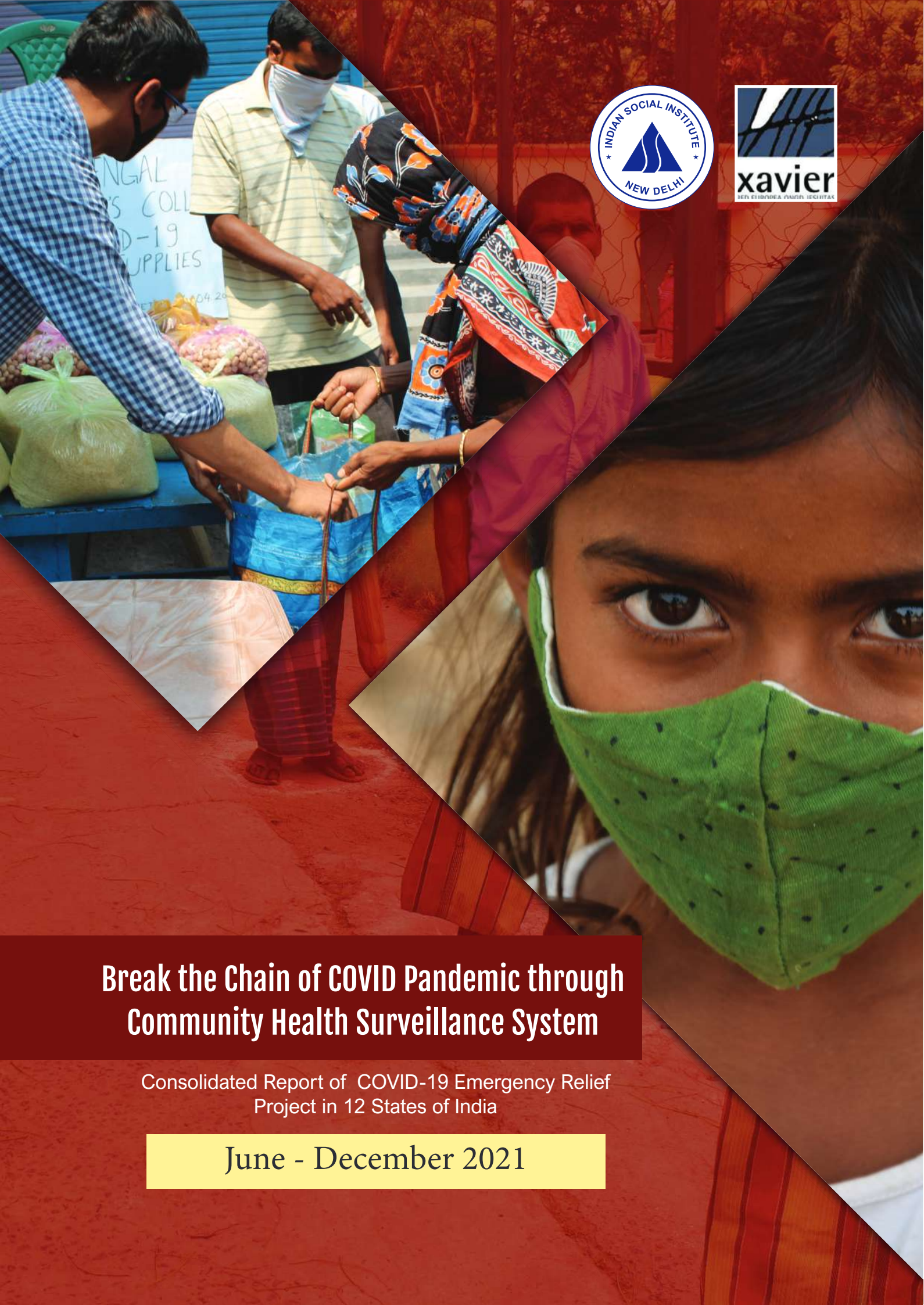

Break the Chain of COVID Pandemic through Community Health Surveillance System

Consolidated Report of COVID-19 Emergency Relief Project in 12 States of India

June - December 2021

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Preface

The COVID-19 pandemic brought a trail of immense suffering and death to thousands of families throughout India. The healthcare system of the country could not cope up with the pandemic and there was shortage of beds, ventilators, oxygen and medicines in hospitals and healthcare centres. In addition, the vaccination, which had just begun in January 2021, faltered with shortage of vaccines due to its increased public demand. Several Jesuits were affected and over 40 Jesuits succumbed to COVID-19. One staff of Indian Social Institute (ISI) also succumbed to the deadly delta variant of the corona virus.

At the peak of the pandemic, ISI teamed up with the Jesuit Collective comprising Jesuit Conference of India---Conference Development Office (JCI-CDO), Migrant Assistance and Information Network (MAIN), Social Justice and Ecology Secretariat of South Asia (SJES-SA) and Lok Manch partners to engage in a massive relief exercise across 12 States of the country. The Collective reached out in Maharashtra, Kerala, Tamil Nadu, Andhra Pradesh, Telangana, Chhattisgarh, Jharkhand, Delhi, West Bengal, Bihar, Goa and Nagaland. We are grateful to Xavier Network partners, Jesuit Mission Germany, Jesuit Mission Australia and Canadian Jesuits International, for sending timely financial assistance to engage in this massive emergency relief project "Break the Chain of COVID-19 Pandemic through Community Health Surveillance System", which began from May to December 2021.

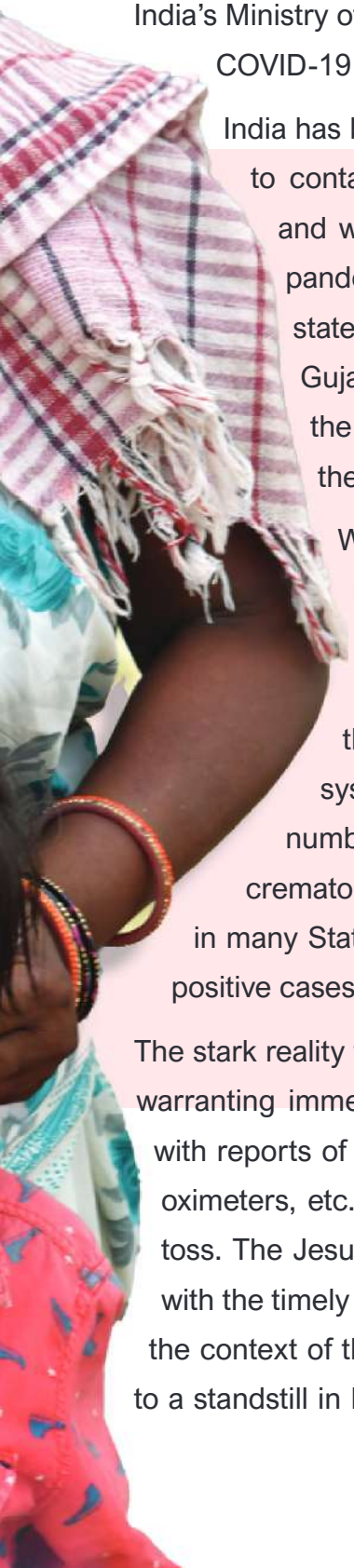
At the end of the project, I am glad that the ISI-led Jesuit Collective complemented government's efforts to contain the spread of the delta variant of the COVID-19 pandemic and have empowered communities to effectively deal with newer variants, such as the Omicron. This project was a wonderful illustration of collaborative work accomplished by Jesuits and their network partners with the support from Jesuit partners of the Xavier Network at the international level. I thank all the 1070 volunteers from 70 organisations for providing timely assistance to thousands of people from the most marginalised communities affected by the COVID-19 pandemic in around 630 villages of 55 districts in the 12 states, where our intervention was made possible.

I am confident that the experience of collaborative work by Jesuits and their partners will motivate us to reach out to the most marginalised sections of society in India in times of disasters and calamities in the future.

Dr. Denzil Fernandes SJ
Executive Director
Indian Social Institute New Delhi.

Introduction

The COVID-19 pandemic came as a major jolt to the vulnerable communities and marginalised sections of the population, who have been battling poverty, unemployment, malnutrition and many other challenges since decades. It exacerbated the vulnerabilities of marginalised families and people pushing them further into poverty and deprivation. There has been a surge in the number of infections since the latter half of April 2020. As of 9 June 2020, India's Ministry of Health and Family Welfare (MoHFW) reported a total of 266,598 confirmed COVID-19 cases from 32 States and Union Territories.



India has been one of the leading countries to implement stringent national measures to contain the pandemic. However, the measures including the lockdown failed, and within a few months, India joined the list of countries most affected by the pandemic and its second wave. The country's health ministry red-flagged several states, including Maharashtra, Karnataka, Uttar Pradesh, Kerala, Rajasthan, Gujarat, Chhattisgarh, Tamil Nadu, Andhra Pradesh and West Bengal, apart from the national capital Delhi, for contributing to the highest number of infections in the national tally of active COVID-19 cases.

With the country's public healthcare system under tremendous pressure, many families were left on their own to scramble for not only medicines, but also oxygen cylinders for those who were critically affected by the deadly virus. Dozens were reported dead due to a shortage of oxygen in hospitals in the national capital territory, New Delhi, alone, exposing the weak healthcare system that remained inadequate to cope with the widespread and increasing number of cases. With a huge rise in cases and deaths, hospitals, morgues and crematoriums got overwhelmed. The test positivity rate also went above 20 per cent in many States, well above the WHO threshold of 10 per cent, pointing towards a lot of positive cases being missed because of lack of testing capacity and reporting on time.

The stark reality that unfolded with the pandemic was a health and humanitarian emergency warranting immediate attention. Apart from the near-collapsing public healthcare system, with reports of lack of oxygen for in-patients in hospitals, lack of ventilators, BP and pulse oximeters, etc., lives of poor, marginalised and vulnerable across the country went for a toss. The Jesuit Collective led by the Indian Social Institute (ISI)- Delhi swung into action with the timely support of the Xavier Network. The targeted project interventions took off in the context of the second wave of global pandemic COVID-19, which not only brought life to a standstill in India, but also overwhelmed its healthcare system. They were designed for

the most vulnerable population across 12 States in India. The intervention was premised on the fundamental understanding of **"Commitment to Care, because Life Matters, and Every Life Counts."**

The project had the overarching goal of creating COVID-19 resilient communities with low infection level and mortality rate in 6 States in India by November 2021, initially, but other states were subsequently added considering the gravity of the situation. The project had two main objectives as follows:

- To break the chain of COVID-19 transmission by establishing Community Health Surveillance System (CHSS).
- To establish a connect between people in quarantine and healthcare workers to arrest mortality due to COVID-19.

Considering the huge rise in COVID-19 cases and the immense pressure on the health system, the project intervention focused on the following planned activities:

Establishing Community Health Surveillance System (CHSS)

Contact Tracing, Containment and Surveillance to arrest the spread of the COVID-19 virus in the community were identified as the critical requirements, and the intervention prioritised establishing Community Health Surveillance System (CHSS) in the project areas. Competent, trained and trusted community workers were involved to support management of COVID-19 patients, assisting in adopting relevant public health measures for COVID-19 risk assessment, sensitisation efforts for surveillance, etc. The activities included surveillance by rapid response team (RRT) of Community Workers to support people with comorbidities, who have tested positive. The team members with considerable understanding of health-based interventions undertook the initiatives in this regard. The State coordinator of the project selected the members of the team, and they were provided necessary orientation/training. Considering the COVID context and the gravity of the situation, efforts were made to bring on board health workers depending on their availability. Community Workers guided and assisted people to access healthcare facilities/consult doctors in emergencies.

The CHSS established in the intervention areas provided the following support:

1. Checked BP and Pulse using BP monitor cum pulse oximeter. Community Workers made use of these devices during their home visits of COVID-infected people and families.

Community Workers helped establish a connect between people in quarantine and healthcare workers and provide verified and credible information on support available. They contacted people in distress over mobile phones, and provided valid information on bed availability in

nearby hospitals, access to medicines, COVID care centres, and other kinds of supports which were available.

A database of medical interventions/services/phone numbers are collected for future interventions. Several COVID vaccination drives were conducted. Volunteers also vaccinated themselves in front of the community to bust the misconceptions about vaccination.

Awareness and information sharing

The interventions under this component focused on awareness building for infection prevention and following COVID protocols, provide COVID-related myth busting, information on access to critical health services, vaccination, etc. With a focus on community based health services, sharing of local knowledge, home remedies specifically for cough, breathing trouble, fever, and headache, etc., to reduce pressure on public healthcare facilities/services were prioritised. In order to create awareness about the pandemic, handbills and leaflets were printed and distributed. They were circulated as printed and digital content in the intervention areas/ locations in vernacular languages too. Wall paintings too were used to generate awareness, apart from announcements using public address systems in clusters with vulnerable people and communities on COVID-19 and the protocols, treatment, care and support.

Provision of healthcare kits with generic medicines, face masks, dry ration and food packets

In order to reduce pressure on public healthcare facilities, homecare-related support services were provided. Healthcare kits with generic medicines were made available. Clean face masks were provided to those needed. Food packets and relief kits were distributed among the neglected/left out and vulnerable people and communities (migrant workers, daily wagers, tribals, people with disabilities, sex workers, artisans, transgender, homeless, children, etc.). Dry ration kits for poor and needy in containment zones and food packets for people in quarantine were provided in the intervention areas.

Generic medicines, including paracetamol, as recommended by public health authorities/ health department, were distributed among the people who remained vulnerable to infection. The healthcare kit also included sanitisers and a packet of clean face masks. Front-line health workers were identified and were given medical equipments such as oxi meters, BP monitors and temperature sensors to be used when they visited families affected by COVID-19 in their respective areas.

The project was implemented among the most vulnerable people and communities affected by the COVID-19 pandemic across several states. The prime beneficiaries were the people badly affected by the prolonged lockdown and the pandemic, which affected adversely the

employability and economic condition of the poor. Since mobility was strictly restricted during the lockdown, many of the daily wage earners could not go for work. Hence, even their meagre income got affected and they were unable to meet their daily family expenses. The project concentrated mostly on the marginalised groups in slums, people living in remote villages in abject poverty, migrant workers, widowed women and orphaned children, tea garden workers, tribals, fisherfolk, transgender community and physically challenged persons in the urban slums, coastal and rural areas.

While the virus infections among health workers and volunteers have been reported to be much higher than those in the general population, adequate measures were undertaken by the project team to follow relevant WHO protocols in this regard. Ensuring patient safety, infection prevention and control, safety standards were strictly followed. All team members/ community workers/volunteers were provided with personal protective equipment (PPE), as relevant to the roles and tasks performed. They were also informed on the appropriate use of PPE and how to maintain critical safety precautions at all times throughout the project intervention period. Further, all team members and community workers involved in the project were duly vaccinated and provided health insurance.

Implementing Partners and Collaborators

The project was implemented by the Indian Social Institute (ISI), as the Legal Holder, in collaboration with the Jesuit Collective comprising the Social Justice and Ecology Secretariat (SJES), Lok Manch, Migrant Assistance and Information Network (MAIN) and the Conference Development Office-JCSA. The Jesuit Collective led by ISI reached out to the immediate needs of the people in distress due to the pandemic.

Indian Social Institute, Delhi

The Indian Social Institute was established in 1951 in response to the challenges of nation-building and a new emerging social order in an independent India. The vision of the Institute is "*to build a just, humane, secular, and democratic Indian society wherein the poor and marginalized communities cherish equality, dignity, freedom, justice, peace and harmony".*

Over the last six decades, ISI has committed itself to bring social transformation through socially relevant research, training and action, publication and advocacy works aimed at integral development of the marginalised communities, particularly the Dalit, Adivasi/Tribal, women, minorities, unorganised and landless labourers in partnership with academicians, people's movements, human rights organisations and ecological movements---nationally and internationally.

Conference Development Office

The Conference Development Office (CDO) is the development wing of the Jesuit Conference of India/South Asia. It promotes programmes and fosters linkages among the Jesuit-led institutions and networks in the region. CDO furthers specific development initiatives through capacity building, collaboration, partnerships, and branding. It enhances the thematic and developmental thrust areas of the Conference such as the Sankalp (informal education), JesuiTec (accompanying youth), Ecology, Peace and Reconciliation, Migration, Lok Manch and Disaster Response (JRH). Operating as an 'extended arm' of the Conference Development Offices spread out in 21 Provinces and many unit partners, developing a corporate identity and collective response of the Jesuits in South Asia is the major objective of the CDO.

Jesuit Conference of India (JCI), under which the CDO operates, is part of the Jesuit Conference of South Asia (JCSA). Registered as a non-profit organisation in India, JCI has been engaged in pioneering exemplary work in the areas of education, social development and empowerment of the marginalised.

Social Justice and Ecology Secretariat, South Asia

Formerly Jesuits in Social Action (JESA), the Social Justice and Ecology Secretariat (SJES), South Asia, was formally initiated in 1973 to assist the Major Superiors to translate the faith–justice of General Congregation 32 (GC 32) into action in all the ministries, and in particular in social action ministry of the Society of Jesus. The primary function of SJES is to encourage and elicit well-studied and analysed responses and interventions from Jesuits and collaborators in favour of and with the marginalised groups and communities. SJES promotes and coordinates ongoing action/reflections, interactions research/study and actions leading to greater development and empowerment of the priority community. It also gathers and disseminates information and knowledge through bulletins, workshops, seminars, training and field visits.

Lok Manch

Lok Manch is human rights driven secular and inclusive people's platform. It contributes to the various social movements of the civil society organisations initiated by like-minded people for policy engagement, especially for proper implementation of existing policies and laws, social welfare schemes, and demanding new policies, amendments in existing laws and for new laws. In addition, Lok Manch is a platform for developing community leadership and community based organisations for strengthening and sustaining grassroot-level movements for contributing

to “just, democratic and secular society”. There are more than 100 organisations across 13 states in the Lok Manch. In its current phase, Lok Manch is working towards ensuring social protection and to build climate-resilient communities.

Migrant Assistance and Information Network

Migrant Assistance and Information Network (MAIN) is an initiative of the Jesuit Collective, which supports distressed migrants across India. It is envisaged for a coordinated, collective, and innovative response to reach out to the distressed migrant workers.

The Jesuits of India firmly believe that aligning their educational, social, pastoral and youth networks, spread across India, with CSOs, NGOs, people’s organisations, networks, religious congregations, dioceses, public and private institutions, volunteers, alumni, and people of goodwill will bring multifold positive outcomes in improving the quality of life of the distressed migrants. Thus, the model is conceived as a collaborative and networking initiative with individuals and organisations, duly acknowledging their contributions. MAIN eventually aims at strengthening the agency of the migrants, enhanced by research and policy advocacy, and considers migrant leaders as partners in this initiative.

Spotlight on the Impact of Interventions

- Interventions in **630** villages of **55** Districts spread across 12 States
- **1070** volunteers and community workers, **70** organisations, including NGOs and CBOs, were mobilised to establish CHSS for the project
- CHSS provided support to **33,603** people across the intervention areas
- **150** BP monitors, **259** oximeters, **944** thermometers were used by the trained Community Workers and volunteers
- **31,834** people got vaccinated
- Massive awareness campaigns conducted using **66,000** Leaflets/ Booklets, **26,500** Posters, **560** banners, **33** Wall Paintings and **34** Digital Materials/Videos. Public address system too was used in states like Bihar and Jharkhand
- **157,268** people across 12 States were reached out and made aware of COVID infection and the precautions to be taken
- 6219 COVID-infected people were provided homecare and other critical support services
- **12,680** units of Sanitisers, **59,123** Face Masks and **7234** Healthcare Kits provided to vulnerable people
- **10,310** dry ration kits and **1186** nutrition kits were provided to people at risk during the 6 months of intervention.

Reaching Out to People in Pandemic Distress: Interventions across 12 State

Andhra Pradesh and Telangana

The pandemic and lockdown that followed adversely affected the jobs and livelihood of the poor families. Since mobility was strictly restricted during the lockdown, many of the daily wage earners could not go to work. Hence, their income got affected and they were unable to meet even their basic household expenses.

The project was implemented across 17 districts of Andhra Pradesh and Telangana. The beneficiaries of the project were corona-affected persons and people from vulnerable families, who were badly affected by the prolonged lockdown. While Guntur and Krishna Districts were covered in Andhra Pradesh, the project interventions supported people in districts like Yadagiri, Hyderabad, Jagdevpur, Gajwel, Markook, Warangal, Bongir, Warangal, Cheriyal, Thurkapalli, Toofran, Donthi, Vidya Nagar, Sangareddy and Chitiyala in Telangana. In these 17 districts, supports were provided to most vulnerable groups and individuals in 86 villages.

Profile of communities

The beneficiaries were mostly the marginalised groups and people living in slums, people living in remote villages in abject poverty, especially women and children, migrant workers, transgender community, orphaned children and physically challenged persons.

Interventions

With the support of the field partners at local level, 18 awareness/training programmes were conducted, whereby 200 participants were trained on the precautionary measures to be taken for COVID-19. Further, 45 volunteers were trained with the support of active implementing partners who helped in further reaching out to the vulnerable communities.

Major Achievements

12,835 people were provided with support through the CHSS established

965 families were provided with dry rations kits

800 medical kits provided to people in urgent need of medical care

1000 masks and 900 units of sanitisers were provided

40 BP monitors, 30 Oximeters and 40 thermometers were provided through CHSS. People infected by COVID-19 were constantly monitored and provided with the required support.

112 COVID patients were provided with home care support through CHSS.

Reflection

Implementing Partners and Collaborators

Centre for Information, Training, Research and Action (CITRA)

Karuna Sadan

Jesuit Novitiate

Holy Cross College

St. Charles Boromeo High School

Migrant Labour Union

CHEVAB Foundation

Gandhi National Organisation of Sustainable Initiative for Subaltern (GNOSIS)

Charity Mission Children's Orphanage

Telugu Catholic Bishops Conference of India (TCBC)

Angel Home For Physically Challenged Persons

Loyola Micro Credit Union (MCU)

Montfort Social Institute (MSI)

Jesus Mary and Joseph Social Service Society (JMJSSS).

Bihar

With poor health infrastructure, limited livelihood opportunities and most of all lack of planning as a state to mitigate the pandemic, Bihar was one of the worst COVID-affected states in the country. The decline in the economic growth rate undoubtedly impacted all sectors in the state. However, the informal sector was the first to be hard hit by the strict lockdown and quarantine measures to control the virus. Following the lockdown, the situation became more miserable, especially for the vulnerable communities. At this juncture, the Jesuit Collective-led emergency relief project proved to be handy support these communities.

The relief project reached out to people in need across the seven districts of the state such as Patna, Gaya, Banka, Jhajhar, Munger, Saharsa and Muzaffarpur. Support has been provided to vulnerable groups across 11 blocks, 41 panchayats and 190 villages of these districts.

Profile of communities

People from Scheduled Tribes (STs), dalit sub-castes such as Musahars, Chamars and Doms were provided support under the intervention. Musahars belong to the dalit community, and their name means ‘rat-eaters’ due to their main former occupation of catching rats, and there are many who are still forced to do this work due to destitution and poverty. Chamar is a dalit community classified as SC. Historically subject to untouchability, they were traditionally outside the traditional Hindu caste system known as *varna*.

The Dom community is one of the 22 sub-castes among dalits in Bihar, categorised as Mahadalits. However, even among the Mahadalits, the Doms are treated as the lowest caste category.

Interventions

The project undertook a massive outreach through 190 awareness programmes. Trainings were provided and almost 24,000 people were trained on the precautionary measures to be taken for COVID-19. With the support of eight active implementing partners who helped in further reaching out to the vulnerable communities, 480 volunteers were trained.

Major Achievements

1043 families were provided with dry rations kits

320 nutrition kits and 960 medical kits provided to people in urgent need of medical support

5000 face masks and 1000 sanitisers were provided

2 BP monitors, 32 Oximeters and 720 thermometers were provided to the communities through the CHSS

CHSS helped to constantly monitor people infected with COVID-19 and provided the required support

30 COVID patients were provided with home care support

13,950 people got vaccinated through various camps conducted

2048 people were provided critical assistance through various community health surveillance initiatives.

Reflections and Case Stories

The COVID pandemic in the state claimed many lives and livelihoods. Many people lost their jobs and ran out of daily necessities, and they had lost hope of surviving. It wreaked havoc on the lives and livelihoods of vulnerable households living in slums and informal settlements in Bihar. Due to the lockdown, the majority of individuals lost their means of income. They were running out of basic necessities. The crisis has caused immense human suffering and economic damage.

At this crucial time, we launched the COVID Emergency relief project. It benefited the afflicted communities by assisting them in meeting immediate requirements for dry rations, health and hygiene kits. The field team undertook a massive public awareness campaign to check the pandemic.

State Coordinator

Mr. Chandrabhushan Singh
Lok Manch staff, Jeevdhara Social Service Center,
Lodhipar, Maner, Patna.

Dealing with Stigma: A Major Challenge

Initially when we started working on the project, I remember visiting field was quite a challenge. Every individual from the community used to gaze at us with suspicion. No one wanted to even talk to us, as the villagers were warned by the Mukhia (Head of the Village) to not interact with outsiders. The villagers believed that talking to an outsider may lead to spreading of the infection. Also, one of the major fears of the community was that as 7 to 8 deaths had taken place in the villages, interaction with outsiders may further aggravate the situation.

We knew that lack of information or awareness would further deteriorate the situation and would put several other lives in danger. Henceforth, I approached the community leader (Mukhiya) and tried to convince him to allow us to reach out to the community in order to spread awareness, provide medical support and financial aid. I myself was scared to visit the communities as I was also worried about self and family. Soon after I reflected and introspected and I found that, this is my mission and I do not fear for my life. Realising my responsibilities towards the society, I decided to work selflessly for this project. I engaged in relief work, conducted door to door awareness programmes, organised small community meetings, disseminated IEC materials, promoted vaccination, distributed ration and medical kits, etc. I feel blessed and the chosen one, who could serve the community at the time when it was required the most.

My husband died in the pandemic, and I am a widow. He was my family's sole bread-earner. At a critical time, I received a dry ration and a medical kit. Thank you, this is a lifesaver."

[Urmila Devi, Sabri Nagar, Danapur, Patna , Bihar]

"My household consists of four children and my wife. In 2021, I met with an accident and my leg got fractured. I couldn't even move and being the sole bread earner for the family, I was absolutely feeling helpless. In such difficult times "Covid Relief Project" was such a relief. I am really grateful for the support provided. Especially grateful for the dry ration kit, due to which my family was able to eat well after a long time."

Jamun Manjhi, Chiraiyatand Village, Bihta, Patna

"I am a widow living in Salakhua village of Saharsa district of Bihar with my son. My son is physically challenged and I had no means for earning in lockdown period. I got dry ration and nutritional kit through this project. When I had nothing to eat, this help came as god's gift. God bless you all."

Mandorari Devi, Salakhua Village, Saharsa Bihar

When No One Cared....

During the first wave of COVID-19 Babita Devi's husband Debnath Ram used to go to the cities for work. However, when the second wave came, he was affected by the virus and started falling sick and his health started deteriorating. Every day he used to go for work because of which his health was deteriorating.

In his family there are two sons, one daughter and their mother. Babita Devi sometimes gets work in the village itself and together they run their family. When her husband was affected by the virus she took him to the doctor for treatment and even bought medicines for him. Even after continuous intake of medicines there was no sign of cure. Babita was really worried for her husband, as people in neighbourhood also started talking about Debnath that he is suffering from COVID-19. Even her father in law and mother in law did not come to visit them and no one even tried to speak to Debnath and her family.

At this point she met COVID relief project staff and shared her anguish. Project staff counseled her and took Debnath to PHC for better treatment. They also gave immediate help of medical kit and dry ration and made close follow up. After some days Debnath recovered from illness.

"I am really grateful for all the support provided by COVID relief project staff".

-Says Babita.

Implementing Partners and Collaborators

- Bihar Dalit Vikas Samiti
- Mithilanchal Dalit Vikas Samiti
- Kosi Dalit Vikas Samiti
- Jeevdhara Social Service Center
- Manthan
- Asha Kiran Rural Development Center
- Jeevan Sangham
- Dalit Mukti Mission.


WOODLAND

Delhi

In the year 2019, when COVID-19 pandemic adversely hit each and every stratum of the society, the most affected ones were the migrants. The sudden closure of borders, travel restrictions, and containment measures taken by the governments and across the globe exacerbated the vulnerability of migrants. The National Capital City Delhi has a huge migrant population. In times of absolute chaos, "COVID Relief Project", proved to be a 'Ray of Hope' for underserved communities, who remained as the least priority for the state.

Profile of communities

The project interventions helped to reach out the city's migrant population. 75 per cent of the population who were provided with COVID Relief support was migrants from Uttar Pradesh, Bihar, West Bengal and Jharkhand. Refugees were also provided with support in multiple locations of Delhi.

The migrant population indulged in occupations such as vegetable selling, rag picking, rickshaw pulling, daily wage work, etc. Their lives came to a standstill with lockdown. With no jobs and left with no money, no food, and no medical support, massive exodus of migrants of migrants also took place.

Major Achievements

1565 families were provided with dry rations kits

1390 medical kits were provided to people in urgent need of medical support

10,600 face masks and 1060 sanitisers were provided

265 COVID patients were provided with home care support through CHSS

4744 people were reached out through CHSS.

Reflections and Case Stories

Sunita and her husband live with their 5 children at Dhobi Ghat, Ravidas Nagar, Jahangirpuri. A native of Purnia district in Bihar, the couple moved to Delhi in search of better livelihood. The family lives in a semi-pucca house in an extremely crowded slum, where even for bare necessities like water and toilets, one has to wage a daily battle. Adding to their plight is being harassed by policemen since their colony is illegal. Sunita was married at a very young age and quick succession of pregnancies weakened her body internally. While battling her own poor health and resultant challenges, Sunita found work in nearby residential colonies as a housemaid. Her husband used to work as a laborer doing odd jobs as and when an opportunity presented itself. The family, thus, managed to somehow make ends meet.

Educating her children was Sunita's cherished dream, and she did everything within her means to ensure that they attend the nearby government school. However, her husband met with an accident and has been paralysed for the past 10 years, restricting him to the bed. Needless to say, he has been unable to make a living, and rather requires constant medical and physical support. The entire household responsibility has come onto Sunita, which makes it difficult for her to do justice to. Education of children too became secondary since it was a struggle to even arrange two square meals for the family. The situation went further South with the COVID-19 pandemic proving to be the last nail in the coffin. After a nationwide lockdown was imposed, Sunita too lost her job and was forced to remain confined at home. With no member earning, the family was forced to dip into their meagre savings for food and her husband's essential medicines. Not to forget the constant fear of contracting the deadly virus amidst a poorly sanitised and overcrowded locality. People in the adjoining residential colonies also refrained from providing assistance. Being a migrant with no family members in the city to turn to, the family was left to fend for itself. During this time, dry ration kits being distributed through collaboration of Indian Social Institute and Migrant Assistance and Information Network (MAIN) was the much-needed support. Through the kit, the family was able to sustain itself for nearly a month. With recent reduction in COVID-19 cases across the city, life is slowly inching back to normalcy. Even though many people have begun returning to work, Sunita continues to struggle to find a job. She spends the day between handling household responsibilities, taking care of her ailing husband and children and going around the neighbourhood asking for work. Her older children too have begun looking for work to support the family. On a good day, Sunita may be lucky to find an odd job here and there, which helps her put food on the table for that day. On others, uncertainty looms large. She appeals for support towards dry ration kit again till she is able to find her footing again. Even though challenges are aplenty, Sunita goes on each day with renewed hope of better times for her and family.

Implementing Partners and Collaborators

Indian Social Institute (ISI)
Migrant Assistance and Information Network (MAIN)
Conference Development Office (CDO)
Human Rights Law Network (HRLN)
Jesuits Refugee Service (JRD).

Jharkhand

Jharkhand was carved out as the 28th state of India from the Southern part of Bihar in 2000. It is distinctively different from the northern part of Bihar in terms of geography and social composition. It has the highest population of Adivasi people belonging to 32 different tribes, including the 9 Particularly Vulnerable Tribal Groups (PVTG).

Simdega, Gumla and Lohardaga are the least developed districts in the state. More than 80 per cent population is tribal and Dalits in the area. Due to extreme poverty, people are compelled for seasonal migration to big cities in search of employment.

The emergency COVID-19 project intervention was undertaken across seven districts such as covered Dumka, Godda, West Singhbhum, Hazaribag, Simdega, Gumla and Lohardaga. In these districts, 19 blocks, 63 panchayats and 126 villages were covered for providing support to the most vulnerable groups.

Trained volunteers provided support to health workers like *Sahayatas* (assistants), *Sevikas* (helpers), and Auxiliary Nurse Midwife (ANMs) on the ground for carrying out tests and vaccination. This was another significant work of the volunteers and it was a common effort wherein all worked together to achieve the goal of reaching out to COVID infected people.

Profile of community

Adivasis, Dalits and other backward caste people, landless, small farmers, widows and migrant workers were the main beneficiaries of the project intervention in the state.

Major Achievements

1201 families were provided with dry rations kits

775 people in urgent need of medical support were provided with medical kits

10,600 face masks and 4854 sanitisers were provided

19 Oximeters, 18 BP monitors and 22 thermometers were provided to the communities

Community Health Surveillance System established helped to constantly monitor and provide required support to people infected by COVID-19.

CHSS provided **348** COVID patients with home care support

4401 people were reached out through CHSS outreach initiatives

224 awareness programmes on precautionary measures were conducted and **305** volunteers were trained.

Reflections and Case Stories

My Experience of COVID-19 Emergency Relief Project

COVID-19 pandemic has brought uncertainty in our lives. We have experienced horrifying situation and have lived through it. It appeared that life has no value. Humanity was moved each other, but social distancing has denied it since we could not touch the affected person and do them any service. We were forced to see people struggling and dying in front of our eyes. The situation in towns were worse than that in rural villages. I had the experience of both since I have worked in both situations. Hence, I am able to compare both and see.

There wasn't a situation of hunger deaths in rural areas of Lohardaga district due to COVID-19 pandemic since villagers had some cultivation and the support of public distribution system in general. Yet there were elderly people and those with little children, with no one to look after and who did not have cultivable land, struggling to have the normal food that a person should get. They didn't have the minimum required food. Our volunteers from Lok Manch sincerely identified such helpless people to enable us to give food to those who really deserved it. I have distributed food and other essential items to them with my own hands and have experienced the boundless joy and satisfaction of reaching out to those in need. I have seen people in pain and hopelessness bursting with unbound joy while I reached out to them. Such experiences were made possible by COVID-19 emergency relief project.

-Anima, Community Leader, Lok Manch

Addressing Sumanti's Ordeal

Phatya Toli village in Nawadih Panchayat of Kisko Block of Lohardaga District is about 15 km from the district headquarters. A 26 year old widow, Sumanti Oraon, stays here with her two children: 8 year-old daughter and 6 year-old son. Sumanti's husband died on 8 April 2021 due to a tractor accident while working in a brick kiln. However, she did not get any compensation from the kiln owner; it was very hard time for her with the two children being left without any source of income. Due to lockdown she could not go for work to earn anything. There wasn't anything at her home for them to eat; she remained at home with her children hungry for days. She didn't even had a ration card to access PDS supplies, and even the pension meant for widows. She did not know that a death certificate needs to be made to access the widow-pension.

It was only while distributing relief materials to this family, Lok Manch and AROUSE staff came to know about the hardships Sumanti went through.

When we handed over Sumanti's family 10 kg rice, 5 kg wheat flower, 3 kg dal, 2 kg gram, 1 kg soybean, 1 kg mustard oil and a few cakes of soap in a packet, we saw tears running down her eyes. Later we talked to the Mukhiya of the panchayat and initiated the process for her to have a ration card to access PDS and a death certificate of her husband so that she could get her pension as a widow.

Currently Sumanti's ration card and her husband's death certificates are ready and her application for widow pension too has been forwarded. She is grateful to Lok Manch and AROUSE for providing the timely help.

My Experiences as a Community Worker

Arun Kujur, SJ
Hazaribag Province

The whole world was suffering from pandemic corona. Many people lost their dear ones. Many were helpless and are still helpless. I wanted to help them. But I had nothing to offer them except my presence and some moral support. The government's relief activity was not very helpful. The people got free rice and wheat, but not sufficient. People were in need of nutritious food, face masks, medicines and sanitisers. The interventions of Indian Social Institute and Conference Development Office came to my aid. It was really a lifesaving step.

I was made the community worker. I thank all those who gave me this noble chance to do the noble service. As soon as I was made the community worker, I was looking forward to meet the Lok Manch Campaign Facilitators, community builders and the community leaders of the villages. They were also expectantly looking to government or some NGOs who could provide them with relief kits. They were very helpful in doing the survey of the neediest in the remote villages. They were also very much instrumental in building health awareness.

My main job was to be a link person between the State Coordinator and the community leaders of the village. The State Coordinator was very understanding. He knew, I guess that it was a noble act full of difficulties and challenges. He kept on encouraging me. He always guided and suggested me whenever I was in need. His words of encouraging, at the difficult time made me to carry forward this noble task courageously and joyfully.

Another main job was to get the relief kits from the vendors and distribute them to Lok Manch partners. Getting the ration kits was another difficult task. The vendors made me to run many times for the quotation and ration. Half of my energy was spent on this work. But once I got them, I was so happy. The joy of becoming the instrument of God at the time of hopelessness of the helpless people made me to overcome all these difficulties.

My next work was to distribute them the partners. Sometimes I had also the chance to distribute the dry ration kits. These were some beautiful moments. I saw the needy one most happy and content to receive the kits from my hand. This gesture of human act gave me tremendous joy. I really thank God for the interventions of Indian Social Institute and Conference Development Office.

The news of coming of the second phase of project intervention was yet another very beautiful inter-

vention of Indian Social Institute and Conference Development Office. People received not only nutritious food, medicines, face masks in the second phase, but also Rs.5000/- as a help to continue their treatment. They were really in need of it. They had spent all the money they had, and some of them had sold land and cattle for the treatment. Therefore when they received the money, they were extremely happy. Their happiness was the cause of my joy. I express my gratitude and thank God and His agent who made me His instrument for His noble Act. I also sincerely thank my team who also were very instrumental for the successful completion of the noble task.

COVID-19 Experience

During the COVID-19 pandemic I, at times, felt extremely helpless as a social worker as I was unable to convince people/villagers to take COVID vaccination. By the time of the second phase of our project there was so much fear in the minds of people/villagers. They thought that if they took vaccination, they would die. Panchayat Sevaks, Mukhias, Anganwadi Sevikas, Sahias and ANMs also were slow in organising any vaccination camps in the rural areas of the block as people were not ready to listen to anybody's suggestions and advices.

It was in this kind of unfavourable situation, that I, being a responsible social worker, started the work of spreading awareness in the Lok Manch project villages of Baipi Panchayat of West Singhbhum District. Going ahead with the awareness drive was tough as villagers said to us "*You are getting money that is why you are trying to make us understand and take vaccination. Have you discussed about it with the villagers? If we all die then will you take responsibility for our lives and families?"* In this kind of situation we said to them, *"First, we will take the vaccine and then seeing if we die or not, you take the vaccination."* Indeed it was a time for the test of the leadership qualities that we had acquired during our trainings over the years. People say that time heals and it offers new opportunities. It was around this time people started facing difficulty in bank withdrawals and train journey due to new rules made by banks and railways. Train Ticket Examiners have been asking for vaccination certificate/proof of vaccination in the trains. Then people started asking us when and where the vaccination is available. Grabbing the opportunity, I contacted panchayat sevak and nurse and enquired about the vaccination camp. I came to know that despite many camps organized by the government at the Baipi panchayat people did not turn up for it and the organisers went away with great disappointment. Seeing this poor response from the villagers I went to the block and contacted the Block Development Officer (BDO) and requested him to organise a vaccination camp in the Baipi Panchayat itself. Reluctantly the BDO agreed, but with a condition that I produce before him a list of 150 people who were willing to take vaccination. To my great surprise, on the vaccination day more than 260 people came forward to take the jab. Encouraged by this the BDO asked the panchayat level officials to organise three camps in a month. And in the days that followed people were seen queuing up for vaccination.

Sheela Jonko (Baipi, CKP)
Community Leader, Lok Manch

Implementing Partners and Collaborators

- Tribal Research and Training Centre (TRTC I & II)
- Mahila Kalyan Kendra/Zila Mahila Samiti (MKK/ZMS)
- Jivan Jyoti Mahila Samakhya (JJMS)
- Gramin Vikas Kendra
- Dalit Vikas Kendra, Tarwa
- Jharkhand Mahila Uthan
- Konar Village Extension, Dumar
- Johar HRD Centre
- Lahanti
- HulBaisi
- Adivasi Vikas Trust
- Arouse Society, Simdega
- Sahbhagi Vikas, Simdega
- Arouse Society, Lohardaga
- Sitara, Gumla.

Kerala

This small state in the south-west coast of India has been well known for nearly half a century for its “model” or pattern of development that achieved high levels of social and human development. It has also achieved rapid reduction in chronic poverty and endemic deprivations despite low economic growth and income. It is no surprise that in times of pandemic when people were living in such scarcity, one state emerged as exemplary state

where every COVID-19 patient was well attended. Kerala is one of the few states to follow strictest COVID-19 protocols and yet no one was deprived of food, medical aid and financial aid. The migrant labourers from Bihar, Odisha, West Bengal and Uttar Pradesh were provided with best of the treatment when other states in India witnessed massive exodus of migrants, leaving behind their work place without any commutation facilities, food, medical support, etc.

Profile of community

In Kerala, Lok Manch partners who have been collaborating for about six years to develop leaders among the most excluded groups of people such as Adivasis, Dalits, Fisherfolk and Inter-state migrants made a coordinated effort to improve the health surveillance system. Adivasis, Dalits, fisherfolk and inter-state migrants were the segment of the population who were reached out through the project. Livelihood struggles were increasing among forest-dependent, fishing-dependent people, and the migrant workers, who are largely from other states. Through Lok Manch partners, reaching out to all the vulnerable groups in Kerala was made possible.

The project interventions were conducted across four districts of Kerala such as Palakkad, Wayanad, Ernakulam and Thiruvananthapuram. In these districts, 12 blocks and 47 panchayats were covered for providing COVID relief to the most vulnerable groups.

Major Achievements

1204 families were provided with dry rations kits

76 nutrition kits and 2198 medical kits provided to people in urgent need of medical support

25,088 face masks and 3930 sanitisers were provided

CHSS facilitated 70 BP monitors, 140 Oximeters and 140 thermometers to people infected by COVID-19 to constantly monitor and provide with the required support

3645 COVID patients were provided with home care support through CHSS

7179 people got vaccinated through various vaccination camps organised

45 awareness/training programmes conducted to train people and volunteers on the precautionary measures to be taken

480 volunteers were trained with the support of 14 active implementing partners.

Implementing Partners and Collaborators

- Attapadi Adivasi Development Initiatives (AADI)
- AKADS
- SMSSS
- KTDS
- Tribal Unity for Development Initiative (TUDI)
- OORU
- JVALA
- Bodhini
- Jeevika Migrants' Movement
- Sneharam
- TSSS
- CRC
- FIDES
- Loyola, Poovar.

Maharashtra

In Maharashtra 1.41 lakh people lost their life to COVID-19 and the state faced severe health care crisis. The project 'Break the Chain of COVID Pandemic through Community Health Surveillance System' was initiated in Pen, Raigad District of Maharashtra. In the initial phase of the project, need assessment was carried out. During the intervention, four districts of

Maharashtra were covered, i.e. Raigadda, Palghar, Amravati and Akola. In these 4 districts 24 panchayats and 28 villages were covered for providing COVID relief to most vulnerable groups. Gram Panchayats such as Belavde, Balavali, Aambivli, Tarankhop, Dhavte, Borgaon, Vadgaon, Varvi, Karmbali, Shedashi and 40 tribal hamlets from Pen were selected for the project intervention.

Profile of community

In Maharashtra, tribals, especially the Gond and Korku, Kathkari tribes, categorised as PVTG, migrant workers, daily wagers, marginal farmers, people with disabilities, artisans, transgender, homeless, single women, children, etc. were the main beneficiaries. Since the Kathkari tribe has higher percentage of malnutrition, the pandemic had immense adverse effects on them. They were the most vulnerable. Although they have been suffering from COVID-19, there has been considerable resistance among them to go to government hospital and take treatment, and as a result patients were suffering. Their symptoms were of COVID-19, but since the community people were not getting tested, their treatment was not possible.

Tribals also had misconceptions about COVID vaccination that once vaccinated people die or become impotent, etc. It was not just urgent, but a concerning issue as good number of tribals were suffering from symptoms like cold, cough and fever, who were just lying in their huts and had no money to go to private doctor and eat nutrititious food.

Major Achievements

1298 families were provided with dry rations kits

775 medical kits were provided to people in urgent need of medical support

3890 face masks and 500 sanitisers were provided

CHSS established provided 15 BP monitors, 14 Oximeters and 17 thermometers to constantly monitor and provide the required support to people infected by COVID-19

348 COVID patients were provided with home care support

3212 people got vaccinated through various camps organised

CHSS reached out to 6290 people across communities

261 awareness/training programmes were conducted

6824 people were trained on the precautionary measures to be taken for COVID-19

40 volunteers were trained with the support of three active implementing partners.

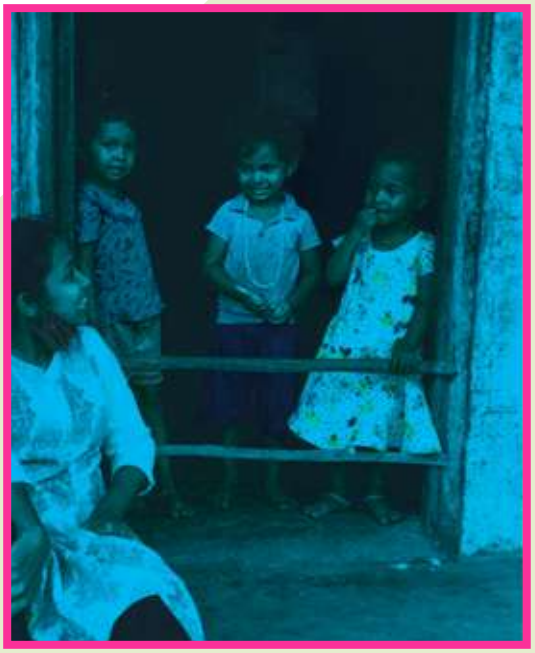
Reflections and Case Stories

"We are not only ready to get admitted in t he government hospital but also ready to take vaccination", said Smt. Parvati Damodhar Naik. She belongs to a hamlet called Malwadi from Pen Block of Raigad, Maharashtra. In Raigad, tribal population is around 12 per cent. Katkari tribe and aborigines of mountain 'Sahyadri' are notified by the central government as 'Particularly Vulnerable Tribe Group'. The second wave of COVID did impact this PVTGs a lot.

Common belief had been if one gets admitted in the government hospital and dies the body will not be handed over. In the absence of religious and traditional rituals, a dead person's soul will turn into a ghost, etc. So Katkaries had decided no testing, no treatment and not getting admitted. Vaccination was unimaginable. In such a situation, Malwadi with around 380 population was the first hamlet which got fully vaccinated. What really worked was the previous leadership training by Lok Manch through Ankur Trust. This paved way for the ' COVID-19 National Response project'. Early detection and early treatment with the help of community leaders broke the barrier of resistance. Katkari women like Smt. Parvati not only took lead to get connected to us, but also encouraged her daughter in law Ashwini and son Sudhir to take first vaccination in the whole area. Their family was the first one to get vaccinated and took medical treatment. They became the real campaigners for our intervention.

Even during the lockdown, we continued with awareness campaign. Appealing to health professionals, young volunteers and specially conducting orientation for them on zoom resulted all like-minded organisations and individuals putting their efforts together proved to be more effective. This resulted in collaborating with district administration for COVID helpline to serve migrant worker as well. During this pandemic landslide and flood took place in Raigad. Same team of Lok Manch and Ankur Trust did extraordinary relief work. The medical science has proven time and again that when the resources are provided, great progress in the treatment, cure and prevention of disease can occur through collective efforts. Finally as a result of this opportunity in the Emergency COVID Relief project of Indian Social Institute our team was recommended by the district collector and honoured by the guardian minister of state for humanitarian work.

Dr. Vaishali Patil
State Coordinator, Maharashtra.



I remember people sharing from Dungichi wadi, a PVTG Hamlet that the Public Distribution System, i.e., the ration shop's shopkeeper had got COVID-19 and the shop was closed for almost a month. Unfortunately, the shopkeeper died and the situation became worst as the tribals were frightened to even enter that part of the village. People were not even able to buy ration, as they had no wages. For days people survived on tubers and roots. Food was one of the basic needs that they were deprived off.

During this time the COVID Response and Relief activities were the saviors of people's life, that not only just helped them with food grains but also, supported them with generic medicines. Later we were able to connect people and the district administration to find out alternative ways of distributing subsidised grains. The collaborative work of Ankur, Lok Manch and ISI was much appreciated by the people not just through words, but also through their emotions. I am very grateful that I got an opportunity to witness and be a part of this process which brought in Hope for the Hopeless.

Ms. Gargi Patil
Community Leader

With such an enthusiastic team, we started the distribution of dry ration packages and it was such a serene experience to see the smiley faces of the people being tense-free from the worry about how to end their hunger! I still remember the moment when a 70 year-old lady came to receive the package and the weight of package was so unbearable that we took it for her till her auto. While walking towards the auto, I still remember the blissful words of that lady "You are like an angel for us who came to support us in hard times, bless you..." It was such an authentic blessing from a pure soul that my heart felt a sense of satisfaction and a complete fulfillment of life.

I am really grateful to Ankur Trust for giving me such an amazing experience and a memory for life.

Ms. Niyati Rajput
Community Leader

‘When there was No wages, No food, No place in government hospital’ Lok Manch helped me to survive’, Smt. Shanti Pawar (PVTG woman from Nigadawadi, Pen, Raigad)

In Madhya Pradesh, the project was implemented in 16 villages.

Major Achievements

330 families were provided with dry ration kits

5 volunteers and 2 active implementing organisations were involved to reach out to people and communities in distress.

COVID-19 has revealed many aspects of human behaviour. It also has popularised many words in the society with loaded meanings and implications, such as quarantine, social distancing, isolation, mask, PPE kit, lockdown, reverse migration, vaccination, online classes, zoom meeting, antigen and RTPCR tests, etc. Rural people do not know their meanings, but they understand their implications. It also forced people to change their customary greetings and expressions of love, care, and concerns. It restricted celebrations and changed the mode of funeral rites. It let people into introspection on the fragility of life. The reverse migration from cities to rural areas gave us an insight that development and profit are valued more than human life. The employers simply shut down the worksites without any thought for life of casual labourers who gave their blood to make them prosperous and rich.

Rural area was untouched by COVID-19 for months in the first wave. People heard about its deadly impact on individuals, families and society. They thought it was an elite disease. Slowly it reached rural areas along with migrant labourers and through travellers. It was an awful scenario whenever a person with COVID-19 symptoms was identified in villages. The government machinery blocked roads and pathways, isolated the persons and family and a deadly silence prevailed in the area.

Slowly more such cases appeared in rural areas. All economic activities were stopped. The rural poor lost all sources of their livelihood. They started taking consumption loan from petty shopkeepers and others to survive. The imposition of lockdowns, one after the other, made the rural life, especially the poor, extremely difficult.

Some people requested us to do something for the poor people in rural areas. We did not have resources to bail them out from such humanitarian problem. I started looking for some aid for poor people at least to have two squares of meals. In such difficult time, Indian Social Institute, New Delhi and CDO, Jesuit Conference of South Asia, New Delhi, came up with some aid. I contacted three centres for reaching out to poor through distribution of food materials. While doing this, I received a lot of sentiments of gratitude from the poor and others involved in distribution. Poor people were happy to receive the aid, and I have joy and satisfaction of reaching out to some people in need.

Fr. Emilius Ekka, S.J.

Jeevandhara Ashram, Mauhapali, is in a remote area of Raigarh District of Chhattisgarh. It caters to Dalits, especially the Ganda community. The Gandas are poor and landless. Their livelihood depends on wage labour in agricultural fields and allied work sites. They get some work during the monsoon and in the lean period. Many able men and women migrate to cities in search of better livelihood. The low social status and prolonged poverty have made them submissive and voiceless.

COVID-19 had an adverse impact in rural areas during the first and the second waves. The first phase witnessed a reverse migration of the poor people. The migrant workers were quarantined in government schools without any facility. The people in quarantine did not get food. Family members fed them. Unfortunately, all people saw them as COVID carriers. People have exhausted their resources by the second wave. They did not have work opportunities. They struggled for food. Finding no way out, many had taken loans for food.

Jeevandhara Ashram made a quick survey to identify the beneficiaries in villages. Village leaders helped in identifying the needy people. Despite it, volunteers visited many families to observe the real condition of the people. The most people in villages were poor but identified the most deserving families. On arrival of food materials, beneficiaries were informed about the distribution time and place. More people came to the distribution place than identified ones. It was very difficult to explain why only some households received the aid. They were disappointed and went away sadly. Some people were adjusted and given the aid. The recipients were extremely happy that some people of goodwill thought of their plight in the pandemic. They were overwhelmed with the kind gesture. They thanked the donors and the distributors. Many bowed down before the distributors to touch their feet with gratitude.

I saw the wretched condition of the people while making a quick survey of the households. People were poor and COVID-19 pandemic made it worse. The COVID made people idle and hopeless. They were worried for their survival. They waited for the end of lockdowns. In such a bleak condition, people received the aid. Their genuine gratefulness touched me and other volunteers.

Alfred Toppo, S.J.

Volunteer

Goa

In Goa the project was implemented in 11 blocks and 11 villages of two districts, i.e. South Goa and North Goa. Interstate migrant workers in various slums and those engaged in the construction sector as casual labourers, domestic workers, street vendors, senior citizens, rural poor, children in slums, COVID-affected families, etc. were the beneficiaries of the project intervention.

Major Achievements

380 families were provided with dry ration kits.

400 families were provided with nutrition kits.

5 volunteers and 2 active implementing organisations involved.

Nagaland

Tea garden workers, migrants, the poor and the needy especially from marginalised communities were the beneficiaries of the intervention in the state. The project mainly focused on reaching out to migrants, marginalised communities, Dalits, fisherfolk, etc. Chakhesang tribe of Phek District was the main beneficiary of the project. Phek District was the main intervention area where one block and 18 villages were covered to provide the vulnerable communities with dry ration kits. The intervention also created awareness among the community people regarding COVID-19 protocols.

Major Achievements

169 families were provided with dry ration kits and sanitizers

845 people were provided with face masks

5 volunteers were engaged for distribution work and reaching out to the communities.

I cannot stress enough just how blessed this experience has been. Just being a part of the team was such a great honour for me. It made me feel proud, but at the same time, humble as well, because I was witnessing firsthand that I belong to a church that loved helping the people in need.

There were days when I would receive calls and texts from friends and even leaders/representatives of various groups asking me about the nature of our work and the kind of help our team was offering. Talking to them and explaining things they wanted to know gave me a sense of joy and fulfillment because, although I was just a messenger, I felt like I was helping the people in really big ways. That sense of satisfaction gave me peace inside and it motivated me to cheerfully perform any tasks that were assigned to me.

I remember with great joy the days when we distributed the relief supplies. The atmosphere at the distribution site was always blissful. It was filled with laughter and joy because I believe that just like me, my team members were all feeling blessed. Watching people arrive, and then greeting them, handing over the supplies to them, all the conversations we had with them and many other little things that took place at the distribution site always lifted my spirits. Listening to people from so many other denominations expressing their thankfulness towards the Catholic Church, the Jesuit community, the fathers and sisters and the helpers made me proud of being a Catholic. It also made me grateful for all the things that the church has done for us.

Getting the opportunity to witness the people of my area receive the help they needed during these difficult times gave me immense happiness. I am thankful to Rev. Fr. Lancy D'Costa, the Parish Priest of Pfütsero and Rev. Fr. Dhazü Gilbert, Asst. Parish Priest of Pfütsero and Coordinator of The Catholic Church COVID-19 Task Force Pfütsero (CCCTF), for giving me this wonderful opportunity.

Anthony Touthang

Catholic Church COVID-19 Task Force, Pfutsero, Nagaland

I am Fr Dhazii SJ residing at Pfutsero Nagaland and working in the educational ministry for remote villages in Phek District, Nagaland. I come from a place called Phuba Khuman village under Senapati District, Manipur.

Reading the signs of the time and needing to respond to the need of the people drives us to form a team, the Catholic Church COVID-19 Task Force Pfutsero, Nagaland, during the second wave of the pandemic. The core team comprised eight members whereby I was the Coordinator for the team. Looking back at the various experiences,

I used to say to our group and all others who assisted us in various ways “A Charity Service Well Done.” We reached out to everyone irrespective of race, denomination, faith, tribe and place. There were 725 families/beneficiaries including 15 COVID-19 positive patients. At the outset we are very indebted and grateful to the Indian Social Institute, Delhi for helping us financially to reach out to the neediest people during this pandemic crisis.

It is such a joy to see the cheerful and relieved faces of people whom we helped, the words of appreciation and gratitude they lavishly poured on us, and their actions of blessing. At times we feel as if we were their savior. Some people gave us the feedback that only the Catholic Church is reaching out to people in need. There were also some challenges during the distribution of rations. Firstly, the monsoon season and narrow road in hilly areas were quite challenging to travel. On one occasion due to landslides in 3 roads/places it took us 9 hours to reach a village which could be easily covered in 3 hours. In another occasion, when we went to a village to distribute the ration we were not allowed to enter the village in spite of the early information given to them and left the ration at the entrance gate.

I conclude with the quote of Mr Vikielie Venuh, Convenor, Ward Chairman Union, Pfutsero Town, “I on behalf of all the ward chairmen and citizens of Pfutsero would like to say thanks to the Catholic Jesuits of Pfutsero for their selfless service in rendering huge relief for the needy in our society during this difficult times. May the good Lord bless you all for your generosity and for your kind deeds.”

Tamil Nadu

The Jesuit social action centre called the PARAN Center, is in Kadambur, Erode District in Tamil Nadu. It has been supporting the tribals for the last 10 years. Urali and Solahar are the two tribal communities which were provided support during the intervention period. Most of these people are daily wagers. They became jobless during the lockdown period and were in urgent need of support.

With the help of five volunteers and one active implementing partner, i.e. PARAN Center, critical support was provided to vulnerable people and communities.

Major Achievements

365 families were provided with dry ration kits.

2100 people were provided with face masks

311 families were provided with medical kits

5 BP monitors and 20 Oximeters were provided to constantly monitor people suffering with COVID-19

20 people got vaccinated through vaccination camps organised by PARAN Center.

Receiver-centric Support

I am working for the tribal community in Erode District of Tamil Nadu for the last four years. Being the director of PARAN Centre is both a privilege as well as a challenge for me. The simple life style, philosophy, tradition, their life situation without education and rights of the tribal people changed me to work for them round the clock. COVID relief support received from ISI Delhi gave me an opportunity to be with the tribal community more closer than ever.

It was a great experience for me to work with ISI Delhi and to reach tribal people who were affected by the killer wave COVID-19. I realised the importance of reaching the tribal community to create awareness on COVID-19. We reached women, children, widows and differently abled persons. These persons, I considered as the most deserving during the COVID days because they could not get their regular needs to lead a decent living with food and medicine. When I was involving myself in the process of supporting the tribal people in PARAN work area, I realised not the giver, but the receiver is very important. The support giving to the individuals is not for the satisfaction of the giver, but for the need of the receiver or beneficiary. I consider them as the center of the process. This realisation or the reflection motivated me to reach out the need at their living area. I encouraged PARAN Center team to reach out the beneficiary on time and support them with care. We respected every individual person and shared the relief materials with care and dignity. We made sure that the receiver was our only focus. I was happy to mention the support of ISI Delhi in the process.

I was moved to listen to one of the beneficiaries when she said *"I thought no one will support me but you all changed my outlook and proved that there are people to support the poor"*. She was very happy to receive the support and also thanked all of us with tears in her eyes.

"Prevention is better than cure" was the realisation of the beneficiary who received the medical kit. It was also a learning for me to reach out the tribal people before they got affected by COVID because the lack of medical facility and transport facilities would cost their lives. This COVID relief work taught me to save life at any cost. I did my best to promote life of the poor in my working area. The tribal people lives matter for me too.

I thank all the people who supported our people through PARAN Center. On behalf of our people and team I thank ISI Delhi for their support to promote the life of the tribal people through COVID relief support. I appreciate the efforts of ISI Delhi for making this relief work as receiver-centric or beneficiary centric support during the COVID-19.

Packiaraj SJ
Tamil Nadu

Joining hands with the PARAN centre during the second wave of COVID-19 helped me understand the pain of the poor people in particular the Urali Tribes in Kadambur Hills. Volunteering in the distribution of the COVID relief material meant a lot to me. I realised the destitute situation of the tribal families that they could not meet their basic needs during the pandemic. As the community shared about their needs and struggles, it gave me much clarity about whom we should reach out and provide support to in such critical times.

It gave me a sense of satisfaction whenever we tried to reach the Urali tribes as a team. I ensured that I could get all the possible chances to join the PARAN team in distributing the relief material to the targeted people. Indeed, PARAN had already pinpointed the targeted people in the Kadambur Hills, which helped us in covering most of the hilly areas of Kadambur.

I was also happy to be part of the planning process of the PARAN Center. The first-hand report of the PARAN staff about the needy and the places helped us in drawing a skeleton of the relief work. The team then worked on the type of relief materials and their quality and quantity. The separation of the materials along with shopkeepers brought a good understanding among the team. The PARAN staff and the volunteers participated in distributing the materials with dedication. Personally, I was spell-bound with joy and enrichment. I could make use of my presence meaningful and grateful. With much precautionary steps, following the regulations of COVID-19 helped us to be safe and simultaneously help others.

Renna
Tamil Nadu

West Bengal

Darjeeling

Looking at the pressing need in this second wave of the pandemic, Darjeeling Jesuits of North Bengal opened an isolation centre in Darjeeling, where the Jesuits from St. Joseph's School and College came together and established the first private COVID-19 isolation centre. The centre named Sursum Corda COVID-19 centre in Darjeeling Hills offered a 50-bedded dormitory system with all the basic facilities for asymptomatic and non-serious COVID positive male patients.

In Darjeeling, only Kalimpong District was covered under the project intervention. Daily wage labourers, small-scale vegetable cultivators, vegetables and fruits vendors, cooks and sweepers, migrants, marginalised communities, dalits, fisherfolk, tea garden workers, etc. were the beneficiaries in West Bengal.

Major Achievements

60 families were provided with dry ration kits

4 training/awareness programmes were conducted for 500 participants to make them aware about the precautions needed to be taken at time of pandemic.

5 volunteers were trained to conduct the training programmes with the support of an active implementation organisation.

Kolkata

The project interventions in Kolkata were for only 2 months and was restricted to only 3 districts i.e. Kolkata, South and North 24 Parganas. In these 3 districts, 13 villages were covered for distribution of dry ration kits and creating awareness among the communities.

The beneficiaries of the project were labourers, small-scale vegetable cultivators, vegetables and fruits vendors, cooks and sweepers, migrants, marginalised communities, dalits, fisherfolk, tea garden workers, etc.

Major Achievements

5 training and awareness programmes were conducted for 300 people

Awareness on the precautionary measures to be taken during the pandemic was created among the participants.

Kalahrdaya's Initiatives

The COVID Emergency Relief work was carried out by Kalahrdaya – Kolkata, the centre for arts and culture, with the financial support from the Indian Social Institute, New Delhi. The relief work was carried out mainly in several villages in South and North 24 Parganas and Hooghly Districts of West Bengal. Some poorest people from the city of Kolkata were also our beneficiaries. We provided dry ration kits and medical assistance to over a 3000 families. These families were the victims of the pandemic in one way or another. The dry ration items included rice, flour (maida), wheat flour, cooking oil, soya bean, dal, tea leaves, sugar, washing powder and soap cakes, etc., and cloth items like sarees, lungis, towels, etc.

Raghabpur, Kulerdari, Gostamath, Debipur, Julpia, Gosaba, Basanti, Sorberia, Rakhoshkhali, and Choradakathiya are the villages where the relief work was carried out. Most of the beneficiaries were very poor and they were directly or indirectly hard hit by the COVID-19 pandemic. Our timely help was a great relief for all of them.

I thank the ISI New Delhi for their generous support to the people of West Bengal.

Fr. Saju George SJ,
Director, Kalahrdaya, Kolkata.

III. Conclusion

The project interventions had a massive outreach considering the context and human and financial resources at the disposal of the implementing partner. Being a COVID-19 Emergency Relief Project, it helped the people who were affected the most by the pandemic. The biggest achievement is that the Collective were in close contact with the poorest of the poor, marginalised and the vulnerable sections across several states. It helped in effective and realistic identification of the beneficiaries. With the active support of various organisations and volunteers, the Collective responded to the needs the tribals, migrant labourers, transgender community, daily wage earners, street vendors, refugees, widows and physically challenged people.

The CHSS has been the main pillar of the intervention. CHSS developed in various States and Provinces helped in successful implementation of the project. With a very limited project-funded support staff, the CHSS through a broad-based network of community workers and trained volunteers has been effective in ensuring homecare support to the community which in turn helped in limiting the spread of the pandemic. It also helped in making people understand and realise the importance of getting vaccinated. Convincing reluctant villagers to go for vaccination was indeed tough, but committed community workers and volunteers could successfully persuade them to go for it. CHSS was not only limited to critical health-based interventions, but also helped to identify people and families who really needed support with dry rations and nutrition kits. Transporting dry ration to many remote villages was very difficult considering the pandemic context and restrictions imposed, and expensive too. However, the team could tide over the limitation and reach where the supports were critical.

In some states such as Andhra Pradesh, the team could not carry out home care support services initially despite the demands for support, because of lockdown. Movements of community workers and volunteers were restricted. Due to frequent lockdown in many places in the states, the team were unable to travel or stay away from their home town. They could not make overnight journeys due to travel restrictions and curfew being imposed.

Although the project activities started after the second wave had reached its peak, especially in Maharashtra, primary screening, immediate treatment and support of grains were a great relief for the tribals in all the districts where the intervention took place. In Amaravati, Akola, Palghar and Raigad districts, the project was implemented in the remote tribal belts where it was difficult to screen COVID patients. The government health department could not initiate any treatment nor initiate preventive measures. The interventions through the network provided direct help and support to the patients. They definitely avoided further mortality rate in the project areas.

The project helped realise building a massive network among various people in the intervened states. The people and organisations who joined the collective in this effort were not limited to the Church and Jesuits alone. With minimum support we aimed to achieve maximum results and found a way forward to provide support to thousands of people in all the targeted locations through the network created in the communities. Village-level community leaders were empowered to use various health check-up instruments. Among health department, Panchayati Raj Institutions and tribal departments, good rapport has been created which made the coordination easier. The framework of community based collaboration was recognised as a necessity than one of onetime convenience. The greatest legacy of the project is that what the community leaders and volunteers learned through this intervention will definitely help them to support their communities and enhance further the health surveillance system to deal with the public health crisis in future too.

Conference Development Office (CDO), Indian Social Institute, 10 Institutional Area, Lodhi Road, New Delhi-110 003

www.jesuitconferenceofindia.org | www.jcsaweb.org
director@jcicdo.org | cdo@jesuitconferenceofindia.org
Tel: +91 11 - 460 39 622, 495 34 000