



Provide emergency relief in crisis situations: MHT's immediate response to COVID-19 pandemic

CONTEXT

The COVID-19 pandemic has compounded vulnerabilities faced by the urban poor, most of whom are engaged in the informal economy with irregular employment, no job or social security, and limited access to credit. Living in dense urban informal settlements that are prone to deficiency of basic amenities like safe drinking water, sanitation, housing, and health care services, and dependent on shared community resources, makes slum residents highly susceptible to COVID-19 and other infectious diseases. Following protocols for social distancing and hand washing is simply not feasible. Residents living in smaller units also have no option to isolate themselves in a separate room with dedicated water-sanitation facilities.

The lock-downs following the pandemic have resulted in severe losses in livelihoods. The International Labour

Organization (ILO) has predicted that an estimated 400 million informal sector workers are at risk of abject poverty in India due to the COVID-19 crisis (ILO, 2020).

Home-based workers, a significant subset of the informal sector, are a group that is severely affected. In a survey conducted on women home-based workers in Delhi, 91.4% of respondents reported a complete loss of livelihoods. 71.4% of women also reported an increase in child and elderly care work and domestic work, such as cooking and cleaning. (Shekharan & Dutta, 2020). Home-based workers continue to struggle with a decrease in new orders and the lack of available raw materials. With inadequate documentation, photo identity, and no formal bank accounts, the informal workers also remain excluded from availing the benefits of the government's relief

measures and social security schemes. Even those who benefit from immediate relief and welfare measures are struggling to sustain it for the long run.

MHT'S APPROACH

As an organization deeply rooted in grassroots work, Mahila Housing SEWA Trust (MHT) has been on the front lines of emergency relief efforts in the country in the past several crises. During the 2001 Gujarat earthquake, they reconstructed seven thousand houses across thirty villages. They also undertook disaster mitigation measures along with skill-building and training of construction workers. During the 2002 Gujarat riots, they arranged for relief materials, trauma counseling, and rehabilitation for affected people. In 2019 MHT undertook relief activities for families struck by Cyclone Fani.

When the COVID-19 pandemic hit in March 2020, MHT was among the first responders mobilizing immediate relief and direct assistance to ensure that food and essential supplies, such as medicines and sanitation kits, reach the vulnerable communities. MHT's response strategy focused on Access, Awareness, and Adaptation (Mahila Housing SEWA Trust). With the extended lockdowns, the organization quickly adapted to working effectively remotely leveraging Digi-tech platforms to communicate and coordinate activities across the organization, community members, and communities. Between March 2020 and May 2021, MHT reached 15 lakh (1.5 million) individuals through their relief

work. MHT's work extends much beyond immediate relief. They have been actively advocating towards an equitable recovery post-pandemic, focusing on healthier and resilient living and working environments and livelihood sustainability.

Mobilizing immediate support for the most vulnerable families

The extended lockdowns severely impacted the livelihoods of informal sector workers leaving, families in dire straits unable to afford food and essential sanitation items such as soaps, masks, and sanitizers. The first response of MHT was to ensure that food and health kits reached those who are the most vulnerable. MHT recognized the need to adapt its fundraising approach to mobilize support in a short time to fulfill the overwhelming needs in communities. It immediately created a COVID-19 fund. Other than reaching out to its donors, they forged partnerships with individual donors, private organizations, and elected representatives to mobilize the required resources. They prepared three types of kits to provide basic necessities at the household and community level—a household health kit consisting of immunity boosters such as tablets of zinc, vitamins, vaporizers, and soap; a household food kit with essential pantry staples; and a health monitoring kit distributed, at the community level. MHT leveraged its strong community presence and network of Community Action Groups (CAGs) to reach thirty thousand vulnerable households across eleven cities.

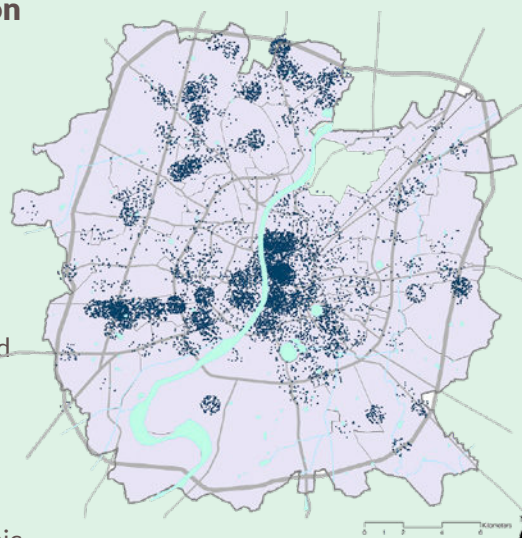
Box 1

Creating a spatial database of the homeless population

Ahmedabad, Gujarat

The migrant crisis triggered by the COVID-19 pandemic brought attention to issues of food security, sanitation, housing and public health facing the urban poor and also the limitations and gaps in data to effectively address these issues.

Between December 2019 and April 2020, MHT carried out a detailed survey of the homeless populations within the Ahmedabad city boundary to identify pressing concerns and address problems of shelter insecurity. The survey recorded the spatial locations of the 10,315 homeless people and geo-tagged them on a map to understand their distribution, living conditions and vulnerabilities. This spatial database proved immensely helpful during the pandemic to reach out to these most vulnerable groups and connect them with shelter, food, supplies and medical support.



Population distribution of homeless in Ahmedabad identified through geo-tagging

They also provided a staggering 1.38 lakh (0.13 million) meals to people from various communities (Mahila Housing SEWA Trust). They mobilized more than INR 1.3 lakhs (USD 1748) in government subsidies through their Public Distribution System (PDS) and other schemes.

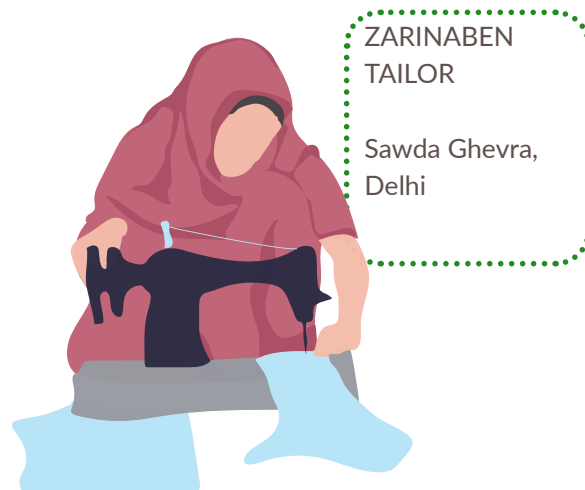
Training community leaders to be at the front lines of COVID-19 response

Investing in women's collectives at the grassroots and empowering them with the right knowledge and training to constructively engage with government and service providers has been at the core of all of MHT's work. During the COVID-19 crisis, the CAGs played a central role in identifying community demands, disseminating timely information, and ensuring efficient, effective, and inclusive distribution of relief. Throughout the pandemic, MHT conducted repeated virtual meetings and training with CAG members on distancing protocols; vital information about the virus including testing and treatment options and helplines; and government relief and insurance schemes.

In the immediacy of the pandemic, the CAGs focused on addressing the panic and anxieties created by the imposition of lock-downs and loss of livelihoods. They helped to prevent hoarding and to ensure access to rations, basic supplies, and cooked meals. Recognizing the sudden surge in demand for masks and PPE kits, many CAG members also stitched and distributed masks for free among residents and front-line health workers. The CAGs also played a crucial role in fighting fake news, busting vaccine myths, and providing communities with accurate information about the vaccines and their benefits. They helped community residents overcome technological barriers and register for vaccines on the Government's portal. MHT is also preparing to conduct local vaccination drives with hospitals and government agencies in partnership with the CAGs. The pandemic has brought to focus the role of grassroots women's collectives as essential bridges between the community and the 'outside' world (WIEGO, 2021).

Providing financial assistance

MHT's COVID-19 impact survey data from May 2020 revealed an urgent demand for immediate cash support among informal sector workers that can stabilize their financial conditions in the longer run. In Ranchi, MHT supported women construction workers with 0% interest loans to help re-establish their income sources and build back their lives. They also linked people with



“When I heard about a shortage of masks in my community, I stitched and distributed around two thousand masks for free. With the local CAG at Sawda Ghevra, I helped a hundred migrants who were brought to a nearby school-turned-quarantine facility. We supported them with food, clothes, and basic supplies. We also counseled them through the tough times and became mediators between the migrants and local authorities for availing supplies.”

government cash benefit programs such as the PM Jan Dhan Yojana, Vidhwa Pension Scheme, Pension for Women and Differently Abled, Pension to Senior Citizens, and Direct Benefit Transfers to construction workers. The CAGs led financial literacy efforts in communities and helped families' procure the right documents, open bank accounts, check their balances, carry out digital transactions, and manage their finances. Building on these learnings, MHT is also working on developing a financial support and compensation strategy for future crises, keeping the constraints of the urban poor communities in mind.

Supporting access to preventive and supportive healthcare and information

The rampant misinformation and disinformation about the safety and efficacy of vaccines combined with limited access to reliable healthcare, shortage of vaccines and drugs, and singular reliance on digital portals for vaccine registration are the major reasons for vaccine hesitancy in low-income communities. MHT conducts

awareness drives in communities, disseminating the right information about vaccination benefits; managing non-communicable diseases and other vulnerabilities, and treatment options for COVID-19. They utilize digital platforms such as Interactive Voice Response (IVR) and WhatsApp to reach communities with reliable information. In October 2020, MHT also launched the “Jagruti” app that generates awareness by means of informative videos and quizzes on topics like health, education and, COVID-19 awareness, with a special focus on child and maternal health, nutrition, and parenting. Additionally, MHT helped connect individuals requiring healthcare treatment, especially pregnant women and children, to government health centers and hospitals.

MHT also recognized the need for quarantine centers in low-income communities where multiple family members share small living spaces, contributing to the faster spread of the virus. They supported the local government in identifying and setting up these centers. MHT along with People in Centre, in partnership with Selco Foundation, also prepared a “Compendium of norms for designing a quarantine facility in response to COVID-19” which provides a comprehensive set of recommendations to set up medically safe, energy-efficient, and cost-effective quarantine facilities.

LEARNING AND DIRECTION OF FUTURE ADVOCACY

1) Grassroots institutions should be recognized as an integral part of the response and recovery efforts in disaster and crisis situations and the government must co-opt them into crisis management and recovery efforts. Across the country, these groups have proved crucial in providing support to vulnerable groups when the State and other institutions were either closed or slow to adapt to the changing situation. They can provide crucial information on communities, their vulnerabilities, and their demands needed to make targeted interventions.

2) The COVID-19 pandemic has brought to attention the limitations and gaps in data available with local governments to effectively respond to crisis situations as well as to improve the day-to-day functioning of public health and other city systems. While the national Census survey collects valuable data on demographic and socio-physical characteristics, housing, and living conditions of households across

the country, the disaggregated data (at the lowest level of administration) is often not made available to local governments. The data also gets dated very quickly. Targeted household-level surveys gather data in greater detail, but their sample sizes are too small to provide statistically valid data on individual cities. In the context of rapid urbanization, city governments must advance the development of spatial databases that are accurate, current, and relevant to assess and address issues of housing and social welfare.

4) A three-fold response – relief, recovery, and resilience – to disaster situations can aid a strategic approach to tackle its harmful impacts. Relief is essential for urgent and appropriate humanitarian assistance to reduce the immediate trauma and damage. After immediate relief and short-term needs are stabilized, the focus should be to restore services and reconstruct communities through recovery mechanisms. Lastly, building resilience assists communities to reduce the negative impacts and cope with the adversity of disasters and crisis situations.

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