IMPACT ASSESSMENT

April 2022

COVID-19 SUPPORT

Vaccination Program & Community Relief

Presented by Sattva Media and Consulting Pvt Ltd

ACKNOWLEDGEMENT

This report on the study of Impact Assessment of the COVID-19 Relief and Vaccination programs in Gujarat, Bihar, Uttar Pradesh, Maharashtra, Madhya Pradesh, West Bengal, Chhattisgarh, Kerala, Jharkhand, and Delhi NCR was undertaken by Sattva Consulting Pvt. Ltd. and commissioned by HDFC Ltd, India. The Impact Assessment study was exercised at the location of the programs within the above-mentioned states.

We would like to extend our sincere gratitude to the HT Parekh Foundation team who extended their great cooperation in accomplishing the study at various levels.

The study team extends its warm appreciation to all the primary and secondary stakeholders, who have shared their experiences, thoughts and suggestions and taken out their valuable time to aid us during the execution of the study.

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ABBREVIATIONS

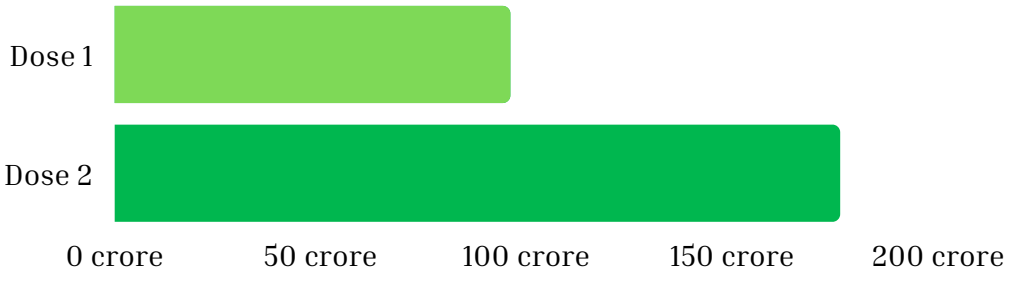
Abbreviation	Abbreviated Word
CDHO	Chief District Health Officer
COVID-19	Coronavirus Disease
CSR	Corporate Social Responsibility
CWC	Child Welfare Committee
HTPF	HT Parekh Foundation
IHCL	The Indian Hotels Company Limited
NGO	Non-Governmental Organisation
PWD	People with Disabilities
Q&C	Quality Control
SDG	Sustainable Development Goals
TPSWT	Taj Public Service Welfare Trust
UN	United Nations
WHO	World Health Organisation

EXECUTIVE SUMMARY

On 11th March 2020, the World Health Organisation (WHO) declared the outbreak of coronavirus disease (COVID-19) as a global pandemic. In India, limits and curfews were imposed as strict containment measures and many sectors, including education, were completely closed down in the offline setting, as a mitigation strategy to contain the outbreak of the second wave in April-May 2021.

Relief efforts continued and over the course of the year, vaccines were developed to control the spread of the virus. The demography, population, and social construct in India posed innumerable challenges in administering vaccines. With a staggering 17·7% (1·39 billion) of the world's population, ensuring a consistent vaccine supply was a substantial challenge for maintaining a high pace of vaccine administration and achieving nationwide coverage. As vaccination drives began, many myths and rumors were spread, especially in rural areas and among the underprivileged which led to vaccine hesitancy.

As of February 2022, 96 crore+ of dose 1, 76 crore+ of dose 2 and 1.7 crore+ of precaution doses have been administered in India. This has been achieved through a mammoth effort of the Government and support by Corporates through their CSR effort, as well as NGOs who understand the communities.



During the pandemic, HDFC and it's CSR foundation HTPF responded swiftly, intervened, and supported vulnerable communities across key locations in the country towards community-based relief activities and vaccination for COVID-19 which aim to enable immediate relief after a disaster, by providing them with food, supply basic necessities, and vaccines to deal with the uncertainties among the marginalized communities.

Sattva undertook a descriptive study design to systematically lay out the project outcomes based on various performance indicators. The evaluation framework was based on the Organisation for Economic Cooperation and Development's (OECD) Development Assistance Committee (DAC) principles to assess the relevance, effectiveness, and impact of the program. Data was collected using a 360-degree approach which included both qualitative and quantitative methods by engaging with different stakeholders of the program. Quantitative data was collected through surveys conducted with 280 beneficiaries across four locations for Vaccination relief, whereas qualitative data collection was administered through Focus Group Discussions and in-depth interviews with different stakeholders and partners.

KEY FINDINGS

VACCINATION PROGRAM

Awareness

- At least ⅓ of the study respondents did not get vaccinated due to a lack of adequate information about the vaccination process.
- 90% of the survey respondents reported receiving information about vaccination directly from the NGO partners At least ⅓ of the study respondents did not get vaccinated due to a lack of adequate information about the vaccination process.
- 44% of beneficiaries reported are now aware of the importance of vaccination and 38% of beneficiaries also reported their vaccine myths being quashed as a result of the vaccination drive.
- Incentivization in some locations increased vaccine turnout.
- The vaccination drive also had compounded positive effects as beneficiaries further referred it to others.

Ease of access

- Organizing camps at worksites helped in achieving high-turnout rates around an increase of 72% for construction workers.
- Almost 69% of study respondents reported having easy access to vaccination camps due to the efforts of NGO partners 100% of beneficiaries exhibited a level of satisfaction with the vaccine process, while 77% of people showed a high level of satisfaction.

Seamless Process

- 100% of beneficiaries exhibited a level of satisfaction with the vaccine process, whereas 77% of people showed a high level of satisfaction.

COMMUNITY RELIEF

Identification

- The swift identification of vulnerable communities and healthcare staff in partnership with local/ regional NGOs, community influencers, and relevant government stakeholders helped the relief aid to reach the target beneficiaries in time.
- Cooked meals were provided to vulnerable level-4 Healthcare Workers by identifying them with the help of local government stakeholders or using existing databases.
- The immediate and long-term needs of children in need of care and protection, along with families affected by COVID were mapped, and addressed with a well coordinated network of services.
- The food kits distributed and additionally the stationary for education camps for the students to not disturb them from studies.

Dissemination

- The timely delivery of freshly cooked meals served to healthcare staff at designated hospitals helped meet their nutritional needs.
- Nutritious and hygienic cooked meals were provided to the healthcare staff, keeping in mind their region-specific tastes and preferences.
- Strict quality control and hygiene standards were enforced at the sites of the preparation of the cooked meals.
- Localized procurement of ration kits from vendors ensured that ration kits were customized to suit the local requirements and tastes.
- The interventions generated livelihood opportunities for PWD and increased community engagement.
- Care was taken to ensure that the rations procured were of the highest quality, and the packaging of the kits followed hygiene practices.

Other

- The interventions generated livelihood opportunities and inculcated a sense of dignity among secondary stakeholders, and also enabled them to cope with the COVID-19 pandemic via community engagement.

Chapter 1 : Overview

CHAPTER 1 :
OVERVIEW

1.1 About HDFC and HTPF

The HT Parekh Foundation (HTPF) is a Section 8 registered charitable institution set up by HDFC Limited, to commemorate the significant contribution of its founder Shri H. T. Parekh to the social & development sector in India.

1.2 COVID-19 Relief and Vaccination Efforts

At the onslaught of the second wave of the COVID-19 pandemic in 2021 and the large-scale spread of the virus, HTPF swiftly intervened and supported vulnerable communities with essential support in the form of dry ration kits and immunity-boosting kits/hygiene kits. This effort was spread across 9 states in the country, namely Gujarat, Bihar, Uttar Pradesh, Maharashtra, Madhya Pradesh, West Bengal, Chhattisgarh, Kerala, Jharkhand, and Delhi NCR.

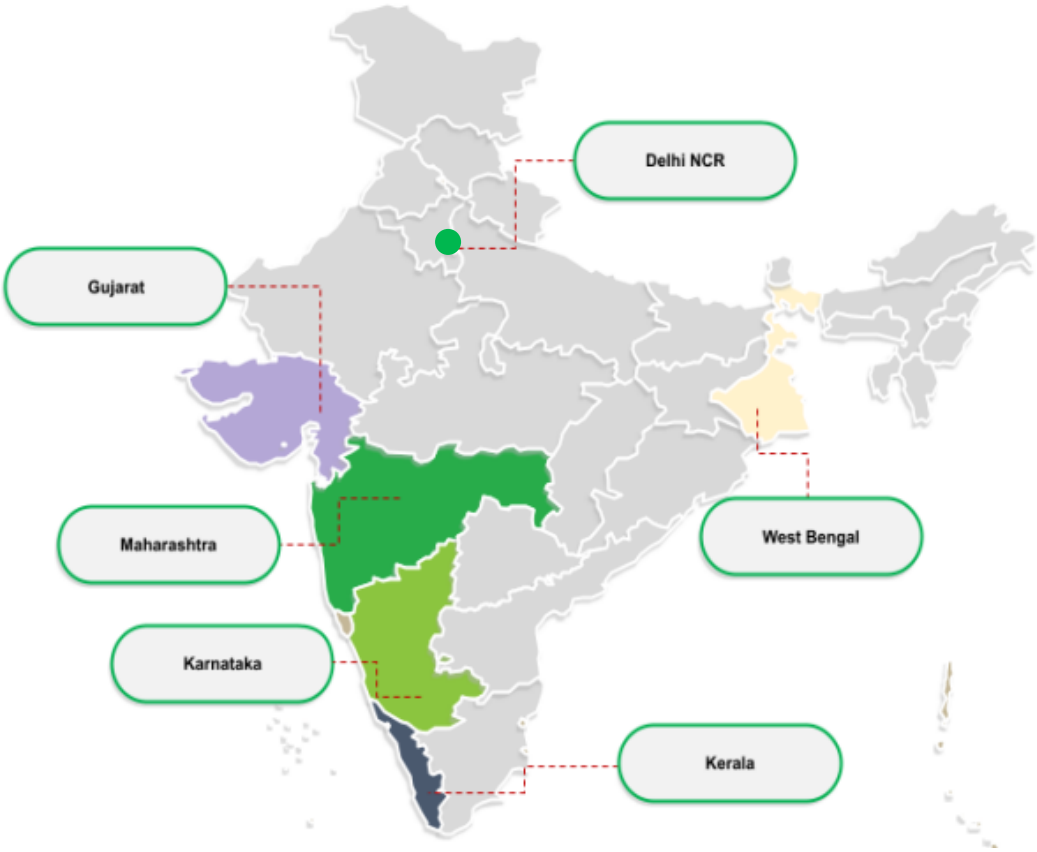
In addition to providing relief kits, HTPF recognized the need to vaccinate communities to increase their immunity against the COVID-19 variants and increase infections. HTPF offered assistance to hospitals and local NGOs to vaccinate target communities, especially the marginalized and the vulnerable, along with sensitizing them about best COVID-19 practices and dispelling common myths about the unprecedented health crisis.

Moreover, on monitoring cases across the country; it was observed that each time a region recorded an increase in COVID-19 caseload, there was a proportionate rise in child protection concerns such as child labor issues, and physical or sexual abuse, begging, and trafficking. In such a scenario, HTPF also funded organizations striving to secure child safety and ensured that children in distress receive multi-level support.

1.3 Portfolio of HTPF's Interventions

VACCINATION PROGRAMS

PARTNER ORGANISATION	GEOGRAPHY	VACCINATION TARGET
Yuva Unstoppable	Ahmedabad, Udaipur	1,50,000
Samarthanam Trust for the Disabled	Bangalore	10,000
Jaslok Hospital	Dharavi	75,000
Dr M L Dhawale Memorial Trust	Palghar District	15,000
CII Foundation	Ernakulam, Thane, Okhla & Kashmiri gate	39,193
Karnataka Health Promotion Trust	Yalburga, Kustagi & Koppal districts	1,50,250
Narayana Health	West Bengal	15,057
Surya Biomedical Research Centre	Mumbai	10,032
Samaritan Help Mission	Howrah	15060



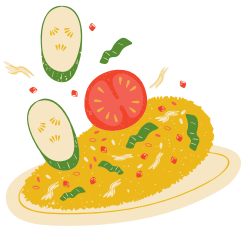
VACCINATION RELIEF EFFORTS

	10,000	13,043	1,41,299	3,15,250
BENEFICIARIES	PWDs	Construction Workers	Urban Slums	Rural and Tribal
DESCRIPTION OF RELIEF PROVIDED	People were vaccinated with the first and/ or the second dose of COVID-19 vaccines			

COVID RELIEF PROGRAM

PARTNER ORGANISATION	GEOGRAPHY	Outputs
Aangan	Patna (Bihar), Varanasi (Uttar Pradesh), Pakur (Jharkhand), North 24 Parganas (West Bengal)	~9,000 children where one or both parents died due to coronavirus infections
annamrita	Mumbai (Maharashtra)	1 lakhs+ meals served in 28 locations (21 hospitals plus 7 COVID centers)
CHILD LINE 1098	Pan-India	Calls made on the national helpline, 1098 to support 3394 children in distress due to 2nd wave of COVID pandemic
educate girls	Madhya Pradesh	Relief Kits, Camp Kits (11,000+ households)
गूंज.. GOONJ.. a voice, an effort	Bihar, Chhattisgarh, Jharkhand	Relief kits: 11,000+ families of missed-out communities
Mitti	Kolkata (West Bengal), and Howrah (West Bengal)	800-1200 hospital staff, 5600 kits a week
TAJ PUBLIC SERVICE WELFARE TRUST	Delhi (Delhi NCR)	29,980 Cooked Meals for Healthcare Workers
YUVA UNSTOPPABLE	Ahmedabad (Gujarat)	10,100 Relief Kits for Level-IV Healthcare workers in government hospitals

COVID RELIEF EFFORTS

TYPE OF RELIEF	BENEFICIARY	TOTAL UNITS	TOTAL REACHED	DESCRIPTION OF RELIEF PROVIDED
 Cooked Meals	Healthcare Staff	1,61,217	1,871	Cooked Meals in packed containers were served to hospital staff at designated locations
 Ration kits	Level 4 Healthcare Workers	10,000	10,000	Dry Ration Kits
	Marginalised communities	22,813	22,813	Dry Ration Kits
 Multi-faceted relief aid	Children in distress	-	11,446	Children in distress and affected families were provided with food, rations, educational supplies, medical aid, counselling, 9 bereavement support, and linked to relevant institutional services for their long-term care and rehabilitation

Chapter 2:
Sattva's Approach & Methodology

CHAPTER 2:
SATTVA'S APPROACH & METHODOLOGY

2.1 Objectives of the Impact Evaluation study

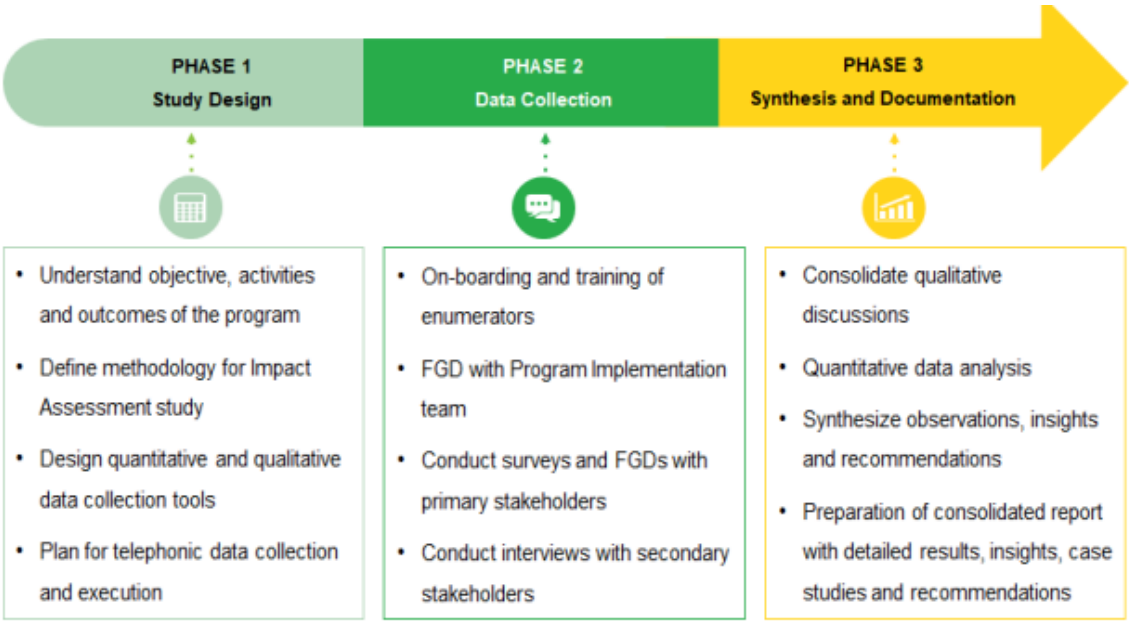
To understand and assess:

- Assess the effectiveness and efficiency of the program executed by the implementation partners.
- The impact of COVID-19 vaccination and relief program and support measures among the targeted groups.

To Prove:

- Improvement in access to Food supplies/Dry Rations to vulnerable communities during the second wave of COVID-19.
- Improvement in access to immunity booster kits/hygiene kits during the second wave of COVID-19.

2.2 Approach for the Impact Evaluation Study



2.3 Methodology for the Impact Evaluation Study

Sattva adopted a three-fold design for the HTPF study. The study incorporated a descriptive cross-sectional design method where data was collected from a representative population of the 11 beneficiaries to provide a snapshot of the outcome and the characteristics associated with it, at a specific point in time. The study incorporated a mixed-method approach consisting of quantitative and qualitative data collected from primary and secondary sources, to gather valuable impact-related insights from a 360-degree perspective across the stakeholders involved and to provide recommendations towards fine-tuning the model and scaling up in the long term.

2.4 Framework for the Impact Evaluation Study

The Organisation for Economic Cooperation and Development's (OECD) Development Assistance Committee (DAC) principles for evaluation of Development Assistance was the proposed evaluation framework for the study. The framework helped measure the following aspects:

AREAS OF EVALUATION	DESCRIPTION
Relevance	Assessing to what extent the program objectives and design respond to the target group's global, country, and partner /institution needs, policies, & priorities, & continue to do so if the circumstances change
Effectiveness	Assessing the supporting systems and processes influencing the achievement or non-achievement of program objectives, through concurrent measurement of program outputs
Impact	Assessing the extent to which the program has generated significant positive or negative, intended or unintended, in terms of local, social, economic, environmental, and other development indicators

2.5 Sampling

For both the relief and vaccination programs, Sattva mapped the relevant stakeholders and selected locations where the intervention took place.

For the COVID-19 Relief programs, insights were derived from Sattva's engagements in the form of in-depth interviews and focus group discussions with the program team members, and secondary stakeholders. No sampling was done. These discussions were conducted with program team members, doctors, field coordinators, kitchen staff, tutors, and other stakeholders

VACCINATION PROGRAM

STAKEHOLDERS	DESCRIPTION	SURVEY	FGD
Beneficiaries	Ahmedabad	70	-
Beneficiaries	Kolkata	70	-
Beneficiaries (PWDs)	Bangalore	70	-
Beneficiaries	Mumbai Urban	120	-
Project Team (HTPF)	Virtual	-	1
Dr M L Dhawale Memorial Trust, Karnataka Health Promotion Trust CII Foundation, Samarthanam Trust for the Disabled, Surya Biomedical Research Centre and Jaslok Hospital Teams	Virtual	-	11

RELIEF PROGRAM

PARTNER ORGANISATION	LOCATION	STAKEHOLDER	FGD
Aangan	North 24 Parganas (West Bengal), Pakur (Jharkhand), Patna (Bihar), Varanasi (Uttar Pradesh)	Program Team, State lead, Case managers, Study Centre Tutors	3
Annamrita	Mumbai (Maharashtra)	Program team, Delivery team, Kitchen staff	2
Childline	Pan-India	Program team, Kerala team member	3
Goonj	Bihar, Chhattisgarh, Jharkhand	Program team	2
Mitti Cafe	Howrah, Kolkata (West Bengal)	Program team	2
Taj Public Services	Mumbai (Maharashtra)	Program team, Kitchen staff	2
Educate Girls	Alirajpur, Barwani, Dhar, Jhabua, Khandwa, Siddhi (Madhya Pradesh)	Program team, Camp vidya instructors, Team Balika, Field Coordinator	3
Yuva Unstoppable	Ahmedabad (Gujarat)	Program team	2

2.6 Limitations

Limitation	Mitigation Strategy
Limited Recall Value: Given that the study focuses on efforts since the beginning of the COVID-19 pandemic, the extent of recall of specific program details from respondents were expected to be lower than usual.	The data enumerators were given the training to probe in certain selected questions to obtain accurate information from candidates
Lack of beneficiary database: Given the nature of the relief measures, the ongoing omicron wave, and the composition of the beneficiaries, many of whom belonged to vulnerable communities, the expected number of surveys with the beneficiaries couldn't be conducted	The study investigators conducted extensive qualitative interviews with the program team, and other secondary stakeholders to derive insights

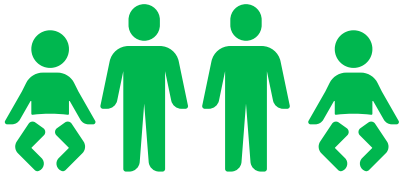
Chapter 3: Findings of the Assessment Study

CHAPTER 3:
FINDINGS OF THE ASSESSMENT STUDY

The following section of the report details the key results and insights of the impact assessment as outlined in the framework for the study. The insights have been drawn using a 360- degree approach towards data collection by gathering data from qualitative and quantitative methods and engaging with different stakeholders of the program.

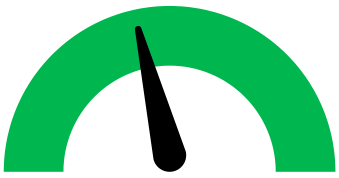
3.1 Demographics for the Vaccination Program

HT Parekh Foundation strategized a comprehensive program and worked towards both COVID-19 relief initiatives and vaccination drives. For the Vaccination program, of the 330 beneficiaries, about 43% of them were youth (between the ages of 18-33), while the remaining 57% were 33 and above. The beneficiaries' average household monthly income pre-COVID stood at 10,000 to 15,000 INR and was reduced to about 5,000-10,000 INR post the mandated lockdowns. A clear income gap of 67% existed between the pre and post-pandemic situation.



Average Family size is 5 members

Female Population: 50.74%
Male Population: 49.26%



43% of them were youth
(between the ages of 18-33)

3.2 Relevance of the program

VACCINATION PROGRAMS

India sustains a staggering 17·7% (1·39 billion) of the world's population and vaccinating has been a challenge in India. HT Parekh Foundation and HDFC in partnership with multiple organizations created a model to enable successful vaccination of marginalized at-risk populations at an accelerated pace.

- Collaborative Approach: Direct jabs through vaccination centers
- Incentivization Approach: Incentive-based activities to increase inoculation

There was a clear need for vaccination drive and outreach: 66% of Beneficiaries believed myths around COVID-19 leading to vaccine hesitancy, which was demystified for about 17% in the communities of Mumbai.

Vaccine hesitancy due to myths and misconceptions regarding the disease and its treatment compounded the problem, especially in rural and remote areas. Various focus group discussions were conducted by the vaccination-centric program teams to prevent the spreading of myths among the participants such as community members, sarpanch, and construction workers.

Mr. Mehul, from Yuva Unstoppable program team, observed, *"There was rampant vaccine hesitancy in villages that we were operating in since people feared that taking vaccines would worsen one's health, or even cause death. In some locations, we had to deal with communities that refused to take vaccines due to superstitions."*

In one of the focus group discussions with the program team of MLD, it was revealed that there existed an acute vaccine hesitancy in the tribal areas of Palgarh. The remote locations of these communities engendered inaccurate information about these vaccines

Such myths are prevalent across the country. HTPF and partner organizations worked towards debunking these myths and improving vaccine awareness.

COVID-19 RELIEF

15% increase in the unemployment rate amongst the beneficiaries due to multiple nationwide COVID-19 lockdowns.

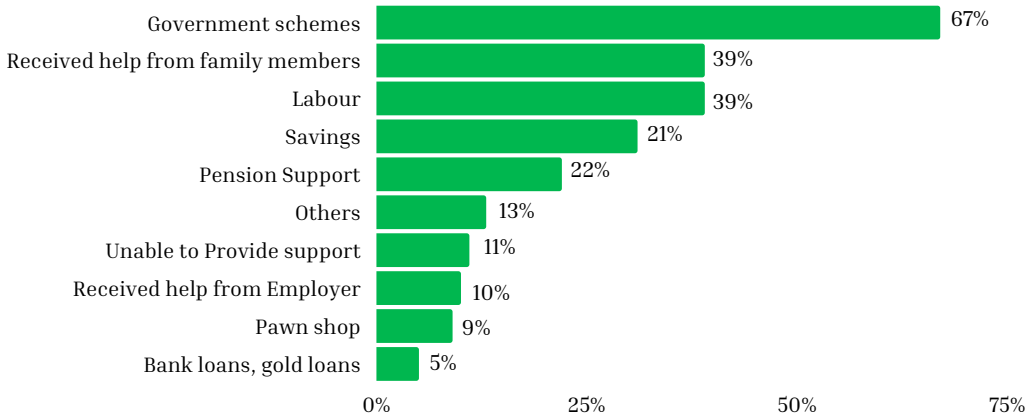
In the pandemic year, India's unemployment rate rose sharply to 7.11 2 percent. This is the highest it has been since 1991. Small traders and daily wage laborers were the most severely hit during the lockdown as data shows close to 91 million of them lost their employment in April 2020.

A similar trend was noticed amongst the study respondents. 26% (n=330) of the respondents who responded to the study reported a loss of income sources due to the pandemic. Currently, after 2 years into the pandemic, there are still 15% of the total study respondents without having found any new employment or source of income

Close to 31% of people exhausted their savings during the lockdown.

Sattva's study revealed that the beneficiaries who lost their jobs ended up exhausting their savings to survive the lockdown. This made it difficult for them to provide for their basic necessities over a period of time. 31% of the respondents reportedly faced significant challenges where they exhausted all their savings or had taken loans to cope with unemployment as a result of the pandemic.

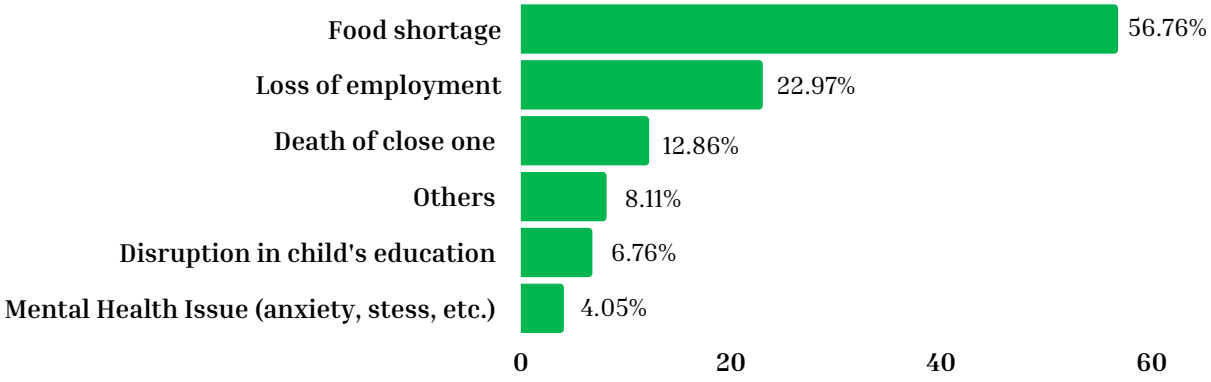
Sources of money for the beneficiaries/respondents during the pandemic



The combined challenges of loss of employment and reduced income further manifested into a shortage of food and other supplies

A 10% rise in food prices disproportionately hit household budgets in developing nations, according to the UN's Food and Agricultural Organisation. From March to April 2020, the prices of key staples, barring cereals, had surged nearly three times 3 because of a COVID-created supply shock. According to data from the Consumer Affairs Ministry, supply shortages in the APMC markets, rising transport costs, and labor shortages due to heavy restrictions were the three main factors driving up food prices.

Nearly 57% of the respondents in the study have expressed facing a food shortage during the COVID-19 lockdown, especially during the second wave. In order to cope with the consequential food shortage, the respondents reported having to reduce either the quantity of food in each meal and/or the number of meals consumed in a day.



Challenges faced by the respondants during pandemic

The pandemic had an adverse impact on children leading to an increasing urgency to address their well-being

The pandemic caused a large number of deaths across the country and primarily affected the mid-old age group. This resulted in a surge of abandoned minors. According to the data shared by the Union Ministry of Women and Child Development Department, between 1st April and 25th May 2020, as many as 577 children were orphaned in the wake of COVID-19. The need to provide psychosocial and economic support to children became critical during the pandemic.

Agencies working on children's issues also expressed their concern that heightened anxiety and stress on families due to COVID-19 may lead to an exacerbation of mental health problems for children. The United Nations and its agencies (the World Health Organisation and UNICEF), the Indian Association For Child and Adolescent Mental Health, and the National Institute of Mental Health and Neuroscience in India have warned about the major three impacts - physical, mental well-being, and social security.

Another vulnerable group was healthcare professionals who were on the frontline during the pandemic with long working hours and inadequate time to cater to their own needs

3.3 Impact of the Program

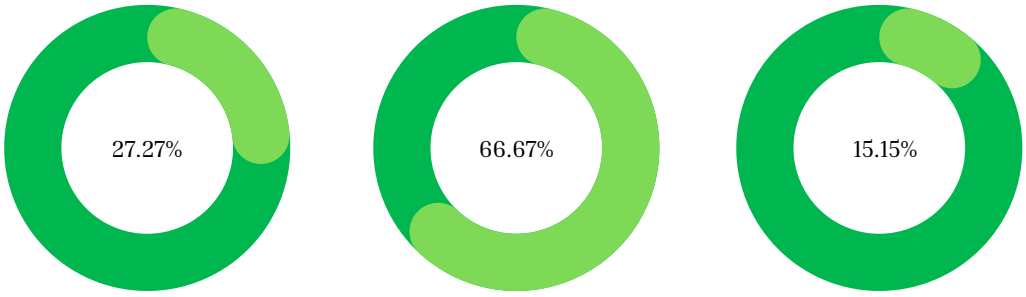
VACCINATION PROGRAMS

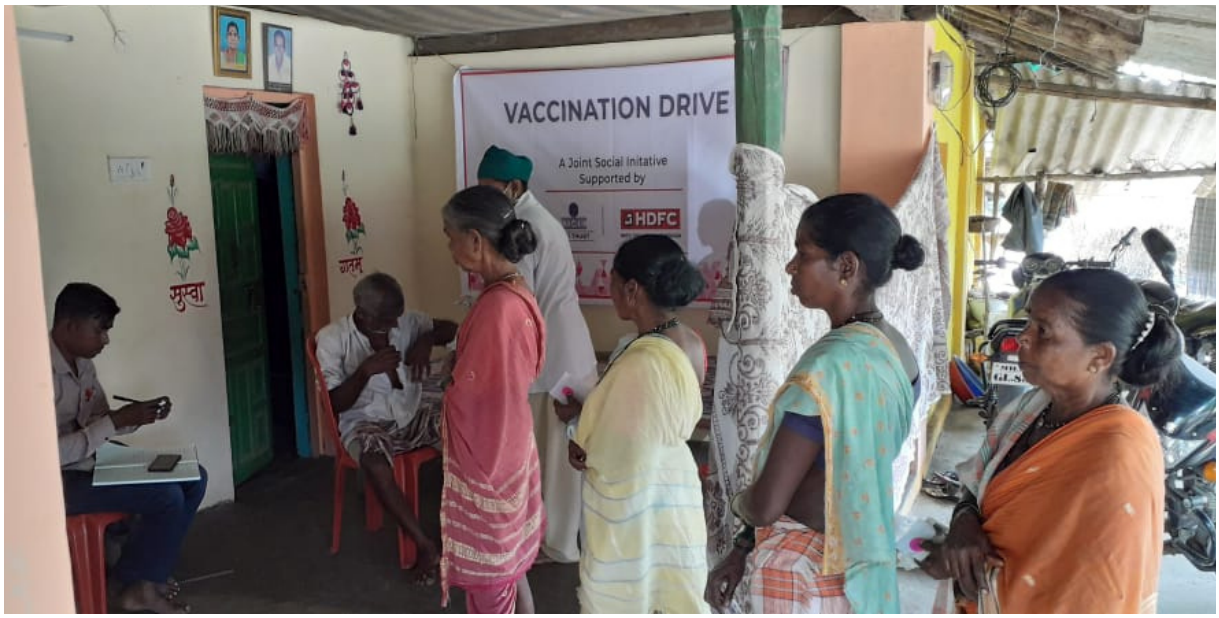
HTPF in partnership with multiple organizations across different locations created a model to enable successful vaccination of marginalized at-risk populations at an accelerated pace by:

- Collaborative Approach: Direct jabs through vaccination centers
- Incentivization Approach: Incentive-based activities to increase inoculation

The focus remained on improving the access to Immunity Boosting Kit/Hygiene kits during the second wave of COVID-19 addressing vaccine hesitancy. Initial low turnout rates due to vaccine hesitancy witnessed a shift after the involvement of NGO Partners.

67% of respondents reported hesitation towards vaccination before sensitization and local NGO interventions in the community. Vaccine hesitancy, particularly amongst marginalized communities, increased on the back of limited information and knowledge. Local NGOs which had worked with these communities over a long period of time stepped in to debunk these myths, create awareness, and tackle hesitancy at an individual level.



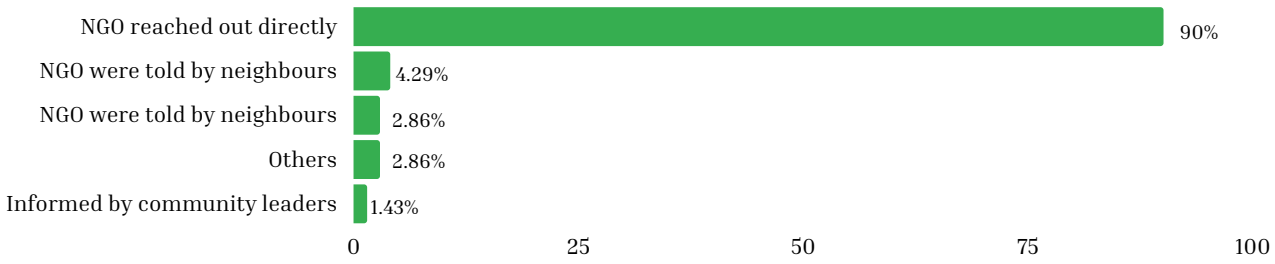


Vaccination Drive in Greater Mumbai and Palghar.
Photo shared by Jaslok Hospital and Dr M L Dhawale Memorial Trust

Organizing camps at construction worksites helped in achieving high-turnout rates, witnessing an increase of about 72% from 23% previously.

Partners and local NGOs organized multiple camps in the communities and their workplaces for making the process seamless and accessible. The organizations went for door-to-door sensitization and also adopted different methods of awareness like pamphlets distribution, counseling sessions, etc.

Majority of people said that they recieved information through NGO

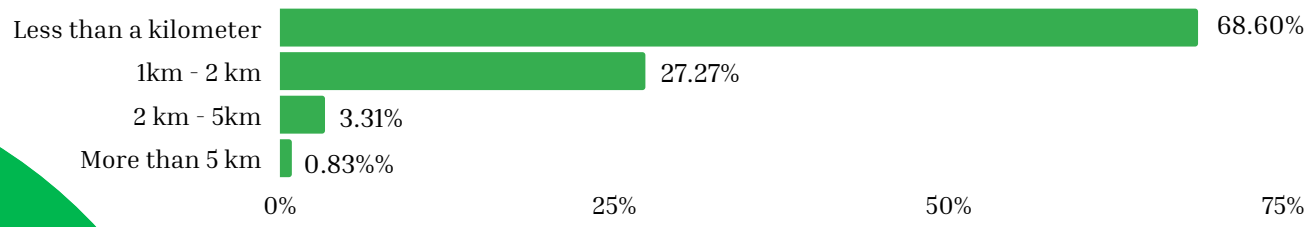


Almost 69% of study respondents reported having easy access to vaccination camps due to the efforts of HDFC and the NGO partners

The NGO partners worked swiftly to map out vulnerable groups based on geographies, occupations, and socioeconomic backgrounds in order to address their needs on priority.

Lack of vaccination centers in close proximity and lack of digital literacy to register on CoWIN were the two major bottlenecks in getting the economically vulnerable population vaccinated. The partners worked tirelessly to set up vaccination centers in close proximity to the community and helped each and every beneficiary with their registration on the CoWIN portal. The team was readily available at the campsite to provide support and service to any community members.

Respondants reported having to travel less than 1 km to a vaccination centres



100% of respondents exhibited satisfaction with the program and all its activities.

The majority of the beneficiaries expressed a high level of satisfaction with the Vaccine process. There is an elevated sense of satisfaction as a result of improved awareness amongst the beneficiaries through activities done by partners like community campaigns, myths busters, and providing vaccination, where 77% of people are extremely satisfied.

The average level of satisfaction reported by beneficiaries

Insights from surveyed partners

Yuva Unstoppable

97% of beneficiaries displayed a willingness to inoculate with the second dose of vaccination after awareness of the importance of vaccination was shared by the NGOs.

To encourage appropriate uptake of the COVID-19 vaccines in areas where vaccine coverage was low, Yuva Unstoppable distributed 1L essential edible oils at vaccination camps to incentivize turn-out. Support from community members and grassroots health workers was used to spread awareness about the benefits of vaccination to mitigate vaccine hesitancy. This helped in mobilizing community members and improving awareness regarding the positives of vaccination, culminating in an increase in willingness and uptake of vaccines.

Myths and misconceptions regarding vaccination were prevalent among the beneficiaries at the target locations. Mr.Mehul, from Yuva Unstoppable program team, observed, *" There was rampant vaccine hesitancy in villages that we were operating in since people feared that taking vaccines would worsen one's health, or even cause death. In some locations, we had to deal with communities that refused to take vaccines due to superstitions"*

The average level of satisfaction reported by beneficiaries

Samarthanam Trust for the Disabled

"Everything came to a standstill around the second wave and people suffering from COVID were helpless due to the medical chaos in the country. People with disabilities did not have the means to get themselves vaccinated. People were having difficulties registering themselves for vaccination", said Mr. Shivram Deshpande (Operation Head, Samarthanam)

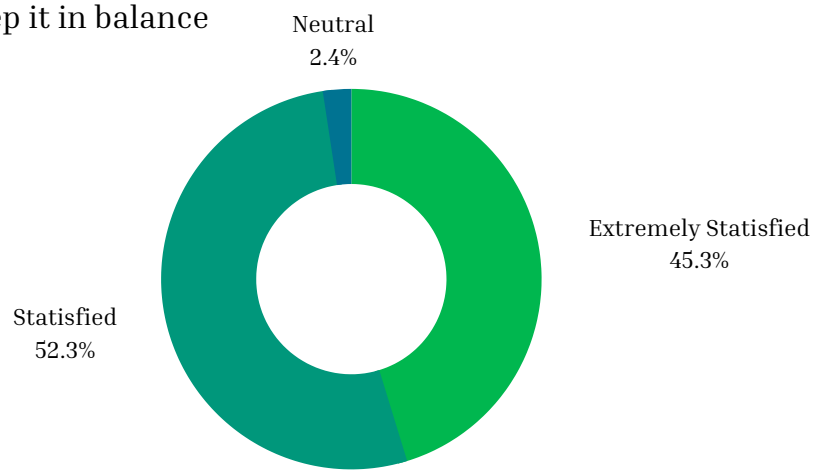
Samarthanam helped 10,000 people get vaccinated by partnering with Primary Health Centres and Asha Workers in the rural areas of Bengaluru. Samarthanam ensured access and availability of vaccines from the government departments prior to the intervention. Samarthanam also arranged for transportation of PWDs to and from their homes and vaccination centers.

100% of beneficiaries expressed a high satisfaction level with the program and implementation.

Beneficiaries exhibited satisfaction as a part of the vaccination drive. Beneficiaries helped confirm the usefulness of awareness programs to undertake the vaccine on time.

Overall, a balanced gender ratio amongst those vaccinated was ensured and achieved by the NGO

- Men constituted 60% of all the vaccinated people, while women constituted about 40%
- The male-female ratio was monitored at regular intervals and necessary changes were made to keep it in balance



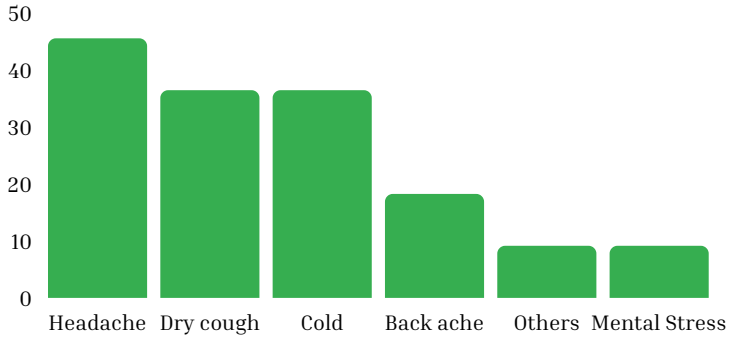
On a scale of 1 to 10, how statisfied are you with vaccination drive. (n=70)

Narayana Health

The Narayana team was able to vaccinate 10,000 beneficiaries via almost 30 camps, organized with the support of HTPF and other local partners. Narayana's team interacted with the local community members in order to understand the context and accordingly address their concerns and needs. 70% of the study beneficiaries were female, the highest female ratio as compared to other locations. This can be extrapolated to deduce that Narayana Health was able to reach out to the more vulnerable population to provide vaccination support.

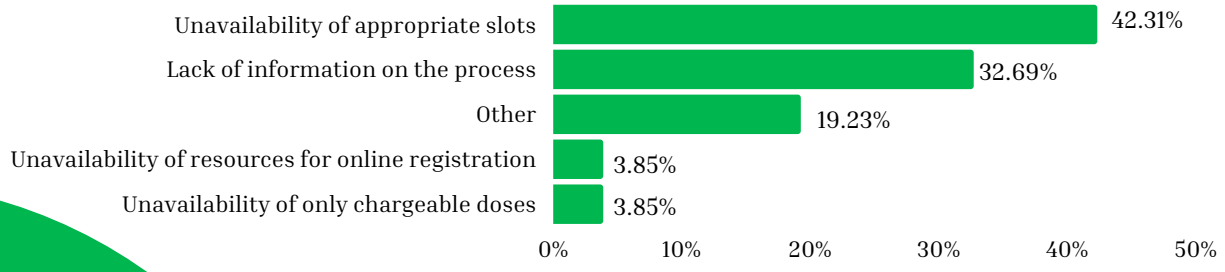
The study also corroborated that beneficiaries were in need of support as 85% of the respondents had faced some medical issues during COVID-19. Headache, cough, and cold were the most common symptoms which indicate a high probability of a COVID-19 infection.

Health problems faced by beneficiaries during pandemic



At least one third of the study respondents, previously not vaccinated due to lack of information and awareness, were identified and vaccinated with Narayana Health's efforts.

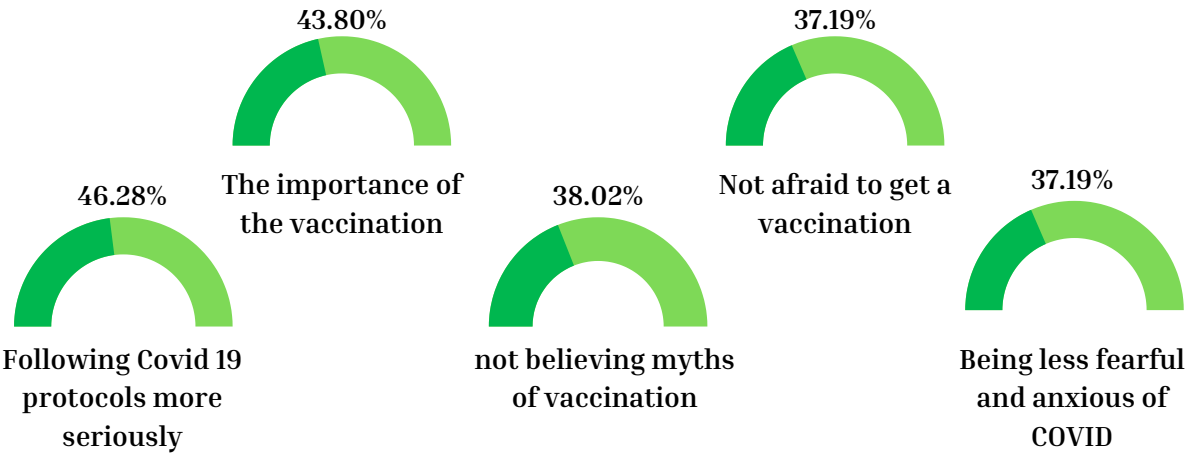
Reported reasons for not taking vaccines



Jaslok Hospital, Surya Biomedical Research Centre, & Dr M L Dhawale Memorial Trust

Maharashtra was one of the most affected states at the time of the second wave of COVID-19. All the partners with HDFC worked in different locations within the state to ensure outreach was maximized given that vaccination was the only source for long-term resilience against COVID-19. High density and low-income areas were prioritized given the vulnerability of slums to COVID-19 along with mapping high-risk occupations such as daily wagers, and small shops owners, which were taken into account when identifying the target population.

44% of beneficiaries reported are now aware of the importance of vaccination and 38% of beneficiaries also reported that the myths around vaccines were addressed as a result of the vaccination drive



Changes reported by beneficiaries after vaccination

The vaccination drive had compounded positive effects as beneficiaries further referred it to others. This is expected to multiply the uptake of COVID-19 vaccination in the future.

People have referred their community members after getting vaccinated from the NGOs and even spread awareness about the importance of vaccines and how they can reduce the risk of contracting the virus

Beneficiaries receiving vaccine jabs in Dharavi and Palghar.
Photo shared by Jaslok Hospital and Dr M L Dhawale Memorial Trust

COVID-19 Relief Programs

The relief programs were implemented in partnership with multiple organizations spread across various locations and delved into four broad Covid relief measures:

- Providing healthcare workers with nutritional support in the manner of cooked meals and nutritious kits
- Food and hygiene kits to affected vulnerable and affected communities
- Food assistance counselling, bereavement support linking to foster care and institutional support to children in distress
- Supervision centres and educational kits to children in distress

Relief Aid: Cooked Meals, and Dry Rations for Healthcare Staff

Healthcare workers were massively overburdened while carrying out their duties during the COVID-19 pandemic. Long hours, extended shifts, having to wear PPE kits, and often non-functioning hospital canteens left little or no time for them to consume meals. *"We recognized that in such a scenario, healthcare workers desired simple, homely meals that were also nutritious"*, said Mr. Sandeep Gore, from Taj Public Service.

1,61,217
Cooked meals served to healthcare workers

10,000
Ration Kits distributed to Level Four Healthcare Workers

Nutritious and hygienic cooked meals were provided to the healthcare staff across program geographies to meet their nutritional requirements, keeping in mind their region-specific tastes and preferences

Mitti cafe

The healthcare staff was reported to be very satisfied with the cooked meals provided by Mitti Cafe at their hospitals. However, over time, beneficiaries preferred dry rations as they could be prepared according to their convenience as hospital duties led to erratic eating schedules and could also be consumed at a household level.

Strict quality control and hygiene standards were enforced at the sites of the preparation of the cooked meals

Annamrita

Annamrita had a Standard Operating Procedure (SOP) for the procurement of raw materials and preparation of cooked meals. Raw materials were procured from Vashi AMC, which supplies big retail chains like Big Bazaar, and D'Mart. Quality checks were daily conducted to ensure that the meals prepared met the utmost quality and hygiene standards.

Mitti Cafe

Quality checks were carried out in the kitchen which was used by Mitti Cafe's staff for the preparation of the cooked meals. The meals were supplied in individual packaging for ease of distribution and to follow social distancing norms. Mitti Cafe employed PWD for its cooked meals for healthcare staff initiative. This generated livelihood opportunities for PWDs and also helped them cope with the COVID-19 pandemic emotionally.

Taj Public Service

Stringent quality controls were enforced at TajSATS' kitchen in Delhi. Surprise audits also ensured that meals prepared adhered to the most rigorous standards of quality.

Cooked meals were provided to vulnerable level-4 Healthcare Workers by identifying them with the help of local government stakeholders or by using existing databases

Cooked meals were sent to the hospitals and the hospitals thereafter served these meals to their staff. The program teams were not involved in the process of identifying the beneficiaries. Yuva Unstoppable, which specifically worked with Level 4 Healthcare workers, used existing databases and engaged with the local government to identify these workers and provide them with meals.

Localized procurement of ration kits from vendors ensured that relief aid reached the beneficiaries immediately

Rations in the form of already packed kits were procured from local vendors to cut down delays. In instances where this was not possible, a network of volunteers at Yuva Unstoppable was leveraged to ensure the timely packaging of the Corona Warrior Kits, i.e., dry rations.

Care was taken to ensure that the rations procured were of the highest quality, and the packaging of the kits followed hygiene practices

The NGO program team ensured that hygienic practices were followed while packaging and the rations stayed in good condition based on their shelf lives.

The interventions generated livelihood opportunities for Persons with Disabilities (PWD) and increased community engagement

Mitti Cafe

Mitti Cafe employed PWD for its cooked meals for healthcare staff initiative. This generated livelihood opportunities for PWDs and also helped them cope with the COVID-19 pandemic emotionally.

Yuva Unstoppable

People with HIV in Ahmedabad helped Yuva Unstoppable in the packaging of the ration kits on a voluntary basis, as an act of kindness. Although there were no monetary benefits attached to the activity; packaging these kits enabled them to keep themselves occupied and bond with each other in a time of uncertainty and distress induced by the pandemic.

Relief Aid: Dry Rations and Essentials

22,813 Dry Rations distributed to affected households

Vulnerable communities were identified in partnership with local/ regional NGOs, community influencers, and relevant government stakeholders for distributing the ration kits

The first step to providing relief in the community against the hazards of COVID-19 was to identify the vulnerable communities and provide them with relief aid that met their nutritional requirements. HTPF and its partners sought to target those communities that were pushed to the very fringes during both the COVID-19 pandemic, and COVID-19 induced lockdowns due to geographical, cultural, and economic marginalization.

To ensure that communities were swiftly identified, it was crucial to partner with regional NGOs that had a strong community presence and had pre-existing linkages with the community. Regional NGOs played a vital role in identifying the communities using their field volunteers, who themselves belonged to the target communities in accordance with the selection criteria set by partners.

Aagan

Children in need and families affected by covid infections were identified by Aangan's field volunteers who were themselves members of the target communities.

Educate Girls

Ultra-poor families who did not have identification documents such as Aadhar Card, orphaned children, and single-parent families were effectively identified by Educate Girls' field workers, and field volunteers, Team Balika. These were families that were typically missed in the Public Distribution System.

Goonj

Marginalized communities such as those of sex workers, people affected with leprosy, transgenders, etc. in Bihar, Chhattisgarh, and Jharkhand were identified

Localized procurement of ration kits from vendors ensured that (i) relief aid reached the beneficiaries immediately and (ii) ration kits could be customized, and cater to the region-specific demands of communities

Aangan

Dry ration kits were supplied to the beneficiaries by the community field workers, who would procure the relevant relief aid from local vendors, who were reimbursed by Aangan.

In instances where affected families were unable to prepare meals using rations, neighbors served them cooked meals, who were then reimbursed for their efforts by Aangan.

Goonj

Goonj changed its traditional hub and spoke model into a decentralized model of implementation. kits. In each of the kits apart from basic items (Rice/ Wheat flour or both, Pulses, Chana, Salt, Sugar, Tea, etc), variants such as sattu, puffed rice, poha, etc. were included, to respect regional preferences.

However, localized purchases were sometimes plagued by problems such as the inability of local vendors to fulfill large orders, quotations, and logistics in scattered pockets.

The interventions also had positive externalities as they increased community engagement and inclusion for the marginalized

Goonj

Goonj realized that it was necessary to bring people from marginalized communities into the fold of the program to understand the needs on the ground. Volunteers from transgenders, devadasis, sex workers, leprosy colonies, etc. helped in the outreach of the program while becoming information points for Goonj.

Inclusion in program implementation by delivering dry ration increased community engagement, acceptance, and self-esteem of these volunteers. They felt that their needs were equally important as other communities.

Relief aid for children in distress

4,655 children
in distress supported by various interventions

6,791 children
benefited from Camp Vidya

In cases of children in distress, program teams and community workers were adequately sensitized to child protection policies (CPP) to ensure that end-to-end case management did not violate children's rights

Community field workers, trainers, and program team members were thoroughly trained and sensitized on child protection and welfare to ensure that children suffering from abuse and exploitation, children who were grieving due to the loss of one or both parents, children suffering from shortage/lack of food and essentials, or any type of distress were approached in a way that made them feel comfortable and at ease. End-to-end case management adhered to CPP.

The immediate and long-term needs of children in distress and affected families were mapped, identified as cases, and addressed with a well-coordinated network of services

- Children in distress and affected families were provided with food, rations, educational supplies, medical aid, counseling, and bereavement support.
- Families were helped to find new sources of income in the event of the demise of the primary breadwinner of the family.
- Children who lost one or both parents were either connected to secondary caregivers or extended family members,
- In cases where the family members were unable to care for the child or they were rescued from abusive households, children were linked to relevant services for their long-term care and rehabilitation.
- There was thorough checking in and follow-up of cases by field volunteers to ensure the safety of children in distress.

Study centers and education camps helped keep children under supervision, while education camps helped out-of-school children to improve their foundational numeracy and general knowledge

Aangan

Study Centres which were semi-structured spaces for children were set up by Aangan in bastis and villages in Patna (Bihar), Varanasi (Uttar Pradesh), Pakur (Jharkhand), and North 24 Parganas (West Bengal). These centres were run by a combination of local tuition teachers and older girls from the community who had graduated but were currently unemployed, etc.

The objective of these centres was to keep children engaged through simple peer-to-peer activities and provide a safe space for children to interact with each other under supervision. There was no inclination to further the learning outcomes of these children.

Educate Girls

Educate Girls conducted Camp Vidya – a Community Based Learning Initiative (CBL) in Barwani and Khandwa districts of Madhya Pradesh where Team Balika volunteers and staff collaborated with the communities and the local government machinery to hold activity-based learning camps for children, keeping in mind COVID protocols and social distancing guidelines.

Kits were distributed at the camps to continue their learnings in the pandemic.

Partner-wise Insights

Aangan

Objective:

(i) Support children in distress and impacted by COVID-19 in Patna and Varanasi
(ii) Set up community-based learning and supervision centers in 105 bastis in Varanasi, Patna, Pakur, and North 24 Parganas

Approach

Support children in distress and impacted by COVID-19 in Patna and Varanasi

Aangan's intervention across 73 slum communities in Patna and Varanasi sought to alleviate the distress of children who lost a parent, or both parents and were affected by COVID-19.

Aangan's community field volunteers played a pivotal role in identifying potential beneficiaries and providing details of their cases to the field trainer, who would relay the information to Aangan's central team. The central team would vet the case, and allocate them to various case managers.

Case management work emerged as an alternative and emergency response to cater to the dire crisis in the communities. The focus of the work was on ensuring an immediate response mechanism in order to strengthen and support the current caregivers of these affected children. Case management work was introduced to families where children lost their parents focusing on giving customized care plans for children and handholding of new caregivers to take responsibility for children. It is important to note that members of the program team and community field volunteers were adequately sensitized to child protection policies (CPP) to ensure that end-to-end case management did not violate children's rights.

The immediate and long-term needs of children in distress and affected families were mapped, identified as cases, and addressed with a well-coordinated network of services

- Children in distress and affected families were provided with food, rations, educational supplies, medical aid, counseling, and bereavement support.
- Families were helped to find new sources of income in the event of the demise of the primary breadwinner of the family.
- Children who lost one or both parents were either connected to secondary caregivers or extended family members.

In cases where the family members were unable to care for the child or they were rescued from abusive households, children were linked to relevant services for their long-term care and rehabilitation. *"We would link such cases to the district child protection office, CWC, police personnel, and established state machinery, both at the district and ward level"*, explained Mr. Sunil, a case manager working with Aangan.

For nutritional support, localized purchases were made to ensure that (i) relief aid reached the beneficiaries immediately and (ii) ration kits could be customized, and cater to the region-specific demands of communities. Community field workers would procure dry rations from local vendors who would be reimbursed by Aangan.

For nutritional support, localized purchases were made to ensure that (i) relief aid reached the beneficiaries immediately and (ii) ration kits could be customized, and cater to the region-specific demands of communities. Community field workers would procure dry rations from local vendors who would be reimbursed by Aangan.

Ration kits were supplied to families for a duration of two months, which could be extended if the family was still under isolation due to COVID-19 infections. *"With the belief that communities help communities, Aangan also urged neighbors of affected families to serve them cooked meals. Neighbors were well-aware of the local tastes and preferences of the families and would ensure that the affected families did not go hungry. They were also reimbursed for their efforts by Aangan"*, said Miss Sai, a case manager at Aangan.

Families affected by COVID-19, but with children were linked to other relevant schemes for relief aid.

- Wellness kits were also provided to children to ensure that they could cope with the aftermath of the pandemic.

1246 children in distress supported by Aangan's interventions and 506 families were provided with relief aid

Set up community-based learning, and supervision centers in 105 bastis in Varanasi, Patna, Pakur, and North 24 Parganas

With the relaxation of COVID-19 protocols, daily wage earners and laborers began migrating for work. However, as schools continued to remain closed, they had to take their children along to the worksites or leave them unsupervised in the community.

A large majority of the children, who had lost their parents to the virus, were also left with older caregivers or left alone. Recognizing this challenge, Aangan organized study centers- semi-structured, safe spaces for children to study, and be under supervision with options of different activities to engage in at the center. The personnel at each of these spaces were a combination of local tuition teachers, older girls from the community who graduated but were currently unemployed, etc.

Study center managers had complete autonomy to choose their lessons, and activities for the children, which only needed to be approved by Aangan.

The objective of these centers was to keep children engaged through simple peer-to-peer activities and provide a safe space for children to interact with each other under supervision. There was no inclination to further the learning outcomes of these children.

"Supervision centers proved to be incredibly effective for children who had had zero to little engagement with their peers and often came from families where child protection and welfare did not rank high up in the priority list. Their families often migrate to other locations seeking better economic prospects, which puts children at risk since they are left unsupervised in a now unknown and unfamiliar location", noted Miss Sudeshna Basu, from the program team.

Childline

Objective:
To support children in distress due to the second wave of COVID-19

Approach:
Childline India Foundation (CIF) is the nodal agency of the Union Ministry of Women and Child Development for setting up, managing, and monitoring the toll-free national helpline CHILDLINE 1098 service all over the country.

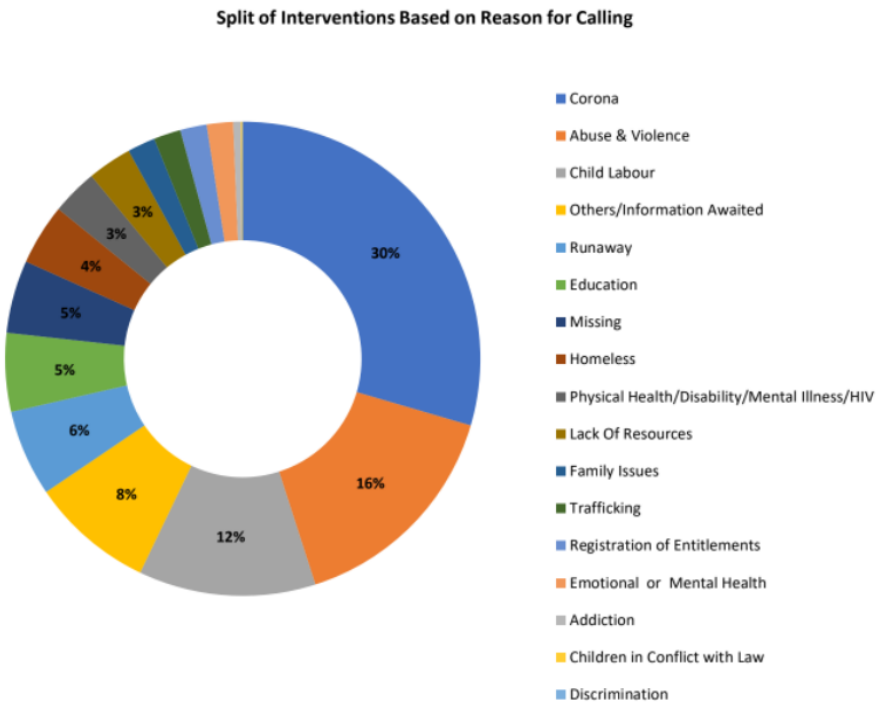
The second wave of the pandemic and the resultant lockdown measures called for Childline to double down on its efforts to assist children and distress and other vulnerable groups in crisis, such as families of children, migrant workers and daily wage laborers, street and slum communities, and other poor and marginalized populations. Efforts in this regard included the distribution of food, rations, and PPE materials, dissemination of information on the 1098 helpline and COVID-19 safety precautions, bringing about convergence with allied services in the child protection ecosystem, and establishing linkages to social welfare for other vulnerable groups.

Whenever a call is made to the helpline, Childline directs the call to its program team and the regional NGO partner in the target location. The team works to glean sufficient details about the child in distress, and respond to them within 60 minutes of the call being made. Once Childline intervenes to help the child, it works with multiple stakeholders such as police authorities, child protection boards, social workers, and counselors. Children's consent and participation are important components of the process from response to intervention.

Under the HT Parekh Grant, Childline partnered with 52 NGOs across the length and breadth of the country which worked in the domain of child protection and welfare.

Childline assisted 3,409 children in distress across 48 districts between July - September 2021

- Children in distress and affected families were provided with food, rations, educational supplies, medical aid, counseling, and bereavement support.
- Families were helped to find new sources of income in the event of the demise of the primary breadwinner of the family.
- Children who lost one or both parents were either connected to secondary caregivers or extended family members.
- In cases where the family members were unable to care for the child or they were rescued from abusive households, children were linked to relevant services for their long-term care and rehabilitation.



Reasons for making calls on the helpline, taken from Childline's Project Report

Educate Girls

Objective:

(i) Provide comprehensive relief kits to 10,000 households across six districts of Madhya

(ii) Conduct Camp Vidya, modeled on Community-based learning in Barwani, and Khandwa districts of Madhya Pradesh

Approach:

i) Distribution of relief kits initiative

To address the nutritional and essential needs of vulnerable communities Educate Girls implemented a ration distribution program across six districts of Madhya Pradesh. The beneficiaries were ultra-poor families who did not have identification documents such as Aadhar Card, orphaned children, and single-parent families

Educate Girls has been active in the program locations for a long period of time. They have conducted numerous needs assessments and implemented other interventions so they are familiar with the needs of the communities.

For the ration relief program, Educate Girls designed a “Community Connect” initiative. "The initiative helped to create deeper ties with key stakeholders of the community despite zero mobility during COVID-19 induced lockdowns. “ 'Community Connect' focused on the identification of families in need of support and understanding areas of support required”, noted Mr. Ramnivash, Field Coordinator from Siddhi. Beneficiaries were identified in collaboration with local volunteers- Team Balika, and local community influencers such as Panchayat members, ASHA workers, Anganwadi workers, etc.

Educate Girls endeavored to reach families who typically were unable to avail the benefits of other welfare schemes and PDS. Team Balika played a pivotal role in the implementation of the program. Since they belong to the target communities themselves, they were well-versed with the needs of the communities they work with. Anyone who showed an interest in fostering and aiding change, a willingness to engage with the community, and was sufficiently educated could apply to be a Team Balika. Post multiple rounds of interviews, they were chosen to work with Educate Girls on a voluntary basis. Dry ration kits were packed at the district level (centralized) and sent to the program locations. The kits were distributed by Educate Girls’ Field Coordinators and Team Balika on the ground.

“We were in constant touch with the beneficiaries. During our engagement with them, we observed that families wanted a larger quantity of sugar and tea leaves in the relief kits”, stated Mr.Ashish, Team Balika from Sidhi. “Beneficiaries also expressed ration support for a greater duration- most of their rations lasted for only a week”, added Miss Meena.

The program lead lauded the success of the relief aid program but noted that many families who were not included as beneficiaries made a big ruckus and expressed their displeasure over the same. Tema Balika and Field Coordinators played an instrumental role in mitigating the tension, by explaining the logic behind the selection criteria.

COVID Relief Kit (Ration and Hygiene kit) for a family five members	
Items	**Quantity**
Wheat Flour	5 KG
Rice	1 KG
Sugar	500 gm
Salt	1 KG
Edible Oil	1 L
Lentils (Arhar Dal)	500 gm
Red Chilli Powder	110 gm
Turmeric Powder	100 gm
Dhania Powder	100 gm
Cloth washing Soap	2 qty
Bathing Soap	2 qty
Sanitizer	250 ML
Sanitary Pads	10 pieces
Mask	20 pieces

Components of the dry ration kits, taken from Educate Girls' project report.

- Children in distress and affected families were provided with food, rations, educational supplies, medical aid, counseling, and bereavement support.
- Families were helped to find new sources of income in the event of the demise of the primary breadwinner of the family.
- Children who lost one or both parents were either connected to secondary caregivers or extended family members.
- In cases where the family members were unable to care for the child or they were rescued from abusive households, children were linked to relevant services for their long-term care and rehabilitation.

11, 520 families across Barwani, Alirajpur, Dhar, Jhabua, Khandwa,and Siddhi received dry ration kits

The program increased community engagement and enabled Team Balika to feel more self-confident

Team Balika actively engaged with the community members and became information points for Educate Girls. *"Being a Team Balika has enabled me to interact with my community members more openly, and frequently. I have become more outspoken, and confident. Everyone has the utmost respect for me and the work I do!"*, beamed Miss Meena, Team Balika, from Jhabua.

Beneficiaries receiving ration kits in Khandwa. Photo shared by Educate Girls

Goonj

Objective:
Provide comprehensive relief kits to 5,000 households belonging to neglected communities of Bihar, Chhattisgarh, and Jharkhand

Approach:

The geographical, cultural, and economic marginalization of communities of transgenders, rag pickers, beggars, sex workers, leprosy-affected individuals, devadasis, migrant workers, etc. pushed them to the very fringes during the COVID-19 pandemic and COVID-19 induced lockdowns. "*Many of these communities lost their livelihoods during the lockdown period. Since the aforementioned communities are traditionally overlooked or are the last recipients of relief and welfare aid, Goonj decided to implement a relief aid program that would provide these communities with dry ration kits*", said Mr. Abhinav Dutta from Goonj.

To ensure that beneficiaries were swiftly identified, it was crucial to partner with regional NGOs that had a strong community presence and had pre-existing linkages with the community. "Regional partners conduct regular needs assessments in the areas that they operate in so they are well aware of the depth of the catchment areas, types, and the dwelling locations of various marginalized communities, explained Mr. Brajkishor Prasad, from the program team. Regional NGOs played a vital role in identifying the communities using their field volunteers, whom themselves belonged to the target communities. "It is because of our strong community presence that we could successfully deliver relief aid to fifty-six leprosy-affected communities in Jharkhand, which is a big victory for us since people are scared to even enter these localities, let alone alleviate their distress", noted Mr. Shailendra Prasad, part of an NGO which works in Jharkhand and West Bengal.

Goonj followed a decentralized model of procurement of dry rations. Partners on the ground along with volunteers identified local vendors and packed the kits themselves. "This [localized kit making] was made possible by Goonj's partner network that doubled during the COVID-19 pandemic", said Mr. Abhinav Dutta.

This localized procurement and packaging of the kits sought to ensure that (i) relief aid reached the beneficiaries immediately and (ii) ration kits could be customized, and cater to the region-specific demands of communities. For example, in each of the kits apart from basic items (Rice/ Atta or both, Daal, Chana, Salt, Sugar, Tea, etc.), variants such as sattu, puffed rice, poha etc. were included, to respect regional preferences.

However, it was observed by the program team that sometimes localized purchases were plagued by problems such as the inability of local vendors to fulfill large orders, billing problems, quotations, and logistics in scattered pockets.

Ration kits were distributed to 11,293 families across the program geographies

The program facilitated the empowerment of marginalized communities

Goonj realized that it was necessary to bring people from marginalized communities into the fold of the program to understand the needs on the ground. Volunteers from transgenders, devadasis, sex workers, leprosy colonies, etc. helped in the outreach of the program while becoming information points for Goonj.

Inclusion in program implementation by delivering dry ration increased community engagement, acceptance, and self-esteem of these volunteers. They felt that their needs were equally important as other communities.

Mitti Cafe

Objective:

Serve one complete meal to the hospital staff of select hospitals in Kolkata and Howrah

Approach:

Healthcare workers were massively overburdened while carrying out their duties during the unprecedented COVID-19 pandemic. As a token of gratitude for their persistent efforts, and indomitable spirit, Mitti Cafe decided to provide one complete meal for the staff of three hospitals in Kolkata and Howrah, which are, District Hospital Howrah, South Howrah State General Hospital, and Baranagar State General Hospital.

Following HTPF's condition on the hospitals being (i) a government hospital, and (ii) possessing a COVID ward, along with on the basis of needs, authorizations, and permissions, three hospitals in Kolkata and Howrah were identified for support which was 1. District Hospital Howrah, 2. South Howrah State General Hospital, and 3. Baranagar State General Hospital, Nawpara.

The meals were individually packaged for ease of distribution and to follow social distancing norms. The number of meals to be provided at each hospital was based on the request received from the hospital every day, and the menu was standardized weekly. This served to meet the needs of the beneficiaries, along with minimizing wastage.

Proper sanitation and appropriate COVID-19 protocols were followed at the sites of preparation, and distribution of the cooked meals. Additionally, route mapping was done, and the delivery time was spaced out and planned to cater to the needs of the beneficiaries.

A two-pronged feedback mechanism was in place: First, a PoC would travel with the delivery vehicle, and second, the program team manager, Miss Ayesha would speak to the hospital staff over the phone once a week. This served to gauge the needs and demands of the hospital staff. The following feedback was noted by the program team:

- Beneficiaries at the Baranagar Hospital preferred dry rations as they could be prepared according to their convenience as hospital duties led to erratic eating schedules and could also be consumed at a household level
- All the beneficiaries wanted their meals to continue being supplemented with eggs.
- Beneficiaries desired the inclusion of packaged drinking water along with the cooked meals
- Beneficiaries also observed that the scope of the program could be expanded to include COVID-19 patients and their caretakers in the hospitals

Mitti Cafe employed PWDs for its cooked meals for healthcare staff initiative. This generated livelihood opportunities for PWDs and also helped them cope with the COVID-19 pandemic emotionally.

24,000 meals were served across the three hospitals over a period of one month

A sample meal prepared by Mitti Cafe's kitchen staff

Taj Public Service

Objective:
Provide relief support to healthcare workers in the form of cooked meals at designated hospitals

Approach:
It had been a relentless two years for doctors, nurses, community healthcare workers, and paramedical support staff on the frontlines of the Covid battle. Long hours, extended shifts, having to wear PPE kits, and often non-functioning hospital canteens leave little or no time for them to consume meals. Keeping the plight of the healthcare workers in mind, Indian Hotels Company Limited and Taj Public Service Welfare Trust (TPSWT) decided to serve daily meals to hospital staff at three locations: Deen Dayal Hospital, Indira Gandhi COVID Hospital, and Safdarjung Hospital in Delhi, with TajSATS, as the implementing partner in the meals distribution program.

We recognized that in such a scenario, healthcare workers desired simple, homely meals that were also nutritious", said Mr. Sandeep Gore, from the program team."

The existing ecosystem of TajSATS was leveraged to ensure the swift implementation of the meals distribution program. Based on the daily requirements of the hospital staff, the relevant proof of concept from the hospitals would update the program team on the number of meals required. A feedback mechanism system, stringent q&c, and unannounced audits ensured that the meals adhered to the strictest standards of hygiene, and quality. The program team also followed strict COVID protocols at all times.

29,980 meals served as lunch, and/or dinner to hospital staff of three hospitals in Delhi

"They [the beneficiaries] were very happy with the food; and thanked us [the program team] for the clean, and pure food", stated Mr. Sanjeev Chopra, head chef at Taj SATS, Delhi.

A sample meal prepared at the kitchen of TajSATS

Annamrita

Objective:

Serve cooked meals to hospital staff of select hospitals in Mumbai

Approach:

Annamrita had all the required expertise in advance as they are working with school students already. They have served the highest number of cooked meals to the frontline workers during the second wave of COVID-19 in almost all the BMC Hospitals. Long hours, extended shifts, having to wear PPE kits, and often non-functioning hospital canteens leave little or no time for them to consume meals. Keeping the plight of the healthcare workers in mind, Annamrita decided to serve daily meals to hospital staff at 29 hospitals and has served a total of 1,07,237 meals as of now in 50 days.

"All benefited during COVID because the schedule was hectic and it was hard for me to cook food before leaving from home to hospital", said Mrs Vinaya, from the Hospital.

Beneficiaries receiving a Cooked meal, as captured in Annamrita Completion Report

The existing ecosystem of Annamrita was leveraged to ensure the implementation of the meals distribution program. The cooked meal was nutritious and non-repetitive, the production team with the help of dietitians from Kopar hospital, Bhaktivedanta Hospital, and Soumya College helped them in creating the Menu. Based on the daily requirements of the hospital staff, the relevant partners from the hospitals would update the program team on the number of meals required. A feedback mechanism system, stringent quality, and control, and unannounced audits ensured that the meals adhered to the strictest standards of hygiene, and quality. The program team also followed strict COVID protocols at all times.

Yuva Unstoppable

Objective:

Providing Level IV healthcare workers with Corona Warrior Kits containing nutrition and immunity booster items as relief aid and increasing community engagement

Approach:

Vulnerable Level-IV healthcare workers like nurses, ward boys, lab technicians, sanitation workers, and other staff at public hospitals that were the most at risk from covid infections; ASHA workers, Anganwadi workers, and helpers; and RTPCR Testing, and field vaccination team of Ahmedabad Municipal Corporation were identified systematically across program geographies with the help of existing databases, and engagements with relevant government stakeholders.

Keeping in mind the nutritional requirements of the beneficiaries, the program team included ten items in the Corona Warrior Kits.

Corona Warrior Kit (Nutrition & Immunity Booster)		
Sr. No.	Particulars	Quantity
1	Rice	5 kg
2	Chana Dal	2 kg
3	Chocolate Cookies	50 gm
4	Amul PRO	500 gm Pouch
5	Masti Buttermilk	200 ml Tetrapack
6	Lassi	250 ml Tetrapack
7	Tru Orange	180 ml Tetrapack
8	Amul Atta	5 kg
9	Chyawanprash	500gm
10	Vitamin Drink	1 kg

Beneficiaries receiving Cooked meal , as captured in Annamrita Completion Report

To ensure that there were no delays in the implementation of the program, Yuva Unstoppable procured rations in the form of already packed kits from local vendors. In instances where this was not possible, a network of volunteers at Yuva Unstoppable was leveraged to ensure the timely packaging of the Corona Warrior Kits. The program team ensured that strict quality checks were conducted while the procurement of the dry rations, and during the packaging of the dry rations into kits.

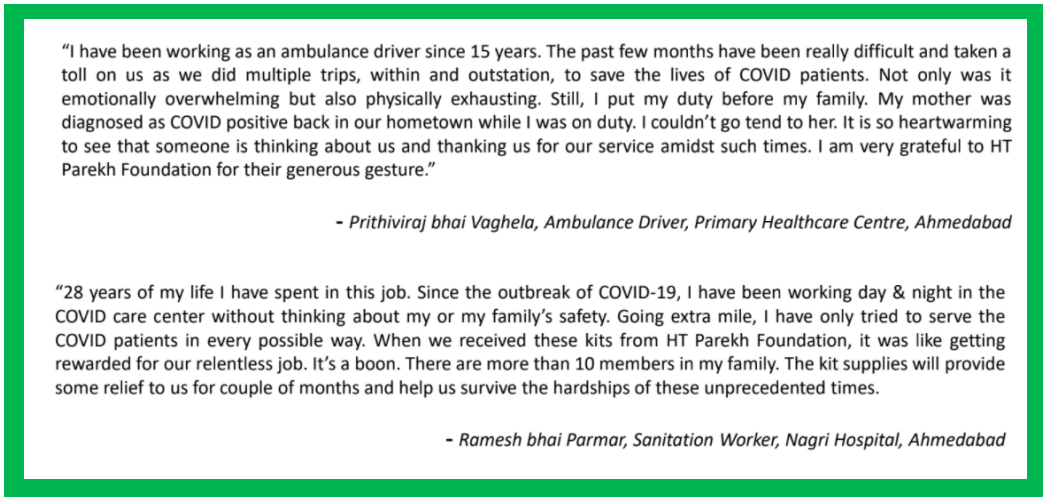
In instances when Yuva Unstoppable was unable to procure already packaged kits from local vendors, it leveraged its vast network of volunteers from diverse communities to aid it in the packaging of kits. Volunteers in Ahmedabad comprised HIV+ patients who helped in the packaging of the ration kits on a voluntary basis, as an act of kindness. Although there were no monetary benefits attached to the activity; packaging these kits enabled them to keep themselves occupied and bond with each other in a time of uncertainty and distress induced by the pandemic.

Corona Warrior Kits were distributed across 11 hospitals, Anganwadis, and PHCs in Ahmedabad, and to Ahmedabad Municipal Corporation

10,100 Level Four Healthcare Workers received Corona Warrior Kits

Anganwadi workers, ASHA workers, and their helpers formed the bulk of the beneficiary base

"The beneficiaries are extremely satisfied with the Corona Warrior Kits. Our Level Four Healthcare Workers who would hardly find time to consume nutritious meals, and also had depleted savings due to the COVID-19 pandemic could adequately address theirs, and their families' nutritional requirements", said Mr. Mehul, who is a member of the program team.



"I have been working as an ambulance driver since 15 years. The past few months have been really difficult and taken a toll on us as we did multiple trips, within and outstation, to save the lives of COVID patients. Not only was it emotionally overwhelming but also physically exhausting. Still, I put my duty before my family. My mother was diagnosed as COVID positive back in our hometown while I was on duty. I couldn't go tend to her. It is so heartwarming to see that someone is thinking about us and thanking us for our service amidst such times. I am very grateful to HT Parekh Foundation for their generous gesture."

- *Prithiviraj bhai Vaghela, Ambulance Driver, Primary Healthcare Centre, Ahmedabad*

"28 years of my life I have spent in this job. Since the outbreak of COVID-19, I have been working day & night in the COVID care center without thinking about my or my family's safety. Going extra mile, I have only tried to serve the COVID patients in every possible way. When we received these kits from HT Parekh Foundation, it was like getting rewarded for our relentless job. It's a boon. There are more than 10 members in my family. The kit supplies will provide some relief to us for couple of months and help us survive the hardships of these unprecedented times.

- *Ramesh bhai Parmar, Sanitation Worker, Nagri Hospital, Ahmedabad*

Beneficiaries receiving Cooked meal , as captured in Annamrita Completion Report

Beneficiaries receiving Corona Warrior Kits, as captured in Yuva Unstoppable's Project Completion Report

Chapter 4:
Key Recommendations and Way Forward

CHAPTER 4:
KEY RECOMMENDATIONS AND WAY FORWARD

Recommendations on the strategic and programmatic levels to fine-tune the program in order to maximize the impact

COVID-19 RELIEF PROGRAMS

Observations	Recommendations
There are variations in consumption of meal schedules of hospital staff	Home Cooked Meals supplanted, or augmented with dry rations, which can be utilized to prepare meals at one's convenience
Ration kits did not include the items for infant children and young mothers	Items like milk for infants and maternal care products can be included in the kits

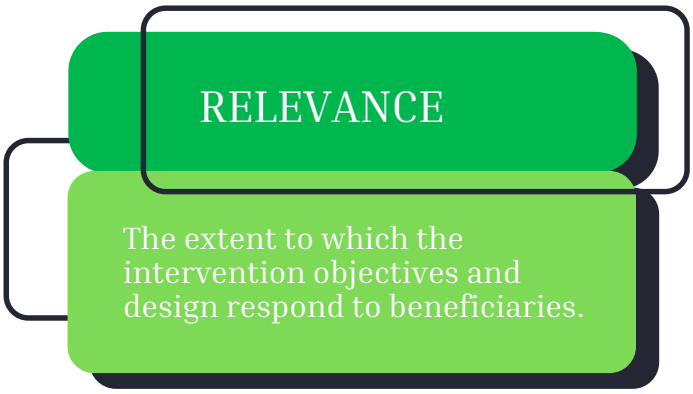
VACCINATION PROJECTS

Observations	Recommendations
Community sensitization played a pivotal role in dispelling myths revolving around COVID-19 vaccinations and helped foster increased participation rates among community members	Community sensitization drives to be strengthened

Observations	Recommendations
Due to a gap between the demand and the supply for vaccines, the vaccination process would be delayed for those from marginalized communities	More rural camps can be set up to increase the vaccination rate
The information collected with the outreach with a potential partner to map the vaccine demand is not structured	Data collected from NGOs, CSOs, Government, consortiums, industry bodies and residential associations for demand prioritization and efficient planning of vaccination drives

Annexures

KEY AREAS OF INQUIRY: COVID-19 RELIEF



KEY RESEARCH QUESTIONS	INDICATORS
· How were the challenges in terms of food and essentials during the first wave of COVID-19 in target areas identified among the community members?	Identification of community needs
· How were the program objectives and activities aligned to the needs identified for the beneficiaries?	Alignment of the program with
· How were (i) Cooked meals, and (ii) Ration Kits relevant in terms of securing food security among the beneficiaries?	community needs Identification of program objectives

Was a systematic and comprehensive process followed to select the contents, and the quantity of the contents of the (i) Ration kits and (ii) Cooked Meals to meet beneficiary needs? • How relevant was Community Sensitization for the beneficiaries in light of the ongoing pandemic? • Were there well-defined selection criteria to select the community members and the locations of the program? • Were there any other NGOs operating in the target locations under the same framework?	Alignment between program objectives and beneficiary needs. Selection criteria for community members that ensure the most vulnerable are benefitted Partner NGO clarity on the selection process of locations of the program Secondary Research

EFFECTIVENESS:

The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.

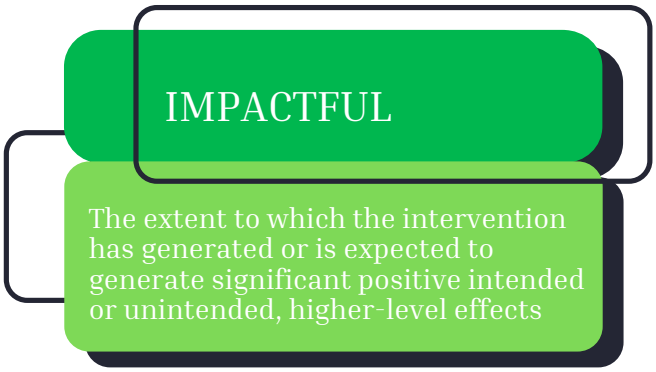
KEY RESEARCH QUESTIONS	INDICATORS
Strategic Level • Were there strategies to implement the program at the earliest given the urgency of the situation?	**SOP**

· Was careful consideration made during the selection of the local partner/NGOs keeping in mind the needs and the profile of beneficiaries? · Was there any monitoring and evaluation function/team to measure the progress of the program? · Was there a feedback mechanism in place?	Beneficiary database Project Reports M&E framework and reports Project Completion Report

Team Level · What is the program team's visibility of the key risks influencing the achievement or non-achievement of quality and the delivery of the Cooked Meals, and Ration Kits? · Were the roles and responsibilities of the program team clearly defined, documented, and aligned? · Did the team adapt to differing food patterns and requirements across locations?	Team structure and composition Details of vendors, other partners in collaboration

Program Level · Were due diligence/ systematic processes followed to select the vendors, responsible for supplying Ration Kits, and Cooked Meals?	Existing database maintained by the partner NGOs

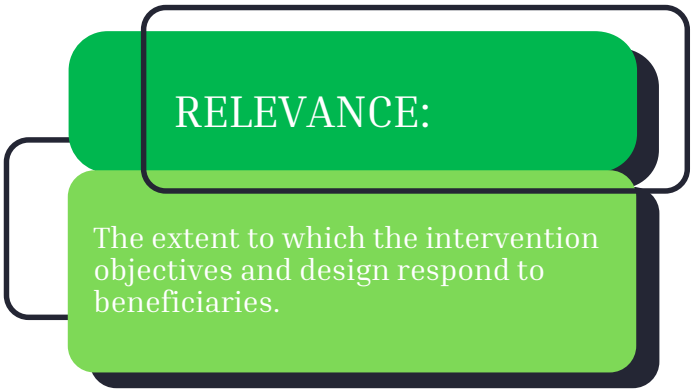
• Were COVID and sanitation protocols followed at the time of distribution? • Were quality checks conducted on the kits and the meals? How were quality standards met? • Were there established processes to determine the variety and quantity of contents in the ration kits, care kits, cooked meals, and pre-mixed meals? • Was the implementation of the program standardized across all locations?	Testimonials Photos/Videos Secondary research



KEY RESEARCH QUESTIONS	INDICATORS
• Improved accessibility to (i) Food, and (ii) essentials during the pandemic	Increase in use of food supplies/rations to prepare meals and meet nutritional requirements

• Perceived utility of the beneficiaries to prepare food, and meet their nutritional requirements using the Ration Kits, and Pre-Mixed Meals • Perceived quality of ration kits, pre-mixed meals and cooked meals - Nutrition value - Freshness of the contents in the kit • Perceived quality of care kits • Perceived adequacy (in terms of quantity, usefulness) of the ration kits, care kits, cooked meals, and pre-mixed meals • Perceived impact in sense of food and essentials security during the pandemic among the beneficiaries with the support of relief and ration kits • Perceived awareness among the beneficiaries regarding best practices to deal with the COVID-19 pandemic	Increase in use of Care Kits Increase in use of Relief Items Increase in awareness about preventive measures, diagnosis and treatment for COVID-19

KEY AREAS OF INQUIRY: VACCINATION DRIVE



KEY RESEARCH QUESTIONS	INDICATORS
• How were the challenges in terms (i) Healthcare security identified among the beneficiaries in the ongoing pandemic? • How were the program objectives and activities aligned to the needs identified for the beneficiaries? • How were vaccinations relevant in terms of securing health security among the beneficiaries • How relevant was the vaccination and sensitization in helping the beneficiaries towards better healthcare?	Needs Assessment Study Identification of program objectives Alignment between articulated and documented objectives

• How relevant was the vaccination and sensitization in helping the beneficiaries towards better healthcare? • How relevant were the health camps conducted to address COVID-19 sensitization? Are there well-defined selection criteria for locations and community members for the program? • Were there any other NGOs operating in the area for the vaccination drives?	Partner NGO clarity on the selection process of beneficiaries, and locations of the program Secondary Research

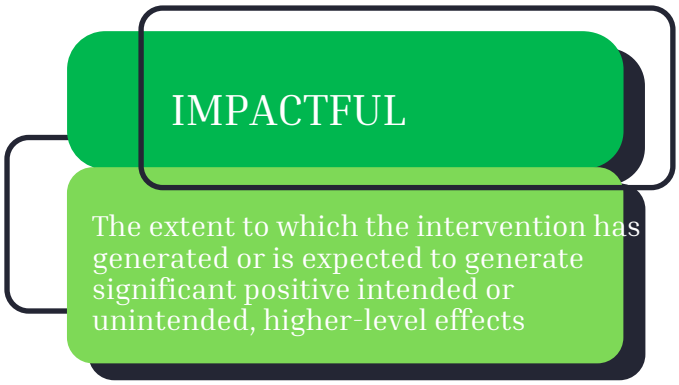
KEY RESEARCH QUESTIONS	INDICATORS
Strategy Level • Were there strategies to implement the program at the earliest given the urgency of the situation?	SOP Beneficiary database

Was careful consideration made during the selection of the local partner/NGOs keeping in mind the needs and the profile of beneficiaries? • Was there any monitoring and evaluation function/team to measure the progress of the program? • Was there a feedback mechanism in place?	Project Reports Program Outcomes Mapping M&E framework and reports Project Completion Report

Team Level • Was the team equipped to run the program? • Were the roles and responsibilities of the program team clearly defined, documented, and aligned? • Was the team lear with the objectives of the program?	Team structure and composition Details of vendors, other local partners in collaboration

Program Level: • Were COVID-19 protocols followed at the time of the vaccination drive?	Existing database maintained by the partner NGOs

Was careful consideration made during the selection of the local partner/NGOs keeping in mind the needs and the profile of beneficiaries? · Was there any monitoring and evaluation function/team to measure the progress of the program? · Was there a feedback mechanism in place?	Testimonials: Photos, Videos Secondary Research



KEY RESEARCH QUESTIONS	INDICATORS
Improved accessibility to vaccination during the pandemic **Improved accessibility:** · To vaccination · To Sensitization · To better opportunities for women and child healthcare	Increase in immunity Increase in use of Hygiene Kits

Perceived utility of the vaccinations for the beneficiaries **Perceived quality:** • Of vaccinations • Of the delivery and the implementation **Perceived awareness** among the beneficiaries regarding best practices to deal with the COVID-19 pandemic	Access to healthcare and medical support Secondary research

DATA COLLECTION APPROACH

Sattva used a combination of in-person and remote (via phone) data collection approaches. The in-person data collection was followed in accordance with safety precautions for COVID-19.

Ethical Considerations

The evaluation followed the ethical protocols in all aspects and at all stages of the engagement.

· **Informed consent:**
All respondents and participants were given appropriate and accessible information about the purpose, methods, and intended uses of the research, what their participation in the research entails, and what risks and benefits, if any, were involved. The assessment was undertaken only after the consent, free from coercion or undue pressure, was received from the respondents.

· **Interactions with minors:**
Ethical data collection from minors was ensured by explaining the purpose of the study, including the presence of adults in the case of respondents under the age of 18 years (parents, teachers, and community elders) and ensuring informed consent from the participants. · Descriptive data collection: The data collected through the baseline study is descriptive in nature and not diagnostic in nature – for the thematic areas of health and inclusion.

· **Voluntary participation:**
The interview sessions were conducted in an environment that ensured the privacy of the respondents per their convenience and comfort. They were made aware of their right to refuse participation whenever and for whatever reason they wish, without fear of penalization or 50 victimizations. Consent was taken regarding the recording and usage of all information acquired - written, verbal, and photographic.

· **Anonymity and confidentiality:**
The identity of research participants was protected through anonymity or confidentiality, unless research participants explicitly agreed to, or requested the publication of their personal information.

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Sattva (www.sattva.co.in) is a social impact strategy consulting and implementation firm. Sattva works closely at the intersection of business and impact, with multiple stakeholders including non-profits, social enterprises, corporations, and the social investing ecosystem. Sattva's work pans across multiple states in India, multiple countries in Africa and South Asia, on the ground, and Sattva has engaged with leading organizations across the globe through its practice in strategic advisory, realizing operational outcomes, CSR knowledge evaluations, and co-creation of sustainable models. Sattva works to realize inclusive developmental goals across themes in emerging markets, including education, skill development and livelihoods, health care and sanitation, digital and financial inclusion, energy access, and environment, among others. Sattva has offices in Bangalore, Mumbai, and Delhi.