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The Kit is an attempt to address three basic needs in these trying times.

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- Face Masks

**SANITATION**
- Soaps and Sanitary Pads

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Editor's Note

Two years on and people across the world are struggling to cope with COVID-19 and its new variants. Health, education and livelihoods have been greatly affected because of this. While governments are making all efforts to find the possible ways to deal with the issues that have arisen due to COVID-19, development organisations have contributed significantly to reduce the pain and difficulties of people, especially in remote and hard-to-reach areas. Their expertise and years of experience in working in remote locations have benefitted many at the last mile. Their work has drawn appreciation from all parts of India and even foreign countries.

This issue of The Good Sight contains COVID-19 response stories of 11 organisations which reflect how the work of development organisations is playing a crucial role in lessening the hardship of citizens in different parts of the country in these trying times.

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Battling the pandemic: Need to join hands to help humanity
COVID-19 has caused the world a havoc. As countries battled its spread, baffled by the mammoth unpredictable nature of the pandemic—people died in droves worldwide. In Asia, the count of victims went off the roof, as the poor and the vulnerable standing at the front lines faced the most brutal brunt of the onslaught. Misery and deprivation only got magnified under the lens of the fatal coronavirus pandemic.

In rural parts of Asia, with little access to basic livelihood requisites during the prolonged months of lockdown, smallholders and daily-wage workers grappled with the double crisis of income and health uncertainty. Living hand to mouth, these vulnerable communities had neither the access to adequate protective gear nor the luxury of maintaining social distancing.

Many healthcare and community volunteers also fell prey to the deadly virus. Shortage of personal protective equipment proved disastrous for the frontline workers, as the number of healthcare personnel testing positive for COVID-19 kept increasing across Asia.

Relief Efforts

Recognising the pressing crisis at hand, Solidaridad engaged in various relief and awareness mechanisms through 2020-2021 to abate the spread of COVID-19 in rural communities. Working closely with partners and local authorities, Solidaridad extended support to landless farmers, workers and vulnerable communities with basic livelihood requisites such as the supply of dry ration kits. It also provided personal protective
equipment and preventive care provisions such as masks, gloves, soaps and sanitisers to several community workers and healthcare volunteers across different parts of rural Asia.

India

Relief efforts in India were organised with support from the local administrations, following the Ministry of Home Affairs’ directives. Approximately 1,150 litre of sanitiser and more than 55,000 units of personal protective gear were distributed among healthcare officers and voluntary community workers across multiple districts in Andhra Pradesh, Assam, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh. Dry ration kits with basic sustenance and hygiene essentials such as rice, salt, sugar, flour, cooking oil, pulses, spices, soaps and bedsheets were distributed among the poor families and vulnerable communities in these regions.

Efforts included:
- 40,000 units of personal protective equipment were distributed among healthcare workers in Maharashtra and Uttar Pradesh
- Over 20,000 small tea growers in Assam received COVID-19 awareness training with assistance from All Bodoland Small Tea Growers’ Association (AASTGA)
- Over 13,000 farmers in Karnataka received about 2,636 litres of sanitisers
- About 10,000 farmers and daily wage workers received relief materials, including sanitisers, soaps and masks, in Assam (with active assistance from TRINITEA partners, ABSTGA and Indian Tea Association-ITA)
- 10,000 kg of liquid chlorine was supplied for distribution across different panchayats (local village authorities) in Andhra Pradesh
- Around 3,000 smallholder farming families
Over 2,500 migrant workers in Maharashtra were supported with family-sized dry ration kits. 1,000 grocery kits were distributed among daily wage workers in Uttar Pradesh. 400 tanners in West Bengal received Covid insurance.

80,000 face masks, 60,000 units of bar soap, 5,000 kg of bleaching powder, 1,490 litres of hand sanitiser, and 4,000 litres of disinfectants distributed among tea workers, estates, and local service providers. 10,700 families of estate workers reached with distributions.

4,800 farming households received sustenance support through food packages. 2,300 households received rice seeds and fertilisers. 1,07,957 members from farming communities received protective materials (face mask, hand sanitisers) and were made aware of COVID-19 safety measures.

Personal protective equipment distributed among field workers, traders and farming households. Handwashing facilities established in all SaFaL business centres, collection centres, service centres and village supermarkets (VSMs). Home-delivery, mobile van and phone-call-based supply of inputs were initiated to keep the supply chain active.

Indonesia

In Indonesia, as a part of its programme, “Enhancing Palm Oil Smallholders to Improve Sustainable Palm Oil Production” in Way Kanan, Lampung Province, Solidaridad launched a support action to keep the farmers safe and healthy.

Efforts included:

- 3,000 smallholders and their families received door-to-door delivery of prevention kits (donated by BASF and Estee Lauder) containing masks and sanitisers
- Personal protective equipment distributed among farmers at every meeting by Solidaridad field trainers
- On-site and virtual mentoring of farmers in West Kalimantan

Support and encouragement

Solidaridad’s field staff worked relentlessly in carrying out COVID-19 response activities. There was a spirit of mutual support and appreciation prevailing throughout between Solidaridad and partners, including government actors.

Mr. Tatheer Zaidi, Regional Programme Head, Solidaridad Asia, said, “In Uttar Pradesh, the District Magistrates of both Kanpur and Unnao have appreciated our efforts along with the Principal of Ganesh Shankar Vidyarthi Memorial (GVSM) Medical College, Kanpur. The industry associations (UPLIA, STA, LIWA) have also highly acclaimed Solidaridad’s efforts.”
Farmers and community workers expressed their gratitude towards Solidaridad for supporting them during the crisis.

“Distribution of masks and sanitisers by TRINITEA has been very useful since we couldn’t go to the markets. We, on behalf of our community, thank Solidaridad immensely,” said one of the small tea growers from Tinsukia district in Assam, India.

Creating impact digitally

The norms of social distancing required field personnel from Solidaridad to devise new methods to guide farmers and address their concerns. Since lockdown guidelines restricted experts from physically meeting the farmers, online video interactions were organised to assist them. For instance, within the purview of the TRINITEA programme, training sessions were organised in Jorhat, Assam. In these sessions, the small tea growers were guided according to their specific doubts and were also advised about best practices for their farm.

Solidaridad leather team also organised webinars during 2020-2021, wherein several industry representatives participated from Kanpur and Kolkata regions. Esteemed representatives from the Namami Gange project and the Central Pollution Control Board of India also took part in some of the webinars.

In addition, Solidaridad developed and disseminated videos and reading materials (pamphlets) on COVID-19 prevention and safety measures for farmers and workers in multiple vernaculars across its different programmes such as SaFaL, Code for Responsible Extraction (CORE), leather, cotton, palm, soybean and others.

Rising to the need of the hour

The coronavirus crisis is not over yet. As the developed world is riding on a war-footing vaccination drive, developing countries like India are still struggling to get even 50 per cent of the population vaccinated. It is thus critical to shield the rural regions from the virulent spread, especially amidst the resurgence of newer strains of the virus. Protecting the poor and vulnerable communities is the need of the hour. Through its different programmes and on-field staff and volunteers, Solidaridad will keep up the support in rural areas and continue to pursue persistent communication towards creating awareness and spreading positivity during these trying times.
Distribution of sanitisers and masks among tea garden workers in Assam, India.

Distribution of sanitisers and masks among small tea holders in Assam, India.

Distribution of sanitisers and masks in Sri Lanka.

Donating sanitisers and masks to authorities in Andhra Pradesh, India.

Donating sanitisers and masks to authorities in Andhra Pradesh, India.

COVID-19 relief initiative by Solidaridad Asia.
COVID-19 relief distribution in Kanpur in Uttar Pradesh, India.

Distribution of ration kits in Rajasthan, India.

Distribution of sanitisers and masks among tea garden workers in Assam, India.

Home delivery service of agricultural inputs, maintaining health and safety in Bangladesh.

Handing over COVID-19 relief kits to the local government in Indonesia.
The second wave has left public healthcare in shambles. People have lost their lives due to lack of proper medical facilities and infrastructure. The situation is getting a little under control in the cities, but it is still very grim in rural India where there are issues related to access to medical facilities, hospitals, doctors, technically trained staff or testing facilities.

For Oxfam India, the primary focus in the second wave is health. Oxfam India CEO Amitabh Behar said: “We are reaching out to public healthcare institutions, district administrations and COVID Care Centres with medical equipment such as oxygen concentrators, patient monitoring systems, oximeters, oxygen nasal masks, and thermometers along with PPE kits and safety kits for frontline health workers.”

Through Mission Sanjeevani, Oxfam India’s COVID-19 response in the second wave, it has till now provided 62 Oxygen Concentrators, 75 Oxygen Cylinders (40 lts), nearly 1,200 Oxygen Nasal Masks, 4 BiPAP machines, over 1,000 diagnostic tools/equipment of various types, over 1,600 PPE kits, and 115 Oxygen beds for government hospitals in West Bengal, Bihar, Delhi, Uttar Pradesh, and Chhattisgarh as part of its COVID-19 response in the second wave till now.

In addition to providing hardware support, Oxfam India is also planning to strengthen the rural health ecosystem in some of the most marginalised and vulnerable communities. Oxfam India also plans to train 35,000 ASHA workers and provide them with medical kits for a larger community outreach to ensure COVID appropriate behaviour and also tackle the issue of vaccine hesitancy.

Apart from a healthcare calamity, India was already reeling under economic stress. Oxfam India has not lost focus on the fact that the sporadic lockdowns and
containment zones mean that once again it is the informal sector workers who are going to be the worst hit.

The latest report from the Centre for Monitoring Indian Economy (CMIE) states that over 1 crore Indians lost their jobs in the second COVID wave and around 97% household incomes have fallen since the start of the pandemic last year. Millions who slipped into poverty last year due to job losses are now facing another looming crisis: hunger. India already has the largest population facing food shortages in the world, with an estimated 189 million people in India already undernourished before the pandemic began.

Oxfam India is on the ground among some of the most marginalised and vulnerable communities with one-month dry ration and community safety kits. Since March last year, it has delivered a month’s ration to over 4.45 lakh people. They have mostly been daily wagers, rag pickers, house helps, those affected by the cyclones, members of the transgender community, fisherfolk, construction workers, farm labourers, cancer and leprosy patients, tea plantation workers, brick kiln workers, Pak Hindu Refugees, weaver communities, petty shop owners, homeless and those dependent on alms for a living.

In the first month of its response to the second wave, Oxfam India has provided support in Maharashtra, Delhi, Bihar, Chhattisgarh, Gujarat, Karnataka, Odisha, West Bengal, Tamil Nadu, and Uttar Pradesh. It is looking to expand to at least 16 states again this year.

Since March 2020, Oxfam India has been working in 16 states, reaching the most marginalised and vulnerable with medical supplies, food kits, cooked meals, safety and PPE kits, cash, and livelihood trainings.
Oxfam India CEO Amitabh Behar handed over medical equipment to Chhattisgarh Health minister TS Singh Deo for a district hospital in the Marwahi district.

Medical equipment along with oxygen cylinders and oxygen beds were delivered to the district hospital in Howrah. (Photo: Bratish Sarkar)

Oxfam India’s humanitarian team has been on the field delivering life-saving medical equipment to district hospitals. Seen in the picture is our colleague Bholanath Patro. (Photo: Bratish Sarkar)

PPE kits and other medical equipment delivered to Guru Tegh Bahadur Hospital in Delhi by our director Pankaj Anand. (Photo: Vaibhav Raghunandan)

Oxfam India CEO Amitabh Behar handed over medical equipment to Chhattisgarh Health minister TS Singh Deo for a district hospital in the Marwahi district.
ANCHORING RESILIENCE, ACTION TO MEET AN UNCERTAIN FUTURE

Gram Vikas has evolved a multi-pronged COVID-19 response programme to support communities to cope with interlinked threats to health, livelihoods, food, education, and mental health due to the pandemic.

The COVID-19 pandemic has presented significant and unrelenting headwinds for the rural and Adivasi communities in Gram Vikas partner villages in Odisha. During the first wave, Gram Vikas found that households primarily dependent on migration bore the greater brunt of pandemic fallout as they coped with the sudden loss of jobs and uncertainty surrounding their future ability to find work again. However, the economic effects of the last one year and the increased incidence of the coronavirus infection has led to a great amount of panic and uncertainty amongst the marginalised rural communities it serves.

Today, the uncertainty is far more acute and widespread, including in children. It doesn’t yet fully understand the long-term emotional impacts of this on children. Many of them are first-generation learners for whom the long break from education could significantly affect their learning capabilities and motivation.

Two field assessments, among 15,500 households across 281 partner villages, in April and May, showed low vaccination coverage, intensified household vulnerabilities on food security and incomes, heightened uncertainties for migrant workers and families, and disrupted school education.

Gram Vikas evolved a multi-pronged COVID-19 response programme to support communities to cope...
with interlinked threats to health, livelihoods, food, education, and mental health due to the pandemic. Its response on the ground in the past year helped it identify large numbers of village volunteers. It believes that there is a need to harness this spirit and make this a Jan Andolan, where it mobilises local communities to help themselves.

In the five weeks since it started the response to the second wave of the pandemic, it has reached out to 50,000 households and supported local governments and frontline health workers to counter the COVID-19 pandemic in some of the poorest regions of Odisha.

**COVID care in remote villages**

Many of its partner villages are remote, with no access to mobile, television, internet connectivity, and a weak health system. Gram Vikas’ mobile vans with mounted speakers travel through these habitations playing pre-recorded audio messages on coronavirus prevention measures, including wearing masks, maintaining physical distance, and following proper handwashing practices. It has so far covered 1,147 habitations across 10 districts in Odisha.

Only 16% of the population in its partner villages was vaccinated as of May 2021. Doorstep vaccine education by community volunteers mitigates vaccine hesitancy and boosts CoWIN registrations at the village level. They have registered 2,853 persons, between 18 to 44 years, in 61 Gram Panchayats for vaccination. It has helped 23 Anganwadi workers evolve a strategy for vaccination drives.

A Gram Vikas Residential School converted into a 50-bed COVID Care Centre in Thuamul Rampur block has hosted three batches of migrant workers and their families.

The Centre provides a much-needed health infrastructure with testing, quarantining, and isolation facilities in a region with the highest incidence of poverty in the Kalahandi district.

It trained 1,397 village health volunteers in the use of early detection tools for community-level COVID surveillance. They liaise with local government institutions, Community Health Centres (CHCs), and frontline health workers to support moderately symptomatic persons and those with limited/no-home isolation facilities.

It has improved infection prevention, detection and control in health facilities, households, and communities through the supply of 1,480 Pulse Oximeters, 2,734 PPE Kits, and hand sanitisers. In collaboration with Medical Oxygen for All (MoFA), it supplied 10 Oxygen Concentrators to five Dedicated COVID Health Centres each in Gajapati and Rayagada districts and seven BiPAP ventilators to Kalahandi and Rayagada district administrations.

**Need specific support to vulnerable households**

The pandemic threatened the already precarious livelihood, food, and health security of 85% of households, more so for those headed by women, with only aged people, and without a PDS or MGNREGA

Mobile awareness van in Jangyashala village, Chamakhandi Gram Panchayat, Chatrapur Block in Ganjam district of Odisha. (Photo: Rufus Sunny)
Livelihood crisis worsened with 38% of those with job cards not finding work.

In collaboration with the village development committees, Gram Vikas has identified 1,304 households with heightened vulnerabilities. They will receive dry ration, groceries and essential materials kits customised to their needs and preferences to mitigate hunger and hardship. Children, sick persons, and destitute in all the villages will be given additional health and nutrition support.

**Support to migrant workers**

Livelihood insecurity aggravated for 15% of the households dependent primarily on migrant income. Migrant workers returned to their villages as they feared getting infected, faced a threat to their jobs or lost work, or because of an emergency back home.

Gram Vikas has reached out to 5,136 migrant workers and their families in Kerala, directly and in partnership with CMID and ESAF Small Finance Bank, with food and essential materials kits containing rice, flour, pulses, potato, spices, tea, soap, mask, and sanitiser. Gram Vikas’ 24/7 crisis response helpline, the Bandhu Helpline, has so far responded to 1,545 calls from its four nodes in Kerala and Odisha.

**Ensuring equity in education access**

School closures due to COVID-19 disrupted the children’s education, many of them first-generation learners, from Gram Vikas partner villages in remote, hilly areas in Odisha. Poor internet connectivity, frequent power outages or not having the required devices made learning through mobile phones, computers, or television impossible.

It has resumed its technology-equipped, village-level Learning Centres, set up last year, to enable continued education for children in Classes 9 and 10. It will be setting up new centres in the following months.

Gram Vikas staff and volunteers are training to provide mental health support to children and to broad base access to psychosocial support at the community level. It is prioritising children living with any acute short-term or chronic long-term diseases and in urgent need of medical care, those eligible for regular immunisation, but, have not been immunised, those severely malnourished and need immediate attention; and children from extremely poor families with no access to social entitlements and are suffering from food insecurity.

**Anchoring resilience and action in communities**

Gram Vikas’ ideas, plans and actions for pathways to recovery from the pandemic are shaped through an organised prism of resilience. Its comprehensive methods and systems are geared to improve the coping mechanisms available to the communities. Its focus remains steadfast on building community capabilities to view resilience as an ongoing process and adapt to respond adequately to future challenges.

“The need is to strengthen communities’ own systems of resilience to face up to the consequences which we believe will come over the next few years. We have to build resilience, while focusing on the most vulnerable, to make sure that they are not left behind in any way. We are particularly keen to see that children in the villages who already suffered from the setbacks to their education find ways to get back to the environment they would get in the school. Gram Vikas stays focused on helping build a dignified, secure and equitable quality of life for the communities we serve,” says Liby Johnson, Executive Director, Gram Vikas.

Donate to support Gram Vikas COVID-19 response for rural and Adivasi communities: [COVID-19 RELIEF FUND FOR HEALTH & LIFE SECURITY](#)
Food kit distribution among migrant workers in Kerala. (Photo: Ayaz Anwar)

Jayanti Pradhan, President of the Village Development Committee, and Sanatana Pradhan, a community volunteer, during a door-to-door COVID screening in village Ankulakumpa, in Jagannath Prasad Gram Panchayat in Ganjam district. (Photo: Bibekananda Pradhan)

Niranjan Samal, a Vaccination Volunteer of Nuagaon, is helping his village residents register for vaccination on CoWin. (Photo: Trilochan Jena)

50-bed COVID Care Centre in Kumudabahal village, Thuaumul Rampur block, Kalahandi district. (Photo: Gokul Nath)
Gram Vikas engages with the Anganwadi workers from Kulusingi and Chinasari Gram Panchayats in Rayagada district to discuss strategies for COVID-19 screening and tackling vaccine hesitancy in habitations mostly occupied by the Lanjia-Saura Adivasi communities. (Photo: Chhabi Mohanty)

BOLSTERING INDIA’S COVID-19 RESPONSE

NISHTHA, USAID’s flagship health system strengthening project implemented by Jhpiego, touches millions of lives through its COVID-19 response interventions

“I had nowhere to go. I was so scared. That’s when I called NISHTHA COVID Sanchar and they came to my rescue” These were the words of Mukesh Srivastava, a 39-year-old man in rural Jharkhand, who felt his world crumbling around him as every single member in his family of 12, including his four-month-old baby, tested positive for COVID-19. His worries further worsened when his oxygen levels dipped below 90. That’s when he received a call from NISHTHA COVID Sanchar, an IVRS platform developed by NISHTHA, a USAID-funded, Jhpiego-implemented project in collaboration with the state government of Jharkhand. The IVR system is primarily for persons under home quarantine, persons in home isolation and patients who have been discharged from hospitals post recovery from COVID-19. The IVR follows up with people under home quarantine and home isolation for early identification of symptoms of COVID-19 to enable the right care at the right time for better health outcomes.

Once Mukesh shared his concerns on the NISHTHA COVID Sanchar platform, an ambulance reached his residence within 30 minutes and he was quickly taken to the hospital and given oxygen support. His condition improved in the next 24 hours and soon he was discharged after recovering.

Mukesh is one among the millions of lives touched by NISHTHA’s COVID-19 response interventions. NISHTHA is USAID’s flagship health system strengthening project implemented by Jhpiego, a global health non-profit and Johns Hopkins University affiliate. NISHTHA works closely with the Ministry of Health and Family Welfare at the national level and 12 state governments to transform, redesign and...
re-engineer primary health care in India for the provision of equitable, comprehensive and client-centered primary health care that contributes to improved health outcomes for India’s marginalized and vulnerable populations. In March 2020, when the entire world was hit by the pandemic, NISHTHA acted swiftly by being the first movers in providing technical support at the national level and state level for a robust and comprehensive COVID-19 response and strengthening the health system’s capacity to make it more resilient for public health threats. This included empowering more than 32,000 frontline workers with the right skills and expertise to prevent and slow the spread, providing technical and policy level support to national and state governments for COVID-19 response; developing risk communication materials to create awareness on COVID-19 prevention and address vaccine hesitancy, supporting local communities, especially vulnerable populations, with the tools needed to fight COVID-19 and ensuring continuation of reproductive, maternal, newborn, child and adolescent health, as well as other essential services for all sub-sections of the population including marginalized communities. Further, when the country was hit again with the devastating second wave, NISHTHA expanded its reach and gambit of interventions to 16 states (Assam, Arunachal Pradesh, Chhattisgarh, Delhi, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Rajasthan, Sikkim and Tripura) and also worked on strengthening the oxygen ecosystem as the country struggled to breathe.

India being a diverse country with diverse geographies, requires contextualized solutions for different regions. In view of this, NISHTHA ensured customized and tailormade solutions specific to different states’ needs which spanned across various areas which are
Strengthening health system’s readiness and capacity: In the state of Maharashtra - which currently reports the highest caseload in the country, NISHTHA developed a data analytics dashboard and a predictive modeling dashboard to help policymakers better understand the trend and status of COVID-19 cases at a glance which will help them make evidence-based decisions on preparedness of health care facilities, areas for rigorous testing and other preventive measures against COVID-19.

Leveraging technology to strengthen surveillance and decentralize COVID-19 management: Technology is a great enabler for bridging gaps especially for states with difficult terrains and remote geographies. NISHTHA leveraged the power of technology to build tech-integrated platforms and integrated voice recording system platforms for monitoring persons under home isolation, persons under home quarantine and persons recovered from COVID to ensure for early identification of COVID-19 symptoms and post COVID complications and enable the right care at the right time for better health outcomes. These platforms also ensure that people have access to healthcare through tele-consultation, right at their homes thereby decentralizing COVID-19 management at primary care level.

Ensuring continuity of essential health services: At the core of NISHTHA’s interventions is strengthening the delivery of primary health care. With the pandemic disrupting the other health services, NISHTHA rolled out a telemedicine platform in Nagaland, a far north eastern and tribal state of India with difficult terrains to ensure that even routine maternal and child health services, family planning services and tuberculosis services are not interrupted and left behind especially for the marginalized communities. NISHTHA is also supporting other states in strengthening existing telemedicine platforms to ensure continuity of services.

Tapping on the Power of Partnerships – As the pandemic has had devastating effects across the country, partnerships have emerged as a powerful tool to bridge the gaps in the public health system. As the country struggled to breathe and faced an acute shortage of medical oxygen, NISHTHA quickly tapped onto to the power of partnerships by mobilizing around 800 oxygen concentrators for the states of Nagaland, Manipur, Uttar Pradesh and Chhattisgarh from various private sector partners and philanthropic organizations such as Mission Oxygen, ACT Ventures and Crypto relief fund to ensure people have access to the lifesaving oxygen supply. Further, NISHTHA through its partner PATH is working on strengthening the oxygen ecosystem and improving access to respiratory care system across six states. NISHTHA is also partnering with AVPN to mobilize resources for COVID-19 and comprehensive primary health care to bridge the existing gaps as per the need and requirement of various states.

Empowering communities and reaching the last mile: At the heart of NISHTHA’s interventions lies the communities for whom it ultimately caters to and ensures that they have access to quality and affordable healthcare. As several states faced the problems of reverse migration and thereby increased the count of COVID-19 cases, NISHTHA engaged local community leaders and created community-level groups for monitoring the quality of quarantine centers. Field workers from the local partner NGO were also trained to disseminate key messages on preventive measures of COVID-19 and anti-stigma and discrimination messages. To date, more than 200,000 people have been sensitized on these key preventive measures. Further, another major issue faced by communities, especially those living in remote and media dark areas, was the lack of access to timely information. In view of this, NISHTHA developed an alternate medium of communication through IVR where people could listen to key messages on COVID-19, right at their homes wherein more than 1,138,782 minutes of information have been heard. This two-way communication platform also includes a grievance redressal system where local issues of the community are resolved through a set of trained community volunteers. This has enabled in building informed communities especially those who are most vulnerable and marginalized and located in the far remote corners of the country to take preventive actions for their own health and wellbeing. Going by the motto of ‘leaving no one behind’, NISHTHA is also working of developing differentiated care models on COVID-19 to cater to the vulnerable sections of the population including persons with disabilities, tribal communities, migrant workers, elderly and urban and rural poor.
“We at NISHTHA work towards building a strong responsive primary health care system that focuses on specific health care needs of all sections of the population irrespective of age, gender, ethnicity, religious belief, sexual orientation, place of residence or socioeconomic status especially the hard-to-reach and underserved communities including vulnerable women and girls, tribal and marginalized populations.

During emergencies like COVID-19 and beyond, strengthening primary health care will ensure resilient health systems which are better prepared to face future public health emergencies. Through our interventions, we have touched the lives of around 54 million people and we continue to work towards ensuring no one is left behind in accessing quality health care,” says Dr. Swati Mahajan, Chief of Party, NISHTHA.
Dr Long Kumar Seikh conducting teleconsultation through Naga Telehealth initiative at Seikhazou HWC in Nagaland.

Handwashing demonstration by an ASHA of HWC Soreng during home visits in Sikkim.

COVID-19 screening in Assam.

Contact tracing in Chhattisgarh.

Community Health Officer (CHO) providing essential services in Chhattisgarh.

Community members being oriented on practising social distancing and other COVID-19 appropriate behaviours in Chhattisgarh.
COVID RELIEF, VACCINATION DRIVE, AND THE ROLE OF HAQDARSHIKA

SRIJAN teams offering full support to the public administration in relief work and vaccination drives in its operational areas

The second wave of COVID-19 wreaked havoc all across the country. This time it had a significant impact in the rural pockets, and SRIJAN’s operational areas were no different. The government made it into a mission to ensure vaccinations for all adult citizens. However, mobilising the community to be convinced on getting vaccinated was a problem that arose. People were vehemently resisting COVID vaccination. Many preconceived notions and rumours circulated on various media platforms had made the people apprehensive about getting vaccinations. Initially, vaccination rates were very slow in the villages. The health care staff were also stretched due to the relief work in the villages and ensuring vaccination. It was challenging for them to mobilise the community on their own and also spread awareness.

In all the districts where SRIJAN is operating, the teams offered full support to the public administration in relief work and vaccination drives. SRIJAN donated 5 oxygen concentrators to the Community Health Centre in Jatara and 10 oxygen concentrators of 10 litres capacity to CHCs of Niwari to support the need for oxygen for COVID patients. In the Jatara and Palera
blocks of Tikamgarh, SRIJAN generated awareness through public awareness programmes and campaigning. SRIJAN staff worked tirelessly to motivate people to get vaccinated. Apart from the staff, the community volunteers also played a significant role in the campaign. Haqdarshikas is a cadre of women promoted under the micro-entrepreneurship initiative by SRIJAN. They have been primarily trained in facilitating the people in their village in accessing the entitlements and provisions offered by the state and central governments through various schemes. However, they came forward, took the lead in their respective villages, and began busting the myths and misconceptions around vaccination. They coordinated with the SRIJAN team and the health department for mobilising the community. They also ensured that all of them went to get the vaccine jabs when the vaccination camps were organised in the vicinity of the villages. They have motivated and mobilised close to 1,500 people to take the first vaccine dose without hesitation and fear. One of the Haqdarshika Jaywati from the village Sagawara of Palera block ensured that 250 residents of her village took the vaccine through the vaccination camps organised by the administration. She also ensured that people get a printout of the vaccination certificate to know the dates of the second dose of the vaccine. All these efforts have resulted in a high reduction in the resistance against vaccination. Now people in the village are readily coming forward and getting vaccinated. Their level of awareness towards the benefits of vaccination has also increased manifolds.

Haqdarshikas have played a pivotal role in the vaccination drive since it started from the 21st of June to the 30th of June 2021. However, they have been active in COVID-related services even during the lockdown. They have been working since January 2021 in Tikamgarh to facilitate the enrollment of eligible rural families in the Ayushman Bharat Pradhan Mantri Jana Arogya Yojana, which provides free health care services and hospitalisation to the poor. They linked over 800 families in Jatara and Palera blocks to the schemes. They also worked at the Gram Panchayat level to facilitate free ration through PDS schemes for those not enlisted in the ration card or for the migrant workers who had returned to their homes. Also, they continue to work with the community in linking them to the various COVID relief schemes, direct benefit schemes, medical insurance schemes so that the community that has suffered so much in these times of pandemic gets some respite and can pick themselves up and resume their livelihoods.

SRIJAN continues to make these efforts in the districts of Madhya Pradesh, Rajasthan, Uttar Pradesh, Uttarakhand and Chhattisgarh wherever it is operational with all means available at its disposal. SRIJAN has donated 73 oxygen concentrators to the various Community Health Centres across these districts with donation support from Give India.

The success of Haqdarshika is a result of their training through SRIJAN and HESPL and her relentless work in facilitating the residents of her village to avail their entitlements. With her work, she has gained the trust and respect of her community. This is the reason why people have been willing to listen to her.

“The COVID pandemic is no doubt the worst calamity that we have witnessed in our times. The government machinery and the health care department have been stretched to their limits in serving the people in recovering from the infection. Rural India was mainly untouched by the pandemic in the first wave as it already lacked the healthcare facilities available in bigger towns and cities. SRIJAN’s outreach and direct engagement at the community level proved to be crucial. It complimented the efforts of the public administration and ensured relief to a large segment of the rural society. These efforts reiterate the role of grassroots NGOs in supporting the community in desperate times. Our next step now is to work on restoration and revival of the lost livelihoods through Poshan Gardens and creation of seed banks and working on natural farming during the kharif season,” says Mr Prasanna Khemariya, CEO, SRIJAN.
Haqdarshika taking the temperature reading of one of the women in her village.

Haqdarshika Jaywati with one of the beneficiaries of a government scheme facilitated by her.

Oxygen concentrators donated by SRIJAN to the CHC, Jatara.

A woman in Sagarwara village in Tikamgarh getting her first dose of the COVID vaccine. Haqdarshika Jaywati mobilised 250 residents in this village to get vaccinated.
EFFORTS TO FULFIL NUTRITIONAL NEED OF COMMUNITIES

CINI Community Initiatives has been able to distribute more than 3,00,000 kg of dry ration and 1,00,000 kg of CINI Nutrimix to the vulnerable sections of the society since last year

CINI Community Initiatives is a sister organisation of the Child in Need Institute (CINI). It is a Section 8 not-for-profit Company registered under the Companies Act 2013, India. CINCOMM has been incorporated to strengthen CINI’s mission through the creation of social entrepreneurship opportunities for community people. CINCOMM thus has the dual mission of creating community-centric, social venture opportunities that can strengthen CINI’s mission of ‘sustainable development in health, nutrition, education and protection for the woman and child in need’.

CINCOMM works towards the healthy growth of the underprivileged community through solutions that would also create social entrepreneurship opportunities for the community people. CINCOMM offers an integrated solution towards proper nutrition for the underprivileged population which strengthens national nutritional programmes through centralised as well as community-based production and supply of supplementary nutrition – CINI Nutrimix, as well as pre-consumption (assessment, awareness and training) and post-consumption (monitoring, analytics) services.

CINI Community Initiatives response to the emergency:

The country has been facing the COVID-19 pandemic of unprecedented magnitude since its inception in
2020 and resulted in a serious threat to the health, life and economic security of millions of people in the country. The second wave of COVID-19 was more dangerous as it collapsed the total health system of the country with more people dying with a crisis of bed facilities, oxygen and many more. This time the virus was deadlier than the previous year and has been more damaging to our lives impacting the health, life and economic security of millions in a greater magnitude.

The total focus of the government was more centralised for this emergency COVID response impacting the ongoing provision of ration to the ICDS beneficiaries including the children, pregnant and lactating women. This time the government imposed lockdown with area-specific guidelines and it aggravated the ongoing food crisis.

- CINI decided to serve the vulnerable sections of the community who have been severely hit in this lockdown, by providing them with dry food packets and Nutrimix (a nutrition supplement, made by CINI which is also of prime importance as this product takes care of the additional requirement of nutrition for the children, adolescents as well as pregnant and lactating mothers) that are essential to sustain during the period of lockdown. Along with the essential food packets, hygiene kits are also a necessity to ensure the safety of the families as well as the community.

- CINCOMM designed two kits for the complete protection and nutrition security for an individual as well as a family of four. One is CINCOMM Wellness Kit and the other is CINCOMM Grocery Kit. The CINCOMM Wellness Kit is designed for an individual which will take care of the monthly nutrition supply through CINI Nutrimix along with hygiene and sanitation essentials for an individual. Whereas the Grocery Kit can serve 240 nutritious meals for a full month, along with hygiene and sanitation essentials for a family of four. The kit contains grocery and sanitation & hygiene staples along with CINI Nutrimix, our proprietary food supplement, is a wholesome mixture of multiple grains, iron and iodine salts and a premix of 26 essential micronutrients. This kit will help to take care of the nutritional (macro and micro) needs of the entire family providing as well as ensuring hygiene. These kits have been designed keeping in mind the energy and protein needs of an individual as well as a family, along with its hygiene and sanitation needs.

- The increasing number of COVID-19 cases required more assistance to the government for better management of these patients. The system was struggling with the huge surge of cases with lacking basic medical facilities like beds and oxygen since most temporary facilities were closed down at the start of the year owing to the reducing number of active cases. CINI in this position stepped forward to set up ‘Safe Homes’ at different geographical locations all over West Bengal to cater to the most number of patients where there is an existing lack of health facilities. These newly set up facilities were equipped with COVID Care Essentials like pulse oxymeter, thermometer, oxygen cylinders and concentrators, nebulizer’s so that proper care could be ensured for the active cases with facilities to manage them.
Journey since 2020

This lockdown scenario has been very demotivating for a lot of people who have already lost their work, are in despair to provide basic amenities for their families and are constantly striving to live every day. But even in this time, CINCOMM staff as a family have stood with each other thinking of the greater good they are doing and responded to their call of duty first ignoring their well-being. In this COVID-19 relief work, they have been continuing supply to the ICDS beneficiaries in West Bengal and Sikkim ensuring their daily nutritional intake along with private partners.

The hurdles were aggravated this time like manpower utilisation, availability of the materials, irregular transportation, low supply of materials. The staff were duly mobilised and motivated and also trained to keep themselves safe and secure from contracting the virus and also spreading them unknowingly. It was also taken into consideration that the staff are vaccinated to ensure their safety with maintaining strict COVID-19 appropriate behaviour. It was also very important to maintain a safe and hygienic atmosphere at the production of NUTRIMIX and carrying out the relief work. The imposition of the lockdown scenario was different for administrative divisions which hindered the supply and availability of the materials for the relief owing to restrictions in transit and production. Liaisoning with different level stakeholders as well as the local stakeholders paved the way in ensuring the smooth processing of procurement and distribution.

Reach

Since last year CINCOMM has been able to distribute more than 3,00,000 kg of dry ration and 1,00,000 kg of CINI Nutrimix to the vulnerable sections of the society. This year till date CINCOMM has set up four fully operational COVID Care Centres. CINCOMM has reached to more than 2,800 families through its relief supports.

"COVID-19 was a new situation for us with the pandemic and the lockdown. But it was also necessary for us to pivot and utilise our existing capabilities to address the need of the hour. We managed to supply over 3,00,000 kgs of dry ration and over 1,00,000 kgs of our nutritional supplement, CINI Nutrimix. That we were able to reach so many people in need, despite the multiple challenges, speaks volumes of our commitment to the society and the spirit of service of the organisation," says Mr Abhishek Choudhury, CEO, CINI COMMUNITY INITIATIVES.
A happy child after receiving the relief kit.

A newly inaugurated Safe Home for treating COVID positive patients.

Dry ration kit supply to families at Murshidabad in West Bengal.

The brave hearts who risked their lives to help others amidst the COVID-19 lockdown.

Happy faces in the time of lockdown as they get the dry ration kit along with CINI Nutrimix.
TOGETHER AGAINST COVID-19

ActionAid Association’s response to COVID-19 second wave impacts more than 1.5 million lives across the country

As the country came to a grinding halt in late March 2021 with a surge of COVID-19 affecting millions across the country, it was clear that no one was prepared to face the ferocity with which it swept across the country. What was clear was that ActionAid also needed to rise like many others to the occasion, reach out to the most vulnerable, in their battle for survival between the virus and the lack of employment. ActionAid was aided by the protagonism of the poorest. Many of them came forward to work as volunteers to reach out to the most vulnerable in the urban slums in remote rural locations.

Taking lessons from the last year where ActionAid intervened to support the most marginalised with information on the disease and with food items, it understood that it needed to make urgent health interventions to ensure that people have access to

Mobilising community-based volunteers

Colleagues from 1909 community-based organisations, 771 grassroots-based civil society organisations and ActionAid Association were able to connect with 47,278 volunteers, across 705 blocks, in 181 districts, across 20 states and 2 Union Territories. Through this combined team, ActionAid was, by 15th June 2021, able to touch the lives of 15,58,443 people across 119 urban localities and 5,521 villages.

Reaching out to the most excluded

ActionAid reached out to the most marginalised and excluded. It supported informal workers in urban areas, landless labourers and small farmers in rural areas, Dalit communities, religious minorities, tribal
communities, and among them particularly vulnerable tribal groups (PVTG), pastoralists, the nomads and de-notified communities, who continue to face the stigma of being termed criminal tribes under British colonial rule. In all these communities, ActionAid reached out to women and children because they are the most vulnerable among these communities. The specific groups include migrant labourers, daily wage earners, homeless people, transgenders, sex workers, Devadasis, Tamasha artists, domestic workers, the aged, people with disability, single women, people living with the Human Immuno-Virus (PLHIV), domestic workers, construction workers, sanitation workers and women vendors. The disaster has affected everybody, but vulnerable and excluded communities are at the greatest risk.

COVID helpline and helpdesks
If the image of the first wave of the COVID pandemic which struck us last year was that of the walking migrants, the image of the second wave of the pandemic is the oxygen cylinder. ActionAid tried responding as fast as it could. The initial need was of information: “Where were beds available?”, “Where was oxygen available?”, “Where were medicines available?” ... and even medical advice.

By 15th June 2021, ActionAid was running 78 helpdesks across more than 80 districts, some of these helplines were national, across 20 states and 2 Union Territories. Around 32,000 calls were received and it was able to help around 28,000 people.

Saving lives by strengthening medical services
Next ActionAid was able to contribute to saving lives by strengthening medical services by providing volunteers to run COVID Care Centres and collaborating with district administrations to set up and run them. With the generous support Give India, it is supplying more than 6,500 oxygen concentrators to primary health
Apart from this, food distribution continues across 20 states for COVID-affected families. ActionAid reached out to 19,347 families directly with dry ration kits across 47 districts - containing cereals, pulses, oil and spices so that they could support their families for at least a month. It distributed cooked meals among around 48,334 individuals.

Working with local administrations, ActionAid Association is helping set up and run 17 Covid Care Centres across Andhra Pradesh, Rajasthan, Odisha, Uttar Pradesh and Bihar. Its volunteers are providing support in food distribution, taking care of hygiene and sanitation, registration, screening, health check-up, counselling, monitoring of COVID positive cases about their health status etc.

No one is safe till everyone is – promoting universal vaccination

Achieving universal vaccination at the earliest is the only long-term solution to the COVID-19 pandemic and its evolving variants. While vaccine shortage is one end of the spectrum of the challenge of achieving universal vaccination, vaccine hesitancy is the other. One hears reports of vaccination centres standing empty, without people to vaccinate and villagers running away when vaccination teams reach their village. There have been some reports of violence being threatened against the vaccination teams.

ActionAid Association recognised the need to proceed on a variety of fronts to overcome vaccine hesitancy in India and ensure that vaccine outreach programmes leave nobody without vaccination.

As on 15th June 2021, ActionAid Association India has raised awareness on COVID-19 vaccination to more than 8.6 lakh people across 128 districts in 20 states and 2 Union Territories.

It is working with district administrations to run vaccination camps so that nobody is left out of the vaccination drive. It is campaigning on the slogan “No one is safe till everyone is.” This includes universal vaccination. It has been able to reach about 10 lakh people with its vaccine promotion programme and have run vaccine camps in Uttar Pradesh, Uttarakhand, Odisha, Rajasthan, Hyderabad and Bihar.

Distributing relief and sanitation materials

Apart from this, food distribution continues across 20 states for COVID-affected families. ActionAid reached out to 19,347 families directly with dry ration kits across 47 districts - containing cereals, pulses, oil and spices so that they could support their families for at least a month. It distributed cooked meals among around 48,334 individuals.

It provided sanitation kits to 28,281 families across 29 districts. These kits contained masks, soaps, sanitisers, detergent powder and sanitary napkins. These ensured that vulnerable families have access to the necessary elements to protect themselves from COVID-19. Till 15th June, it has provided facemasks to 99,834 persons across 90 districts, face shields to 1,111 persons across 26 districts, PPE kits to 2,022 persons across 19 districts and 1,746 pairs of gloves across 17 districts. It has provided the PPE kits to volunteers helping in cremation and to other frontline health workers. It has also provided 1,136 oximeters across 59 districts in the states of Tamil Nadu, Telangana, Odisha, Uttar Pradesh, Bihar and Jharkhand. It also provided 982 medical kits.

Protecting children

Children have been hit hardest in this pandemic. Many have been left orphaned and many are left with only one parent who may not be able to support them well. ActionAid has hence felt that it is important to address the issues that the children face, as the surge dips. It felt that it needs to address not only the immediate problems that the children face but it needs to start preparing for the third wave. In collaboration with the district administrations in seven districts namely Nabrangpur, Koraput, Dhenkanal, Rayagada, Gajapati, Mayurbhanj and Keonjhar in Odisha, its District Coordinators are providing support in Child Care Institutions (CCI). These centres are also provided with safety kits. In Uttar Pradesh and Bihar, it is in the process of setting up paediatric/COVID care centres for children.

With the help of education volunteers based in the same village and keeping all COVID protocols in mind, it has tried to keep children in touch with education and learning. In fact, it has recommended that education volunteers be encouraged to do more such work by including this in the schedule of work under the MGNREGA.

Addressing issues of violence

Like in the last wave of COVID-19, the most vulnerable amongst the marginalised populations faced violence. In this period, ActionAid was instrumental in preventing/stopping 182 child marriages across 28 districts. It rescued 48 children engaged in child labour in 10 districts. A total of 95 cases of violence against women were addressed in 18 districts and its teams stopped six women from being trafficked from two districts.
Dry ration kits being distributed among poor people affected by COVID-19 at Boingir in Yadaadri district in Telangana.

Food and masks being distributed among children at slums in Patna, Bihar, India.

Distribution of dry ration and sanitary kits in Lucknow, Uttar Pradesh, India.
Cooked food being distributed among labourers in Varanasi, Uttar Pradesh, India.

Dry ration being distributed among Covid-19-affected families at Balanagar in Begumpet, Telangana, India.

Dry ration being distributed in Bihar, India.

Dry ration being distributed in Bihar, India.
In March 2021, after fighting a year-long battle with COVID-19, when it seemed that India was "in the endgame" of the Covid-19 pandemic, the second wave of the virus engulfed the country with a ferocity like never before. Upsetting the country’s strategy to ship doses of vaccine to foreign countries as part of its much appreciated "vaccine diplomacy", the situation in India from the end of April 2021 was complete mayhem with an acute shortage of hospital beds, ventilators, life-saving oxygen, vaccine and other drugs leading to gasping patients and overwhelmed mortuaries and crematoriums with more than 3.5 lakh new cases every day and nearing 4,000 deaths, breaking its own single-day records, almost every day. On 6th May 2021, the country recorded the highest single-day surge of 4,14,188 cases and on 19th May, the highest number of daily deaths (4,529 deaths) were witnessed. The country went into a public health emergency.

**CINI's strategy to prevent the spread**

Unlike the First Wave in 2020 when support for awareness, food in the form of dry ration and hygiene kits were priorities, this time there was a strong additional demand for medical equipment like oxygen concentrators, medicines, safe homes/quarantine centres and treatment facilities.

But since CINI believes in the preventive models of intervention and since the spread of the virus could still
be contained by raising awareness and restrained behaviour, CINI initiated its first response through the establishment of COVID Sahayata Kendras or CSK (COVID Help Centres/Kiosks) in the districts of South 24 Parganas and few urban wards of Kolkata managed by volunteers that would make the population in its catchment area aware of COVID protocols and appropriate social behaviour (like proper use of masks, frequent hand-washing using soaps/sanitisers, maintaining physical distancing, eating healthy), link the vulnerable population to the available emergency services (hospital admissions/availability of beds/drugstores/medical oxygen/community kitchen/various service helplines/ambulances available nearby, vaccine preparedness/mobilisation for vaccination etc.), keep track of the local situation (on the spread) and related government orders on the pandemic situation prevailing.

By mid-June, CINI had around 30 such CSKs operating in the field, very strategically placed either within the BDO office in a rural block, or inside a Block PHC or Urban PHC, or within the COVID hospital of a district or within the municipality office or even at the police station. These CSKs primarily meant for the vulnerable population (in the slums, on the streets, in remote rural/riverine villages, hard-to-reach terrains and inaccessible tea gardens), are spread across the length and breadth of West Bengal and few tribal districts of Jharkhand apart from the cities of Kolkata and Ranchi.

Few of these CSKs have also started mobile IEC/campaign programmes in the catchment with a hired three-wheeler vehicle (tuk tuk) with public address facility to make the vulnerable population aware and educated in remote locations. In most cases, these mobile CSKs engage with the community and map and follow up symptomatic and unconfirmed COVID cases and mildly symptomatic cases through volunteers keeping strong liaison with the government health system.

CINI is also running three 50-bedded ‘Safe Homes’ (in Mathurapur-1 Block of South 24 Parganas, Berhampore Municipality in Murshidabad and Alipurdua-II block of Alipurduar district) linked directly with the district-level government hospitals in close liaison with three district authorities (of Diamond Harbour health district, Murshidabad and Alipurduar of West Bengal). Apart from that, CINI is helping the government to run a 30-bedded ‘Safe Home’ in Siliguri Mahakuma Parishad of West Bengal and another 200-bedded ‘Safe Home’ in Goalpara, Assam by providing some of the equipment cost, running cost and administrative responsibility. Through some of the projects, CINI has also donated medical equipment like oxygen concentrators, oxygen cylinders with Flow Meters, masks and PPE kits to the government hospitals and health system.

As the second wave of COVID is receding, and the associated hunger and malnutrition become visible, CINI is also distributing food ration kits among the poorest of the poor households in urban slums, remote tea gardens, street-connected families and commercial sex workers in the red-light areas of Kolkata and the initiative is slowing gaining momentum.

At the same time, support to the health system to carry out the essential public health services and nutrition interventions (like catch up drives to regularise routine immunisation of children, COVID vaccination drives, IFA supplementation to pregnant women and adolescents, their registration with the health system, routine ANC check-ups during pregnancy, their post-natal care, linking them for institutional delivery, their attendance in the VHNDs, the hygiene protocols in a VHND) in the pandemic times are also being taken up through the existing health and nutrition community programmes of CINI across West Bengal and Jharkhand.

Wellness kit distribution to the covid positive family from the CSK at Sarisha, Diamond Harbour II Block in West Bengal.
A visitor approaching CINI Covid Sahayata Kendra set up near Urban Primary Health Centre in Kolkata.

UHND operation amid COVID-19 pandemic in West Bengal.

Community-level awareness in rural villages through walking posters and miking.

COVID Jagrukta Rath sensitising community in Kolebita Block of Simdega district of Jharkhand.
A CINI team member handing over a dry ration and wellness kit to a mother.

Nutrimix support to undernourished children at Banarhat block.

Inauguration of a CINI COVID Sahayata Kendra at Khunti by the Civil Surgeon.

Promotion of the use of masks through an innovative way.

CINI-supported ‘Safe home’ at Mathurapur-I in South 24 Parganas district.
REACHING OUT TO VULNERABLE CHILDREN AND FAMILIES

CRY, with its partners and volunteers, leaves no stones unturned in ensuring that basic needs of marginalised children and their families have not been overlooked.

To reduce children’s vulnerability to emergencies, ensuring their rights to survival and development to be protected during the COVID times, and providing real-time and meaningful support to their families to weather the crisis, Child Rights and You (CRY) and its partner organisations rolled out various interventions as part of its relief and emergency plans to fight against the current surge of COVID-led cases in India, termed as the Second Wave.

The outreach and impact

During the second wave, with its focused interventions across 19 states, CRY launched 4 direct implementing initiatives aimed at minimising the adverse effects of COVID-19 on vulnerable children and their families. Covering 44 project areas, CRY has been able to reach out to 2,364 households, 172 AAA (ANM, ASHA and AWW) workers, 66 Health Centres, 10,939 adolescent girls, and 8,844 students preparing for Board Exams.

Ensuring access to health and hygiene amid the pandemic

During the second wave of COVID-19 when India was reeling under a shortage of medical supplies, CRY donated 396 pulse oximeters, 396 thermal scanners, 600 medicine kits and 200 BP monitors to the communities across its intervention areas. Also, as undisrupted access to various hygiene products and

Distribution of relief materials in progress.
sanitary pads for adolescent girls has been limited in the remote areas, CRY rose to the occasion and distributed 10,939 sanitary pads, 2,109 PPE Kits, 1,800 soaps, 134,700 masks and 196 litres of sanitiser.

However, it’s not just marginalised children and families – CRY also distributed 2,858 living guard masks among 1,450 front line workers, police staff and others in the districts of Korba, Bilaspur (Chhattisgarh) and Rajkot (Gujarat). In CRY’s intervention areas in the Southern states (Karnataka, Tamil Nadu, Andhra Pradesh and Telangana) 39 health centres received PPE kits.

To mitigate hunger and ensure nutritional security, CRY distributed 36.28 tonnes of cereal, 4.37 tonnes of pulses, 2,197 litre Edible Oil, 2.20 tonnes of sugar, and 1.31 tonnes of soya bean chunks in its intervention areas across 19 states. In Sonari-Kadma (Jamshedpur, Jharkhand), 18,485 packets of milk and biscuits were distributed on every alternate day to the children of 23 Anganwadi centres.

Working towards minimising disruption in children’s education

To ensure that children’s education was not disrupted due to the lack of access to resources, the organisation distributed over 8,844 stationery kits and 3,121 examination workbooks to students appearing for their board exams in Classes 10 and 12.

During the prolonged closure of schools, CRY, with the help of its volunteer teams and partner organisations, reached out to children and ensured that they were not left out of education.

Awareness initiatives

Generating COVID awareness has been one among the top priorities of CRY’s response work. From taking different routes to educate households and frontline workers about the virus to educating about the significance of taking jabs, CRY has been rigorously working and spreading the word about tackling the crisis the effective way.

The organisation created COVID-19 prevention hotspot in South Delhi for community members with symptoms of COVID having immediate access to the Anganwadi Centres. CRY along with the help of its partner organisations also conducted focused programmes on handwash practice, physical distancing and dos and don’ts of COVID-19 in 21 villages of a district in Odisha and also in 367 households of Dwarka, Gujarat.

In its intervention areas in Eastern states, CRY conducted mass COVID testing in Manipur wherein 34 children were found positive and referred for treatment. In the South, COVID support groups strengthening programmes were conducted to educate the administration and frontline workers, including

Distribution of relief materials among frontline workers in collaboration with the local police.
During the COVID pandemic, topmost in our minds was the thought of reaching out to children and their communities, especially in the remote and village support group members, CDPO, Supervisors, Anganwadi workers, ANM and Sachivalayam Mahila Police.

In terms of vaccine awareness, CRY organised campaigns throughout all four regions of India and mostly involved members above the age of 45 years and a total of 3,376 members have been ensured first dose of vaccines. Also, the organisation generated awareness about COVID-19 among pregnant and lactating women, children and adolescents via field coordinators. The vulnerable groups were motivated to take COVID-19 vaccine doses too.

Overall, CRY was able to reach out and generate awareness about protection measures against COVID among 4,189 households.

Not just offline, the organisation also conducted online workshops to create awareness on COVID Appropriate Behaviour, where 94 children participated in online workshops in Andhra and Telangana.

“During the COVID pandemic, topmost in our minds was the thought of reaching out to children and their communities, especially in the remote and marginalised sections within our intervention areas, and to ensure their survival and development. It had been a hard battle to secure our children’s education, health and protection issues in place over the past couple of decades – it had taken huge efforts, resources, finances as well as building community habits – and we just could not afford to let the progress go to waste. Partner organisations at the grassroots and the army of volunteers have been the greatest strength of CRY in these crucial times. From spreading COVID awareness, supporting children, keeping them engaged in studies and fun activities thus helping them retain their resilience and psycho-social well-being, distributing relief materials and advocating for the access and availability of services to the communities, supporting the frontline workers and health workers, addressing vaccine hesitancy among people, helping the ailing people with finding hospital beds and oxygen cylinders, tracking and monitoring the numbers of children who have lost their parents to COVID and trying to link them to the local administrations to ensure support – our partners and volunteers left no stones unturned in ensuring that basic needs of India’s marginalised children and their families have not been overlooked,” says Puja Marwaha, CEO, CRY – Child Rights and You.
Distribution of relief materials in a remote village while maintaining distancing norms.

Distribution of relief materials.

Providing hand-washing facilities for children and communities at public places.

Distribution of soaps and masks among children.
Visiting households and collecting field-level data.

CRY officials preparing to distribute goodies among children in a Kolkata suburb.

Customers maintaining distancing norms at a village grocery shop.

A community kitchen centre run by CRY partners in Koderma, Jharkhand.

Hand-washing techniques being demonstrated to adolescent girls by the field staff of CRY partners.
VOLUNTEERISM PLAYS VITAL ROLE DURING PANDEMIC

Bhumi reached out daily wagers from unorganised sectors and provided financial assistance with support from volunteers, employees and multiple fundraisers across India.

Pandemics can cause acute, short-term economic shocks. As the pandemic outbreak grows, each stratum of society finds ways and means to adjust to the crisis. The middle class and above dip into their savings to sustain through this period. But the daily wage earners, who lead a hand-to-mouth existence, do not have this privilege. Pandemic means sudden loss of work and income, thereby cutting off their access to essentials in life.

Bhumi in persistence of its mission to strive for meaningful change at the grassroots level, reached out to these daily wagers from unorganised sectors and provided financial assistance with the support of its volunteers, employees and multiple fundraisers across India.

Bhumi’s COVID relief project provided cash transfers to these families to meet their basic living expenses of food, water, light, rent and more. Its emergency response helped provide a safety net to families who were worst hit by the pandemic.

This support was extended not just during the lockdown in 2020 but also for the period immediately beyond as they slowly got back on their feet.

In May 2020, Bhumi launched the referral system, wherein a referrer would refer beneficiaries from poor/lower economies, who were supported with financial aid after thorough verification.

As a part of this campaign, Bhumi has supported more
than 14,000 daily wagers and families across India.

Bhumi is associated with around 200 orphanages and children in these orphanages faced the brunt of the 2020 lockdown more than any of us. Mainly dependent on donations, these homes were struggling to provide three basic meals to their children. Bhumi reached out to these homes and provided basic groceries such as rice, grains, pulses, vegetables, oil etc., medicines and toiletries such as soaps etc. With the able support of its volunteers, it successfully extended this campaign to support more than 10,000 children in shelter homes.

Bhumi’s volunteers have always been optimists. Amidst such tough chaos, its volunteers also found a way to adapt and engage the children from shelter homes to a fun-filled virtual event - Nakshatra Online, a festival of recognising talents through arts and activities conducted via Zoom or Hangouts applications. A total of 2,052 children from 714 shelter homes participated in the virtual event across Karnataka, Tamil Nadu, Maharashtra, West Bengal, Assam, Haryana, Punjab, Chhattisgarh, Andhra Pradesh, Mizoram, Odisha, Gujarat, Kerala, Uttar Pradesh, Madhya Pradesh, Delhi NCR, Manipur and Nagaland supported by 600 Volunteers.

The pandemic itself had brought distress to many people from lower economies. In the midst of this, disasters like the floods of Assam and Hyderabad had created huge havoc across the states. Despite the crisis, Bhumi volunteers reached out to the adversely affected communities wherein more than 650 affected families were supported with groceries and food packets.

"Through 2021, the virus will continue to remind us that we live in this shared home - planet earth. None of us is safe until all of us are. Like the invisible virus, we also face other challenges like #ClimateChange and growing inequalities. Earnings and education lost now will continue to impact the lives of many for years to come. Hence, we the citizens of the world have much to do together," says Dr Prahalathan KK, Co-Founder, Bhumi.

Bhumi’s initiatives during the second wave As India battles the catastrophic coronavirus second wave that has overwhelmed hospitals, with crematoriums working at full capacity.

The second wave of coronavirus has once again decimated incomes and is threatening food security for the poorest of the poor. COVID-19 has also hit the underprivileged children of India disproportionately.

Their education and nutrition are both at severe risk.

There is a rising need to support the poor/lower economy families and children and to create awareness on vaccination, Bhumi’s COVID initiatives now involve Oxygen & Health Care Support, Scholarship Support, Vaccination Awareness and Mental Health Support along with the Daily Wagers Support continuing. The organisation has also introduced DonateOPoly, a gaming fundraiser for COVID-19.

About BHUMI

Bhumi is one of India’s largest volunteer organisations. It enables over 30,000 volunteers across India every year for the Sustainable Development Goals. It believes that in every stride it proactively takes, its approach to education and volunteerism gets stronger and better.

Its education-led programme bridges the gaps in formal education and opportunities by providing underprivileged children language and STEAM education, life-skills support and scholarships for higher education.

Apart from this, Bhumi also has a Pan India Civic Volunteering Programme wherein volunteers are involved in civic activities like beach clean-up and environment-related initiatives.

The strength of the organisation lies in its volunteers who strive to create a ripple for change in the lives of many and thus conveying CHANGE TODAY ...CHANGE TOMORROW.

Bhumi’s team in Mumbai fed over 100 stray animals for over 15 days.
Bhumi’s team in Chennai has supported 15 shelter homes with grocery items.

Ramdev Kurre and his group of migrant workers were referred to Bhumi by Indus Action for support. They were construction workers stranded in Tamil Nadu with no work and support from the contractor. Bhumi team was able to connect them with the local police officers and government officials to support them with dry rations.

These are testing times, especially for daily wage workers and people from low-income communities. In its modest attempt to support them, Bhumi’s Mumbai team recently conducted a 2-day distribution drive during which it provided ration for 15 days to 380 needy families.

Mugan reached out to the Bhumi helpline seeking support for a fisherman community struggling to access government rations. Through its helpline database and partner leads, Bhumi supported 50 families with 595 kgs of dry ration.
BATTLING THE PANDEMIC: NEED TO JOIN HANDS TO HELP HUMANITY

To combat the COVID-19 pandemic, HP India facilitates registration of people on the Co-WIN portal, makes medical oxygen accessible to communities in need

The ongoing second wave of COVID has resulted in unprecedented loss to human lives and livelihoods. For the last two months, India has been battling an exponential growth in new cases and mortalities that shook the entire frontline healthcare response system. Strained beyond means, the nation looked in horror to find daily reported cases touching over 4 lakh a day. Although the situation has improved in recent days, all must remain vigilant and prepare themselves better to fight this pandemic.

As a responsible corporate citizen, HP believes it is its duty to support the healthcare infrastructure, the government and NGOs operating at breakneck speed to ensure the recovery of those impacted by the virus. The country can only win this battle by combining everyone’s efforts and working together. All HP India teams join the organisation in its deep commitment to serving its communities in India, especially those impacted by the ongoing health emergency.

Supporting the vaccination initiatives

The safety and well-being of its employees and their families is the company’s core commitment. To ensure this, it has introduced a vaccination programme for HP employees and their families across India. However, it believes it’s our responsibility to aid with relief efforts and deliver last-mile help for the marginalised segments of society who lack access to digital services.

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infrastructure. To that end, it has rolled out few initiatives that work across specific priorities in combating the COVID catastrophe.

Co-WIN Registration Toll-Free Number- For those without digital access

With a sizeable population of India having restricted access to smartphones and internet connectivity, misinformation and lack of resources are preventing many people from getting vaccinated. The Government of India recently announced the third phase of the vaccination drive, catering to the 18-44 age group. Approximately 59 crore Indians belong to this age bracket. Walk-in registrations for this segment have been allowed by the government for a limited number of registrations daily at the Govt Covid vaccination centre (CVC). However, the severity of the spread of COVID-19 increases the risk of people getting infected at these often-crowded centres.

HP India believes that no one should face hurdles in gaining access to the vaccine only because of the lack of a phone or PC. Through its Co-WIN registration initiative in partnership with the Jubilant Bhartia Foundation, it is helping citizens, especially those who do not have easy internet or smartphone access, to register themselves safely on Co-WIN. Its aim is to help millions of such people across the country, securing the government-mandated registration on the Co-WIN portal in the easiest possible way.

If you know anyone who is struggling to access the Co-WIN portal due to lack of access to a smartphone or PC, HP India requests you to direct them to its toll-free number 18004194961 for help in CO-WIN registrations. Its helpdesk supports queries in English, Hindi, Kannada, Tamil and Telugu.

#HelpTheHelp- Our employee outreach that promotes doing good

It’s inspiring to see HP India employees lead efforts to register blue-collar workers for vaccine drives. HP India is starting these efforts across Bengaluru, Kolkata, Chennai, Gurugram, Mumbai, New Delhi, and Pune.

#HelpTheHelp community vaccination project is targeted towards ensuring timely inoculation of blue-collar helpers and people from economically weaker backgrounds. The project enables HP India employees to facilitate free of cost registration and vaccination of blue-collar domestic helpers like drivers, house help, cooks, nannies, security guards etc at a pre-informed date, time and venue. The program mainly facilitates the registration of people who are needy but are either not able to find slots at Govt CVCs or not able to meet the vaccination costs at private hospitals.

PROJECT O2- Making medical oxygen accessible to communities

To address the rising demand for medical oxygen in Delhi NCR and Bengaluru, HP India is making oxygen concentrators available to patients with mild to moderate symptoms. To ensure this, it has active involvement of its employees as well in all its community-led initiatives. A dedicated team of HP employees has been set up to identify needy people from the community and further extend the support. Through this initiative, HP India hopes to make it easier for patients at home to gain access to medical oxygen before they are shifted to a hospital bed with the necessary medical infrastructure.

The pandemic has taught us that everyone is vulnerable irrespective of his/her background. However, fundamental differences such as the prevalent digital divide could just accentuate challenges. Besides access to medical infrastructure, HP India has tried to bridge these gaps to the best of its ability. It ardently hopes that these initiatives will help to ease some of the pain points that people are facing in this second wave.
HP’s PROJECT O2, in partnership with Jubilant Bhartia Foundation, making medical oxygen accessible to communities.

**HELP**

**IT’S TIME TO GIVE HELP A REAL SHOT.**

**LIVES ARE COUNTING ON US TO EXTEND HELP; WE HOPE TO SEE YOU ALL JOIN US IN THIS SMALL STEP.**