**Coronavirus (COVID-19) Safety and Security Campaign**

**Goals:**

1) Launch an aggressive campaign to reduce morbidity and mortality associated with the coronavirus infection
2) Provide education to prepare communities meet the dual challenge of coronavirus and the predicted heat wave
3) Pilot and implement innovative methods of working and conducting operations in the current milieu of social distancing

**Key Activities:**

The following activities will be accomplished within parallel and successive phases:

- Conduct research and identify evidence-based guidelines for coronavirus and heat stroke
- Engage SEWA organizers and grassroots leaders to understand current situation and identify needs, knowledge gaps, barriers to care, and local health capacities
- Create training material focused on prevention, early detection, and treatment options
- Provide education to ward leaders and master trainers (MT) from each district
- Develop Risk Communication and Community Engagement (RCCE) plan
- Create culturally sound communication materials such as pamphlets, posters, videos, SMS, voice-based messages, and mass-media communications
- Explore and develop partnerships with government authorities/personnel for enhanced coordination and effectiveness of the campaign
- Disseminate information and educate SEWA members throughout India, Sri Lanka, Bhutan and Afghanistan
- Create surveillance mechanism to monitor, track, and report program outcomes and metrics
- Mobilise members to manufacture and distribute essential items like food, medical consumables, sanitation products and toiletries
- Evaluate potential alternative methods to conduct day-to-day operations for various SEWA associated entities
- Pilot and implement alternative methods of working
- Review and restructure supply chains, systems, and processes of existing SEWA associated enterprises to better meet evolving customer needs

**Program Description**

Following the SARS and MERS epidemics of the past, the coronavirus (COVID-19) epidemic has resulted in a public health emergency of global proportions. Major gaps exist in the knowledge of the epidemiology, prevention and clinical spectrum of the infection. Research suggests that individuals in the lower economic strata are more likely to get infected and have significantly higher mortality rates. And, even those that remain healthy are likely to suffer loss of employment and income as a result of social distancing, quarantines, and other measures, potentially on a sweeping scale. Communities impacted by the virus have seen deteriorating economic inequality and an increase in the burden of the lower socio-economic strata. A large section of the population is struggling to meet minimum basic necessities, a situation that will likely be worsened by the impact of the epidemic on income generating activities.

As the world plunges deeper and deeper into healthcare crisis wreaked by COVID-19, self-employed women find themselves especially vulnerable. With social distancing measures in place, their usual channels of income lie broken, yet there are hungry mouths to feed at home. Even worse, someone could catch the infection and need urgent medical attention and rehabilitation. There are already reports from grassroots leadership on the economic losses faced by workers engaging in certain

occupations due to reduced demand, lack to access to markets, and drastic reduction in prices. The following examples illustrate some of the issues faced in the urban and rural areas:

- Waste recyclers recycle two types of waste: plastic bags with more microns and plastic bags with less microns. A large quantity of the waste used to get exported to China by companies like Reliance. However, the Chinese markets have totally shut down due to COVID-19, and hence have stopped purchasing the recycled plastic. This has resulted in a decrease in rates of waste from Rs. 20 to Rs. 18 per kg.
- Ahmedabad city is a hub for the textile and garment industry. There are more than 20,000 home-based and factory-based textile workers. The livelihood of both types of workers have been impacted. They are paid per piece and used to earn between Rs. 70 to Rs. 125 per day. Several workers have not received any work from past three days.
- Head loaders also form a part of the wholesale textile industry in Ahmedabad. The head loaders make a parcel of clothes and deliver it from one shop to another. This delivery of parcels has drastically reduced. Earlier they used to make 15 to 20 trips in a day, which has now decreased to only 1 to 2 trips a day.
- The construction workers are daily wagers who used to get hired by contractors by 9.00 – 9.30 AM. Now, they do not get hired till 10.00 -10.30 AM.
- The street vendors are the worse affected and have lost their only source of livelihood. The customers have stopped coming to buy vegetables and fruits due to social distancing. Additionally, the police have also started evacuating the natural markets of these vendors.
- More than 10,000 small and marginal farmers from the districts of Ahmedabad, Gandhinagar, Kheda / Anand, Mehsana, and Sabarkantha could not take their produce to the market as they have been shut down. The farmers are earning half of what they used to make on their produce. For example, the prices of tomatoes have reduced from Rs. 5 per kg to Rs. 1-3 per kg.
- In the rural areas, the informal workers ferrying passengers on autorickshaws have been impacted due to the reduced mobility. They are able to get customers only once a day instead of 4 times a day. Their earnings have decreased from Rs. 2000 per day to Rs. 500 per day.

The health and income issues are further exacerbated by the predicted heat wave – several people remain susceptible to it and need support to mitigate the risks of a heat stroke. An intensification of public health efforts is urgently needed to tackle these issues and deal more effectively with the epidemic. Specifically, there is a need to focus on the most vulnerable socio-economic groups and ensure they are equipped and educated on various facets of the disease to reduce morbidity and mortality. SEWA aims to launch an aggressive campaign designed to spread awareness regarding coronavirus and heat stroke, and promote healthy practices to minimise the risks. The campaign will span 4-6 weeks and target all communities with SEWA members.

The program team will establish a clear work plan for designing and implementing the campaign and create a plan for the allocation of financial, material, and human resources. The team will review literature to identify evidence-based guidelines focused on disease prevention and early detection. It will also review health campaign best practices that would help in rapid implementation of the program and dissemination of messages to the community. It will engage with SEWA organizers and grassroots leadership to understand the current health and income/employment situation and identify member needs, perceptions, behaviours, knowledge gaps, preferred communication channels, and local health capacities.

SEWA will create a cadre of rapid action health workers consisting of ward leaders and 10-20 master trainers from each district. The basic objectives of the training will be to improve participants' knowledge about coronavirus and heat stroke, and to empower them with skills necessary for implementation of the campaign. Delivery of training to ward leaders and MTs will be through web-conferencing or sharing educational modules/videos. Training will focus on modes of transmission,

health precautions, symptoms, and treatment options. The MTs will be provided poster, pamphlets and educational videos on both the conditions.

The team will design a RCCE strategy for effective and timely engagement with the community and dissemination of information to all members. One innovative tactic that SEWA has already deployed is having a poster competition with the aim of actively involving SEWA's 1.9 million members and their children in the fight against coronavirus. The first poster is for children to creatively illustrate various precautions for coronavirus, thus promoting awareness and stimulating them to act against transmission. The second poster is for SEWA members to design cheap and convenient alternatives to the surgical mask using easily available material. Since people from the lower economic strata cannot utilize commercially available masks due to access/affordability issues, this substitute can be used to reduce the spread of the virus. This inclusive approach with active participation by the members could lead to more sustainable habits and practices.

The program team will also explore partnerships with government for better coordination of efforts and to prevent duplications. For community engagement, existing SEWA WASH committees, ward leaders, and MTs will work in conjunction with the village panchayat, ASHA, and Anganwadi workers. Member education will be done through a combination of door-to-door campaigns, leveraging mobile phones and digital tools, and other innovative methods (utilising RUDI no Radio, Vaali no Radio broadcast, etc.), thus minimising large gatherings and community meetings.

Given the importance of social distancing in preventing the transmission of coronavirus, there is a need to change traditional work models and practices. The team will research and brainstorm innovative solutions to ensure there is minimal impact to workforce productivity and income generation. The alternative methods of working will be piloted and implemented within various SEWA associated entities. The program team will also review and streamline existing systems, processes, supply chains, communication channels and technology for SEWA associated entities in order to position them to meet evolving customer needs. The focus would be to restructure the systems and processes to become more efficient and introduce additional technology where necessary.

What do self-employed do to survive, keep their families safe, and keep their hearths burning? SEWA is committed to finding innovative ways and means of adapting to the changing contours of the crisis in order to ensure our members continue to have the means to a livelihood. We believe that our existing infrastructure and women's skills can be channeled successfully to fulfill vital needs during this time of crisis. Women with basic tailoring skills can manufacture surgical masks, hospital gowns, gloves, and swabs. Members can also manufacture soaps and detergents as home-based industries. As we all know, these are of short supply, and are acutely in demand in order to maintain basic hygiene and sanitation in hospitals and protect healthcare workers. Hospital staff and patients can also be supplied with ready-to-eat meals prepared under hygienic conditions by our members. The advantage is that all these tasks are ideally suited for home-based work, and can be continued even in the milieu of social distancing, even as larger manufacturing units and restaurants are forced to shut down.

Our RUDI initiative – which procures grains, pulses, spices, and other commodities from small and marginal farmers and markets it to urban and rural consumers – can continue meeting the needs of the community. We intend to adapt to the changing circumstances by adopting precautionary measures in the processing centers, ensuring appropriate protective equipment, screening the processing and delivery members for symptoms, and exploring options like contactless delivery. This will not only keep supply chain flowing, but can ensure access to food and nutrition in the homes of producers and consumers alike. Similarly, the Kamla Café initiative will leverage existing food delivery platforms to ensure wholesome and nutritious food reaches the homes of customers.

Furthermore, lack of income, unemployment, or disruption in the supply chain could result in an acute shortage of certain essential items. SEWA would like to supplement ongoing relief efforts by providing food packets and ration, portable drinking water, sanitation supplies and toiletries, medication kits, and access to emergency medical care to community members across India.

**Key Performance Indicators/Outcome Metrics**

- Number of MTs trained
- Effectiveness of MT training (before-after assessment results)
- Number of members engaged and educated