Covid-19 Response Work
University Neighbourhood Panchayats

A Case Study
COVID-19 a crisis

Covid-19 pandemic has led to devastating loss of human lives worldwide. It has caused impairing damage to the health systems in India. Due to the unprecedented challenge causing social and economic crisis further pushed millions of people into poverty. The vulnerable population has been deeply affected by the pandemic. Many people in India have succumbed to the second wave. While the cases in the cities was on an inevitable rise, second wave has been equally devastating in the peri-urban and rural areas.

The peri-urban and rural areas of Bengaluru have their fair share of challenges with the damage caused to the public health systems, food systems and economic activities.

Since July 2020, Azim Premji Foundation had engaged in a comprehensive healthcare response work in close coordination with the administration and partners, including NGOs and hospitals. In 2021, we decided to extend the work to the peri-urban areas of Anekal taluk, as we already have a field institute presence and the Azim Premji University in Anekal taluk of Bengaluru.
# Panchayats we engage (N-E of Anekal Taluk)

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<thead>
<tr>
<th>Panchayat</th>
<th>PHC</th>
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<td>Billapura</td>
<td>Dommasandra</td>
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<td>Burgunte</td>
<td>Sarjapura</td>
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<td>Bidraguppe</td>
<td>Attibele</td>
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<td>Handenahalli</td>
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<td>Sarjapura</td>
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<td>Mugaluru</td>
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Source: Google
About the panchayats

Covid relief work was carried out extensively in the neighbouring villages of Azim Premji University.

As both the administrative capacities of local governance institutions and the health infrastructure of public health institutions were lacking in scale and size to handle a pandemic of this nature. Covid relief work was carried out in the seven gram panchayats Dommasandra, Biddraguppe, Yamare, Billapura, Handenahalli, Sarjapura and Mugaluru and two Primary health centres namely Dommasandra and Sarjapura. The population in these 33 villages and 23 wards accounts to more than a lakh and includes a substantial portion of migrant labourers, farming communities and petty businesses that are dependent on surrounding industries, residential apartments and the market provided by Bengaluru. Our preliminary data suggests positive cases more than 700 people and 150 deaths.

This intervention was carried out entirely by the foundation with help of elected representatives and without any presence of NGO partner.
Each GP had already formed Covid-19 Management Task Force at both panchayat level consisting of members of the panchayat and village level consisting of representatives of SHG’ and local federation, Village Accountant, Aasha workers, Anganwadi workers and waterman to contain and manage the pandemic in their areas.
Communities we serve..

Our target communities are poor, live in impoverished conditions and deeply vulnerable.
The team

“Community Engagement cell” in the University closely works with neighbourhood communities of Azim Premji University. The cell was actively in touch with the panchayat officials and elected members in all the seven panchayats.

In the first phase team members of the community engagement cell built covid relief proposals to each of the panchayats based on their medical requirements. The team was then joined by other Foundation members – consisting of members from Field institute, Philanthropy and University to assist these Panchayats and the PHCs.

Two members were allocated from the team to each of the seven panchayats to get deeper understanding of their needs.
Initial discussions with Ms. Priyanka Francis (IAS, Commissioner of Panchayat Raj), Mr. Ashraful Hasan (Director, Administration, Panchayat Raj) lead us to build strong relationship with Mr. Lakminarayan (Executive officer, Anekal Taluk) and Panchayat Development Officers of all the seven panchayats. The requirements for all the panchayats were listed down from these discussions.
We planned to assist these seven panchayats and two PHC’s by providing medical and essential supplies, assisting them in managing the pandemic through potential activities like awareness creation campaigns, testing and vaccination drives and linking them with other pandemic relief interventions of the Foundation.
Provisions

We provided medical (masks, gloves and sanitizers) and ration kits to infected citizens, frontline workers and vulnerable households.

Successfully assisted panchayats in public sanitization (like bleaching and fogging).

Assisted in increasing medical infrastructure like provision of pulse-oximeters, thermometers, ambulances and beds to the PHC.

Provision of IEC materials to Panchayats to create awareness.

Medical devices like pulse-oximeters and thermometers were given through Primary Health Centres to make sure that front-line workers are trained and held accountable to using these devices. PPE Kits and N-95 Masks were provided only to PHCs based on their requirements.

We successfully supplied two oxygen concentrators to the two PHCs and one Data entry operator through our NGO partner Gubbachi to the Sarjapura PHC to manage the vaccination work.
Training and awareness

From the Foundation, we successfully organized training sessions on Covid-19 protocols and awareness of vaccination to the frontline workers. These sessions helped them to understand the disease and create awareness among people.

Training session held at Mugaluru

Training session held at Sarjapura
Training and distribution

In the training sessions, safety materials were distributed to the frontline workers, community volunteers by the members of the Foundation. 1800 bottles of sanitizers, 5500 masks, 1200 hand gloves, 330 face shields, 300 litres of public sanitizers were distributed.
Identifying vulnerable population (Survey)

Members of the foundation assigned to each GP carried out extensive and rigorous door to door survey to identify the most vulnerable households. Survey was conducted with the help of Asha workers, Anganwadi workers and members of the panchayat.
During the survey we were able to identify key volunteers from the local community. These volunteers helped us identify vulnerable communities and mobilize the communities.
We built a relationship with Anekal Government Hospital and the Taluk Health Officials to strengthen Dommasandra and Sarjapura PHC’s. Anekal hospital was equipped with man power and safety materials.
We designed IEC materials for each panchayat carrying the helpline numbers and covid-19 protocols. Around 100 posters and 8 standees were distributed amongst the panchayats and we plan to distribute more in the future.
Awareness
Awareness
The pandemic and subsequent lockdown brought severe distress to poor people in these seven panchayats as many of them lost their means of income. Foundation launched a humanitarian relief support through the partners on ground to provide dry ration kits to families for 15 – 20 days.
Distribution
We successfully distributed 5500+ dry ration kits to the vulnerable households across the seven panchayats with the help of our NGO partner “Mercy Mission”.
Awareness around vaccination

A massive wall poster campaign was carried out across all the seven panchayats to build awareness on vaccination.

Our partner “Ugly Indians” helped us in pasting these posters at important social points – schools, Primary health centres, tanks, bus stands, Panchayat offices in all the seven panchayats.
Awareness around vaccination

We have successfully pasted 105 vaccination posters across all the seven panchayats.
Outcomes

◦ Through the relief work we were able to successfully identify, build relationship, engage and mobilize with the diverse communities across 33 villages and 24 wards.

◦ We were able to come in close contact with the government officials and elected representatives enabling us to join hands in their effort and hold them accountable to the service.

◦ Through our work were able to mobilize people in demanding help from their respective representatives through which more people enabled from ration kit distribution

◦ Through the relief work we were able to inspire other organisations to carry out relief work in the area.

◦ We were able to recognise proactive and forthcoming women run panchayats who did commendable work in providing aids to people through networking with various civil society organisation.
Our engagement with the community is long term and hence we are in constant touch with the PHC's, Panchayats and communities to support and understand the status of vaccination through surveys. Through these surveys we build awareness about vaccination at an individual level. Meanwhile, the community engagement cell will engage with other development concerns in this neighbourhood.