MAMTA Health Institute for Mother and Child (MAMTA) is an institute registered under Society Registration Act 1860, in Delhi, India. Since its inception in 1990, MAMTA has been at the forefront of addressing the needs of marginalized, vulnerable and underserved population through community intervention, capacity building, research, policy advocacy in partnerships with central and state governments, corporate and their foundations, and like-minded national and international non-government organisations. Being inclusive and equitable is pivotal for serving the marginalised and underserved.
The inception of COVID19, in India, in the month of March 2020 brought in disturbances in lives of almost every citizen. The threat created by COVID19 is not limited to health alone, it is also acting as a threat for an entire ecosystem of communities in terms of loss of livelihood opportunities, jobs and businesses including a scarcity of nutrition and other essential medicine & health services. The government’s effort to curb this loss has been initiated and is being continued till date. Along with the Government efforts, the non-government organisations (NGOs) also took responsibility and acted in their respective capacities.

And therefore, MAMTA HIMC initiated a dedicated online crowdfunding campaign. It is well-coordinated and multi-pronged community care and support system that has been planned and put in place to utilise the advances of the crowd funding campaign. Under the campaign, consideration was given communities residing in low resource settings living in vulnerable situations.

**BACKGROUND**

The campaign has been conceptualised to promptly safeguard the most vulnerable communities of Delhi / NCR region from COVID19 infection and its consequences - both, for immediate needs and for anticipated needs that may emerge in a slightly longer duration. Campaign activities are done to meet the below stated objectives-

- **Formation of a Pool of Trained Volunteers** They manage all field related issues and each volunteer responsible looks after 250 households
- **Providing correct information on prevention and early detection from COVID19** (through Inter-Personal Communication and digital platforms) with a focus on high-risk groups
- **High-risk cases (pregnant, lactating (1-6 month), old age 60+ migrant and family with no livelihood measured)** and linked to the government health clinics (PHCs/CHCs and to district action committees) and ensured follow-ups at regular intervals
- **Distribution of basic personal protection equipment (PPE) to Volunteers** and the community
- **Reach**: The campaign has been planned to reach a population of one lakh twenty-five thousand beneficiaries residing in the most vulnerable pockets of Delhi / Noida.

**CAMPAIGN SPECIFICS**

- **Geography**: The resettlement colonies are densely populated, having narrow lanes and are hard to reach. Among the residents of such places, the issues range from poor information on COVID19 prevention and management - the struggle to meet their basic needs. The campaign activities are planned for urban slums and resettlement colonies of Kirari Sulemanpur in North West Delhi & Noida.
- **Duration**: The campaign activities are planned for duration of 6 months starting from May 2020 to October 2020. The scope for extending the campaign is need-based and the duration beyond October 2020 is kept open.

**Progress update of on-going COVID19 campaign in North-West Delhi and Noida between May and August, 2020**
Key focussed beneficiary: Campaign targeted each community person as a beneficiary. But to target, the neediest and vulnerable campaign focussed pregnant women, lactating women (women with a child below 2 years of age), elder persons (above 60 years) and the person with comorbidity as key and focussed beneficiary.

To achieve the campaign objectives, activities are planned for strengthening the existing system as well as supporting the community.

CAMPAIGN ACTIVITIES

System strengthening is planned mainly through capacity building of the frontline staff while equipping them with safety and security measures. Community strengthening is done through reaching (digitally and in-person) to the communities with right and timely information on the prevention and management of COVID19, linking them with the available facilities and services.

To create a trained workforce for reaching out the maximum population, existing front line workers were sensitized on COVID19 prevention and management methods, the importance of continued management of other health issues especially maternal-child health. Other than this, community volunteers are established. Volunteers are also regularly trained and handholding support is being given to address the changing challenges at the community level. With the regular changing guidelines for COVID19 prevention and management, capacity building and handholding support is being a regular feature of the campaign.

Initially, capacity building initiatives were conducted via the use of digital mediums i.e. during May, June & July 2020. As the situation eased, the frontline workers were met in small groups of 5-6 people, while maintaining social distancing measures for handholding support discussion & coordination.

In order to reach the community with the right information with intent to generate awareness on COVID19 prevention & management initially digital reach was made majorly. In-person reach (wherever needed and possible) were also made for addressing the respective issues.

Awareness was done on all significant aspects such as i) preventive measures including right use of mask, social distancing, cough etiquettes & hand washing & ii) symptoms, early detection and management of infection. To make an effective reach, a need assessment was done (during the time when the movement was strictly prohibited) through online data collection means. This survey was helpful in getting information regarding the number and type of family members. This helped campaign to quickly get the details of most vulnerable members for reaching out to them for needed support, despite strict movement restrictions.
The awareness means under the campaign are kept mix in nature and same is being continued i.e. online means (calls and SMS) as well as offline means (one to one meeting). To ensure that previous gains made by individuals regarding their health especially maternal nutrition, health, child nutrition and health, employment or earnings to meet the basic needs, the campaign ground team actively facilitated linkages of the needy in the community with the existing facility centres. The provision of direct support to the families for nutrition kit, safety kit is also planned towards the respective objective.

For ensuring the safety of frontline service providers including government service providers like ASHA, ANM, Anganwadi Worker (AWW) and campaign volunteers were well equipped with safety kit items, as per need. The safety kit included items like - sanitiser, mask, face shields, gloves, and shoes. Facility centres and other public setups were sanitised for ensuring maximum possible safety of residents

### CAMPAIGN PROGRESS

An update on reach and linkages made between May and August are as follows:

1. **Establishing and strengthening workforce**

   773 volunteers identified and trained on COVID19 awareness - prevention and management. 548 female and 225 male have been trained.

   1,927 service providers that include 1 ANM, 769 ASHA, 1,125 AWW and 32 others are trained and regular handholding (coordinating for linkages) are being provided for linkages for care and service.

2. **Awareness and education**

   84,924 community members reached out for COVID19 prevention and management related information. The awareness is done through various methodologies such as one-on-one interaction, demonstration method, calls and SMS.

3. **Linkages with services, schemes and benefits**

   15,511 beneficiaries are linked to various schemes, services and benefits for health, nutrition, and safety issues. The service wise details are given in Table -1 below:

<table>
<thead>
<tr>
<th>SERVICES / SCHEMES</th>
<th>NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linkages with food and nutrition</td>
<td>7445</td>
</tr>
<tr>
<td>Referral / linkages to health services / system</td>
<td>1701</td>
</tr>
<tr>
<td>Linkages with economic support services / schemes</td>
<td>430</td>
</tr>
<tr>
<td>Installed Aarogya Setu App</td>
<td>5935</td>
</tr>
<tr>
<td>Total</td>
<td>15511</td>
</tr>
</tbody>
</table>

SUPPORTING COMMUNITIES!
During the month of July 2020, an initiative was launched to support the economically distressed population supported by Radico Khaitan. The model is central to generating income related support to people who have suffered losses due to COVID19 pandemic while also generating prevention awareness at the community level.

Under this initiative, five volunteers namely Sapna, Om Prakash, Shiv Narayan Mahato, Ravi and Sachin (suffered income loss- partial or full) were identified from one of the campaign site. Radico Khaitan provided a total of 750 bottles of sanitiser to five volunteers while generating COVID19 prevention awareness. These bottles were equally distributed between the volunteers.

The online orientation of these members was planned and conducted to orient them on the details of how this model is supportive to them. The team from MAMTA HIMC’s Head Office and Mrs Deepshikha Khaitan and Mr Shivraj Khaitan from the Radico Khaitan group joined the training through Zoom (digital platform). During the training session, the respective facilitators presented on following- i) About the Radico Khaitan Company; ii) About the initiative; iii) Operations of the initiative; iv) Self Help Groups (SHGs); & v) COVID-19, it’s symptoms & referral. A dedicated session was conducted to explain the activities to be conducted by the volunteers under this initiative and to address their queries related to this. In the end, the question and answer session were organized for the volunteers.

These volunteers started doing putting efforts to sell the sanitiser bottles in the community while generating awareness as well. Strategies to sell the sanitiser varied as per the location such as - house to house visit, setting up a stall in the areas of large footfall like ration shops etc. Volunteers successfully sold the sanitizer bottles while generating COVID19 awareness simultaneously.

In all, 136 community members were reached for selling the sanitizers and creating prevention related awareness. 135 community members were aware on the health and hygiene, including COVID19 from the identified and trained volunteers, under this initiative. Around 87 community members purchased a total of 276 sanitizer bottles.

An average income of Rs. 900 – Rs. 1200 was made by each volunteer in one month’s time.

Tabular representation of achievements is as follows-

<table>
<thead>
<tr>
<th>SN</th>
<th>SPECIFICATIONS</th>
<th>MALE</th>
<th>FEMALE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of Community members approached</td>
<td>81</td>
<td>55</td>
<td>136</td>
</tr>
<tr>
<td>2</td>
<td>Numbers of members got awareness session on Hygiene Methods</td>
<td>80</td>
<td>55</td>
<td>135</td>
</tr>
<tr>
<td>3</td>
<td>Numbers of community members purchased sanitizer</td>
<td>62</td>
<td>25</td>
<td>87</td>
</tr>
</tbody>
</table>
In response to the COVID-19 pandemic, our government took stringent yet challenging measures such as the nation-wide lockdown to save lives of people and to prepare our health system to deal with this pandemic. The home arrest had severely affected lives of the daily wagers – one’s with not much savings.

Mujbina, a resident of Prem Nagar 1st of Kirari Suleman Nagar, a North-West district of New Delhi. She is a daily wager, married and has 3 children (two girls and a boy.) Her eldest daughter is 12-year-old, followed by a 10-year-old daughter and a 7-year-old son.

Originally from Bihar, the family migrated to Delhi NCR for a better living. During the lockdown, her husband, Noor Alam lost his job – the factory he was working was closed down during the lockdown. The family was left with meagre savings that Mujbina and her husband had saved. As time passed by, they had no money left for even dry ration supply for a family of five. They were troubled and felt tortured and were trying hard to head back to their village in Bihar.

Lack of transport facility and food made this family very dependable. As Mujbina came in touch with one of our ORWs, she told her that no one is distributing ration or cooked food in their area and they do not have a ration card and an Aadhaar Card. Our ORWs then got in touch with Mr. Babban, who is the Pradhan of Prem Nagar 1st.

He facilitated the provision of dry ration and ensured that the family receives all necessary help, immediately. Later, one of our ORW reached out to check on Mujbina. She was in tears and she expressed her heartfelt wishes to MAMTA HIMC for this successful campaign on-ground.

Our team supported families like Tara Devi’s during the lockdown

The nation-wide lockdown had resulted in a multitude of issues for everyone, especially the marginalized section of our society. One representing the marginalized, Tara Devi, a resident of Kirari village led a tough life despite the COVID-19 outbreak.

She is a widow, a mother of two children and a sole earner in the family. Her late husband Mr Ram Kishore died about 25 years ago due to cancer. To meet the essential ends of the family, she started working in a factory. Originally from Gorakhpur in Uttar Pradesh, Tara did not choose to head back to her village. She knew her family had nothing to offer. During the lockdown, the factories were closed down and whatever little she had, was consumed in no time.

Initially, her neighbours tried helping her with some ration but that could not be a sustainable effort. Hearing her condition from people living close by, our supervisor, Ms. Babita and our team members decided to reach her out. Dry ration like wheat flour, rice, pulses and lentils, salt, sugar, cooking oil, spices and condiments were given to the family by MAMTA HIMC.

Our team also counselled her landlord not to take rent from. As soon as she starts working again she will pay rent regularly. The landlord understood her problem and agreed to not take the rent from Tara.