

Learning from Relief support to the poor & vulnerable during COVID-19 Pandemic

— An initiative of MARI-FANSA



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TIMELINE	<ul style="list-style-type: none">• Initiated on April 9, 2020,• concluded on July 18, 2020
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BENEFICIARIES	11,252 Families in slums 1500 Homeless 1000 Frontline Sanitation Workers 2000 Orphan and destitute children
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BENEFICIARY GROUPS	<ul style="list-style-type: none">• Daily wagers• Differently-abled• Frontline sanitation workers• Migrant labourers• Orphans and Urban homeless• Transgender and LGBT community
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1. Introduction:

With the strategic support provided by FANSA Regional Secretariat Team, MARI - the hosting organization of FANSA assessed the immediate impact of the COVID pandemic and lockdown situation on the lives of the poor and vulnerable in the city of Hyderabad and initiated relief action to fulfill the basic subsistence and Hygiene needs of the communities who were in deep crisis as a consequence of the COVID pandemic. The whole effort started with a humble attempt to assess the needs of the vulnerable communities and to understand their life situation. The saddening stories of the human suffering witnessed in different slums of the city and of the occupational groups provoked the team in the FANSA Secretariat and MARI to converge their capacities to design and implement a locale specific intervention strategy primarily aimed at increasing the capacity of the poor and vulnerable to cope up with the crisis of loss of income and livelihoods that lead to hunger and lack of affordability to access hygiene materials needed to protect themselves from COVID. FANSA team played a very important support role to MARI in analyzing the unfolding situation and generating convincing evidence to attract donors for providing relief support to the needy. Spontaneous response intended to support few families in one slum has been systematically expanded and nurtured to become a large scale “crisis response initiative” that saved a large number of people from hunger and lack of basic hygiene materials. FANSA’s support to MARI was in the areas of a) generating analysis and articulation of the problems faced by the vulnerable communities during the lockdown situation, b) facilitating consultations at the community and with staff to prioritize the interventions needed and strategies for implementing the same, c) interactions with the State Health Minister, State level experts committee appointed by the Government on COVID to understand the gaps in Government response, d) Developing proposals to seek donor funding for relief work, e) Developing rapid implementation processes for reaching the relief support to the most needy, f) Developing coordination and convergence mechanisms with the local Health and Municipal authorities, and g) Ensuring robust systems of transparency and accountability in implementing the relief operations. FANSA also played an important role in capturing the learning at every stage and consistently improved and strengthened the subsequent implementation processes of relief and mitigation response. From the beginning of the outbreak of COVID 19, it has been an intense process of understanding the emerging issues of the vulnerable communities and accordingly gearing up for action. With the support of IRC-Watershed Partnership, FANSA created an opportunity to systematically reflect on the process adopted and actions implemented by FANSA-MARI in response to the suffering caused by COVID-19 pandemic to the lives of the vulnerable communities. A one-day learning sharing face to face interaction was organized on [7th September 2020](#) and documented the key processes adopted, results generated and learning from the COVID-19 response action implemented.



2. COVID 19 pandemic in India:

On 30th January 2020, the first COVID-19 case was detected in India. However, by that time, news began spreading about the pandemic COVID-19 and the educated elite began wearing masks, especially the jet-setters travelling internationally. While the residents within the country were not aware of the seriousness of the pandemic and did not care much about it. As the number of cases started increasing a “Janata Curfew” was appealed by the Prime Minister of India followed by a sudden announcement of complete lockdown from March 24th, 2020. This sudden decision took the whole nation by a complete surprise, as it was unprecedented and totally unprepared for the citizens. With travel restrictions imposed the movement was difficult and with the frequent extensions of lockdowns, patience of many was tested, especially migrant labourers. With no work on hand, they began to feel the pinch, as they had no option to return home but were forced to prolong their stay in hospitable cities day after day with meagre meals and with no money left for their survival. It was ironical that the very community, who helped build townships through their hard work suddenly found themselves unwanted anymore. They began to come out in large numbers and walking and cycling to their native places, cutting miles and miles, some of them even collapsed due to the onerous strain of their long hours on the roads with nothing to drink nor eat. Across the length and breadth of the nation, one could see a flow of human movement on roads with no food to eat and shelter to take rest. On the other side, movement from one state to other state got difficult and the police started charging frames. This took a turn much like an inter-nation border checking system. From road to rail transportation, everything came to a standstill. There were no trains, no buses and no regular planes, for those stranded in faraway places, they had to make some kind of temporary arrangement in whichever place they were to survive. Through the print and social media, one began to read news about what was happening all over the country, news about human distress, about lack of food, lack of human movement and news that could cause one to slip into a quagmire of depression. On the other hand, mental health was taking a beating for those urban dwellers. Spending all day at home was causing difficulty in terms of both physical and mental health to urban residents. Like any other place in country even in Telangana state the sudden curtailment of public movement took the common citizens by surprise. If COVID-19 was something to be feared, police repression was another thing that shook the conscience of human thinking. Such, was the situation reminding a war zone, with pitched tents every kilometer comprising of a posse of policemen, out to hinder movement and lash out with a big fat stick.



3. Profile of Urban Slums in Hyderabad:

Within twin cities of Hyderabad and Secunderabad, there are over 1468 slum areas with 18 Lakh population. These slums are overcrowded and devoid of proper hygiene and sanitation systems. Many of those residing in these slums eke out their living in odd jobs earning daily wages living a hand to mouth existence. Many of these urban slum dwellers find themselves engaged in odd works, ranging from plying three-wheeled autorickshaws for transporting public across the city, working as domestic servants or even segregating waste right in their neighbourhoods. But the sudden lockdown hit them hard and there was no work for these urban dwellers. Thus, the poor were the most vulnerable population and required immediate help. This obviously resulted in nutrition deficiencies for those who are already suffering from malnutrition making them easy preys of the pandemic. With no public movement on the roads, homeless suddenly found themselves without a morsel of meal. In what could be termed as heights of depravity due to utter human neglect, during normal times, one could see homeless sifting through garbage in railway stations to find leftover food items, only to consume them. But here was a period, where they were at wits end to find something to eat.

For those frontline sanitation workers, they were more at risk as they were the ones cleaning and sweeping the roads and making life better for urban dwellers. In spite of the risk of the exposure to the virus, they braved odds and continued to go to their work like any other day. On the other hand, some sanitation workers began to end up in hospitals as they turned Covid 19 positive. Public health and sanitation was something that could not be compromised, especially at a grave situation like this. Governmental neglect in providing proper gloves masks and PPE aggravated their risk of exposure to the virus for the frontline sanitation workers. With no ready availability of public transportation, many of them had to walk to their places of work leading to additional strain on their health.



4. Process Followed:

After looking at the plight of these vulnerable groups MARI felt the urgent need to support the poor and vulnerable and approached the Donors for relief support. However, the Governments, Resident Welfare Associations and other CSOs were providing relief support in different locations of the city but the support was given to the same beneficiaries or to those who are not in need. To avoid duplication and to identify the most needy, MARI team developed an assessment criteria which formed the basis for providing the relief.

Criteria selecting the areas/ beneficiaries:

- a. Areas pre-dominantly inhabited by daily wage labour and people dependent on other petty livelihoods (street vendors, street based artisanal occupational groups like cobblers, self- employed persons like barbers, transport service providers, music and band teams engaged for marriages and other functions, etc. who are severely affected due to lockdown situation)
- b. Slums with high population density and mostly one room houses
- c. Areas where Migrant Labour live/ or the migrant labor stationed in temporary shelters.
- d. slums inhabited by the high risk population like waste collectors;
- e. Slums with WASH service gaps and have high risk of contamination
- f. Weaker section housing areas allotted for Persons with Disability, Transgender, single women, sanitation workers etc;

With the above criteria MARI team visited different slums and made a rapid assessment with the support of local / natural leaders of the communities. MARI took a clear stand that poor should not be provided with substandard material in the name of emergency service. They should be given quality food material sufficient at least for one month and also hygiene material to effectively protect themselves from the risk of the COVID pandemic. Each family was visited by the senior staff members and their local identity was verified after which the selected needy families were issued serial numbered family token which is the confirmation slip to identify them as beneficiary to extend the relief support and MARI's commitment to respond. These coupons were to be submitted to the MARI team by the respective families on the day of distribution and collect their dry ration and hygiene kit from the distribution point.



Verification of the token and identity card to hand over the dry ration kit

Standardization and costing of the Relief Kit:

In consultation with the women members of the selected beneficiary families and also in consultation with Medical Doctors and nutrition experts MARI has developed the standard relief kit with commodities which included food items to supplement carbohydrates, proteins, fats, salts, sugars, and other hygiene essentials like bathing and washing soaps, hand sanitizer, masks, hand gloves, disinfecting agents for living rooms and Wash rooms, etc. The details of the items consisted of the dry ration kit are furnished in the table below along with the worth of the material for each kit.

Table 1: Components of the Dry Ration Kit

Material	Rate (Rs)
Dry Ration items	
(1) Rice 25 kgs	875.00
(2) Redgram 2 kgs	192.00
(3) Cooking oil 2 ltr	200.00
(4) Turmeric powder 100 gms	15.00
(5) Mirchi powder 200 gms	42.50
(6) SUGAR 1 KG	39.50
(7) Wheat Atta 2kgs	59.00
Sub Total (A)	1,423.00
Hygiene material	
(8) Dettol Bathing soaps 2 nos.	74.00
(9) Rin washing soaps 2 nos.	30.00
(10) Sanitizer 1 bottle	92.00
(11) Masks 3 nos.	36.00
(12) Gloves 1 pair	38.00
Logistic Cost (Procurement, Transportation, packing material, miscellaneous cost)	50.00
Sub Total (B)	320.00
Grand Total (A+B)	1,743.00



Thus, the cost of reaching essential relief material was standardized which made it easy to share the cost plan and raise funds from potential donors. In the initial phase of lockdown period while the need for relief support was very clear and some philanthropists were quite willing to support. But, there was utter confusion on what support was required, for whom, what is the cost involved for the actual relief material and distribution of the same to the needy population. The detailed costing done by MARI team was found to be very rationale and convincing by the donors and they felt very comfortable to provide funding support based on the costing plan worked out by and in fact some donors recommended the same as a model cost plan to other organizations as well. Some Philanthropists also found a cost plan developed by MARI is easy to extend the support in kind as the material required could be easily estimated for the number of families they wanted to help out.

For procurement of the above material in adequate quantities different bulk suppliers were identified, competitive quotations were collected and with clear terms and conditions the purchased orders were placed and material was procured. As the entire transport system was at halt due to lockdown there was severe shortage of stocks and regular supply systems became dysfunctional during the lockdown period. But, through a rigorous and transparent process of procurement, best quality, price and timely supply could be assured by scoring through networks and with support from officials.



Team Work for distribution of the Relief Support:

MARI had Pooled all the available staff and taking into consideration their interest and experience, divided the team into four sub-teams; 1. Survey, assessment and identification of people in need of relief support 2. Procurement Team 3. Packing and logistics Team 4. Distribution and documentation team which was also responsible for maintaining social distancing, mobilizing the support from the Police, Municipalities and other concerned Government agencies.

The work distribution and defined roles and responsibilities to each team has helped MARI to organize the relief distribution to a large number of families within a short span of time and also ensured excellent standards of transparency and accountability. The systems were established in such a way that every single family provided with relief support could easily be traced back for any further contact and verification.

Summary of the steps followed in organizing the relief distribution

#	Action Step	Result achieved	Remarks
1. Need assessment and identification of the needy			
1.1	<p>Long listing of the potential slums based on</p> <ul style="list-style-type: none"> -Previous data available with MARI on the slums in Hyderabad -Consultation with GHMC authorities on the poverty pockets and the areas in dire need of support -Scanning of daily news for reports on seriously affected areas/occupational groups -Information shared on whats app groups created by the social activists specifically for relief support need 	Long listing of the slums and occupational groups in need of relief support	MARI could closely track and gather reliable information needed for planning relief interventions
1.2	Visits to locations that are identified for potential support to interact with local households, community leaders and assess the impact of the pandemic and lockdown and assess the intensity of the need for relief support	First hand information and visual evidence gathered on the actual life situation of the poor and vulnerable during the lockdown period	Atleast two members from the core team of MARI have visited all the sites / communities for the need assessment
1.3	Preparation of a brief need assessment report with key observations and presentation of the same to Senior Managers of MARI for discussion	Through a collective process the slums and occupational groups are selected by the field operations Team in MARI to provide relief support	Wherever the need is not very clearly assessed during the preliminary visits, the cross-verification visit was conducted for further assessment of the situation
1.4	Finalization of selection and allocation of budget from the existing donor grant or make a fundraising application based on the number of families to be supported	Funds secured for providing relief support to the selected slum	Normally fundraising application was made for a cluster of slums after consolidating the entire requirement
1.5	Generating tokens and printed pamphlet with list of	Listing of individual household beneficiaries is completed	For the entire relief work done by MARI tokens issued to beneficiaries are generated

#	Action Step	Result achieved	Remarks
	food materials included in the dry ration and Hygiene kit		with continuous numbers with prefixed code which indicates which donor support was utilized to provide relief for a particular family
1.6	Door to door visits in the selected slum for further verification and elimination of the families who are not in real need of the relief support. House condition and assets possession, nature of income source was taken into consideration for verification.	Households in genuine need of support were listed and issued tokens and slips with list of relief material to be provided and also communicating the precautions and preparedness (wearing masks, identity proof to be shown, bringing bags to carry relief material etc) required	Mostly the monthly salaried people who's incomes are not affected have voluntarily opted to be excluded from the eligibility list
2. Bulk procurement and sorting it into distribution kits			
2.1	Assessing the total required quantity of relief material based on the number of tokens distributed and placing purchase order to the listed vendors	Material procured	Detailed and standard instructions are given to vendors on the mode of packing
2.2	Meetings with local RWAs and motivating them to volunteer for organizing the relief distribution to the needy population within and around their neighbourhoods	Adequate Volunteers force secured for organizing the relief support	For each location covered under relief support the volunteers from the nearest area are mobilized in view of the travel restrictions and also to ensure that volunteers are familiar with the conditions of the selected slums / occupational groups
2.3	Survey of the area, identification of suitable place and willing donor for free use of the place for stocking, sorting and packing of distribution kits	Free and easily accessible place for safe custody and distribution of the relief material/kits	If the places selected for distribution are not within the slums selected for relief support then it would cause difficulty in avoiding the crowding of people from the same community. Hence easily accessible places at about 0.5 to 1 km distance were selected for distribution camp.
2.4	Preparation of distribution kits, making all other arrangements for the actual relief distribution	All arrangements as per the SOP completed for the relief distribution	Normally all the preparation for distribution are done one day before the actual day of the relief distribution

#	Action Step	Result achieved	Remarks
2.5	Communication to local police, City Municipal authorities and selected elders of the local community	Police department ensured deployment of police personnel for avoiding the overcrowding and discipline in collection of the relief support. Municipal authorities ensured proper sanitization and marking of social distancing circles. The community elders supervised and extended the moral support for smooth and peaceful distribution of the relief material	In all the locations support from Police, Municipal authorities and Community Leaders was leveraged by MARI by following a systematic communication process
3 Distribution of relief Material/ Kits			
3.1	Batching of beneficiaries with 25 households in each	Crowding at distribution point was avoided and batches of 25 households could easily follow the guidance on queuing up as per the social distancing circles marked on the ground.	Volunteers posted in the slums selected for relief support were organizing the households in batches of 25 and sending them to the distribution point.
3.2	Handing over the relief material to the selected households	The beneficiaries' hand over the token issued to them against which relief kit was issued to each beneficiary after obtaining their signature on the receipt duly verifying the Identify cards.	Beneficiaries could cross verify the material kit with the list of material slip issued to them along with the token. Also the material contained in the kit was kept on display at the distribution point to clarify what is contained in the relief kit and slip for safe use of sanitizer was also included in every kit as most people were unaware of how to use liquid / gel sanitizers
3.3	Reconciliation of the number of tokens collected back and relief kits issued.	Misuse or double issuing of kits was totally avoided	If the issued tokens are not submitted for collection of the relief kit, the respective beneficiaries were contacted on phone to come and collect the relief kit. In the case of elderly and PWDs who could not come to the distribution point, door delivery of the same was arranged by the community volunteers

#	Action Step	Result achieved	Remarks
3.4	Certification of the relief support provided to the beneficiaries	A brief statement of the relief support provided in each location was drafted at the end of the campaign which was countersigned by Police, Municipal authorities and the community elders.	Accountability and transparency was ensured through such a practice. Every single beneficiary provided with relief support could be traced back and verified at anytime in the future. This helped us to showcase our credibility to the sector.

MARI with such meticulous planning steps could reach out to different sections of the society, viz., daily wage earners, religious leaders, stage artists, musicians (brass band), barbers, wahsermen (who depend upon ironing of clothes), auto rickshaw drivers, transgenders , tailors, rag pickers, construction labourers, artisans, etc. There were times when MARI team had to go to the containment zones and personally handover dry rations to the ones in home isolation. Coming to thematic segregation of beneficiaries, it was made sure that transgender, physically challenged, aged, single women, widows and those who are in difficult circumstances were included as beneficiaries. In addition to poor households MARI also provided relief support to three other important categories of beneficiaries.



- 1. Relief support to homeless people shifted to temporary shelters:** During the coordination meetings with Police and GHMC functionaries MARI learnt that as per the high-level decision of the state Government, all the homeless people (beggars, pavement dwellers) were suddenly shifted by the Municipal authorities to the temporary shelter homes where even the basic amenities were lacking and the local authorities were also helpless in that emergency situation. The cooked food was provided either by Government or from several individual donors, but there were no supplies provided for maintaining sanitation and hygiene conditions. In response to such a need MARI provided hygiene materials , towels and blankets to 1,500 beneficiaries at these temporary shelter homes. Orientation was provided on handwashing, safe and responsible practices to be adhered to while using shared toilets and advisory of practices recommended by the state for keeping safe from COVID.



- 2. Hygiene kits to frontline sanitation workers:** Personal hygiene kits were also provided to frontline sanitation workers who are working as contractual labour in the Sewerage Treatment Facility run by the Hyderabad Metro Water Supply and Sewerage Board. Similarly, large number of labour engaged in door to door waste collection were provided masks, hand gloves and sanitizers by MARI as both categories were found to be high risk occupational groups and both did not have affordability to secure the safety material nor their contractors provided the same. MARI intervened and filled the gap and also oriented them on best hygiene practices. Subsequently these workers demanded the PPEs from their contractors and secured the same on a continuous basis upon the sensitization from MARI team.



3. **Relief support to Child Care Institutions:** The local Government authorities identified about 26 Child Care Institutions which are primarily catering to orphans and destitute children with the charity support received from the local businesses and traders. But, due to lockdown all those businesses were shut down and were in deep losses due to which their support to these institutes was suddenly discontinued. To fill the gap MARI provided bulk ration and hygiene kits to 26 Child Care Institutions serving more than 700 children.

MARI also felt that reaching relief support to the most-neediest should be pursued as a shared responsibility rather than putting the whole burden of the cost on the donors and Philanthropies. The following cost sharing norms were developed by MARI and strictly adhered to the same during the entire process of reaching the relief support.

1. MARI staff would be voluntarily engaged in the relief work and no special compensation would be paid for their time and physical work in organizing the relief.
2. Local Residents Welfare Associations and Youth Associations would be given orientation on the subsistence needs of the poorest and most disadvantaged communities and they will be motivated to do shramadhan/ free labour for unloading, packing and distribution of relief material which required 15-20 volunteers in each location where relief was distributed
3. Owners of the local properties like Marriage Halls, Private Schools, Entertainment Places etc were appraised of the situation of the poor and disadvantaged and were motivated to give their property free of cost for stocking, packing and actual distribution which required safe and large space for accommodating large crowds with distancing and to stock the relief material which used to be in large quantities.



The above strategy was highly appreciated by the donors and MARI could mobilize adequate resources to saturate the needs of all the identified slums and occupational groups. The total funds received by MARI from various Donors is listed in the table below.

Table-2: Funds mobilized for the relief support provided by MARI

S. No.	No. of families / persons	Donor	Amount
1	615 families	E & Y	17,60,400
2	500 homeless persons	E & Y	
3	650 families	C & S	3,41,325
4	650 families	APMAS	In Kind
5	999 families	APPI - I	14,70,000
6	2103 families	APPI - II	48,36,900
7	1000 Front line sanitation workers	APPI - II	
8	700 children from 26 CCIs	APPI - II	
9	3354 families	APPI - III	54,91,000
10	100 families	OXFAM	2,33,750
11	250 families	OXFAM	In Kind
	TOTAL		14,133,375

With the funds received from various Donors and in collaboration with Government officials and community leaders MARI could able to distribute the relief materials to 11,271 beneficiaries across various locations in Hyderabad. The details of the beneficiaries covered in each location are listed in the table below.

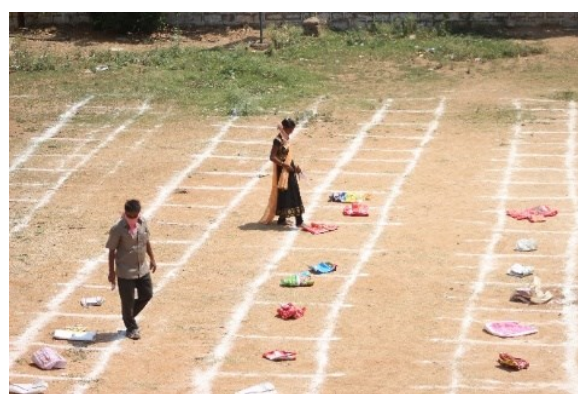
Table-3: Location wise number of beneficiaries received the Dry Ration Kit/ Hygiene kit

S. No.	Name of the Slum/s	Distribution Date/s	Donor Agency	No. of Kits (Nos.)
1	Batukammakunta	09.4.2020	E & Y	460
2	Bhagath Singh Nagar	10.4.2020	E & Y	140
3	Sai Nagar	10.4.2020, 04.7.2020	Care and Share Italia, APMAS	450
4	Jaipuri colony	11.4.2020	Care and Share Italia, APMAS	200
5	CBN Nagar	18.4.2020	APPI - I	465
6	Gokul nagar, Nacharam	21.4.2020	APPI - I	26
7	Durga Nagar, Amberpet	21.4.2020	APPI - I	60
8	Lakshmareddy colony, Uppal	22.4.2020	APPI - I	63
9	Musheerabad	23.4.2020	APPI - I; E&Y	400
10	Uttaraiah Colony, Mudfort	01.5.2020	APPI - II	480
11	Subbash Nagar and Anna Nagar	02.5.2020	APPI -II	103
12	Ambedkar Nagar, Mudfort	05.5.2020	APPI -II	250
13	Ambedkar Nagar and Bharath Nagar	06.5.2020	APPI -II	180
14	Maisamma Banda	06.5.2020	APPI -II	160
15	Rajiv gandhi Nagar	07.5.2020	OXFAM & APPI-II	150
16	Beerappa gadda, Uppal	09.5.2020	APPI –II	55
17	Kawadiguda	12.5.2020	APPI –II	170
18	Valmiki Nagar, Marredpally	12.5.2020	APPI -II	100
19	Swaroop nagar, Uppal	15.5.2020	APPI -II	375
20	Bharath Nagar		APPI –II	
21	Vinayak Nagar		APPI –II	
22	Gadwal, Andhra Pradesh	19.5.2020	OXFAM	250

S. No.	Name of the Slum/s	Distribution Date/s	Donor Agency	No. of Kits (Nos.)
22	Maratha basti, Tukaram gate	27.5.2020	APPI -II	120
23	Ambedkar Nagar, Uppal	28.5.2020	APPI -II	60
24	Karthikeya nagar	03.6.2020	APPI - III	60
25	NTR Nagar, R.K.Puram, Saroor nagar	07.6.2020	APPI - III	375
26	Karthikeya nagar	07.6.2020	APPI – III	70
27	Nacharam and Kompelly	08.6.2020	APPI - III	55
28	Pahadi Sheriff, Zalpalli Municipality	13.6.2020	APPI - III	510
29	Lenin Nagar, Meerpet Municipality	20.6.2020	APPI – III	610
30	Surabhi Colony, Sheri Lingampally	25.6.2020	APPI - III	120
31	Addagutta	26.6.2020	APPI - III	300
32	KCR and KTR Nagar, Golnaka	01.7.2020	APPI - III	50
33	Sai Nagar, Nagole	04.7.2020	APPI = III	483
34	Gandipet	06.7.2020	APPI - III	12
35	Chintal basthi	10.7.2020	APPI - III	570
36	Khajaguda			
37	Chilkanagar	20.7.2020	APPI - III	120
38	Meerpet	31.8.2020	APPI – III	19
			Total (A)	8,071
39	Support to 26 Child Care Institutes (dry ration kits)			700
40	Migrant labourers, homeless residing in temporary shelters (blankets, personal hygiene kits, buckets, mugs, etc.)			1,500
41	Frontline sanitation workers (Gloves, sanitizers, masks, etc.)			1,000
			Total (B)	3,200
			Grand Total (A+B)	11,271

5. Safety Measures and Adoption of Government Protocols during Distribution:

On every Distribution day with a frequency of at least one per week, MARI team used to gear up for the event with round-the-clock activity that used to precede distribution day. At least a day or two before distribution, nearby venues were scouted to check if the place provides enough space for social distancing and avoid crowding etc. MARI team followed different sets of procedures while distributing. This ranged from ensuring proper social distancing circles, making them stand in queues and allowing them inside distribution point in batches collect and verify the documents and handover relief material etc. The subsequent distributions witnessed chairs for the beneficiaries with the dry ration kits on them which they can pick up once their documents are verified. Each time, a dozen of beneficiaries were allowed inside, who sit in chairs designated for them and volunteers would go and collect their tokens and after due announcements and precautions, the next lot of kits would again be placed on the chairs leaving a 15-20 minute gap before the next set of beneficiaries get in.



Sometimes, there would be different points of exit and entry, but each one manned by dedicated volunteers, who ensured that the discipline of social distance, masks and sanitizers were used for safety. One day, suddenly a police team swooped on us without mincing words, they ordered that distribution be wound up because of overcrowding. This situation arose as we could not find a better place of distribution other than a small community hall in a congested lane. Rather than winding up distribution, alternate actions were worked out and tokens were collected from beneficiaries and disbursed the kits at their homes by carrying the relief kits in Autos Rickshaws.



Beneficiaries following Social distancing while waiting to receive the Dry ration support

6. Coordination and convergence with Local Authorities and Leaders

Each time a distribution event was planned, MARI Team approached local police station and handed them over a letter expressing the intent of distribution of ration kits. The Police then ensured one or two police constables to be present at the distribution points to oversee the social distancing and also to keep the law and order situation. Similarly the GHMC officials were also informed about the distribution and the sanitation workers from that areas were entrusted to mark the social distancing circles and ensure that the place is cleaned and sanitized for the distribution. The local leaders such Municipality corporators, and other elected office bearers were also informed and they also supported the process and sometimes offered food to MARI team showing their commitment and gratitude to the efforts made by MARI team.



7. Learning Sharing Workshop of MARI team

A one-day team sharing retreat was organized in Moinabad, about 30 km away from MARI's office, which was attended by 15 team members comprising of core staff of MARI. This was the team that was involved in providing relief during lockdown time. Each team member was given a chance to share experiences ranging from best moments, learnings, challenges faced, way forward and self-reflections. In view of fusion of both financial and programmatic personnel, a platform for common sharing of experiences for mutual enrichment from different perspectives were very helpful.



MARI Team at Learning Sharing Workshop.



Key Learnings

1. **Access to information and rapid analysis of the same is essential for identification and targeting the relief action to the neediest:** COVID-19 pandemic has almost made everyone everywhere to be the sufferers. But the information accessed through various means and rapid analysis of the same enabled MARI to identify the worst hit population which included poorest slums, occupational groups who's daily sustenance was severely affected, Child care institutions dependent on donations from local businesses which got completely collapsed due to lockdown and frontline sanitation workers exposed to high level of risk with low affordability to health services.

2. **COVID-19** pandemic situation needed urgent action from the CSOs like MARI and on the other hand the staff and management were initially struck by the fear of getting infected. MARI has pursued a socially conscious consultation process within the organization through which the management and staff could resolve the dilemma, dispelled the fears and initiated decisive steps to respond to the needs of the poor and vulnerable communities. Overcoming the initial panicky situation and gradually moving into intensive phase of action was a good learning process for the organization through which it could strategically position itself and prove its commitment and relevance in a pandemic situation. This entire process deepened the trust, mutual confidence and support between the staff and management of the organization.
3. MARI has adopted a systematic process of consultation among the community women, Medical Doctors, Nutrition experts, WASH specialists and developed the idea of relief kit which has best matched the nutrition and safety needs of the poorer communities. The balancing of kit with food items (Carbohydrates, Protein, Fats, Condiments), sanitation, hygiene and safety material was highly appreciated by communities and health experts as it best served the needs of people living in pandemic situation.
4. The criteria for selection of slums, issuing of tokens for the real needy households was found extremely useful in targeting the relief support to neediest population. This was also found extremely useful in planning and smooth distribution of the relief support despite so many constraints imposed by the lockdown situation.
5. MARI has developed clear and transparent communications about the relief support being provided to varied vulnerable communities and regularly shared the information with Municipal, Police and Health Authorities at the local level. This prompt and open communications helped us to establish good credibility for the relief operations carried out and at every stage the local authorities have extended good support and cooperation to MARI and also invited for planning and consultation meetings on COVID prevention and control in which we raised the issues and concerns of the vulnerable communities.
6. Mobilization of community leaders and representatives of neighbouring Residents Welfare Associations revealed that in emergency situations of this kind, readiness and willingness to help others is very high and other actors including CSOs need to provide right kind of opportunities to constructively channel peoples motivation into action. Engagement of community leaders as volunteers also increased credibility and local strength for the activities being implemented at the community level.
7. Robust transparency and accountability systems established for implementation of relief support could very effectively check the undue political interference. In fact they were highly appreciative of the systems followed to reach the relief support to the real needy and cautioned against those trying to interfere with MARI's systems of organizing the relief.
8. Masks were suddenly in high demand as the practice of wearing masks was first in the advisory of safety practices recommended by the Government and all other communication channels. But there was severe shortage of the same in the market. When the problem was discussed with SHG women in communities they have quickly picked up the skill in stitching masks made of cotton cloth and the quality of the same was well appreciated by the Medical experts. At a very affordable price the women SHGs have produced a large number of masks in a very short duration of time. Given an opportunity the local SHG women have a great resources and commitment to find local solutions to the local problems.

9. The material included in the dry ration and Hygiene kits was split into different lots and accordingly multiple suppliers were engaged for bulk supply of items in each of those lots. This has not only ensured the speedy supply of the material but also the prices were very cost effective. If the entire material of the relief kit was given as a single purchase order, it would have definitely taken lot more time and the relief support would not have reached the sufferers so fast.
10. The consultative process adopted to develop the SOPs and the process of capturing the learning from each relief distribution and improving upon the subsequent operations has helped in establishing efficient, cost effective, transparent and scalable model of relief distribution during the COVID Pandemic situation.

Follow up Initiatives for controlling the spread of Covid 19 : The trust and credibility created through relief distribution made the community leaders and local elected representatives to appeal to MARI for taking up community lead prevention and control activities. As a logical follow up of the relief work, MARI has selected 34 needy slums where efforts are in progress on awareness building and improving the service delivery efficiency of Government hospitals for prevention and control of COVID-19 spread. MARI is now implementing the prevention and control measures through strengthening of community preparedness. The issues being addressed to further strengthen and increase efficiency and effectiveness of response to COVID-19 pandemic can be summarized as follows.

- a) **No clear targeting of key messages:** People are flooded with too much information through various means of dissemination and the key messages which are of high importance in reducing the risks are getting diluted and there is lack of capacity to receive, retain and reiterate the high priority information. Also, there is lot of misinformation being spread among the communities and people have no sources to clarify the correct information they are getting. There is a need to target the shanty dwellers with essential risk reduction messages.
- b) **Lack of shared and collective responsibility:** Though communities have good number of natural leaders, women SHG federations leaders, elected ward members, Govt functionaries, they are not systematically mobilized to share the responsibility and make collective efforts to ensure safe behavioural practices and mutual support mechanisms. There is need to motivate community leaders and facilitate such informal collective working mechanisms and also strengthen coordination between slums and COVID response functionaries of health and Municipal departments.
- c) **Inadequate staff for referral work:** The number and capacity of ASHA workers is severely short of demand for providing services like helping needy individuals to go to nearby Government facility for the COVID test, counseling for the persons tested positive, support and follow up supervision during home isolation of the persons tested positive and guidance for the persons in need of hospitalization.
- d) **Inadequate space for home isolation management:** The guidelines for home based isolation requires a person to have a dedicated room with adequate water, sanitation and hygiene facilities which is practically impossible in all the slums and low income neighbourhoods of the city as majority of the houses have one room houses. Establishing more pro poor community based isolation centers is very much needed in the current situation.
- e) **Lack of ambulance service for referrals and hospitalization:** Due to fear of being exposed to COVID risk availability of Ambulance service for the patients requiring hospitalization has become very limited and the available service providers are charging quite exorbitantly making it totally out of affordability range for the poor. PHCs in both the clusters do not have Ambulance facility. This is creating panic situation when the COVID and other categories of patients are in need of Ambulance services.

f) **Absence of non-medical support:** Individuals tested positive are provided by GHMC with a medical kit which includes supplements for C vitamin, Zinc, Tablets for fever and throat infection control, sanitizer, gloves and 4 masks. But there is no supply of any food commodities. Families which are having their members going through home based isolation are not able to go for work and also having limitations to strictly comply with the isolation management advisory as they are required to go out for basic food and other daily supplies. As a result of which the risk of spreading the infection cannot be controlled effectively.

Conclusion: The relief support activity during Covid-19 pandemic was a great learning opportunity for the team. MARI-FANSA reaching to the most needy vulnerable groups during lockdown rescued many households from going hungry and reassure the hopes for their living until lockdown was lifted. However, there are many follow-up activities that are needed to be undertaken to protect these vulnerable communities from COVID-19 pandemic.



