participate and their availability. Safety precautions like use of masks, sanitizers, physical distancing, were taken while conducting activities on the field. The support of the local community-based organizations and partner NGOs was instrumental in mobilizing the participants and in arranging a place for the IDI.



Counselling zari workers on COVID19 precautions

* YRGCARE is a not-for-profit (registered charitable trust) involved in public health endeavors with specific focus on HIV and infectious diseases. Dr. Suniti Solomon, founder, documented the first case of HIV in India. She is also the recipient of Padmashri from the President of India. Since its inception in 1993, YRGCARE has garnered immense goodwill and endorsements from communities it serves. This has helped the organization offer health-care research, programmes and livelihood options to the population it serves.



The participants studied in this qualitative assessment can be divided into five groups; essential service workers, frontline workers, influencers, women in self-help groups and youth. The findings of the study highlight that among these groups, the frontline workers faced more stigma and discrimination than others during the beginning of the pandemic.

b. Findings

Some of the frontline workers also revealed that they had observed others facing stigma and

discrimination. Pharmacy workers who were categorized under influencers faced very little stigma. Not just at the beginning, but for several months, frontline workers were treated in the communities as “infected” and as “spreaders” of the dreaded virus.

According to the participants, the reasons quoted for such behaviour changes were varied and depended on the geographical areas, the neighbourhoods, and knowledge levels of people there. Further, a peculiar relationship between levels of education and stigma and discrimination was observed – the higher the

Some Outcomes of Discriminatory Beliefs

Complete change in the attitude of neighbours, who had been till then very friendly and supportive. Later ‘changed their colors’ and started behaving differently

Doors were shut when FLWs passed through their lanes and corridors or near anyone’s door

Neighbours did not allow their children to play with the frontline workers’ children

They were not allowed to move around freely except when going for their jobs

Diminishing relationships



Youth orientation on stigma and discrimination, COVID19 prevention at Ganpati Mandal



levels of education, the more the attitude of stigma and discrimination towards COVID19 positive persons while, the lower the education level, the greater was the acceptance of the situation and persons affected. The inference that can be made here is that fear of infection from unknown sources probably caused well educated people to stigmatize and discriminate against others. For instance, one pertinent example quoted by participants was that domestic workers like maids were stopped from coming to work as soon as the pandemic started. The assumptions being made were that maids coming from informal settlements which were cramped would be more susceptible to infection. The result was fear and panic in the minds of the high-rise building employers. This caused immense distress to the women and their households as income support was instantly curtailed. On the other hand, in the slum setting the reactions were the opposite and people were observed to be more helpful and respectful towards those in distress. As slums were a homogeneous entity, there was more bonding between the families and hence less stigma and discrimination were experienced.

Participants who faced the maximum stigma and discrimination said that they started overcoming this situation by ignoring the incidents, by trying to educate their communities in residential buildings as well as in the informal settlements about COVID and the way it was transmitted. They also quoted examples of those who had welcomed COVID positive persons back home and had not gotten infected. And lastly, they observed the three methods of prevention – respiratory hygiene, use of masks and frequent handwashing and sanitation. Similarly, those participants who did not face stigma and discrimination continued to communicate the facts about virus transmission and how the mental condition of individuals and communities was affected and, as a result, their livelihoods as well.

II.2. Impact of Stigma and Discrimination on Community

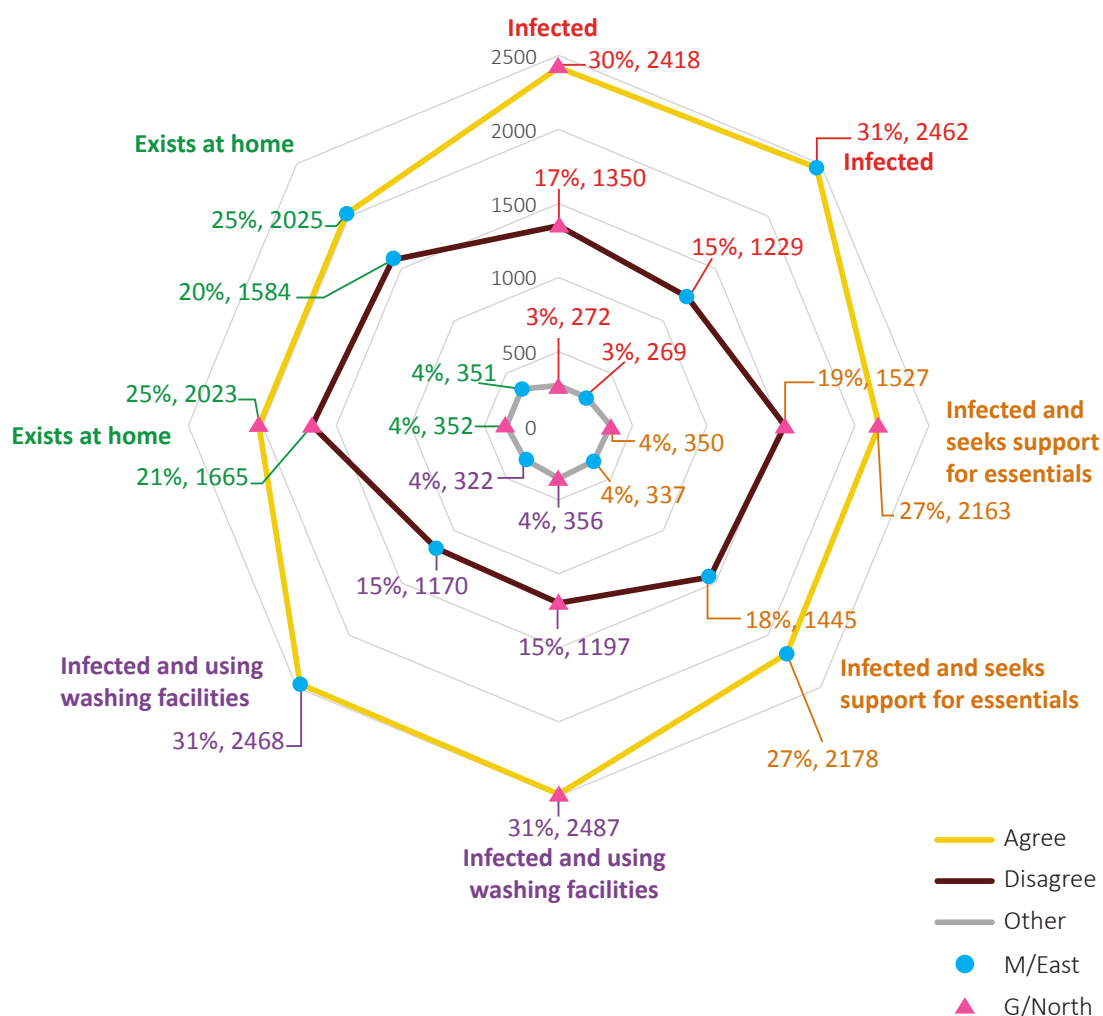
a. Methodology

Following the qualitative data collection, a quantitative tool was designed. The data collection was amongst cross sections of the stakeholders using an application loaded in a tablet with a secured platform to ensure non-duplication of data. The survey was conducted through our partner NGOs of the project namely in G/North: SHED, SHIELD and MJK Foundation; M/East: FPAI (1 & 2) and Niramaya Foundation. Training and capacity building were provided to the NGO partners and practice sessions were conducted prior to proceeding with the large survey. Ethical clearance and informed consent processes were followed.

Stakeholder category	Total no. of responses	Total %
General community: Men	2,958	36.98
General community: Women	2,951	36.89
Influencer	801	10.01
Frontline worker	568	7.10
Youth	314	3.93
Self-help group	303	3.79
Infected and recovered	32	0.40
Non-govt organization	32	0.40
Affected	18	0.23
Transgender	15	0.19
Faith-based organization	8	0.10
Grand Total	8,000	100.00



Stigma Exists in the Communities



INFECTED: This denotes the respondents who express that “people who are infected with COVID19” are facing stigma and discrimination in communities.

INFECTED AND SEEKS SUPPORT FOR ESSENTIALS: This denotes the respondents who express that “people who are infected and seeks support for essentials” face stigma and discrimination.

INFECTED AND USING WASHING FACILITIES: This denotes the respondents who express that “people who are infected and use washing facilities in the communities” face stigma and discrimination.

EXISTS AT HOME: This denotes the respondents express that “stigma exists at home”

The spider diagram depicts high stigma and discrimination at the community level (outer yellow web), while the inner web denotes the percentage of people who disagree that stigma and discrimination exist (brown web). The innermost web, i.e., the others, denotes those who ‘refused to answer’ or ‘do not know’ (grey web).



b. Limitations and Challenges:

1. Logistical inconveniences of movement during COVID19 resulted in rescheduling qualitative data collection. Rains and water pooling further deterred smooth processes.
2. Space constraint in these micro venues was another major challenge.

c. Findings

Of the total number of respondents, 32 per cent (2,579/8,000) mentioned that people who were infected with COVID19 experienced stigma and discrimination. General community men and women (37 per cent of each category) expressed the same view. According to 54.26 per cent of the respondents (4,341/8,000) the maximum amount of stigma and discrimination was faced by people who were COVID19 infected and those individuals who supported essential supplies in the communities. Surprisingly, according to 29.59 per cent (2,367/8,000) the lowest amount of stigma and discrimination was faced by those who were infected and were still accessing public washing facilities.

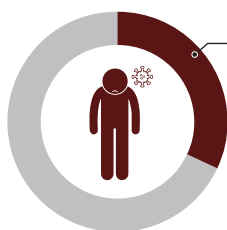
These results indicate that strategies need to be developed to sensitize communities and to change perceptions and attitudes towards COVID19 infected patients, as well as essential service providers.

Stigma and discrimination were observed at the household levels with 1,529 community men (20.35 per cent) and 1,471 community women (19.96 per cent) having observed it. As per the participants it existed in the form of ostracization of the family member and making him/her remain inside one room. People who had only a one room accommodation felt burdened, on the other hand infected individuals faced isolation and lack of empathy, among other negative experiences. Where the earning member of the house got infected,

limited coping and survival mechanisms led to an intense sense of insecurity for all members of the family. Similarly, some of the children of those who were COVID19 positive faced ostracism as well as taunts from neighbours, which further depressed them and affected the families further. Fear and depression were two strong emotions faced by COVID19 affected persons and the connected households.

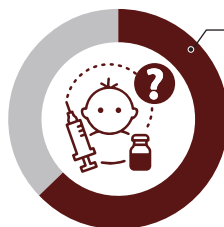
Immunization is an important requirement for every child. During the pandemic situation, all services including vaccination, child health and nutrition support were affected. Many mothers expressed their wish that the situation would return to normal soon. About 62.79 per cent of the respondents (5,023/8,000) clearly said that they would be hesitant about taking their children to the public health facility for vaccination.

A very significant percentage of the respondents, 37.33 per cent, (2,987/8,000) in the survey mentioned that people who were infected with COVID19 should be ashamed of themselves. Respondents even expressed their view that people living with COVID19 were “disgusting” (35.16 per cent – 2,813/8,000) and “do not deserve any support” (38.02 per cent, 3,042/8,000). Even though getting infected with COVID19 is not in an individual’s control, the views of these respondents indicate attitudes that harbour stigma and discrimination. Surprisingly those respondents who belonged to the “COVID affected” and “COVID infected and recovered” groups also expressed the same opinion. This shows the “perceived stigma” among the communities. Though the number of respondents under the “affected” and “infected and recovered” is very low, the responses reflect the pain and agony they may have undergone during the period in which they were managing the illness. The views were almost the same in the two wards.



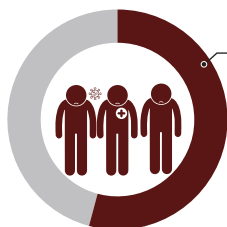
32%

said that people who were infected with COVID19 experienced stigma & discrimination



62.79%

said they would be hesitant about taking their children to public health facilities for vaccination



54.26%

said that the maximum amount of stigma & discrimination was faced by people who were COVID19 infected & those individuals who supported essential supplies in communities



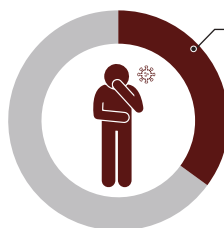
37.33%

said that people who were infected COVID19 should be ashamed of themselves



29.59%

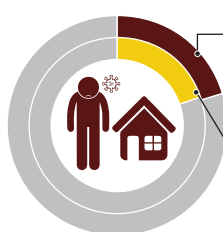
said that the lowest amount of stigma & discrimination was faced by those who were infected & were still accessing public washing facilities



35.16%

said that people living with COVID19 were "disgusting"

At household level, stigma and discrimination was witnessed by:

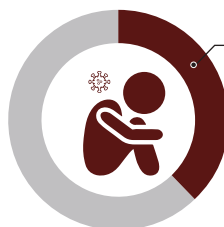


20.35%

community men

19.96%

community women



38.02%

said that people living with COVID19 "do not deserve any support"



III. Conclusion

In conclusion, to avoid stigma and discrimination in a pandemic-like situation, what is primarily required is comprehensive social behaviour change and communication (SBCC) strategies, which will first include the implementation of inter-personal communication strategies and the use of SMS systems to reach out to people. Not all residents of

the slums have access to social media platforms; TV and SMS are the major and more far-reaching platforms. Strategies to comb the “perceived” and “perpetrated” stigma in the communities across various segments of the population are urgently needed. The involvement of stakeholders and opinion leaders as the pathways will help in reducing stigma and discrimination. Further sensitization and capacity building of stakeholders through interventions are the need of the hour.

Key quotes from qualitative data that highlight the stigma and discrimination perceptions at community level are given below.

“

COVID19 patients need your support and not discrimination.

– ASHA worker, a stakeholder from Govandi

”

“

Support from family members is the best immunity for boosting confidence.

– Tuition teacher from Cheeta camp

”

“

Acceptance of COVID19 patients in society is the cure for this pandemic.

– Auto-rickshaw driver, a community volunteer from Shivaji Nagar

”

“

Everyone is responsible for discrimination. Awareness is necessary to reduce the discrimination in society.

– A man from Dharavi

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unicef 
for every child