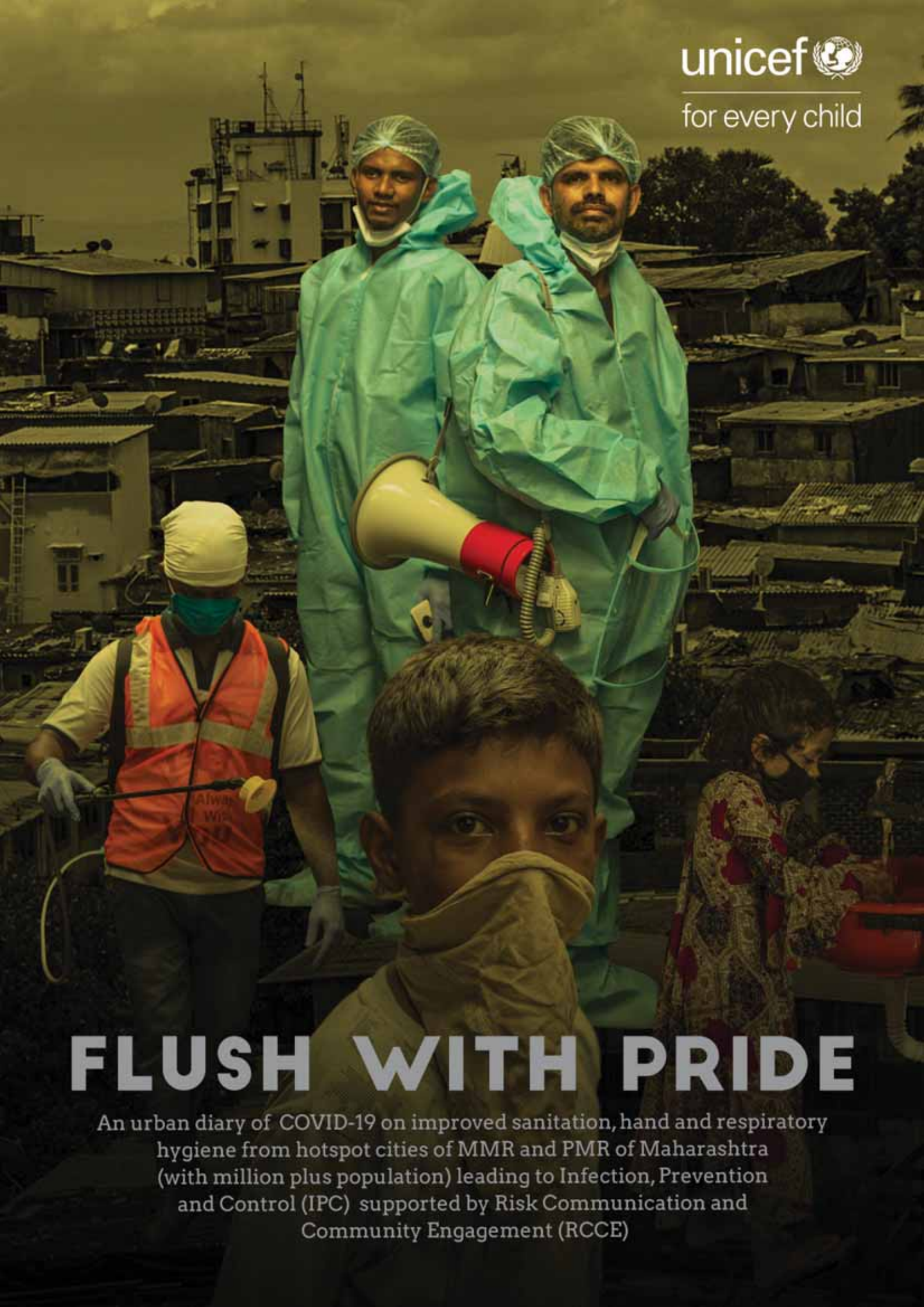


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FLUSH WITH PRIDE

An urban diary of COVID-19 on improved sanitation, hand and respiratory hygiene from hotspot cities of MMR and PMR of Maharashtra (with million plus population) leading to Infection, Prevention and Control (IPC) supported by Risk Communication and Community Engagement (RCCE)

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Abbreviations

AIILSG	All India Institute of Local Self-Government
BMC	Brihanmumbai Municipal Corporation
BMWM	Biomedical Waste Management
CACR	Citizens Association for Child Rights
CBO	Community Based Organizations
CCC	Covid Care Centre
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
CTB	Common Toilet Block
CYDA	Centre for Youth Development and Activities
FLW	Frontline Worker
FSTP	Faecal Sludge Treatment Plant
HCF	Health Care Facilities
HH	Household
HWS	Handwashing Station
IEC	Information, Education and Communication
INR	Indian National Rupee
IPC	Infection Prevention and Control
MCGM	Municipal Corporation of Greater Mumbai
MHADA	Maharashtra Housing and Area Development Agency
MHM	Menstrual Hygiene Management
MMR	Mumbai Metropolitan Region
MPCB	Maharashtra Pollution Control Board

MSF	Médecins Sans Frontières
NEERI	National Environmental Engineering Research Institute
NIPHTR	National Institute of Public Health Training and Research
NMMC	Navi Mumbai Municipal Corporation
OHOT	One Home, One Toilet
ONGC	Oil and Natural Gas Commission
PMC	Pune Municipal Corporation
PMR	Pune Metropolitan Region
PPE	Personal Protection Equipment
RCBW	Rotary Club of Bombay West
RCCE	Risk Communication and Community Engagement
RIF	Rise Infinity Foundation
SA	Shelter Associates
SoP	Standard Operating Procedure
SSP	Swayam Shiksha Prayog
STP	Sewage Treatment Plant
TMF	Tech Mahindra Foundation
TPM	Triratna Prerana Mandal
ULB	Urban Local Body
ToT	Training of Trainers
WASH	Water, Sanitation and Hygiene
WC	Water Closet
WVI	World Vision India



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Executive summary

COVID-19, a global pandemic, has wrecked the lives and livelihoods of millions of people across the world. Indian cities, the large metros, faced the initial brunt of this pandemic, as it now spreads over rest of India. The nationwide lockdown was declared on 25 March 2020, initially for 3 weeks and eventually expanded in phases till August 2020 with relaxations. Some of the metro cities and parts of rural India are still slowly showing signs of the pandemic peaking out during and after the festive seasons. The situation in many other medium and smaller cities and rural areas, remains grim today, at the time of publishing of this report.

Almost 30% of India's urban population live in slums. To date, a large proportion of India's COVID-19 cases are concentrated in urban sprawls: Mumbai, Thane, Delhi, Ahmedabad, Indore, Chennai, Pune, Jaipur, Kolkata, Surat, Hyderabad, Vadodara, Agra and Bhopal.

Working in urban slums is particularly challenging and requires strong leadership of the municipal commissioners and ward officers empowered to coordinate across sectors and stakeholders, including governmental departments and NGOs, MPs and MLAs, to mobilize human and financial resources and drive operations in a participatory manner with communities.

Informal settlements and slums are unplanned. Many are overcrowded, both at the neighbourhood and house level,

with very limited public space, and have limited or no access to basic services such as affordable water, sanitation and health facilities and other essential services. These slums are not isolated from the cities where they are located. Daily workers move from slums and may affect other neighbourhoods. Many migrants also reside in slums.

Major risk factors for people living in informal settlements

- ❖ **Higher transmissibility** (crowding, social mixing, large households living in small (1 room) houses, poor WASH services, community toilets and water points, mass gatherings)
- ❖ **Higher prevalence of severe diseases** due to prevalent co-morbidities (e.g. under-nutrition; tuberculosis; hypertension) or risk factors (e.g. tobacco ; alcohol consumption)
- ❖ **Higher concentration of marginalized, migrants and forcibly displaced populations** who engage in informal economy to survive, that are also culturally and socially diverse
- ❖ **Prevailing gender inequalities** coupled with measures to control the spread heightens safety and well-being risks for women and children
- ❖ **Higher case fatality** due to COVID-19 and to other ill health conditions, to inadequate access to care services

- ❖ **Low awareness on certain prevention behaviours where only a handful of the population** cited physical distancing and handwashing with soap and water when hands are dirty

Every slum is different which makes them complex, in terms of the diversity of the roles and responsibilities of various local stakeholders, including government, non-government organizations, local social networks. Stigma and discrimination issues constitute an additional concern, since majority of the population fear how they will be treated at the isolation facilities, and health workers are perceived as the ones who spread the infection.

Maharashtra has been the epicenter of COVID-19 since early April. Within Maharashtra, 70%–75% cases are located in 5–6 major million plus cities and metros like Mumbai, Thane, Navi Mumbai, Pune, etc. The key reasons for the spread are as follows:

- ❖ Limited access to quality social services such as health, WASH, education, etc. Many of the slums are not authorized, hence, the Government does not provide any services in these residential pockets. 32% of urban population lacks access to safe treated water. Approximately 50% population use community toilets, out of these, about 70% come from the lowest quintile.
- ❖ The high population density in slums makes it difficult to ensure safety and protection through social/physical distancing and avoiding shared spaces. Dharavi slum in Mumbai has a population density of 851,671 per sq. mile. About 30% of people in slums use common water points.

- ❖ Majority of slum population has limited access to knowledge and social entitlements.
- ❖ Infrastructural constraints also exacerbated the challenges faced in controlling the spread in urban pockets of Maharashtra. Biomedical Waste Management capacity limitations impacted the collection and handling of COVID-19 waste from residential areas.
- ❖ Lack of city level disinfection infrastructure impacted the frequency of disinfection in shared spaces in residential and public areas.
- ❖ Frontline workers (FLWs) faced a shortage of personal protective equipments (PPEs) while carrying out their field duty.

Most of the COVID-19 cases are in the Million Plus Cities:

- ❖ 45% i.e. 54 million population in Maharashtra lives in urban settings
- ❖ In the 10 million plus cities of Maharashtra, 67.22% population lives in the slums
- ❖ 41.8% of 22 million population in Mumbai, live in slums and informal settlements

This report in the form of an impact documentation captures the journey of UNICEF Mumbai and its development partners, corporates, donors and Government stakeholders on WASH and COVID-19 responses in the slum pockets of Mumbai, Pune, Thane, Navi Mumbai,

Pimpri Chinchwad, Kolhapur, etc. The target beneficiaries have been identified to be more than 2 million population from 5 MCs and 10 slum pockets with community safety being ensured through RCCE, IPC, distribution of masks, bar soaps, installation of pedal and elbow operated hand washing stations and building community resilience around habit and sustained behaviors.

The pandemic brought a new dimension of vulnerability and vulnerable groups/states/ geography beyond the definition of fiscal space and aggravated multidimensional poverty. Lack of urban basic services programming, planning and preparations were exposed during COVID-19, especially in the urbanized and industrial states and cities of economic importance. The pandemic introduced a sense of urgency, understanding multiple hazard profiles, turning this ongoing situation into an opportunity and made advocacy more objective and action oriented. One of the successful examples was partnerships and platforms. A need was felt for thematic convergence by choice beyond short term campaigns which often did not led to any significant impact in terms of shifting of social norms.

The document covers the impact of WASH intervention in families, communities and institutions with a balance between demand and supply, highlighting both child and gender lens. Innovations like cost effective, simple, scalable pedal operated hand washing stations, augmentation of operation and maintenance of community

toilets with identification of community touch points, school readiness for COVID-19 while retrofitting simple taps to elbow operated taps, promoting one home one toilet (OHOT) policy while advocating for extending the sewerage connection in slums and informal settlement, put forward the gender and adolescent issues more prominently. This gave corporates a space to contribute meaningfully with value for money, making WASH facilities in health care COVID-19 sensitive with bio medical waste management (BMWM) and promoting hand and respiratory hygiene as the best available vaccine. In addition, significant investment has been made to contextualize the behavior change and communication in routine regular programme to ensure continuity of the services and focusing on reinforcing with same behaviors from multiple channels using different programmes and platform like SBM (U), AMRUT, Smart Cities, Global Hand Washing Day, etc. COVID-19 also taught UNICEF Mumbai and all the partners readiness to respond, new skill sets of digitization of training modules while managing the digital divide with online supportive supervision and hand holding support post the capacity building.

This is the beginning of a long journey considering an increasing climate variability and climate induced disease spike like ILI, SARS, Malaria, etc. Post COVID-19 life along with urban basic services require a paradigm shift in terms of spatial and service delivery planning.

Introduction

The impact of COVID-19 has been felt in both rural and urban areas in India. However, it has been found to be most active and critical in urban areas with the cases rising at precarious levels in the major metropolitan cities. Needless to mention the impact of COVID-19 pandemic since mid-March in India as well as in Maharashtra, especially in metro cities like Mumbai, Thane, Navi Mumbai, Pune, Aurangabad, Nagpur and other areas has had a 360 degrees impact on the community, be it poor or rich. The situation has been especially challenging for the poor and marginalized communities. Lack of adequate, safe, hygienic WASH facilities for urban poor residing mostly in slums have impacted community health through infections and community transmission of the corona virus.

The pandemic has presented multiple challenges and has highlighted the importance of community participation through behaviour change and awareness. The pandemic also introduced the need for correct sanitation and hygiene practices for communities, especially in the shared spaces at homes, neighbourhoods, schools, marketplaces, health care facilities, etc. The provision of safe water supply, sanitation, personal hygiene and waste management services is essential to protect community health during infectious disease outbreaks. The municipal corporations have an in-built mechanism in the form of a Sanitation Worker cadre to manage the day to day issues in such shared spaces. The sanitation workers' job is sewer cleaning and

operations, providing support for solid waste management, cleaning of community toilets and street sweeping, including collection and transport of all kinds of waste generated. In the COVID-19 pandemic they are the most vulnerable frontline workers in addition to the health staff.

All in all, it has become crucial for both service providers and communities to be acquainted with adequate measures for self-precautions and infection prevention and control while responding to sanitation and safety needs amid the pandemic.

The #flushthevirus was aimed towards preventing infection and transmission among the poor communities in the slums and raise community level response through adoption of basic behaviours and safety measures. The support to the slum population, frontline workers was planned to create an impact through the communication activities, access to the facilities, capacity building, cross learning, partnerships and WASH supplies.

Flush the Virus was conceptualized with two major interventions:

a. Risk Communication and Community Engagement (RCCE - A UNICEF WHO Concept)

b. Infection Prevention and Control (IPC)

RCCE looks at community's engagement and behaviour change along with the efforts of municipal officials for risk mitigation through awareness. IPC largely focuses on risks and risk-related communications. The

Objectives of #flushthevirus campaign



Create an enabling environment for slum population, schools used as isolation/ quarantine centres and MCGM to integrate and demonstrate community-based WASH components in the ongoing COVID-19 containment plan of municipal corporations.



Ensure that basic WASH services are available to 250,000 population and 50000 children living in slums and densely populated settlements, red zones and schools focusing on non-touch hand washing points, capacity building of stakeholders, toilet operators, cleaners, FLWs, etc.



Capacity building at community level and through various means for developing a component of epidemic prevention.



Development of SoPs, checklists and training materials for the WASH related activities for the stakeholders operating in slum areas.



Leverage partnerships to mobilize resources so as to meet the specific demands for operation and maintenance, communications, supplies and capacity building including awareness generation.

IPC strengthens the hardware and supplies of consumables, equipments, facilities, etc. It also includes the customized PPE (Personal Protection Equipments) for sanitation workers. **Thus, #flushthevirus emphasizes on safety of both the service providers and service seekers or users. One such service used by the seekers is the community sanitation facilities called as 'community toilets' in the slum areas.**

UNICEF Mumbai has engaged its partners in 5 municipal corporations of Mumbai,

Thane, Navi Mumbai and Pune to address the COVID-19 pandemic through communications for awareness generation, supply of consumables and equipments like pedal operated handwashing stations, capacity building of the front line workers and development of communication materials, protocols and checklist along with guidelines for the communities and the frontline workers (staff of all concerned departments of corporations dealing with COVID-19 management).

Rationale

As part of immediate activities (0-2 months) and short/mid-term activities (3-9 months), Flush the Virus campaign has undertaken three different routes of enhancing the quality and accessibility of WASH facilities, infection prevention and control as well as encouraging community participation and capacity building in the ongoing pandemic.

- ❖ Establish standards and demonstrate community based response mechanism for management of basic services of water, sanitation and hygiene
- ❖ Risk communication and community engagement
- ❖ Essential services, supplies and capacity building of service providers

Table 1: Immediate activities (0-2 months)

<p>Establish standards and demonstrate community based response mechanism for management of basic services of water, sanitation and hygiene</p>	<p>Risk communication and community engagement</p>	<p>Essential services, supplies and capacity building of service providers</p>
<ol style="list-style-type: none"> 1. Sewer lines network extension, creation of embankment structure to stop incidences of overflow beside mithi river or any fresh water rivers in Mumbai 2. Installation of hands-free pedal operated handwashing stations with soap dispensers in public places, community toilets, schools used for isolation, quarantine wards 	<ol style="list-style-type: none"> 1. Community radio, radio channels, beneficiary WhatsApp groups directed for precise information dissemination regarding facilities around the vicinity 2. Community policing, vigilant committees' formations at Ward level. 3. Chuppi Todo campaign- IEC with contact no of women police station, and MHM campaign 	<p>Following items must be available in each toilet</p> <ul style="list-style-type: none"> ❖ Backpack spray machine for spraying disinfectants ❖ Disinfectant <ol style="list-style-type: none"> 1. Increase supply and quantity of cleaning material to all community toiles 2. Providing protective gears to contractual sanitation workers on priority, toilet operators and PPE kits of STP and FSTP operators

Establish standards and demonstrate community based response mechanism for management of basic services of water, sanitation and hygiene	Risk communication and community engagement	Essential services, supplies and capacity building of service providers
<ol style="list-style-type: none"> 3. All broken WC pans and doors must be replaced and existing community toilets to be used in its full potential 4. Mobile toilets with bio-digester and hand washing facilities to reduce the footfall in community toilets 5. Increase lighting around toilets, increase frequency of cleaning from twice to 5 times 6. Strong enforcement on vandalism of community toilets 	<ol style="list-style-type: none"> 4. Banners and posters in public places 5. IEC on appropriate disinfection procedure and safe disposal of child feces 6. IEC materials for hygiene practices for Covid should to address stigmatization of front line sanitation workers 	<ol style="list-style-type: none"> 3. Dustbins and bio medical waste bins in each community toilets 4. Insurance of contracted staff - medical insurance and life insurance 5. Training on desludging of CT, involve private operators including monsoon preparedness 6. Training the toilet care takers on how to clean the toilets; and own protection 7. E-vocational training/ short courses and also psychosocial support
<ul style="list-style-type: none"> ❖ SoP on need assessment, IEC materials, demonstrate pilots, training module and capacity building ❖ Partnership with CBO/CSO for micro planning, assessment and implementation of community based activities. ❖ Connecting CSR to leverage resources ❖ Introducing innovations and bring new technologies 		

Table 2: Short/mid-term activities (3–9 months)

Establish standards and demonstrate community based response mechanism for management of basic services of Water, Sanitation and Hygiene	Risk Communication and Community Engagement	Essential Services, Supplies and Capacity Building of Service Providers
<ol style="list-style-type: none"> 1. Completion of infrastructure audit of all kinds of community toilets 2. To ensure Community Toilets, especially those built by MHADA have attendants / caretakers, essential to ensure upkeep. 3. Integrate and augment all community toilets with child and gender friendly elements 4. Bridging coordination gap between different Departments 5. Chawl committee groups and neighbourhood-vigilance groups to be formed/and/or strengthened 6. Extend the sewerage network and promote one home one toilet policy wherever possible 	<ol style="list-style-type: none"> 1. School readiness plan and SoP for the municipal schools within wards which are used as isolation and quarantine centres 2. Awareness on safe disposal of sanitary pads, masks put out a short video regarding make your own cloth pads 	<ol style="list-style-type: none"> 1. CCTV in all community toilets in the entrance and open space 2. Training of Sanitary Inspectors (SIs), Project Officers (POs), Engineers on Child and Gender Friendly elements of Community toilets 3. Training on augmentation and retrofitting 4. Protocols for Disaster Management and pre-positioning, provide on-time learning and technical support to administration/ CSOs on Urban WASH Management and Disaster Management 5. Water storage facility (for more than 1000 users per day) required
<ul style="list-style-type: none"> ❖ SoP on need assessment, design and policy development ❖ Support in development of training module and capacity building ❖ Partnership with CBO/CSO for micro planning, assessment and implementation of community based activities. 		

SECTION 1

Digitalizing capacity building and behaviour change initiatives

Digital technologies proved to be of tremendous support for various activities around populations in the times of COVID-19 through enhancing public health education and communication on issues such as recognising early symptoms, importance of hand and respiratory hygiene and augmenting and enhancing these public health strategies. The technologies have also brought in help from all directions while increasing connectivity among people, organizations and policy makers.

Organizations such as UNICEF have been at the forefront of creating awareness and helping urban areas cope with the pandemic.

The recent effort by UNICEF Mumbai with different government line departments and development partners has been in using digital media to spread awareness on the pandemic by conducting training programmes on various subjects ranging from menstrual hygiene management (MHM) to WASH in schools and urban slums, spreading awareness on personal safety and protection against COVID-19 infections and ensuring water safety in urban areas of Maharashtra.

These online training programmes are directed at officials and workers of Urban Local Bodies (ULBs), school teachers in



Figure 1: Caretaker of community toilet in M-East ward-Chembur cleans the men's toilet floor



Figure 2: Coordinators for COVID-19 awareness programme following safety protocol in PPE and sanitization in M-East ward-Chembur, Mumbai

urban areas and engineers, community based organizations and caretakers managing community toilets, sewerage and wastes management, toilet operators, cleaners, etc. The aim has been to acquaint people who are involved in provision of these services with appropriate measures for self-protection, infection prevention and control, while also spreading information on the risks and prevention at the community level.

For this, UNICEF Mumbai has collaborated with Urban Development Department, RCUES of All India Institute of Local Self Government (AIIILSG) Mumbai, Maharashtra Pollution Control Board (MPCB), Municipal Corporation of Greater Mumbai (MCGM), Education Department in Maharashtra, National Institute of Public Health Training and Research (NIPHTR), National Environmental Engineering Research Institute (NEERI) and with Delhi Urban Slum Improvement Board

and Habitat for Humanity, India. They jointly developed a module of web-based Trainings of Trainers (ToT) on “Response and preparedness during COVID-19 times on risk communications and infection, prevention, control on environmental sanitation and waste management for ULBs in Maharashtra”. Extensive experience of the panel of experts and resource persons from these organizations helped in adding value to the training and made it effective and beneficial to the target audience.

The training aimed at imparting latest knowledge and practical ground level solutions amid the COVID-19 situation. It also imparted precautions and preventive measures under waste management and disinfection process. The challenges faced by FLW and service providers engaged in sanitation and waste management at slums, densely populated areas and containment zones were also examined.

Dissemination of knowledge through web-based Trainings of Trainers



Online training by UDD, AILSG, MPCB and UNICEF Mumbai to all the 121 ULBs including 29 MCs reached to more than 1300 ward officials and sanitary inspectors.

Technology aids online training in urban areas

Virtual Training of Trainers (ToT) was conducted on Risk Communications and Community Engagement on Infection Prevention, Control on Environmental Sanitation and Waste Management for officials, teachers and engineers of ULBs, in Maharashtra and Delhi. Target groups for urban trainings included:

- ❖ ULB officials such as commissioners, chief officers, engineers, sanitary inspectors and operators of public toilets, STPs, FSTPs & ETPs who are involved in management of COVID-19 for infection prevention and control and sanitation and waste management and who can further disseminate this information to their front-line workers
- ❖ Teachers working in Municipal Corporation of Greater Mumbai (MCGM)

- ❖ Community based organization representatives and caretakers of public toilets from M-East, G-North and H-East ward of Municipal Corporation of Greater Mumbai

The training programme was designed for 90-120 minutes including questions from the participants. Some of the trainings overshot the time duration due to practical difficulties due to the current pandemic situation and the interactive way in which trainers tried to conduct sessions with participants.

Of the total participants, 14882 were from all over Maharashtra. The sessions were conducted by sector experts from WHO, MPCB, AILSG, MCGM and supported by UNICEF Mumbai. The trained participants were expected to share the information gained during the trainings with their front-line workers in urban local bodies who are involved in IPC of COVID-19 centres and services and directly deal with the community. Community Radio stations were expected to convey messages on WASH and MHM via their radio stations to reach out to their listeners from around 60 km area.

Given below is a list of participants from among different stakeholders:

- ❖ ULB Officials from Maharashtra - 1426
- ❖ Teachers of MCGM with Education Department - 13231
- ❖ Community Radio Orientation with 25 radio stations - 25
- ❖ Community based organizations representatives and caretakers of public toilets from MCGM - 200

Use of digital technology for online training and awareness building in water, sanitation and hygiene, public health and environmental sanitation issues can have a great potential at different locations in the country because of its capacity to connect with people living at different locations, helping in reducing the costs and the burden of travel and helping people to connect with each other and empowering them with information. However scaling up would require development of training material in different languages for different locations and adapting it to different sociocultural contexts along with more efforts at upgradation and improvement in the available technology at the policy level.

Online training of Education Department

To ensure that the re-opening of schools takes place in a controlled and safe manner, UNICEF Mumbai along with CACR conducted a 3-day online training from 2-4 June 2020 on COVID-19 awareness and management with MCGM's Education Officer and Deputy Officer. More than 13000 MCGM education officials such as headmaster, beat officers and teachers benefitted from the training. They were given an overview on corona virus and the route of transmission was explained through diagrams; various misconceptions regarding COVID-19 were cleared; IPC activities like respiratory hygiene/appropriate methods of wearing mask and various other factors regarding WASH were discussed to ensure school readiness.

The participants were also educated about the reasonable measures to be taken to protect students, staff, teachers, and their families and the guidelines schools would follow to swiftly implement procedures to mitigate the risks of spread of disease.

Use of Kobo Collect Mobile app in Rapid Sanitation Survey

Kobo collect is an open source platform used for undertaking surveys of humanitarian nature. This app was used to collect data on preparedness of toilets facilities and to capture the soap distribution points located in densely populated communities amidst the outburst of pandemic.

The tool is very useful in receiving data of varied types including text, number, decimal, multiple choice, single choice, date etc. The app also provides facility to record GPS location and images during the survey. The tool provides basic analysis of the data online. It also provides the facility to download the data in MS excel which can be further analysed as per the users' requirements.

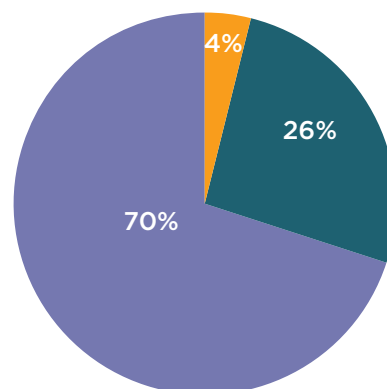
This app was used for capturing data in order to understand the preparedness of toilet facilities amidst the pandemic. Important data collected included:

- ❖ Location and age of the toilet
- ❖ Design and active capacity and dependent population
- ❖ Availability of water, electricity, soap
- ❖ Safety measures to the caretakers
- ❖ Information of CBOs
- ❖ Initiatives undertaken by concerned CBOs

The volunteers were trained to collect the data using a simple manual. The data collected could provide crucial decision support inputs which could be used to make decisions on issues such as:

- ❖ Preparedness of the toilet to cater dependent population
- ❖ Improvements necessary in case of
 - Water availability
 - Electricity availability
 - Soap availability
- ❖ Facilities to the toilet caretaker

Number of toilets according to year of being operational



■ Before 2000
 ■ 2000-2005: Phase 1
 ■ 2005-2019: Phase 2

SECTION 2

Flush the Virus: Mumbai chapter

Project location: Slums of Mumbai Metropolitan MCGM Wards - G North (Dharavi), M East (Mankhurd, Govandi, Trombay), H East (Santacruz, Khar, Bandra), N Ward (Ghatkopar Vikhroli), F North (Wadala), L Ward (Kurla), All R Ward, P South, S Ward and H West (Santacruz)

Impact

The slum settlements in Mumbai are overcrowded, to say the least. The population density in some slums exceeds 300,000 people per sq. km. (around 25,000) – five times the city’s average. Small shanties of tin and tarpaulin characterise these low-income bracket areas. Often, the same tiny space is used by families to live in and to run businesses to earn their livelihood. Sharing of spaces is the norm. As per 2011 census, only 30% of the houses have two rooms, hence physical distancing is a luxury for them.

The situation is no different when it comes to sanitation spaces. The inhabitants of these slums rarely have the luxury of a toilet of their own. Basic sanitary needs are met through community toilet blocks (CTBs). One CTB is generally used by over 200 families residing in close proximity to the toilet premises.

When COVID-19 hit, it was soon realised that people living in these slums were facing very

serious problems. Community transmission was high, especially in Dharavi, also known as Asia’s largest slum settlement.

A toilet has multiple touch points with multiple disease-carrying microbes already exiting on these surfaces. Due to the highly contagious nature of the corona virus, the toilets quickly became the foci for transmission, affecting a number of people from the communities, including children and women. Frequently touched objects like taps, buckets, washbasin, walls etc. were the spots for most incidents of transmission. It was obvious that the most important issue was the safety of the caretakers of the CTBs, who were providing services at a high personal risk.

The most important reason for the commencement of Flush the Virus project was the huge number of community toilets across Mumbai and the danger they posed for caretakers and users, especially in the hotspot wards. It would not be an exaggeration to say that a single toilet, with the highly contagious corona virus inside, was equivalent to an atomic bomb. The suspicion that community toilets could be potent sources of infection was initially confirmed after it was detected that the number of COVID-19 cases were increasing in communities where, following the lockdown, the only spaces for physical interaction were community toilets and their touch points.

The city's slums had to be focused on, given their population density, if the rampant transmission of the virus was to be controlled. To ramp up quarantine facilities for the slum population, MCGM decided to convert some of its schools into Covid Care Centres (CCCs). Selected schools were divided into 2 categories; CCC1 and CCC2. As per the guidelines issued by the MCGM, high-risk contacts of COVID-19 patients with comorbidities were shifted to CCC-1, while asymptomatic patients who did not require critical care were sent to CCC-2. Strict adherence to safety regulations at the two kinds of centres was a major concern from the point of view of prevention of the further spread of COVID-19.

To address the increasingly alarming situation, Triratna Prerana Mandal (TPM) along with Citizens Association for Child Rights (CACR) partnered with UNICEF Mumbai and crafted a unique campaign called "Flush the Virus", (hereafter referred to as FTV). The campaign included initiatives for the improvement of Water, Sanitation and Hygiene facilities (WASH) through campaigns for Infection Prevention and Control (IPC) and Risk Communication and Community Engagement (RCCE) in slum community toilets and MCGM schools used as CCCs.

Effective RCCE campaigns use strategies to involve communities in response to an emergency and develops acceptable as well as effective interventions to stop further amplification of the outbreak and advocates for individual and group protective measures. RCCE is essential for surveillance, case reporting, contact tracing, caring for the sick and clinical care, and gathering local support for any logistic and operational needs of the response.

Supported by UNICEF Mumbai through Japan Government and Solidarity funds, the campaign is a continuous project (it did not have an end date at the time of the publication of this report). UNICEF Mumbai also extends its supervision and technical support to this project. FTV was designed to cater to half of Mumbai, keeping in mind the need of the hour and the risk, faced by people working in the field, of getting infected by the corona virus. The modus-operandi of the campaign was to engage expert and community-based partners who could support in the interventions and who could coordinate on the ground.

For the FTV campaign, CACR acted as a nodal NGO for TPM in implementation and procurement of materials listed as fixed deliverables. Moreover, CACR also carried out interventions similar to FTV in municipal schools which were being used as Covid Care Centres (CCCs) in initial hotspot wards - M/E, G/N and H/E. CACR was also involved in the development of IEC materials for the campaign and collectively worked with TPM to ensure efficient interventions for the community toilets.

Highlights of the FTV campaign

The #flushthevirus campaign is based on a direct association between the slum communities and community-based organizations or CBOs, which are the last component of civil service organizations at the grass-roots level. In Mumbai, community toilet programmes, supported by the local government have been running for more than 20 years, providing sanitation services to millions of people living in slums. CBOs are non-profit groups that focus on bringing a desired improvement in a community. The

aim of the FTV campaign was to empower the CBOs as well as the toilet caretakers and the MCGM schools with the knowledge about WASH and toilet management during and after the COVID-19 pandemic. The immediate interventions were planned for a period of 100 days with community toilet caretakers and users as the target audience.

Before the commencement of the campaign, a baseline survey was conducted in the three COVID-19 active hotspots of Mumbai - G/North (Dharavi), M/East, and H/East Wards. After the survey, the campaign extensively focused on 134 community toilets and 16 BMC schools being used as CCCs across these three hotspot wards. The campaign was later moved to other MCGM wards as per a need-based approach.

The on-ground IPC and RCCE support included:

- ❖ Installation of pedal operated hand washing stations (HWSs) in both male and female lobbies of community toilets and elbow-operated taps in municipal schools used as CCCs.
- ❖ Display of effective IEC materials in both community toilets and municipal schools.
- ❖ Megaphone awareness campaign on important precautions during visits to community toilets - physical distancing, ensuring respiratory hygiene with the use of a mask, etc. - in hotspot wards.
- ❖ Guidelines/SoPs/checklist posters for the CBOs on operation and management of a community toilet amid and after the COVID-19 emergency situation. Online training for CBOs and toilet

caretakers on O&M of toilets, deep cleaning, administration required for future sustainability and other important COVID-19 related guidelines.

- ❖ Strengthening the CBOs, by supporting them with disinfectants and cleaning materials for ensuring cleanliness in community toilets and the personal welfare of their caretakers.
- ❖ Online training for the staff of MCGM schools and education department on future preparedness of MCGM schools post Covid19.

The community toilets in M/E, G/N (Dharavi), H/E, and some later identified in F/N, R/S, R/N, P/S, L, S, and N Wards were supported with disinfectants and cleaning materials through UNICEF Mumbai's partners Tech Mahindra Foundation, Idobro, and Gala Enterprises.

A total 215 community toilets in the slums of the Mumbai metropolitan area were benefited through the FTV project reaching a minimum of 265,183 individuals per day on a daily rotational basis. (The figure is the estimated count till 2 October 2020 and is subject to change.)

Training of coordinators

The coordinators of the FTV campaign underwent two trainings: one on precautions and the other on a pre-project survey to identify the targeted community toilets.

The training involved educating the coordinators on the mechanics of the baseline survey in the context of the

pandemic. This step was necessary in order to inform them about the importance of accurate verification of community toilets before the commencement of the project.

The purpose of the training was to cross verify the lists received by the administrative departments and check for updates or recent development like demolition or upgradation, and check on factors like supply of water and electricity, presence of a caretaker, and the number of users in the community, including the floating population.

Data collection and challenges

The baseline analysis was carried out in the slums of M/E, G/N and H/E through the KoBo verification mechanism both before and after the interventions. The verification included questions like name of CBO and caretaker, number of users of a toilet in a day, and GPS location of the toilet, etc. It also had questions on the availability of electricity and water facilities. The source and storage of water was the main concern as the objective was to install pedal or elbow operated taps.

However, it was not possible to get data from all 105 CBOs identified. Some of them were non-cooperative, some were technically challenged, some did not have smart phones, some had gone to their native places because of the fear of the pandemic, some were clueless about the existence of the CBO connected to their toilets. Most of the CBO toilets were not being maintained by CBOs and had been taken over by local corporators for personal benefit. In some cases, CBOs were unavailable at the spot.

There were also instances of demolished and closed toilets. Ultimately, the coordinators managed to reach around 98 CBOs and managed to fill 72 KoBo applications. In the circumstances, finding all the necessary information about all the toilets for the baseline survey and M&E of the campaign was not feasible.

However, in the later stages of the campaign, the CBO count increased to 134 CBOs with no-touch handwashing stations installed.

The baseline survey revealed that the regular toilet-user population overall in the 72 CTBs before the pandemic was above 131,781. Due to fear of transmission of the disease through touch points, this number was significantly reduced in a couple of days due to toilets remaining unclean in the absence of caretakers, several of them having fled to their native villages.

During the peak of the pandemic, the toilet user population in peak hours in both batches: 6 a.m.-10 a.m. and 7 p.m.-12 a.m. was reduced to a mere 25 to 50 people. This led to a sharp drop in the fee collection for toilet use which in turn instigated the first phase of the financial crisis in community sanitation.

Activities conducted

Each coordinator had to cover 2 to 4 CTBs each day spending approximately 30 to 45 minutes at each toilet for the activities. The interventions were on the basis of observations made by the KoBo analysis, on ground data verification and new identifications done by the FTV coordinators. The activity plan focused on

spreading awareness through megaphones with social messaging on such issues as respiratory hygiene, use of masks, precaution before, during, and following a visit to a community toilet for relieving oneself, the touch points at toilets, and the 20-40-seconds hand wash technique.

Procurement of materials

For the IPC of the community toilets of M/E, G/N and H/E ward of MCGM, which had been declared containment zones due to the high number of COVID-19 cases, hand washing stations, backpack spraying machines, good quality PPE kits and megaphones were procured.

A total of 283 pedal operated HWSs were installed at community toilets across M/E, G/N and H/E wards and were later also installed in CTBs from wards R, N and F North.

Seven backpack spraying machines were procured for 7 clusters from M/E, G/N and H/E wards. Each CTB in a particular cluster was disinfected on a rotational basis.

10 megaphones were procured for mass awareness activities, using which coordinators conducted social messaging activities at CTBs and connected communities on WASH and IPC of COVID-19. The megaphone awareness activity was carried out for a month on a rotational basis for CTBs and the communities around them.

PPE kits were non-negotiable necessities in the process of conducting megaphone awareness and other campaign related activities. Right from the initial stage, all the coordinators were provided with



Figure 5: A community toilet after receiving essential consumables for disinfection and IPC activities

PPE kits and wearing them was made mandatory with proper monitoring through photographs and personal interaction over phone calls.

Plumbers from every cluster were assigned the task of installing HWSs in three pre-selected hotspot wards: M/E, G/N and H/E wards. The installation of HWSs at CTBs were done by plumbers wearing proper PPE kits. Similarly, 453 elbow operated taps were installed in 16 MCGM schools used as CCC1 and CCC2 which led to infection, prevention and control in the toilets and bathrooms being used by COVID-19 patients.

All coordinators were provided a checklist and asked to follow a set routine for the baseline survey and also before/after megaphone activities. They were sensitized

about the extra importance of precautions to be taken when entering and working inside containment zones with PPE kits and sanitisers, such as keeping their phones fully charged before leaving from home, maintaining a safe physical distance at every community toilet and in the community, carrying bottles of drinking water or ORS/Enerzyl/energy drinks.

The after-task precaution checklist consisted of points such as proper removal of PPE kits and disposing them of in the disposal bag, taking proper baths/showers, drinking enough water throughout the day, having a proper meal and getting sufficient rest.

Toilet caretakers were also given instructions, SoP, and a checklist regarding personal safety precautions and PPE kits. It was observed that most of them initially followed the routine checklist, however, after a few days they stopped using the form they were provided, because a positive impact had been made on them; later they followed the prescribed routine automatically without requiring any checklist reminder.

Megaphone Awareness Campaign

During the initial days of panic, it was observed that there was a major gap in the communication reaching the slum dwellers. In this crucial time, the only information reaching them was through social media or TV, which became the gatekeepers of communication. There was a major lack of two-way communication between the government and the people, with no scope

of feedback. Due to the fear of the pandemic, no one went deeper into either the urban poor slums or the urban rich areas for the purpose of direct communication.

However, in India, there is an old practice of using megaphones or loudspeakers to pass on urgent and important messages from the authorities to impacted communities in times of emergency. During this pandemic, megaphones once again became the medium for conveying important guidelines to community members.

The Megaphones Awareness Campaign was carried out by coordinators for a period of one month in the three hotspots - M/E, G/N and H/E wards. The activity involved creatively engaging audio messaging on WASH, use of masks, use of toilet facilities, and health precautions to be taken during the COVID-19 pandemic. The objectives were to bring about behavioural change in the vulnerable people of the wards who were avoiding using the community toilets due to the fear of becoming infected by the dreaded virus. Most individuals still visiting the toilets were not aware of the dangers of being exposed to the corona virus through common touch points in the toilet premises and inside the toilet block. The awareness campaign included the subject of MHM awareness for both women and the caretakers at the toilets and for the general population in the communities.

Activities carried out were as follows:

- ❖ Social messaging through megaphones on the importance of 100% mask use, physical distancing and respiratory hygiene



Figure 6: COVID-19 awareness programme coordinator communicating key measures for safety against COVID-19 transmission

- ❖ Demonstration of hand washing techniques
- ❖ Putting up IEC materials
 - At the toilet entrances, a checklist poster on steps to be followed when entering, using and returning home after using the toilet
 - Posters displaying guidelines for caretakers near their seating area
 - Posters about the steps for using non-touch pedal operated HWSs

The total population covered in all the three wards through megaphone awareness activities and IEC Material (RCCE) interventions was 838,400 individuals per day including children and women. This activity continued for one month.

Impact of the Megaphone Awareness Campaign

Within a month, a gradual behavioural change in the people could be noticed. Those who did not wear masks while visiting the toilet earlier, started using them even while moving outside their houses. People started following the WASH techniques which were demonstrated and loudly explained by the mascots. They started following the correct hand washing techniques, using masks regularly, adopting the correct practices of MHM and other important health precautions. The dissemination of information through direct megaphone interactions and IEC communication materials placed at the prime spots where people gathered were indicators of the development achieved. As per the latest

report and survey by the coordinators, UNICEF Mumbai and partners successfully managed to create a direct relationship with the people of the communities and to gain their trust regarding the importance of WASH, necessary health precautions and the regular use of mask. It is not just the people from various communities, but the toilet caretakers too have started adhering to the regular usage of masks and safety gear. Most of them have expressed their sincere gratitude to the partners for the IPC and RCCE interventions.

Training of CBOs and toilet caretakers

Under the campaign, training of CBOs and toilet caretakers was also undertaken. The training centred on O&M of community toilets, and the IPC and RCCE activities required during and after the pandemic. For this purpose, a training module is in place, which is a systematic ground-based study on the O&M of the CBOs and their community toilets within the context of the pandemic. The module focuses on the CBO's functioning and the maintenance of community toilets for sustainability. These CBOs/civil service organizations have the capacity to reach the last person in the community.

Around 96 CBOs and 64 toilet caretakers from above the three hotspot wards were trained on WASH and IPC.

Use of technology in the monitoring and evaluation mechanism

- For the primary evaluation, a physical on-site visit was done and Google Forms were also used for the survey.
- CBOs were given monthly tracking forms to be filled up regarding the use of disinfectants and cleaning material; online Zoom polls were also conducted.
- The pre-campaign survey targeted the collection of information from 150 CTBs; however, coordinators managed to collect information about 72 toilets due to aforementioned challenges.
- Post-intervention assessment focused on the availability, usability and durability of HWSs. It also focused on the necessary support provided to caretakers, which included disinfectants and consumables for better operations and maintenance of CTBs during COVID19 Pandemic.

Intervention at schools that were converted into CCCs in Mumbai by CACR

To ensure the prevention of corona virus transmission among the symptomatic/asymptomatic patients quarantined at CCCs as well as the house-keeping staff

stationed there, 453 elbow operated taps were installed at these centres at a gap of 1 metre.

To promote appropriate hygiene practices, field managers demonstrated systematic steps of handwashing and educated them about the critical times when handwashing with soaps must be practiced. During these visits, there were over 1014 residents. Many residents appreciated the intervention and there was a group of Assamese migrants who informed the field volunteers that they were not aware of the importance of handwashing with soap earlier.

The Centre Manager of Rafi Nagar School informed that the residents have started referring to the IEC and have become conscious of their actions and hygiene habits. He further added that since the IEC is in regional language and pictorial it is easy for everyone to understand and follow.



Figure 7: Helping community members use liquid soap to wash their hands on pedal operated handwashing station

Muntazir Mustak, a caretaker of one of the CCCs, wrote an acknowledgment note for the initiative, mentioning that earlier he was very scared that he might get infected with the virus since there are common washrooms for everyone at the centre but after UNICEF Mumbai and CACR installed the elbow operated taps and demonstrated the correct way to wash hands, not only him but all the residents had started following it, due to which he was more confident of handling the situation. He said, 'Now that everybody is following proper precautionary steps, we can win against this virus.'

IEC materials installed at CCCs:

- ❖ SoPs on using elbow operated taps and proper hand washing steps
- ❖ COVID-19 precautionary steps

Disinfection and personal protection kits for sanitation workers

Following support for supplies were suggested to be mobilized/supported either in cash or kind through official communications. The cost for distribution needs to be included while supporting.

Option 1

Table 3: Comprehensive supplies package for community toilet for 1 month

S. N.	Particulars	Unit	Requirement	Unit Rate(INR)	Toilet Cost/ Month
1	Broom	PC	2	55.00 (0.75 USD)	110.00 (1.50 USD)
2	Wiper	PC	2	90.00 (1.23 USD)	180.00 (2.45 USD)
3	Cotton gloves	Pair	4	30.00 (0.41 USD)	120.00 (1.63 USD)
4	Bleaching solution	Litre	17	40.00 (0.54 USD)	680.00 (9.26 USD)
5	White phenyl	Litre	60	30.00 (0.41 USD)	1800.00 (24.52 USD)
6	Liquid soap	Litre	75	30.00 (0.41 USD)	2250.00 (30.65 USD)
7	Sanitizer alcohol base	Litre	1	435.00 (5.93 USD)	435.00 (5.93 USD)
8	Cotton mask (washable)	PC	15	25.00 (0.34 USD)	375.00 (5.11 USD)
9	Bucket - 20 litres	PC	1	250.00 (3.41 USD)	250.00 (3.41 USD)
10	Hand washing soap	Kg	6	50.00 (0.68 USD)	300.00 (4.09 USD)
11	Gum boots*	Pair	1	800.00 (10.90 USD)	800.00 (10.90 USD)
Total cost per toilet per month (INR)					7300.00 (99.44 USD)
Total cost per toilet per month (INR) including GST (18%)					1314.00 (17.90 USD)
@ 8,500/- to 9,000/- per kit (115.78-122.60 USD)					

* Note: Cost may vary

Option 2

Table 4: Supplies package for sanitation workers for period of minimum 2-3 months

S. N.	Particulars	Unit	Requirement	Unit Rate(INR)	Toilet Cost/ Month
1	Cotton/surgical gloves	Pair	3	50.00 (0.68 USD)	150.00 (2.04 USD)
2	Liquid soap	Litre	2	350.00 (4.77 USD)	700.00 (9.54 USD)
3	Sanitizer alcohol base	Litre	1	435.00 (5.93 USD)	435.00 (5.93 USD)
4	Cotton mask (washable)	PC	15	25.00 (0.34 USD)	375.00 (5.11 USD)
5	Gum Boots*	Pair	1	800.00 (10.90 USD)	800.00 (10.90 USD)
Total Cost Per Toilet per Month (INR)					2465.00 (33.58 USD)
Total Cost Per Toilet per Month (INR) Including GST (18%)					445.00 (6.06 USD)
@ 2,900/- to 3,000/- (39.50-40.87 USD) per worker					

* Note: Cost may vary




Figure 8: Sanitation workers receive supplies package in a community toilet


CACR & World Vision India (WVI) in Dharavi


World Vision India has been actively working in the slums of Dharavi and hence was interested in carrying out the FTV in community toilets of Dharavi. The objectives of this intervention was to continue and sustain the enabling environment for slum population to integrate and demonstrate


community-based WASH components in the ongoing COVID-19 containment plan of MCGM as was implemented in the earlier phase of FTV. To fulfil these objectives, various IPC and RCCE activities were carried out. CACR, which is an active partner in the implementation of FTV campaign in Mumbai, was engaged by WVI.

Activities under Infection Prevention and Control (IPC)

- 

Assessment of 16 community toilets
- 


Installation of 32 non-touch pedal operated handwashing stations at 16 community toilets
- 


Distribution and demonstration of 16 backpack spraying machines
- 


Distribution of monthly disinfectant consumables to 16 community toilets


Activities under Risk Communication and Community Engagement (RCCE)

- Social messaging through megaphone on 100% mask use, physical distancing and respiratory hygiene


- Elaborated virtual training of all untrained CBOs and caretakers on O&M of the community toilets was conducted considering the IPC and RCCE activities in mid and post COVID-19 pandemic under the project


- Demonstration of hand washing techniques


- Installation of IEC materials in key areas



Outreach

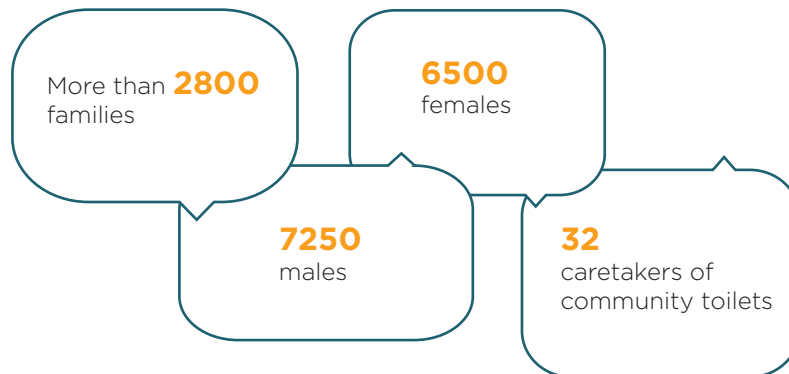


Figure 9: A volunteer demonstrates correct steps for handwashing to a group of children



Figure 10: Disinfection of lanes for community protection

Médecins Sans Frontières (MSF)

Médecins Sans Frontières (MSF) has a long standing HIV/DR-TB project in Mumbai. MSF received approval from MCGM to support COVID-19 response in M East Ward of Mumbai where it has its existing DRTB project.

- ❖ MSF COVID-19 activities in MEW commenced in June 2020 and consisted of the following three major pillars:
- ❖ Medical activities
- ❖ Health promotion
- ❖ Infection prevention and control in the community

MSF carried out an improvised version of IPC for Shatabdi Hospital in resource-efficient

manner, which would also be useful in the control and prevention of other infectious diseases. Some notable infrastructural and IPC contributions made by MSF include:

1. Shatabdi Hospital

- ❖ Number of beds - 100
- ❖ Elbow operated taps installed - 80+
- ❖ Mosquito nets installed - 100+
- ❖ Dustbins installed - 75+
- ❖ Handwashing stations installed - 2
- ❖ Handwashing stations under development - 12

MSF installed stickers and posters for better guidance, handwashing technique and making safety provisions such as dividing the corridor and lifts for patients and staff.

2. Community

- ❖ Community toilet blocks (CTBs) covered - 20
- ❖ Toilet pans covered - 350+
- ❖ Beneficiaries covered through toilets - 20000+
- ❖ Sanitation workers involved - 10
- ❖ Hygiene kits distributed - 18000+ (Every kit includes 10 masks and 8 minisoaps)

Impact of FTV

The Flush the Virus campaign was a unique pilot intervention in the slums of Mumbai during the unprecedented pandemic. In view of the situation there and the increase in the number of patients from the slum areas, it was necessary to identify the source of transmission. The campaign helped create a key behavioural change in the toilet users regarding respiratory hygiene, use of masks and importantly, the precautions required for using the CTBs. The critical support in relation to disinfectants, cleaning materials and HWSs helped sustain the toilets far better as compared to their pre-campaign position according to the baseline survey.

Key findings regarding the pedal operated handwashing stations in CTBs

According to the response of the coordinators, the installation of non-touch pedal operated HWSs was successful at

many places. In some of the CTBs the HWSs were damaged by the users and suffered from lack of maintenance by the CBOs.

There were instances of stealing of taps and hand-wash bottles from some CBOs. The major on-ground issues observed was that the quality of HWSs was not suitable for community toilets with a high frequency of use. The durability of an HWS is reduced if there is an increase in user ratio per station. In terms of design, the feedback from the users and CBOs was genuinely appreciative, but people also requested that HWSs be made more durable and sustainable so that they would be able to withstand the heavy use they would be subjected to.

Coordinators found that people were happy to use the non-touch HWSs and that fear of touching taps no longer existed. In the areas of some CBOs, the pedals of HWSs were not functioning properly due to lack of maintenance and children and elderly people were finding difficulty in operating them.

In addition to the immediate response, the support was further extended to other important institutions where there was a high probability of corona virus transmission. These institutions were child care centres in Dongri and Chembur, Arthur Road Jail and Yerwada Jail, Shatabdi Hospital, Thane Municipal Corporation, Navi Mumbai Municipal Corporation and BMC.

Table 5: Distribution of non-touch pedal operated handwashing stations

Wards	HWS units distributed	Community/ public toilets with HWS	Community/ public toilets with activities done	Community/ public toilets with consumables support
M East	99	51	57	50
G North (Dharavi)	56	33	33	22
H East	20	10	10	10
N Ward	49	29		63
F North	20	10		10
H West	2	1		1
R South				8
R North				3
L Ward				17
P South				2
S Ward				1
Child Care Centres	2			
Arthur Road	10			
Shatabdi Hospital	2			
Thane Municipal Corporation	7			
Navi Mumbai Municipal Corporation	4			
Brihanmumbai Municipal Corporation	12			
Total	283	134	100	187

Table 6: Distribution of consumables (TMF, Gala, ONGC)

Wards	TMF 1	TMF NSFDC 1	TMF NSFDC 3	Gala	ONGC
M East	16	50	50 upcoming		
G North (Dharavi)	9	23		11	1
H East		10		10	10
N Ward		6	63	10	
F North		1		10	
H West				1	
R South				6	
R North		3			
L Ward				17	
P South		6			
S Ward		1			
Total toilets reached	25	100	63	65	11
	1st	2nd	3rd		

Table 7: Minimum reach achieved in wards through non touch pedal operated handwashing stations

Wards	CTB	KoBo verified	Individuals as per KoBo	KoBo remaining	Remaining calculation as per WHO	Individuals (as per KoBo and WHO 50 per seat)	Children
M East	15	48	83780	3	Minimum 3000	86780 Minimum users per day on a daily rotational basis	34712 Minimum users per day on a daily rotational basis
G North (Dharavi)	33	18	20150	15	Minimum 15000	35150 Minimum users per day on a daily rotational basis	14060 Minimum users per day on a daily rotational basis
H East	10	6	13500	4	Minimum 4000	17500 minimum users per day on a daily rotational basis	7000 minimum users per day on a daily rotational basis
F North	10			10	Minimum 10000	10000 Minimum users per day on a daily rotational basis	4000 Minimum users per day on a daily rotational basis
H West	1			1	Minimum 5753	5753 Minimum users per day on a daily rotational basis	400 Minimum users per day on a daily rotational basis

Wards	CTB	KoBo verified	Individuals as per KoBo	KoBo remaining	Remaining calculation as per WHO	Individuals (as per KoBo and WHO 50 per seat)	Children
N Ward	29				Minimum 29000	29000	14500 Minimum users per day on a daily rotational basis
Total toilets reached						184,18	74672 Minimum users per day on a daily rotational basis
			Through HWS	134 CTB	Minimum	184,183	
			Through consumables	187 CTB	Minimum	215,183	
			Through megaphone awareness	100 CTB	Minimum	838,400	

SECTION 3

Flush the Virus: Pune chapter

WASH and Biomedical Waste Management (BMWM) interventions in urban healthcare facilities (HCFs) in Pune

The first case of COVID-19 in Maharashtra was reported in the city of Pune in early March 2020. After that the number of cases began surpassing the previous day's count every consecutive day. By May 2020, there were 40000+ infected people in Maharashtra and the death count was over 1200. Pune had the highest numbers with more than 2000 positive cases and 200+ deaths. Though the city had more positive cases than other parts of the state, the percentage of deaths was lower.

Various measures like isolation of all positive and suspected cases had been initiated by the state and central governments by this time. However, the count of affected people and deaths continued to increase day by day; it was estimated that almost 20% of the infected people would require hospitalization and intensive treatment and the rest would need to be quarantined. The result would be a serious burden on the existing public health infrastructure under the jurisdiction of the Pune Municipal Corporation (PMC).

Although information about a pandemic had started to circulate worldwide in December

2019, it was almost three months later that the panic soared, and India went into a lockdown mode overnight. Understandably, health care facilities were not prepared for an emergency of such a frightening scale, and the sudden closure of all means of transportation meant that procurement and management of essentials became difficult and complicated.

While HCFs in Pune were managing with PMCs own procurement system, and the PM Cares Fund helped manage the situation with 100 ventilators. However, the issues of bio-medical waste management and WASH (water, sanitation and hygiene facilities) remained completely unaddressed or heavily compromised because of the non-availability of equipment as important as needle-cutter hubs. A system for drinking water facilities and for the disposal of general waste were other important areas that needed immediate attention.

As a response to the emergency, UNICEF Mumbai and its partners Centre for Youth Development and Activities (CYDA) and DBS Bank, came to support with an essential intervention related not just to supplies, installations and equipment, but also capacity and awareness building of the staff of the HCFs as well. UNICEF Mumbai did an assessment of all 21 HCFs spread across the city, which led to a gap analysis of requirements in the context of the need to strengthen the facilities for dealing with COVID-19.

The project had a three-pronged focus: on infrastructural resources, awareness, and practices related to WASH and BMWM among medical, nursing and support staff of the selected health facilities. Being part of the municipal government system, these hospitals and dispensaries were already focusing on equity and access. An effort was also made to sensitize the staff of the HCFs on gender equity and access through



Figure 11: Before and after providing access to better quality of drinking water at the Minatai Thakare Polyclinic, Vadgaon Sheri, Pune

interactions, orientations and bringing in these elements in the SoPs and checklists developed for the intervention.

Facts at a glance:

Number of hospitals in PMC impacted by WASH and BMWM interventions: 13

Number of dispensaries in PMC impacted by WASH and BMWM interventions: 8

Number of in-patients and OPD patients reached per day: 762 and 4115 respectively

Process of intervention: Assessment of gaps - Supply of provisions - Development of IEC material including SoPs, protocols and messaging - Capacity building of staff

Assessment tool used: Kayakalp criteria for recognizing and awarding efficient public health facilities 2019

Assessment method: OB - Observation; SI - Staff interview; RR - Review of Records/ Documents

Data entry tool used: KoBo app

The total expenditure on support for various components under the WASH and BMWM in HCFs programme was INR 2,756,673.00*.

**The total available budget was INR 2,500,00.00. The additional amount was acquired from other UNICEF Mumbai funds.*



Figure 12: Before and after sustainable waste disposal provision at the Minatai Thakare Hospital, Kondhava, Pune



Figure 13: Before and after the installation of pedal operated handwashing station at the Minatai Thakare Hospital, Kondhava

The interventions by UNICEF Mumbai and partners:

- ❖ protected more than 4000 out-patients from infection and potential transmission within the facilities on a daily basis;
- ❖ helped to benefit more than 700 COVID-19 in-patients on a weekly basis assuming that patients were hospitalized for a seven-day period each;
- ❖ led to the setting up of critical protocols for the management of bio-medical waste, and
- ❖ new equipment and facilities being made available to more than 500 housekeeping staff members of 21 HCFs, protecting them from potential infection.

Additional activities conducted

- a. Resource material (training material, IEC and SBCC) was developed on COVID-19 for the purposes of awareness generation, knowledge and capacity enhancement of the key stakeholders. It was adopted by the hospitals and dispensaries.
- b. Adequate PPE kits were also provided to contribute to reduced cases of transmission of COVID-19 infection.
- c. Coordination was done with the PMC and facility level officials and other agencies for leveraging resources including funds and material to scale up the initiative depending upon the need, resources mobilized and response from the stakeholders.

The entire intervention was supported by DBS Bank.

Table 8: Summary Table: Bio-medical Waste Management in 13 hospitals and 8 dispensaries

S. No.	Particulars	Total no.	Requirement vs Availability	
			Requirement	Installed
1	Total no. of hospitals and dispensaries	21	NA	NA
2	Total no. of beds	762	NA	NA
3	Average OP no(s).	4115	NA	NA
4	Availability of dustbins	Green	40	40
		Red + Yellow + Blue	120	132
		Total	174	186
5	Trolleys for waste	(Only for dispensaries)	14	14
6	Trolley for waste bins in wards/storage places		40	40
7	Needle cutter hub		40	45
8	Trolley for transport		22	22
9	IEC and protocol locations		65	84
10	Dedicated waste storage facility/area/room		15	15

Table 9: Summary Table: Work under WASH in 21 HCFs (13 hospitals and 8 dispensaries)

S. No.	Particulars	Total no(s).	Requirement vs Availability	
			Requirement	Installed
1	Total no of hospitals + dispensaries	21	NA	NA
2	Total no. of beds	762	NA	NA
3	Average OP no(s).	4115	NA	NA
4	Wash basins		4	9
5	Elbow tap		144	178
6	Different cocks		42	49
7	Water connection pipe		16	34
8	Flush tank		14	13
9	Pedal operated HWS		28	28
10	Water filter		29	35
11	Drain pipe		24	47
12	LHW bottle		60	15
13	Sanitizer stands		25	25

Impact

Timely interventions helped to strengthen the WASH and BMWM practices in the HCFs during the COVID-19 emergency. Retrofitting of sanitation and hygiene facilities was completed in 21 HCFs, including minor repair and upgradation work in 19.

Some of the interventions completely changed the quality of management in the facilities. For example:

- Pedal-operated handwashing stations became a game changer for the patients and staff.
- Provision of drinking water filters helped to improved access to drinking water.
- Provision of dust bins improved the management of general and bio-medical waste.
- Trolleys for swift transport of biomedical waste and its appropriate storage were found to be extremely useful.
- Training and orientation sessions lead to increased awareness and improved practices.



Figure 14: Transporting biomedical waste safely



Figure 15: Providing easy access to hand sanitizer at the Sonvane Hospital, Bhawani Peth, Pune

One home, one toilet (OHOT) campaign in Thane, Pune and Navi Mumbai

COVID-19 had spread at an alarming rate in the state of Maharashtra especially in the slums of metro cities like Mumbai, Thane and Pune. Due to high densities of population, they are often forced to use common facilities like water in general and sanitation which makes them more vulnerable to the virus. The community toilet blocks (CTBs) are a major threat for infection spread and transmission of virus as most of them lack adequate maintenance and hygienic conditions. Often, higher toilet seat to user ratio immensely burdens the CTBs, making them filthy and unusable. Most families are unable to invest in an individual household toilet often due to misconceptions about affordability, space constraint, and lack of sewerage networks in the slums. Hence, Shelter Associates (SA) and UNICEF Mumbai partnered together in these cities, to conduct an assessment of community toilets and to promote safe sanitation practices among the urban poor residing in the informal settlements.

With the aim of shifting the graph towards greater personal hygiene and improved sanitation, SA and UNICEF Mumbai jointly responded to this challenge through RCCE and IPC along with facilitating the safe use

of community toilet blocks (CTBs). The partnership aimed at construction of 250 household toilets, 41 pedal operated hand washing stations in selected slums of Thane (1 slum), Pune (2 slums) and Navi Mumbai (1 slum) reaching out to 41800 people directly and nearly 100,000 indirectly.

Campaign on social media

Shelter Associates has partnered with UNICEF Mumbai to build a campaign on RCCE and IPC with the slum communities of Mumbai, Thane and Pune. They are also working to reach out to a wider audience through social media (via channels such as Twitter, LinkedIn, Facebook, Instagram and WhatsApp) to increase visibility, engage users and engage a buzz around the RCCE and IPC campaign.

The promotion includes:

- ❖ Creating informative posts for social media
- ❖ Designing newsletter and emailers
- ❖ Writing blogs and articles
- ❖ Developing community case story flyers
- ❖ Creating impact videos
- ❖ Developing volunteer stories if any
- ❖ Writing press articles for local and national publications
- ❖ Developing text and video documentation

The social media activity has been planned for three phases: Phase 1: 1-4 September 2020, Phase 2: 5-15 September 2020 and Phase 3: 15-31 October 2020. The first phase aims to introduce about the RCCE and IPC project and partnership between UNICEF Mumbai and SA.

The second phase aims to highlight the project implementation and provide a clear picture on the ongoing activities in the selected slum settlements. During this phase, short snippets were developed to update audience on the various activities conducted. Maximum posts were circulated since it would cover all the activities conducted during the project. The format of the information would be slum-wise short videos, emailers and newsletters, and community case stories.

The third and last phase would focus on media promotion, in which print and online publications would be approached. Blogs and articles detailing out the project, role of volunteers and their ground experiences will be shared through the website of Shelter Associates and other related websites. The project implementation and the final impact will be documented in the form of a report and an impact video will also be created summing up the project.

The target group

Approximately 6799 families (33800 population) residing in the informal settlements of Pune, Navi Mumbai and Thane have been directly affected through RCCE.

Pune:

Laxmi Nagar - 1071 HHs
Vadarwadi - 1079 HHs

Thane:

Lokmanya Nagar - 3471 HHs

Navi Mumbai:

Chinchpada - 1178 HHs

Key activities and interventions

1. Assessment of community toilet blocks, touch and risk points within the community
2. Assessment of current sanitation status in the selected communities
3. Liaising with ULBs for coordination, planning and implementation
4. Advocacy for operation and maintenance of 31 community toilet blocks
5. Leveraging fund for construction of 250 individual household toilets
6. Installation of pedal operated hand washing stations
7. Generating awareness on COVID-19 and 100% mask use
8. Community mobilization through remotely engaged activities

Involvement of stakeholders

Volunteers were identified and involved for participation from selected settlements and they were trained to undertake awareness activities for communities.

A multi-stakeholder approach was followed where the partnership involved the ULBs and active involvement of other CBOs in the project.

The impact

- ❖ Improved access to safe sanitation
- ❖ Increased awareness on COVID-19 prevention, healthy practices and safe use of community facilities
- ❖ Use of spatial data for effective decision-making on sanitation and sewerage planning for long terms sustainable development

Addressing the COVID-19 spread in communities in Yerwada by CYDA

The Centre for Youth Development and Activities (CYDA) in collaboration with UNICEF Mumbai has implemented the programme “Improved WASH Access in 19 health facilities and 50 community toilets in slums under the Pune Municipal Corporation areas”. The programme was implemented from 1 June to 31 August 2020.

The count of affected people and death due to COVID-19 was increasing day by day and it was estimated that almost 20% of the infected people may require hospitalization and intensive treatment and the rest need to be quarantined. This was really a burden on the existing infrastructure of the Public Health System under the jurisdiction of the PMC. As a result, there was a need of undertaking adequate preparatory work at health system level and bring about improvements so as to utilise the available resources more judiciously. Therefore, the project was born with the aim of building capacity and resilience of the existing healthcare system as it set about coping with the herculean task of fighting the pandemic. The project has covered 11 hospitals, 8 dispensaries and 50 selected community toilets of the slums in Pune Municipal Corporation areas.

While the health part of the intervention supported by DBS and implemented by CYDA is mentioned separately in this document this section focuses on interventions in slums in Yerwada area.

The sanitation in urban poor settlements with thousands of slum dwellers staying in close proximity and using community sanitation facilities like community toilets was a matter of concern. Almost 36% male seats, 29% female seats, 37% for children seats and 71% of the seats of disabled people were dysfunctional in the project area i.e. Yerwada. Very limited number of facilities were being provided with basic materials like hand sanitizer and liquid soap. Given this background, 50 community toilets were covered under the project.

Encouraging handwashing facilities at community toilets

Assessment data reveals that almost 145 households from the slum area depend on one toilet unit provided in the slum communities. It means more than 700 people (male/ female) depend on one toilet unit. Handwash facilities are provided at 45 community toilets that means 32630 people have started washing their hands after using toilets either for defecation or urination purposes. The ongoing pandemic situation demands regular handwashing with soap for reducing COVID-19 transmission. The project has observed the positive impact of installing handwashing stations in the slum community toilets. Most of the toilets covered were from the Yerwada area of the PMC. In the early stages of the lockdown, the Pune Yerwada Ward of the PMC was declared a red zone. However, after starting the implementation of the project, it was

declared a green zone. Various measures undertaken in the project like installations of handwashing stations, raising awareness, regular provision of cleaning material to the caretakers, etc. has played an important role in achieving this status. Behaviour change

was a positive outcome of the project with many beneficiaries adopting hand hygiene habit, especially after toilet use. The toilets are also being kept clean by the caretakers regularly.



Figure 16: Starting early – Sowing seeds of positive behaviour change among local communities

Challenges faced during implementation

The project implementation process was grappled due to various challenges that emerged during implementation. Some of the challenges that were faced during implementation include:

- ❖ Negative perceptions of the stakeholders in the initial stage of implementation
- ❖ Lack of arrangements for O&M of the community toilets
- ❖ Budgetary and time limitations
- ❖ Unavailability of running water in some community toilets
- ❖ Unavailability of space to install handwashing stations and cases of theft
- ❖ Unavailability of plumbers and other labour for work

SECTION 4

Flush the Virus: Other cities

To help NMMC, UNICEF Mumbai developed a behaviour change campaign known as the '100% Mask Campaign'. Started in September 2020, it focuses on four critical outcomes:

- ❖ increased knowledge about the importance of wearing masks properly by everyone, including residents of urban slums, in all risk situations;
- ❖ increased understanding that non-compliance with preventive behaviours can be life threatening for all concerned – those who do not wear masks as well, as others around them;
- ❖ increased adoption of the three key preventive behaviours i.e., wearing of masks, physical distancing and hand washing with soap; and
- ❖ creation of an enabling environment and encouragement of people's participation in supporting safe behaviours by everyone, irrespective of age, gender, caste, ethnicity, religion, occupation, economic group or location.

The other significant goal of the campaign is to educate community members about the various aspects of preventive behaviours – how and when to use masks, what kind of masks to use, safe disposal of masks, etc., and to tackle persistent myths and misconceptions.

Safe handwashing mechanism in community toilets

One of the key preventive measures against the spread of COVID-19 is the handwashing with soap sanitizer. At the community places such as the community toilets, offices, jails and the schools which were taken over by the MCGM for making them COVID-19 care facilities. While one tries to adopt the practice of handwashing, availability of soap or sanitizer and water are the important aspects. The basins and the taps fixed at the community facilities are potentially one of the key transmitters of the virus due to multiple persons using the same tap. In such situations an infected person may leave behind the virus infection which might be harmful to the person succeeding him to wash the hands.

To overcome this issue, it was decided to install a hands-free or no hand touch pedal-foot handwashing station to reduce touch points in shared spaces such as the community toilets. The available options of hands-free handwashing stations were reviewed. The available options were elbow operated taps, automatic soap dispenser as well as water dispenser, pedal operated hand washing stations and use of hand sanitizer by individuals. Out of these four options,

elbow operated taps and pedal operated handwashing stations were found to be the most suitable and appropriate choices for the locations where the interventions were to be done. The rest of the two choices were unsuitable particularly from the availability perspective, maintenance as well as the high cost of procurement and installation. The hand sanitizer is an entity that can be procured by an individual on his/her own. However, in order to avoid the possibility of people not having hand sanitizers, the option of elbow operated and pedal operated no hand touch or hands-free hand washing were deployed.

The design of the elbow operated taps is a standard one as per the health protocol or as per the standards maintained by the health department and these type of elbow operated taps are easily available in the market. Hence, it was decided to install the elbow operated taps in healthcare facilities as well as the schools converted to Covid Care Centre (CCC) by the MCGM. The slums

of Mumbai, Pune, Navi Mumbai and Thane are densely populated. In Navi Mumbai and Thane, an average of 500-600 people were using the community toilet facility in the slums.

It was not possible to manufacture pedal operated, ready-to-use well-designed pedal operated handwashing stations in the city during complete lockdown due to the unavailability of services. Post-discussion among partners, it was decided that SACRED Aurangabad, a UNICEF Mumbai partner, would help to facilitate the designing and manufacturing of the pedal operated handwashing units. The design was finalized and Pushkar Enterprises was identified in Aurangabad, which is about 400 kilometres away from Mumbai. These handwashing stations were then transported to Mumbai in a batch of 55 stations each. The manufacturing of the handwashing station was also impacted because of the frequent lockdowns in the city of Aurangabad too.

SECTION 5

Resource contributors

The first barrier between the ungodly virus and humans is maintaining adequate hygiene practices. However, there are millions who cannot afford even the essentials to maintain basic hygiene. For them, it is often a choice between spending on food and accessing sanitation products. Hence, UNICEF Mumbai and its partners ensured that through the FTV campaign, essential sanitation products were provided to the needy in low income areas of Pune, Thane, Navi Mumbai, Pimpri Chinchwad and Mumbai.

Tech Mahindra Foundation (TMF)

Tech Mahindra Foundation (TMF) is the corporate social responsibility arm of Tech Mahindra Limited, a Mahindra Group Company. It aspires to see children purposefully engaged, youth constructively employed and a society offering equal opportunities to differently-abled people. Through its corporate social responsibility initiatives, the Mahindra Group commits itself to work and contribute to the development of children and youth, particularly girls and women. The key focus areas for Corporate Social Responsibility at Tech Mahindra Foundation are:

- ❖ Empowerment of girls/women
- ❖ Empowerment of people with disabilities

❖ Corporate volunteering

TMF and UNICEF Mumbai were working closely on a proposal for skill development of sanitation workers in Mumbai with the Maharashtra Skills Development Department supported by Government of India. During the pandemic, TMF came forward to provide hygiene and disinfection kits for the community toilets and the caretakers.

The support was extended to cover 200 (150 in Mumbai hotspot zones and 50 in Pune) community toilets over a period of two to three months. This has helped immensely to contain the infection and transmission in the slums of three wards. This was implemented through partners CYDA in Pune and TPM and CACR in Mumbai. The impact of this intervention was reported by the local CBOs.



Figure 17: Ensuring no immediate needs go unaddressed with distribution of hygiene kits

Support from SATO LIXIL

In view of the current situation of non-availability of safe sanitation spaces for the front-line workers (FLWs) of the MCGM; LIXIL SATO group extended support to the FLWs by ensuring their protection against any potential infection by donating four trolley mounted mobile toilets with four toilet seats. This has enabled them to avoid public facilities while working in the field. Each mounted cubicle can be used by male and females (2 each). It has the following features:

- ❖ This has a sludge tank at the bottom, which needs to be emptied every alternate day.
- ❖ There is an option of attaching a biodigester tank, wherein the outlet needs either a sewer or a soak pit for the wastewater to flow.
- ❖ There is a small water tank available on the mounted unit that needs to be provided with water as it gets emptied.
- ❖ These mobile toilets have SATO technology-based taps ensuring minimal use of water.
- ❖ These units can be moved around by towing and can be used wherever required.
- ❖ There is a need for managing the operation and maintenance in terms of following three key activities: **regular water supply; daily cleaning; sludge emptying every second day.**

The initial set up of the mobile toilets at shortlisted locations was finalized by ward offices under MCGM. Efforts were carried out for adequate training and orientation of the FLWs on the specifications and O&M of the mobile toilets. A list of dos and don'ts



Figure 18: Mobile toilets installed by LIXIL SATO in active partnership with UNICEF Mumbai



Figure 19: EIC posters depicting correct handwashing steps outside the mobile toilets

for easy and smooth functioning of the toilets was also provided by the ward officers. Support was also provided for any specific component of the mobile toilet at least

during first year, in case of mal-functioning or any issue that may lead to dysfunctional status of the unit.

CACR and TPM partnered up to ensure regular communication with ward officials on use of toilets and jointly monitor their usage, maintenance, issues and problems by conducting field visits. Both the organizations also facilitated suitable IEC, conducted training of FLWs and officials of the MCGM.

The role of MCGM was to take over the donation from LIXIL SATO and acknowledge the receipt with detailed plan of location, O&M and issuance of necessary circular to public, FLWs and concerned staff. The O&M of the toilets include regular water supply and cleaning, follow recommended desludging and maintenance schedule (recommended by LIXIL SATO and partners), ensure handwashing consumables, etc. MCGM was also responsible for the behaviour change campaign and providing reports for at least one year on the usage and status of the toilets.

UNICEF Mumbai provided technical support by facilitating any guidance required on the management options for the toilets. Any information on the use of technology was disseminated on appropriate platforms and further exploration of partnership models was also undertaken. UNICEF Mumbai also conducted on ground third party verification/monitoring of the toilets.

Gala Enterprises

Gala Enterprises distributed cleaning equipment like wipers and floor cleaners to more than 200 community toilets fulfilling the needs of community toilet operators. The organization also partnered up with other organizations to mobilize funds for substantial amount of consumables required and personal protective gear for

the sanitation workers. Gala has provided 1000 wipers, 750 litres of floor cleaner and liquid hand wash for the community toilet caretakers. This support was given across the cities of Mumbai and Pune where the hotspots were identified. The cleaning equipments substantially helped the caretakers and cleaners to maintain sanitation and hygiene in the community toilets, reducing the possibility of infection and transmission. They have also partnered with Idobro Impact Solutions and RISE Infinity Foundation by mobilizing substantial funds for the required consumables and personal protective gear for the sanitation workers.

The cleaning equipment has helped the caretakers and cleaners immensely to maintain sanitation and hygiene in community toilets, thereby reducing the possibility of infection and transmission.

Support for 10000 washable cloth masks: Bewakoof

Founded in 2012, Bewakoof is a lifestyle fashion brand that makes creative, distinctive fashion for the trendy, contemporary Indian.

Bewakoof and UNICEF Mumbai partnered up to mobilize resources during the ongoing pandemic. 10000 washable cloth masks for the COVID-19 warriors were provided. These masks were distributed across three municipal corporations of Mumbai, Pune and Pimpri Chinchwad through four partners. The beneficiaries included toilets caretakers, anganwadi workers, health staff and volunteers working in slums and hotspots.

Soap distribution: Hindustan Unilever Limited (HUL) and development partners

Hindustan Unilever Limited (HUL), with a sense of social responsibility, partnered with UNICEF Mumbai and donated a large quantity of soaps for promoting hand hygiene. The idea was to reach out to vulnerable communities and COVID-19 warriors, and build awareness around the significance of handwashing. This initiative helped enhance access to handwashing materials in various settings such as houses, Covid Care Centres and hospitals and personnel such as on-duty sanitation workers, staff of hospitals and other vulnerable communities.

UNICEF Mumbai with support from HUL was able to reach out to the respective population in 9 municipal corporations (MCs) and 5 rural districts. The soaps were distributed to more than 400,000 families (an estimated average of 2-3 soaps were provided for individual use). Access to hand hygiene was facilitated to the neediest population and groups such as CBOs, COVID-19 patients, CCC patients, health staff, sanitation workers, Anganwadi staff, Swachhagrahis, Jalsurakshaks, Gram Panchayat staff, commercial sex workers, rag pickers, domestic help, police stations in containment zones, traffic police, etc.



Figure 20: Soap distribution undertaken by HUL in partnership with UNICEF Mumbai

The distribution was achieved through the partners in different locations through various support mechanisms like the

volunteers, staff of the partners and staff from the municipal corporations.

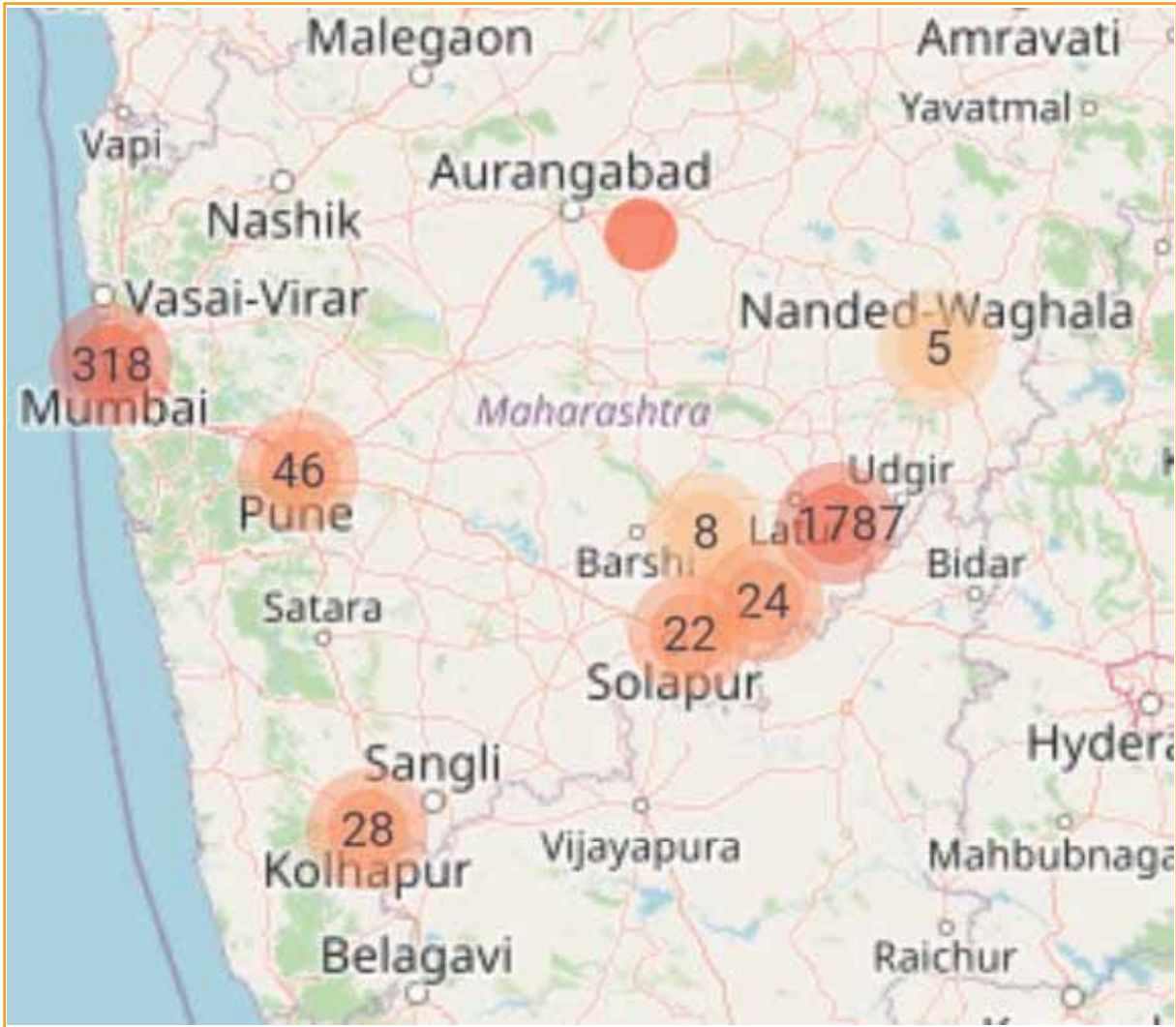


Figure 21: Mapping soap distribution areas to multiple stakeholders and beneficiaries

Table 10: Snapshot of the soap distribution

Partner	Location	Received
Triratna Prerana Mandal (TPM) & Citizens Association for Child Rights (CACR)	Mumbai MC	299,760
	Palghar	
Shelter Associates (SA)	Pune MC	99936
Shelter Associates (SA)	Thane MC	99936
	Navi Mumbai MC	199,872
	Panvel MC	
	Raigad (Alibag)	
Centre for Youth Development and Activities (CYDA)	Kolhapur MC	100,032
	Pune MC	100,304
Swayam Shikshan Prayog (SSP)	Pimpri Chinchwad MC	100,000
	Latur (including MC)	100,032
	Solapur (including MC)	99840
	Osmanabad	100,128

Samhita

Samhita, a CSR consulting firm, as part of its effort to mobilize resources also mobilized 1,000 personal protection equipment (PPE) kits for the toilet caretakers who are primarily responsible for cleaning of the community toilets. This included the following items:

- ❖ Masks
- ❖ Hand gloves
- ❖ Gum boots and
- ❖ Liquid hand soap

These kits are being distributed to 1,000 community toilets across the 5 municipal corporations of Mumbai, Thane, Pune, Navi Mumbai and Pimpri Chinchwad.

Multiple partnerships

Engagement of the ward officials rather than engagement at the corporation level worked very well. The ward officials, who primarily were the nodal officials to manage COVID-19 related activities in their respective zones, were briefed about the planned interventions and the necessary administrative support expected from them.

The interaction facilitated easy access to various containment zones, identification of hotspots and reaching out to the local community level representatives including the community-based organizations.

One of the initiatives convened by UNICEF Mumbai informally was the Jeevan Rath platform. The platform was aimed at pooling the strengths of each partners working in the field directly or with support from local organizations and aim for a collective coordination. Flush the Virus also benefited

from the Jeevan Rath platform with many of the partners joining in the response meant for sanitation and hygiene that included the supplies of sanitary napkins, disinfectants, communication around COVID-19 and sharing of information. Partnering with the local CBOs (engaged in community toilet operations), volunteers within the communities, elected representatives, local staff and youths effectively helped with the successful implementation of Flush the Virus intervention.

Table11: Resources mobilized for sanitation and hygiene during COVID-19 pandemic

Municipal Corporation	Supply material	Quantity (Units)	Installed
Mumbai	HWWS	283	UNICEF Mumbai
	HWWS	32	World Vision India (WVI)
	Disinfectant kits	255	Tech Mahindra Foundation (TMF)
	Disinfectant kits	20	Tech Mahindra Foundation (TMF)
	Spraying machine	3	Rotary Club of Mumbai
	Masks	11500	World Vision India (WVI)
	Masks	5000	Bewakoof
	Disinfectant kits	22	Oil and Natural Gas Commission (ONGC)/Citizens Association of Child Rights (CACR)
	Wiper	750	Gala Enterprise
	Floor cleaner	600 litres	Gala Enterprise
	Liquid soap	375 litres	Gala Enterprise
	Mobile toilets	4	LIXIL SATO
	PPE kits for community toilet cleaners	700	Samhita

Municipal Corporation	Supply material	Quantity (Units)	Installed
Pune	HWWS	100	UNICEF Mumbai
	Disinfectant kits	50	Tech Mahindra Foundation (TMF)
	Masks	3000	Bewakoof
	Wiper	750	RISE Infinity Foundation/Gala Enterprise
	Floor cleaner	375 litres	RISE Infinity Foundation/Gala Enterprise
	Liquid soap	375 litres	RISE Infinity Foundation/Gala Enterprise
	PPE kits for community toilet cleaners	300	Samhita
Navi Mumbai	HWWS	4	UNICEF Mumbai
	Masks	1000	Bewakoof
Thane	HWWS	7	UNICEF Mumbai
	Masks	1000	Bewakoof

The #ftv intervention had specific elements of interventions which were based on the following target groups and locations

including expected population to be targeted.

Table12 : Location Specific Interventions for targeted population

Municipal Corporation	Location	Nature of intervention	Target entity	Population benefited
Mumbai	G/N, M/E, H/E, F/N	RCCE, Supplies, CB	Community toilets	150,000
Mumbai	Across corporation	RCCE, Supplies	School as CCC	1000
Pune	Yerwada slum area	RCCE, Supplies, CB		50000
Pune	Laxminagar, Vadarwadi	RCCE, Supplies, CB	Community toilets & household toilets	30000
Navi Mumbai	Chinchpada			
Thane	Lokmanyagar			

SECTION 6

Implementation and challenges

Coordinators are the key when it comes to implementing any project. However, in a city under a complete lockdown with the number of cases increasing rapidly, it was difficult to create a team of coordinators who would enter the hotspot localities, even though training, awareness and proper PPE kits were to be provided for each individual.

Despite general reluctance, the partners succeeded in forming a team of 16 coordinators for engaging in direct interventions in slums and developing a two-way communication mechanism. It was indeed necessary to have two coordinators in each area/cluster as all the three wards were huge in areas.

Impact achievement

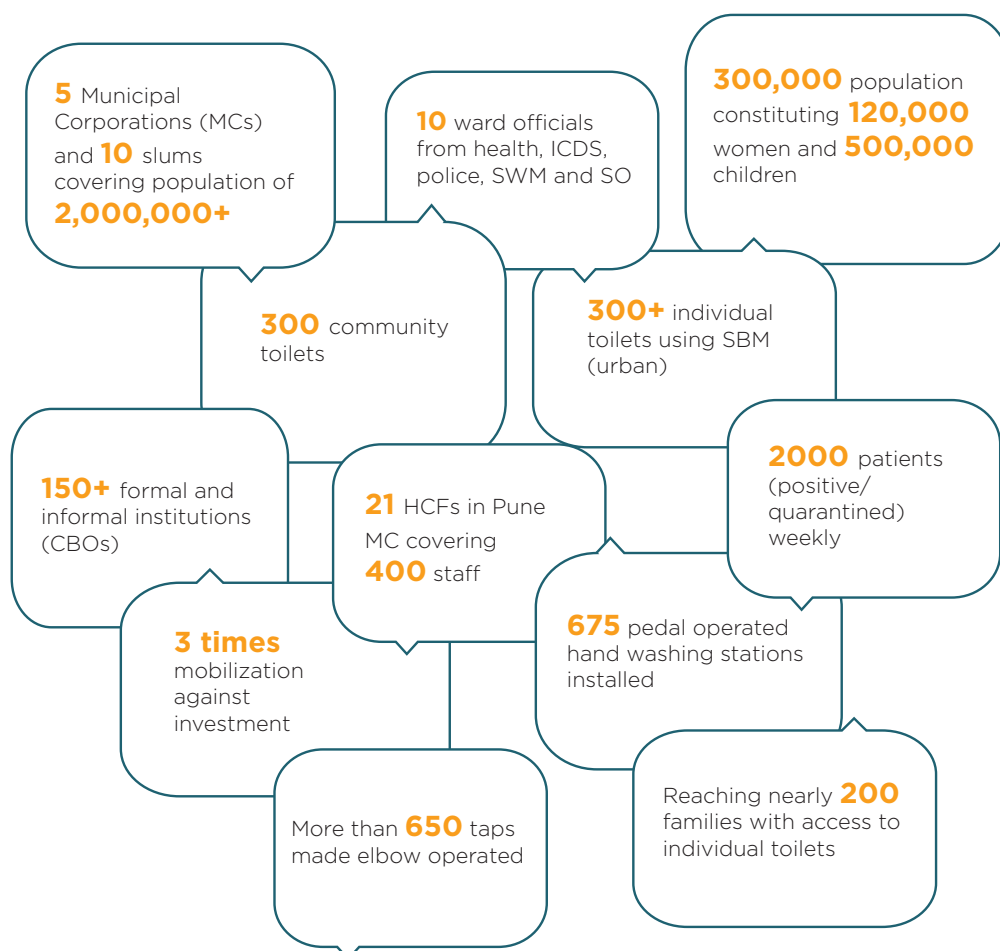




Figure 22: A banner on 'How to protect oneself from COVID-19' placed at the entrance of a community toilet

Each coordinator was requested to follow the safety protocols set by the partners strictly, which included wearing PPE kits following the proper technique, using masks consistently when interacting with people in the communities and the toilet caretakers, carrying a bottle of sanitizer for frequent personal use, and following a checklist of things-to-do before and after the activity. A cashless group insurance policy was provided to the coordinators with a risk cover of about INR 200,000 (2708.77 USD) per head.



Figure 23: COVID-19 coordinator wearing PPE while performing ground duties

Case study

Nanda's story¹

Nanda has lived in the Vadarwadi slum in Pune for the past 40 years. Throughout her life she has toiled hard to make ends meet and build a satisfactory life for her children. Today she lives with her daughter, son-in-law and their 3 daughters.

A few years back Nanda suffered from spinal cord injury and had to undergo a surgery. Post-surgery, she has become dependent on the support of a walker, even for short distances. It has also made her greatly dependent on her children. While walking Nanda suffers a lot of pain, and using the community toilet every day is a major problem for her. She struggles to reach the CTB, which is also quite far from her place. Furthermore, the long queues, unclean and unhygienic places are extremely tiresome and cause her a lot of frustration. As a result, to avoid going to the toilets at night, she has substantially reduced her food and water intake. This has had a negative impact on her overall health.

In March, all these problems increased multifold with the advent of the COVID-19 pandemic. These past six months have been very tough for the community, with many residents getting infected. Vadarwadi has a total of 1079 households and 6 community blocks with a very small percentage of them having an individual toilet. The drainage lines are in terrible condition, choking with waste,

and a lot of lines in need of cleaning or repair. Moreover, the small sizes of the houses have prevented many from constructing a home toilet. The result is that a huge population is dependent on the CTBs.

Nanda worries that she will get infected after visiting the toilet and is anxious for her safety. She is also concerned for her children and grandchildren. The space constraint was a major issue preventing them from constructing a home toilet and the family's financial condition had worsened during the lockdown. In September, Shelter Associates (SA) initiated the One Home One Toilet (OHOT) scheme in Vadarwadi and Nanda's life immediately transformed. The representatives at SA made them understand that a basic toilet can be constructed even in small spaces. A motivated Nanda enrolled her name in the scheme and she received the material for construction. She invested in the construction by borrowing some money from her family.

SA monitored the progress of construction closely and ensured that she has a well built home toilet within the given space. Now, she is not only relieved from the worries of getting infected from the virus. In years to come, her granddaughters will also benefit from the safe sanitation practices that will ensure their well being. She is extremely grateful for the initiative and is appreciative of the work being carried out during the pandemic.

¹SA Review Report - September 2020

SECTION 8

Testimonials

“The training was well planned and well explained. I am happy that theoretical knowledge regarding COVID-19 was shared along with practical adaptation and activities were discussed. I thank UNICEF Mumbai and Citizens Association for Child Rights (CACR) for conducting programmes and training on MHM and handwashing with soap for Beat Officers in Mumbai and Igatpuri.”

Kiran D’Silva

Beat Officer, MCGM Education Department

“We are responsible for not only our students but also their parents and caregivers. With the help of this training, we will be able to educate the parents and children on COVID-19. The training will help us to put necessary protocols in schools that will control the COVID-19 spread and make the ‘safe spaces’ for children even safer amid this pandemic.”

Aarifa Shaikh

Beat Officer, MCGM Education Department



Figure 24: A community toilet with MHM provisions

“The value addition of UNICEF Mumbai’s support for WASH along with BMWM has contributed to a large extent for infection prevention and control.

We are particularly thankful for the water filter installed in the hospital. It has really been a value addition for the hospital and staff. It will mainly help for prevention of water borne diseases. Since, our hospital started operating recently in 2016, we were unable to install a water purifier.

The existing biomedical waste management system of our hospital was for a calculated area. Due to the sudden conversion of the hospital to a CCC, the existing system was overburdened and the timely supply of biomedical waste management material as needle cutters, BMW colour coded bins, BMW trolleys was really helpful.

Due to the proactive support of Centre for Youth Development and Activities (CYDA) and UNICEF Mumbai, our hospital is training the staff on BMWM and we have been following the recommended guidelines. The materials provided to us have been a value addition and helped us to cope with the overload of work and patients due to the COVID-19 pandemic.”

Dr Shubhangi Shah

Incharge, Laygude Hospital

“MCGM teachers are actually the ones who interact at the ground level within a community and work as a ground developers for the society. This training will

help them to ensure safety of not just the children they cater to but also their parents and guardians. The early training will give them enough time to prepare when it is time to welcome children back to schools.”

Shaikh Najma

Teacher, Shahji Nagar Urdu School No.1

“The session was very good and useful for teachers, students and parents. Corona awareness and information about the recommended precautions were explained by interesting slides and videos. I am very thankful to UNICEF Mumbai and Citizens Association for Child Rights (CACR) who arranged such a big webinar for MCGM teachers. I will share all this valuable information with our students as well as their parents to create awareness and safety.”

Shivkumar Sharma,

Teacher, Govandi Station MCGM Hindi School

“On 3 June 2020, I attended the COVID-19 training organized by MCGM and UNICEF Mumbai. This training helped me to understand how important it is to use mask, maintain hand hygiene, sanitation, etc. This training was very informative and thus developed a sense of responsibility. The session was conducted through a PPT presentation, which made it more understandable. It was a great and useful training, and a much needed one.”

Shweta Panchal

Kurar Village English MPS

SECTION 9

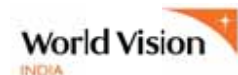
Partners

Kolhapur Municipal Corporation (KMC)
Municipal Corporation of Greater Mumbai
(MCGM)
Navi Mumbai (NMMC)
Panvel Municipal Corporation (PMC)

Pimpri Chinchwad Municipal Corporation
(PCMC)
Pune Municipal Corporation (PMC)
Thane Municipal Corporation (TMC)\



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Japan Government

Rotary Club of Mumbai Divas

Solidarity Fund



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