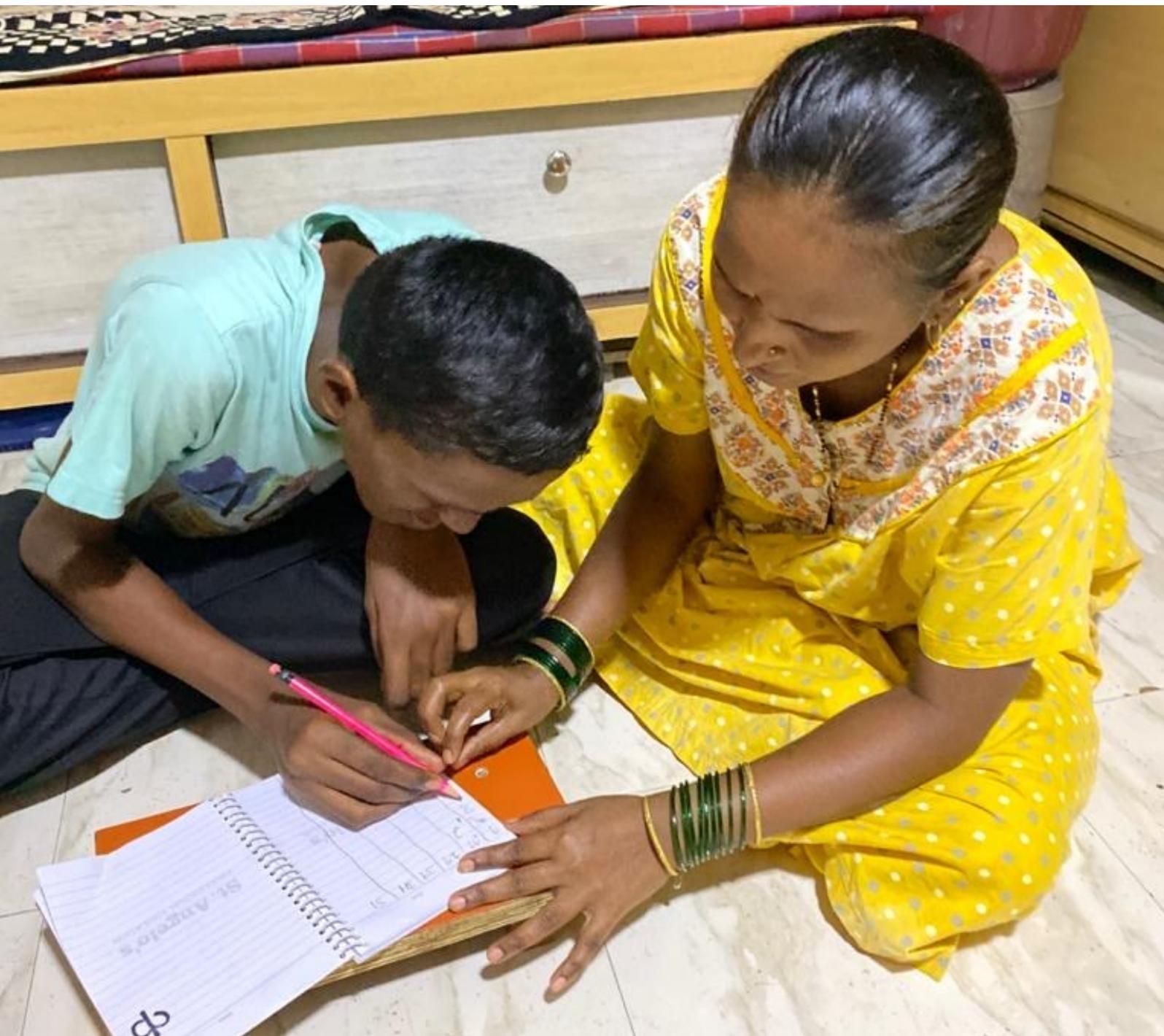


सामूहिक पहल

# Samuhik Pahal

A Journal of Our Collective Action

June 2020 | Vol 1, Issue 2



## ● Reflections

PAGE

3

### ***Vardhishnu***

Millions of migrants trying to reach their homes in Madhya Pradesh, Gujarat, and Chhattisgarh crossed Jalgaon on their journey. Adwait from Jalgaon-based Vardhishnu gives a first-person account of the unimaginable challenges faced by migrants on this route.

### ***ASTHA***

COVID-19 lockdowns have pushed some families with Children with Disabilities (CwD) in Delhi to the brink of extreme poverty. Amidst the reports of an epidemic of mental health issues and violence, an isolated focus on education would be futile.

## ● Educational Resources

PAGE

6

### ***Schools in the Times of COVID-19***

This report by Azim Premji Foundation gives recommendations for starting and running public schools across states. It charts out the current challenges faced by schools across the country and addresses various possibilities as the way forward.

### ***Early Literacy Initiative***

A set of resources useful to practitioners working in the domain of early language, literacy and literature created by the ELI team over a period of three years.

## ● Ground Zero

PAGE

7

### ***Samerth Trust (Ahmedabad), Urmi Foundation (Mumbai), National Association for the Blind (Delhi)***

Experiences of giving a disability-inclusive response to COVID-19 over the last three months.

### ***Doctors For You***

In Mumbai, the Doctors For You team is working closely with the state government on screening and contact tracing, training health workers, transporting COVID-19 patients, spreading awareness using audio-visual tools, and many other interventions. Learn about their experience of battling COVID-19 in one of the worst-hit cities in India.

## ● Collective Response

PAGE

12

*Wipro converts Pune campus to a 450-bed COVID-19 hospital in partnership with Government of Maharashtra*

CLICK TO VIEW  
COVID-19 RESPONSE MAP

# Being poor in a pandemic

*The disparities are striking, but are we looking the other way?*

By Adwait Dandwate from Vardhishnu

Jalgaon is on the important route that connects Maharashtra with Gujarat, Madhya Pradesh and Chhattisgarh. Hundreds of trucks and tempos cross Jalgaon every day. After the COVID-19 lockdown, every truck was packed with at least 80 to 100 people, sometimes even more, with barely any space to sit or breathe and a high risk of getting infected with COVID-19. These migrants did not have food, water, or money; yet they hoped they could reach their homes.

It is said that the migration due to partition was the biggest ever in history. But according to some statistics, the migration happening currently is even bigger than that. Some organisations in Jalgaon started food stalls for the migrants who are crossing Jalgaon and we are supporting some of them. One of the days during the lockdown I spent an evening at Firoz Bhai's stall. He runs an organisation in Jalgaon. He, along with his friends, worked for 24 hours to make sure that no one goes empty-handed. What I experienced in those 4-5 hours is an experience of a lifetime - helplessness with the realisation that things are not in our hands, the sadness of leaving everything behind, happiness in the eyes when one gets to eat after a day or two. Staying in quarantine/lockdown is a luxury for some but for millions it is a series of never-ending challenges. When some of us were busy trying new dishes at home, millions were struggling to find something to eat.

A few thousand years ago, there was a Roman king, Nero - famous for his luxuries and careless life. Nero once decided to organise a party, biggest in the history of Rome, during one of the worst-ever famines. The rich and famous of Rome were present at that party. Food, wine, fruits and all other luxuries were available for the guests. Everything was there, except lights. Nero asked his guards to take out the prisoners from the jail and burn them alive - to light up the place! Who were these prisoners? They were boys, women, older people, caught while picking up food to eat from the market. Ignoring the voices of the people burning alive, the guests enjoyed their delicious food. In the documentary Nero's Guests directed by Deepa Bhatia, P. Sainath (former editor of The Hindu) says, "The question was never who was Nero." The question was who were Nero's guests? Who were those people who decided to enjoy and concentrate only on their foods and families while thousands were dying? He further adds, "After following the farmers' suicide and other issues, today I have the answer. We are Nero's guests." Everybody who decides to ignore the cries of the poorest of the poor is Nero's guest.

In another instance, I left home on my bike to pick up my friend Deepak. We had planned to go out to distribute kits to the Banjara community living in a basti near Jalgaon. As soon as I came to the main road, I saw a young girl (14 years old) lying unconscious on the ground, a woman crying for help beside her and a few people gathered around them, but nobody willing to help for the fear of COVID-19. A bike had hit the girl a few minutes back and run away. There were no visible injuries, but the girl had to be taken to a hospital. With the help of a passer-by, we finally managed to take them both to a hospital.

**The poor have suffered the worst during the pandemic and have silently borne and watched the inhuman treatment meted out to them.**

After running around and pleading with doctors to attend to her, we were told that the girl should be taken to the Civil hospital. Meanwhile, the passer-by had left. I requested Deepak to get our office van, and reached out to another local friend, Honaji, who works with a trust which provides medical support to the poor. He suggested we take her to another private hospital - Godavari Medical - 20 km from Jalgaon city as the Civil hospital was converted into a COVID Relief Centre. At the hospital, we were asked to pay upfront for X-ray, CT-scan, among other tests. Only after speaking with the District Collector and other influential people, the hospital agreed to treat her free. By the time we returned to Jalgaon, it was 10 pm. While we were satisfied that we could help the girl, the incident raised many questions in my mind.

The poor have suffered the worst during the pandemic and have silently borne and watched the inhuman treatment meted out to them. In how many years can we create a better healthcare facility for the poorest of the poor so that they can get treatment without referrals? Also, what is wrong with society? Has the coronavirus become a taboo? You can debate on whether we should call it 'physical distancing' or 'social distancing', but it for sure has created a 'distancing of hearts and humanity'. Wouldn't it be better to show compassion and help others than watch someone die from a distance like Nero's guests?

*You can reach out to Adwait on [adwaitdandwate@gmail.com](mailto:adwaitdandwate@gmail.com)*

# Distress in households with CwDs

## *COVID lockdowns have led to food insecurity among independent families in Delhi*

By Pratik Aggarwal from ASTHA

**P**inky is a 25-year-old single mother, living with her one-year-old child and elderly parents in a rented room in Tughlakabad village in Delhi. The child has a vision impairment, the grandmother is on long-term seizure medication, and 55-year-old grandfather, a daily wager, is the sole breadwinner of the family. It is families in precarious situations like these that the lockdown has pushed to the brink. The majority of state-sponsored lockdown relief measures have failed to reach the family because of the disability of the child and lack of documents with the family.

Pinky says, "जब पहला लॉकडाउन हुआ तब लगा चलो तीन हफ्ता ही तो है, लेकिन जब बार बार बढ़ने लगा तब पैसो की बहुत तंगी होने लगी. चार महीने का किराया सिर पे था, राशन नहीं था और खाने-पीने की बहुत कमी होने लगी, बच्चे को भी दूध नहीं दे पाते थे. लॉकडाउन में पियुष की तबियत बहुत खराब हुई, इसकी नानी को भी दौरे बढ़ने लगे, लेकिन कुछ सवारी नहीं चल रही थी तो कहाँ जाते. कुछ समझ नहीं आ रहा था." (Translation: When the lockdown was announced for the first time, we thought we could manage since it was for a short period, but when the lockdown kept getting extended, we started facing challenges. Rent for four months was due, we didn't have any stock of grocery and there was acute shortage of food; we could not even get milk for our child. Piyush's health deteriorated during the lockdown, but there was no source of income – where could we have gone? We couldn't understand anything.)

**Rent for four months was due, we didn't have any stock of grocery and there was acute shortage of food; we could not even get milk for our child.**

The story of Pinky's family is not an aberration; it is typical of many families of children and persons with disabilities, since the COVID-19 lockdown. Many of the families ASTHA works with are what we call 'high support families' -- these are families with more than one child with disabilities, or are single parent or grandparent led. Families live with an average of five people sharing one ill-ventilated room, in a rented accommodation with just basic amenities, down narrow broken lanes, and share community toilets. The social determinants of urban slums render them susceptible to COVID-19. In conditions like these, physical distancing is impossible. Delhi has been a host city for millions of migrants, from the neighbouring states of Bihar, Bengal and Uttar Pradesh, who settle here



A family part of ASTHA's programme in Delhi. Photo by ASTHA

for a wide range of reasons. According to Centre for the Study of Developing Societies (CSDS) data, 40% of Delhi's population comprises migrants. It is with this population that ASTHA has been working.

During the lockdown, nearly 70-80% of families ASTHA reached out to were without ration cards and other important documents such as Aadhar cards. The government started an e-coupon system for temporary ration cards. Still an online process, lack of access to smartphones and long delays in approval of the process rendered the policy inaccessible to most. The digital divide was clear as Divyanhsu's (a young child with Down Syndrome) father says, "हम कभी पढ़े नहीं, फ़ोन भी नहीं है, कहाँ से फॉर्म भरेंगे. किसी को १०० रुपये भी दिया फॉर्म भरने को, तब भी नंबर नहीं आया." (Translation: We are not educated, and we don't have a phone. How do we fill a form? Once we gave Rs 100 to someone to fill the form, but we still didn't get our e-coupon.)

It was then that an ASTHA community worker took on the task. It was difficult as most parents did not have a phone, and she had to coordinate from her home for OTPs and upload documents. After the application process, a hard copy of the form was demanded, which was extremely difficult for families to produce during the lockdown. However, after constant attempts and a long wait, many families acquired rations.

### **An evolving strategy**

Historically, it has been seen that children with disabilities have been isolated, neglected and often confined to their

homes. This is more so for children with severe disabilities living in cramped houses of narrow lanes in urban slums of the city. It takes months of work and counselling of parents to enable a child with a disability to come out of the confines of their home; this is a journey. However, Seema, a senior community worker, says that she has been surprised during this lockdown. She shares, "It seems all of our previous training has been used, parents have shown so much interest in helping their child learn. Even in their homes, families are trying to work with their child, be it hand functions, mobility, reading, independent sitting, feeding and other Activities of Daily Living (ADLs)." ASTHA has always focused on disaggregating the specialised therapies so that they can be done even in resource-constrained settings. ASTHA's 27 years of experience has shown that there is a great amount of resilience in families. It only takes some support and someone to listen to them, and parents do try a lot.

The past 8-10 weeks have been full of reflection and thinking. We have been asking ourselves 'What does Early Childhood Care and Development (ECCD) mean in times of a disaster and a humanitarian crisis like this?' The team has discussed strategies of integrating education and ECCD within the daily routines of the family. Other discussions have been around active listening, being non-judgmental and a realisation that these are the times when families, and especially women of the household need a listening ear. Families might be anxious and our work, as always, has to be in line with the context of the situation and families. Amidst the reports of an epidemic of mental health issues and violence, an isolated focus on education would be futile.

Overnight, the lockdown pushed many independent families into crisis. Sunder is a child with a severe disability, and his mother says, "चार महीने का किराया अब सिर पर है. घर में एक ही इंसान है कमानेवाला, कैसे करेंगे? आस्था तो मदद करेगा, पर मैडम आपसे भी कितनी बार राशन और दवाईया मांगेंगे?" (Translation: We haven't paid rent for the last four months. There is only one earning member in the family. How will we manage? ASTHA is helping with ration and medicines, but how many times can we ask you for support?)

In addition to rations, livelihood, employment being affected, the lockdown has severely hit the dignity of the vulnerable. This gets tougher when there is a child with a disability, or there are women or grandparent-led families. The lockdown has forced many to stand for hours in long queues in the sweltering summer heat of Delhi for their share of grains, with a child with disability in their arms.

Now, ASTHA has gradually started to open its centres for staff. This was prompted by the realisation that children need to be given more learning materials for their work at home, and that our thinking has to move beyond technology. It is important that we make one connect with all families once. It seems the pandemic is here to stay

and we must ensure we collectively address it with all our might.

### Responding to a disaster

The recent National Sample Survey Office (NSSO) data reveals that almost more than 75% of Persons with Disabilities (PwD) are bereft of any aid from the government. The penetration of Disability Certifications is as low as 28%, and there are high disability-related out-of-pocket expenditures. These are the silent crises that happen all the time when societies do not make adequate provisions for citizens who have specific needs and requirements. It is important to understand that the present disaster builds upon a silent crisis that has been ongoing for many years.

**The past 8-10 weeks have been full of reflection and thinking. We have been asking ourselves 'What does Early Childhood Care and Development (ECCD) mean in times of a disaster and a humanitarian crisis like this?'**

Disability cuts across all social groups, including the migrant population, and at times it is difficult to identify where people with disabilities are in a city like Delhi. These are the questions that have confronted the disability community as well as planners. Families that have a member with a disability require more care, yet are excluded from services and institutions of society, and must bear disability-related expenditure in addition to their general expenditure. In India and in places like Delhi, it has meant a lack of habitation and rehabilitation services and the state entitlements and social security support are so meagre that families can't survive on just that.

India and its states have long invested and built myriad systems and community-driven cadre who can be instrumental in disaster rehabilitation. ASHAs, Anganwadi workers, School Management Committees and systems of PDS, MDMs, ICDS, would lead India's efforts in this humanitarian crisis. It is the need of the hour to proactively reach out to all vulnerable groups to mitigate the apathy and isolation.

*You can reach out to ASTHA on [aarthindia@gmail.com](mailto:aarthindia@gmail.com)*

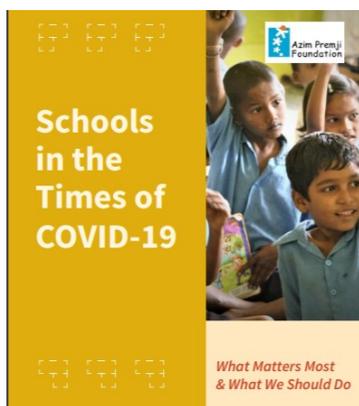
*[www.asthaindia.in](http://www.asthaindia.in)*

**National Disability Helpline:**

011-26466250/1 | 9560874098

## Schools in the times of COVID-19

### *Recommendations for starting and running government schools, given the COVID-19 situation*



The unusual challenges generated by the current COVID crisis caught everyone unawares and unprepared, including all of us in the field of education. How do we conduct classes, or exams, or think of a school year, and all the other academic and administrative needs and

reporting for the year? How do we bring in inclusivity in a rush to find technological solutions for the way forward? Is this an opportunity to radically rethink our methods of evaluation in schools? Is there a more significant role for teachers in such a situation? In such a confusing mélange of questions, clarity and direction are sorely needed.

The report by Azim Premji Foundation (APF) on the State of Schools in the Times of COVID is a much-needed one in this direction. The report draws from the many years of field experience of the APF staff in the field from across the country. It is well-supported by several annexures charting recommendations with well-supported numbers and where required, illustrations as well.

#### Read the report here:

[https://azimpremjiversity.edu.in/SitePages/pdf/Schools\\_in\\_the\\_times\\_of\\_COVID-19\\_May\\_30\\_Web\\_test\\_page.pdf](https://azimpremjiversity.edu.in/SitePages/pdf/Schools_in_the_times_of_COVID-19_May_30_Web_test_page.pdf)

You can reach out to Azim Premji Foundation on [info@azimpremjifoundation.org](mailto:info@azimpremjifoundation.org)

## The 'how-tos' of language and literacy

### *Perspectives to help individuals and organisations imagine relevant practices in classrooms*



The Early Literacy Initiative (ELI) was a project anchored by the Tata Institute of Social Sciences and funded by the Tata Trusts, to actively build the domain of Literacy and Language

education in India. Over the last three years, the ELI team endeavoured to create a set of resources useful to practitioners working in the domain of early language, literacy and literature. The team created five themes,

based on which, approximately 45 original blog pieces were written by practitioners and scholars knowledgeable about that theme. An annotated bibliography was also created for each theme, totalling nearly 145 annotations across the five themes. The blog pieces and the bibliographies are largely perspective building, albeit written in simple, accessible English. To disseminate these materials, ELI has collated the five thematic resources in the form of Resource Books.

The Early Literacy Initiative's Practitioner Briefs (PB) are a collection of "how-tos" for people working in the field. Teachers, teacher educators and NGO staff often struggle with operationalising theoretical ideas that they read about. Certain ideas may sound interesting or useful – but are they implementable in Indian settings? How can we implement them? The Practitioner Brief series draws upon theoretical perspectives to help individuals and organisations to imagine relevant practices in classrooms. A total of 21 briefs are compiled into seven thematic booklets.

While the online resources are openly and freely available to practitioners, Eklavya Publications is publishing and disseminating the print versions.

#### Links to download the resources

Resource Books:

<http://eli.tiss.edu/resource-books-series/>

Practitioner Brief Booklets:

<http://eli.tiss.edu/practitioner-briefs-series/>

You can reach out to Early Literacy Initiative (ELI) on [earlyliteracyinitiative@gmail.com](mailto:earlyliteracyinitiative@gmail.com)

#### Resources:

To access other resources shared by Wipro's partners for the network, visit: <https://sites.google.com/view/covid19collectiveaction/home>

To contribute ideas, resources, articles, or to share your stories for future issues, send us an email on [foundation.communications@wipro.com](mailto:foundation.communications@wipro.com).

# The challenges of disability-inclusive response to COVID-19

## NGOs fill the gap as the needs of Children with Disabilities get overlooked during the lockdown

 Ahmedabad

**A**s a self-initiated measure, organisations catering to the needs of Children with Disabilities (CwDs) went into shut down mode even before the lockdown was announced. Although this was the first step to ensure the safety and well-being of the children, the lockdown limited their access to children who depended on them for physical fitness, nutrition, and education. Recognising the challenges that CwDs could face, organisations like Samerth (Ahmedabad), Urmi Foundation (Mumbai), and National Association for the Blind (NAB, Delhi) went out of their way to manage the COVID-19 crisis offering relief to children and their parents.

Ahmedabad-based Samerth has been running a centre for Children with Downs Syndrome and Multiple Disabilities for over a decade. More than 80 children are a part of Samerth's CwD centre which also provides home-based interventions such as free consultation with therapists and doctors.

Gazala from Samerth says, "We closed our centre before the lockdown was announced. We were scared because the immunity of CwD is very low. We did not know how long this will last or how this is going to unfold."

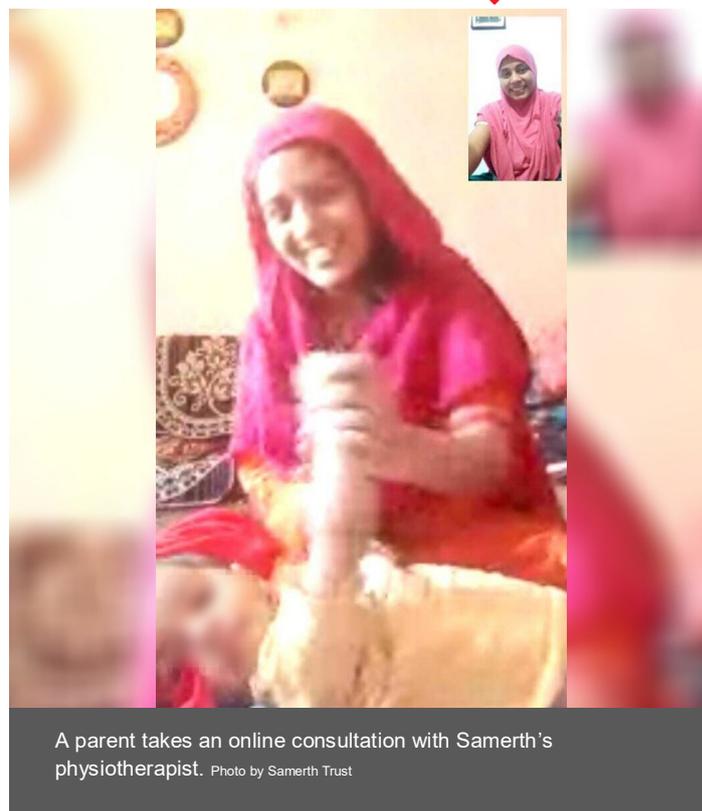
Most of the parents of CwDs enrolled at Samerth, work in the informal sector. Unfortunately, many parents lost their livelihood after the lockdown.

**When we contacted them, they were in a bad state. In the initial days, everyone was only demanding for dry ration supplies...**

- Gazala,  
Samerth Trust

"When we contacted them, they were in a bad state. In the initial days, everyone was only demanding for dry ration supplies, so we started distributing it immediately," says Gazala.

In addition to parents of CwDs, Samerth also provided dry ration to parents of 300 children who are a part of their out of school education programme. A major concern for Samerth was nutrition requirements of CwDs. At their centre, all CwDs were provided with poha, milk, egg, or a fruit every day. With the lockdown in place, and families struggling for a simple meal, their nutrition requirements



A parent takes an online consultation with Samerth's physiotherapist. Photo by Samerth Trust

needed to be addressed before things worsened.

Gazala says, "We requested our donor if we could make nutrition packets that can last for up to 15 days so that the parents can cook and give it to their children. Although there were chances that the nutrition could be shared with another sibling, we felt that that is better than no nutrition at all."

After the early days of lockdown, Samerth started ensuring that children do not lose their sense of daily routine. At the time of delivering dry rations, children were handed over exercise books and writing material. Since parents were at home, they were encouraged to help children. Eventually, smartphones were used to take one-on-one sessions between parents and therapists.

"Despite the circumstances, we tried to work closely with them. We will try and see that none of the children drop out, but we don't know what will happen. At a broad level, it is very essential that NGOs continue to receive funding or else they might not be able to provide support as required," says Gazala.

The moral dilemma of giving a task to staff members

## 16 CwDs lost their lives because they did not have access to medicines

We have never worked on delivering medicines before. Until the lockdown, parents were earning enough to survive and get medicines from certain hospitals with recommendations from neurologists. After COVID-19 lockdown, some parents lost their jobs. Unfortunately, many of these medicines are very expensive. Sixteen children couldn't get their medication on time, and we lost them. Approximately 50 per cent CwDs undergo mild to severe epileptic attacks, and these attacks can form severe deformity. If a CwD keeps getting epileptic seizures, and does not receive medication on time, it can be fatal.

Psychologically, it was very difficult for the entire team. Most of the people were supporting us for food and dry ration, but not for medicines. After we received support from Wipro's team, we started reaching out to all parents.

The lockdown made things quite tricky for us – we couldn't get in touch with parents, and since they didn't know how to read or write, they couldn't communicate the details of the prescription. After coordinating with neighbours and mobilising volunteers, we deciphered the prescriptions, put together all the information and then got it verified by a neurologist. Based on the names of the medicines, the neurologist revealed that a few children even have diabetes, and neither the parents nor we knew about it. The medical case papers of the children had no mention of this.

After procuring the medicines, we went ahead and distributed them to families in need. Thankfully, no new deaths were reported after the delivery of medicines.—*Sonalee, Urmi Foundation.*



during lockdown was always there for the Samerth team. But the team held regular meetings, and it was left to the team members to decide on their involvement. In the long run, Samerth plans to invest in technology that will enable them to deliver education online and use it when required.

In Mumbai, Urmi Foundation found that the cases of domestic violence had increased drastically.

Sonalee from Urmi says, "We did an online workshop for fathers – I think they required some kind words so that they can handle their child. On any other day, fathers would have spent most of their time at work, but after the lockdown, and loss of livelihood, they were spending more time with their children. It was a stressful situation and required counselling."

Urmi Foundation works with special children around different communities in Mumbai and delivers academic and social skills through its curriculum. The ultimate objective is to uplift the social and academic condition of special children by creating an inclusive and adaptive environment.

The foundation came up with a novel way to use the lockdown time to improve bonding between children and their parents.

"Most parents cannot read and write. Reading a storybook is out of the question. So we asked them to narrate their personal stories from childhood. This activity created a bond between the family. Children got to know about how their parents were as children. The direct impact of this was it helped children to learn some new words," says Sonalee.

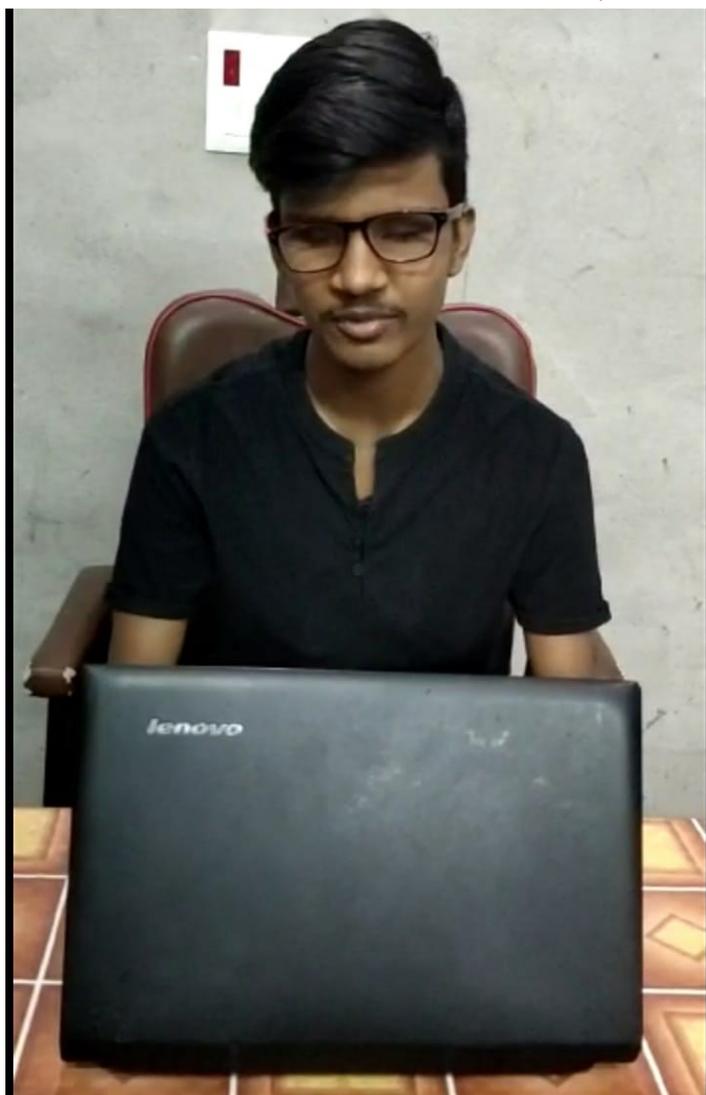


A boy with disability helping his family during the lockdown.  
Photo by Urmi Foundation

While a majority of educational and curriculum-related challenges were addressed through online mode, the most critical was organising medicines for CwDs. Unfortunately, the inability of parents to buy medicines led to epilepsy-related complications and 16 children lost their lives.



Delhi



A video grab of a student with visual impairment from NAB Delhi explaining how he attends online classes Video by NAB Delhi

"Psychologically, it was very difficult for the entire team. Most of the people were supporting us for food and dry ration, but not for medicines. After we received support from Wipro's team, we started reaching out to all parents," says Sonalee.

Uncertainty over livelihood remains for most of the families that Urmi works with. After living under lockdown for over two months with no source of income, 105 parents have formed a self-advocacy group to upgrade their skills and are now thinking of starting a small-scale business. The group takes guidance from Urmi's team members and ensures other families in a similar situation get the relief that they need from the government.

At Delhi-based National Association for the Blind, a majority of visually impaired students have returned home. Although NAB's pre-primary education has been affected because of the lockdown, students from class 2 to 12 continue to receive online support from NAB's resource teachers and are connected with their mainstream schools. Children who are studying at the primary level

have been taking online classes on their parents' smartphones.

NAB's computer training unit has been working overtime and has launched numerous workshops and webinars using online channels. This has helped all students to pursue online classes at par with their able peers during the lockdown.

**We don't know how we can ensure social distancing given the nature of disability. Even during exams, students require a scribe to dictate the paper – at what distance should the scribe sit?**

- Shantha,  
National Association for the Blind (Delhi)

Shantha says, "Students own laptops at a young age at NAB. They are used to taking notes and doing homework on the laptop. There is an online library with all the books. All books are converted into accessible formats. Those students who have already returned home are attending regular online classes and are being evaluated regularly – we are also in touch with their parents who are helping them. The parents are finding it easy to monitor their children and help teachers in communicating instructions on assignments and revision."

It is the pre-primary education that is affected now. Every year, 15-20 children enrol in school from NAB and receive support till class 12 – these enrollments are likely to get delayed.

One of NAB's key concerns is the social distancing requirement. It is obvious that visually impaired students would require support at different levels during school hours – from navigating to the school gates from the main road to moving from one class to another. Unfortunately, there are no clear guidelines on how visually impaired students are expected to continue.

"We don't know how we can ensure social distancing given the nature of disability. Even during exams, students require a scribe to dictate the paper – at what distance should the scribe sit? As of now there is no communication from the government on this. Our alumni shared these concerns after they returned to their work, and we thought this is true for our students too – in fact, these are challenges that any institution that caters to visually impaired students is likely to face."

*You can reach out to*

*Samerth Trust on [samerthtrust1992@gmail.com](mailto:samerthtrust1992@gmail.com)*

*Urmi Foundation on [urmi.ngo@gmail.com](mailto:urmi.ngo@gmail.com)*

*National Association for the Blind (Delhi) on [principal@nabdelhi.in](mailto:principal@nabdelhi.in)*

# Responding to COVID-19 outbreak in Mumbai

*The fear and uncertainty around transmission of COVID-19 have affected relief efforts in vulnerable communities, but humanitarian organisation Doctors For You is ensuring that their needs are met*



The lockdown has been eased in Mumbai. There are no police on the road. A lot of people are outside. After the first rains, the weather is pleasant too. Within two days vendors have started their Vada Pav stalls. For Dr Vaishali from Doctors For You, this is a matter of grave concern.

"Nearly 20 per cent of the people are without masks. I think people are getting casual about it. Also, around 20 per cent of the migrant population has gone back. The testing is less. Only very few get tested and, that too, if they show symptoms. Many isolation wards have vacant beds. We have started living with COVID-19 now," she feels.

Doctors For You (DFY) is a pan India humanitarian organisation with expertise in working in disaster-hit zones. DFY focuses on providing medical care to the vulnerable communities during crisis and non-crisis situation, emergency medical aid to people affected by a natural disaster, conflict and epidemics.

Before Mumbai went into lockdown on March 22, the DFY team was continuously following COVID-19 updates from other countries. Given the team's experience of working in Mumbai's M ward, an area where Human Development Index is lowest in the country even on regular days, they were sure that if COVID-19 enters a densely populated city like Mumbai, things could go out of hand.

**There was a lot of resistance from families of the staff and the volunteers. Every day in the news, their families heard about deaths.**

- Dr Vaishali  
Doctors For You

"Maternal Death, Child Mortality Rate, and Child Malnutrition are among the highest in the areas where we work. Whereas the Immunization Rate is among the lowest. We were continuously in touch with Municipal Corporate of Greater Mumbai (MCGM) officials, and were keen to partner with the government on COVID-19 so that we can fill the gaps. We didn't want to go out individually and start from scratch," says Dr Vaishali.

She says the DFY team interacted with the government everyday to understand the needs and then intervene as required. "We used to give them a list of things that we



Doctors For You team conducting COVID-19 tests in Mumbai's slum pockets. Photo by Doctors For You

are supporting other hospitals with and keep them updated about our work," says Dr Vaishali.

Transportation was a big challenge for the DFY team in the initial days. The team had only three vehicles which were used to ferry staff from home to office and back in addition to critical medical work during the day.

"The staff was scared. There was a lot of resistance from families of the staff and the volunteers. Every day in the news, their families heard about deaths. One of our staff tested COVID-19 positive. After this incident, nearly 80 per cent of the staff refused to work."

Over the last three months, the DFY team has been engaged in several critical activities supporting the government's COVID-19 relief efforts and spreading awareness in affected communities. The team set up an isolation ward with 100 beds in M East ward and H ward, enabled screening and contact tracing, trained health workers, and helped transport COVID-19 patients to government hospitals. To ensure that people in the communities are aware of the nature of the pandemic and ways to protect themselves, the DFY team organised an ambulance where medical workers gave tips on COVID-19 preventive measures using audio-visual tools at over 80 locations in Mumbai.

"Those part of essential services, like the traffic policemen, faced the risk of contracting the infection, so we distributed soaps, masks, and towels at all police

stations," says Dr Vaishali.

One of the key concerns for DFY was the state of Primary Health Care (PHC) in communities and the need to provide medication to non-COVID-19 patients. Unfortunately, there were restrictions on starting PHC as the state government was afraid that opening clinics was risky and would spread the infection further.

Dr Vaishali says, "We started PHC only after April 15. The community people didn't know what do for a stomachache or low sugar and used to ask me when I was going to open the clinic. Eventually, we requested the government and got permission to open the PHC after assuring them that we would follow all protocols."

On regular days, DFY keeps its OPD open for six hours, but during the lockdown, they had to restrict it to two hours. The team has now started organising online or

teleconsultations between regular patients and doctors at DFY centres, but feels that there is a need for a system where everyone can consult a doctor without coming to the centre.

The threat posed by COVID-19 is still not over in India and Mumbai remains one of the severely affected regions. According to DFY, it will require a lot of effort and more coordination to ensure that there are no deaths caused indirectly due to COVID-19 lockdowns. One of the suggestions by the DFY team is to create a database of TB patients and to start treating them immediately. Many TB patients have been unable to access medication during the lockdown. In addition to this, immunisation and malnutrition also require immediate attention.

You can reach out to DFY on [info@doctorsforyou.org](mailto:info@doctorsforyou.org)

## The behaviour of the society was disheartening

There were many staff who were in quarantine and came out as COVID-19 positive, but the way society treated them was not right. In the colony where I have moved to after marriage, people kept asking about my whereabouts and whether I was working in COVID-19 affected areas. Many stopped talking to our floor people assuming that I may be infected.

The behaviour of the society was disheartening. I got married in December last year, and since the lockdown in March, I am only visiting my partner once a week. I usually reach Saturday late in the night and leave by Monday early morning to avoid any needless probing. For the rest of the week, I am either living at the hospital or with my mother.

Fortunately, I am a doctor, and my family can be assertive with the society members when pressured. But the nursing assistants who help me, and who live in chawls, are not able to assert themselves in the same way. They have very little means and in many cases are the sole earning members of their family.

In one such case, our staff fainted during a field activity. We later came to know that some members of her family had lost their job and entirely depended on her. When our team got to know ththe family didn't even have enough food for everyone and she had not been eating well, they helped her. In another case, one of our doctors was tested COVID-19 positive. Some people made a video of the doctor and circulated it in the colony group, blaming the doctor for endangering other people's lives in the society.

We have been putting our professional life before our personal lives, and despite this, when we are faced with this kind of discrimination, it is very disheartening. It is not like COVID-19 is in our house. It is in the community, and we are helping because society needs us. If medical professionals don't do their job now, the situation will worsen for many others.

—Dr Vaishali, Doctors For You



Immunization drive organized by Doctors For You in Mumbai as a part of their Primary Health Care intervention. Photo by Doctors For You

# Collective response

*Wipro converts Pune campus to a 450-bed COVID-19 hospital in partnership with Government of Maharashtra*



Isolation ward of COVID-19 hospital at Wipro's Pune campus  
Photo by Wipro Limited

**O**n June 11, Wipro Limited announced the opening of India's first COVID-19 dedicated hospital in Pune, Maharashtra. The 450-bed hospital is equipped to treat moderate cases and has 12 beds to stabilise critical patients before shifting them to a tertiary care facility.

It took one month for the Wipro team in partnership with the Maharashtra government to set up this independent, isolated COVID-19 dedicated complex that also includes 24 well-appointed rooms to accommodate doctors and medical staff in addition to 18 ventilators and two well-equipped ambulances.

To help operationalise the hospital quickly, Wipro has provided medical furniture and equipment besides appointing an administrator and skeletal support staff. The staff and doctors at the hospital will be managed by Pune's Zilla Parishad and district administration. The new hospital will be converted back to an IT facility after a year.

Early April, Wipro Ltd, Wipro Enterprises Ltd and Azim Premji Foundation, together committed Rs 1,125 crore towards tackling the unprecedented health and humanitarian crisis arising from the COVID-19 pandemic outbreak. The new hospital will help enable the dedicated medical and service fraternity in the frontline of the battle against the pandemic and in mitigating its wide-ranging human impact, particularly on the most disadvantaged of our society.

Wipro and Azim Premji Foundation are carrying out COVID-19 related humanitarian and healthcare relief work in 479 Districts, across 29 States and 1 UT, with the help of over 500 NGO partners.



**79.78 lakh**

Total number of people who have been supported with humanitarian aid



**77.28 lakh**

Number of people who have received our dry rations support



**29.69 lakh**

Number of cooked meals facilitated by Wipro kitchens in Bangalore, Pune and Kolkata



**1.9 lakh**

Total number of PPE kits facilitated



**37.51 lakh**

Total number of soaps distributed



**29 States, 1 UT,  
479 Districts**

Total number of states/districts reached through our humanitarian and health care efforts

[CLICK TO VIEW THE MAP](#)

*Data compiled on June 24, 2020*



Wipro Foundation is a public charitable trust set up for corporate citizenship and Corporate Social Responsibility (CSR) initiatives of Wipro.

Send your comments or feedback on [foundation.communications@wipro.com](mailto:foundation.communications@wipro.com). To read previous issues of *Samuhik Pahal*, please visit: <https://issuu.com/wiprofoundation>



For more information, visit:  
<https://www.wipro.com/sustainability/>

Disclaimer: The information in the document is made available based on internal data and other sources believed to be true and are for general guidance only but which may have not been verified independently. While every effort is made to ensure the accuracy and completeness of information contained, Wipro Foundation takes no responsibility and assumes no liability for any error/ omission or accuracy of the information or claims for damages, including exemplary damages, arising out of use, inability to use, or with regard to the accuracy or sufficiency of the information contained. Views expressed by authors are their own and do not represent Wipro Foundation's views. Recipients of this material should rely on their own judgments and conclusions from relevant sources before making any decisions.