



Developing Community Led Responses to the Covid Crisis for the Urban Poor

Processes, Outcomes and
Way Forward

March - December 2020



SAATH

Creating Inclusive Societies

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Saath Charitable Trust has been able to mobilize resources and respond to the unfolding Covid crisis for vulnerable groups in the informal sector thanks to the generous support of our partners and various individual donors.



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Section 1 : Introduction

The lockdowns and other measures imposed by state, local and central governments to curb the spread of Covid-19 from March to June 2020 have impacted the informal sector and the people working and living in informal economy and informal settlements. Through this report, we have tried to document the work done so far and lay out a vision for the extend response to the impacts of the Covid crisis.

Saath's response to covid has been supported by the generous contributions of many stakeholders, in the form of technical support, financial contributions and re-orientation of existing projects.

Each partner has willingly worked with us to design and implement responses to these strategies, and through this report we also aim to highlight their previous and continuing contributions to this effort. We hope to be able to demonstrate, how the willingness of various partners to support a few aspects of community needs has come together to empower communities in an integrated and multi-faceted manner on the field.

The report follows the following structure:

1. Section 2 tries to lay out our understanding of the crisis as it unfolded and how have tried to structure our response to the crisis. It also documents the process of implementing the Covid Resource Centres (CRCs).
2. Section 3 documents the work done by the CRCs until December 2020
3. Section 4 documents the learnings from the process conducted so far and outlines the proposed interventions based on these learnings over the next 3 years.

We hope that this will enable the reader to understand our work and the need for a sustained effort to empower communities and build resilience against possible future crises such as this one.



1. Community Leaders Deliver Food Aid During the Lockdown
2. Community Children Take Part in Awareness Activity
3. Opposite : People Gather at Community Leaders' Houses During the Lockdown

1.1 Understanding the Crisis

The lockdown was announced at a critical time from the point of view of many informal sector workers. Just around the festival of Holi, a majority of migrant labourers go back to their hometowns to celebrate the festival and return a few weeks after Holi. Typically, the economic activities they are involved in, such as construction and industrial activities, also slow down during this time. However, since the lockdown was announced suddenly, migrants were unable to go back home and a lot of their employers were also not expecting that they will still remain in the cities.

For other informal workers, who depend on open movement for their livelihoods, such as auto drivers, transportation workers, etc., the lockdown resulted in a complete cessation of income. For informal workers based in commercial activity like street vending or pan shops also the income stopped completely. Home based micro entrepreneurs such as tailors, laundry shops etc also had to suddenly close.

Due to the sudden stop in incomes, there was a great deal of uncertainty among informal workers. In addition to this, because of limited access to media and internet, they were also not aware about why these issues are taking place, and were subjected to a lot of misinformation and confusion. It was quite evident that the crisis was going to be long and a multi-pronged response would be required, one which changed over time. It was our view that responding to this crisis must address the following aspects:

1. Integrated Response – Multiple vulnerabilities among informal settlements, such as vulnerabilities related to livelihood, shelter, gender, education etc must be addressed.
2. Community Capacity Building – Community workers must be trained and their capacities developed to be able to respond to present issues
3. Building Resilience and future Leadership - Learning from present actions must be carefully analysed with the community. They must be shown that they have responded to the crisis – and therefore are capable of responding to future crisis as well.



4. Building partnerships – Institutional partnerships need to be built up by fostering cooperation between multiple organizations with their own expertise areas.

1.2 Designing a Response

To meet these criteria – a resource centre approach was adopted for the Covid response. We leveraged our existing contacts and resources in the field in order to initiate “Covid Resource Centres” – one stop centres to coordinate the multifaceted response to the Covid Crisis. With these needs and a resource centre approach in mind Saath, with the support of various partners, has responded to this crisis in a 3-phase approach:

Emergency Relief during Lockdown [April-June 2020]

- Ration kit Distribution
- Community Kitchens
- Government Scheme Awareness
- Children Engaged with different Activities over the Phone

Post-Lockdown Initiatives [July – December 2020]

- Covid Resource Centres
- Community mobilization and leadership building
- Covid Response Micro Plans
- Data Collection and Impact Assessment
- Covid Awareness through Existing Programs
- Covid Sensitive Field interventions in Education and Health
- Rapid Assessment regarding Vaccination
- Long Term interventions [January 2021 - 2023]
- Community capacity building and leadership training
- Community based monitoring and feedback mechanism
- Rebooting Livelihoods through revolving loans
- Supplementary education support and re-enrolment of dropout students
- Counselling for dealing with mental stress due to lost livelihoods and other pressures
- Vocational Training and Up-skilling for youth
- Building resilience by improving core infrastructure

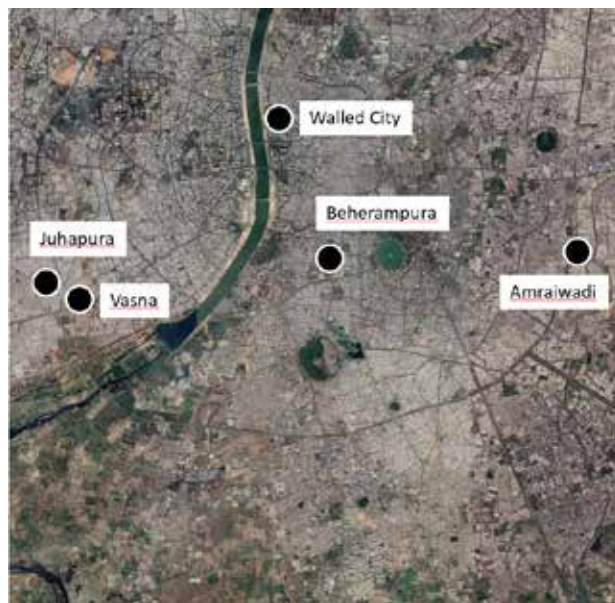


1. Community Members plan awareness activities
2. Community Based supplementary classroom
3. Community Members lists for Food Aid



1.3 Implementation Timeline

The first phase of the covid response was conducted without a specific centre as a base, due to the lockdown. From July 2020, once lockdown was lifted, 5 existing resource centres were modified and retrofitted to function as Covid Resource Centres with the addition of Covid notice boards, and awareness materials related to Covid. Covid response activities have been carried out across each of the 5 CRCs set up from July 2020, based on a rapid needs assessment and Saath's existing resources and networks in the field. The following map shows the geographical spread of the resource centres implemented by Saath in response to Covid.



Map Showing Locations of Resource Centers

1.4 Donors and Partners

Different aspects of the Covid Resource Centers and their activities have been generously supported by various donors. The following table shows the various sources through which resources were mobilized for Saath's Covid Relief Activities from March to December 2020.

S. No	Type	Supporters
1	Covid Resource Centre Logistical and Setup Support	UNICEF [4 centres*], Ford Foundation [1 Centre**]
2	Food Relief (Both In Kind and Financial Support) and Hygiene Materials Support	UNICEF, Ford Foundation, UMC, CISHAA, Azim Premji Philanthropic Initiatives Godrej Consumer Products Limited, Smile Foundation, Give India, Feeding India Foundation, E-Infochips, Vestas Pvt Ltd, Wheels India Niswarth Foundation, Razorpay Software Pvt Ltd, Alfanar Energy Pvt Ltd, FWWB, National Institute of Skill Management, UNIPADs/TGB Charity, Individual Contributions, Community Contributions
3	Activity Support and support for Developing IEC Materials	UNICEF, Ford Foundation, USAID/UMC, Godrej Consumer Products Pvt Ltd, Janvikas, Dhristi Media, Vestas Pvt Ltd
4	Rebooting Livelihoods Funds	Godrej Consumer Products Pvt Ltd, Individual Donations
5	Impact Analysis and Research Partners	CISHAA, IIM Ahmedabad



*Walled City, Juhapura, Vasna, Beherampura - 4 locations supported by UNICEF from July-Dec 2020

**Existing Housing Resource Centre retrofitted as Covid Resource Center in Amraiwadi - Supported by Ford Foundation from July 2020 to March 2021



Section 2 : Activities **During Lockdowns**

Immediate relief during the lockdowns comprised of the following steps by Saath teams:

- Ration kit Distribution
- Community Kitchens
- Government Scheme Awareness
- Children Engaged with different Activities over the Phone

2.1 Food Relief Through Dry Ration Kits

Ration kit distribution was a key activity performed during the lockdowns, by the teams that would evolve into the CRCs. Fundraising was carried out by the Saath management teams from various sources. Saath field team leaders procured permissions for the distribution of the kits from local police, AMC and the collector's office. Various vendors were identified for procuring the materials, key among them being existing vendors who were supporting previous programs. Orders were placed for the ration kits in various rounds, based on the demand in different areas in the field. The kits were then delivered by the vendors to designated collection points.



To estimate the demand and identify the beneficiaries, the community leaders identified and engaged in the existing programs of Saath played a key role. These community leaders were provided a list of key criteria based on which they prepared lists of the potential beneficiaries. Based on the priority list prepared, kits were dispatched from the collection points to the community leaders, who then organized the distribution in their areas. Details of the family who received the kits were taken on receiving of kits, followed by a Photograph.



Daily Tally of Funds used and Kits distributed was maintained by the management team based on the data received from the field.

1. Dry Ration Kits prepared and distributed in partnership with CISHAA - an Ahmedabad based Civil Society Network
2. Aid delivered in kind from various sources
3. Kits Distributed by Community Leaders in the Field

- Funds Raised for Ration Kit Distribution : Rs 65,00,000

- Total number of Ration Kits Distributed : 9,787

Saath has also partnered with CISHAA (Citizens for Shelter Alliance, Ahmedabad) provide ration kits to over 1200 families. The CISHAA network has coordinated to get rations distributed without duplication and ensure as much reach across the city as possible.

This process allowed us to continuously engage with the impacted groups on the field. The experience of the work have resulted in the following learnings:

1. Communities faced many challenges with even regularly employed persons losing their jobs.
2. Many banks, NBFCs and MFCs made it mandatory for the borrower to inform the bank if they do not want their EMIs cut for 3 months as per instruction of RBI. Since this was not commonly known in the community, many persons lost their savings due to EMIs being cut.
3. Government PDS system is providing limited support to families. At various government shops, only few items such as sugar, wheat and dal/rice have been provided to the families. Basic essentials – milk, especially needed for young children, were provided.

2.2 Community Kitchen

The kitchen was run by members of the Sanitation Committee started by Saath at Nagorivad, an informal settlement in the Walled City of Ahmedabad Gujarat. They are local community leaders and interact with our field team on daily basis. The kitchen prepared khichdi and serve 2 ladle of khichdi per person, one time during the day. Community leaders of Nagori vad prepared a list of the families who will be supported by the kitchen. Our field officers kept in touch with the area over phone, a report of the condition there taken every alternate day. Support for this effort was received from Janvikas, an Ahmedabad based NGO and APPI.

1. Total number of families supported - 103
2. Total number of persons – 400
3. Total Number of Meals Served – 10,000



1. Food being Prepared at the Community Kitchen in Nagorivad



2.3 Activities with Children

One of the main issues during the lockdown was the mental stress and disruption caused in the day to day life of children. Since the sources of entertainment were limited in the communities, and the houses are also small, the restriction on going outside was difficult for them. Therefore, during lockdowns, in the various education programs, it was decided to keep the children from the communities active in some or the other form of activity. The table lists the activities conducted with children groups and the mediums used to conduct them.

No	Activity Name	Topic	Medium Used
1	Yeh Corona Virus hai kya?	Imagining what is Covid	Drawing paper, pencil, crayons, glue stick, food grains, coloured cloths, string, cotton
2	Gaata rahe mera dil	Making images out of a favourite Song	
3	Khaas Saamaan	3 unique items in 1 drawing	
4	Main Kaun Hoo?	Imagination and Communication	
5	Fashion Designer bante hain!	Design clothes that look like animals	
6	Nishana Lagao	Learning subtraction and counting	10 empty bottles or boxes
7	Potli me kya Hai	Imagination increasing	Random things in the house and large cloth
8	Mera Gaon	Imagination and Memory	Drawing Paper, Pencil, Crayon
9	Action-wali Chippi	Interactive Game	Paper chits
10	Aapka Chhota Bageecha	Small scale gardening	Waste bottle etc as pots and food grains from home
11	Jal Tarang	Music notes from different levels of water in a glass	Glasses, water spoons
12	Ka se Kya? Ra se Kya?	Language	Paper chits
13	Aakaar ke Jaankaar	Geometry	Random thing in the house
14	Kal, Aaj, aur Kal!	Self Expression	Drawing paper, Pencil, Crayons
15	Mera Shandaar Parivar	Self Expression	
16	Ab Main bhi Rehman	Music and Rhythm	Random boxes in the house
17	Geetkar ban jao!	Music and Language	Drawing paper, pencil, crayons
18	Isko lockdown nahi kar sakte!	Game	A ball
19	Zabardast mask ghar pe banaye	Storytelling and mask making	Cloth
20	Family tree	Understanding family	Drawing Paper, Pencil, Crayon
21	The Most Important Thing.	Understanding, family, nation, community etc.	

1. Artwork prepared by Children

2.4 Trainings on Government Covid Relief Schemes

In the lockdown situation it was difficult to communicate with the community people field visits were not possible. Also, needs of communities had changed and activities related to program goals could not be conducted. Because of this we had to focus on the activity which can fulfil communities existing needs – so training was organized about new schemes being launched by the government. Trainings were conducted over the phone and a presentation was prepared in the Local language (Gujarati) so that committee members can read it easily. 1st task was to send the presentation to committee members on WhatsApp so that while training on conference call they can read the schemes and if they want to discuss with community they can discuss easily.

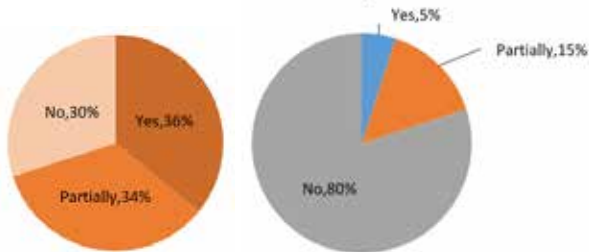
A step-by-step breakdown of the Process for the training was as follows:

1. Field officer started the training by asking about the current situation in the area.
2. Committee members informed whether people were staying home, keeping social distancing and almost people were wearing masks and gloves while going out.
3. After that field officer explain each scheme step by step with the help of resource persons – field coordinators.
4. There were 8 government schemes at the time which could have been useful for the people. Each scheme was explained in detail
 - a. what is the benefit of the scheme,
 - b. who will get the benefit,
 - c. How to avail benefit
 - d. whom to contact if they are not getting benefits
5. After that field officers asked the committee members if they want to work on the any schemes.

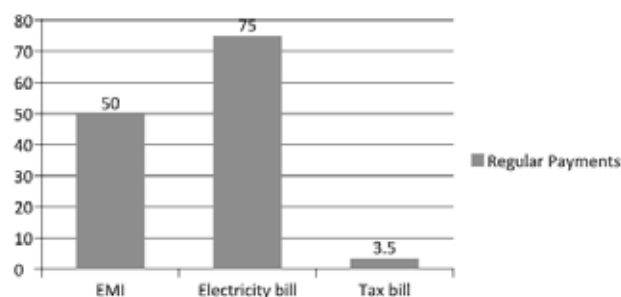
Committee members wanted to discuss with community people about the schemes and then wanted to decide the schemes they want to work on. Then community leaders prepared lists of possible beneficiaries and worked to link them with different schemes.



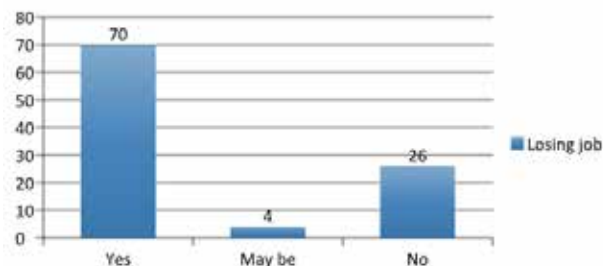
1. Training of Community leaders on Covid relief government schemes during and post lockdown
2,3. Leaders visit Government offices to register community members for new schemes



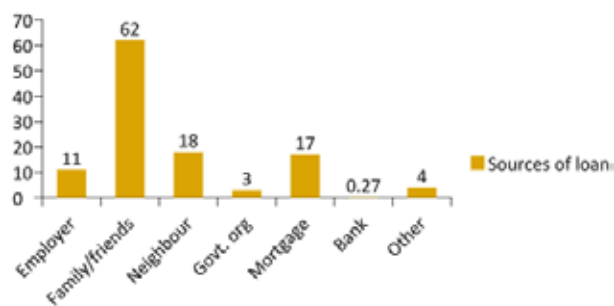
80% respondents did not work during the lockdowns, and 15% worked partially
As of July, 30% people had not re-started work and 34% were working partially



75% respondents paid difficulty in paying their electricity bills, 50% in EMI for existing loans, 3.5% in tax bills



70% of respondents were afraid about losing their jobs



62% of respondents funded expenses during lockdowns by borrowing from their friends or families

Section 3 - Post Lockdown Initiatives

Post-lockdown initiatives from July – December 2020 have mainly focused on sectors:

1. Research and Impact Assessment
2. Covid Resource Centres
3. Community mobilization and Covid Committee Formation
4. Covid Response Micro Plans
5. Covid Awareness Activity
6. Covid Sensitive Field interventions in Education
7. Rapid Assessment regarding Vaccination

3.1 Research and Impact Assessment

3.1.1 Study of Informal Sector Workers

This study aimed to understand the impacts of the lockdown on informal sector workers during the months of April, May and June 2020. Researchers involved included Dr Pritha Dev, Dr Akshaya Vijayalaxmi from IIM Ahmedabad and Prof Jeemol Unni from Ahmedabad University. Funding for fieldwork was provided by IIM Ahmedabad.

Key Findings:

1. In the short term, some form of basic income needs to be provided monthly for low-income informal workers, mainly as many are not able to return to work or earn as before.
2. In the medium term, a special stimulus with a focus on some clusters of industries that are labour intensive, such as power looms, would help revive the economy. Encouraging and incentivising migrant workers to return would require offering them some benefits such as health and safety cover.
3. In the longer term, with much of commerce and services moving online, bridging the digital divide is required. Affordable smartphones, tablets, and laptops are essential; if not, women and young will be left behind. Affordable data charges and broadband is critical; if not, the poor will be left behind.

[Link to the Report](#)

3.1.2 Collaborative Assessment with CISHAA members

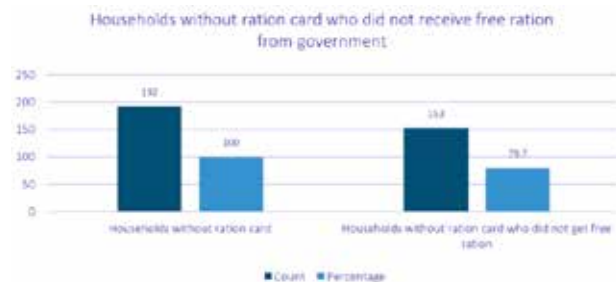
A study on “Access to Relief Entitlements and Implementation of Central Government Directives” was carried out with CISHAA (Citizens for Shelter Alliance, Ahmedabad) . The survey covered 759 households in 64 slums and low-income localities, spread over 29 of the total 48 wards of the city, 32 % of whom were upper caste Hindus, 35% Muslims, 9% were other backward class (OBC), 18% were SCs and 5% scheduled tribes (STs).

[Link to the Report](#)

Key Findings:

- Key role of CSOs and other Volunteers and donations in providing relief to impacted families during the lockdown
- Lack of access to Jan Dhan account for over 1/3rd of surveyed households
- The government had engaged the government school teachers to fill forms of those without ration card, and people were to be given free ration based on this identification process. However, each school was given only 100 forms for their teachers to fill, and therefore if there were more than this number of non-ration cardholders, then they got left out of the identification and were therefore denied free ration
- The survey found that 567 households of the 759 surveyed households, that is 74.7 %, had ration cards.
- Of the 192 or 25.3% households who did not have ration cards, 61 (31%) were tenants, while the remaining 131 (69%) were non-tenants.
- Suspecting that many of those who did not have ration cards were migrant workers, the report found that, “Of the 567 households having ration card, 22.8% (129 households) had not received any free ration from the government; 18.7 % were from the APL category, 3.9 % were from the BPL category and 0.2 % were from Antyodaya (poorest of the poor) category.”

CISHAA Study : This data reflects the status of government schemes between April and May 2020.



CISHAA Study : Households in informal settlements reported that they had difficulty in getting free rations under govt schemes

Ration card	Mean number of days for which free ration was received from government	Number of households	Standard Deviation
Antyodaya	28.75	8	3.536
BPL	22.85	34	12.837
APL	14.47	201	8.479
No ration card	15.50	4	10.536
Total (all ration card categories)	16.10	247	9.796

CISHAA Study : Days for which free rations were received, by type of ration card holder



CISHAA Study : Access to cash transfers in Jan Dhan Accounts



CISHAA Study : Visits by ASHA workers during lockdowns

Client Portfolio vs. Survey Sample Size			
Branch Name	Total No. of Clients	Total No. of Respondents	% Sample size from each branch
S.MFI- Urban			
Bareja Branch	900	69	8
Gontipur	2000	167	8
Hathijan	2223	111	5
Jethalal	5548	217	4
Naroda	400	33	8
Narol	1800	19	1
Ode	545	16	3
Saraspur	2200	104	5
Sarkhej	2000	97	5
Sarsapur	2200	43	2
Vadaj	1500	112	7
Vasana	4000	162	4
Total S. MFI- Urban	20000	1150	5.8
S.MFI- Rural			
Dholka	1336	89	7
Dhragdhra	325	101	31
Kadi	816	100	12
Kalol	683	50	7
Mansa	415	41	10
Viramgam	1706	111	7
Total S. MFI- Rural	5281	492	9.3
Total	25281	1642	6.5

A total sample size of 1642 respondents representing 6.5% of the total clients in the institutions.

Occupational Categories for Respective MFIs				
Occupation Category	S.MFI Urban	% Respondents	S. Mahila Rural	% Respondents
Agriculture Related Activity	14	1	84	17
Animal Husbandry	0	0	59	12
Formal Sector Employment	339	29	46	9
Goods & Services	82	7	60	12
Informal Sector Work	396	34	44	9
Miscellaneous Work	15	1	15	3
Perishable Food Items	22	2	121	25
Textile Related Activity	50	4	63	13
Not Responded	232	20	0	
Grand Total	1150		492	

The occupations of the clients of the MFIs before the lockdowns

Occupation Category	10,000 to 20,000	20,000 to 30,000	30,000 to 40,000	40,000 to 50,000	NA	Upto 10,000
Agriculture Related Activity	76	12	1			7
Animal Husbandry	53	5				
Formal Sector Employment	215	28	8	5		118
Goods & Services	83	24	7	2		25
Industry Related Work	15	1	1			1
Informal Sector Work	204	39	15	2	2	438
Perishable Food Items	115	11	1	1		15
Textile Related Activity	83	17	6		0	13
Miscellaneous	12	6	1			8
Total	856	143	40	10	2	625

The pre-lockdown income of various stakeholders. 90% of the respondents earn less than 20,000 every month.

3.1.3 Internal Assessment on Financial Needs of the Informal Sector

Key Findings:

- Ideal loan size for different sectors during recovery was established.
- Majority of informal micro entrepreneurs require loans for purchase of raw materials.
- Data on existing liabilities and assets of families was gathered.
- Parameters for Saath's Rebooting Livelihoods plan were established based on this research

Rate at which the informal loans have been taken				
Monthly Interest Rate (%)	S.MFI Urban	% Respondents	S.MFI Rural	% Respondents
0	197	17	0	0
1	8	1	0	0
2	71	6	0	0
3	22	2	0	0
4	8	1	0	0
5	36	3	0	0
6 to 10	3	0	0	0
Above 10	1	0	0	0
Not responded	804	70	492	100
Grand Total	1150		492	

Existing rates of informal borrowing during the lockdown

In order to Reboot their livelihoods, will the respondents require a loan?				
Interest Rate (%)	S.MFI Urban	% Respondents	S.MFI Rural	% Respondents
Yes	807	70	486	99
No	298	26	6	1
Not responded	45	4	0	0
Grand Total	1150		492	

Do the respondents require loans?

Comprehensive Table for Loan size as per Occupation Category							
Category	1K - 5K	5K - 10K	10K - 15K	15K - 20K	20K - 25K	25K - 50K	50K & above
Agriculture Related Activity			9	5	50	26	90
Animal Husbandry			6	6	37	10	59
Formal Sector Employment	2	15	29	23	100	44	270
Goods & Services		3	14	12	44	25	122
Industry Related Activity		1	4	6	1	4	22
Informal Sector Work	9	22	33	51	87	67	328
Miscellaneous Work		1	5	4	10	8	28
Perishable Food Items			29	6	72	26	139
Textile Related Activities		3	32	3	35	12	106
Havent mentioned the occupation, but require a loan		7	15	15	13	29	130
Not Responded							348
Grand Total	11	52	176	131	449	251	1642

Loan size requirements of different occupations

3.2 Covid Resource Centers

The covid resource centres were imagined as key centres to understand and coordinate the response to the crisis. The broad process of the covid resource centre implementation is described in the following flowchart. Key objectives of the Covid Resource Centers are:

1. To provide awareness about Covid
2. To Identify vulnerable families
3. To conduct participatory need assessment in settlements
4. To form Covid Response committees.
5. To create Covid Management Plans with committees.
6. To support young children and women with health and education related needs

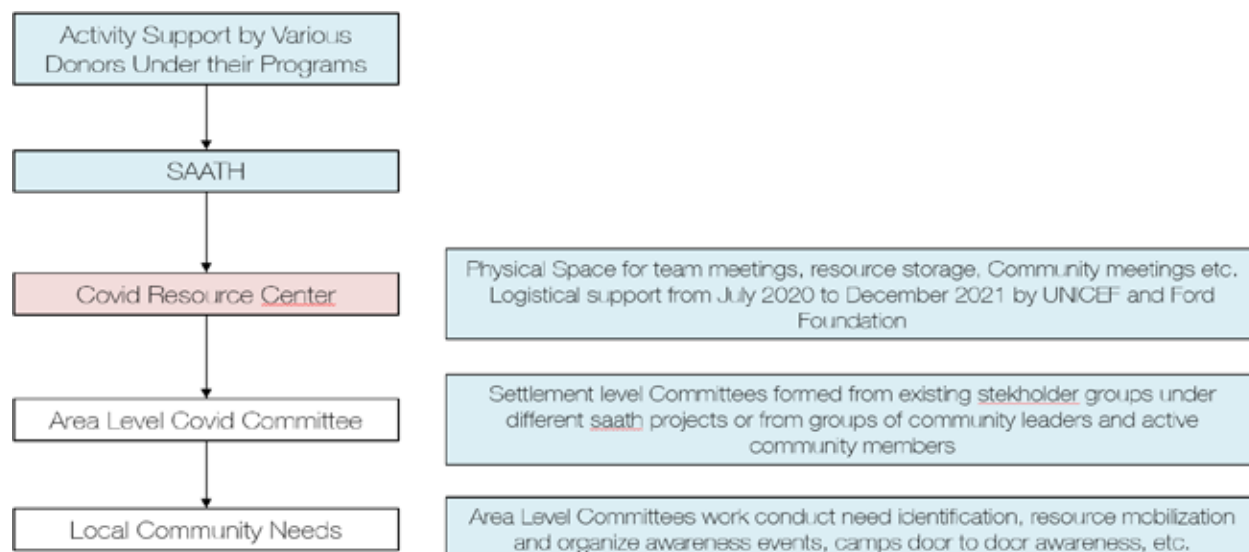
3.3 Community Mobilization and Committee Formation

Training of Field Facilitators and Program Orientation

The field facilitators were informed about the program and program deliverables. Detailed discussion on committee formation, preparation of Covid micro plan etc. was done. Team members then prepared list of the potential settlements where the project would be implemented. The committee formation would be designed in these areas. Project Implementation plan was then prepared, with timeline for all the work that needs to be done.



1. Covid Awareness Branding at Covid Resource Centers
2. Covid Resource center at Juhapura
3. Workflow of the Covid Resource Center





Covid Committee Formation

The field facilitators and Centre Coordinators met people in various communities, had a one to one interaction with them regarding the proposed program. Field Facilitators explained to the community members about program objectives and their role. Community members then directed the field workers to different community leaders, who were also explained about the program. At the direction of the community leaders, list of names for formation of the Covid Committee was selected. The field facilitators and Centre coordinators visiting the community readily and regularly, stirred interest among the members. Covid Response Committees have been formed in 78 of the 80 settlements selected for the program.



Key considerations for committee formation were:

- To Identify and involve already existing and active leaders
- To Identify ASHA Workers and Anganwadi Helpers and make them a part of the committees
- To ensure gender parity – Representation of both men and women
- To ensure participation of atleast 1-2 youth members.
- Committees of minimum 5-6 members have been formed in each area. New members will be added as the community interest grows after activities are started in the area.



3.4 Preperation of Covid Micro Plans

The steps to be followed in the preparation of micro plans are:

1. To gather all committee members for a meeting at a location – ensure social distancing and well ventilated and sanitized place for meeting
2. To inform them about the intention to make Covid Micro Plan
3. To fill up the area profiling questionnaire – This questionnaire has been designed to make a profile of the area, and at the same time orient committee members to think about the area from the point of view of especially vulnerable stakeholders. The questionnaire (English version) is attached as an annexure to the report.

1. Committee mobilization meetings
2. Covid Committee training in meetings with social distancing and masks
3. Preparing Covid Micro Plans in the Community

4. To prepare a participatory social map of the area with the committee. In this map to highlight:
 - a. Landmarks
 - b. Public Facilities such as Anganwadi and toilets
 - c. Houses of committee members
 - d. Houses of vulnerable families in need
 - e. Locations for Covid Related Messaging
 - f. Nearby resources related to covid such as testing centers and hospitals.
5. To prepare an Implementation plan in the form of a chart, showing various details of how the planned activities are to be implemented. (format attached in the annexure)
6. Digitization of the prepared social Maps on Google My Maps for documentation and ease of access.
7. This process was implemented across all slums in the month of September.

The Covid micro plans prepared by the committees were digitized on the GIS platform. This helped to analyse the overall situation of the committees and advocate with AMC for improved provision of services.

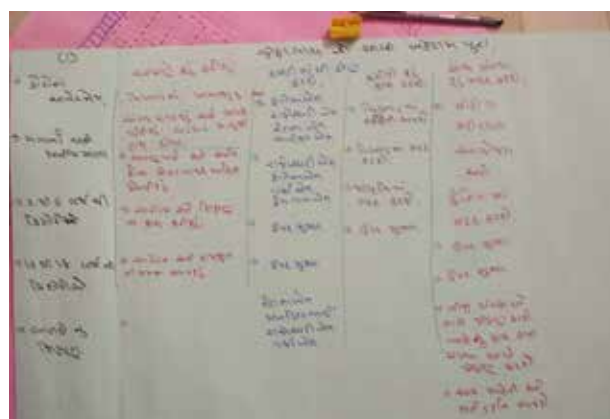
The following pages highlight the key issues identified around each Covid Resource Center.

3.4.1 Walled City

Water, Sanitation, and Hygiene: Water is available only for a limited time, not consumable, no sewage treatment, drainage issues which cause sewage to overflow in some areas, and no toilets in one area. Only one area did not report water supply related issues: Jamnaben ni Chali

Health: Cases found where a pregnant woman had to deliver the child at home because doctors were not present at the hospital. Solid Waste Collection is not timely and regular. People get sick easily in some areas. Sanitation related health problems were reported. Health problems like fever, cold, cough, thyroid, diabetes, and high Blood Pressure are common.

Nutrition: Anganwadi workers were not able to provide nutrition and do activities in Jugaldas ni



Covid Micro Plans prepared by committees



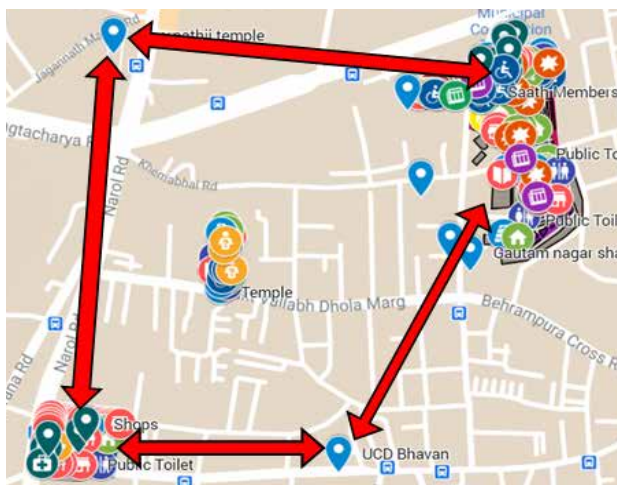
1. Boundary of the Chali Marked out



2. Housing Blocks Marked



3. Key points marked on the Chali level Map



4. Plans of various Chalis combined with local areas to create local development plan

Chali during the lockdown. In other areas, even though they have been providing food packets to fulfill nutritional needs of young children and mothers, they were busy due to COVID and not doing other activities for children and women.

Early childhood development: There are no anganwadis in some areas. Due to lockdown, the attention towards young children has been reduced.

Education: Online education was not feasible as some don't have a phone and some children play games instead of attending online classes on the phone. Private schools are demanding fees to continue education online and so, many students are not studying. Some kids have difficulty learning in online education. Since many parents are uneducated they cannot help their kids in studying through online classes

3.4.2 Beherampura, Amraiwadi

Water, Sanitation, and Hygiene: Water available only for a limited time, and in some areas water is not consumable, no sewage treatment, and drainage issues which causes sewage to overflow are there. No toilets in one area.

Health: Health issues are there as the area is not hygienic and sewages get clogged within 10 to 15 days. This causes diseases like malaria, cholera, dengue, and so on.

Early childhood development: Early childhood development is hampered as in many areas anganwadi and asha workers are not working.

Education: Online education is not feasible as some don't have a phone and some children play games instead of attending online classes on the phone.

3.4.3 Juhapura

Water, Sanitation, and Hygiene: No water or sanitation issues in few settlements. Other areas reported polluted water and garbage trucks don't pick up the garbage due to which the areas are dirty.

Health: People in some areas have been suffering from diseases due to unhygienic surroundings.

Nutrition: Nutritional needs of children in Sankalit Nagar have been affected as anganwadi workers are not working here. In other areas, anganwadi workers come only to provide food aid once or twice a month or to collect some data.

Early childhood development: Early childhood development has been affected as many anganwadi workers could not work due to the lockdown.

Education: Online education is not feasible as some don't have a phone and some children play games instead of attending online classes on the phone.

3.4.4 Vasna

Water, Sanitation, and Hygiene: Sewage water overflows every 10-15 days in a few chalis.

Health: Diseases like malaria and dengue spread easily in Khodiyar as it is not cleaned.

Nutrition: Anganwadi workers are regular and so children are getting nutrition in some areas but no one is coming since lockdown in other areas.

Early childhood development: development of children affected in some areas since asha and anganwadi workers were not available and busy with work related to COVID-19.

Education: Online education is a major issue as those who have phones don't know how to use the apps to study and many don't understand what the teacher is saying. Many children also use the phone to play instead of studying.



1. A painting competition was organized with the support of AMC under the Swachha Sarvekshan 2021 and UMC/USAID under the MISAAL program, to encourage children to explore issues related to covid, sanitation and hygiene



1. Covid Awareness Roadshow in the Walled City of Ahmedabad
2. Covid Awareness in Household level group meetings
3. Public Miking in the walled city

3.5 Covid Awareness Activities

The main mediums used to spread awareness about Covid by the government were in the form of messages during phone calls, public announcements with auto rickshaws etc. The general public got a lot of their information from the internet or newspapers. However, among the informal sector, access to the correct information was difficult at times. For example, many people only got news from Whatsapp messages or from word of mouth, and due to this there was a lot of confusion regarding Covid and the risks associated with it. The community people also did not understand the logic behind the steps they had been asked to take. At the same time, due to difficulties caused by lost livelihoods, they really needed to be able to move outdoors and search for work. Hence, covid precautions took a back seat. Therefore, covid Awareness activities were conducted using different mediums for different target groups.

3.5.1 Settlement scale Awareness through Roadshows and Banners

At the settlement scale, the activities were first conducted using banners and hoardings designed with the support of UMC under the ongoing MISAAL project. These banners were used to perform roadshows by including children and community members in the settlements. Strategic areas within the settlements, where many people pass from were selected to place the banners and boards. This attracted the attention of people passing by, both from the community and from outside. The community members answered any questions that the participants had based on the training provided to them by the Saath teams. Through this, they were able to clear doubts and provide clarifications regarding importance of mask wearing, hand washing etc.

3.5.2 Behaviour Change Communication Focused on Children

Since children in the community were not aware about the proper habits of personal hygiene,

pecially focused activities were designed to communicate the importance of hand-washing and mask wearing to the children. A group meeting was organized in the communities with proper social distancing measures. All children were gathered, and formed a line. At the head of the line, each child was given a free mask and taught how to wash hands with a practical demonstration. They were then told about the importance of doing this every time they came home from outside, every time they went to eat, and after they had used the toilet. Through this activity, the children became aware about the steps that they needed to take every day. Furthermore, children were also able to influence their parents by demonstrating the good behaviour to them.

3.5.3 Awareness through Radio Broadcasts and Public Miking with Radio Nazariya

Saath had partnered with Radio Nazariya, a Radio Station operated by Dhrishti Media, to create awareness through radio broadcasts. Apart from production and broadcasting, Radio Nazariya team conducted the miking activity. For miking, the team had arranged four auto-rickshaws with speakers and sound system attached.

These rickshaws roamed around various parts of the city and circulated awareness messages regarding COVID-19 and also played promos and jingles on social distancing, masks, and other important aspects related to COVID-19. During the miking activity, the team also interacted with people from the community to understand their views on COVID, how it is affecting them, and the challenges that they are dealing with like sanitation, children's education, and so on.

3.5.4 Covid Notice Boards and Mass IEC through Public Messaging

In order to ensure that all community members had easy access to the resources that they needed in case they had any emergency or issue related to Covid, a noticeboard was prepared with the members of the area committee, which listed all the basic contact details of the individuals and organizations that could help anybody affected



1. Teaching children in Informal Settlements the importance of washing hands through behaviour change communication and practical demonstration
2. Using action songs as behaviour change communication tools. Hygiene kits were distributed to families who could not afford soap during the lockdown.



1. Awareness slogans painted on walls in Informal settlements to constantly remind residents of Covid Prevention Measures
2. Covid Noticeboards - with data gathered by settlement level Covid Committees, for informing residents about testing and treatment options
3. workshops for menstrual health and Hygiene, conducted with social distancing measures

with covid. This included the details of ward level AMC officials and nearest private and public testing centres. These noticeboards were placed at strategic locations within each settlement.

In addition to the noticeboards, committee members decided 10 slogans that they wanted to permanently display in their areas, related to keeping the area clean. This included messages related to not littering, spitting, wearing masks etc, for providing continuous reminders to the communities. Total 800 such messages were painted across the various settlements where the committees were active.

3.5.5 Menstrual Health Awareness

Additional awareness activities were conducted in the settlements to help the communities cope with various stresses that they were facing. These included activities on menstrual health and hygiene which is an important component of personal hygiene for women and girls. From basic interaction with committees, it was established that girls and some women of the area do not use Sanitary Pads and even using it, they dispose in the drainage pipeline which would be dangerous and infectious, also causing issues of drainage lines chocking up.

Meetings were organised with social distancing in order to generate awareness about proper menstrual hygiene. The meetings were also supported by Unipads – a company manufacturing re-usable sanitary napkins, that can be washed and re-used. A sample pack of 4 Unipads was distributed to each adolescent girl who took part in the activity.

During the meetings few participants raised the questions about the menstrual cycle. They also complained about family disputes and superstitions of the older people which stops girls from using sanitary pads. The presence of older women in the meetings helped the committees and resource persons to clarify the doubts about menstruation among the participants.

3.5.6 Awareness activities with men about Domestic Violence

During lockdowns, it was reported that incidences of domestic violence were increasing. So, field officers organized a meeting with adult males and committee members to discuss this issue. Participants were given a chance to open up about the pressures and tensions that they were facing. After these issues were discussed, they were counselled on the issues that can occur due to domestic violence, and why they needed to make sure that it was not happening.



They were told about how violence can also be verbal and in the form of abuse, not just physical. They were also informed about the trauma that such incidences could cause for women and children, and the participants agreed that they should try to ensure that such issues do not happen in the future.

3.6 Supplementary Classes

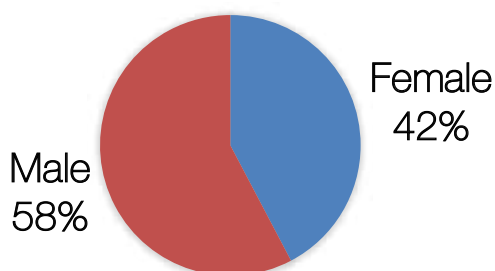
Many members in the community could not afford smart phones for online classes and required tuition classes in the neighbourhood. To respond to this need, classes were set up in 20 settlements. The purpose of classes is to provide basic education including alphabets & numbers, Tables and General Knowledge. In addition to this, the main objective was to keep children engaged and make sure that the gap in schooling does not lead to children or parents not wanting to continue their education. The classes were promoting creative ways of learning along with games, drawings and other activities.



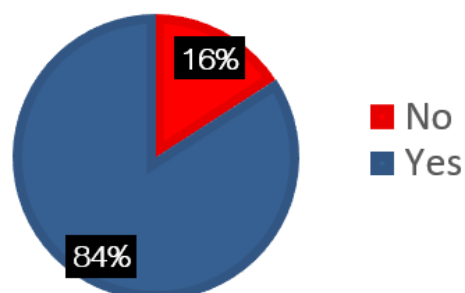
It was also ensured that the classes are not free. The committee members decided a nominal fee that the parents would have to pay for the tuition. This money went directly to the teacher, who was also supported by Saath with a nominal honorarium. This ensured that the teacher was held accountable and the parents also made sure that the children attended the classes. Parents meetings were also held to update them about the progress and to request them to ensure 100% attendance of the children.



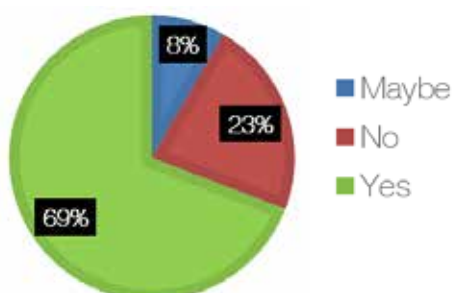
1. Focus Group Discussions with Men to understand whether or not domestic violence increased during the lockdowns and what could be done to prevent it.
- 2,3. Community based Supplementary classes for ensuring that education continued in spite of the lockdown



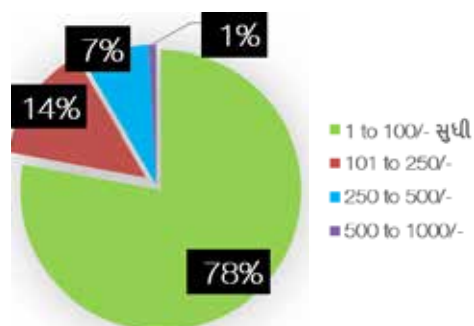
Proportion of Male and Female Respondents



Proportion of people who were aware that vaccination is required to prevent Covid



Proportion of people who want to get vaccinated when the vaccine becomes available



Proportion of the amounts that respondents who wanted to pay for vaccination were willing to pay for vaccination

3.7 Rapid Assessment for Vaccination

A rapid assessment on the perception towards the Covid Vaccine among the community was carried out. A total of 227 samples were collected from 47 settlements across 4 areas in Ahmedabad. The questions that were asked in the survey were:

- Gender of the Respondent
- Are they aware about the Vaccine?
- Do they want to Get Vaccinated
- Do they want to get Vaccinated for Free?
- How much would they be willing to pay?
- Why do you not want to get vaccinated?

The survey results are as follows:

- 58% of the respondents were male as opposed to 42% female
- 84% of the respondents have stated that they are aware about the vaccine
- 69% respondents have stated that they want to get vaccinated. However, 31% of the respondents have stated that they are either not sure or do not want to be vaccinated
- Most people are willing to pay for the vaccine – 78% are willing to pay between 0-100 Rs, and others are willing to pay higher as well as per figure 3

Reasons given by respondents for not wanting to get Vaccinated	Number of Respondents
Afraid/Sceptical of Side Effects	26
Are not aware about vaccine	4
Does not believe in Vaccination	3
Does not Feel the Need for a Vaccine because of Good Health	7
Does not think Vaccine is Effective	5
Feel that it is a Pointless Expense, Does not Feel the Need for a Vaccine because of Good Health	3
Government is misleading people, there is nothing like Covid-19	1
Other	2
Total	51

Section 4 - Post Covid

Recovery for Communities

Based on the results seen in the post lockdown response through the Covid Resource Centers, a long term plan has been devised based with 3 important focus areas:

1. Community Leadership and Resilience Building
2. Health and Education Focused Resource Centers
3. Rebooting lost livelihoods in the informal sector

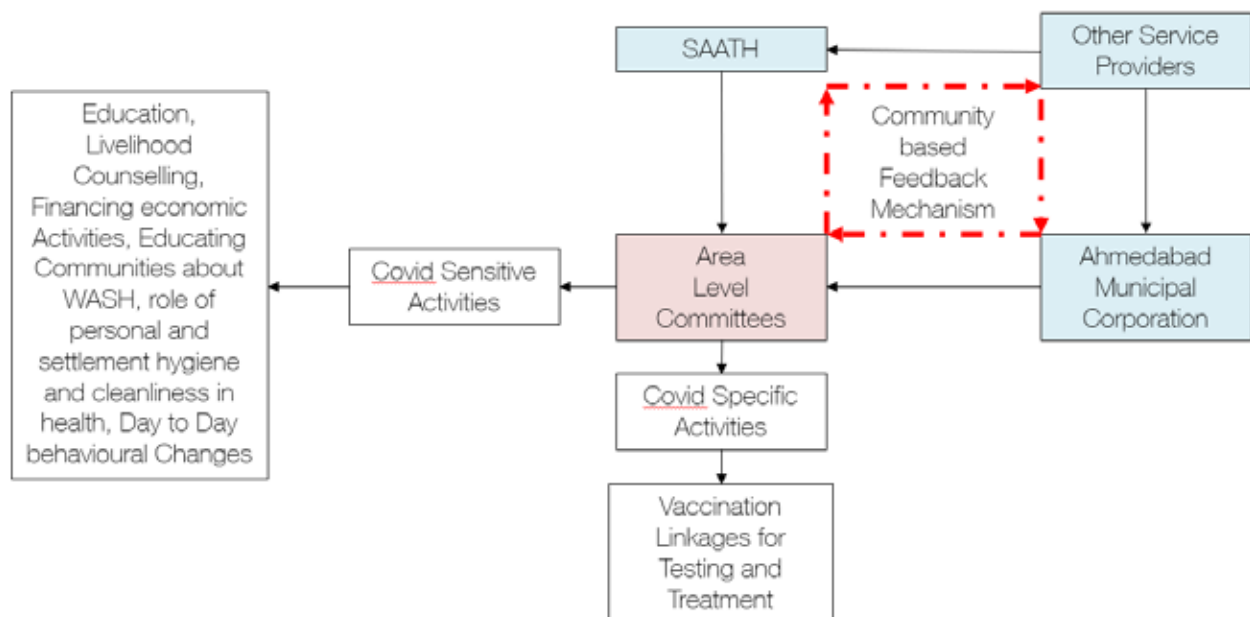
4.1 Community Leadership and Resilience Building

An important aspect of the future interventions related to Covid and other kinds of stressors in general needs to be to build leadership and resilience within communities. The future work proposed by Saath is centred around the "Resource Center" and "Area based Committee" models. Through this model, it becomes possible to ensure participation in ongoing development processes. This is being demonstrated by Saath teams in fields other than emergencies as well – with committees presently conducting participatory need assessments for livelihoods for youth and women, baseline surveys for health related programs and becoming more involved in monitoring ongoing activities in their areas such as ASHA workers and Anganwadis.

In the future phases of the resource centre approach, we aim to work on the following sectors:

1. Vaccination Awareness Through Miking and Roadshow
2. Identifying critical persons who need the vaccine on priority
3. Linkage of Local persons with Vaccine, Ensuring high vaccine coverage as rollout proceeds
4. Awareness about continued covid prevention measures
5. Implementing Supplementary education classes
6. Linkages of Affected and vulnerable Families with Government schemes where applicable
7. Awareness about role of Personal Hygiene in maintaining health

Target Group	Main Impact faced due to Covid	Steps taken so Far by Covid Resource Centers
Informal Settlement as a Whole	Improper information about Covid and mixed information about government steps and policies	Awareness campaign Hygiene kit distribution
Pregnant Women and New Mothers	Malnutrition and decreased access to medication	Ration Kit Distribution Supporting ASHA workers
Widows	Food Insecurity	Linking with Pension Schemes, Ration Kit Distribution
Disabled Persons	Lost Livelihoods and Food Insecurity	Linking with Pension Schemes, Ration Kit Distribution
Children – 0-5 years	Anganwadis stopped functioning, malnutrition, broken early childhood education	Personal hygiene awareness, supporting anganwadi workers
Children 6-13 Years	Lost education time due to school closure	Community based tuition classes started
Adolescent/ High School Boys	Lost education time due to school closure	Community based tuition classes started
Adolescent/High School Girls	Lost education time due to school closure, Girls unlikely to be re-enrolled after Std 8th.	Menstrual Hygiene Awareness, Community based tuition classes started
Youth	Lost and disrupted livelihoods	Livelihood linkages with ongoing Saath livelihood training programs
House wives	Increased pressures due to food insecurity, increased domestic violence	Ration Kit Distribution, Domestic violence counselling with men
Working men/ women	Lost and disrupted livelihoods, Mental pressure regarding future, strained family relationships	Ration Kit Distribution, Livelihood linkages with ongoing Saath livelihood training programs



Creating a long term mechanism for community engagement

8. Lifeskills and Gender Sensitization Activities for Adolescents
9. Counselling for Covid impacted families
10. Nutrition support for pregnant women and young children
11. Enabling access to coaching services for entrance exam
12. Training of Committees for engaging with AMC
13. Training of the committees for effective communication
14. Monitoring local Anganwadis
15. Engaging with school management committees

4.2 Health Resource Centres

The root causes for the problem faced during the lockdowns by the informal sector were manifold including poor access to public/ government health schemes and health services, pseudo or no participation and lack of awareness among slum population, availability, access and usage of health services, and hidden costs such as addictions.

It is important that healthcare needs of women and children in informal settlements are attended to and above mentioned barriers are addressed. This needs to happen at their doorstep and trust in

public health systems needs to be built up. Saath has implemented covid resource centres and seen a marked impact in the community as described in the section above. As a next step in the evolution of these centres and the community resources that have been mobilized, we propose "Health Resource Centres" in Ahmedabad city to improve access to health services.

During covid 19 and even before it access to basic services for women and children such as family planning and immunization had been affected. There is a fear of increase in maternal and under 5 mortalities due to increase in unwanted pregnancies, breakdown of preventive services and inefficient emergency services in public and private sector. One of the major barriers to effective fight against COVID-19 has been absence or deficient messaging to the community regarding the severity of the virus and importance of observing preventive measures such as use of masks and social distancing. In this situation, it is even more important to have a facility that has support and trust of community and acts as a bridge between the slum dwellers and healthcare services.

The main purpose is to establish centres which

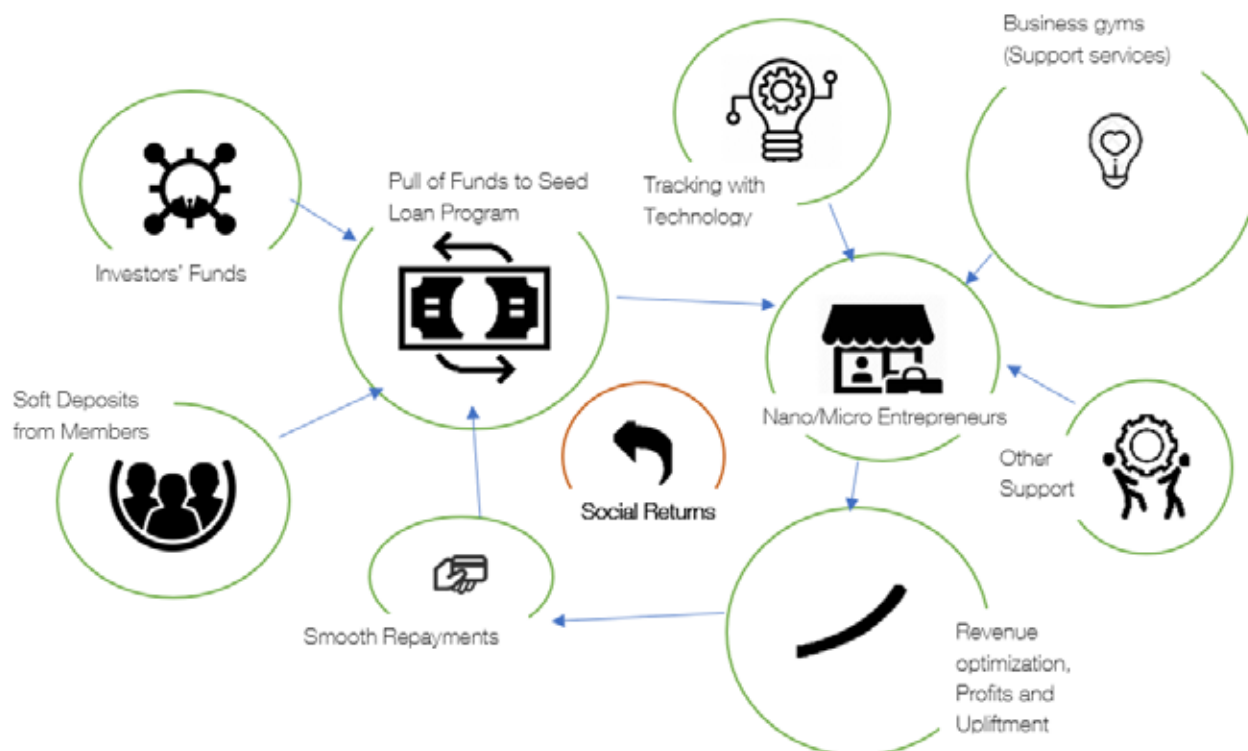
provide one stop solutions to healthcare needs of women and child 0-5 years from vulnerable populations. These centres are anticipated to become self-sustained in 2-3 years. The solution proposed ensures improved awareness about preventive and curative healthcare and affordable healthcare at door steps for these economically weaker sections of the society. The reach and efficiency of existing government schemes for the most vulnerable will increase. It is aligned with SDGs 3, 5, 6, 10, 11 and 17 as it would lead to improvement in overall quality of life in women and children in urban areas ensuring involvement of relevant stakeholders.

4.3 Rebooting Livelihoods in the Informal Sector

Money is now a crucial commodity to live and more so for the economically weak sections of society. This needs urgent address in these critical times. And to make this happen in our own way we present the following value proposition.

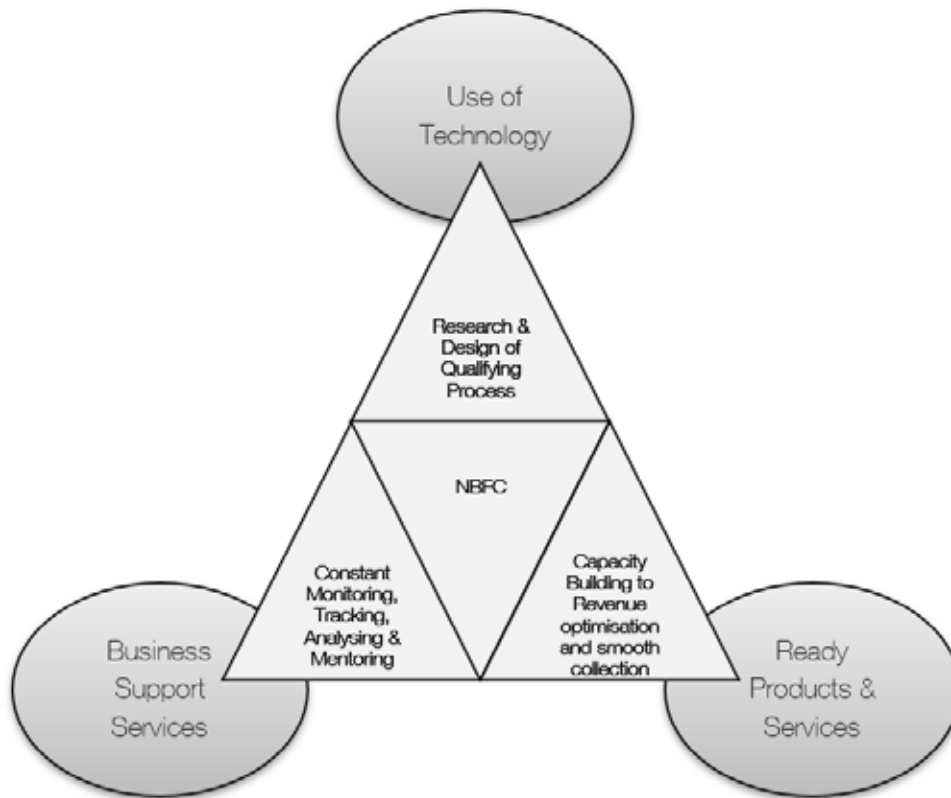
Saath's financial institutional partners - the Saath Savings and Credit Cooperative Society and the Saath Mahila Savings and Credit Cooperative Society - serve micro-entrepreneurs and informal hawkers and vendors with savings and credit solutions. In these times of pandemic, Saath has aided and come up with solutions for the severely affected livelihoods and other support systems for the poor, primarily migrant workers, urban slum dwellers, micro-entrepreneurs and other sections of the economically weak societies. Public schemes announced intend to benefit these same people through credit solutions which the Saath cooperatives can channelize and leverage.

Therefore, it now envisions a powerful way of addressing this as a highly viable market of microfinance and associated services that could raise the livelihoods of a lakh of beneficiaries within a year by setting up a Seed Loan Program. This program is slated to create quantified value creation for its investors and thus this is a proposition to investors for maximizing their social impact and reaching the maxim of social good.



The above value map shows how the a support system like Saath's Micro Entrepreneurship training and mentorship program could help create value for investors through the

rebooting livelihoods seed loan program.



Thus, the above proposition maximises both the investors' social profile and the beneficiary micro-entrepreneurs and informal vendors with other such intended beneficiaries. This is a mammoth opportunity to create a win-win for many.

three vertices to encompass members:

1. Use of Technology
2. Business Support Services
3. Ready Products and Services

4.3.1 Aims of the Seed Loan Program

1. To Decrease the informality by raising organization of the sets of nano/micro-entrepreneurs
2. To Maximize cooperation and networking across the micro-entrepreneurs for social security
3. To Increase bargaining power of the concerned micro-entrepreneurs by raising representation
4. To reach 5,00,000 people that indicate 'the Saath Universe of Potential Clients'

In implementing this approach, the Seed Loan Program would be creative, constantly adding value, sensitive, vigilant, supportive and transparent to the process.

The first vertex is Technology enabled solution that works with obtaining data and analytics for the Investors in Saath Credit Cooperatives. The components of this digital platform are:

1. Representation of beneficiaries (a dashboard that represents the profile of the members the investor is impacting)
2. Representation of the members performance over time (how the member is progressing over time economically)
3. Representation of the net impact on the members household

4.3.2 The Solutions Triangle

A member is either a micro-entrepreneur, a service giver such a home manager, a farmer, or individual who is under the weaker sections of society. Saath now offers bold sets of a vision which it calls the 'The Solutions Triangle'; a three pronged way of creating value for its Investors and facilitating the growth of its members (clients). The Solutions Triangle has

The above points are to create a sense of clarity and comfort for the investor who would now know that his/her money is reaching the intended sections and members of the society.

Next, the digital platform would also incorporate systems and services for its members such as:

1. Disbursements
2. Payments of instalments
3. Appraisals
4. Collections

Furthermore, the digital platform would also serve as a gateway or mode of sharing important news and information such as meteorological advice for farmers, schemes for micro businesses owners etc. Thus the platform can act as a gateway of relevant news and opportunities.

The second vertex is the Saath offering of its Business Support Services. The benefits of micro-entrepreneurship are widely recognised, several problems are attached to forming, running and sustaining these enterprises in India. Individual micro entrepreneurs (IMEs) operate on a small scale with daily transactions and small to non-existent profit margins. Their businesses are precarious, at constant risk of stagnation or complete failure. The essential component for developing their business is knowledge of the product, the business, the market and strategies for effectively administering their business and increasing their competitiveness and productivity. Based on this understanding, SAATH will offer its 'Business Gym' concept, to encourage setting up new enterprises, and provide support to existing entrepreneurs who are members. The gym offers education on theoretical concepts and practical learning to new and existing member entrepreneurs. Mentors of the gym help enrolled members to understand various facets of entrepreneurship, apply the learning and constantly assess the impact the program has had on them.

The Third Vertex is the set of ready products and services that would be available to the members to sell or trade in. The set of products and services would be carefully designed and priced aggressively so that the members can make incremental and progressively better economic



Beneficiaries of the First Tranche of Rebooting Livelihoods loans disbursed in October 2020. Amounts have been used to purchase goods, materials etc.



results for themselves. The products could be alternatives to existing products or services in the market. This would certainly reduce the burden of making bad choices or decisions that could lead to business failure thus minimising the risk for the investors as well.



Beneficiaries and businesses supported by the rebooting livelihoods fund so far - tailoring, men's hair salon and a tent-house business

Section 5 - Conclusions and Way Forward

The objective of this report was to document the activities conducted by Saath in response to the Covid pandemic, and to highlight the role of community participation in the response to the crisis. The vulnerabilities of the urban poor make them more susceptible to the effects of a social and economic crisis like the pandemic and in such a scenario, their own collective resilience is one of the few strengths that can be leveraged to help them respond to such crises.

The area based committee approach was undertaken to try to maximise community leadership, ownership and participation in the program implementation. The following impacts have been observed through the work of the area level Covid committees so far:

Impact of peer pressure and peer support

1. Increased mask wearing among adults and among children
2. People were afraid to get tested for covid – earlier they would not tell others if they were feeling feverish or feeling a cough
3. Now people are not afraid to get tested for covid

Impact of leadership

1. Better distribution of aid – now when aid is coming to the settlement, the committee makes sure it goes to the people who are really in need
2. Committee members are asking for specific type of aid for particular families
3. Implemented local tuition classes – identified teachers and students

Capacity building

1. Communities learn how to conduct events, organize public
2. Implementing plan by identifying location and wall for messages and Conducted vaccination survey and learn how to gather data

Impact of awareness

1. Locations and process for covid testing are

now widely known

2. Children wash hands after coming home from outside and Adolescent girls are now having the proper knowledge about menstrual hygiene

Through the proposed interventions of health focused resource centers, rebooting livelihoods and community capacity building, we hope to continue the processes that have been kick-started in response to the pandemic. Developing local leadership and skills, the impact of even limited investment can be maximised.

By keeping the leaders and members from urban poor communities involved in the decision making, planning and implementation processes for various forms of relief in response to covid, an essential impact has been that their capacities to respond to issues has begun to be built up. As community members gather, debate on ways to approach a crises, study the issues that they face using tools such as problem tree analysis and take action for creating impact, through advocacy, awareness or communication, they realise that they are capable of organizing their fellow community members and creating a positive impact on their settlements as a whole.

We thank our various donors and partners who have supported us throughout our activities since the pandemic started and continue to support our work.



Saath has empowered more than 15,00,000 individuals in thirty years. Your support can help Saath move towards the goal of creating inclusive societies with empowered families and communities.

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