

TISS Response to Emerging Public Health- Humanitarian Disaster Linked to COVID-19

Current situation, government and civil society response and assessment of gaps

- The current situation is grim, unusual and uncertainty and lack of preparedness is a huge issue. There are issues linked to the pandemic as an emerging and enlarging reality, the issues linked to the lockdown and issues linked to combination/s of both.
- The understanding of informal settlements, unorganized sector, migrant work, and vulnerable groups is patchy, there is a lack of data, and capacity of systems to deal with these issues is low. Overall, the infrastructure-physical, health and social that can form the foundation of response to the pandemic is highly inadequate.
- Yet, this is a time that demands working jointly across stakeholders to prevent, contain the epidemic and deal with the ongoing uncertainty and upheavals.
- Anxiety about the pandemic and the lockdown have generated new relational dynamics. There are reports of increased violence against women, and also other issues linked to relational dynamics have increased.
- The use and dependence on social media has increased in the current situation and adds to both knowledge but also to misinformation.
- State authorities are waking up to the situation and several actions are being initiated and being unfolded; however, the focus is on the health dimension; other aspects such as logistics, supply chain disturbances, continuity of basic services, preparation of makeshift infrastructures, framework and responsiveness to psychosocial issues need to be strengthened. Last mile connectivity is a crucial issue.
- Several NGOs, grass roots groups are responding to the immediate task of food relief of migrants, unorganized sector, informal settlements and other groups. However, the response lacks an overall coordination, hence the possibility of both gaps and duplication.
- In case of groups like homeless and the urban poor groups in general, advocacy efforts have stepped up in intensity and have pressed the state into an inclusive response. There remains a degree of skepticism linked to the nature of relationships and criminalization that these groups have faced in relation to the state; interventions with poor groups need to be mindful of the same.
- Concerns of multiple social groups such as children, disabled, homeless, senior citizens, and other currently unvoiced groups are muted in the current responses and require amplification.
- There is a need for multiple kinds of needs assessments but the situation presents challenges for the same.

TISS Ongoing Intervention and Plans

TISS work is aimed at interfacing with a variety of stakeholders, strengthening partnerships, plug gaps and advocating dealing with the continually changing and dynamic situation. The value that TISS brings to the current situation is its comprehensive understanding of human development, its presence on the ground that can be leveraged to bring this understanding in the responding systems, governing institutions and agencies.

TISS response to the emerging disaster builds upon its existing initiatives, particularly its field action projects and amplification, convergence and scaling up of these. Seven major projects of intervention are being envisaged and some of these have begun doing significant

work on ground. Each of these projects is guided and directed by a faculty/group of faculty to which others can be joined. The following is a brief description of each of these while there are detailed notes on every project.

- a) **Work with excluded, criminalized and vulnerable populations: Koshish, TANDA and PRAYAS** are three field action projects of TISS that work with highly excluded and vulnerable populations in Mumbai and elsewhere. Koshish works with homeless and destitute groups, PRAYAS with custodial populations and TANDA with nomadic and denotified tribes. The current lockdown has added to the levels of difficulties that these groups have to live with. Further, the attempt to move people off the streets has resulted in awkward attempts to shelter. The projects will continue their work with existing client groups and meet the emerging needs such as food relief at a large scale (over 3500 persons) with individuals and groups spread out in multiple locations , mitigating violence unleashed by authorities, and advocating and operationalizing friendlier options in terms of shelters, camps and making them work. All the three projects are also involved in advocating through meetings with government officials, joint forums and in litigations for better conditions and approaches to establishment of shelters, camps and steps to be undertaken by custodial institutions etc.

Current group involved (Vijay, Tarique, Yogendra)

b) **Work in M(East) Ward, Mumbai:** Intervention in M-East Ward begins with a recognition of the scale of vulnerability in this ward linked to the socioeconomic conditions of resident population and the sheer lack of physical, social and health infrastructure in the ward. We recognize that groups which were imagined to be at the fringes of the city, in fact form the mainstay of how our cities work and hence, the entire focus of COVID-19 response in the short and long run, should be to reduce the vulnerabilities of these groups and settlements and enhance their coping capacities. Further, the emphasis is on propagating community-led and community-driven solutions. The intervention will have elements of direct intervention, innovation, coordination and evidence- driven advocacy.

Redressing hunger: Urgent food relief is the need of the day and which may persist throughout the period of lockdown to a certain extent. The M-Ward project has so far distributed 2000 ration kits so far to women-headed households and casual labour families. While mobilization of resources for this and distribution will continue for some days, it will be reduced gradually, as state efforts for placing a universal public distribution system step up and the focus will be to systematize relief and coordinate in order to plug gaps, ensure that vulnerable groups do not remain unreached. For this, coordination amongst all civil society groups and state efforts, is needed and efforts will be made for the same. The M ward project has already prepared a protocol for distribution as a base for the same and would develop other safe and good practices around this area, which currently has a lot of noise through well-meaning but uncoordinated efforts.

Ramping up water and sanitation facilities: Water and sanitation are key to the prevention of COVID-19 and there are at least 5-6 community spaces where water is sparse and several where sanitation facilities are only patchy. There is a need for developing makeshift solutions in order to institute hand washing practice in the communities. This necessitates nuanced policy advocacy which balances between community needs and bureaucratic rigidity. The municipal administration has shown a positive inclination by providing tankers

in communities which have no water and extending water timings in others. There is, however, a need to do much more.

Creating viable and community led solutions for distancing, emergency preparedness:

Social distancing has become a buzzword currently but inoperable in the context of informal settlements where houses are small, where the outside is as much part of the home as the inside and where collective life has been the foundation of survival, resistance and claim-making. Distancing thus needs to be re-envisaged as 'physical' but not social distancing and viable models of physical distancing need to be identified, propagated and considered acceptable by the state authorities. Our work suggests that the lane/gully emerges as a viable unit of governing; several communities are already adopting this and we hope to build on this so that administrative and public health systems also recognize the same in planning health, relief, infrastructure and other responses.

Virtual citizen Facilitation centre: Several new guidelines, circulars and steps are being introduced by the day. Many of these are not known by local residents. On the other hand, there is a lack of guidance, communication by various authorities who are taking these decisions. Local CBOs which often facilitate such last mile issues are unable to cope with the constant changes in information. Hence what is proposed is a virtual, phone based facilitation centre focused on the M east ward where issues of citizens who call in can be redressed. This is a new intervention where support of I Call will be taken.

Current group involved in the intervention (Amita, Sabah, Simpreet, Lalitha, Ratoola)

- c) **COVID Helpline: iCall** is a field action project of TISS which has been firmly established as a technology assisted free and multilingual psychosocial service (telephone, email and chat) where citizens – local and national seek help for largely psychosocial grievances. iCall has a team of trained professional counsellors. With the lockdown and the anxiety, social upheavals created by the pandemic in the home and public realms, the helpline has been receiving several calls linked to the anxiety, intensification of relational dynamics and even increased incidences of domestic abuse and violence. There are also several issues linked to the disease itself. iCall, therefore intends to start a special service for responding to these new demands. It will recruit a team of professionals to handle these calls, develop an information base for the same and will link people to appropriate services and emotional support systems.

Further, iCall will also work on technically powered virtual solutions to (a) psychosocial counselling sessions for caregivers and frontline workers and (b) develop webinars and facilitate capacity development for helping professionals for dealing with emerging issues.

Current group involved (Aparna, Rajani, Srilatha)

- d) **Communication and Health Education:** There is need for multi-pronged grassroots communication strategies, to ensure coordination and communication between various stakeholders and to ensure a multi-way flow of information and communication between communities, civil society groups and the state. This group has begun working on creation and curation of material on various aspects of people's wellbeing, including physical and

mental health (preventive as well as dealing with crisis), survival needs (access to food, water, shelter), communicating government measures in various areas, and creating sets of simple WhatsApp messages and short videos which can be shared on various networks. It will facilitate better sharing of these media resources across organisations, through the creation of an online repository that is accessible for download and use, within a Creative Commons framework. The attempt will be to empower and equip community members to create and share small best practice videos/testimonies, as also issues requiring advocacy and sharing for redressal.

Current Group involved (Anjali Monteiro, K.P. Jayashankar, Faiz Ahmad, Nilesh Gawde, Narendra Kakade, Anusha, IDC at IIT-B and students)

- d) Experience Exchange:** Given the scale, enormity and complexity of the problem at hand, and its swiftly evolving nature, it is important that we document the efforts that are currently being made in order to learn from these efforts. The objective is to build a knowledge base for civil society organisations, communities, individuals and the government and private institutions who are working to respond to the crises. A number of practices being evolved are informal and community based, even contingent on the context, settlement or community, or the kind of actively involved stakeholders. Therefore a documentation that captures these multiple, varied responses will give an idea of the ingenuity and creative responses that are being developed. The documentation will also address those stakeholders who are willing to be involved but do not know how to go about it. The methodology will have three aspects : (a) News articles, in English and vernacular (b) Quick interviews with frontline workers, community based organisations or CSOs and NGOs, academics, and government officials (c) Social media networks and posts will also be studied to identify groups, their strategies, and the challenges encountered

There will be a simultaneous effort to convert these into materials that are accessible to several stakeholders, particularly local communities in Mumbai and to disseminate these widely.

Efforts will be made to ensure that there is a weekly release of materials.

Current group involved (Ratoola and students)

f) Policy Tracker and Advocacy

In a dynamic context where state response in multiple domains and policy is critical, an analysis of policy, and its dissemination is equally critical. There are three prongs to this domain: (a) advocacy interventions, keeping field action in mind at city, state and national level. This will involve participation in policy forums at these levels and representation and initiation of litigation; (b) preparation of policy briefs aimed at multiple stakeholders. One such policy brief documenting the varied government orders at central and state levels has already been brought out. More such briefs will be prepared in the next few months (c) The third prong will be on studying how public health crises like pandemics differently affect urban poor groups and how a public health response can plan for and take into account the diverse, heterogeneous needs and risks faced by India's large concentrations of informal

populations across cities/villages. Can public health strategies implemented in other places with small informal sectors work in India? If not, then how do we modify them to be more effective? This opens up possibilities to collaborate to learn from and with other lower income countries with large informal sectors.

Current Group involved (Janki, Mahesh, Aseem, Vindhya, Lalitha and students)