LESSONS FROM COVID-19

In the Context of Relief Work by Centre for Youth Development and Activities

CYDA
The Pulse of YOUNG India
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INTRODUCTION

The Corona Virus Disease i.e. Covid-19 has been affecting the world since the beginning of this year. Following the statistics compiled by Worldometer, more than 37 million people were affected all over the world and the fatality count had crossed the one million mark by 10 October 2020. India has been the second worst affected country (after the United States of America) with the total cases exceeding seven million and more than 100,000 fatalities. In India, Maharashtra has been the worst affected state with more than 1.26 million cases and nearly 34,000 fatalities by the last week of September. Within Maharashtra, the district of Pune has been one of the hotspots with more than 2,65,000 cases and 6000+ fatalities. The disease had an early onset in the city of Pune and despite the lockdown, cases kept on rising in the municipal limits and in the surroundings.

India started with a massive country-wide lockdown from 23rd March 2020 to arrest the spread of the epidemic. While this measure provided the much needed breathing time for the public health system it also had a number of unintended consequences. The lockdown not only prohibited movement of every kind but also stopped work and livelihood activities. This made millions of unorganized workers jobless and forced them into penury and misery. The effects of the lockdown began appearing from mid-April and became fully manifest by the first week of May 2020. Massive relief operations had to be mounted by both civil society and governmental agencies to provide food and essential commodities to the locked in populations. The situation became traumatic when thousands of migrant laborers began to walk to their homes in the absence of any transportation. The outflow of migrants was significant in the state of Maharashtra and particularly from cities like Mumbai-Pune-Thane and Nashik which have been the hubs of industrial activities.

Centre for Youth Development and Activities (CYDA) was one of the civil society organizations from Pune which undertook relief operations for the poor and marginalized sections affected by the pandemic from April to August 2020. The most significant part of this work was the mobilization of a significant number of individuals and agencies who were united to fight against the calamity. CYDA's work solicited the support of six international aid agencies, eight national level foundations, six CSR entities, twelve Non-governmental organizations and a large number of individual volunteers. The 'No One Shall Go Hungry' campaign reached to more than 30,000 individuals. The work also interfaced with various administrative and governmental structures including municipal corporations, municipalities, police, railways, health administration and government departments. The most notable part of the operation was the help extended to the migrants who were literally on the streets.

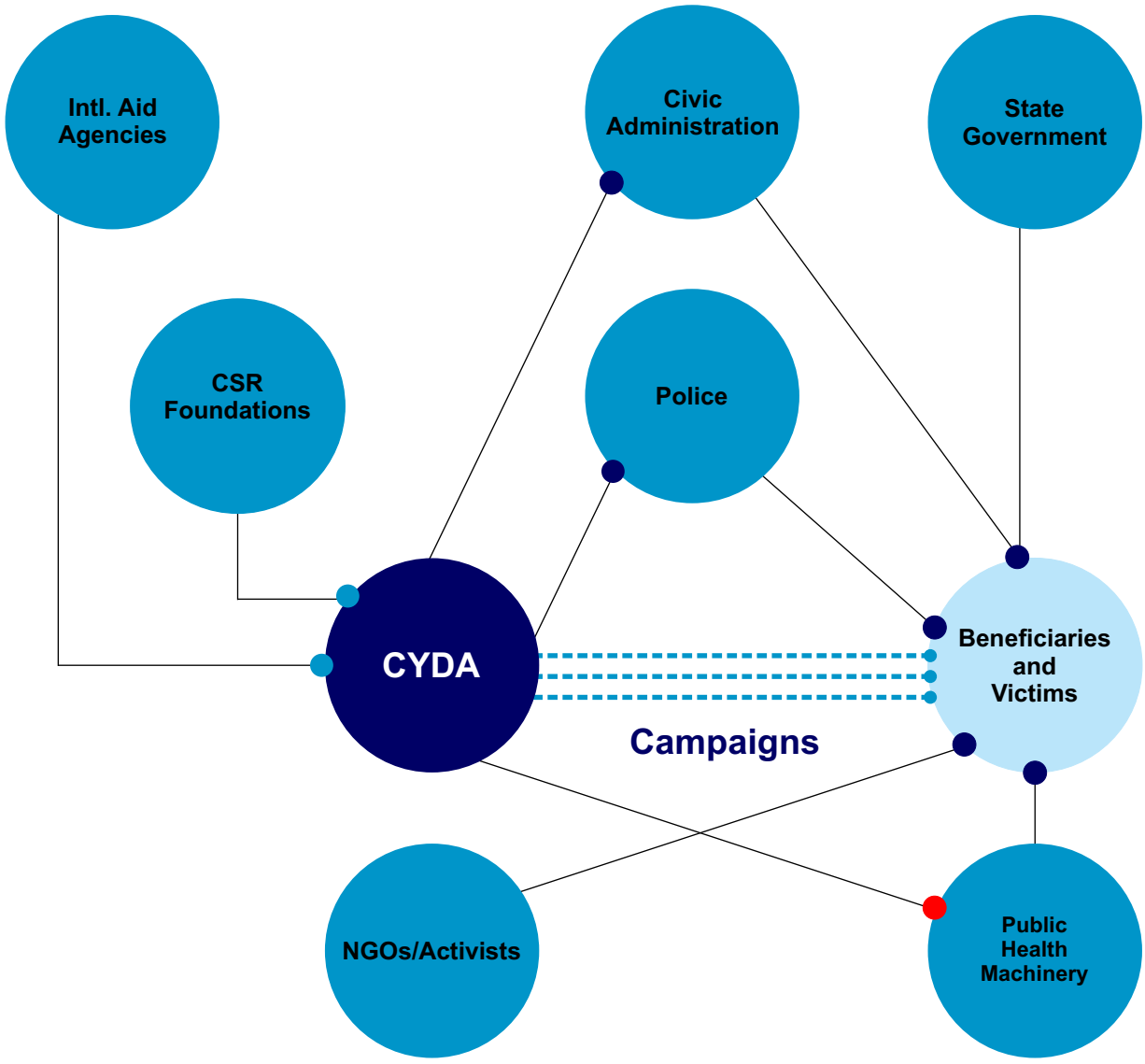
The Covid-19 pandemic has been an unprecedented calamity but the important facet from the social work perspective was the response given by the civil society. Civil society in India has been increasingly providing a mature and experienced response to calamities over the last 30 years - starting from the massive earthquake in Latur in 1993. Much of this expertise has come about due to the accumulated institutional learning. After every calamity, systematic learning documents were produced and shared widely across. This capacity of learning has been the most distinguishing feature of Indian civil society. It was, therefore, thought by CYDA that a 'Learning' document should also be produced after this experience.

The present document is prepared with this purpose. It aims to capture the lessons learnt and provide a timely learning tool to all those dealing with the current and future pandemics.

PART A

1. OVERVIEW OF CYDA'S RELIEF WORK

Since its establishment in 1999, CYDA has undertaken a variety of community based programs relating to adolescent and youth rights, entrepreneurship development, community health and water, sanitation and hygiene (WASH). These were undertaken not only in the city of Pune but also in districts like Nashik and Nandurbar. CYDA had also consistently participated in relief and rehabilitation operations during various natural disasters like earthquakes, tsunami and floods in different parts of India. The notable feature of the disaster relief work was the involvement of youth. It was CYDA's mission and mandate to involve youth in such programs and harness their energies. The experience and expertise earned in these areas was the basis on which the Covid-19 relief operations were undertaken. CYDA's relief operation could be shown in the following schematic.



Considering the emergency situation, CYDA principally operated in a campaign mode. The campaign mode was necessitated not only to reach the beneficiaries effectively but also for mobilizing resources and coordinating with various agencies. Another distinguishing feature was that in communities where CYDA was previously operational the local *Nagar Sewaks* i.e. elected representatives were involved. This not only enabled better rapport with the people but also established interface with the civic administration. The campaigns and the coverage under each of them have been as shown below.

No.	Campaign Name	Achievements
1.	**No One Shall Go Hungry (Covered the districts of Pune, Ahmednagar, Satara, Solapur, Beed, Nashik, Nandurbar and Osmanabad)**	• **Distributed 30,579 ration kits, 5,760 sanitary pad packets and 4,800 hygiene kits** • **Cash contribution of Rs. 1,00,161 for medical needs of victims**
2.	**Migrants Matter**	• **'Ready to Eat' food provided to 5,850 migrant families** • **Facilitated the travel of 3,400 migrants** • **Helped 200 migrants with cash assistance**
3.	**Flush the Virus**	**Campaign undertaken in the city of Pune at** • **Yerawada** • **Tadiwala Road** • **Nagar Road slum settlement** • **Koregaon Park** • **Ghorpadi** • **Anandnagar (Pimpri-Chinchwad)** • **350, 000 soaps distributed** • **20, 000 Sanitary Napkins**
4.	**No One Shall Die (Because of Covid-19)**	• **Provided furniture and medical equipment worth Rs. 1.6 million to set up a Covid care centre in Pimpri-Chinchwad Municipal Corporation (PCMC)** • **Supplied 3,025 PPE kits to PCMC** • **Provided 4,000 PPE kits to Sinnar Taluka Administration** • **Granted 1,725 bottles of sanitizer to Pune Police** • **Contributed 613 raincoats to PCMC Police** • **WASH facilities improved in 13 hospitals and 8 dispensaries of PMC and PCMC**
5.	**Restoring Livelihoods**	• **Assisted 35 women to produce and sell 100,000 masks** • **Supported 45 street vendors to restore their businesses** • **Job placements granted to 24 youth.**

CYDA mobilized financial support of more than Rs. 37 million from a number of donors. The list of donors is presented at *Annex I*.

The most distinguishing feature of these operations was that CYDA worked in close collaboration with Pune Police and various governmental departments. It also worked in harmony with local self-government institutions like the Pune and Pimpri-Chinchwad Municipal Corporations and Zilla Parishads of Nashik and Nandurbar. Besides, following agencies, NGOs and activists from Pune were also the partners in the relief operations.

- Nirman Bahuddeshiy Samajik Sanstha
- Centre for Advocacy and Research (CFAR)
- Development Support Team
- St Annes Sneha Bhavan
- India Sponsorship Committee
- SWaCH and Kagad Kach Patra Kashtakari Panchayat
- Deepak Foundation
- Work for Equality
- RISE Infinity Foundation
- Manthan Foundation
- SAAD
- Pune City Connect
- E. N. Nagarwala School
- Navchetna Sarvangin Vikas Kendra
- Yuvagram (District Beed)

For capturing the learning, a cross section of all these stakeholders was met either personally or telephonically. Electronic response was obtained in a few of the cases. Apart from these direct participants, a number of public health experts, journalists and concerned citizens were interviewed. The details of persons and agencies contacted are presented at Annex II. The interactions with these persons as well as perusal of the media reports and concerned documents have formed the basis of this learning.

2. CYDA Operations

While CYDA was experienced in carrying our relief operations during emergencies, Covid-19 was an unprecedented phenomenon. Hence, previous methodologies were of limited use. Secondly, the condition of lockdown was an exceptional situation. The lockdown not only shut all kinds of transportation but also forced people to stay indoors. Mobility, which is the crux of any relief operation, was seriously hampered. To make the matters worse, it was treated as a crime. Voluntary social workers, even when they were willing to travel, could not venture out.

Thirdly, there was the real danger of infection. The fear of contraction from an unknown and lethal disease was dampening the enthusiasm. Fourthly, unlike other disasters like floods or earthquakes, the lockdown was not localized. It covered the whole country and began to manifest its impact gradually and varyingly. As a result, it became difficult to assess the needs and identify the beneficiaries correctly. Despite these difficulties CYDA persevered in its efforts. The operational methodology consisted of the following steps.

Although, staff attendance and movement was not possible in the first three weeks of lockdown, CYDA internally remained active through tele-network. The team remained connected with each other and built up internal synergy.

CYDA had presence in a number of communities both in Pune city and other districts of Maharashtra. Reports on the effects of lockdown and the difficulties experienced by the deprived people began to reach its office. The first phase of work was with regard to communities where there was an active contact.

After the first phase of lockdown, CYDA effectively networked with the police department and secured the necessary permissions for the staff to move about. This measure enabled the key program staff to visit the communities and assess the situation first hand. Following this, the plans for distribution of relief items were prepared and charted out. Due cooperation from local political representatives was sought and a network of local volunteers was established. Community based disinfection activities and drives for awareness building were undertaken. Tangible equipments like 'hand wash centres' were supplied.

Campaigns were initiated which let a variety of individuals and organizations to join hands and work collectively. The first campaign i.e. No One Shall Go Hungry mobilized cooked food and dry rations. The campaign covered communities not just from Pune and Pimpri-Chinchwad metropolises but also in the rural areas of Nashik and Nandurbar districts.
Assistance from donors was mobilized. In the first instance, existing donors were approached followed by other philanthropic organizations and CSR foundations. Proposals were written following the needs assessment in different parts and necessary information was supplied.

In the second phase, the issue of migrant laborers was addressed. Although, previous contact did not exist, the beneficiaries were identified on the roads as well as through other members of the Campaign. Once, the work began it had a cascading effect. The police, municipal authorities as well as revenue administration began to approach CYDA and the scope of work broadened. A number of spontaneous groups also joined the work.
Coordination with police and other authorities was continued and transportation for migrant laborers was arranged. The Pimpri-Chinchwad Municipal Corporation was also assisted by setting up a Covid-19 treatment centre. Relief work continued and assistance from donors and supporters was channeled to needy and deserving persons.
In the last phase of the work assistance for micro and small enterprises was arranged (particularly for women) with a view to resume livelihoods.

3. BEST PRACTICES

Division of labor: As could be expected in any disaster there were demands from the affected people but not all the team-members could be deployed due to the restrictions on mobility. CYDA therefore devised a way of dividing the tasks. Those who could venture out were given field responsibilities whereas those who could not were assigned desk jobs and were encouraged to work from home.

Delegation versus self-dependence: While distributing the relief items there was always a dilemma whether one should distribute it oneself or delegate the responsibility to community members. If one does it then there is better control but there are obvious work-load limitations. If one entrusts it completely to community people, there is danger of wrong-identification and misappropriation. Hence, CYDA made a combination of both the approaches. One of the team members remained present in the field but actual tasks were delegated. Micromanagement was avoided but eligibility was monitored.

Coordination without cooption: While working with political representatives, this balance was very necessary. Politicians are susceptible to favoritism and are known for publicity-mongering but they have a clout in the communities. CYDA worked with those public representatives who had a genuine desire to help people and whose self-interest was minimal. Publicity stunts were avoided. CYDA did not succumb to pressures but were not adamant. A flexible and congenial approach was maintained.

Balancing the means and ends: In emergency situations, goods or resources are never sufficient. There is always a gap between demand and supply. This fact creates not just embarrassing situations but also conflicts in the field. This was managed by identifying the neediest and assuring a second service next time. False promises were not made and assurances were honored.

Harnessing youthful energies: CYDA not only worked with youth but also had a team of young social workers. The youth were daring, motivated and without any self-interest. They were also less vulnerable to the epidemic. Employing the youthful energies was a best practice in the current situation. The list of CYDA team members is presented at Annex III.

Conquering the fear: Pandemics of the current type cripple social energies due the fear factor. Fear stems from the unknown. In communities where CYDA was working, conscious attempts were made to remove fear and make the people aware about the disease and the care they should take. Once the fear was conquered people were able to work and coordinate effectively.

Submerging the Ego: During the relief work there were many occasions when the patience of the social workers was tested. Difficulties were faced with police and municipal administration but at times the beneficiaries were also not cooperative. The relief appeared to be a thankless job. At such times, the disposition was to forget one's ego and keep the morale high. The practical measure was to focus on the larger goal of human service and forget the inconveniences.

4. LIMITATIONS

- The main limitation of the relief work was that it had to be carried out under severe, restrictive conditions. Voluntary agencies deliver their best in free, congenial and fearless environment. The fear of infection and the constraints imposed by the lockdown hampered the relief efforts.
- The restriction was also felt on the organizational front. Teams of social workers could not be deployed as desired. Volunteers could not be easily added. Human resource is the strength of any agency but the same could not be effectively made use of during the current crisis.
- While the affected people in sedentary communities could be properly identified and assisted, the same could not happen with regard to transitory and migrant victims. Rapport with them was transient and short-lived. Secondly, the enormity of the situation was overwhelming and clearly beyond the capacity of a small organization.
- Tasks like arranging railway or bus transportation was out of the scope of a voluntary agency. Such type of logistics could only be handled by the State or large market organizations like bus companies. Most importantly, voluntary agencies or social workers working for this cause did not have any locus standi or legitimate authority. The State did not empower the CSOs for undertaking these operations nor compensated for their services.

- This was also true in public health domain. While an agency like CYDA could help some of the communities in flushing out the virus, this task was also beyond the capacity of the CSOs. The necessary technical (medical) wherewithal was not with the agencies. Only those CSOs who were running hospitals and dispensaries or had public health programs could provide services of this kind.
- While the police extended assistance to the best of their capacity, the overall bureaucratic response was sluggish. In other disasters, CSOs worked in harmony with the administration and this synergy was beneficial to affected people. This did not happen in the present case and restricted the potential of voluntary efforts.

PART B

Covid -19 Experience : Findings and Lessons Learnt

FINDINGS

Before we present the learning it would be appropriate to present the overall findings and observations on the Covid-19 situation in the country in general and Pune in particular.

Although the pandemic was novel and caught the world unawares, the series of viruses occurring in the last 15 years was a sufficient cause of concern. In Pune, Dengue, Chikungunya and Swine Flu had marked their presence and hundreds of casualties were recorded. It was reported in the media that the civic administration had prepared an action plan (blue print) but it was not implemented (Sakal, Pune, 16 September 2020). If this was true, then it was a major lapse on the part of the city administration. More or less the same situation prevailed in other towns and metropolises.

The nature of the virus and its epidemiology remained a baffling phenomenon even one year after its first occurrence. This was admitted by the apex body—Indian Council of Medical Research—in the July-August 2020 number of the Indian Journal of Medical Research. It was categorically mentioned that as for Corona virus the 'unknowns exceed known.' This was the latest situation. No wonder that the epidemiological response in the first quarter of 2020 was quite confusing.

While there was general consensus on the need for lockdown, the way it was implemented was highly controversial. What was warranted was 'physical distancing' among people. An extremely wrong term of 'Social Distancing' was used. Epidemiologists basically advocated the strategy of 'Test, Trace and Treat' and not that of a complete, nationwide lockdown. It was reported that this idea was copied from a totalitarian state like China. It did not suit a federal, democratic and diversified republic like India.

Although it might be construed as hindsight, the omnipresent and sudden nature of the lockdown was not warranted. In March 2020, the number of Corona patients was small and restricted to a few places which served as international gateways. The strategy of 'Test, Trace and Treat' should have been applied there leaving the countryside open. 'Surgical Strike' was the term most liked by the authorities; the same should have been applied to the current epidemic. Instead of closing down the whole country, it was advisable to lockdown only certain cities or parts thereof. Epidemiologists had advocated that the disease existed in groups and clusters and, hence, only those spaces should have been contained and treated.

One great error of judgment was that while the lockdown attempted to prevent the mobility of the people, it actually stopped all kinds of 'work'. As the whole country witnessed later, this has had disastrous economic and social consequences. The loss of work has had several ramifications - from lowering the GDP and increasing the poverty to domestic violence, mental instability and rise in crimes. Work by the able bodied people (with due safety and precautions) should have been continued and only the sick and elderly should have been asked to stay indoors. India had the advantage of a 'young' population but this population was compelled to stay indoors. This not only caused a shortage of human power for critical operations but also stopped the giant wheels of the economy.

Another error of judgment was that it was assumed that the epidemic would be contained by 21 days of lockdown. Later, when the gains were not forthcoming, its duration was . extended to a couple of months. Epidemiologists knew that Covid-19 was here to stay and could not be eradicated just by successive lockdowns.

As numerous reports have indicated, the lockdown was imposed mainly to buy time for the health machinery. The health system of the country was not prepared to face the epidemic. There was shortage and inadequacy on every front - doctors, nurses, paramedics, life saving equipment, oxygen supplies, ventilators, testing facilities, hospital beds, PPE kits, protective masks and so on.

The public health system in Pune was grossly inadequate even to provide basic health care and was ill-prepared to face the epidemic. This was symptomatic of the whole country. Epidemiologists had reported that in Western countries a paradigm shift had occurred. Communicable diseases were relegated to the background and only life-style diseases were given priority. India had also begun to follow this path although she was extremely vulnerable to epidemics. In the last 40 years, there was systemic degradation of the public health machinery and the country had to pay dearly for this. In Pune, there was severe crunch of human resources as qualified medical professionals were not in municipal service. In emergencies, equipments could be somewhat bought but not human resources.

The lockdown crippled the functioning of the local government i.e. Pune Municipal Corporation. The democratic process of governance was stopped as the representatives were confined to their homes/wards. As a result of this the avenue for soliciting people's participation was closed. During this time, the city was run only by a handful of administrators and the police. City's health was maintained by the conservancy staff and the waste-pickers who provided their service sincerely and ungrudgingly. The contribution by the SWACH cooperative was commendable in this regard. The same was true of the staff at the medical establishments. The rest of the bureaucracy was conspicuously absent.

Indian civil society responded spontaneously and wholeheartedly. The challenges thrown in by the pandemic were enormous but the civil society response was also phenomenal. The tide of humanity was astonishing. A number of NGOs and action groups as well as charities and foundations extended a helping hand. They were also joined in by thousands of individuals who not only donated money but also volunteered their services selflessly. The contribution by the Civil Society Organizations (CSOs) was of various types - from providing cooked meals and food grains to hungry people to arranging transportation and safe passage to the returning laborers as well as completing procedural formalities and helping the most vulnerable sections. The breadth and depth of assistance has simply been unfathomable as the CSOs were the main saviors of people. NGOs and voluntary action groups also coordinated with each other from different parts of the country. Ideological differences were relegated to the background. But for their participation, the situation would have been beyond control. The spontaneous response from civil society was a silver lining to the otherwise black clouds.

CSOs in Pune also responded enthusiastically as there has been a very strong tradition of voluntary social work. However, the Pune Municipal Corporation could not make an effective use of the same. This was because a proper mechanism for involving the civil society was not put in place. The sole dependence on elected representatives had neglected other avenues of participatory democracy. In contrast, in Pimpri-Chinchwad Municipal Corporation, a liaison officer was permanently employed who could mobilize around Rs. 150 million from the corporate sector and also solicit the participation of spontaneous groups (like *Ganesh mandals*) and NGOs. In emergency situations, the local governments are expected to set up coordination offices quickly and efficiently so hat various types of assistance are channelized, and duplication is avoided. In the absence of such a mechanism, there was no coordination and consonance at the PMC level.

This lacuna stemmed from the fact that local governments have neglected the aspirations of the 74th Amendment to the Constitution. They had not let citizens' bodies to emerge on the lines of the 'gramsabhas' in rural area. Hence, citizens could neither govern the municipal administration nor participate into civic affairs. Had such structures been instituted the task of mobilizing people's support could have been much easier.

The community level work undertaken by CYDA in Yerawada area of Pune was studied as a case. It was noted that the most significant step was to involve local volunteers. The three campaigns—Flush the Virus, No One Shall Go Hungry and No One Shall Die—were undertaken in close collaboration with local people. The community was very large. Hence, it was divided into smaller units and each unit was entrusted to a team of volunteers consisting of both men and women. The crucial step was to remove the fear from the minds of the people.

This was achieved by undertaking a door to door sanitization campaign followed by awareness

raising measures at every nook and corner. The three important messages—wash the hands, wear mask and follow distancing—were disseminated. This was followed with distribution of ration kits in which the cooperation of the local corporator was solicited. At the same time, patients were identified, tested and quickly admitted to the Covid-19 care centres. These measures, in close collaboration with local people, helped the Yerawada community to tackle the epidemic effectively. The model rested on the principle of decentralization and participation by all. Similar experiences have also been recorded at Dharavi in Mumbai and the district of Zalawad in Rajasthan.

The task of streamlining the relief efforts was looked after by the police and they did it to the best of their capacity. However, traditionally, the police are not trained for this type of function and they do not have the necessary wherewithal. During the present calamity, they were also burdened with law and order maintenance. The main hurdle before the CSOs was the restriction on mobility. Those who could get the permits and passes from the police could function but a lot of agencies were constrained. The police also needed to have training in dealing with civil society.

The trauma suffered by the migrant laborers was the most pathetic situation during the present crisis. This trauma could have been avoided if they had been informed in advance about the impending lockdown. The real issue was that such a labor force was invisible to the policy makers sitting in New Delhi. It could be understandable that the public health experts did not know about them but the same mistake from the political elites was unpardonable. Unfortunately, this has been the feature of Indian politics for long. Cities and social infrastructure are built by these workers but their labor and contribution is neither rewarded nor recognized. The most glaring realization in the current epidemic is that our system is built on the principle of exploitation of labor and laborers. This has been the bottom line. The trauma and misery suffered by the laboring classes resulted from this fundamental fact.

Although the return travel of the laborers signaled their status as 'migrants', the real issue was that they were 'unorganized sector workers' under different categories like building and construction workers, hawkers, miners, domestic servants, contract laborers, sugarcane cutters and so on. However, there is no uniform social security and welfare legislation for them. Labor welfare boards have been set up only for some of them. The most important lesson of the present emergency is that every laborer should be covered under social security legislation. Ideally, the respective labor welfare boards should have looked after the well-being of its members. This did not happen. The labor departments have been ill-equipped and did not have any role in the present emergency. Had the welfare boards been there for every category and had they functioned effectively this trauma could have been avoided. Recently, the Government of India has introduced reforms in labor legislation but they don't seem to benefit the unorganized workers.

Apart from the workers in the unorganized sectors, there have been various other types of deprived populations. They consisted of the sex-workers, third genders, peripatetic traders, street-squatters, nomadic communities and so on. They have always been the victims of social exclusion and their predicament increases manifold during social emergencies. Sex-workers were the most affected section all over the country as their trade demanded intimacy of contact. One of the commendable features of the work by an agency like CYDA was to identify such persons and extend assistance to them. An attempt was also made to forge long standing relationships with them so that future programming could be attempted. Public policy or state programming seldom includes them and it is only the CSOs who address their issues.

One glaring deficiency of the welfare policies, which came to the fore, was regarding the Public Distribution System (PDS). Traditionally, every household was entitled to get food grains from the PDS. However, in the past twenty years this system has degenerated and has been extremely inefficient and inadequate. The most deserving sections like the migrant laborers and transitory populations have been out of the orbit of the system. If the system had functioned correctly and delivered benefit, much of the trauma suffered by poor people could have been avoided. It would have also eased the burden on civil society.

Mention here must be made of the contribution of two outfits. One was SAAD, a group of young activists and secondly the Pune Camp Gurudwara Sabha. SAAD which means 'response' started with distributing cooked food and ration kits. However, after seeing the plight of the migrant laborers this group of young professionals plunged into arranging transport for them through all possible means - private buses, state transport and railways. Their selfless service, braving all odds and hostile environment, helped hundreds of laborers return safely to their homes. The Camp Gurudwara also excelled in selfless service by providing cooked meals sustainably through their *lunger*. At the peak of the emergency, the Gurudwara provided around 18,000 meals daily to various organizations which were later distributed to the needy people. The Gurudwaras have the tradition of feeding people during emergencies and this tradition was selflessly adhered to.

In sum, the basic finding is that the country lacked the basic administrative and health infrastructure to face a pandemic of such proportions. To some extent this could be understandable in a poor and populous country. However, the disturbing fact was that critical attempts were not made to assess the situation and deliver real benefit to people. The State followed colonial policies. Most importantly, the role and contribution by the civil society was not properly appreciated. This has been eminently proven by the amendments made to the Foreign Contribution Regulation Act (FCRA) in September 2020. The amendments signaled the suspicion, distrust and apprehension the State has towards the voluntary sector in the country. CSOs are actually a strong pillar of democracy and an important stakeholder in nation-building. This fact should be squarely and permanently comprehended. Covid-19 has emerged as a major disruptor of the world system and, hence, we should look out for unifying, reconciliatory and synthesizing processes. In India these are best provided by the voluntary sector.

LESSONS LEARNT

1. CIVIL SOCIETY ORGANIZATIONS

Problem Analysis

Social organizations are often caught unawares when calamities of various sorts strike. How to respond to them and how to garner resources is a question. Similarly, how to organize the relief operations and how to correctly identify the beneficiaries is a problem.

Lessons Learnt

Voluntary organizations/NGOs which have a mandate to work in disasters need to maintain a state of readiness. The preparedness would involve:

- Clear organizational mandate sanctified by the Board of Trustees/Office Bearers.
- Clear orientation to all the staff members that such works would be undertaken at a short notice and they would have to be prepared.
- Basic training to all the staff and special training to program staff in disaster management from specialized agencies like Red Cross or RedR India.
- **Emphasis should be given on**
- *understanding the nature of the disaster/calamity*
- *identifying the most needy and deserving populations*
- *recognizing gender needs*
- *organizing logistics and relief operations*
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- Agencies should ensure that program staff has necessary life skills like driving, swimming, walking and working for long hours.
- Similarly skills like proposal writing, reporting and accounting should be imparted.
- Inventory of suppliers, vendors and wholesalers should be maintained along with contact details of medical professionals, civic officials and police.
- First aid boxes, sanitary napkins, sanitizers and other essentials should be handy in the offices and work-centres.
- Mediclaim and personal accident insurances of all team members should be secured.

- ***At the time of emergencies:***
- Command and coordination structures should be set up quickly along with communication channels.
- Needs assessment should be carried out quickly and refreshed continuously.
- Division of labor and distribution of responsibilities be made.
- A system of daily feedback, follow-up and meetings should be established.

Lessons Learnt

- Situational reports should be prepared and shared with concerned agencies/authorities.
- Prospective donors/philanthropists should be contacted and proposals prepared.
- Accounting and book-keeping mechanisms be enacted.

- Most importantly networking and collaboration with other NGOs/action groups/civil society organizations be undertaken to increase synergies and effectiveness. In emergency situations this is often missing and causes duplication and overlapping.
- Civil society needs to continue its engagement with the issues thrown in by the pandemic and should not just stop at relief work. Massive policy-advocacy would be needed to impart security and justice to the unorganized sector workers.
- Collaborative networks also need to be established to face the challenges put forth by both State and Nature.

2. COMMUNITIES

Problem Analysis

Communities are both victims of disasters and participants in disaster management. The issue is how to solicit their participation in this delicate task and provide relief and rehabilitation measures.

Lessons Learnt

NGOs/Organizations should have proper rapport with the communities.

- Ideally it is advisable to work with those communities with whom sufficient rapport exists. In other locations it is advisable to work in collaboration with agencies/NGOs which are operational there for a long time.
- The corollary of this is that NGOs should be working in such a manner that good rapport with the communities is established.
- Another corollary is that engagement should be there with the most vulnerable sections (e.g. nomadic people, street-dwellers, homeless, destitute, slum-dwellers, women headed households, extremely deprived and so on.
- Where previous rapport does not exist, attempts should be made to identify enthusiastic and willing persons as volunteers and/or stable contacts.
- Real needs of the affected people should be quickly identified with a gender focus.
- For effective relief operations, participation of and by the communities is imperative (especially of women).

Lessons Learnt

- **Local associations and self-help groups of women should be identified at the outset and involved into relief operations.**
- Local elected representatives, civic officials and police may be informed of the relief efforts. It is essential to connect with them at the early stage and solicit their cooperation.
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- **For systematic and equitable relief distribution, following processes are useful.**
- Large communities should be spatially divided into smaller and manageable units and local committees should be established.
- Each such unit should be entrusted to a team of local volunteers to manage the distribution and undertake preventive (health) activities.
- Public awareness should be made a key feature of any activity/program and conscious attempts should be made to raise such awareness. This is particularly important in pandemics.
- Needs assessment should be undertaken jointly with local volunteers and community representatives.
- Transparency in operations is mandatory to avoid duplication and overlapping.
- An acknowledgment of receipt for the assistance rendered should be taken with contact details (to the extent feasible). This is helpful for reporting and accounting.

Handing over 160 bedded Covid Care Centre to PCMC Commissioner Mrs. Shravan Hardilkar supported by BMC Software

3. DONORS AND SUPPORTERS

Problem Analysis

During emergencies donors are often approached not just by existing partners but also non-partners. The crisis situation warrants immediate decisions. Identification of a trustworthy and competent partner is an issue. Similarly, correct identification of the types and numbers of beneficiaries and assessment of their real needs is also an issue. Budgetary allocations are to be made at a short notice. Careful monitoring is warranted while maintaining a humanitarian approach.

Lessons Learnt

- Donors need to include 'Disaster Response' as part of their strategic programming as the number and scale of disasters would be increasing in a country like India.
- Pandemics and health emergencies need to be specially factored in as they present newer challenges and affect large populations rapidly and simultaneously.
- Donors may also need to broaden their areas of operation and should be willing to go beyond these in case the situation warrants.
- To the extent possible, donors may participate in situation appraisals and needs assessments along with partners.
- Due flexibility may be maintained in identifying the beneficiaries and communities. In emergency situations, various contingencies arise and last-minute changes have to be made.
- Micro-management should be avoided as teams in the field need due freedom and space. Broad parameters and guidelines may be prescribed within which flexibility should be maintained.
- Donors may hold periodic round-table conferences among themselves to exchange notes and facilitate coordination.
- Donors also need to have engaging mechanisms with both local and state governments.

Handing over 25, 000 Soaps to distributed to Covid Patients to Additional Commissioner, PMC , Mrs. Rubal Agrawal, supported by UNILEVER and facilitated by UNICEF

4. LOCAL GOVERNMENTS

Problem Analysis

In situations like the pandemics, directives come from the National and State Governments but management on the ground has to be carried out by the local governments who may or may not have the capacity to do so. The care and relief needed by the people ultimately depends on the efficiency and effectiveness of the local government. In the present instance, the local governments across the country were caught unaware and did not have the capacity to face the emergency. The fragility of the representative urban democracy was clearly demonstrated. The civic administration could not effectively solicit the participation of the people.

Lessons Learnt

- Local governments need to be mindful of disasters which can affect the citizens and have to maintain basic preparedness.
- While most of the other civic disasters (floods, fires, building collapses, riots, etc) are often localized and affect a section of the population at a given time, pandemics affect the whole populace. This fact needs to be properly comprehended in making preparations.
- Action plans with regard to various disasters should be prepared in consultation with citizens, citizens' asociations and CSOs.
- Emergencies occurring on a wide scale cannot be managed without the active participation of the citizenry. Hence, right from the beginning complete and heartfelt participation should be sought from the people, and mechanisms for facilitating the same should be incorporated.
- During the current emergency, the participation by the local representatives (Corporators) was lukewarm and this affected the relief efforts. Considering this eventuality, local governments should conceive and plan alternate mechanisms.
- Precise training programs should be organized for the political representatives with the help from specialized Relief and Rehabilitation (R&R) agencies.
- It has been proven beyond doubt that in such emergencies, altruistic CSOs are the best agencies to provide relief, and ameliorate the distressing conditions. Local governments should recognize this fact and engage with the CSOs not only for disaster management but also during peace time.
- For achieving this, a permanent liaison unit be established at the municipal headquarters under the direct supervision of the Municipal Commissioner. It should maintain a roaster of CSOs and CSR agencies and also actively engage with them.
- **Most importantly this function should be carried out at each Ward Office and a person should be designated for coordinating with CSOs in the given area.** Periodic meetings should be held with CSOs and this practice should be institutionalized. In large metropolises, the ward offices should be the governance units

Lessons Learnt

and should be endowed accordingly. That would be true decentralization.

- Another important measure is to implement the aspirations of the 74th Amendment to the Constitution and, following the Model Nagar Raj Bill, institutionalize the 'area / mohalla / community sabhas'. These decentralized governance structures should ideally form the locale of people's participation in municipal government.

5. STATE AND CENTRAL GOVERNMENTS

Problem Analysis

Centre-State relations have always been a contentious issue in the country and during the present crisis this was most prominently manifested. In epidemic-disaster like situations, the states have the primary role of prevention, control, amelioration, law and order maintenance and relief. The Centre has a role of a guardian - policy framing, giving directives and monitoring. Instead of adhering to this role, the Centre made sweeping use of the powers under the Disasters Mitigation Act, 2005 and Epidemic Diseases Act, 1897. This created duality in decision making and affected the effectiveness of relief efforts. The lack of coordination between the Centre and states increased the trauma of common people.

Lessons Learnt

- Although Constitutionally the Centre had the powers to enact policies and measures to prevent the spread of epidemic and deal with issues of interstate migration, social security and employment, these should have been used in collaboration with the states. Instead of using the powers sweepingly, the Centre should have (1) consulted the states and (2) let them manage the issues which were in the states' jurisdiction. The spirit of federalism and decentralization should be retained in any situation, more so during disasters as that ensures effectiveness.
- The Central government should plan public health expenditure to 3 percent of the GDP (currently it is 1.28 percent) and public health system should be strengthened on priority.
- Wasteful and useless expenditures on statues and monuments should be completely avoided and taxpayers' money should be utilized judiciously for the basic needs.
- Instead of centralization, decentralized decision making should be encouraged.
- In health management, infectious and communicable diseases should receive priority and adequate number of laboratories and health institutes should be established.
- Virology and epidemiological research institutions should be expanded and should be encouraged to carry out indigenous research.
- The states should stay prepared to face epidemics and communicable diseases. This would include building the capacity of public health institutions (both human and physical).

Lessons Learnt

- In epidemic situations, it should be the health department which should lead the battle and not the police or revenue authorities.
- The Public Distribution System should be immediately overhauled and all the deserving sections should get basic food entitlements. Special entitlements should be made for migrant, nomadic and transient populations and vulnerable households.
- **Labor legislations for unorganized sector workers should also be reformulated and welfare boards and other security measures be immediately instituted for every category of workers.**
- Both the Central and state governments should acknowledge the utility and efficacy of civil society and establish a conducive legal framework for their functioning. The basic goal should be to let the sector blossom.
- The state governments should prioritize the reforms in urban governance and take legislative steps to enable greater participation of and control by urban citizens.

6. SOCIETY AT LARGE

Problem Analysis

Although pandemics are not a novelty, the structure and nature of the society determines how it would take the impact. During the current crisis while a lot of humanitarian concern was exhibited, the disorganized, stratified, unequal and anomic nature of Indian society came to the fore demanding a lot of introspection about our societal ways. If we learn and change our behavior then the severity of future epidemics would be reduced. The current disaster should be ultimately considered as an opportunity to make a positive change.

Lessons Learnt

- Societies need to be self-disciplined. When they are not, the control goes to the Government and police. People should learn to regulate their personal and social behavior so that external coercion is not required.
- The giant, unregulated nature of our cities, the congestion and high population densities in certain areas aggravated the situation. Hence, urgent steps must be taken for better city-planning and providing basic civic amenities to all the residents.
- Instead of 'Smart Cities' we should aim at 'Inclusive, Healthy and Joyful' cities.
- Indiscipline and carelessness among the people not only exacerbated the spread of epidemic but also forced the state to clamp stricter measures. Self-disciplined and self-governed communities are the answer to disorganized and anomic city populations.
- For such communities to emerge, citizens should shed their lethargy and individualistic attitudes, and participate in collective decision making and governance.
- The subject of Civics should receive due priority in the school and college curricula just like environmental education.
- Society should support CSOs, and indigenous sources of funding should be made available. Every citizen should consider his/her duty to join in and participate into voluntary social work.

ANNEX I
LIST OF DONORS AND SUPPORTERS

INTERNATIONAL DONOR AGENCIES

- Unicef
- Terre des hommes (Tdh), Germany
- Swiss Aid
- Plan International
- Save the Children

AGENCIES HELPING IN KIND

- Centre for Environment and Education (CEE)
- Concern India Foundation
- MASHAL
- Mukul Madhav Foundation
- Sarva Seva Sangh
- Social Ventures Partners
- 95 Big FM
- Zomato
- Gurudwara Guru Nanak Darbar, Camp
- Pune Sikh Association

INDIAN CHARITIES AND CORPORATE SOCIALRESPONSIBILITY (CSR) FOUNDATIONS

- Help for Children in Need Foundation
- Azim Premji Philanthropic Initiatives,
- Persistent Foundation
- Tata Motors
- ACG Cares Foundation
- Forbes Marshall,
- HCL Foundation,
- Eaton India Foundation
- Charity Aid Foundation
- TSYS
- Tech Mahindra
- Helpshift
- Give for Good Foundation
- BMC

Gurudwara Guru Nanak Darbar, Camp, Pune and Pune Camp Sikh Association

नाशिक जिल्हा परीषद

पुणे पोलीस

ANNEX II
LIST OF MEETINGS AND VISITS

No.	Date	Person	Organization
1	10.9.20	Ms. Soniya Garcha	Development Support Team
2	11.9.20	Mr. Vivek Velankar	Sajag Nagarik Manch, Pune
3	11.9.20	Mrs. H. Bedi	Development Support Team
4	11.9.20	Ms. Ipsita Das	Save the Children
5	12.9.20	Mr. Amar Habib, Ambajogai	Senior Journalist
6	14.9.20	Mr. Julius, Ranchi, Jharkhand	Laborer
7	14.9.20	Mr. Mukim Ansari, Satpur, Nashik	Laborer
8	14.9.20	Mr. Abdul, Sikandarpur, Bihar	Laborer
9	16.9.20	Ms. Poornima Chikarmane	Swachh and KKPKP
10	18.9.20	Dr. Anant Phadke, Pune	Public Health Expert
11	19.9.20	Dr. Mohan Gupte, Pune	Epidemiologist, Founder & Director, NIE, Chennai.
12	20.9.20	Mr. Santhosh Jadhav, Pune	Nirman Sanstha
13	20.9.20	Dr. Yogesh Kalkonde, SEARCH, Gadchiroli	Neurologist and Public Health Expert
14	24.09.20	Sr. Philomena, WWC, Pune	Social Worker
15	24.09.20	Ms. Ulka Mahajan, Panvel	Social Activist, Rationing Kriti Samiti
16	26.09.20	Dr. N. N. Bapat, Pune	Consulting Physician
17	26.09.20	Dr. Atul Kulkarni, Dharwad	Virologist
18	28.09.20	Mr. Sada Dumbre, Pune	Senior Journalist
19	28.09.20	Sr.Shiny Jose Sr. Jancy Antony	St Anne's Sneha Bhavan, Chakan

Electronic Questionnaire Response

No.	Person	Organization
1.	Mr. George Chira	Children in Need Foundation, Pune
2.	Fr. Mathew Korattiyil	Sarv Seva Sangh, Pune
3.	Ms. Mansi Mahajan	CAF, New Delhi

ANNEX III COVID WARRIORS

1. Abhjeet Kamble
2. Amal Anthony
3. Amol Ambre
4. Anil Sabale
5. Apurv Porandwar
6. Arun Kumar
7. Ashish Ingole
8. Atul Labhade
9. Balraj Singh
10. Bipin Patil
11. Dilip Baisane
12. Dilmeher Bhola
13. Geeta Prakash
14. Jai Kishan Jaikey
15. Karisham Chavan
16. Mangesh Nikam
17. Mathew Mattam
18. Midhun Prakash
19. Mukund Ayyangar
20. Nitesh Vasave
21. Nitin Kapse
22. Pallavi Kumari
23. Poonam Shirsat
24. Pravin Jadhav
25. Pritesh Kamble
26. Priya Kothari
27. Rahul Garud
28. Rajendra More
29. Ramdas Jadhav
30. Rasika Kadam
31. Sai Prasad Kaushik
32. Sanghrtan Dutraj
33. Shahji Nair
34. Shilpa Sharma
39. Shridhar
40. Sinjini Mookerjee
41. Sofy Mattam
42. Sonia Garcha
43. Sopan Daberao
44. Sulakshana S.
45. Sunil Sahane
46. Swati Shirtar
47. Umrez Bhola
48. Vijay Pawar
49. Vikas Mashke
50. Vedant Ranade
51. Vishal Mattam
52. Vishal Supekar
53. Wasim Shaikh
54. Yogesh Nerpagar

TADIWALA ROAD

1. Ajinky Bahule
2. Akabar Sayyad
3. Akash Jadhav
4. Ajay paste
5. Ajinky Bahule
6. Amit Mohite
7. Anil Ghatwal
8. Ashok Dhangar
9. Babu Bhandari
10. Dayanand tanawade
11. Deepak Yemagaddi
12. Gautam Savane
13. Harculas Suryavanshi
14. Jayashree Yadav
15. Meena shendge
16. Meera Shinde
17. Mehaboob Nadaf
18. Qamar khan
19. Rajesh Prajapati
20. Raju Kambale
21. Ramesh Ramoshi
22. Rutik kotekar
23. Salim Shaikh
24. Sujit Yadav
25. Tejas bagade
26. Vicky Shende

KHULEWADI

1. Akshay Wadmare
2. Gajarabai Kamble
3. Indubai Ghorpade
4. Ravi Shinde
5. Rukmini Manohar
6. Sachin Ovhal
7. Sahil Gaikwad
8. Sangita Ovahl
9. Sashikala Ghatvise
10. Sonali Salave
11. Suman Sonawane
12. Sunita Shinde
13. Surekha Khaire

ANAND NAGAR

1. Ajay Siravi
2. Akshay Gopi
3. Manoj Pille
4. Mohan Chalwadi
5. Mohan Palle
6. Mohan Wakito
7. Parkasha Pille
8. Sunil Palle
9. Sunny Peddy
10. Vishal Devno

SIDDARTH NAGAR

1. Amol Veer
2. Balu Bensode
3. Bhikaji Waghmare
4. Chaya Sonewane
5. Dipak Gaiyakwad
6. Hemant Saleve
7. Rohit Kanadi
8. Sajay Magar
9. Santosh Gore

SANJAY PARK

1. Anil Nilogi
2. Chandan Sonawane
3. Kanchan Lalwani
4. Rohini Nisergat
5. Shakunatala Nisergat
6. Shalan Sonawane
7. Sonam Sonawane
8. Sunita Lokhande

RAMWADI

1. Anthony Thakur
2. Chadrakant Sasane
3. Dhanraj Ghatisave
4. Ganesh Kale
5. Gulab Sutar
6. Kiran Magar
7. Kishor Sonawane
8. Milind Wadmare
9. Robert Jadson
10. Sameer Sonawane
11. Suresh Ahir

YERWADA

1. Alka Pandit
2. Dilip Kurade
3. Neeta Chavan
4. Preeti Kadam
5. Poonam Pilane
6. Rehana Sarwan
7. Sarswati Kshirsagar
8. Sunada Salve
9. Sunita Gaikwad
10. Vaishali Bhandare
11. Vandana Bhandare
12. Yuvraj Bansode