

Innovating Charity in Pandemic with Empathy and Professionalism

Evaluation Report for
Activities by Samta Foundation
During the first year of Covid-19 Pandemic

For



Samta Foundation
JB Nagar, Andheri (E)
Mumbai

By



**Centre for Technology Alternatives for
Rural Areas**
Indian Institute of Technology Bombay
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Program Evaluation Report

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Executive Summary

Samta Foundation is engaged in extensive activities in health, education, prisoner transformation and community service sectors for past many years. Due to the Covid-19 Pandemic and lockdowns since March 2020, and the second wave in April 2021, a lot of its activities were disturbed while the foundation also responded to needs of the communities and started a few new activities. In this report, the impact of Covid-19 lockdowns on existing activities, impact of relief activities, and impact of community service activities in Risod (focus on vaccination drive) has been covered. The study was based on primary observations, interviews with stakeholders and beneficiaries, and limited secondary data. The following table summarises the findings of this report:

Sr.	Activity	Impact of Covid-19 Lockdown in 2020
A	Healthcare	Camps could not be conducted, hospital-based procedures were stopped, healthcare at home of beneficiaries continued
A1	Cataract Cure	Increased backlog of cataract cases, discomfort to the beneficiaries due to delayed identification and operations
A2	Family Planning Services	Increased unwanted pregnancies, especially as families were stuck at home without work, potentially will increase malnourished children in coming years; but targets of surgeries are met
A3	Mother and Child care	Continued support at homes, so least affected activity. Many children supported due to no migration in the peak summer season when follow ups are usually missed.
A4	Health Support	All other activities stopped
B	Prisoners' Transformation	No camps, only medicines and covid protective kits supplied, activity merged with health activity, team members removed
B1	Eye Care	No check-ups or provision of new spectacles, increased unease of affected prisoners during extremely curtailed movement periods.
B2	Skin Care	No check-ups and referrals, only medicine supply through the prison dispensaries, increased discomfort amongst the inmates.
B3	Release and Rehabilitation	Activities stopped; many prisoners released by government to decongest the prisons.
B4	Women's Health Care	Supply of menstrual pads continued while other support was stopped.
B5	Distribution of Kits	Only covid protection kits including sanitisers, thermometers, masks, etc. distributed, process of constructing open gyms was held up at few places.
B	Education Activities	All activities linked to education in schools stopped, trainings of trainers for their upskilling and engagement continued.
B1	Dress Designing and Tailoring	Girls remembered how to use sewing machines when schools reopened, needed refresher course. Many girls and all trainers stitched 1,33,000+ masks at home for the foundation, providing with some income in these times. This could only be done in well-connected areas.
B2	Music & singing	Activity discontinued just before lockdown
B3	Computer Literacy	As most schools are in remote areas, students could not access online material or practise at home. Basics had to be taught on reopening. In other areas, mobiles allowed theory teaching but practical suffered.

B4	MAIT, Risod	MAIT remained closed resulting in activities being stopped, trainers did innovative projects and coordinated training of all computer trainers, ensuring regular engagement and certification.
D	Community Service Activities	Focus of community service shifted to fighting covid pandemic and providing relief from the lockdown induced crisis.
D1	Water conservation	Planned work could only be done in summer of 2021, reducing available time during pre-monsoon to increase water storage
D2	Plantation drives	Active plantation drives stopped, nursery rearing continued and distribution of plants to farmers planned, plantation resumed in 2021
D3	Shelters	Due to lockdown, use of shelters reduced, support provided in hospitals for covid care
D4	Free food	The free food centres being run in Aurangabad were repurposed to provide relief to the needy.

New Activities:

Sr.	Activity	Impact
E	Covid-19 Relief Activities	Protection of frontline workers and slowing down of the first wave of pandemic through protective kits and other supports, better service to patients by hospitals receiving important instruments and medicines.
F	Divine Light, Noble Gender and tribal region relief activities	Vulnerable community protected from malnutrition, starvation, and debt traps by providing ration support at crucial time.
G	Vaccination Drives	Preventive work which will reduce the impact of the third wave

The foundation has acted upon many recommendations from the previous study conducted in 2019, utilising the evaluation findings to improve its work. Its activities have had a positive impact on the life of the communities served in the pandemic. The alacrity shown by the foundation through its quick decision making, immaculate planning, empathetic response, professional conduct, collaboration with all stakeholders, and the large scale of operations shows that the foundation is in the business of doing good for everyone professionally with empathy.

While the foundation works professionally with support from sectoral experts, it may be noted that it can further integrate, consolidate its activities, and improve collaborations, co-operations with other agencies. It can align its activities with Sustainable Development Goals, consider local variations for better implementation, plan for data collection for impact assessment, and better manage its activities. To expose the staff to various concepts of development project management, stakeholder mapping, interaction, inclusive design, theory of change, indicator identification, mobile based data collection, etc., trainings can be planned.

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1 Introduction

The charitable activities of Samta Foundation were previously evaluated by Centre for Technology Alternatives for Rural Areas (CTARA), IIT Bombay in 2019. This evaluation was conducted through field-visits for qualitative data collection. Findings from the 2019 report were of interest to the foundation and many action points given in it were acted upon. Realising the usefulness of this exercise, and feeling the need for impact assessment of activities in the time of Covid-19 pandemic and ensuing lockdown, the foundation engaged CTARA again. After an initial meeting on 5th January 2021, work was initiated in February. It was affected by the second lockdown in April-May 2021, but continued later and with some delay, has been completed now. This report documents the approach for the study of impact of Covid-19, the data collected for the same and its analysis, and gives comments and suggestions for improvement.

1.1 About Samta Foundation

Samta Purushottam Agrawal Memorial Foundation, is family foundation created by Mr. Purushottam Agrawal, in 2012 in the memory of Mrs. Samta Agrawal (1955-2011), his wife. Samta means Equanimity, Equality and Balance. The foundation does philanthropy for wellbeing of underprivileged in rural India.¹ It started operations from Aurangabad and spread across Maharashtra. The foundation is working for a decade; in the past few years it increased its activities and was scaling up in 2019-20. Due to the sudden onset of Covid-19 pandemic in March 2020, it had to stop a few activities, modify others, while it started new activities in 2020, 2021.

1.1.1 Important activities

The foundation has activities in four domains, viz., healthcare, education, prisons, and community service. In healthcare, it focuses on cataract surgeries, preventive and curative malnutrition treatment, and family planning surgeries. In education, the important activities are computer training and dress designing & tailoring training. It operates Mannalal Agrawal Institute of Technology at Risod, where tailoring, computer programming, Tally courses, robotics, and STEM courses are held for students and job seeking adults. In prisons it provides health and social care to deprived inmates across all prisons in Maharashtra. These include eye camps, skin care camps and distributing women menstrual hygiene products under health services and providing sports, entertainment and reading facilities. It works with the judiciary to release prisoners by paying cash bail amounts. In community service, it works in Risod and surrounding areas to provide civic amenities in hospitals and adopted Risod for tree plantation and Samta Swachhata Abhiyan. In past year it replicated the plantation efforts in Jawhar and Bhusawal by setting up nurseries at each location.

¹ <http://samtafoundation.org/>

During the pandemic the foundation started new activities to provide relief to certain communities. While extensive relief work by other agencies targeted migrant labourers, there were communities needing continued support. The foundation targeted these and started two new activities – noble gender and divine light –to provide support and relief to transgenders and commercial sex workers in red light areas. As Covid-19 limited activities and changed their nature, in June 2020, the earlier verticals were rearranged in two broad verticals – education activities, and health & community services activities - for easy management and optimising available human resources.

1.2 About the Study

This study follows up on a previous study conducted by the same team in 2019 to evaluate the foundation’s activities, with a special focus on Palghar District, where a lot of new projects were initiated and based on the success there, expanded to other areas. In current study, the demand from the foundation was to understand how Covid-19 affected its previous activities and how new activities have shaped up. It was decided to understand the changes, decision making processes, standard operating procedures, etc. so that going ahead, the foundation can have an agile, scalable action plan. While the final report was being prepared, observations were shared with the foundation, and some are already being implemented.

1.2.1 Objective of the study

The objectives of this evaluation study, as defined in the meeting on 5th January 2021, are:

1. To estimate impact on the community of stopping the regular activities due to Covid-19
2. To understand how the activities were remodelled to overcome problems in service delivery and to reach out to new areas, and the impact of these changes
3. To estimate how these changes will affect the activities in the coming months, what challenges may be faced in achieving the deficit targets, etc.

As documentation of activities and their impact was assessed in previous study, this study only focuses on how sudden stopping and then slow restart post pandemic induced lockdown affected the beneficiaries and field teams. For new activities though, preliminary documentation of implementation is also proposed.

1.2.2 Organisation of the report

This report has six chapters, including the current, introduction chapter. The second chapter lays out the methodology of the evaluation, while the third chapter assesses the impact of lockdown on the existing activities from the lens of stakeholders. The fourth chapter explores the new activities and their impacts, while the fifth chapter focuses specially on Risod and vaccination drive. The final chapter sums up the findings and provides some recommendations. It is followed by annexures which give the proposal document for this study and list of FGD participants.

2 Methodology of Evaluation

A program evaluation is a study of program implementation, its effectiveness and impact on the community. Based on objectives and expected use of the study, methodology was proposed in the proposal by considering the limitations in data and field access due to the pandemic.

2.1 Evaluation Questions

To this effect, the primary evaluation questions defined at the proposal stage were:

1. How the communities being served by the foundation have been affected due to stoppage of services? Was there a negative impact which may not be filled by stepping up activities?
2. How much has the backlog of various activities increased and what strategies/ innovations will be needed to fill that up?
3. Were the newly started activities during covid-19 relevant and effective in providing relief to the communities being served?
4. How did the foundation establish efficient processes, supply chains, etc. to provide quick, timely and useful relief during the lockdown?
5. Can these activities started during the lockdown be continued sustainably and how can a future response to similar disasters be provided?
6. How would workforce & resource allocation be done once the earlier activities are re-started to match the pre-Covid-19 levels and with new areas and activities introduced?

2.1.1 Guiding Questions

Guiding questions were used in interviews to get answers to the above questions. These directed the enquiry on the impact of lockdown and effect of new activities, and are listed below:

1. What was the process behind initiating new activities? What is the general decision-making process within the foundation? Is it individual centric or institutionalised?
2. During lockdown, what challenges were faced in procuring material and how were they solved? What systemic decisions were taken related to inventory management challenges?
3. How did the intensity of activities change due to lockdown?
4. What was the impact of stopping the activities, how were the activities modified to continue serving the communities?
5. What innovations were done in service delivery to reach directly at homes?
6. SOPs - what were the existing SOPs, what new SOPs were added due to lockdown? How are these being implemented? How were these developed in response to changes in field?
7. Was there any reduction in staff size? How were staff engaged alternatively?
8. Details of mode of working during relief activities - SOPs, processes, who was approached, how was coverage ensured, local partners identified? Was there equity in the distribution?

9. During lockdown, what challenges did the field team face? What fears did they have? How were they cared for? What precautionary measures were done? How did this affect the morale and commitment of the team?
10. How was combing being conducted? What sort of numbers did it throw up? How did that experience help in relief activities? How was combing plan affected? How will it be started again to reach intended levels? What does data from the completed towns show? How were activities planned in response to the combing - numbers to support?

These questions were kept in mind while observing on field, having interviews or FGDs. While most were answered in some capacity, a few questions couldn't be addressed sufficiently.

2.2 Approach

The methodology for this study was post-facto assessment, in absence of a counterfactual. The study used mixed methods design, where both quantitative analysis from existing data collected by the foundation through its data management system and qualitative insights from key informant semi-structured interviews and field visits were used.

2.2.1 Scope

For the current evaluation study, the documentation of activities and findings from the previous evaluation report were used to create a base. The focus was to study as to what happened in the year 2020, before and during the pandemic.

Geographically, the field area was limited to Palghar District and Melghat region for health activities; MAIT Risod for health, education and community development activities; and Pune for divine light, noble gender activities. While direct field access was difficult due to lockdowns, online interviews allowed to understand what was happening in different regions.

2.2.2 Field visits

The field visits focused on beneficiary interactions and observations. Some important stakeholders from the Government setup, who closely assisted the foundation's work, were also interviewed to understand their perspectives. Semi-structured interviews with the beneficiaries of various activities and open-ended discussions with key resource persons were conducted. Following field visits were proposed at the start of the project:

1. To Pune for observing new projects - divine light and noble gender
2. To Palghar for malnutrition, family planning, eyecare, etc., reopening of schools and help during initial lockdown
3. A prison, if outsiders are permitted in prisons or a video call with prison officers
4. To Risod for MAIT activities, and community level activities including vaccination
5. To Melghat for malnutrition, health care activities, and help provided in lockdown

6. A visit to Mumbai/ Navi Mumbai for divine light and noble gender activities

Of the planned visits, only the visit to Pune and Palghar could be conducted before the second wave of Covid-19 started to peak and local lockdowns were implemented. As these covered all the important activities that had to be observed, further field visits were deferred till the cases reduced. One field visit was also made to Risod, to observe the community level activities done there, especially the ongoing vaccination drive in June 2021, with further visits being cancelled.

Keeping in mind the prevailing pandemic conditions, no on-field group discussions were planned, instead a few online meetings were scheduled with the foundation's team. These also helped to understand the work in Marathwada and Vidarbha regions of the state.

2.2.3 Online Focus Group Discussions

To interact with a wide group of Samta staff working in different parts of the state, and not limited to the field visit areas, two online focus group discussions (FGDs) were conducted with Samta Foundation teams:

1. Education team – to understand impact on education activities due to closure, what has been done by the team in this period (courses, certification, preparation, systems, etc.), what was the restart experience, etc. 10 members from the team joined this meeting.
2. Pandemic relief activities team and health team – to understand the Standard Operating Procedures, precautions, mood, ground level impact stories, logistical issues, etc. during the pandemic relief work and to understand how the existing health projects were continued/ modified/ scaled up, home-to-home surveys, effect of lockdown on beneficiaries, backlogs, etc. 13 members from the team joined this meeting.

Further insights and clarifications to on-field observations were obtained through these FGDs. A list of the participants is attached as Annexure II: List of Participants in FGDs.

2.2.4 Secondary data analysis

During 2020, Dynamic Process Monitoring System (refer to section 3.2.1.1, bullet point Dynamic Progress Monitoring System) has been set up by Samta Foundation for monitoring its activities. House-to-house combing operations have also been completed before the pandemic in 2019-20, in many villages for all Healthcare activities. Some combing continued during the pandemic, to identify distressed households. Part of this data was made available for analysis, especially summary sheets of activities. This secondary data was analysed to find trends, patterns, etc. and to assess the impact of the lockdown on the activities.

2.2.5 Stakeholder classification

Based on previous study, the stakeholders were classified as follows:

1. Beneficiaries and their families

These included patients, mothers, small children, and their families in health activities; students and their parents for the education activities; prisoners in the prison activities; commercial sex workers, third gender persons and their dependents for relief activities under Divine Light and Noble Gender initiatives.

2. Institutional representatives who support the programs

For health activities, the frontline workers like ASHA and Anganwadi workers and the medical staff and officers from Public Health Centres, Rural Hospitals, etc. In education activities, these were the principals and teachers of the schools where computer training, and dress-designing & tailoring training is being conducted. In prison activities, this was the superintendent of prison, and jailor. For community activities in Risod, coordination committee members, representatives of associated institutions, government health officers were interviewed.

3. Foundation's staff

For each activity, Samta foundation has an activity head, regional managers/, and trainers/ field-officers. Earlier, there were state heads, regional supervisors, and some other posts as well. This structure change was initiated before covid-19 pandemic to reduce the reporting hierarchy to three layers only. Interaction was done with both Senior Managers, who lead the Education activities and the Health & Community Services activities multiple times, other officers were either met on field or during FGDs.

Using this approach, the evaluation study was conducted with field work starting in February 2021 and ending in June 2021. A draft report was submitted to the foundation on 9th August 2021 and comments on it were received on 20th November 2021. Further queries based on the comments were sent to the foundation team and on their resolution, the final report is being submitted in January 2022.

3 Effect of Lockdown on Existing Activities

The travel restrictions, disruption of supply chains, closure of community facilities, and the fear spread during the first lockdown starting March 2020 and later second in April 2021 affected activities for everyone, deprived citizens and underserved communities were hurt the most. The activities by the civil society organisations or non-governmental organisations also took a hit, primarily due to divergence of funds for relief activities and closure of regular activities. The same would have been true for Samta foundation, but due to a dynamic leadership and active, committed team, the foundation was able to utilise this challenge as an opportunity in its regular activities and quickly scaled up new activities focused on providing relief. This chapter deals with the effect of lockdowns on existing activities while the next chapter is exclusively about the new activities initiated for relief work in the lockdown.

3.1 Background

Samta foundation is implementing its activities across Maharashtra and parts of Gujarat and Madhya Pradesh since 2012, when their cataract operations activity was started, followed by family planning services and fight against malnutrition since 2013 in Palghar. These activities expanded across the state, especially in remote tribal areas. Education activities started in 2014 with renovation of schools and grew with dress designing and tailoring courses and computer education. Prisoners' transformation activities started in 2016 and community activities were already going on intermittently and were formalised and scaled up in past few years with the clean and green Risod project. In the last two years, tree plantation activities have been scaled up based on the model established in Risod, and tree plantation is being taken up at Jawhar and Bhusawal as well. Nurseries have been established at each of the three locations and in 2021, there are 1,50,000 saplings created. Over 10,000 fruits and other trees have been distributed to the local framers of Risod and Jawhar already and the rest would be ready for distribution in 2022. Water conservation activity based on Shirpur pattern has been started from Risod, which will also be expanded.

An important effect of the Covid-19 related lockdown and closure of movement and limitations on gatherings imposed, was the closure of cataract eradication activity of the foundation in MP and Gujarat. The office in MP, field offices in Kasa and Nandurbar are closed to cut down on expenses as these required extra administrative setup. As per the senior manager Health and Community Services, the way the foundation functions, field-office is not needed and all activities can be coordinated from central headquarter at Aurangabad. The experiment of having field offices started in 2018-19 was thus closed and old set up of direct control through one headquarter has been reinstated. Also, with the recent changes in hierarchy structure in the foundation, mentioned in section 2.2.5, supervisors directly report to activity heads, making field office and associated setup redundant. About 10 office staff were thus reduced just before the pandemic.

As camps couldn't be conducted and permissions to start relief activities was not obtained in Madhya Pradesh, the field staff there was idle and had to be laid off. As foundation is now focusing on deepening its activities within Maharashtra and filling backlogs in the State, it may not restart activities in other States. A note on this is given in section 3.3.1.1. This closure of activities in Madhya Pradesh and Gujarat is a crucial side-effect of Covid-19 which may not be reversed soon.

In the various restructuring and closure of activities in 2020, 45 people were removed by the foundation as they could not be absorbed in other roles/ vacancies. These were – 10 office staff reduced pre-pandemic in restructuring of hierarchy, 21 staff removed from Madhya Pradesh as activities closed and 15 staff removed from prison activities due to merger of activity verticals.

3.1.1 Details of activities

The activity details, SOPs, primary impacts on beneficiaries, comparison with similar programs, etc. was documented in the evaluation study in 2019. While a few new areas are added and activities have been expanded, their general nature and implementation is the same. Thus, instead of focusing on activities, as they were observed pre-pandemic, this report focuses only on impact of the pandemic on these activities and through them, on the beneficiaries.

One important change though needs to be highlighted here; the foundation has collapsed its staff into two categories – the health and community development related, which also work in prisons, and the education related, instead of having a separate team for prison related activities. The foundation realised that its activities in prisons are not different from its health-related activities, except for the prisoner release activity, which was curtailed due to pandemic as the government released many prisoners in the initial phase of pandemic to decongest the prisons. Hence, the prisoners' transformation activity has been merged with health care and community development activity. Now the same field officer who does the work of conducting health camps in communities also does so in prisons as well. This restructuring was being considered before the pandemic, and was hastened due to it. A short note on this is given in section 3.3.1.2.

3.1.2 Stakeholders interviewed

To understand the impact of Covid lockdown on the existing activities, various stakeholders, as defined in section 2.2.5 were met through the field visits proposed in section 2.2.2. As per initial planning, a visit was made to a prison in Pune (18th February 2021), to a few schools and PHCs (1st and 2nd March 2021) in Jawhar and some beneficiaries were visited in Risod (23rd – 26th June 2021) and interaction was done with the officials at each location. Samta Foundation's Mr Mohan Kendre, Mr Deepak Matkar accompanied the IITB team on field in Pune, while Mr Vikas Shelke, Mr Rajendra Tokare accompanied in Palghar. Insights obtained from these people are presented in the next section. Few beneficiaries were visited at home to understand how their education had been affected due to the lockdown. Virtually conducted focus group discussions allowed interaction with Samta team members from across the state in both health and education section.

3.2 Inputs from Stakeholders

In following sections, inputs from stakeholders interviewed are documented activity-wise. The first sub-section focuses on inputs received in the FGDs with foundation staff, the second documents inputs from officials and beneficiaries, obtained in Palghar and Pune.

3.2.1 Inputs from FGDs

Two Focus Group Discussions were conducted with Samta Foundation's field teams, as noted in section 2.2.3. The first discussion was with education activities team and the second with health activities team. These helped to understand how the staff reacted to the sudden lockdown, how they were engaged during this period, what adaptations were done across the foundation and how the staff feel about these changes. This enquiry was directed using the guiding questions listed in section 2.1.1. It must be noted that this discussion happened towards the end of March 2021 and focused specifically on the first lockdown and its effect on activities.

3.2.1.1 *Education activities*

The discussion with the education team during the FGD is noted here and points are grouped according to the broad themes identified from their responses. At the start of the lockdown in March 2020, due to sudden closure of schools and the hope that this will be limited to just a month or so, there were a lot of uncertainties. No one was prepared for an extended lockdown which would last many months. At that time, there were questions about how the activities could be continued and how to keep the trainers engaged. Thus, a few immediate activities were taken up in the initial lockdown such as doing certificate courses for skill upgradation of the team.

- *Skill upgradation of the team*

While skill upgradation activities were already planned, they were quickly rolled out to keep the staff engaged. These included courses from TCS on email etiquettes; courses about Google services such as Gmail, Google drive, etc.; Microsoft products related trainings, as the foundation (through Ajanta group of companies) subscribes to their services, such as One drive, Office suite, etc. The new trainers who previously had not completed IITB certification exams for the courses taught to the students, completed these certificate courses. Training on tally, blockchain, web design, coding languages, etc. was also conducted for computer trainers. So, in different ways, the foundation kept its teachers engaged and trained. Using the robotics course material at MAIT, the team there made automatic sanitiser vending machine and then improved upon the design.

Similar happened with dress designing and tailoring trainers. While they did basic courses with the computer team, they also stitched masks. They upgraded their own skills by completing the practical assignments in the course for students by themselves and sharing their outputs with their coordinator. So, the teachers completed the syllabus and gained confidence to teach the girls.

All the trainers also completed spoken English courses and personality development courses. The trainers present in the FGD mentioned that it helped them build their confidence, as they got an opportunity to learn the English language well while the personality development course helped in day-to-day life to better interact with people and face situations.

- [Safety of staff](#)

For protecting team members and their families, foundation provided them thermometers, oxymeters, vitamin tablets, sanitiser, and masks. A kit was given in the 38 associated schools when reopening offline classes was proposed, containing disinfectant sprays and 77,915 masks for students. In Palghar, schools reopened in February 2021, and were closed again in April 2021 during second lockdown. In some regions in Marathwada, schools started to open in December 2020, but closed again in April 2021. Wherever offline teaching time was started, its lab strengths were reduced to half to follow social distancing, thermometers were used in the schools to monitor temperatures of the students and regular disinfection was done to keep them safe.

- [Impact on work](#)

Early in the lockdown, Education team had 2-3 meetings every week with all the trainers to engage them in skill upgradation and other planning. Though staff's payments were reduced, no one was laid off during lockdown. A note on the salary changes and activities done by trainers during the lockdown is given in section 3.3.1.3. Three trainers left during the lockdown but re-joined later. Anyone who left was offered all support. When food kits, masks had to be distributed, the trainers and supervisors were involved as and when needed, across the State. As the health activities teams are big in size in Aurangabad and Palghar though, education team wasn't needed in these two districts till Covid-19 vaccination camps were started in June- July 2021. During vaccination camps in Palghar, Nandurbar, Bhusawal, etc., the education team helped local health teams in coordinating vaccinations at the PHCs, especially for data entry.

- [Engaging students in computer education](#)

The staff echoed the feelings that the learning of students is affected as the courses are practical based and most parents in the rural areas, where the courses are run, don't have smartphones or internet connectivity. In tribal areas, network was an issue and not much could be continued on teaching computers to the students. Still, some trainers in Marathwada were able to teach theory through videos circulated over WhatsApp and few online meetings. For self-study at home on mobiles, the trainers had to teach the students how to use Google suite applications which are slightly different than Libre office and this created some challenges, but the trainers managed these using presentations, videos, and online discussion sessions.

In different areas of the State, online computer teaching had different response and support from the school authorities. While in Marathwada, the school encouraged online teaching, in Palghar, schools stopped any online teaching giving vague reasons such as that rumours are spread online, so students should be kept away from internet. Elsewhere, class-wise WhatsApp

groups were created and those who didn't have access to smartphones worked with their friends to do online lectures. Some teachers conducted online quizzes using google forms for the students. A few teachers who lived in the same locality as their students, also tried offline teaching when the lockdowns were relaxed and schools were yet to be opened, but this stopped again in April 2021. Thus, area-wise plans were made and implemented based on the local conditions of access to smartphone, internet, support from school authorities and severity of lockdown. As the lockdown kept on extending though, it became difficult to plan what to teach next.

Online activities during lockdown were a good opportunity to learn, and wherever possible, trainers conducted weekly quiz for the students. Timings were decided to send videos or for interaction. Students responded enthusiastically to these activities, they used to respond to the quiz shared. The trainers made their own quiz every week and learnt new things on their own and then taught the students. Trainers also helped each other and collated ideas, shared experiences during their weekly meetings amongst themselves and on their WhatsApp group. They taught each other how to use Google forms and other useful tools. Overall, shifting to engaging students online instead of offline classroom-based teaching was not overwhelming since the team planned it well.

When the schools reopened in December/ February 2021, students were excited to learn but to maintain social distance, the batch sizes were changed. Many students had basic doubts which got cleared in the classroom, through revision of previously taught tools. While computer training was slowly getting back on track in March 2021 with more schools reopening, the second lockdown initiated in April 2021 again forced online mode till schools reopened in late 2021.

The planned school-teachers' trainings were stopped in the lockdown, but when teachers started attending school, the computer trainers assisted them in learning online tools for teaching online. The schools took help of the computer trainers in preparing results sheets, coordinating online teaching, etc. Community batches for parents, villagers were stopped are not started again.

- [Engaging girls in DDT](#)

Dress Designing and Tailoring trainers also tried online classes but that did not work out well. Wherever possible, the trainers taught the girls at their homes. But this was limited to places where sewing machines were available at home or with a neighbour and the teacher could reach. Many girls also stitched masks, though the ones without a machine were cut off. Cloth was supplied through the foundation; the trainers would go to the homes of these girls to distribute cloth and collect masks. Per mask Rs 2 was paid so that the women and trainers had a satisfaction of being engaged in useful activity. Overall, the mask stitching activity turned out to be expensive for the foundation but provided a sense of contribution to the trainers and students. This led to the activity of distributing sewing machines to needy girls in 2021, which is addressed in section 5.2.1.2.

- [Closing Music and Arts](#)

Music and art related activities, which according to the foundation do not have a direct impact in employable skills of the students, were closed completely in the pandemic. The

instruments, microphones, speakers, furniture, etc. were donated to the schools where these activities were previously being conducted. As these activities are not thought to be employment oriented or are considered secondary to school subjects, they were not focused upon by the schools and pandemic only made the situation worse as schools were under immense pressure to complete syllabus. Instead of planned expansion as discussed during first evaluation study in 2019, these activities were thus totally shut down. This was done before lockdown in January 2020 in all 4 schools. The instruments were donated to respective schools and trainers moved to other jobs.

- **Dynamic Progress Monitoring System**

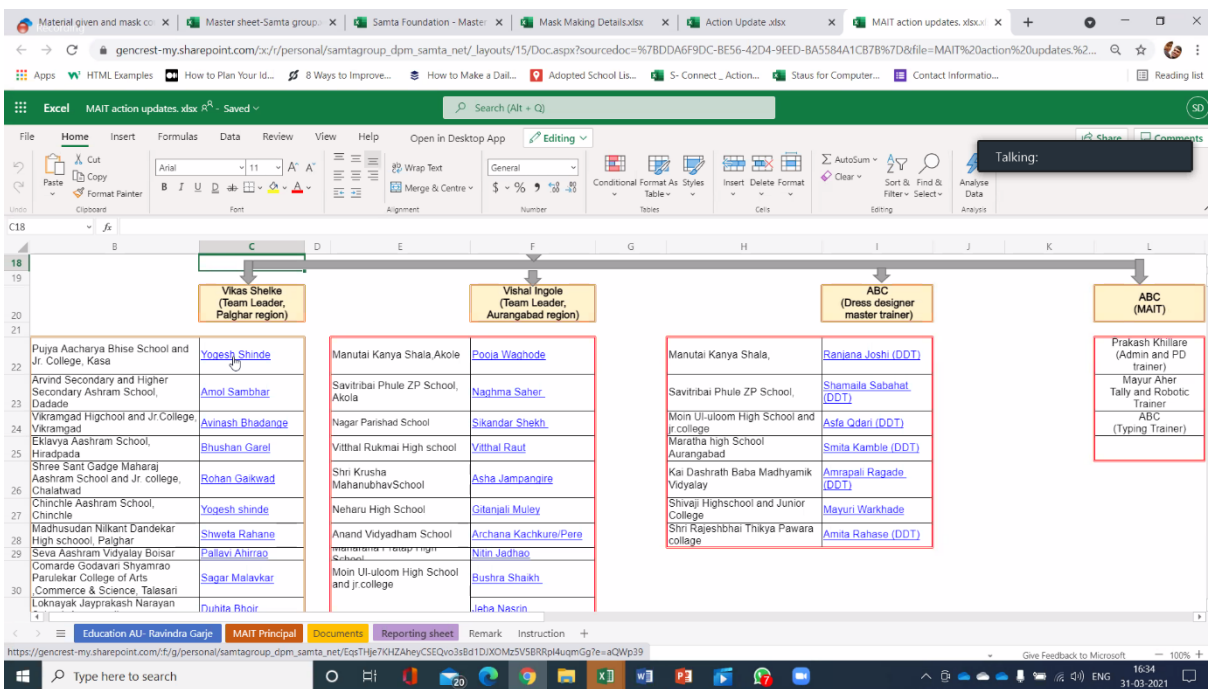


Figure 3-1: Screenshot of one of the files which make the DPM

One important project done by the education activities team was establishing Dynamic Progress Monitoring System, which is now used across the foundation for monitoring of activities. It is created as interconnected, cloud based, system stored in One drive using shared Office Excel files with controlled user access, allowing field staff to enter data and top officers to visualise it quickly. This was done in a learning mode, with little clarity of what is the final output. Day to day projects updates, expenses, reporting, is done through DPM which allows real time reporting, shows who is using it, and how frequently, etc. making it easier to monitor updates, data, and can easily share it too. For keeping all data at one place, back dated data is being added too. Earlier data was stored by different people and was thus scattered, but now there is folder-wise data structuring to keep everything together and linked. Now, there is no need to repeatedly ask for information, everyone is expected to update the sheet as activities happen and when possible. Sometimes the trainers/staff may not be in network area to immediately reply/ update on WhatsApp, they can now fill up later when they have access.

As the existing DPM based on Microsoft One drive has limitations, the foundation is exploring alternatives and developing a custom solution using hired developers. An Android app is in the making for students to access courses/ topics to learn. For trainers, there is a program which they will use for making result sheets and admission process. DPM will link these applications – and all projects, action updates, and master-sheets – together. Not just foundation staff, but entire Samta group uses DPM, with monitoring by concerned department heads.

Thus, the education team continuously engaged in self-improvement and established systems, processes for the foundation. They attempted to connect with their students, but were limited by network and access to mobiles, affecting the core activity of teaching children negatively.

3.2.1.2 Health and community development activities

Health activities were scaling up since 2018 and expanding in reach to cover more tribal areas for mother and child care activity and all rural areas for cataract-free Maharashtra. Cataract camps and operations were being expanded in Gujarat and Madhya Pradesh. The health camps and activities were at their peak in March, the last month of the financial year, when they had to be suddenly stopped, as lockdown was declared. Scheduled eye camps were cancelled as there was no clarity of what would happen next. As India is a densely populated country, Covid-19 threatened to badly affect everyone, so the foundation decided to stop its activities for some time. The government doctors who participated in the health camps were also confused about what to do, it was uncertain what would happen but everyone agreed that there was a risk and suggested to wait and watch. This was the situation in March 2020, but the foundation's team wouldn't just wait and watch, they were actively engaged in relief activities from the very start.

- *Relief activities²*

After a short break in activities, starting from 28 March 2020, the foundation began its relief efforts. On 1st April, a decision was made to distribute ration kits and by 5th April, the distribution had started. Three teams were formed to co-ordinate relief work from Mumbai, Kasa (Jawhar), and Aurangabad. Packing was done in Akola for distribution at Melghat and Chikhaldara.

At the start, due to strict lockdown and fear, arranging vehicles and packing kits was a challenge. Access to relief material was easy through the extensive network of the foundation and parent pharmaceuticals company. Initially, materials were sourced from local dealers, then as pandemic progressed, long-term planning was done to identify producers for direct supplies. Administrative office coordinated purchases and billing, while field teams handled logistics. Material was transported from where it was available to where it was needed, as the entire state faced shortages. Initially, surgical masks were purchased from local vendors, then procured in bulk from a producer in Bhiwandi. Subsequently, masks made by DDT trainers and students were distributed.

² Details of relief activities, based on field visits, and secondary data are presented in Chapter 4; the summary here is documentation of FGD with health team.

Everywhere, the foundation worked with the revenue department of the government of Maharashtra to coordinate relief activities. The State machinery, including tehsildars, sub-district magistrates and police cooperated with the foundation team in many ways, including to arrange vehicles for distribution and providing passes for the foundation staff. Sometimes the foundation relied on locally hired vehicles if their own vehicles or government support was not available. Though the police stopped the foundation's vehicles for checking regularly, they let them go after knowing their identity and purpose, as the foundation had supported the police department as well. In Melghat, the tehsildar had reached out for help and she was happy to receive it promptly from the foundation. Her team had identified remote villages and beneficiaries in hard-to-reach remote locations. Bullock carts were used to access remote areas where no one would have reached by vehicles. These efforts were appreciated by everyone, including the police and local people, for the timely nature of support and completeness of the ration kits.

14 items were included in the ration kits in enough quantities to last for 15 days. The list is provided in section 4.2.3. Potatoes and onions were added to the kits in many areas to provide further support to the deprived population. Face masks were added when available, to provide minimum protection against the virus. In most parts of the State, especially the tribal belts, kits were distributed repeatedly between April to August 2020.

- [Serving underserved populations](#)

Kits were given to People with Disabilities, on a priority. Approximately 2500 people benefited. Some people created obstacles or tried to take advantage of the help offered, but with help of police and revenue department, things were controlled. Survey was done and coupons were given before distribution to identify needy communities, including red light areas, such as in Budhwar Peth, Pune. Here kits were distributed from June to September, as other organisations that had helped till June stopped due to their limitations, so the foundation stepped in. Initially these areas seemed difficult to handle, as the dwellings were overcrowded with 10-12 women in one house. So, coupons were given beforehand to reduce conflicts. To reach out to transgender community, the foundation team contacted gurus through their chelas and then reached to more members and distributed 200 kits to them. Further details are documented in section 4.2.

When information about labourers/ migrants stuck on state border was received from Chandrapur, 700 kits were provided to them as per list provided by the tehsil office. In Akkalkuwa, along the river Narmada, 3000 food kits were distributed. Government boats were used where Samta gave expenses for diesel. As these people living along the river were people not ready to relocate after the Sardar Sarovar Dam construction, government could not give official permission to support them, but helped indirectly. Luckily, local vendors provided kits solving transportation issues. Other details are provided in section 4.3.

- **Institutional support**

Apart from the support given directly to the community and different disadvantaged communities, the foundation also supported hospitals, prisons, police department, etc. by providing them with covid protection kits including masks, medicines, PPE kits, sanitisers, medicines, etc. as detailed in section 4.1.1. Some hospitals where the foundation was already associated were also given ventilators, etc. Similarly, some support was given to rural PHCs. Prison department called Samta for help, they shared requirement letters, accordingly kits were provided. In prisons, covid did not spread much because precautions were taken well. They needed thermometer, masks, sanitiser, oxymeter, etc. and the same was given to staff and inmates both.

- **Restarting regular activities**

With the unlock process starting in June 2020, some health activities were started back. Realising the importance of malnutrition support activities, these had already been started in May in the tribal districts. Avoiding deaths because of malnutrition was important, thus Ante-Natal Care was also started. Even in covid time, high risk babies, such as, SAM, MAM children and high-risk mother were identified and the program continued as medicines were given by going door to door. Previous experience of screening came to use in this activity. Support was also received from local health workers, who have been associated with the foundation since the beginning, such as the ASHA and Anganwadi workers. People were scared in Melghat about Covid and were not ready to accept outsiders as they doubted that they could spread Covid. So, the foundation took help of Police Patil and local doctors to distribute medicines to SAM, MAM children. Lot of doctors who were otherwise associated with the foundation, were not ready to come and visit children due to covid scare. So, help of CMHO, medical officers, ASHA, and Anganwadi workers was taken, such that during routine immunisation drives, medicines for malnutrition were also distributed.

Family planning activity suffered as camps and hospitalisations were stopped for all non-emergency purposes, creating a backlog. But when situation normalised during January to March 2021, a lot of operations could be done and pending targets were achieved. Similarly, eye camps also had started back, but due to second wave, again everything was stopped.

In prisons, eye camps and skin camps were conducted after August 2020, pads were given to women inmates. Frequent skin camps were conducted as infections had increased in the lockdown. In one prison, one inmate complained that he wanted to die because the infection was unbearable. When prisoners become irritated, internal fights happen and then they trouble each other and supervisors, hence such camps were needed.

Clean and green Risod project was hampered in the lockdown; little water conservation and plantation work happened in 2020 but was picked up in 2021. Support to hospitals, ambulance availability, support to covid centre, etc. was provided. Cloth and material for masks was purchased through health team, with distribution, stitching and collection coordinated by education team as detailed in Chapter5. Tree plantation work has been expanded to Jawhar and Bhusawal as well.

- **Challenges faced**

Many logistical issues were faced during this time, related to availability and distribution of almost every item. Samta started dealing directly with manufacturers and major distributors and arranged own transport using foundation's vehicles. Ambulance was used to distribute kits at jails as other vehicles were engaged in other activities. Many SOPs were made flexible and modified regularly keeping in mind the evolving situation.

Samta employees faced issues in their communities since their neighbours raised questions about why these people go out in strict lockdown. Hence the Kasha, Palghar team always took extra precautions and handled it by, telling lies at their homes, or bathed outside homes and then entered, etc. Initially they also wore PPE kits, but with time, its use reduced but other precautions were continued. Each vehicle had stock of masks and sanitisers for emergency use. While few staff members did get infected, precautions taken meant that they did not spread it to others.

Overall, the health team was engaged in relief activities and spoke mostly about it. Their routine activities picked up around November 2020 to March 2021, but were again held up in the second wave. Later, they engaged in vaccination drive in Risod and elsewhere. While their regular activities stopped, they were continuously engaged on field in the fight against corona, and contributed to a great extent in the relief and prevention in the rural areas, especially in the first wave.

3.2.2 Beneficiaries and officials

It was observed in the previous study and during this study as well that the information, anecdotes, etc. which are shared by the officers and staff of the Samta foundation are very similar to instances shared by the government/ institutional officials they work with. The limited beneficiaries which we could interact with, also echoed similar stories and impact due to the lockdown; this section documents the experiences of these stakeholders.

3.2.2.1 Prisoners' transformation

For this activity, due to ongoing pandemic situation, interaction with prisoners was not possible, though discussion with jail officers was done in Pune Central Jail. All officers reiterated the usefulness, timeliness, and ease of availing support from Samta foundation, which helps them in reducing their workload and improving condition of the prisoners. They contrasted the foundation's work with that of other agencies, and expressed their gladness for the foundation's support.

While other NGOs must go through a prolonged background check and lot of permissions to work in prisons, Samta's track record means that they get relatively easy access, things are coordinated over phone and prison officers are willing to let them help. They gave testimonial of sincerity of Samta's work of providing medical care, equipment, etc. They noted that private doctors visit prison with Samta if government doctors are unavailable.

As the government did not give grants in time to buy masks, sanitizers, thermal gun, and oxymeters for prisons, the jailors wrote demand to Samta foundation which readily provided them with stock. They also received arsenic album, which helped in improving immunity. Samta has

always done skin and eye camps in the prisons and in lockdown, they provided medicines for the same along with masks, sanitizers, etc.

Skin camps are needed frequently as hygiene is hard to maintain due to overcrowding. Prisoners use each other's clothes, especially the undertrials. Skin medicines were needed double than before in lockdown as it increased crowding of undertrials. Already prisons have twice the prisoners than their capacity; thus, even though government released many when the pandemic started, the prisons were still overcrowded.

Eye-sight problems are solved easily by providing spectacles, which means prisoners are less irritated, reducing fights. Samta provides such help systematically with follow-ups after eye camps. In past, Samta worked on providing computer labs, and have led different reformation activities; but due to lockdown, all activities were affected. For first 3 months, officers/ staff followed 21 days duty, they lived in prison and did not meet their family or any outsiders to ensure that the prisoners do not get Covid-19 infection. Precautions were very strictly followed, and early morning yoga was done to improve immunity of inmates and staff.

In women's jail, medical camps are organised and doctor from government hospital visits them regularly. Samta has provided sanitary pads to women prisoners and they liked those pads. The women now ask jail authorities to get the same as the pads are good-quality and women have developed trust. Disposal machine, incinerator is also provided by Samta in the jails.



Figure 3-2: Photo outside the Pune Prison after the visit, showing Samta and IITB team members

Samta provides cash bail amount to prisoners who cannot afford it or if no one can pay it for them. Legal Aid organisation also helps in such activities, though migrants have no help in this regard. Entertainment through television or various activities is very important because their mind

needs to be diverted. For television, prisons do not have enough funds, especially for maintenance, for which the foundation stepped in; it also gave many sports equipment in all prisons.

Overall, the prison machinery was welcoming and gave us enough time as they valued the work being done by Samta foundation and they are keen to extend this in the long term. They have visibly seen the impact of Samta's activities and their closure due to the lockdown and are hence accommodative and supportive.

3.2.2.2 Health activities

To understand impact on health activities, discussion was done with PHC staff and doctors in Jawhar block and with Taluka Health Officer in Risod. Discussion also happened with beneficiaries in villages in Jawhar.

The response of staff and doctors was very positive to the activities and timely support during the pandemic in the form of masks, sanitisers, immunity boosting medicines, emergency support, etc. Doctor from a remote PHC in Jawhar mentioned the risky condition that existed in the area in lockdown due to fear and rumours. He appreciated that even then, the foundation reached there with ration kits and medicines and helped the villagers survive. He lamented the loss of productive months, when most operations happen and looked forward to working with the foundation in camps and sending villagers for necessary surgeries. The staff at a sub-centre was overstretched due to some members being on leave, etc. but were happy that Samta had restarted activities post first lockdown and were working with them to reach maximum beneficiaries.



Figure 3-3: Photos from village in Jawhar and outside Vavarvangani PHC

In Risod, the Taluka Health Official explained how Samta had helped from the very start of the pandemic and how they supported in different ways, by equipping the hospital, covid care centre, and providing free vaccines for the entire town.

The villagers could not explain how the stoppage of activities affected them, but were glad to have received whatever help they did. Lactating mothers, mothers of SAM, MAM children were happy to have received the medicines and food at home. When enquired about if they know of anyone who might not have received support, but needed it, they were not aware of anyone in their neighbourhood, showing that Samta had a good coverage.

डा.आ.कें. जाप्रसर

उपकेंद्र - विनवल

क्र.	तपशिल	2020-21
1	एकूण लोकसंख्या	5140
2	एकूण गावे	03
3	एकूण पाडे	13
4	एकूण घरे	1069
5	एकूण जनसंख्या जोडणे	884
6	एकूण ग्रामपंचायती	02
7	एकूण अंगणवाडीकेंद्र	14
8	एकूण पाडास्वयंसेविका	13
9	एकूण आराम कार्यकर्ती	08
10	एकूण प्रेरिका	04
11	एकूण प्रशिक्षित दारि	14
12	एकूण जि.प. शाळा	08
13	एकूण आश्रम शाळा	01
14	एकूण रेगन दुकान	03
15	एकूण विशिष्ट	19
16	एकूण बुडकी	04
17	एकूण टातप	05
18	एकूण नळ योजना	04
	एकूण ग्राम आराम पोषण व स्वच्छता समिती	03

Figure 3-4: Information board at Vinval health sub-centre showing details of area served by it.

3.2.2.3 Education activities

When we visited schools in Jawhar which had reopened earlier in 2021, we interacted with computer trainers, and head masters/ principals of the schools, apart from talking with students. Everyone echoed that while computer training and Dress Designing and tailoring were important activities for the children, and in one school enrolments had increased because of it, they also lamented the loss of almost one year. Unfortunately, second wave meant that the schools closed again and many children missed more than one year of offline classes. While schools arranged some home-based teaching by teachers physically visiting villages, Doordarshan conducting sessions on TV, use of mobiles wherever possible, it was difficult to do the same with computers. When the schools reopened, children had forgotten a lot, even in the core academics and thus lectures had to focus on bringing them up to standards in studies, thus computers and DDT was ignored a bit. For senior students who were to face board exams, they had to choose between completing syllabus and such vocational courses, and the latter were side-lined.

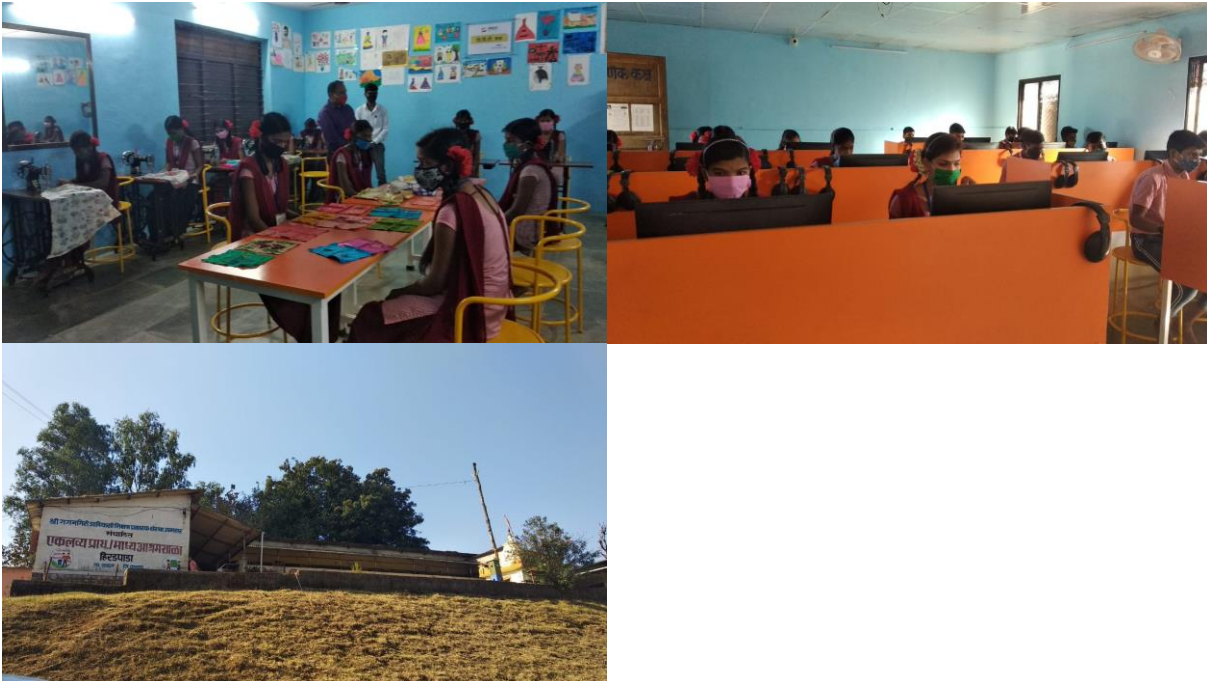


Figure 3-5: Photos from Eklavya School, Hiradpada of DDT and computer training classes

Both the Principals were happy with the support from the foundation and looked forward to more, regular support but expressed their inability to let students focus on these courses instead of academics. Though, they had incorporated these courses in the modified school timetables, they did realise that they were not able to give enough importance.

Children, on the other hand, were happy to be back in school and meet their friends. Having an opportunity to use computers and sewing machines was extra joy for them. Many confessed that they had forgotten what little they had learnt and were revising now, but the ones who had been exposed to the computer classes for years also seemed more confident. Students in 9th, who had learnt computers for 3-4 years seemed more confident than students in 11th who had joined the school after their 10th, and thus never learnt computers. This might be because in the computer classes, focus is also on speaking and writing skills, creating an added advantage.



Figure 3-6: Photos from Chhatrapati Vidyalaya, and from visit to DDT students' home

Girls who had been using sewing machine at home did not forget much. In general, tailoring being a very hands-on skill, many girls remembered what they had learnt. During home visits, the parents also expressed their gratitude. Girls who had access to a sewing machine in the

lockdown had even stitched clothes for themselves and family members, saving money. Some even earned money by stitching for others. In Risod, students of DDT courses had even stitched masks with their trainers. With the recent activity of distributing sewing machines to the capable and needy students across all the training centres, it is expected that these girls will be able to supplement their family's earning while learning.

In Risod, students of MAIT were also volunteering with the foundation for vaccination drive and their confidence level was as high as or higher than many college students or nurses present at the vaccination centres. On one hand, while the girl had learnt sewing and was now teaching her mother, in another house, the mother had attended women's batch and had trained her daughter. Having learnt the basics, these girls were exploring newer designs, dresses, etc. with the help of the trainer who regularly visited their homes. Further details of sewing machine beneficiaries interviewed in Risod are in Section 5.2.1.2.

Thus, while education activities had very much stopped due to the pandemic with the closure of schools, wherever possible, students practised at homes with support from their trainers and were keen to get back and learn more. The sewing machine distribution drive started in mid-2021 also helped many girls in accessing machines at home and contributing to the fallen family income during the pandemic. Over 630 sewing machines were distributed, 720 girls already had one, thus more than 1350 girls trained by the foundation are now able to stitch at home and contribute to family income.

3.3 Secondary Data Based Analysis

The foundation made available some data from their DPM, which was analysed to observe the effect of the lockdown on the activities. As can be seen below, the effect on health activities was not very big at the annual level, though mode shifted from camps to home-to-home visits.

3.3.1.1 *Health activities least affected by pandemic*

When comparing the numbers of Malnutrition and ANC treatments, a fall is seen in number of camps, but due to home-to-home visits, number of ANCs increased as seen in Figure 3-7. The fall in SAM, MAM treated can be attributed to fewer children becoming extremely malnourished due to no migration in the summer months, which is a major cause of malnutrition. Similar trend is seen in monthly figures, where there is a sudden absence of new registrations in the peak activity months on April and May in 2020, though activities have picked up later in the year.

A glance at the figures of Family Planning surgeries in Figure 3-8 shows that while there has not been a major reduction in number of surgeries, all the work has happened in December 2020 to March 2021, instead of being spread out over the year. The trend over the years is of surgeries peaking in December- January, when women are free from agricultural work and are yet to migrate to cities in search of work. As this period was available this year, the targets could be met.

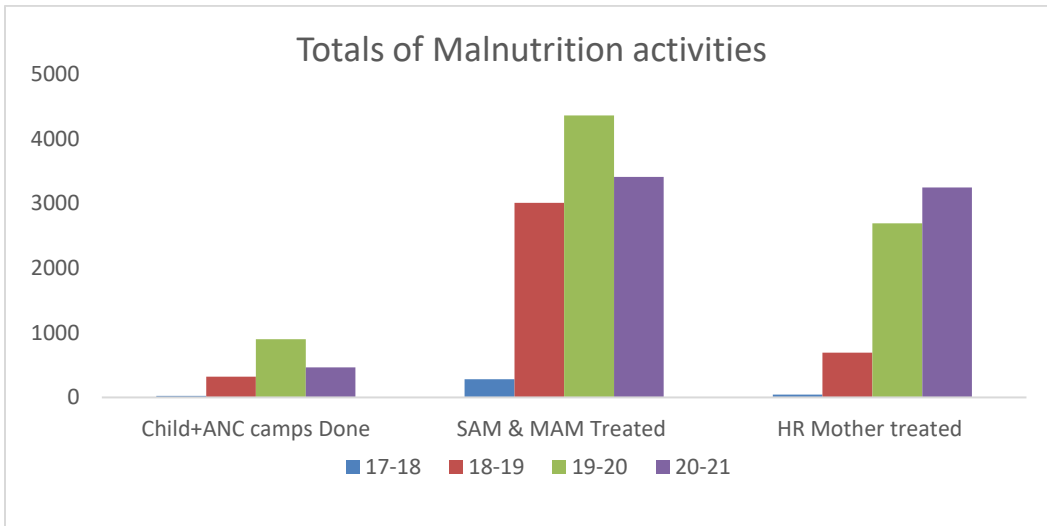


Figure 3-7: Annual figures in Malnutrition and ANC activity

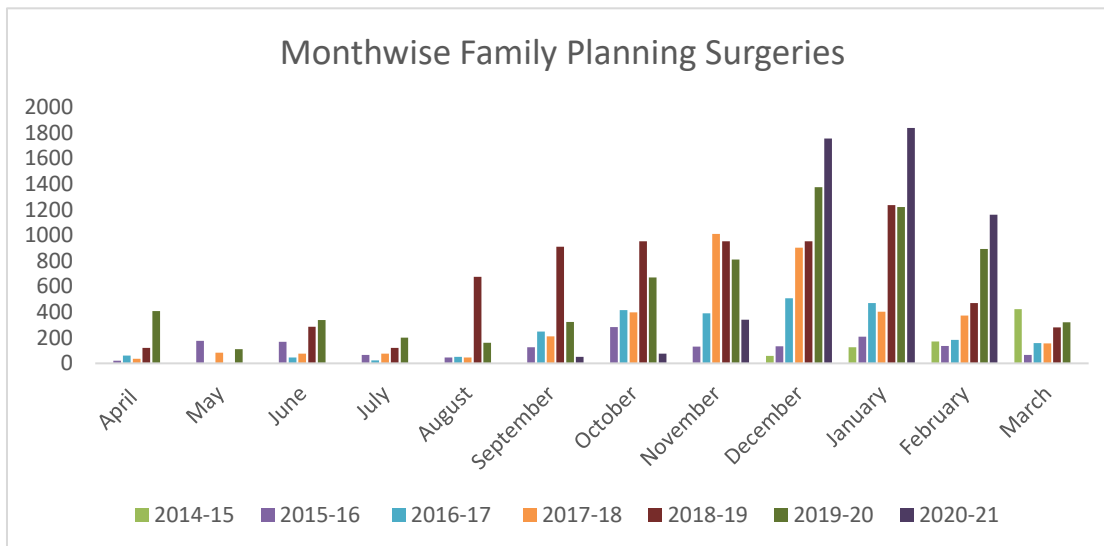


Figure 3-8: Distribution of Family planning surgeries over the months

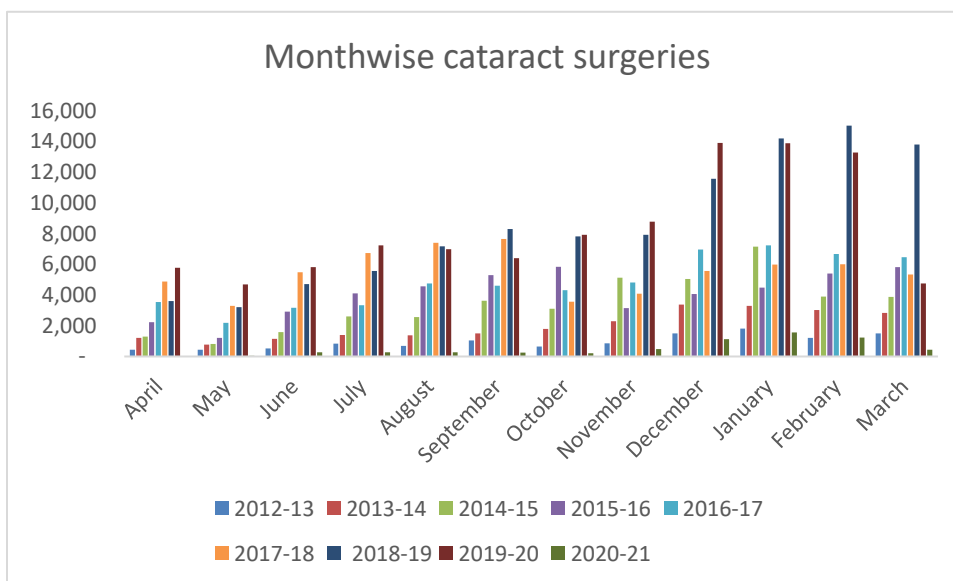


Figure 3-9: Distribution of Cataract Surgeries over months

Cataract surgeries, being non-essential, did suffer a lot. From 1 lakh plus surgeries in 2018-19, to just under 1 Lakh in 2019-20, when the lockdown started in March 2020, to just over 6000 surgeries in entire 2020-21, the drop was drastic. As seen in Figure 3-9, the peak months of Dec – Feb did not see much activity in 2020-21.

Stopping of activities in Madhya Pradesh

Based on internal document about the closure of activities in Madhya Pradesh, the cataract surgery activity there was growing in full swing. Starting from one hospital in Khargone in 2016, it had grown to cater to people from 21 districts before being closed due to the pandemic. Some reasons cited by the team for the closure are reproduced below:

1. In Maharashtra, district government hospitals and medical colleges are active in cataract surgeries, but in Madhya Pradesh few district government hospitals conduct surgeries, thus the foundation depends on four trust operated hospitals, namely Choitram Netralaya, Indore, Devji Netralaya, Jabalpur, Ratanjyoti Hospital, Gwalior, and Gomabai Netralaya, Neemach.
2. As MP activities depend on trust hospitals, it was not possible to bring in patients from outside district during ongoing Covid-19 pandemic. The model depended on transporting patients from interior districts to these hospitals in large groups for treatment, this could not be continued in Covid-19 as government banned any camps and non-essential surgeries for a long time.
3. Despite waiting for over three months, activities could not be resumed and the partner hospitals communicated that it is difficult to restart large camps until the situation normalises.
4. In Maharashtra, multiple activities are done by the health team in an integrated manner, keeping them busy even if one activity is stopped. But in Madhya Pradesh, the team was placed only for cataract activity, thus could not be continued.

As a result, 21 staff members engaged in Madhya Pradesh were removed by the foundation with a two-month notice period in June-July 2020. This also put an end to the successful one lakh plus surgeries conducted in the four years. As the activity was being scaled up, it is estimated that this reduced the number of Cataract surgeries in Madhya Pradesh by the foundation by about 50,000 per year. This would add to the burden in the state, but in the current situation, while new waves are again causing lockdowns, it is not feasible for the foundation to restart this activity.

3.3.1.2 Prison activities almost stopped

In prisons, a sudden decrease in activities can be seen as visible in Table 3-1. When compared to the steady increase in variety of activities and their quantum since 2016-17 to 2019-20, 2020-21 shows a sudden drop in all kind of activities. It is surprising to see though that even the distribution of sanitary napkins was affected in the pandemic.

The data by foundation shows 47 prisons and 10 other institutions under its prison activities. While foundation portrays a complete coverage of all prisons in the State, the Maharashtra

Prisons Department website³ lists 9 central jails, 19 open prisons, 31 district jails, 172 sub jails and 1 open colony. Even leaving the sub-jails, foundation does not reach a fourth of the prisons.

Table 3-1: Year wise activities in Prisons

Activity	16-17	17-18	18-19	19-20	20-21
Skin Camps conducted	11	17	81	181	61
Eye Camp/ spectacles distribution	22	29	54	74	17
Staff Health camps conducted				7	0
Cash bails paid for prisoner release		10	604	526	43
Sports Kits distributed			1010	535	67
LED TVs installed			219	60	0
Books given to prison libraries				2970	
Sound Systems given				521	
Drinking water arrangements				21	
Prisoners involved in literary activities				16736	24
Other Activities		10	23	35	1
Sanitary Napkins distributed		2395	12829	12968	5824

Merger of Prison vertical with health vertical

During the pandemic, in June 2020, prison activity was merged with health activity. Prison activities started in 2016 with eye check-up camp in Chandrapur prison. In 2018, separate activity vertical and separate team with entire structure of officer – team leader – state head and activity head were created. A team of 20 people was employed in this activity, focusing on health and prisoner transformation activities. Due to Covid-19 pandemic though, many of these activities came to a standstill. It was also realised that in every district, health staff was also present and the health-related activities in the prison could be coordinated by the same staff. Thus, the two activities were merged, about 15 staff members were removed with adequate notice period.

3.3.1.3 Education vertical focused on engaging trainers

Similar figures for education activity were not available, as activities had stopped for the whole year. A short description of how the pandemic affected the trainers is provided here, which highlights how the foundation cares for its staff. Full salaries were given to all staff in March 2020, when activities were still underway before being suddenly stopped. For the period from April to June 2020, they were given complete salaries against the trainings done by them, detailed in section 3.2.1.1. After this, between July to November 2020 all components of insurance, Mediclaim, PF, etc. were given fully while the performance-based components were given against tasks done, such as the DDT trainers got Rs 2 per mask while computer trainers were engaged in DPM preparation and Block Chain related work and thus were paid fully.

From November 2020 to March 2021, as many schools were open, trainers got full salaries. During second lockdown, the trainers were expected to visit school intermittently and were paid

³ <http://www.mahaprison.gov.in/>

on maintenance basis. Wherever schools were resumed, they received full salary. None of the trainers left because the foundation had abandoned them, many were happy to be paid less but be employed and later contributed in various ways in the vaccination drives in their districts.

As the foundation does not maintain beneficiary centric details, a secondary data research and identify the impact on the beneficiaries is not possible. But it is evident that all regular activities were affected by the pandemic and the lockdown, and alternative strategies worked in healthcare activities, and relaxations in peak activity months of December to February allowed to meet targets. In other verticals, due to closure of the service provision institutes, such as schools and limited access to prisons, the activities suffered compared to the previous year.

3.4 Observations

From the FGDs and field observations, it is clear the foundation tried to engage and update its staff and keep them productive. While in education vertical, this meant that trainers focused on self-improvement, in health and community welfare vertical, it meant engaging the staff in relief activities. There seemed limited integration of health and education teams in the relief efforts initially, which was primarily led by the health team. Education team could have supported even while working from home by tapping into their schools and student's networks. Still, they also established the DPM and did other useful activities and were later engaged in the vaccination drives.

The commitment of the foundation leaders to engage their staff during the pandemic and serving the community is laudable. While the positive picture and success stories were presented strongly, as an evaluator, it is our job to also try to find the not-so-great spots.

While the foundation did not remove staff in education activities, at the most reduced salaries, it was also informed that music activities are now shut down. The computer trainers had a lot of upskilling opportunities and even had soft skill trainings. The DDT trainers also participated in some of these upskilling activities. Special upskilling for them was completing the coursework at home and doing all the practical tasks by themselves. The pruning of team in prison and health activities is mentioned in section 3.1, but it must be noted that even they got salaries during the initial lockdown when there were hopes of activities restarting and when they were removed, they all got a 2-month notice period with full salary.

3.5 Activity Wise Impact of Lockdown

The following table summarises the impacts on each of the activities as observed through discussions with stakeholders and limited secondary data analysis. This focuses on the impacts due to the first lockdown and it is assumed that the second lockdown had similar impacts, though the foundations modified SOPs of reaching out to beneficiaries established since March 2020 must have helped in better performance in April 2021.

Table 3-2: Impact of first lockdown on existing activities

Sr.	Activity	Impact of Covid-19 Lockdown in 2020
A	Healthcare	Camps could not be conducted, hospital-based procedures were stopped, healthcare at home of beneficiaries continued
A1	Cataract Cure	Increased backlog of cataract cases, discomfort to the beneficiaries due to delayed identification and operations
A2	Family Planning Services	Increased unwanted pregnancies, especially as families were stuck at home without work, potentially will increase malnourished children in coming years; but targets of surgeries are met
A3	Mother and Child care	Continued support at homes, so least affected activity. Many children supported due to no migration in the peak summer season when follow ups are usually missed.
A4	Health Support	All other activities stopped
B	Prisoners' Transformation	No camps, only medicines and covid protective kits supplied, activity merged with health activity, team members removed
B1	Eye Care	No check-ups or provision of new spectacles, increased unease of affected prisoners during extremely curtailed movement periods.
B2	Skin Care	No check-ups and referrals, only medicine supply through the prison dispensaries, increased discomfort amongst the inmates.
B3	Release and Rehabilitation	Activities stopped; many prisoners released by government to decongest the prisons.
B4	Women's Health Care	Supply of menstrual pads continued while other support was stopped.
B5	Distribution of Kits	Only covid protection kits including sanitisers, thermometers, masks, etc. distributed, process of constructing open gyms was held up at few places.
B	Education Activities	All activities linked to education in schools stopped, trainings of trainers for their upskilling and engagement continued.
B1	Dress Designing and Tailoring	Girls remembered how to use sewing machines when schools reopened, needed refresher course. Many girls and all trainers stitched 1,33,000+ masks at home for the foundation, providing with some income in these times. This could only be done in well-connected areas.
B2	Music & singing	Activity discontinued just before lockdown
B3	Computer Literacy	As most schools are in remote areas, students could not access online material or practise at home. Basics had to be taught on reopening. In other areas, mobiles allowed theory teaching but practical suffered.
B4	MAIT, Risod	MAIT remained closed resulting in activities being stopped, trainers did innovative projects and coordinated training of all computer trainers, ensuring regular engagement and certification.
D	Community Service Activities	Focus of community service shifted to fighting covid pandemic and providing relief from the lockdown induced crisis.
D1	Water conservation	Planned work could only be done in summer of 2021, reducing available time during pre-monsoon to increase water storage
D2	Plantation drives	Active plantation drives stopped, nursery rearing continued and distribution of plants to farmers planned, plantation resumed in 2021
D3	Shelters	Due to lockdown, use of shelters reduced, support provided in hospitals for covid care
D4	Free food	The free food centres being run in Aurangabad were repurposed to provide relief to the needy.

Thus, we see that the health activities had a small impact and were set back by a year, though covering up the targets by doing extra work post lockdown can cover the gaps easily. The educational activities suffered the most from the perspective of the students, who either completed schooling without learning computers and DDT completely or who forgot about the same in a shutdown which has now lasted over a year. Prison based activities also stopped, but support to prisons continued in a different form and similarly the nature of community services changed to focus on relief from covid and vaccination.

While this chapter documents the impacts of Covid-19 lockdown on the existing activities, the foundation, in response to the pandemic, attempted newer strategies and initiated multiple activities. These are further documented in the next two chapters. In a way, these new activities are also due to impact of pandemic on the foundation's activities, as otherwise these wouldn't have started.

4 New Relief Activities and their Impact

Covid-19 Pandemic was an unexpected and sudden disaster which badly affected the entire country. The lockdowns and other measures implemented over the last two years have further affected the marginalised communities. While all people living on daily wages were badly affected and migrated home, some communities like the Commercial Sex Workers and Transgenders could neither migrate, nor could they find alternative means of livelihoods. When this plight came to the notice of Samta foundation, it quickly started a directed program to target these communities and provide regular, sufficient relief to them. This chapter documents the work done by Samta in Covid-19 relief through the Divine Light project, the Noble Gender project and relief work in tribal areas.

4.1 Starting Relief Activities

Early in the lockdown, the first response was to halt the field-activities, engage the existing staff and ensure that they had some work to do and assure them of livelihood. Samta Foundation did an excellent job at this and engaged its health team in the relief activities: In and around Mumbai, and on major highways elsewhere, the foundation started relief work, primarily donation of ration kits which had everything a family will need to survive for about 15 days. As noted previously, the foundation had already started these activities by the end of March 2020.

While this work was being done extensively in areas where migrant and daily wage labourers resided in major towns, it was realised that remote rural and especially tribal hamlets in Palghar, Nandurbar, Amravati and other districts also needed immediate ration support. While these areas did not have many covid-19 cases, the strict lockdowns had disrupted the local supply chains and daily groceries and essentials were not available in shops.

Once the foundation realised this, they contacted the local administration in each location and through their own existing field teams, also started collecting information about which areas need relief support on priority, also started collecting lists of households, etc. Diligently planning what a house will need for a fortnight, they packed all necessary items in their ration kits and distributed these in coordination with the local authorities.

Through news reports, the predicament of female sex workers and families living in cramped red-light areas in Pune city became known. Reacting immediately, Mr Purushottam Agrawal directed his local team to establish a contact in the area and find out the true situation on the ground. This led to formulation and execution of one of the quickest activities ever started by Samta Foundation, which was also scaled up to other cities and their red-light areas.

Since the nature of the relief provision to remote tribal regions and the disadvantaged communities in cities was similar, both have been dealt together in this chapter, with sub-sections used to discuss specifics of the two. Activities in Risod town, which form part of community service initiative, and which are being replicated in some other towns now, are dealt with separately in

next chapter. The next subsection lists the activities carried out by the foundation as a part of the relief program during lockdown in 2020.

4.1.1 List of activities

Covid-19 pandemic and ensuing lockdown was unprecedented and caught the entire society and support systems unawares. All government agencies and NGOs had to come forward to provide support, relief, care, facilities, ration kits, etc. to a wide segment of the society. Following list shows the different ways in which Samta Foundation carried out its relief activities:

1. Supplied 51 no. of 5 L & 127 no. of 2 L oxygen concentrators to different government hospitals in rural areas and prisons where there was need.
2. 10,50,000 Masks Distributed to the school, hospitals, prisons and police stations.
3. 2,32,546 sanitiser bottles, Sodium hypo-chloride & sanitizer foot stands distributed to the Schools and Hospitals.
4. 27,475 Ration kits distributed in remote tribal areas of Nandurbar (Akkalkuwa, Dhadgaon, Bolgi), Amravati (Melghat), Naxal affected belt in Gadchiroli, and to female sex workers and transgenders under the Divine Light and Noble Gender programs in Budhwar Peth, Pune, Navi Mumbai, Mumbai, Thane, Aurangabad, and Ahmednagar.
5. 1,21,035 PPE kits, hand gloves distributed to schools, hospitals, prisons and police stations.
6. 855 Pulse oximeters & IR thermometers distributed to hospitals, prisons and police stations.
7. 8 Ventilators distributed at a few critical locations, such as Washim Civil Hospital, Bhakti Vedanta Hospital in Mumbai and Palghar
8. 11,400 bottles of Vitamin - C tablets distributed.
9. 12,675 full day food distributed to Government Medical College, Aurangabad and Arthur Road Prison, Mumbai.
10. 2, 50,000 Khichadi distributed to Mumbai Municipal Corporation.
11. 500 High Oxygen concentration masks, Bed hanger & BP machines at Worli Covid Hospital.
12. 1 Portable ICU unit given at Worli Covid Hospital.
13. Hot/ Cold water dispenser at Cooper Hospital, Mumbai.
14. Covid-19 isolation medicine kit at all rural areas covid centres of MH
 - a. Total Covid-19 isolation medicine kit distributed - 1,21,378
 - b. Total Covid centres covered - 365
15. Support to orphanages and homeless people through shelter homes was started in Aurangabad and planned to expand elsewhere
16. Relief to remote storm affected villages in Alibaug
17. Apart from this, donations to government funds, small local level support activities, etc. were also done.

A table of the exact numbers as provided by the foundation team is reproduced in Annexure III. The following section covers the activity details.

4.1.2 Identifying new activities

Keeping in line with the Samta Foundation philosophy to not provide support out of context, without involving the existing local systems and authorities, all the relief activities first focused on supporting the efforts of the local administration, then complementing the shortfalls, especially for the frontline workers. Only on inputs from relevant administrative officers, local NGO partners, did the team explore ground reality and assess the needs of the community.

Once the needs were identified, reporting was done to higher authorities and a sanction obtained. Firstly, the supply of items was arranged through interaction with extensive trader network across the State. As the foundation already works in the health field, it was easy to procure items such as masks, sanitisers, immunity boosting pills, handwash, etc. and provide them to the frontline workers. Such items were collected centrally at two locations – in Mumbai and in Aurangabad and distributed from there. When material was being supplied to remote areas in Palghar, operations were also carried out from Kasa, the Palghar office.

When community-oriented activities were started in Pune, Nandurbar, Melghat and Palghar, the team members first contacted local authorities and through them identified community leaders for support. Using them, quick surveys were done to identify the needy people and they were given coupons to ensure targeted delivery. Such surveys were quickly followed by distribution. In rural areas where the revenue department-controlled distribution of kits, the foundation team still accompanied them and ensured equitable distribution to the neediest people.

4.2 Noble Gender and Divine Light

To experience the condition of the communities and to understand the work done by the foundation with the female sex worker and transgender communities, a field visit was made to Budhwar Peth Area in Pune on 18th February 2021.

4.2.1 Background

Budhwar Peth, a major commercial hub in the heart of Pune city, is one of the older red-light areas in the country and has been in existence since the times of the Peshwas. It had about 300 brothels and about 2000 sex workers in 2013⁴, while older sources put the number at 700 brothels with over 4000 sex workers⁵. In the pre-pandemic times, during 2019, there were about 2550 women active in this area, spread out over six lanes around the Laxmi market area⁶, namely Margi galli, Dhamdhere galli, Bhoi galli, Bata galli, Dane ali, and Tulsabai Wada⁷. Due to repeated police raids, freeing underage and forced women, and moving out of many sex workers into other

⁴ <http://archive.indianexpress.com/news/40-brothels-sealed-in-budhwar-peth/1164148/>

⁵ <https://indianexpress.com/article/cities/pune/citys-redlight-area-wanes-as-flesh-trade-fans-out/>

⁶ https://www.fighttrafficking.org/atc_blog/a-visit-to-budhwar-peth-by-flarantxa-pereira/

⁷Samta foundation records

suburbs in the city, this area is not as crowded as before. This created both a benefit and a challenge during the pandemic – while it was easier to control the reduced population, especially when those women who could go back home had gone, on the other hand, it created problem in reaching out to dispersed brothels/ women in other areas.

One lane, Welcome galli, is occupied by the transgender community. This community is also present in the city outskirts in Hadapsar, Indiranagar, etc. This community is not effectively supported by most government and non-government organisations; thus, they were overwhelmed to receive continued support from Samta Foundation.

The red-light area has its challenges, most of the women in this trade are here because they were duped or forced by someone, though few come by their own will. When they are in the 18 to 35 years age group, they get regular customers. Once in their 40s, women find it difficult to earn a living, but cannot escape as they lack social acceptance and any useful skill or will to learn. These women become addicted and depressed; They rarely have support from their families.

These people are supported through various NGOs for their children's education, health services, HIV care, rescue, etc. Regular raids by police on the brothels have brought down the number of minors or forced women. Raids were also conducted post lockdown to check if adolescents missing from villages/towns have entered the profession when they are minor. Such children are taken to rescue homes later. While pre-pandemic, many women could earn over 15-20 thousand rupees a month, currently they find it difficult to even earn 3-4 thousand rupees per month, making it difficult to survive. Due to this, their family, children, and own health gets affected.

As sex work is deemed illegal in India under the Immoral Traffic (Prevention) Act, 1956 and many sex workers are migrants, they are systemically disadvantaged and unable to access facilities provided by the government to labourers and poor families (such as PM Garib Kalyan Ann Yojana)⁸.

4.2.2 Stakeholders interviewed

During our visit, we interacted with Ms. Alka Gunjal, who is a local resident and social worker working with Social Justice Dept, Pune Municipal Corporation since 1999. She has grown up in this area and has completed her MSW from Bhartiya Vidyapeeth. Over the years, she has been helping the residents in this area, the sex workers, older women, their children, and street kids in various ways, including preparing their official documents, identity proofs, bank accounts, etc. She was the local point of contact for Samta Foundation in their activities in this area.

Interaction also happened with Mr Mohan Kendre, Health activity team leader and Mr Deepak Matkar, Health officer Pune for Samta foundation. Interaction happened with Mr Rahul, a local youth who accompanied Ms Alka in her work. During the field visit, 4 brothels and one transgender house was visited and interaction done with the women there.

⁸ <https://in.news.yahoo.com/not-kowtowing-crisis-sex-workers-045600848.html>



Figure 4-1: Photo with Samta Team and Ms Alka



Figure 4-2: Photos with beneficiaries

4.2.3 Activity implementation

Once Mr Purushottam Agrawal was aware of the plight of residents in this area through news articles around 20th June 2020, he sent relief team members to identify local community leaders. Mr Deepak contacted local police and businesspeople through the Tehsildar, who suggested that he should contact Ms Alka. The Samta team interacted with Ms Alka and realising her genuineness and local network, decided to work with her. After meetings with Samta team and officers, she realised that good, long-term work can happen with the foundation and started cooperating.

During these initial months of pandemic and strict lockdown, survival had become a major concern due to stoppage of livelihoods and unavailability of basic goods. While many organisations were providing some food ration kits as part of their relief efforts, none were sufficient to cover the entire community or had all the necessary daily commodities. Early in the lockdown, till April – May, many NGOs already working with the women were able to provide some relief to the communities but the continued lockdown affected their ability to further provide relief. Some women, who could, had also gone back to their home villages to get through the pandemic. The situation

of women who had dependent families was bad. Worse still, was the predicament of the women where their families were unaware of their true profession⁹.

The lockdown and its implementation by the women, who have a bad experience of HIV AIDS, was very strict, and it succeeded in avoiding any Covid case in the area till early August, after reopening of the area for business in late June¹⁰. Even though business was permitted since late June, rarely, if any customers were now visiting the lanes. This was also the time when the aid had dwindled, making survival difficult. This is when Samta foundation came to the rescue.

Samta Foundation operates on the principle of universal coverage in all its activities. Thus, when relief efforts were to be started in Budhwar Peth, a quick survey of all the affected brothels and sex workers was done between 24th to 28th June. Ms Alka Gunjal already had her own survey records, done with other agencies in the previous 3 months, which were updated and house to house distribution of coupons for collecting ration kits was done. The coupons ensured that the women were given a specific day and slot to collect ration without crowding on the roads, thus maintaining social distancing, and avoiding any ruckus. Also, Samta foundation promised enough kits for the entire community, thus there was no risk of running out of kits. These protocols were set from the lessons learnt early in the pandemic by both Ms Alka during her work in the sex workers community and the foundation in their work across the State.

14 items were included in the ration kits, which were designed to be sufficient for four members for 15-20 days. Thus, in a brothel family of 4 members, 1 kit was given. In larger brothels, with more members, more kits were given in each house. These kits contained following items in one bag:

1	Rice – 3 kg	6	Santoor soap – 2 bars	10	Jira – 100 gm
2	Wheat Flour – 5 kg	7	Tea powder – 200 gm	11	Mustard – 100 gm
3	Sugar – 1 kg	8	Chilli powder – 100 gm	12	Salt – 1 kg
4	Tur dal – 1 kg	9	Turmeric powder – 100 gm	13	Matchbox – 1
5	Vegetable oil – 1 L			14	Biscuit packet – 2

By the response received from the women, the kits distributed by the Samta foundation were the most comprehensive ones and lasted them about a fortnight each time.

Total three distribution drives were conducted in last year's relief operations. These were on – 29th to 4th July, 25th July, and 5th to 7th September, totalling to 2500 kits and repeated support to roughly 3000 beneficiaries and one time support to some transgenders living in other parts of the town. Going through the numbers in each lane in the area, it is observed that every time some new members were identified, while some did not need support any longer. Thus, the repeated surveys and coupon distribution were useful to exactly reach the neediest groups.

⁹ <https://in.news.yahoo.com/not-kowtowing-crisis-sex-workers-045600848.html>

¹⁰ <https://www.freepressjournal.in/pune/coronavirus-in-pune-sex-workers-in-budhwar-peth-test-positive-for-covid-19>

During each drive, the entire team of local volunteers and Samta were working throughout, even during heavy rains to ensure timely supply to the families. Due to this, women in the area fondly remembered Ms Alka's efforts to support them. She not only worked with Samta, but also with other agencies which were willing to provide any support. Amongst them all, she found Samta's approach to be most professional and humane.

Once the ration kit distribution activity succeeded in Pune, similar activity was conducted in other parts of the State, in Mumbai, Thane, Navi Mumbai, Ahmednagar, and Aurangabad. The kits distribution was supplemented by introducing other Samta activities in this area such as health camps – eye camps and skin camps. An event was also held for the children to engage them and 'Sanskar varg' was started for them, though these were not continued as other agencies are also engaging the children in similar activities.

4.2.4 Inputs from field

According to Ms. Alka, "Samta does very systematic work. There was proper planning. Survey and were very accommodating and catering to our needs even after lockdown ended. Coupon system by Samta is much better. Also, the contents and amount in the kits was enough for 15-20 days unlike many others who satisfied only partial requirements."

4.2.4.1 Life of female sex workers and transgenders

- There is a constant struggle to keep money, belongings safe. Even the ration kits used to get stolen as everyone was unemployed, had no money.
- Each home has at least one toilet and bathroom. There are public toilets for visitors/clients.
- Very few women have savings or bank accounts. When they have money, they save a bit and some of the, buy home in their village as buying house in city is not affordable.
- One elderly woman in one of the homes, has been living in the area for 50+ years. She shared about how FSW's experience sexual abuse, how they get pregnant or get HIV or STI's because men refuse to wear condoms. Unfortunately, women are forced to continue working during menstruation because their day-to-day survival is dependent on these earnings. As FSW's age, the number of clients they get reduces drastically. Now call girls, and sexual acts in lodges are more common.
- For 40+ year olds, they need help due to growing health issues, menopause is difficult.
- The houses/brothels are overcrowded. The ones with young women always have many clients. Many FSW's had gone back to their villages when lockdown happened. Some of them got locked in Budhwar Peth when local administration implemented strict curfew there.

4.2.4.2 Feedback on Samta's activities

- Brothels can be unwelcoming to non-customers, but we were received gladly when we visited, as Ms Alka and Samta foundation provided important support for survival in the pandemic.

- The occupants in Chandni building were happy with the ration kits received and the quality and contents of the same. They remembered the items received through Samta's kits and that Ms Alka arranged for other items through different donors, including soaps.
- Women from Andhra were not returning as the government there had strengthened existing pension schemes under the pressure of civil societies working with sex workers.¹¹
- Need for similar strong interventions and following the court orders to provide free ration irrespective of presence of Ration Cards was expressed.
- Testing was happening locally and with strict lockdowns implemented by the Faraskhana police station, no activity was happening in the area and this also protected them from any Covid infection till August, when the area was slowly being reopened.
- Transgenders were very happy that they were considered during relief work and because their other communities across the city also received the benefits.
- When no one was helping each other, Samta Foundation helped these people, and they felt indebted to the foundation.

4.2.4.3 *Suggestions/ Recommendation from field:*

- Some work could be started for FSW's above 40 years of age since they do not get enough clients, they do not earn enough money.
- In future if relief kits are given, sanitary pads and some more hygiene products can also be included since they are also frequently required.
- FSW's have received sanitary pads from Samta Foundation and they are requesting for ones in bigger size.
- Skin camps, eye camps for FSW's and Trans persons.
- Help for medical emergencies, arranging caretakers for this community when they are hospitalised. And, for their last rites, no one wants to do it.
- Ambulance service which will be available easily.
- Any help that could be extended to HIV+ patients.
- Children of FSW's need help in going to better schools, sanskar varg for them. Some dancing, singing, teaching skills to them.
- Nutrition programs for new mothers and children of 0-6 years.

4.2.5 **Secondary data-based analysis**

Basic data of dates of survey and number of kits distributed and number of beneficiaries is provided by the foundation. By plotting the number of kits distributed across the three cycles of ration kit distribution, we get the following graph:

¹¹ <https://www.thenewsminute.com/article/ap-collective-trafficking-survivors-seeks-rehabilitation-middle-aged-sex-workers-137681>

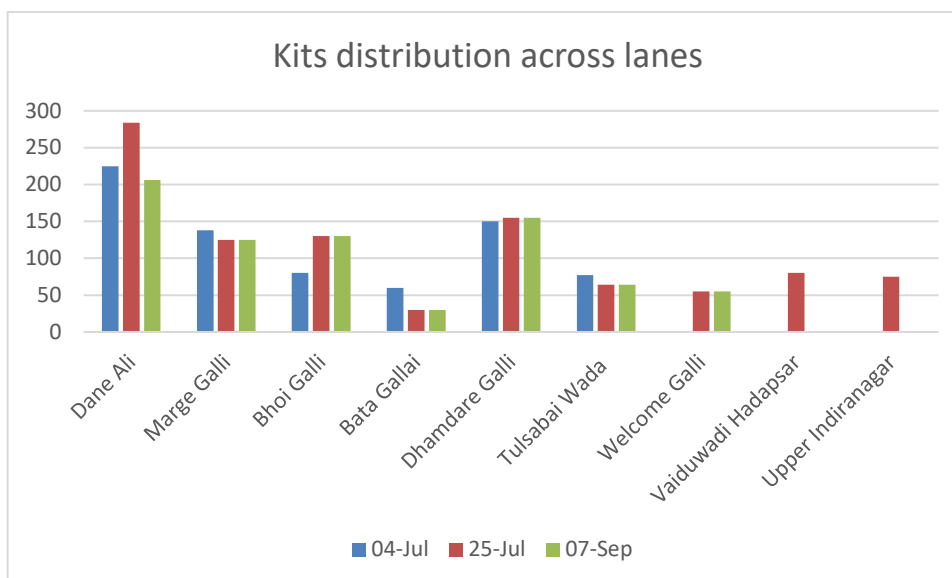


Figure 4-3: Ration kit distribution under Divine light and Noble gender activities in Pune

It is noted in the data that survey of third gender area and HIV positive people was ongoing during the first round of distribution on 4th July 2020. Thus, we see a sudden increase and addition of three localities in the second round, viz., Welcome galli, Vaiduwadi Hadapsar and Upper Indiranagar. This is an effort to cover the most ignored component of the society and is commendable. Though during the third round, two of these localities are not covered, and this is not explained.

In this data, the number of kits distributed and beneficiaries served are provided and if we look at the entire data set, over three distributions and across all lanes, we see that number of beneficiaries everywhere is a four times kits distributed, exactly. This looks improbable, as there are houses with odd number of people, where kits were given without dividing with a neighbouring house. Although one kits is ideally given between 4 people, this would not always be possible. Thus, there is some poor record keeping at play here. It is likely that since the survey was being conducted by Ms Alka and her team, as was the distribution, and foundation team only played a supporting role. In the end, during entry of data into the DPM system, as the foundation was only tracking the number of kits distributed, entry has been made based on it. While the Dynamic Progress Monitoring System is a step above the earlier data collection methods of the foundation, it is important to measure as much data as possible and record it for future use.

Ration Kits were also distributed at Vashi, Turbhe, Kamathipura and Falkland Road in Mumbai and red-light areas in Aurangabad and Ahmednagar under the divine light and Noble gender program. A summary of this distribution is provided below in Table 4-1:

Table 4-1: Location-wise ration kits distribution in Covid-19 at Divine light and Noble gender area

	Location	Date of kits distribution	No. of kits distributed	Remarks
1	Pune -Budhwar Peth			
1.a		04-Jul-20	730	Divine light & Noble gender
1.b		25-Jul-20	998	Divine light & Noble gender

1.c		07-Sep-20	765	Divine light & Noble gender
2	Mumbai: Vashi, Turbhe, Kamathipura, Falkland Road			
2.a		11-Aug-20	750	Divine light
2.b		10-May-21	950	Divine light
3	Aurangabad			
3.a		24-07-2020	185	Divine light & Noble gender
3.b		26-08-2020	190	Divine light & Noble gender
4	Ahmednagar			
3.a		24-Jul-20	250	Divine light & Noble gender
	Total		4818	

When related newspaper articles and publications were surveyed¹², to understand the impact of Covid on these communities, it was noticed that the initial period was full of worries about the future, the workers used up their little savings to support their survival, but later, had to take up loans from local money lenders at high interest rates. Their access to medicines, especially related to HIV AIDS and Tuberculosis also became tenuous. Various organisations already working for the sex workers, having realised the possible impact of covid on these communities, had already mobilised resources, savings, and conducted surveys in different areas across the country. This is one major reason that this community was able to survive in the initial few months without much worry. But as the lockdown extended and the funds with these agencies ran out, the women started to face difficulties and coverage in the news about their plight increased.

If Samta Foundation had not intervened when it did, it would have meant that all these women would have had to depend on money lenders to get loans to survive and could have had difficult time for next many years to pay it back. Samta has continued its engagement and expanded upon its activities by adding sanitary pad distribution, conducting health camps, etc. and plans to further engage with these communities to provide them alternative livelihoods.

4.2.6 Observations

The only visit to assess the activities of Noble Gender and Divine light was made to Pune's Budhwar Peth area. Having previously worked with both these communities for other research purpose, we were able to respect their boundaries and interact without being judgemental. We were received with love for being representatives of Samta Foundation, which had been a life-saver in these difficult times. While many other groups, NGOs, foundations, and even government had carried out relief activities, and some were still providing relief material, the community distinctly remembered Samta Foundation's work and Ms Alka's efforts as these were complete ration kits in enough quantities where everyone who needed them got one without any fights.

The way Samta team quickly implemented this program shows their commitment to serving others with empathy and professionally. During later discussions, we learnt that the foundation

¹² Refer previous footnotes 4 to 11

plans to build on this activity and have regular activities in these areas. This shows the thorough thought being given by the foundation to the problems, which exist beyond this pandemic.

Involving local representatives, identifying right person on ground, taking help from police and revenue department, etc. show how the foundation has perfected its techniques of involving local stakeholders through its experience in health and nutrition interventions. The experiences of house-to-house surveys previously done in tribal areas to identify malnourished children also came in handy here in the surveys.

One confusing observation was absence of this activity and its details from the foundation's website at the time of the field visit or even at the time of writing this report. This may be attributed to the fact that the website has not been updated since June 2020, and this activity started after that. But equally confounding was the fact that the records of kits distribution in other cities where the activity was expanded to, were not available in the same file in the DPM system where data related to Budhwar Peth was present. While this data was made available later, the data entry and storage in DPM need to be monitored to compile summary sheets and have similar data heads across locations/ by different data uploaders.

4.2.7 Criteria based judgement

When judged against evaluation criteria of relevance, efficacy, efficiency, sustainability, impact, and coherence, the noble gender and divine light activities were relevant at the time they were started as they fulfilled an unmet need of a vulnerable and ignored community. It was also coherent with the efforts of the local government and other agencies working in the community as a coordination was established beforehand and their involvement was ensured.

The efficacy and efficiency cannot be judged as this was an activity started in response to the evolving needs during the pandemic, though it can be said that the implementation itself happened efficiently and effectively reached all the beneficiaries identified during the surveys.

The foundation has evolved the activity from providing ration kits to conducting regular health camps, creating a sustained impact on the community. This addresses problems other than hunger and immediate survival, such as improved health (skin camps) and reduced disabilities (eye camps). While alternate opportunities creation (livelihood planning/ skill development) was being considered, this is a difficult activity in these areas and already other agencies are focusing on it. Thus, the foundation decided not to step into it, focusing its resources on its priority activities, ensuring coherence and sustainability of its efforts.

4.3 Relief Work in Tribal Areas

To experience the relief work carried out in tribal areas, initially two visits were planned – in Melghat and in Palghar. Due to the second wave of Covid-19, only a visit in Palghar was conducted over two days – 1st and 2nd March 2021. This section is written from the field visit and the virtually conducted Focus Group Discussion with Samta team.

4.3.1 Background

Samta Foundation intensified its Activities in Palghar in 2017-18, having started with health activities, expanding with education activities, and then integrating activities together. Palghar also served as its base model, which it expanded to other regions in Maharashtra. Palghar was also the focus of the first evaluation report in 2019.

Palghar is a predominantly tribal district, North of Mumbai, which is divided by the Gujarat Highway vertically into two regions, the westward blocks of Vasai-Virar, Palghar and Dahanu are relatively industrialised due to the highway, existing railway line and flat terrain. The eastern blocks of Talasari, Mokhada, Jawhar, Vada and Vikramgad are in the Sahyadri ranges and have poor connectivity. People depend on subsistence agriculture in this area and due to water shortage in the summers, migrate out in search of wage labour to the western blocks or to Mumbai or Gujarat.

Thus, when the lockdown was suddenly imposed in 2020, in the peak migration season, people hurried to their homes, mostly on foot. Due to the fear-mongering by media and strict response by the government machinery, each village closed its boundaries and getting in and out was extremely difficult. This suddenly affected the availability of groceries and other consumer goods. While the supply chains were already disturbed due to the nationwide lockdown, this area was hit badly due to its remoteness, underdevelopment, tribal population, poverty, and malnourishment. The government machinery is insufficient in this area to deal with its regular problems.

For this reason, Samta foundation has implemented various programs already in this region. Now, with the pandemic, they realised the plight of these tribal villagers. While many organisations came ahead to support the people in Palghar, many were limited to providing relief along the highways and major population centres and were not reaching the remotest habitations, where there was a real risk of starvation deaths. Samta foundation, working with the local government, ensured that they reached these remotest locations which were underserved by others.

4.3.2 Stakeholders interviewed

During the visit, interaction happened with villagers, doctors, and staff at PHCs, a Nayab Tehsildar and Samta field staff which included Mr Rajendra Tokare, Mr Vikas Shelke, Mr Ramchandra, Mr Kashiram Bhoi, and Mr Raju Bhoi.

4.3.3 Activity implementation

This was a straightforward activity – the foundation had existing field teams in this area and contacts with various field level functionaries. While other agencies were taking care of the migrant crisis, Samta foundation decided to focus on the migrants returning home and the tribals in the remote areas of Palghar, Nandurbar and Melghat and provided them with Ration kits.

The kits included all items listed previously in Section 4.2.3, and were sufficient for a family of four for a fortnight. The identification of the needy families was done through existing combing survey data, inputs from local staff of government departments, and ground-level knowledge of

Samta team. Everywhere, the local revenue department, which was tasked by the Government of Maharashtra to coordinate relief activities, was providing necessary guidance and support to the foundation to avoid duplication of support to any area and or any area being left out.

Through this close coordination, which involved depositing the collected ration kits at central godowns controlled by government, getting necessary permissions to ply vehicles in remote areas, contacting local PRI leaders, having one revenue personnel accompanying during distribution, etc., the foundation ensured maximum reach, transparency, and utility. While this documents the experience in Palghar, similar efforts were being made in other areas, as captured through secondary data analysis.

4.3.4 Secondary data-based analysis

Based on limited secondary data related to the kits' distribution made available, following summary is produced. By end of June 2020, over 18 thousand kits had been distributed, along with over 45 thousand 3-ply masks, 28 thousand cotton masks, 38 thousand sanitiser bottles, etc. in Mumbai, Chandrapur, Gadchiroli, Melghat, Washim, Risod, Kasa, Palghar, and Aurangabad.

The following table summarises the numbers of ration kits distributed by the foundation. It may be noted that the numbers in this table for distribution in divine light and noble gender areas and in previous section do not match, highlighting that the shared data is not up to date. While the foundation's team focuses on data collection, they need one person who can maintain all the data being collected.

Table 4-2: Ration Kits Distribution Details

Sr. No.	District	Taluka	Kits distributed	Remarks
1	Aurangabad	Aurangabad, Khultabad, Kannad	2050	
2	Aurangabad	Aurangabad city	5000	Through Collector office balance 5000
2	Jalna	Ghansawangi	1000	To Needy community during lockdown
3	Amrawati	Dharni, Chikhaldara	1500	To Needy community during lockdown
4	Chandrapur	Jivti, Patan	750	To Needy community during lockdown
5	Gadhchiroli	Dhanora	750	To Needy community during lockdown
6	Palghar	Dahanu, Talasari, Jawahar, Mokhada	4581	To Needy community during lockdown
7	Mumbai & Thane	Mumbai city	1708	To Needy community during lockdown
8	Satara	Man, Khatav	1000	To Needy community during lockdown
9	Washim	Risod, Mangrulpir	1100	To Needy community during lockdown

10	Nandurbar	Akkalkuwa, Dhadgaon	3000	To Needy community during lockdown
11	Pune, Aurangabad, Mumbai, Navi Mumbai	Community pockets	2993	Devine light and Noble gender
12	Pune	Pune city	400	Sassoon Hospital Workers
13	Raigad	Alibaug, Mangaon, Tale	2000	Cyclone affected area of Raigad district.
		Total	27,832	

In absence of such support by various organisations, based on the newspaper reports, the condition of starvation would have worsened. While government was trying to provide the regular PDS ration and the extra allotted in the pandemic, many remote villages had a problem of connectivity to their ration shops. Villagers who bought other necessities every week in the weekly hats, were suddenly out of oil, salt, spices, etc. As the foundation's kit provided these items, people were satisfied and protected..

4.3.5 Summary of stakeholders' inputs

The Medical officer at Vavarvangani PHC was present on duty during the pandemic and took active part in the distribution done by the foundation. He commended their efforts, discipline, and commitment to reach the remotest point in Jawhar Taluk.

Villagers who had received the ration kits could not be sure which agency had distributed it as the efforts here were being coordinated with the government revenue department and Samta Foundation avoided any publicity.

Community leaders, who were aware of who had distributed, and had previously worked with the foundation team on their other projects were happy with the work being done and were impressed with the fact that based on their information, the foundation team would go to remotest houses and provide them with the kits.

4.3.6 Observations

The activity was stopped after the opening of lockdown and people had forgotten about it along with the Covid pandemic and lockdowns, as in March 2021, they were roaming around without masks in the villages, not maintaining social distancing, or any other protocols. This area was protected in the first wave due to the vigilant response by the police and revenue department and activity by the health department in contact tracing. Same was not true in the second wave and many people suffered. Although lockdowns were implemented again after in April 2021, this time around, the availability of necessities was better as supply chains were not disturbed much. The purchasing power of the community was affected nonetheless. But we are not able to comment about the same as the field work happened before the second wave.

4.3.7 Criteria based judgement

Judging on the evaluation criteria, we see that as this activity was in response to the greatest humanitarian crisis in recent times, it was very relevant and timely. Having established its own supply chains through manufacturers and major dealers, their own delivery vehicles, and field teams, Samta Foundation was able to efficiently deliver the relief material in remote areas. This activity is not a sustainable activity, as it is not needed for the long term, but it allowed for sustenance of the families in these difficult times.

Thus, we see that the new activities started by the foundation in the Covid-19 induced lockdown were implemented successfully, with empathy, in a professional manner and with complete support from the authorities. Little could go wrong in these activities where any help was welcome for the respective underserved communities. The primary impact of these activities was to ensure survival and saving deaths from starvation in the short term, and protection from depending on money lenders for survival. In the long term, this will allow stability to these households and better recovery post the pandemic.

5 Community Service Activities in Risod

In the pandemic situation, the foundation adapted its activities and started many new activities. While existing activities went on the backfoot, new activities scaled up quickly as seen in previous two chapters. In this chapter, the focus is on the community service activities done by the foundation in 2020-21. As the foundation has previously engaged over the years in Risod, field visit was made to Risod and detailed observations were made. At the same time, it may be noted that the foundation has started similar engagement with towns in Jawhar, Palghar and Bhusawal, Jalgaon, the latter chosen as Samta groups' projects are coming up in the MIDC in Bhusawal.

5.1 Background

Samta Foundation started its activities from Risod town, birthplace of the Agrawal brothers who set up Ajanta Pharma and associated companies. With the urge to give back to the society, they started small activities in the town, including community marriages, renovation of schools, etc. Soon, these activities were structured and through interaction with locals, a core committee for work in the town was created with many senior and respected stalwarts from the town. Under their guidance, many activities were started over the past few years. The focus of the current visit was the vaccination drive conducted as a part of activities to contain Covid-19 pandemic.

5.1.1 About Risod town

Risod is a small town and a municipal council in Washim district which got its name from the word "Rushivat (रुशिवट)", meaning banyan tree of the sages. Legend has it that Risod was a city of lakes, but as it grew these were filled up to make habitations. The city is famous for Appa Swami Maharaj Temple, Amardas baba temple, Shingala, Pinglakshi Devi temple, and Pinglakshi lake. Historically, it was the boundary for Central Province and Hyderabad State before 1947. Now it is the boundary for Vidarbha and Marathwada.

Risod city is well connected by roads: SH 183 from Deulgaon Raja via Sindakhed Raja, Lonar, Risod, Wasim, Pusad to Mahagaon connects Aurangabad and Nagpur-Hyderabad National Highway. NH 461B passes through Risod which starts from Malegaon via Risod, Sengaon to Hingoli forming junction for NH 161. SH 206 connects Risod to Buldhana via Chikhli, Mehkar.

Penganga is major River flowing from Risod taluka; it is tributary of River Godavari. Major city near Risod is Aurangabad at 180 km away, which also has the nearest airport. Major Railway stations near Risod are: Hingoli, Nanded, Akola and Washim. Nanded too has an airport now, providing further connectivity to Risod.

Thus, Risod is an old town located on important crossroads and is surrounded by historically significant places. But the town lacked modernisation and industrialisation, although it serves

over 100 villages in the region. Only in recent years is the town developing quickly, but the old town has been concretised in an unplanned way, leaving small roads and limited sanitation facilities.

The city has a significant Muslim population and has a sizeable tribal and Dalit community. Although the town seemed to have communal harmony, these communities are still marginalised and benefits of government services and modernisation have only reached in a limited way here.

5.1.2 Stakeholders interviewed

To understand the work done in Risod by the foundation in a better way, multiple interviews were conducted during the field visit between 23rd – 26th June 2021. These were the members of the core committee of Samta Foundation in Risod town, its institutional partners for conducting the vaccination drive, doctors and nurses working at vaccination centres, volunteers assisting in the process, Samta Foundation Staff, community leaders, local politicians, etc. Some visits were also made to beneficiaries of activities run at MAIT. Extended interaction also happened with Samta's Activity heads and Chairman to understand their perspective.

The important members of the foundation's core team who were interviewed were:

- 1 Mr Sanjay Dhondba Ukalkar, a retired Taluka Agriculture Officer, adviser for various foundations and a trainer.
- 2 Santosh Waghmare, a reporter who also leads the reporters' group in Risod.
- 3 Dr S B Katole, a retired senior scientist, State Env. Dept., GoM, adviser Maharashtra Pollution Control Board and environmental impact assessment coordinator.
- 4 Mr Uttamchand Bagdiya, president of Kashibai Maganlalji Bagdiya Bahuuddeshiya Society Risod and a well-known entrepreneur, banker, and philanthropist involved in operation of many charitable trusts in the town.

Prof Sakharam Gabhane, of Rajiv Gandhi Institute of Technology, Andheri, who had come there to document the vaccination process also shared his insights. Other people interviewed, who are not directly associated with the foundation are not being named individually here.

Non-participant observation was also done in a few meetings where planning for vaccination was being done and during home-to-home awareness campaign.

5.2 Activities

During the last one year, many activities have been coordinated from MAIT and Risod. Here is a list of the activities:

- 1 Connecting vocational training students to jobs – Tally based jobs, tailoring work
- 2 Distribution of Sewing Machines to selected students. Of the 1,112 trained till date, 420 were judged to be eligible for the sewing machines, over 250 were distributed by June 2021 and 634 as of November 2021 end

- 3 Establishment of Dynamic Progress Monitoring System (DPM) for data management in the foundation
- 4 Block Chain based activities – teaching computer programming languages, website hosting, etc. to prepare for using blockchain protocols for better data management and for working in sister concern – Infinichain
- 5 Mask Making through DDT trained students and trainers
- 6 Cycle Distribution in Palghar (423 till November 2021) for both girls and boys in remote habitations, who despite concession in bus travel must walk due to low frequencies for 5 to 10 km one way to reach their school
- 7 Green and clean Risod activities such as plantation drive, beautification, support to waste collection by municipality, drainage cleaning, etc.
- 8 Nursery at dumping ground for beautification and reuse of compost
- 9 Water harvesting activities such as lake desilting, stream and check dam desilting, plantation along the stream, etc.
- 10 Vaccination drive for Risod town, to be scaled up to other villages and towns

These were the activities which were discussed and experienced during the field visit, though there may be other activities which are not documented here. In this section, firstly the educational activities are discussed, followed by the community activities. A separate sub-section is written for the vaccination program which was the focus of this visit.

5.2.1 Educational activities

Mannalal Agrawal Institute of Technology (MAIT) was established by the Samta Foundation in Risod to provide vocational training to students and adults in the area at very low costs. Various computer training courses are run here to cater to school children, college students and adults looking for upskilling for jobs. Dress design and tailoring courses are also run here. For young children, there is also a robotics lab. All these activities are hindered due to the pandemic, but students have been engaged in different ways for past year.

5.2.1.1 *Volunteering by students*

Previous students of the computer classes, who were currently working as volunteers with the foundation during the vaccination drive were interviewed. These were girls who had recently completed their 12th (Ms Neha Harkal, Ms Sayali Utkar) and 10th (Ms Bhumi Utkar) board exams and were waiting for results. They had done the computer courses in 2019-20, but the exams were not conducted due to the pandemic. Their sharpness and smartness were visible in their answers. Unlike many girls their age, they were not shy. The elder girls were preparing for medical CET and hoped to be a doctor one day, but were aware that their better chances are to get into nursing or pharmacy, based on their marks. They lived not far from the centre, and were allowed by their families to volunteer as they felt they will learn something, which they surely were.



Figure 5-1: Young volunteers engaged in vaccination drive

In all, 15 alumni were volunteering, who started working 9 am to 6 pm and are currently working from 7 am to 9 pm. All their meals happen at MAIT, where they assemble daily to decide what to do throughout the day and come back at the end to share experiences and plan for the next day with the foundation's team. All of them were happy to be contributing back to the community and the foundation which had provided them with opportunities not easily and cheaply available in their town. All the students were now aware of more options after their college and were ready to work hard for the same, they did not feel to be clueless. The additional interactions which happen at MAIT, beyond just teaching have helped them grow an all-round personality.

The very process of volunteering was also opening them up to new experiences and giving them a feeling of contributing to the society. They are engaged in telephonic/ home-to-home follow ups with people to cross check vaccination status, counselling them to get vaccinated, resolving doubts, convincing them, etc. They have gained the experience of cold calling, talking confidently, how to interact with people, interacting with many important people, etc.

5.2.1.2 Tailoring at home

Many students from DDT courses had access to sewing machines, which they used during the lockdown to stitch masks. Their trainer, Ms. Sunita, provided them with the cloth, elastic, thread, etc. and collected stitched masks. Her dedication is very commendable, she teaches many of her students by visiting their homes and using videocalls, WhatsApp, etc. The women were paid Rs 2 per mask for the stitching. Students stitched on average 200- 300 masks during the lockdown. This allowed women to continue earning something in the lockdown, when other avenues of earning had dried up. At many places, this supplemented their house's main breadwinner's income, which had decreased due to the lockdowns and unavailability of work.

Realising the potential of working from home and demand for tailoring in every locality, Samta Foundation recently started a sewing machine donation drive, where they encouraged people to come forward and contribute money to donate sewing machines to such needy students, who had already learnt sewing, were good at it, and could earn much needed income through that business, but did not have a machine at home. Through surveys, involving the trainers, school

teachers, over 630 individuals were identified across the State and machines are being procured to distribute to them. The foundation plans to track these individuals for at least a year and provide any necessary support. This also allows teaching the really interested students at home/ in their locality instead of at the training centre.



Figure 5-2: Sewing machines assembled and ready for distribution, beneficiary with clients, beneficiary with her latest creation, designer samples made with inputs from internet

Vrushali Chavade, who recently got admitted for M.Com., was elated to receive her own sewing machine. Earlier, to supplement income at home, she had been doing odd jobs and using

a neighbour's machine to stitch clothes for her family and few friends. Now that she has a machine of her own, she is confident that she will pursue her education and earn at the same time. As is the standard rate in the town, she stitches one blouse for Rs 50, or for Rs 100, if it is with lining.

Nirmala Shukla taught her daughter what she learnt in the class last year and now Maithili, currently in 12th, stitches beautiful clothes. She is good at arts and crafts and was using YouTube videos to learn new designs. While she wanted to pursue a career in fine arts, she was aware that her financial condition might not allow her to do that. If the Foundation can connect such worthy students with some philanthropic donors who fund education, these girls will make the most of any such opportunity. It was heartening to see that the foundation, which had kept this family out of their sewing machine distribution program as they already had a machine, decided on the spot to provide them with a motor for their machine as the mother, the original recipient of training at MAIT, was partially disabled. This motor was delivered and installed soon after the visit.



Figure 5-3: Samples of stitching by Maithili

While we were at Bhavana Lokhande's home, we got certification of her quality from women who had come home to their mother's place to get vaccinated in the free vaccination drive from a town 30 km away and got blouse stitched not only for themselves, but their mother in laws as well from her. She also had the same rates as noted earlier. Her additional income will support her education till she completes her BA and might give her the necessary confidence to pursue higher education and training for a better future.

The selection of beneficiaries for further engagement by the foundation is rigorous, making it successful. While many students will come for training, few will be interested in pursuing it further or need to convert it into an earning source. The fact that the foundation continues to engage with them and support them in the long-term is heartening. The new project of getting donations

for the sewing machines, following up and sending back letters of gratitude with pictures to the donors also creates a broader engagement between the haves and the have nots in the society.

5.2.2 Community services in Risod

Having worked in the town for many years, starting from beautification of important places, clean and green Risod activities, community marriages, the foundation is now engaged in long term sustainable work. Some of the new activities started after the previous study are documented here.

5.2.2.1 Dumping ground beautification and nursery

The dumping ground area of the town was as bad as any other middle-sized town in the country and lacked cleanliness, hygiene and was full of stray animals, etc. The foundation, working with the municipal authorities have started its beautification. The site has a boundary wall, dedicated area for composting wet waste, dry waste sorting facility and the main dump site. To maintain the place, and to change it from a wasteland moor to a lush green beautiful place, the foundation has taken up extensive plantation activity along its boundary walls.

The foundation has planted thousands of trees in the town and plans to further plant thousands in the surrounding villages, especially where they are engaging with farmers for water conservation activities. For this, instead of depending on outside nurseries, which might not be able to provide traditional, local, fruit bearing and medicinal plants in required numbers, the foundation has established its own 'Samta nursery' in the dumping ground. They grow a large variety of trees here. About 20 thousand saplings were ready while another 50 thousand bags were being prepared. These will be planted in public places and distributed free of cost in the surrounding villages. These trees include Guava, Hingan, Papaya, Birada, Hirada, Rain tree, Ritha, Chinchada, Teak, Tamarind, etc. While many of these trees will give some income, earning is not the focus of this activity and thus a variety of trees will be given to each person requesting for them to maintain green cover and provide nutrition for the nearby families.

The entire boundary wall and all internal roads will soon be covered with shade from many trees. A dedicated gardener has been appointed by the foundation to take care of the nursery, who is supported by 4-5 daily wage labourers in the work.

Across the town, over 90% of the trees planted have survived, which are cared for by a dedicated caretaker who looks at maintenance of fences, survival of trees, replanting any dead tree, etc. The Nagar panchayat tanker is used for watering the plants in the town, and in monsoon care must be taken to repair damage from animals. Over 11.5 thousand trees have been planted on government lands, in new colonies, main roads and now focus in on planting 75 thousand trees in nearby villages, farmers, lakes, etc.



Figure 5-4: Plantation along the boundaries and the roads of the dumping ground. Samta nursery, saplings and preparation for new saplings

5.2.2.2 *Water conservation works*

Starting from Risod, the foundation plans to expand its activities into water conservation and restoration of old waterbodies in the towns where it is engaging in community service activities, such as Jawhar and Bhusawal. Activities were started in 2018 in Risod, but Covid-19 stopped work in 2020. In 2021, due to delayed permissions from the Nagar panchayat and minor irrigation works department, work started late on 5th May and continued till 5th June when rains started.

Over 10500 tractor trolley worth silt was removed from the Pingalakshi devi temple lake, over 2018-2020. It was once a major water supplier for the region. The lake is spread over 270 Acres and has a perimeter of 6 km. Now the lake can hold a good amount of water and looks clean. There are plans to plant trees around it and beautify its ghat to improve access and safety.

On a stream/ nala flowing from the lake through adjoining fields on the boundary of the town, the foundation took up deepening and widening work. The 5 km nala has 5 check dams on it, out of which 3 check dams and the nala along them of 2.5 km has been deepened and widened this year. While many farmers were initially sceptical, they later gave up the encroached land as they were convinced of the benefits of water storage.

The work had technical support from Mr Suresh Khanapurkar, who advocates Shirpur pattern of drainage restoration. The necessary mapping was done in Pune, though none was made available during the visit. Government engineers from Minor irrigations department of Zilla Parishad were involved, such as Mr Khandarkar. Necessary permissions were taken through them. While in house technical expertise is not present, the foundation had support from other agencies. People in the town loaned excavator machines and foundation paid for diesel, while farmers came with their tractors to pick up the fertile silt.

A farmer commented that after the silt removal, in the first rains, he can see improved percolation into his well. While this sort of deepening and widening activity is considered beneficial in the short term, as this follows the much-debated Shirpur model, special care should be taken to overcome the limitations of the model, which include indiscriminate deepening disturbing the sand aquifer of streams, incomplete permissions, recharge of stream from shallow aquifers instead of the reverse, etc. As the foundation seems to have carefully planned and taken necessary permissions, it is hoped that these pitfalls have been avoided. Further comments on this work cannot be made without verifying specific technical information, which is outside the scope of current study.

5.2.3 **Vaccination program**

In May of 2021, when it was noticed that vaccine availability for the age group of 18-45 is difficult and free vaccine policy was yet to be announced, the foundation mulled protecting specific communities from Covid-19 and chose Risod as the starting point of an ambitious program. The aim was to vaccinate entire population of the town to provide herd immunity and protect from the third wave. Planning quickly, involving local municipal officials and elected representatives, survey started from 1st June, trials were conducted on 5th and program was launched on 6th June 2021.

The foundation procured 3000 vials of Covishield from Serum Institute, Pune and gathered necessary local support for total vaccination. Local press association, art of living, traders' association, police mitra group, colleges, government departments, corporators and political leaders, doctors, bar council, etc. came together to plan and initiate the activity, garnering strong support and creating a movement. To register with health department and on Cowin portal, recently established Citi-Care Covid Hospital came forward to provide necessary support. It appointed doctors and nurses and completed formalities as a private vaccination centre. 28 thousand people were estimated to be eligible for vaccination; for them five vaccination centres were set up:

- | | | | |
|---|--|---|--|
| 1 | Uttamchand Bagdiya Arts and Commerce College | 4 | Vishwa lawns |
| 2 | Dr Allamma Iqbal Urdu Highschool | 5 | Mannalal Agrawal Institute of Technology |
| 3 | Bharat Madhyamik Shala | | |

Trainings were conducted between 1st to 4th June and dry run at 2 centres on 5th. Since the start, awareness drives were conducted by involving local corporators, government staff, community leaders, shopkeepers, etc. in house-to-house canvassing, In Muslim majority areas, religious leaders were approached to encourage the community to come out for vaccination. Initially, the drive was expected to end in a fortnight, but even with a good response, by 18th June about 13 thousand people, i.e., half the eligible population had been vaccinated. By 24th June, 14,500 people were vaccinated. Thus, it was extended till 27th June with a target to vaccinate everyone. By start of July, over 90% eligible population was vaccinated and plans were in place to vaccinate remaining people by continuing only 1-2 centres intermittently.

The targeted population was everyone living and working in Risod, though initially people commuting daily to the city were not included. It was brought to notice that these people can still bring infection to the town and a decision was being made to involve them to guarantee 'break the chain' of vaccine spread. The foundation did detailed planning and made multiple teams-

- 1 Technical team headed was responsible for workforce management, training, trouble shooting, providing data entry operators.
- 2 Coupon distribution team comprising multiple voluntary groups assisted in survey and encouraged citizens to vaccinate; each team on field had one Foundation team member responsible to ensure coupon distribution. These coupons had names of nearest centres, dates and time slots written on them during the distribution to manage load at each centre.
- 3 Vaccination Centre teams had one centre in-charge from foundation and doctors and nurses posted by the hospital. The rest of the volunteers were from the respective institutions
- 4 Food team – this team ensured that all team members and volunteers were well fed. Each centre had their own lunch arrangement, but MAIT had breakfast to dinner arrangements.
- 5 As cold chain was to be maintained, a vaccine provider team handled vaccine vials from storage at government hospital to distribution at centres to sharing vials between centres to prevent wastage. Same team brought back empty vials to MAIT for verification and record matching.

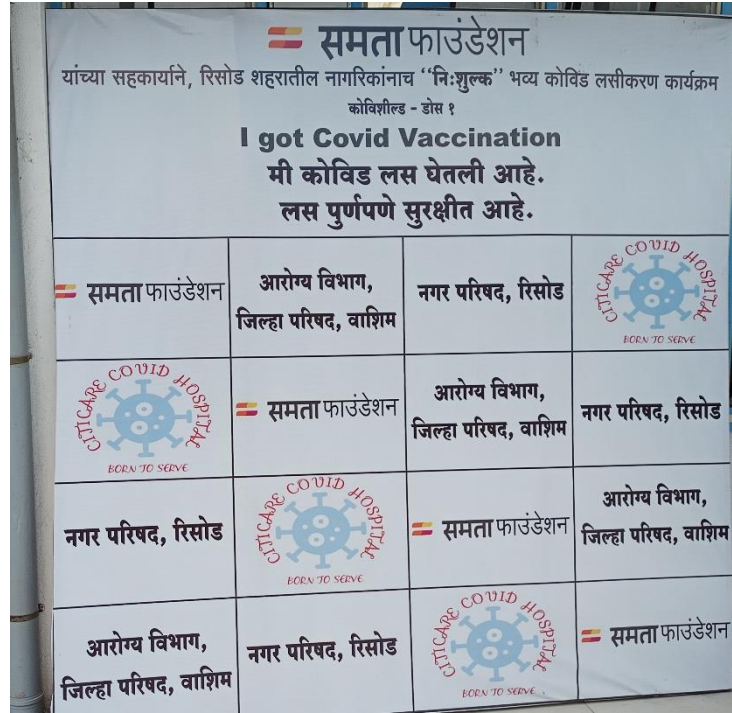


Figure 5-5: Banner highlighting important partners in vaccination drive



Figure 5-6 Sections in vaccination centres - registration, verification, vaccination, waiting sections

At each centre again, there were multiple sections -

- 1 Registration section where all incoming people were first checked for their Cowin registration or assisted in registration using their available documents. People without documents were registered by connecting them to the government officials for first procuring necessary documents. People were also offered some food here if they had come empty stomach.
- 2 Registered people were verified and their entry for vaccination on the day was done on the Cowin portal. These people were kept in line for vaccination
- 3 Vaccination was done by nurses and one person recorded the vaccination status. Doctors were on site to observe for any side effects and reactions.
- 4 Observation area was setup to keep everyone under observation for 20-30 minutes, after which they were allowed to leave the centre.

All government instructions/ protocols were followed and responsibility for each step was assigned to some person at every centre. Since one vial has a life of 4 hours after opening, on some days, vials were quickly sent to other centres to prevent dose wastage. All such decisions were made real time by centre in-charge in coordination with vaccine provider team which had an overview of all 5 centres. Vaccination was being conducted in two sessions – 9 am to 6 pm and 6 pm to 9 pm to accommodate working people and farmers. For pre-registered people, they only obtained an OTP for verification. Special support was provided to disabled and old people, some were vaccinated in vehicles without bringing them into the centre. Permission was being requested for home-based vaccination for some at risk individuals.

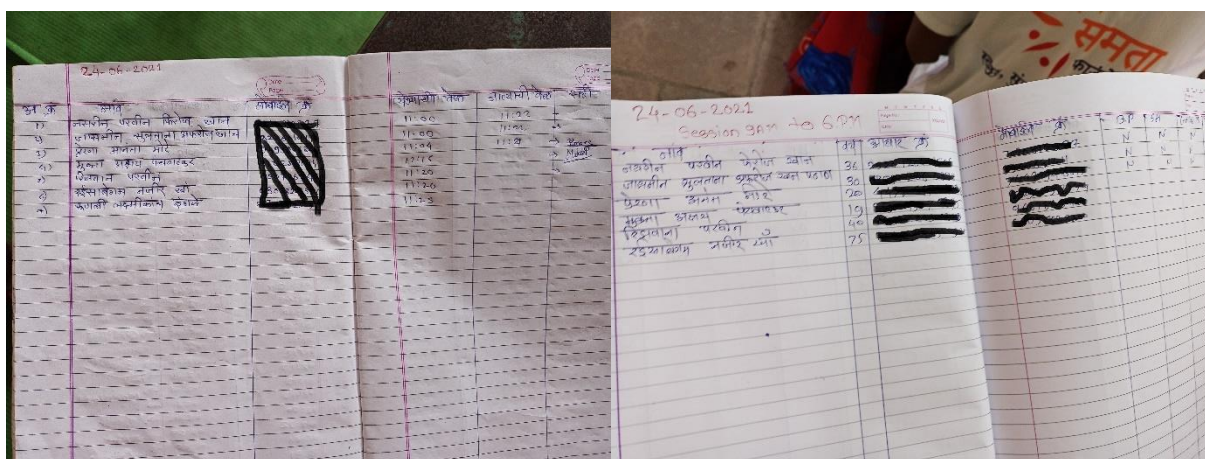


Figure 5-7 Records maintained at vaccination centres before vaccination and post vaccination

After initial peak, there was a slack in the daily vaccination numbers. To increase this, pockets were identified from where people were not turning up. Support of local doctors who worked as family doctors for these areas was taken. Religious or community leaders were first convinced to get vaccine so that others followed them. Meetings were done with municipal officials and elected representatives to follow up on the situation. When it was noticed that some Muslim communities were still hesitant, members from the same localities who had taken the vaccine were approached to encourage others. After Friday's afternoon Namaz, the maulvis encouraged everyone attending to take vaccine. These actions had a positive impact.

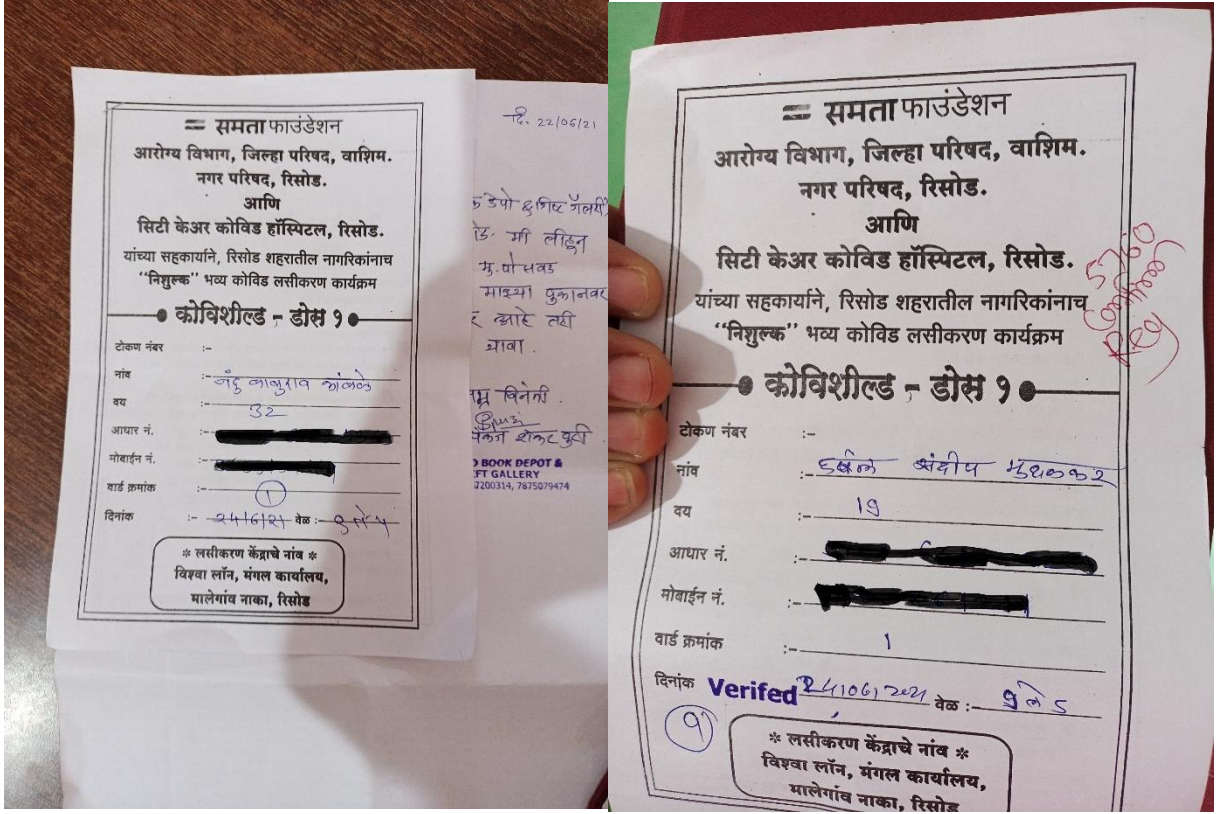


Figure 5-8 Vaccination token and letter from employer about working in Risod, verified token just before vaccination

Similarly, in tribal populated Jijaunagar, which is an authorised slum, which contributes most workers in the city's sanitation team, people were not ready to get vaccinated as they feared loss of wages. When the municipal sanitation workers were forced to take vaccine and they had no side effects, then others started to get vaccinated. Many similar stories were heard in the town, where one person got vaccinated then encouraged others to take it. Mostly, it was fear of loss of wages due to fever after vaccination which prevented many people from taking the vaccine. For such people, one Jijaunagar resident, who worked as a painter, put forth a very succinct question – “Would you prefer to go in hospital for 2-3 days or go home wrapped in plastic?” referring to how people who had died in Covid were wrapped in plastic before cremation.

The TMO of Risod gave positive feedback of the foundation's activities. Interestingly, he told that in review meetings of vaccination progress by the District Collector, Washim, now Risod is not even taken in review as everyone is confident that Samta Foundation will take care of the town. He also pointed out that although DHO had not permitted Samta to do home based vaccination, TMO had already started that and suggested that foundation should also push for it to reach to the most vulnerable people.



Figure 5-9 House-to-house awareness with local leaders and officers; target planning at MAIT for the day, post awareness talks with doctors, health workers, core committee members, CMO, Mayor, etc.

Table 5-1: Village wise Vaccination Done by Samta Foundation 2021

Sr. No.	Village	Village Population	18+ Population	Vaccinated by Gov. as on 30-6-2021	Vaccinated By Samta 1 st dose	Vaccinated By Samta 2 nd dose	Total vaccination %
Risod Taluka Villages							
1	Risod	34136	26821	7795	15963	13477	88.58
2	Nijampur	2117	1724	520	961	852	85.9
3	Govardhan	3902	2266	731	1417	244	94.79
4	Mangul Zanak	2873	2080	1250	706	287	94.04
5	Gondala	1248	969	310	636	424	97.63
6	Gobhani	3445	1907	583	1101	807	88.31
7	Masla Pen	1895	1380	837	266	267	79.93
8	Mothegaon	3488	2561	1140	880	108	78.88
9	Keshavnagar	1074	880	431	221		74.09
10	Loni	3381	2044	533	919	707	71.04
11	Degaon	944	745	396	133		71.01
12	Kautha	3420	2473	1432	118		62.68
13	Bhar Jahangir	4371	3153	1380	528	30	60.51
14	Karda	2115	1420	226	525	42	52.89

Sr. No.	Village	Village Population	18+ Population	Vaccinated by Gov. as on 30-6-2021	Vaccinated By Samta 1 st dose	Vaccinated By Samta 2 nd dose	Total vaccination %
15	Ghonsar	1724	1402	465	256		51.43
16	Agarwadi	1526	1309	455	224		51.87
17	Vadji	1345	984	584	167		76.32
18	Khadki sadar	1379	1133	435	276	130	62.75
19	Savad	3092	2435	1330	129	59	59.92
20	Navli	2100	1500	610	148	53	50.53
21	Haral	7000	3886	1520	428	151	50.13
22	Kankarwadi	5000	2300	810	380	193	51.74
23	Selu khadse	2400	1850	635	298	257	50.43
24	Wakad					130	
25	Gohagaon					46	
26	Pen-Bori					152	
27	Chichamba Pen					181	
	Sub total	93975	67222	24408	26680	18597	76
Bhusawal Taluka Villages							
1	Kanhala BK	2348	1600	297	1096	1009	87.06
2	Kanhala Khurd	1375	675	285	260	636	80.74
3	Kinhi	3500	2800	1480	912	603	85.43
4	Khadka	9332	5300	1631	2646	2289	80.7
	Sub total	16555	10375	3693	4914	4537	83
Kandivali-Mumbai							
1						2278	
	Total	110530	77597	28101	31594	25412	

The foundation provided vaccinations in over 32 villages/ towns across three blocks. Learning from the experience of vaccination at one location, they scaled up the activity where the local health department requested them to intervene.

5.3 Observations

It is good that the foundation promotes earning oriented vocational education. If they come across a bright student needing support to pursue higher education, they should connect them with other philanthropists to fund their education.

Though Samta works with the corporation to keep the city clean, the internal drains in Muslim dominated areas, in Dalit community and in Jijaunagar were clogged up and dirty. Thus, while Samta is tries extensive, full coverage in its activities, they may not be inclusive and equitable in cities, where communities are not homogenous. Samta can use maps to ensure coverage and its team leads can visit to monitor. Planning community engagement activities and cleanliness drives might engage the local community and give a facelift to these areas.

Has the foundation actively engaged with the marginalised communities in the cities they work with, such as Risod, Jawhar, Aurangabad, etc.? A targeted awareness campaign in Jijaunagar

and Ambedkar Nagar (dalitwasti) in Risod to garner students for DDT and computer training will students the necessary information and opportunity to access MAIT. They may catalyse change in their communities. This issue was raised in the visit with Senior Manager, Education and was immediately followed up. Not just dalitwasti, but neighbouring 40 villages were targeted for the next batches. The foundation is open for good suggestions and readily acts wherever possible.

While using electoral lists and support of tax collectors is useful way to reach out to most residents, people living in illegal colonies, newly constructed slums, etc. may not be covered well. Thus, using a detailed map of the town, superimposed with google map satellite layer would have helped in better targeting surveys, awareness, and final efforts to reach the missed population.

This is even more important when the city did not have clear numbers of the total population, eligible population, left out population, etc. even after repeated surveys and supposed micro-planning. Better planning of data collection could have been done if GIS layers had been integrated with data collection. Different people seemed to have different estimates of number of people yet to be vaccinated, which were difficult to reconcile.

Planning for second dose was started during first camp, in typical Samta Foundation fashion, where no activity is left halfway. Similarly, a small village named Govardhan with 4000 population, which saw large number of cases (750) and deaths (68+) due to covid in the second wave was also fully vaccinated when the local Sarpanch approached the foundation. This was done immediately after the vaccination drive at Risod. Even there, complete planning was done in coordination with local villagers, doctors, government officials and all permissions were taken before starting the work. Having already prepared processes, it was easy for the foundation to replicate it. The first meeting in the village was held on 24th June and by 2nd July, entire village was vaccinated.

While this is an important intervention, the worry in the village is about the emotional damage caused by the deaths and post covid complications. Samta Foundation, through its connections, can connect the villagers with some counselling system and organise educational support to orphans. Currently, the village is being connected to the education activities by the foundation to provide the orphans an opportunity.

While the event received considerable news coverage at start and around 20th June, later updates are not as visible online in Google searches. While the event was not for publicity, its wider coverage could have created a similar atmosphere and other foundations could have come forward for similar activities, once learning of success in Risod.

Interactions with stakeholders from the doctor community, Municipal office, local leaders, sarpanch of neighbouring village, merchants, etc. showed their commitment to the common cause and their appreciation for the foundation's work. No one felt that this was being conducted by outsiders, as the foundation took everyone along. In all publicity boards, the name of the local centre was highlighted, nowhere was it mentioned as an event of only the foundation. No individual in the team was behind fame. This kind of community building created the momentum necessary to conduct such an activity.

One crucial reason this activity succeeded where any similar attempt by government or another agency would have faltered, was the very high energy levels and commitment of the foundation members. While they may be unaware of many concepts such as gender and equity, they are very compassionate and have empathy which allows them to work tirelessly. This culture comes from the very top in the foundation and is thus followed by everyone in the team. In the stay, not a single staff was heard complaining, even at dinner table, in their own groups, etc. about the work.

5.4 Criteria Based Judgement

Based on the field visit to Risod and later discussions where information of vaccination drives at other locations such as Palghar (4 thousand plus), Nandurbar (2 thousand plus), Melghat (6 thousand +), Bhusawal (8 thousand +) was shared, foundation took up vaccination as an extensive and priority activity.

5.4.1 Relevance

The foundation took up vaccination drives at a time when access to vaccines was limited and fear was large. This supplemented the limited efforts by the government and helped in reducing the risk of an impending third wave, which at the time (June 2021) was expected to affect children the most. Thus, the activity was relevant and timely.

5.4.2 Effectiveness

While the foundation planned the activities beforehand and implemented them, it does not maintain any project documents, which outline the strategies, activities, outputs, etc. Thus, there is no starting point to compare; any achievement is a success as the targets are modified through reviews, though generally upwards. The extension in timeline in vaccination is not thought of as a limitation of the work by the foundation but as vaccine hesitancy by the community.

5.4.3 Efficiency

The size of the entire machinery engaged in this drive is much larger than what government would engage. Contrasted to other foundation activities, where it plays a gap filling role to assist other hospitals by connecting them to beneficiaries, here it led the entire activity with support from others. The foundation team from many locations in Maharashtra was present here, where the timeline kept extending. With addition of villages around Risod and later plans for vaccination in Jalgaon MIDC area, this meant that the team was in a camp mode for more than a month. This is likely to cause a fatigue even if it is not immediately expressed, while also affecting other activities.

While no individual volunteer was engaged for the full duration of the month, nor any staff called in by leaving their base duties, the execution of these vaccination camps, something the foundation did for the first time, was a huge task and every senior official had to be engaged in

this. The foundation carried out the activity by efficiently managing its manpower who were not engaged in other activities, enrolling local volunteers and taking support from other agencies and hospitals.

5.4.4 Sustainability

Before the work started in Risod, already teams worked with government hospitals in tribal areas in the typical foundation pattern – arranging for awareness drives, vehicles for transportation of people, engaging local officers for preparations, providing paracetamol tablets, etc. at the habitation level. This increased the reach of the government machinery. This way they reached out to 215 villages and 15 thousand plus people.

The first dose vaccination camps were followed up with second dose vaccination through similar camps. During this phase, only local manpower from within the region was engaged as it was already trained. The foundation conducted its own drive for vaccination when the accessibility to vaccine for 18+ was limited and worked with support of local administration to provide first dose. Later though, by supporting government machinery in delivering the second dose, the foundation moved towards its original model of sustainably filling the gaps in service delivery.

5.4.5 Impact

Benefits of the vaccination drive will be visible only in the next year or so, but it is hoped that if a third wave does indeed occur, it will pass by Risod. Benefits of other activities will also be visible in the next few years, but are estimated to be positive for the community. The foundation can maintain success stories and records for future evaluations.

6 Conclusions

Samta foundation's activities took a hit in the Covid-19 pandemic and lockdowns, but the foundation effectively course corrected to ensure continuation of its health and prison activities while the break in education activities was utilised for training the trainers. In the previous three chapters, the impact of covid on existing activities, impact of relief activities, and impact of community service activities in Risod (focus on vaccination drive) has been covered in depth. This conclusion chapter sums up the findings based and adds insights from the evaluators' perspective.

6.1 Impact of Lockdown on Existing Activities

While education activities were hit the hardest due to closure of school, the foundation engaged its education team and built up their skills. The new study-from-home and work-from-home paradigm was adopted through distribution of sewing machines. It is expected that after schools open, in a year's time the activities will be back on track and will start growing again. Necessary groundwork is laid in this year. The negative impact will be faced by students who finished school in this year, where they missed learning computers or tailoring. But it is hoped that having got a taste, the interested students will pursue training and convert it into a useful life skill.

The health activities were affected the least as they were able to meet their targets by home-to-home visits and through extensive camps between Dec 2020 and February 2021. Activities in Prisons suffered as few camps were conducted there; health of the prisoners might have suffered. It was noticed that the number of sanitary napkins distributed had also fallen. Whether it was because female prisoners were released on priority to reduce crowding, or because government or other agencies were meeting the demand is not clear. From previous experience, a guess may be hazarded that with reduced supply from Samta Foundation, the women prisoners might have faced a shortage of pads. Can the foundation think of introducing the long-term women prisoners to either menstrual cup or reusable pads to avoid putting them in a similar situation again? Can it be done at least for the prison staff?

The community-based activities were delayed in the pandemic and their focus shifted towards combating Covid-19, more than the routine activities. While nowhere was it mentioned that the existing regular activities were affected, it is likely that the lockdowns reduced focus of administration and foundation leading to some activities becoming irregular.

6.2 Assessment of New Activities

When the pandemic struck, the foundation quickly adopted and responded to the daily changing needs, including supporting migrants, providing ration kits to disadvantaged communities, supporting public health systems through providing covid protective equipment, ventilators, medicines, etc. and supported police and prisons in a similar way.

These activities had threefold immediate impact –

- 1 It slowed down the progression of the pandemic in some of the most vulnerable groups of frontline workers through the protective kits support provided.
- 2 It prevented vulnerable communities from taking loans from money lenders and getting caught in debt traps when their daily earnings were stopped for a prolonged period, eating up any savings and support from other organisations had started to dry up as well.
- 3 It protected remote communities from hunger related deaths and malnutrition during an important period when all supply chains were broken.

Overall alacrity shown by the foundation, its quick decision making, immaculate planning, empathetic response, professional conduct, collaboration with all stakeholders and the overall scale of operations shows that the foundation is in the business of doing good for everyone.

6.3 Action Taken on Previous Recommendations

This study follows up on a previous study done in 2019. Based on the detailed study and analysis, few action items for improvement were suggested during the previous study. This time, it was noted that many of them were already acted upon. This section briefly deals with these recommendations:

1. Better maintenance of administrative data, creation of beneficiary level data.
 - Started Dynamic Process Management System for monitoring of data, beneficiary level data management yet to be digitised and centralised.
2. Improved monitoring systems keeping in mind the expansion
 - DPM has reduced dependency on emails and WhatsApp for monitoring, better formats to process tracking and detailing can be used.
3. Capacity building of primary healthcare institutes to operate without foundation's support.
 - No activity noticed during current study; no inputs received on start of such activities.
4. Collaborations with other agencies doing similar activities, especially in healthcare.
 - Vaccination drive was a collaborative effort, collaborations with hospitals are done. Support from donors is being taken in education activities.
 - Donation drives where individuals from the affluent class are connected to the needy people have been started. Cycle donation and sewing machine donation are examples of such a connect.
5. Promoting spacing methods of family planning through awareness sessions, providing necessary items for the same, promoting vasectomies.
 - During discussions with the team, it was informed that there is no plan for either promoting vasectomies or increase spacing
6. Mother and child census to identify at risk population.

- Carried out door-to-door surveys for identifying not just malnourished children and high-risk mothers, but also for family planning and cataract. Experience helped in better service delivery during pandemic.
7. Tracking of migrated children within the district, Digitised child-level data for easy follow up, even if migrated.
 - No observations made for this activity in current study.
 8. Expansion of DDT activities and standardisation across schools.
 - Activities have been expanded, trainers were trained in lockdown, and distribution of sewing machine done to support livelihood generation
 9. Providing one industrial grade machine per school.
 - Instead of industrial machines, full shuttle machine, pico machine and one embroidery machine is being provided. The latter is electric foot operated to give some experience in motorised sewing machine. Due to previous bad experience of preparing women for industrial stitching, this approach is being implemented.
 10. Standardising music and singing activities
 - Activity closed down
 11. Attention to problems specific to women prisoners – appointment of more female officers, regular visits by female doctors.
 - While female doctor visits are ensured, no female officers were observed in the health team.

It is likely that some activities based on the recommendations have been missed in the current study. Some recommendations might not have been accepted by the foundation as it might not fit their working style/ philosophy.

6.4 Answers to Evaluation Questions

Few evaluation questions were posed at the start of this study, and were answered over the course of the study. Here are brief answers to each of them:

1. How the communities being served by the foundation have been affected due to stoppage of services? Was there a negative impact which may not be filled by stepping up activities?
 - In case of health activities, the negative impact was through delay in non-emergency operations, such as family planning surgeries which has caused some unwanted pregnancies. Otherwise, the effect has been mitigated through home-to-home service provision. In prisons activities, beneficiaries suffered due to stoppage of camps in the lockdown. Reduction in supply of sanitary napkins was not expected. In education, closure of schools affected learning of the students and many forgot a lot about the computers and tailoring. The negative impact which cannot be filled up is for the students who completed school during these two years and missed learning.

2. How much has the backlog of various activities increased and what strategies/ innovations will be needed to fill that up?
 - Most backlogs in health activities have been filled as the main activity season from December to March was available despite the lockdowns before and after it. No special strategies are needed to fill up the backlogs. Necessary actions have been taken by the foundation already. The provision of sewing machines at home is also a positive step to help capable and needy students.
3. Were the newly started activities relevant and effective in providing relief to the communities being served?
 - Yes, the activities provided much needed support to the underserved communities, though their reach to all groups within these communities needs to be cross checked.
4. How the foundation established efficient processes, supply chains, etc. to provide quick, timely, and useful relief during the lockdown?
 - Through direct communication with the field teams, regular online group meetings, relative freedom on ground to innovate and share success, working closely with the administration and planning for a much wider geography than most other foundations allowed the foundation to establish quick, timely, and useful relief.
5. Can these activities started during the lockdown be continued sustainably and how can a future response to similar disasters be provided?
 - Modified activities are planned by the foundation to be continued. While there might not be a need for food kits, other engagements started, such as eye camps and skin camps in divine light areas, etc. can be expanded.
6. How would workforce & resource allocation be done once the earlier activities are taken up to match the pre-COVID levels and with the newer areas and activities introduced?
 - One concern is the camp nature of most activities with Samta in lead. Continuing such activities might stretch the existing teams. To continue new activities, team sizes, volunteer base, partner agencies, etc. need to be expanded. As the regular team has been cut down by merging health and prison activities, the load of regular activities itself will have increased. Though foundation can also depend on voluntary support for any intensive activity.

6.5 Recommendations

Based on the observations during this study and many questions which came up through discussion with important stakeholders, some recommendations are being provided for further action.

- 1 For an organisation obsessed with its impact of its activities, the amount and nature of data being collected is very limited. Further understanding on what impact is expected, if created in advance will allow for better data collection. Based on discussions and written response from foundation team, there is a lack of understanding of what are impacts vis a

vis outputs of activities. It was observed that when further activities are planned, data of beneficiaries had to be collected anew, engaging field teams for days, but it would have been easier if data had been maintained beforehand. An example of this is the sewing machine distribution, where survey was done to select eligible girls, while their data should have been available based on administrative data/ records.

- 2 For a foundation conducting its activities so professionally, the gaps in data are a sign of the team being over stretched in implementation. Internal data officer/ M&E officer can be appointed, especially now that migration to a central dynamic process management system is being initiated. Data structures, indicators, dashboards, etc. can be thus coordinated for smoother running. Financial information can also be linked to the activities to monitor efficiency.
- 3 As the activities are suddenly expanding, with many being a camp/ mission mode – especially community activities such as vaccination, tree plantations, etc., it is important to expand the team locally, without pulling in field staff from across the State. While it was possible when Covid-19 related restrictions prevented other activities, once existing activities start, the teams will be stretched to cover multiple activities. As rationalisation of team was done to reduce costs, similar rationalisation will be needed to maintain team efficiency.
- 4 Over 1000 guests have visited foundation activities and the foundation has started involving these people from affluent section of the society through its donation drives for cycles and sewing machines. It can involve children from this affluent section of society through structured volunteering opportunities in their various health camps. Associating with a regional social work college will also provide a base of interns who can do quick surveys, data collection, etc. This will be addition to the volunteers from alumni of various training programs conducted by the foundation.
- 5 Gender balance within the foundation team is skewed towards males, especially at the higher organisational levels. While this has been justified again and again by the foundation team based on the nature of the job, in other agencies, women are regularly seen at various levels undertaking travel as and when needed. The stand of only promoting from within ranks might be a reason why women do not rise in the hierarchy. Most women in the foundation are computer or DDT trainers. Women are practically absent from the health and community services team as that involves a lot of travel and field work, even though this team works mostly with women (mothers as beneficiaries, ASHA and Anganwadi workers).
- 6 During the preparation of this report, from the start of the process in January 2021, it was found that many changes brought about in the structure of the foundation were not reflected in its website, even till the first draft was written in July 2021. The website, at that point, was about a year outdated. For a foundation which is modifying its activities, structures and entering new fields, and maintain its data online through inhouse efforts,

working in blockchain, etc. it should not have been difficult to update the website regularly. This shows that the foundation's team for internal management is overstretched.

- 7 Before scaling up water conservation activities, in Risod or different geographies, inputs from local NGOs working in the same field, apart from Mr Khanolkar, should be taken as his methods have been questioned before by many agencies. Involving ground water experts is important if aquifers are being touched during the water harvesting projects..
- 8 Due to foundation's complete coverage and regular follow up approach, it is likely that government will reduce allotment of regular funds against its responsibilities and targets in prisons, PHCs. While gap filling by foundation in components not covered by government (such as organising camps and transport of beneficiaries, setting up computer and tailoring training in schools) is welcome, and increases motivation of government staff, support in providing medicines, surgery equipment etc. on a regular basis in absence of systemic follow ups to improve budgets of the government agency will affect ability of foundation to take up unresolved problems and innovating solutions.
- 9 For household surveys conducted by the foundation for various purposes, it can start use of maps and collect GPS locations during the survey. Shift from paper-based surveys to mobile based surveys using ODK/ Kobo based forms for integrated data collection, mapping, photographs, etc. will not only improve quality and variety of data, but will also reduce the time taken for data collection and data entry later, optimising resources.
- 10 If the foundation starts keeping better records, maintains success stories and hunts for any failure stories, it will be an effective document for any further studies. Equal attention should also be paid to failures or drop outs from the programs as these define how the activity should be modified to better serve the needs of the community.
- 11 To ensure universality of coverage, the foundation should prepare a reference list of all the institutions it can cover in each activity and geography, using updated government lists of institutions and then reach out to any institute it has not engaged with. Case in point – incomplete coverage of prisons.
- 12 Organise community-based events to bring together marginalised communities, in adopted towns such as Risod, in cleaning their surroundings and promoting foundation and other partner's activities to ensure their long-term engagement and upliftment. This will support the Clean and Green Risod work being done by the foundation and introduce these communities to the activities by the foundation. Case in point – girls in Dalit and tribal communities in Risod were not aware of activities at MAIT, although they are in greater need of skill-based trainings.
- 13 The strength of the foundation is addressing problems not solved by others in communities which are underserved by other non-governmental agencies in an innovative approach. Foundation should continue this strength and document its models for others to adopt.

6.6 Going Forward

This was the second study of the activities of the foundation. While the foundation is doing its activities in a professional manner with expert support from respective sectoral experts, it may be noted that it can further integrate, consolidate their activities, and improve collaborations, co-operations with other agencies. It can also align its existing activities with Sustainable Development Goals, consider local variations for better implementation, plan for data collection for impact assessment and do a better management of its activities, especially when it comes to data collection and maintenance. To expose the staff to various concepts of development project management, stakeholder mapping, interaction, inclusive design, theory of change, indicator identification, etc., further collaboration with CTARA, IITB may be planned. A proposal on similar lines was earlier submitted after the first study, either a similar pattern may be pursued or a new mutually agreeable model can be built, but it will be important to have better access to data for any further studies of impact, especially ones focusing on equity.

Annexure I: Proposal

Impact Assessment Study of Samta Foundation Activities During Covid-19 Pandemic

Technical & Financial Proposal

Background

During 2019, activities of Samta Foundation were evaluated by Centre for Technology Alternatives for Rural Areas (CTARA), IIT Bombay. This evaluation was based on the discussions between the two parties through multiple field-visits for qualitative data collection between January to March 2019, and the report was submitted and presented in June 2019. Insights in the report were of interest to the foundation and many action points given in it are acted upon. Realising the usefulness of this exercise, and feeling the need for impact assessment of activities in the time of Covid-19 pandemic and ensuing lockdown, the foundation has decided to further engage CTARA. For this, a request was received in January 2021 and initial meeting held on 5th January 2021. This proposal is based on the understanding developed during the meeting.

Samta Foundation

The Samta foundation is an inspiration from Samta Purushottam Agrawal (1955-2011), wife of Mr. Purushottam Agrawal, Chairman of Ajanta Pharma Ltd. The foundation's work started in Risod town, through eye camp activities and has soon encompassed other parts of the region. Now it is operational in many underserved districts in the states of Maharashtra, Gujarat, Madhya Pradesh, and Chhattisgarh, etc. Samta Foundation has been working in the sectors of Health, Education, MAIT, Transformation of the Prisoners, Social Activity- Uganda and Adopt Palghar Project. Under the health program Samta Foundation has worked on cataract surgeries, family planning surgeries, eliminating malnutrition, health activities in prison and in Palghar.

The foundation has carried out over 4.35 lakh cataract operations in past seven years (over a lakh in operations in the past year) in Maharashtra, Madhya Pradesh, and Gujarat. In the past six years the foundation carried out over 22 thousand Family Planning Surgeries. For elimination of malnutrition the foundation started with Palghar district in 2017 and has expanded to other tribal, backward areas in the state. A lot of work is done in the education sector, especially computer literacy, tailoring training, music, robotics, etc, reaching over 84 thousand children. Prisoners' transformation through eye, skin care, computer training, libraries, etc. and release and rehabilitation of needy prisoners form a major vertical, functioning in all jails in the state. About 90 thousand prisoners have been served by the foundation. Initially limited to certain geographies, in the past three years, the foundation has scaled up its activities to cover the entire state.

In this rapid expansion, the foundation took support of various experts across sectors, including support on computer training and external evaluation of all activities from IIT Bombay,

the latter performed by CTARA. While this expansion was going on and higher targets were being set for year 2020-21, the Covid- 19 pandemic and ensuing lockdown affected the activities of the foundation and the communities they were working with.

Effects of Covid-19 on activities

Due to Covid-19 pandemic and lockdown, as per government rules, all activities were halted in March 2020. Activities in schools were completely halted in March 2020. As the government did not reopen schools till January 2021, the activities were not restarted. Now, there are talks with schools to start the activities again, but schools are under pressure to finish core syllabus first. Health camps and operations were also stopped for months. Only malnutrition related activities were continued through home-to-home combing operations by the health team along with the government public health system. Activities in prisons were also greatly limited and are only now gradually starting back. Throughout this period though, the foundation focused on relief work in underserved, remotest communities. Provision of medicines, sanitisation kits, ration kits, etc. was done extensively in the first 3-4 months of the pandemic. Based on the news articles published early on, the foundation started serving the inhabitants of the red-light area of Pune. Soon this activity was scaled up in other cities and named as divine-light area service. Similarly, support was provided to the third-gender community and the activity was named as 'Noble-Gender' service. These activities initially focused on providing relief, but now are planned as sustained long-term activities.

Thus, while Covid-19 affected many regular activities, new activities were initiated during this period, which will now become a mainstay of the foundation's activities. Samta Foundation expects CTARA to conduct an impact assessment of these changes due to covid-19 on regular activities as well as due to the new activities.

CTARA's Role

CTARA, an academic and research body of IIT-Bombay which specializes in the field of technology and development, is interested in dealing with various aspects of development. CTARA works in Project Management, Monitoring, Evaluation and Impact Assessment as well as in CSR. In this context, CTARA has been working with various agencies to enable a more productive delivery of programs. CTARA has been active for 25 years now and has done several projects, extension activities, prototype generation, studies and so on.

In the past four years, CTARA has developed a research and consultancy group which carries out assignments for corporates, foundations, government agencies, etc. focusing on their social outreach/ social development activities, including stakeholder interactions for vision-mission design, intervention planning, evaluations, etc. In 2019, evaluation of activities by Samta foundation was done by this group and recommendations were suggested, many of which have already been implemented.

Previous evaluation by CTARA

Professor Bakul Rao and team from CTARA, IIT Bombay did an evaluation of the activities of Samta Foundation during FY 2018-19 and provided insights on how these may be improved, scaled up, monitored, etc. along with documenting impact of the interventions on the community. Fieldwork for this was conducted between January 2019 to March 2019 and the final report was submitted in June 2019. In absence of baseline data, or data related to outcome, this was a qualitative evaluation which focused on documenting the activities, comparing them with other similar initiatives and documenting reported impact.

In this currently proposed study, Samta Foundation expects to understand the impact of stopping the activities on the community, impact of the new activities on the community, along with a documentation of the new processes adopted, SOPs for service delivery, etc.

Objectives of Current Evaluation Study

Based on the initial meeting held on 5 January 2021 at Samta Foundation Office, CTARA proposed following objectives for this Impact Assessment Study:

1. To estimate impact on the community of stopping regular activities due to Covid-19
2. To understand how the activities were remodelled to overcome problems in service delivery and to reach out to new areas, and the impact of these changes
3. To document the new processes adopted, innovations done in supply chain management, SOPs for disaster relief management, etc.
4. To estimate how these changes will affect the activities in the coming months, what challenges may be faced in achieving the deficit targets, etc.

Evaluation questions

Some of the important questions to which the foundation has requested answers are:

1. How the communities served by the foundation have been affected due to stoppage of services? Was there a negative impact which may not be filled by stepping up activities?
2. How much has the backlog of various activities increased and what strategies/ innovations will be needed to fill that up?
3. Were the newly started activities relevant and effective in providing relief to the communities being served?
4. How the foundation established efficient processes, supply chains, etc. to provide quick, timely and useful relief during the lockdown?
5. Can these activities started during the lockdown be continued sustainably and how can a future response to similar disasters be provided?
6. How would workforce & resource allocation be done once the earlier activities are taken up to match pre-COVID levels and with the newer areas and activities introduced?

These and other questions that arise during the study will be answered by the CTARA team.

Scope

For the current evaluation study, the documentation of activities and findings from the previous evaluation report will be used to create a base. The focus will be to study What has happened in the year 2020, before and during the pandemic.

Geographically, the fieldwork will be limited to Palghar District and Melghat region for Malnutrition related activities, MAIT Risod for education related activities, Risod Town for community-based activities, Pune and New Mumbai for Divine light, Noble gender activities. A visit to a prison in Mumbai may be planned if necessary. Data available with Samta Foundation will be used in analysis, very little new quantitative data will be collected during this evaluation.

Methodology

The methodology for this study will be post-facto assessment, in absence of a counterfactual. Mixed methods study design will be followed, where both quantitative analysis from existing data and qualitative insights from key informant semi-structured interviews and field visits will be used.

Field visits

The field visits will focus on beneficiary interactions and process observations. Some important stakeholders from the government setup, who work closely with the foundation, will also be interviewed to understand their perspectives. Semi-structured interviews will be carried out with the beneficiaries of various activities and open-ended discussion will be done with key resource persons. Keeping in mind the prevailing pandemic conditions, no group discussions are planned.

Online meetings (FGDs)

To interact with a wide segment of Samta staff working in different parts of the state, and not limited to the field visit areas, a few online meetings will be planned with Samta Foundation teams. These will happen as focus group discussions to understand their motivations, feelings, apprehensions, activities, etc.

Secondary data analysis

During the past year, Dynamic Process Monitoring System has been set up by Samta Foundation for managing its activities. House-to-house combing operations have also been completed before the pandemic in many villages. Combing continued during the pandemic. All this secondary data, if made available, will be analysed to find trends, patterns, etc. and to assess the impact of the lockdown on the activities. If possible, impact of activities on the community may also be estimated depending on what the data captures.

Responsibilities

The following are the minimum responsibilities of both parties

1. Samta Foundation:

- a. All necessary arrangements for conducting meetings with Samta teams
 - b. All the relevant documents and data related with existing activities like DPR/ reports/ scheme design details, financial commitments for programmes, along with any survey/ maps, documents would be provided
 - c. The Samta Foundation will help in stakeholder consultation by arranging the field visits on site and give the necessary support to the CTARA team
 - d. Samta Foundation will provide the necessary travel and hospitality for the project staff and officials coming for site visits
2. CTARA, IIT Bombay:
- a. Review of available documentation
 - b. Design interview questionnaire and conduct on-field interviews
 - c. Conduct FGDs with Samta teams
 - d. Analysis of primary and secondary data obtained
 - e. Document processes
 - f. Plan for appropriate recommendations
 - g. Final report at the end of the project

It is expected that the two parties will continue their cordial relations and provide all possible support to each other in a professional manner and will accommodate minor inconveniences while raising the issue to the concerned authority.

Project Principal Investigator & the Team

Name of Lead Person:	Prof. Bakul Rao
Designation:	Professor, CTARA
Name of Lead Person's organization:	Indian Institute of Technology, Bombay
Street address:	Powai
City:	Mumbai
Postal code:	400 076
Phone number:	022-25767830 / +919619182552
Fax number:	same as above
E-mail address:	bakulrao@iitb.ac.in

Apart from Professor Bakul Rao, for conducting the field-work and preparing the report, at least two experts will be employed who have previous experience of assessing the activities of Samta Foundation and interacting with the type of communities the foundation is working with. We understand and appreciate the fact that tactfulness, understanding, and empathy are required in the team members for interacting with each community and the appropriate researchers will be assigned for this evaluation study.

Project Timelines

- A. Project Start Date: February 2021
- B. Project End Date: April 2021

Key Deliverables

The key deliverables include:

- A. Impact Assessment report covering all objectives
- B. Inputs on improvement of activities.

Final report will be submitted as a hardcopy and in electronic format. All supporting data collected/ analysis will be provided in electronic format.

Budget

The overall budget of this project is Rupees Four lakhs fifty thousand, inclusive of the GST (Rs. 4,50,000).

Payment

The payment of consultancy fees to IIT Bombay are to be made in advance and in full before the start of the project, through a demand draft/ crossed valid cheque, drawn in favour of The Registrar, IIT Bombay and sent to the Consultant or the address overleaf. The charges should include applicable tax as prescribed by the Government of India from time to time.

Standard Terms and Conditions

Standard Terms and Conditions applicable for all Projects are given at the following website: <http://www.ircc.iitb.ac.in/IRCC-Webpage/rnd/STC.jsp>

Annexure II: List of Participants in FGDs

Education Team FGD

Conducted on 31st March 2020, Attended by

- 1 Mr Kunal Nadge, LBS school, Manor, computer trainer
- 2 Ms Archana Pere, Anand Vidyadham, Aurangabad, computer trainer
- 3 Mr Nitin Jadhav, Maharana Pratap High School Lonar, Buldhana, computer trainer
- 4 Ms Bushra Shaikh, Urdu High School, Aurangabad, computer trainer
- 5 Mr Shyamsundar, Kurkheda, Gadchiroli, computer trainer
- 6 Mr Tanay Nirban, MAIT, Risod, computer teacher
- 7 Mr Vishal Ingole, MAIT, Risod, Team lead
- 8 Mr Ravindra Garje, MAIT, Principle
- 9 Ms Smita Kamble, Maratha Vidyamandir, Aurangabad, DDT trainer
- 10 Ms Priyanka Ghule, Senior Manager, Education

Health Team FGD

Conducted on 1st April 2020, Attended by

- 1 Mr Tanaji Gond, Senior Manager, Healthcare and Community Services
- 2 Mr Vivek Mokalkar, Area Manager Vidarbha, 11 districts of Vidarbha
- 3 Mr Shivanand Mahalinge, Area Manager-Marathwada & North Maharashtra, Aurangabad, Marathwada
- 4 Mr Vivek Zade, Health officer Chandrapur
- 5 Mr Anna Tambada, Health care officer Palghar and Talasari
- 6 Mr Ramchandra Bhoje, Health care officer Jawhar, Mokhada, Vada, Vikramgad
- 7 Mr Chunilal Pawara, Health care officer Dhadgaon and Akkalkuwa
- 8 Mr Ankit Dhande, Health care officer at Amravati (Chikhaldara and Dharni)
- 9 Mr Dnyaneshwar Chavan, team leader Western Maharashtra Prisons
- 10 Mr Suhas Latkar, Health and Prisons
- 11 Mr Sarjerao Hakre, Health officer, Latur, Osmanabad
- 12 Mr Deepak Matkar, Health officer, Pune
- 13 Mr Suraj Gupta, Community development officer, Risod

Annexure III: Details of Supplies during Covid-19

Details of supplies provided by the foundation to different agencies during Covid-19 pandemic, especially in efforts to combat the pandemic

Particulars	Supplies provided	Quantity
All Gov. Hospitals, Prisons, Police stations, Traffic Police Asha worker and health workers	3 Ply Mask	450000
Haffkin Institute, MCGM, Govt. Hospitals Aurangabad	N 95 Mask	25000
All Prisons, Police stations, Traffic Police Asha worker and health workers	Cotton Mask	195000
All Gov. Hospitals, Prisons, Police stations, Traffic Police Asha worker and health workers	Sanitizer 100 ml	151260
All Prisons of Maharashtra	Sodium Hypo 5Ltr	315
Chandrapur, Gadchiroli, Nandurbar, Jalna, Aurangabad, Palghar, Thane, Mumbai, Satara, Raigad Districts	Food Grain kit	27475
Gov. Hospitals Aurangabad and MCGM	PPE kit	18035
Satguru Ashrams, Prisons of Maharashtra	Face Protector	2250
Gov. hospitals, prisons, police stations, traffic police, Asha workers and health workers	IR Thermometer	385
Thane Municipal hospital, Palghar Civil, Washim Civil, Bhakti Vedanta hospital Meera Road Mumbai.	Ventilator	8
Police stations and Gov. Hospitals	Gloves	98000
All Prisoners and staff of MH, New Mumbai Police, Mumbai Traffic Police	Medicine Homeopathic	42000
All Prisoners and staff of MH, New Mumbai Police, Mumbai Traffic Police	Medicine Vit-C	8100
Gov. Hospitals & Pvt hospitals, Prisons, Police stations, Traffic Police, MCGM.	Pulse Oxymeter	252
All Prisons of MH & New Mumbai Police stations	Sanitizer Foot Stand	121
All Prisons of MH and New Mumbai Police stations	Disinfectant Spray	52
Samta Foundation team	Safety Key, Ear Protection	1000
Samta Foundation team and relatives	Vaporiser	190
GMC Aurangabad and Arthur Road Prison.	Food of full days	12675
Haffkin Institute, BMC	Goggles	7450
Police and Gov. Hospitals	Spirit	2500
Nair, Cooper, Bhabha, Kurla Hospitals Mumbai	Swab Collection Booth	2
Mumbai Municipal corporation	Khichadi Distribution	250000
Worli Covid Hospital Mumbai.	Bed Hangers	300
Worli Covid Hospital Mumbai.	BP Machines	20
Worli Covid Hospital Mumbai.	Oxygen concentrators	10
Worli Covid Hospital Mumbai.	O ₂ conc. mask - Ramson	500
BSES Hospital Mumbai.	HFNO Respicare	2
BSES Hospital Mumbai.	Dream station Bipap	2
Mumbai Police	Sanitation chemical	250
Worli Covid Hospital Mumbai: O ₂ conc. 5L & 2 L	Portable ICU unit	1

Acknowledgements

We would like to acknowledge all the people who have contributed to this report and associated data collection. We are grateful to Samta foundation team, from the top activity leads, to the field staff and the drivers, for extending us their support, providing us with information, data and inputs, and allowing us to closely observe their work in Risod. We are thankful to the government health department staff, the principals and staff of the schools, and prison officials for their cooperation. Many other partners of Samta's work in Risod also provided us with detailed inputs, deepening our understanding of the work of the foundation, though not all has been included in this report due to its limited scope. Most importantly, we want to thank all the villagers, students, parents, patients, citizens, etc. that provided us their views on the activities and their benefits to the community. This was crucial for us to judge whether the activities were having desired impacts.

We are thankful to Shri Purushottam Agrawal for giving us this opportunity to observe the work of Samta foundation up close and provide feedback on it.