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Staying the course, navigating through the pandemic: lessons in resilience and health equity

A dissemination of our efforts and learning

November 2021

By SNEHA (Society for Nutrition Education and Health Action)



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List of Abbreviations

ANC	Antenatal Care
BMC	Brihanmumbai Municipal Corporation
CAB	COVID Appropriate Behaviour
CAG	Community Action Group
CBO	Community-based Organisation
GOI	Government of India
HC	Health Committee
ICDS	Integrated Child Development Services
IEC	Information Education Communication
IM	Information Management
IYCF	Infant and Young Child Feeding
MAS	<i>Mahila Arogya Samiti</i> (women's health collective)
MCGM	Municipal Corporation of Greater Mumbai
MoHFW	Ministry of Health and Family Welfare
NGO	Non-Governmental Organisation
PDS	Public Distribution System
PHN	Public Health Nurse
PNC	Postnatal Care
THR	Take-Home Ration
WASH	Water, Sanitation and Hygiene
WFH	Work-from-home
WHO	World Health Organisation

Introduction

“When we’ve warmed up a bit, perhaps we shall be able to stand again, and walk. But in any case we had better start by crawling”... says Pippin the hobbit in Tolkien’s *The Lord of the Rings* and the COVID-19 pandemic has perhaps given us enough instances to hold this true!

It was one step at a time through ever changing protocols, new research data about a novel virus and that kept us on our toes as we tried to reach out to some of the most vulnerable communities battling food shortage, loss of livelihood and limited access to routine healthcare or essential services while living in ‘containment zones’. At SNEHA (Society for Nutrition, Education and Health Action), human interactions were the mainstay of building relationships with communities and public systems, until the coronavirus pushed us into a lockdown and propelled us to work hard on reaching people...while remaining distant!

SNEHA is a secular Mumbai-based NGO working for the last 21 years towards improving health, nutrition and safety of women, adolescents and children living in the most vulnerable urban informal settlements. Spanning across the seven cities that fall under the Mumbai Metropolitan Region, SNEHA works in informal urban settlements in Mumbai (Dharavi, Wadala, Govandi, Mankhurd, Malvani, Kurla, Kandivali), Thane (Kalwa and Bhiwandi) and with the health systems in the seven Municipal Corporations of Mumbai, Thane, Kalyan-Dombivali, Vasai-Virar, Mira-Bhayandar, Ulhasnagar and Bhiwandi-Nizampur. In other states of India, SNEHA works in technical partnership with other organisations and the Government to scale our models. Across 2016-21, we reached out to 264,579 people directly with a population reach of 1.2 million people, including children, adolescents, women, men, healthcare providers and frontline workers.

SNEHA’s integrated life-cycle model seeks to break the intergenerational cycle of poor health. This continuum of care approach intervenes at critical junctures: adolescence, pregnancy, childbirth, postpartum, and early childhood, to bring about improvements in health and nutrition of communities, living in the margins of a megapolis, for whom health might not be a priority. Gender-based violence cuts across all stages along the continuum of care.

The outbreak of the COVID-19 pandemic posed fundamental questions about access to health services among the most vulnerable population. The organisation’s intrinsic strength built over the years helped it pivot quickly and respond to the challenges of the pandemic, while also staying focused on routine health services. As the country started limping back on the road to recovery, SNEHA organised a two part webinar series to share key learning and to engage with experts to reflect on the lessons from the pandemic. This report is a brief documentation of SNEHA’s response to the pandemic, as well as a summary of the discussions and deliberations from the webinar series.

Section 1: Stitching together a timely and integrated response

“Storms make the oak grow deeper roots.” (George Herbert)

The initial response to the COVID-19 pandemic was speckled with chaos, iterations and changing decisions for about two months; from this chaos emerged pathways and processes resulting in effective delivery of services and formation of networks that held SNEHA’s response to the most vulnerable communities in good stead. The figure below is a depiction of how we made sense through the initial days of the pandemic and navigated through the crises.

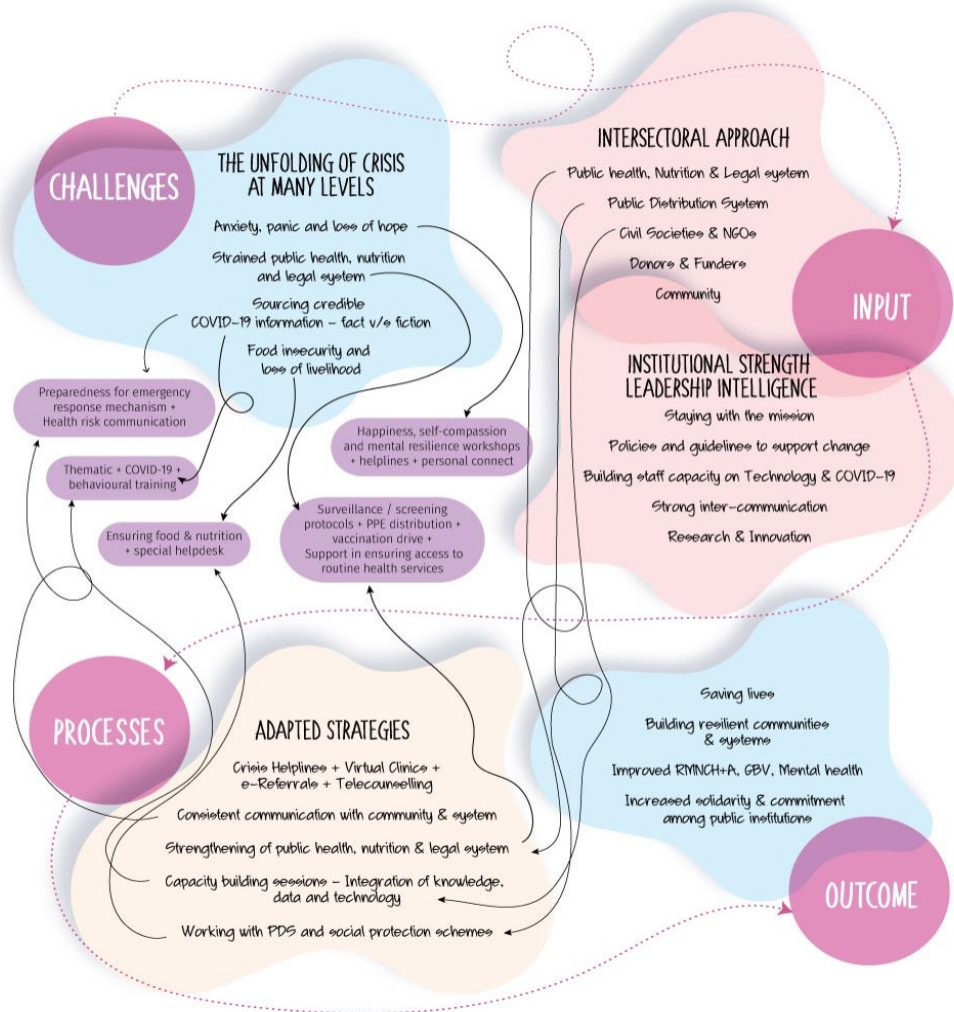


Figure 1: SNEHA's response to the pandemic

By leveraging its intrinsic strengths, SNEHA could put a timely and integrated response, at the same time ensuring through an intersectoral approach, the continuation of essential health services to the vulnerable urban populations it worked with.

Leveraging our strengths

The initial impact of the pandemic from mid-March 2020 to May 2020 included restricted mobility, food insecurity, loss of livelihoods, reorganisation of health services and heightened anxiety and stress in communities where SNEHA works.

For NGOs rooted in communities where interventions are designed around in-person interactions, the shift to online working posed several challenges, both with teams’ mind-set and at operational levels. However, our north star remained the same, i.e. ‘how best can we serve communities to improve health, and partner with public systems to improve quality of services’. SNEHA’s intrinsic strengths built over the years, illustrated in Figure 2, helped us pivot quickly and respond to the pandemic related exigencies.

Findings: survey on community needs (May-June 2020)

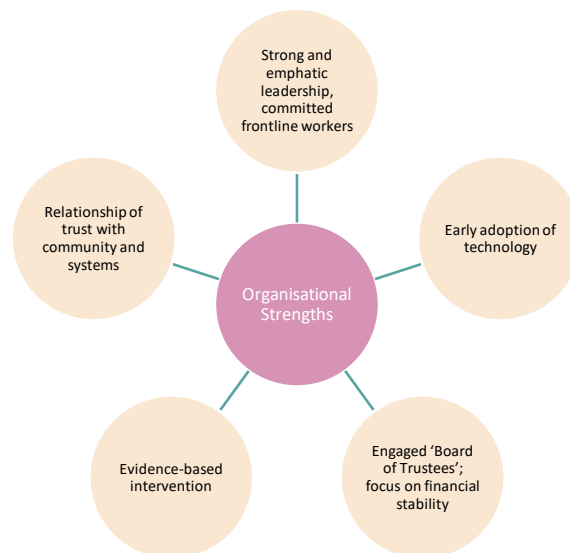
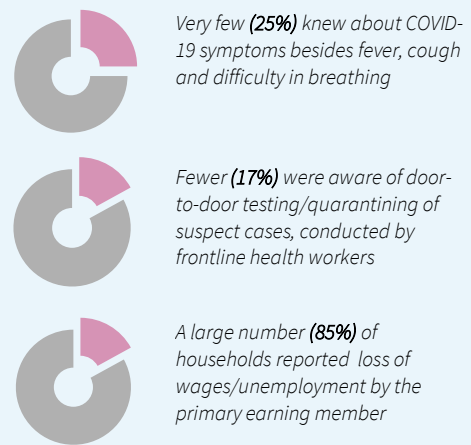


Figure 2: SNEHA’s organisational strengths

Strategies used

- Keeping the organisation mission as our 'Anchor':** This helped in decision making, adapting processes and prioritising resources and action, and ensured that core mission related activities, including community interventions, continued
- Ensuring evidence-based response to needs of communities and public systems:** SNEHA's Community Needs Assessment revealed the lacunae in information regarding COVID-19 and highlighted that vulnerable communities were suffering from an economic crisis as well; the Health Systems Assessment on COVID-19 service availability showed the need for protective gear, building awareness on COVID-19, referrals and support for routine services; this guided tactical changes to our annual plans, and helped formulate our responses.

Sustaining Transparency

The CEO personally connected with all key donors to protect existing revenue streams

Regular emails with new protocols and changes in decisions were shared by the CEO with all 400+ staff members

New donors came on board to support COVID-19 relief efforts

Online, personalised and long term fundraising through diverse streams strengthened the reserves and capacity to address emerging needs of communities

Myths and misconceptions: from qualitative inquiry (April- June 2020):

"India's warm climate would act as a deterrent to the virus spreading."

"Our immune system, being exposed to communicable diseases and weak sanitation, would prove more resilient."

"Sipping hot water and sunbathing would protect people from the disease."

- 'People-first' approach to minimise impact on staff:** This implied avoiding lay-offs, continuing with annual increments, appointment of a Staff Counsellor and ensuring staff safety through 'Back to Office' guidelines, travel reimbursement policy, providing safety gear for staff visiting the field and paid leave for those affected by COVID-19; from April 2021, arrangements were made for vaccination of staff and community volunteers
- Staying connected through technology:** The decision to 'work-from-home' (WFH) during the lockdown required increased outlay on online platforms so that teams could be functional across levels; over the last few years, SNEHA has taken steps to ensure data security, process automation for domain functions and strengthening technical expertise of the IT team; these enabled smooth transition to functioning remotely

- ***Bridging gaps between systems and community:*** SNEHA existing strategy of empowering people to improve their health seeking behaviour and strengthening public systems to provide quality of care to their beneficiaries was deepened; community members were educated about COVID-19 Appropriate Behaviour (CAB), system staff were sensitised about community needs and SNEHA staff and community volunteers were enabled to support overburdened frontline health workers
- ***Collaborations with civil society organisations:*** SNEHA partnered with NGO networks (e.g. *COVIDActionCollab*, Sahyog Foundation) and with individual NGOs to enable them to address gender-based violence and adolescent issues; in June 2021, SNEHA initiated the Mumbai NGO Collaborative for a joint survey on vaccine attitude, public-private vaccination drive and a joint communication plan to address vaccine hesitancy
- ***Enabling community stewardship:*** SNEHA's extensive volunteer network was leveraged to continue with essential services as well as to carry out interventions related to the pandemic. Care was taken to provide them with safety gear and detailed training on COVID-19 safety protocols and other thematic topics; the community volunteers acted as links between the NGO, donors and municipal corporations to carry out relief work, undertake surveys and screenings, to disseminate information related to COVID-19 and to promote vaccination
- ***Investing in Teams' growth:*** Routine HR functions (e.g. annual appraisals, new staff induction, annual 'SNEHA Day') and monthly management and review meetings were adapted to online platforms; this brought about a semblance of normalcy and kept the programme work on track; sessions on SNEHA's values, competencies and leadership building were continued; "Fun Friday" sessions with management and self-compassion workshops were introduced to help reduce stress
- ***Adaptive decision making:*** To promote timely and appropriate response to changing field realities, a daily management meeting was initiated for two way communication, quick decision making and to deal with changing on-ground realities; regular and consistent communication enabled teams to respond with confidence
- ***Ensuring financial sustainability and diligence:*** The SNEHA Trustee Board and senior management played an important role of reviewing the funding status, identifying gaps and planning for continued funding; financial and purchase related policies were modified for online submission of vouchers and approvals; the past 18 months saw stricter regulatory controls for the non-profit sector due to new rules for foreign contributions, renewal of registrations and under the Companies Act for CSR; SNEHA kept track of all such changes and took guidance from experts to ensure compliance as this was a critical factor in ensuring funding

A holistic understanding of the interlinkages between the existent issues of the community and the COVID-19 crisis enabled SNEHA to envision a comprehensive response to the pandemic. ***This response viewed the family as a unit and encompassed a range of interventions – from generating awareness***

about COVID-19 protocols to enabling access to the Government's social protection schemes. The

organisation weaved this into its existing interventions on nutrition, physical and mental health, gender based violence as well as palliative care.

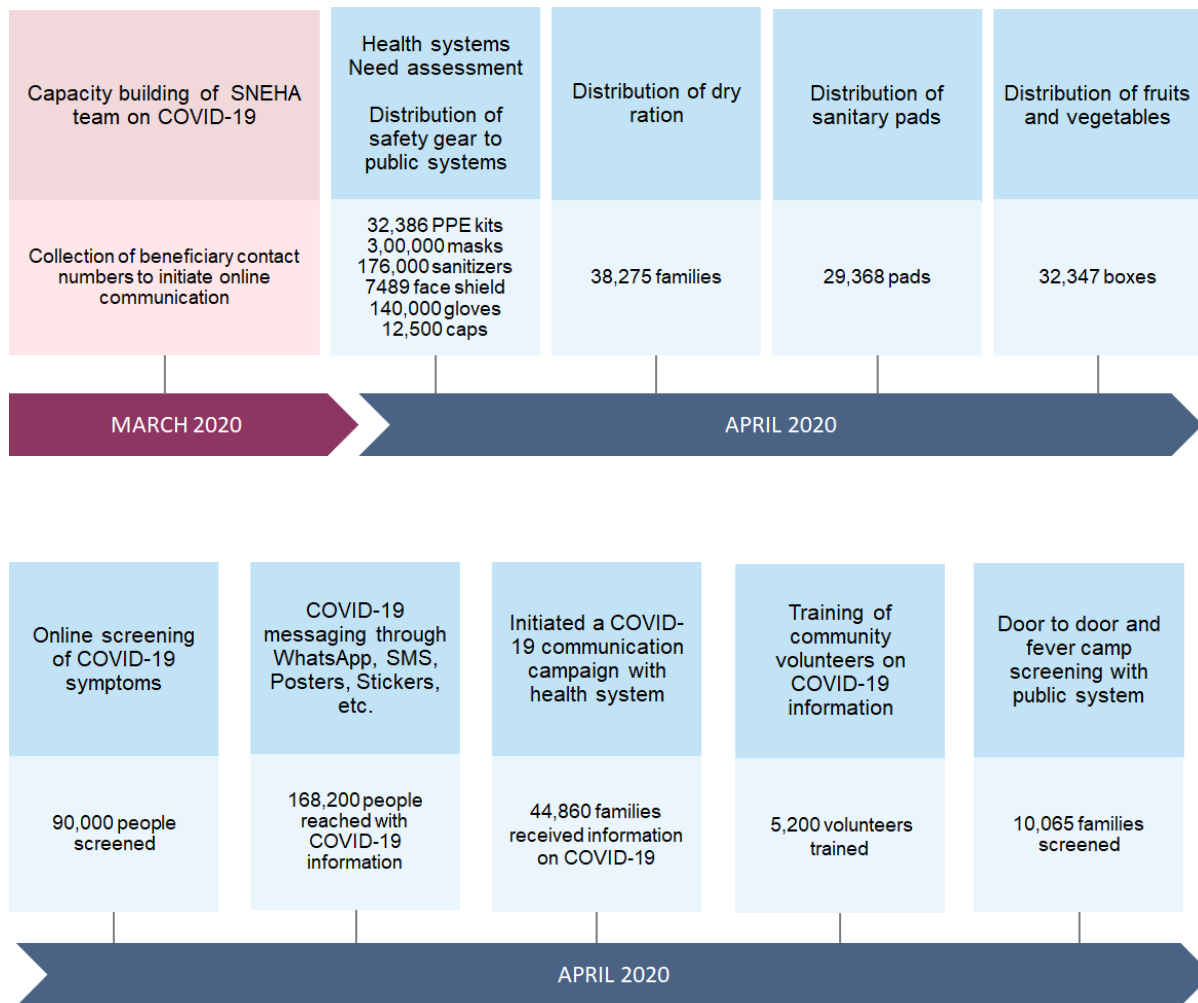


Figure 3: Initiating timely response for relief (April 2020 – June 2021)

Along with relief work, and as a more sustainable response to food insecurity, SNEHA initiated collaboration with the Public Distribution System (PDS).

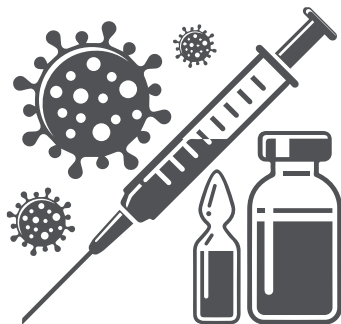
399 rations shops in our coverage areas were mapped

50,715 families received information on PDS

3,000 families with no ration cards were helped to access free food grains under emergency PDS schemes and **13,113 people** accessed special COVID-19 schemes related to PDS

Based on routine programme data

SNEHA coordinated with private sector players and the Municipal Corporations to partner with them in large scale COVID-19 vaccination drives.



1058 Community members surveyed on COVID-19 vaccine hesitancy

37% COVID-19 vaccine hesitancy

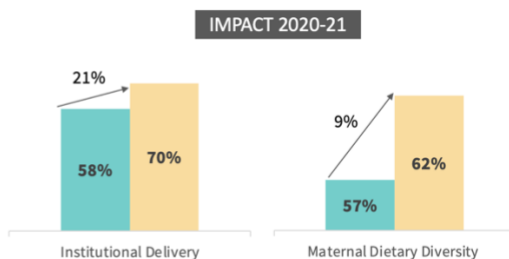
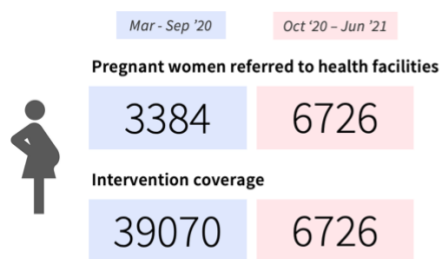
20,000+ People vaccinated through public-private partnerships

Figure 4: Vaccination coverage (Vaccine hesitancy survey undertaken in May-June 2021; vaccine coverage numbers up to September 2021)

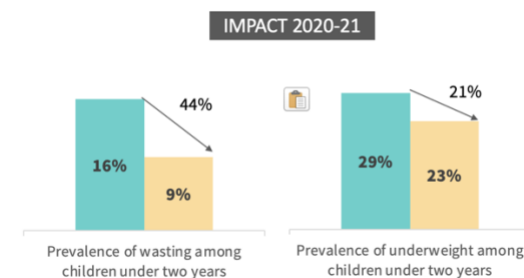
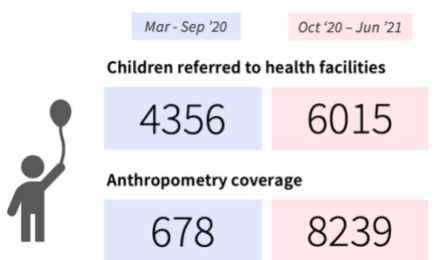
Section II: Ensuring sustenance of routine services

With the public system overwhelmed with work related to the pandemic, the lockdown restrictions and fear of infection, there was discontinuation of regular health services at the primary centres. Courts were closed and survivors of domestic violence were unable to seek help even as incidences of violence had increased during the lockdown. SNEHA stepped in, in a number of ways. It took over, supplemented or supported the reproductive, maternal, new born, child and adolescent health services, as well as provided services to survivors of Gender Based Violence (GBV) ensuring that the vulnerable populations in its intervention areas continued to receive the required care, as is apparent from the following figures.

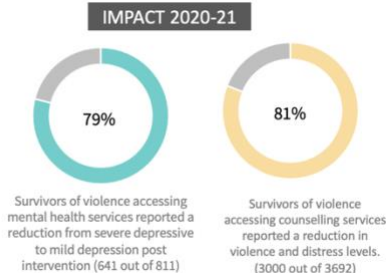
Maternal and New born Care



Child Health & Nutrition



Gender-based Violence and Mental health



Innovations and adaptations

The organisation had to deepen its existing interventions, introduce newer ones and tweak its established strategies to respond effectively to the challenges thrown up by the pandemic:

Providing knowledge support to systems: Online awareness sessions on maternal, new born, child and adolescent health and GBV were conducted with the health and the legal systems; programme teams conducted sessions on stress management with the overburdened police force and supported District Legal Services Authority in documentation of case records with couple counselling; collated facts and status of health facilities providing COVID and non-COVID services and circulated them to the health facilities for easy reference, ensuring continuous updates



Innovative online and offline communication channels: SNEHA ensured that all COVID-19 related information was drawn from accurate sources viz., websites of WHO, MoHFW and MCGM; information was translated and tailored to ensure that the target audience understood the message and related IEC material were available on the SNEHA website for anyone to refer to; for transmitting routine health messages as well as information related to the COVID-19 pandemic, innovative solutions included pamphlets inserted within dry ration packs with messages on both COVID-19 preventive measures and our crisis helpline numbers for women facing violence during the lockdown; public announcements through loud-speakers in mosques; auto/taxi drives within the community lanes and health-related messaging through local cable TV; tech-savvy participants were handheld to create videos including a rap song on CAB, to be circulated in the community; volunteers blew whistles, beat vessels on spotting community members not following COVID-19 precautionary measures



Virtual ANC clinics/telephonic health services: SNEHA in partnership with the Government-run Lokmanya Tilak Municipal Medical College and General Hospital was able to provide antenatal consultations to 346 pregnant women through 84 virtual clinics; online referral meetings were facilitated with public health care providers and tele-counselling offered to high risk pregnancy cases; trained pregnant and lactating mothers used the E-Sanjeevani OPD consultation during the pandemic; organised online recipe demonstrations and counselling to mothers on balanced food; followed up with calls to parents of new born babies to ensure uptake of immunisation services

Smartphone library: 30 smartphones were kept in the custody of community volunteers, who then “lent” the phone to adolescents giving them access to the programme and school and college sessions



Volunteers supporting access to and uptake of routine health services: Peer adolescents mobilised younger adolescents to access health post services; menstrual surveillance was done by volunteers to identify early pregnancies, immediate referral and to access IFA tablets; volunteers distributed take home ration given through ICDS and used the 1916 helpline (Municipal Corporation of Greater Mumbai (MCGM)) to seek information on COVID-19 services and address issues of sanitation; Some volunteers received online training in record keeping and family planning counselling enabling them to keep track of their community work as well as substitute for health workers or SNEHA staff members who could not access their areas

Community Condom Depots: were established in the communities and managed by volunteers to ensure continuation of family planning services

Online counselling: Designated helpline numbers were given to 9 counselling centres and counsellors were trained on online counselling in cases of GBV

Connecting consumers to government schemes and services: A social protection helpdesk was set up in collaboration with *COVIDActionCollab* to create awareness among community people on various social protection schemes

Linking donors to systems: SNEHA distributed personal protective equipment comprising 5,00,000 items to all cadres of health care providers and medical equipment, including 25 vaccine freezers to health facilities through donor support

“Corona Gaya Nahi” campaign (12 December 2020-31 March 2021)

SNEHA partnered with a professional PR agency to design a three phase communication campaign, using the insights from the Covid-19 survey.



Phase 1: Generated curiosity through posters and WhatsApp GIFs with the question, Corona Gaya Nahi? The question, ‘Corona Gaya Nahi?’ played on a loudspeaker attached to a rickshaw that travelled around Dharavi

Phase 2: Generated awareness through films on CAB circulated via WhatsApp, and broadcasted on local cable TV networks

Phase 3: Roadshow featured the Corona mascot, warning people to follow CAB; LED truck played films and audio pieces, while one-to-one awareness sessions, group meetings, home visits, etc. were conducted alongside

Key Learning

The following emerged as the key points to ensure preparedness to deal with health emergencies that may arise in future, as well as strengthen equitable delivery of routine health care services to vulnerable populations:

- Bolstering routinisation of health promoting behaviours is fundamental
- Encouraging community stewardship for preparedness of any health emergency
- Supporting systems with continuous communication and coordination
- Use of effective, efficient and user-friendly technology to augment in person interventions and to understand the needs and perspectives of community members
- Need for a holistic and intersectoral response to community needs

WEBINAR SERIES

Staying the course, navigating through the pandemic: lessons in resilience through health equity

Key highlights from webinar 1:

The importance of timeliness of response and an inter-sectoral approach while planning pandemic (COVID-19) relief interventions

Panel members:

- **Mr. Suresh Kakani**, IAS, Additional Municipal Commissioner, MCGM
- **Dr. Prabha Chandra**, The National Institute of Mental Health and Neurosciences (NIMHANS)
- **Dr. Purnima Menon**, Senior Research Fellow, The International Food Policy Research Institute (IFPRI), South Asia office
- **Ms. Shama Karkal**, *COVIDActionCollab*

Mr. Kakani presented “Lessons in Resilience towards Health Equity” from his experience as an administrator responsible for containing the COVID-19 spread across one of the most populous cities (Mumbai) in the world. He spoke about how the MCGM had managed the situation by establishing jumbo centres, war rooms, centralised oxygen systems and protocols to reduce the number of deaths. Apart from physical health, mental health counselling was one of the initiatives taken up by them. Finally, he concluded by saying that “to be resilient, it is necessary to engage the private sector and NGOs; to improvise the behavioural change communication plans, incorporate psychosocial wellbeing, extend the war-rooms, and focus on people with Non-Communicable Diseases (NCDs) and vulnerable communities.

Strategies to combat COVID-19 third wave

- Early testing, early treatment, early discharge
- Additional oxygen plants
- Paediatric COVID-19 task force
- Aggressive vaccination

Dr. Purnima Menon spoke on “Impact of the pandemic on food security and Nutrition and the way forward to sustain the same in the country”. Food insecurity has been one of the immediate impacts of

the pandemic. Her insights took us through how State, National governments and policymakers played a role in combating the situation and how adaptations and innovations were made in the country. The biggest question that remain in the country with respect to food security were, “were the safety nets expanded enough to mitigate the challenge that the country faced?”. She believes that the social safety system is unlikely to have closed that gap completely for communities and families. She emphasised efforts to regain and sustain lost livelihoods to ensure dignity among people.

Prof. Prabha Chandra spoke on “The Pandemic & GBV and associated mental health consequences”. She explained how the National Institute of Mental Health and Neurosciences (NIMHANS) addressed violence-related issues during the pandemic. With reporting of several violence cases, the Government of India started a NIMHANS 24 x 7 toll-free helpline exclusively for psychosocial support and mental health services for people. For a deeper understanding, a qualitative study was conducted with counsellors at one-stop centres in Karnataka. It was found that women were unable to reach the centre out of fear and most cases went unaddressed; there was poor maintenance of data and many unwanted teen pregnancies were being reported. According to Prof. Chandra, “*it is imperative to work on how to reach the victim rather than thinking about how they will reach us*”; her team developed modules for effective tele-counselling through these centres and are now being trained on trauma-informed care. She added that it is necessary to work on men’s mental health to address lockdown induced lack of employment, no access to alcohol, indirectly contributing to violence. She stressed that it is a prerequisite to incorporate women in every task force being formed at various levels.

Ms. Shama Karkal talked about the origin of the *CovidActionCollab* and its work so far; Many partners /organisations came together to work in an inter-sectoral manner resulting in the formation of this network on 23rd March 2020. As marginalised communities were affected the most in this pandemic, the *CovidActionCollab* focuses on the vulnerable population to save lives and livelihood. There are 339 partners including SNEHA, civil societies, research organisations, associations, and private sectors across 34 states and union territories of India. The *CovidActionCollab* has covered 11.2 million vulnerable people so far. The network is working on vaccination, NCD screening, and social protection, working with health care associations, informal workers and street vendors. Through collaborative efforts, one million people vaccinated within 2.5 months and Rs. 482 crores worth of benefits were raised by uptake of various government schemes across the county. Shama emphasised the continuous sharing of information between partners as the mainstay of *CovidActionCollab*.

Key highlights from webinar 2:

Reflecting on the challenges posed by the aftermath of the pandemic and the way forward to support public systems and communities in uptake of routine services related to RMNCH A+ and GBV

Panel members:

- **Ms. Rubal Agarwal**, IAS, Commissioner, Integrated Child Development Scheme (ICDS), Maharashtra
- **Dr. Mangala Gomare**, Executive Health Officer, Public Health department, MCGM
- **Dr. Neeta Rao**, Senior Health Lead, USAID
- **Raj Mariwala**, Director, Mariwala Health Initiative

Ms. Rubal Agarwal spoke on “How the ICDS managed the uptake of services during the pandemic”. Two major highlights were home-based VCDC (Village Child Development Centre) services introduced to promote children's development and the *Tarang Suposhit* Maharashtra helpline number through which many beneficiaries have been able to get information on available services digitally. Ms. Agarwal shared the new strategies proposed to be implemented in the system viz.: iron and nutrition rich recipes that will be accessible to people in remote areas and; a proper digital supply chain management system to ensure proper distribution of food supplements, to plug the current systemic gap.

Dr. Mangala Gomare talked about the challenges faced and adaptations made by the MCGM with regard to Maternal and Child Health (MCH) services during the pandemic. Key challenges mentioned were restricted transportations, reduction in ANC registration, postponement of immunisation appointments, increasing malnutrition and SAM (Severe Acute Malnourished) children, and suspension of family planning surgeries. She talked about how adaptations were made to combat the situation due to which the ANC registration and immunisation increased by the end of 2020. She further explained future measures for smooth service delivery in case of the anticipated third wave viz.: upgrading Maternity homes with CSR support, establishing Nutrition Rehabilitation Centres (NRC) in partnership with the UNICEF to cater to malnourished children, updating WASH facilities in the system, use of telemedicine for pregnancy care, and to introduce e-Sanjeevani online OPD.

Dr. Neeta Rao shared information on various adaptations and adoptions made by USAID to tackle major problems caused by the pandemic, affected routine health services being a major concern. USAID started with digital solutions along with in-person services mainly used for capacity building, supportive supervision, tele-consultation, and monitoring of services. It also advocated with the government on essential drug supply for routine health care services under Ayushman Bharat and comprehensive primary care through health and wellness centres. To address gender-based violence and early marriages of adolescent girls, USAID reached out to faith-based community leaders and empowered youth champions; another major problem during the pandemic was the persistence of internet addiction that is more likely to harm people, especially adolescents, by increasing anxiety and

depression. USAID is working with NIMHANS and the MoHFW to strengthen the evidence around this problem to address the current data gap in India. The plan is to come up with digital detox measures.

Raj Mariwala talked about “the need for a shift in the approach of donors during the pandemic, investing in the health of the vulnerable”. They said that the COVID-19 pandemic has awakened donors to support new geographies, new collaborations, new organisations, and partnerships. According to them, donors should focus on the most invisible, worst impacted, and vulnerable communities like those who do not have access to the public distribution system or government welfare schemes, domestic and daily wage workers, sex workers, persons with disabilities, HIV positive people, Dalits, homeless and Adivasis without social networks. For abuse related issues, they believed that besides counselling, it is necessary to provide shelters, options for livelihood, legal aid, etc. Raj urged donors to widen their lens when addressing issues and suggested a multi-sectoral approach while also prioritising social determinants of health and wellbeing.

Lessons learned:

- Apart from physical wellbeing, mental and psychosocial wellbeing are necessary to withstand adversity and to bounce back from crises
- Efforts are necessary to ensure that lost livelihoods are regained for people to live with dignity
- Men’s mental health is equally necessary to address in order to reduce stressors and resulting violence against women
- Telemedicine will play a major role in the upcoming days
- Social determinants of health need primary importance to address the root causes to improve health equity for the most vulnerable and marginalised