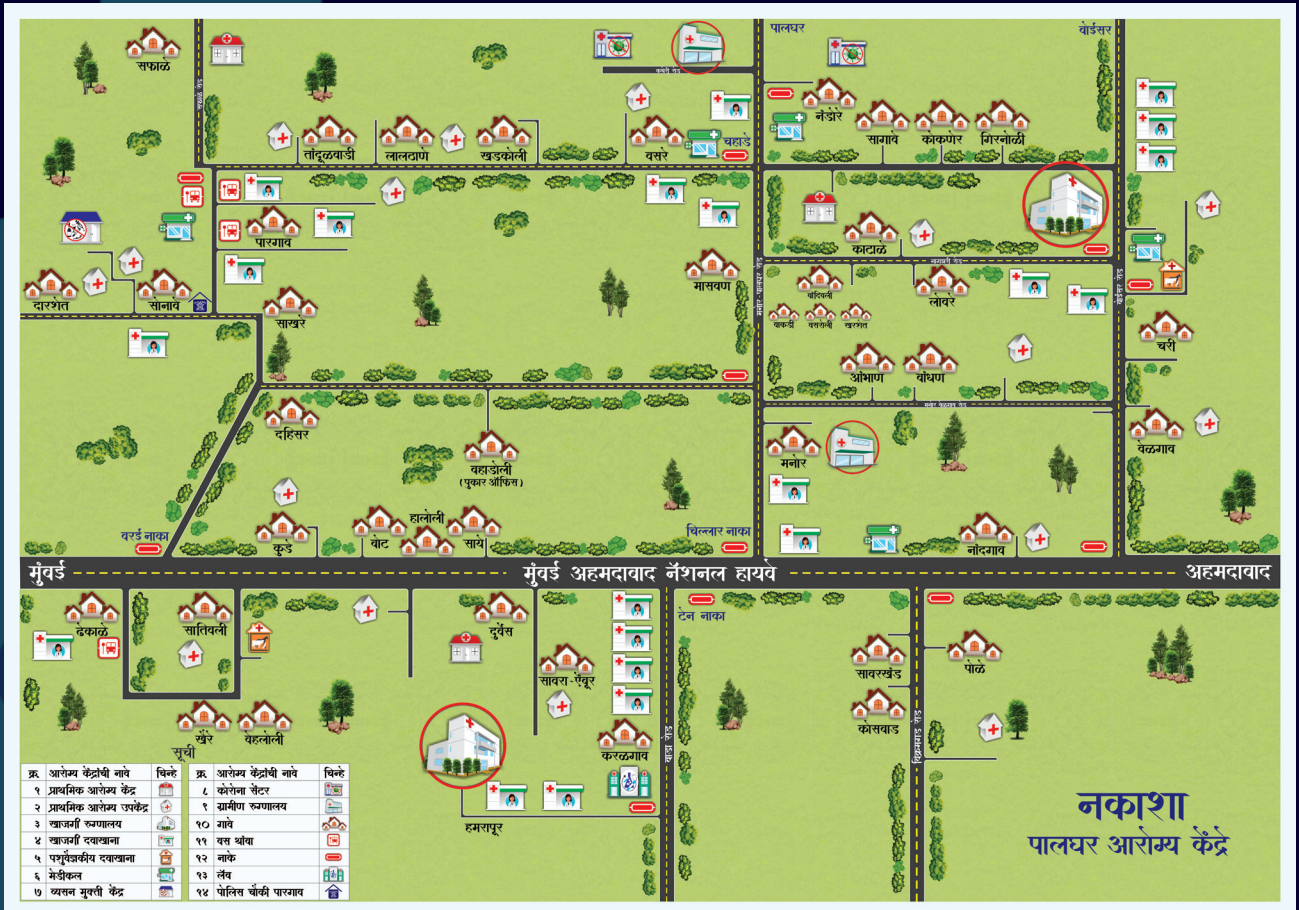


PUKAR

COPING WITH COVID-19



Public health facilities in Palghar

Annual Report 2020-21

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Partners

National



**Azim Premji
Philanthropic
Initiatives**

COVID-19: ₹54,10,000
PROJECT: ₹72,15,400



**Dhola Infra
Projects Ltd**

PROJECT: ₹25,00,000



**Dr. BMN College of
Home Science**

PROJECT: ₹7,500



**Friends of
PUKAR**

COVID-19: ₹1,09,070



GN Khalsa College

PROJECT: ₹7,00,000



**Vasant J. Seth
Memorial
Foundation**

COVID-19: ₹1,92,000

International



**Ballygunj
Society for
Children in Pain
(CHIP)**

PROJECT: ₹80,000



**Dalberg
Advisors**

PROJECT: ₹29,587



**EMpower
(The Emerging
Markets
Foundation)**

COVID-19: ₹3,20,938
PROJECT: ₹30,15,380



**GlobeScan
Incorporated**

PROJECT: ₹37,675



**India
Development
Service,
USA (IDS)**

PROJECT: ₹3,79,169



**National Science
Foundation**

PROJECT: ₹51,70,693



**Shabnum and
Sunil Sanghvi
Charitable Gift
Trust (via IDS)**

COVID-19: ₹11,89,542



**Stichting
Daida**

COVID-19: ₹1,02,500



**University of
Chicago (via IDS)**

COVID-19: ₹10,78,011
PROJECT: ₹6,02,532

Reaching Out to the Unreached

PUKAR Team was on the forefront of helping our partners, our marginalized communities who were struggling with various aspects of COVID related issues. Lack of knowledge about the disease's symptoms, fear of the disease, testing, quarantine, hospitalization and death, importance of safety precautions and the impact of Pandemic on their daily lives including food security, livelihood issues and educational problems, all these were addressed by the Team members.

PUKAR was hugely successful in raising funds both from Indian and global institutions and PUKAR supporters spread across Global North. From conducting census in various communities to organizing enough food grains, creating posters in multiple languages and sending them on WA groups for advocacy, creating banners in multiple languages and hanging them in communities for easy reading, helping people with testing was accomplished by the dedicated Community Based Barefoot Researchers. In tribal Palghar, our E-Sevaks in each of the 25 villages, went door to door to help rural folks access various COVID Related Schemes launched by the GoI.

A SNAPSHOT

1,00,000

People made aware of COVID-19 and vaccinations

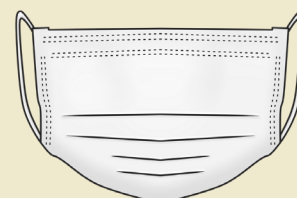


50,000

People received rations

6,000

People received masks



Strategic Response to COVID-19

Urban & Rural

2020

CENSUS

To understand the needs of the communities, we conducted a survey of 6,110 households.



LIVELIHOODS

Hired 12 girls as "Game Changers" to work with our Journey Towards Dignity team.

HEALTH

Distributed masks to 6,000 people

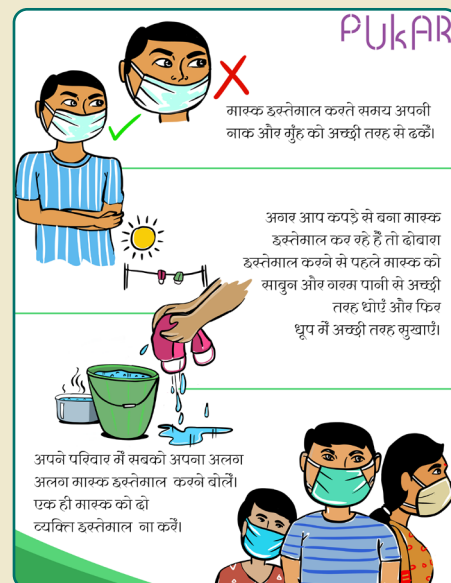
May

April

HEALTH

Posters created on COVID and distributed via a WhatsApp Broadcast List

Vital to ensure accurate information reaches vulnerable groups



May-June

ESSENTIALS

Grain Distribution (Rice, wheat, Pulses, Edible Oil etc) to address immediate food security needs.

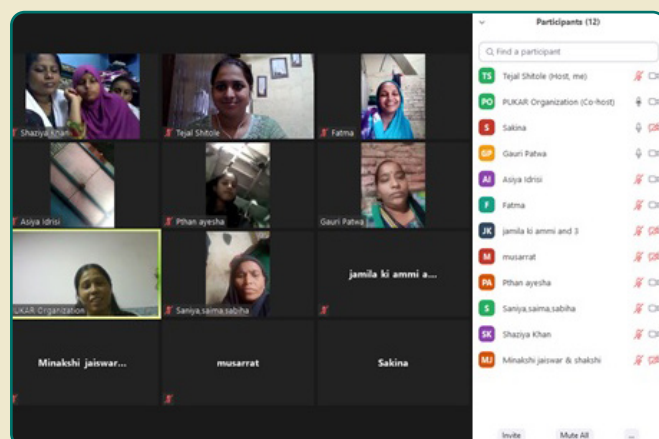
June

October

MENTAL HEALTH

Counselling of 290 adolescent girls and their parents (150) to keep them positive and motivated.

October



2021

January

ESSENTIALS

Grain Distribution (Rice, wheat, Pulses, Edible Oil etc) to address food security needs.

June

HEALTH

38 ASHA workers and 44 Anganwadi Sevikas in tribal villages in Palghar were given masks, oximeters and thermometers

July

ESSENTIALS

Distribution of nutritious food for 420 adolescent girls

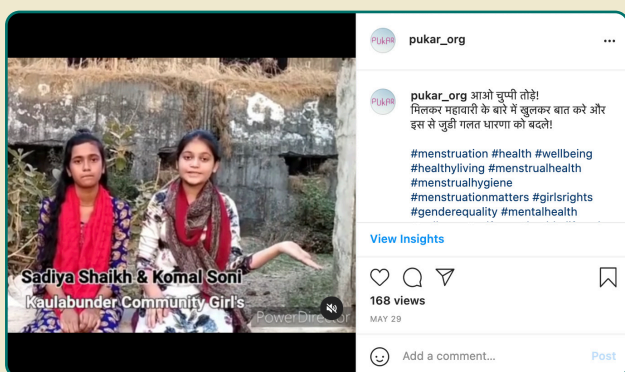


ONGOING

AWARENESS

Given a platform to the girls and women in the slums to share their problems caused by the pandemic through video bites 7 stories from Women, adolescent girls, youth

May



HEALTH

Distribution of Nutritious food in 25 tribal villages in Palghar.

2,210 children under the age of six years, 189 pregnant women and 249 lactating mothers benefited.

June-August

EDUCATION

School fees and college fees paid for 35 most marginalized girls to prevent them from dropping out of school during COVID-19.

September

Rural COVID Crises

Strengthening Local Democracy Team Takes the Lead

PUKAR team has been working in 25 tribal villages of Palghar Districts since 2014. During the pandemic the villagers suffered on multiple fronts. Closures of Anganwadies and Ashramshalas deprived children of their meals. Closures of Brick Kilns and factories caused reverse migration and many of those migrants struggled to receive food rations. The Health Care workers from the already poor health care systems were pulled into COVID work, thus causing complete collapse of the systems. Gram Panchayats, and Gramsabhas were closed thus preventing funds arriving from government structures. All this created havoc for Adivasis.

That's when the PUKAR Team stepped in and took charge.

FOOD SECURITY

1

Conducted surveys of 25 villages of children under 6 years, pregnant and lactating women related to their knowledge of and access to nutritious food/Poshan Aahar.

3

Educated villagers about their rights to demand the nutritious food/Poshan Aahar from the Anganwadi workers and improved the distribution of Poshan Aahar to children.

2

Distributed nutritious food/Poshan Aahar to 2210 children, 189 pregnant women and 249 lactating women.

This was very important task to combat existing malnutrition exacerbated severely by COVID.

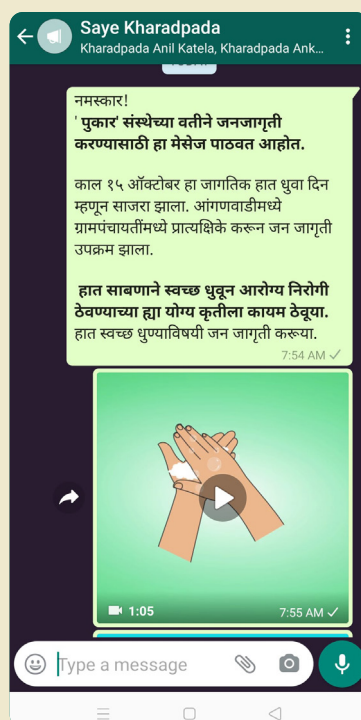
COVID-19 PRECAUTIONS

1

Created posters in local language about the symptoms of COVID and forwarded them to 35,000 people via WhatsApp groups or broadcast messages.

2

For villagers without smartphones, E-Sevaks conducted door-to-door visits to educate residents about COVID symptoms and precautions such as using masks and physical distancing.



3

When the vaccines were made available, E-Sevaks tried to convince villagers about the importance of getting inoculated and helped to reduced vaccine hesitancy

4

Distributed thermometers, O-Sat monitors to 38 ASHAs, and masks to 44 anganwadi workers. This made their daily job much more efficient.

Rural COVID Crises

Strengthening Local Democracy Team Takes the Lead



SOCIAL SECURITY

1

Created short information templates about every scheme newly launched specifically for COVID. This included the eligibility criteria for each scheme in local language. It was shared with people who had smartphones and who could read.

2

Helped villagers by downloading scheme documents and filling up the application forms/registering people for the schemes and helped them to collect the documents needed to apply for various government schemes.

If it was not for these various services provided by the PUKAR Team, many people would have been deprived of the help offered by the government.

MAPPING HEALTHCARE FACILITIES

1

E-Sevaks mapped the health care facilities available within and around in the 5 KM radius of their village.

2

It included dispensaries, private medical practitioners, pharmacies, nearest PHC, their bed capacity, medical staff capacity, times of operations and travel times to each PHC by road transport.

3

Maps hung in each panchayat office for easy accessibility to villagers. This exercise made accessing the health services easier on the villagers.

13 COVID Related Challenges

DIGITAL DIVIDE



1

Unavailability of or lack of smartphones for youth. Often, households only had one phone which was primarily used by the father or elder brother.

2

Lack of last mile connectivity in slums and resource poor neighborhoods.

3

Lack of funds to recharge phones

MISCELLANEOUS



5

Inability to gather more than 3-4 participants for workshops/ meetings

6

Lack of permission from the parents for participants to attend workshops.

7

Youth in slums facing police harassment, when they stepped out to get essentials such as water, medicine

8

The Pandemic gave rise to serious Shadow Pandemic globally. Domestic abuse and child marriages increased dramatically. Poverty, lack of food security, patriarchy, restrictions on the number of attendees for a wedding, all these played into this pandemic. Every team encountered this.

9

Inability of teams to conduct multiple workshops/ groups meetings/ parents' meetings/COVID relief work.

MOBILITY



10

For Barefoot Researchers, difficulties in implementing research instruments like surveys, interviews etc. of the stakeholder to carry out their research due to lockdown.

11

Difficulty in food procurement and grain distribution issues

SPACE



4

No space in the house to sit and attend the 2-hour workshop on the phone. School closures and loss of jobs leading to everyone being home at the same time, especially in the slums, miserable lack of space giving rise to different challenges like crowding and lack of ventilation, extreme heat.

LABOUR



12

Girls getting pulled in the care work at home while boys getting pulled in livelihood related activities outside of the house.

13

Loss of livelihoods causing insecurity and being pushed under poverty line, thus leading to loss of rental homes and eventual migration to villages.

12 Ways We Navigated the Crises

SPACE



1

Secured field offices in 2 communities and in other communities sought nearby community halls to gather 3-5 BRs/ girls at a time where discussions about sensitive issues like religion, caste, MH, RH could happen without the presence of overbearing parents.

2

Conducted same workshop/ meetings 4-5 times a day for smaller groups of 3-4 instead of 30 in face to face group.

DIGITAL DIVIDE



5

Deployed 20 tablets to our Changemakers and E-Sevaks for training, communication and learning. 3-4 participants would share each tablet as a learning tool.

6

Purchased 4 Zoom platforms to make them available for every team. This created a safe opportunity to reach out to our various stakeholders if they had access to internet.

7

JTD Team Created Game Changers: Recruited alumni within the communities. Trained them in working of Tablets and accessions online workshops through it. They collected 3 girls at a time to sit around in a SAFE place with the Tablets to attend the workshop.

8

YF Team Created Alu-Mentors who kept in touch with their group members by calling one on one and judging the progress of their work. JTD Team did the same by calling girls who did not have a smart phone but a regular phone by calling them each day just to keep in touch.

MOBILITY



9

For Barefoot Researchers, driven by their sense of community ownership, they ventured out to meet their respondents with no access to phones for surveys, interviews etc. taking health risks, legal risks and parental opposition.

10

For food procurement issues, police permissions were obtained in the slums.

MISCELLANEOUS



3

Lack of time slots in YF/ JTD were overcome by conducting meetings/ workshops late at night when participants' work was over.

4

Team engaged with parents by requesting them, cajoling them, convincing them to allow their children access to the phones for 2 hours twice a week for attending workshops.

LABOUR



11

Collected evidence for the problem of domestic violence which was caused by extreme insecurity in men related to food, livelihoods, patriarchy and gendered division of labour.

12

We worked with our funders to address the needs of migrant workers posited in slums in terms of providing food security

Youth Fellowship:

*They Owned, They Innovated,
They Risked, They Achieved.*

It was a unprecedented year for everyone globally including our Community Based Barefoot Researchers who had gathered from distant communities to join this unique and distinctive program. All the subjects of their research were at the intersectionality of COVID and their lives-- be it impact on their own education, or impact of COVID on children's sports. They were being deprived of the usual fun filled residential workshops where they learnt and unlearnt, debated and fought, agreed to disagree but reminded friends, sung and danced and cooked together.

But they did not lose their spirit. For each of the six groups that they had formed by their own free will, it was their projects, they decided the topic, they set the rules, they chose their respondents, they did the division of labour and they performed every task while taking health risks, law risks and at times parental opposition

and anger. They overcame their problem of communications with the community with a sense of ownership that was inculcated in them by the YF Team.

This action in itself instilled a deep sense of community ownership in them that would stay with them in future and would help them to become conscious citizens and community leaders. This was one of the best outcomes of this pandemic.

COVID-19 + EDUCATION



COVID-19 + DOMESTIC VIOLENCE



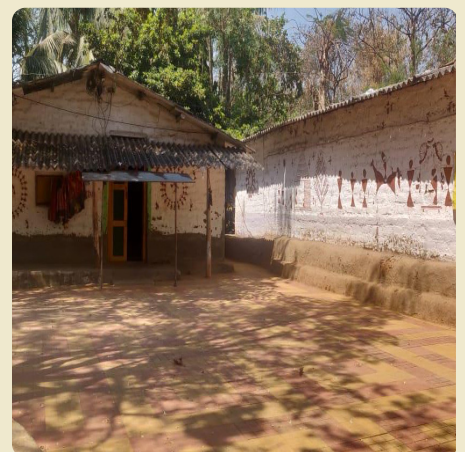
COVID-19 + SANITATION WORKERS



COVID-19 + THE TRANSGENDER COMMUNITY



COVID-19 + THE ENVIRONMENT



Stories From the Ground

EDUCATION

From Dropouts to Entrepreneurs

The girls joined the JTD program that parents did not object to since it was in the neighborhood. Through the program they not only gained knowledge about health but also self confidence and importance of self reliance. They joined tailoring classes in the neighbourhood, became experts and opened a tailoring shop that has created economic independence for them. And now their voices matter in their households...



FOOD SECURITY

PUKAR people give ration to everyone. Other organizations take our names and Aadhar card information but do not distribute ration to everyone but only to whom they know or who are owner. I am a single woman and a renter with 3 small children and I have lost my job as a housemaid. My children are hungry and my son also cannot go out because the police harassed him. So please give me ration. Until you give me ration, I am not leaving your house

- Nasreen, a single mother, in Kaula Bandar at Bali's house at night

This is very nutritious food, and it would really help me and my children. Thank you PUKAR for this.

Pregnant mother of a 4-year-old child in Tribal area.

Almost all mothers thanked PUKAR profusely. Food packages distributed containing high protein food suitable for local taste and culture.

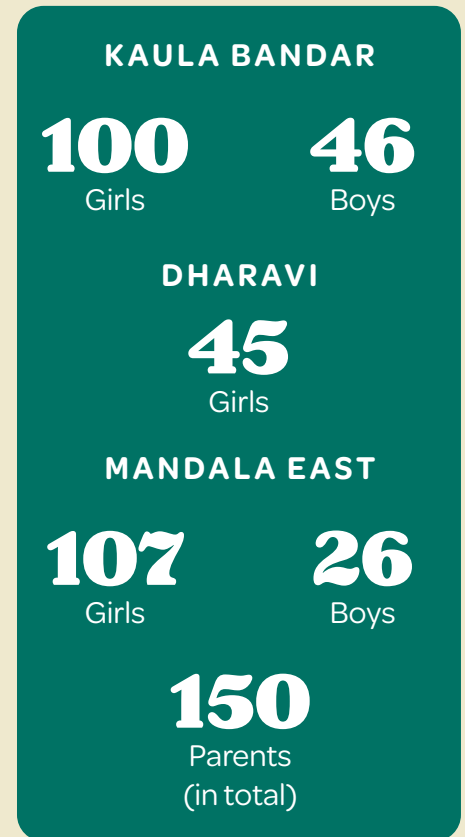
Channa, Toor Dal, Moong Dal, Crushed Wheat, Peanuts, Jag-gery and Dates.

Journey Towards Dignity:

Indomitable Spirit to Empower

The JTD team had initiated the program for adolescent girls and boys.

Most sessions were conducted on digital medium and digital divide made that task very hard. Using the community based Game Changer Girls who were given tablets by PUKAR and requested to collect 2-3 girls at the time of the workshops, the workshops were carried out. Many a times, the Field Team members ended up conducting the same module 3-4 times a day in order to reach all the girls. It was their deep seated desire to empower the girls that helped them to pursue their tasks against many hurdles. Major challenges were related to reaching out to the girls as described in the section Challenges.



Journey Towards Dignity:

Indomitable Spirit to Empower

Parental Involvement & Empowerment

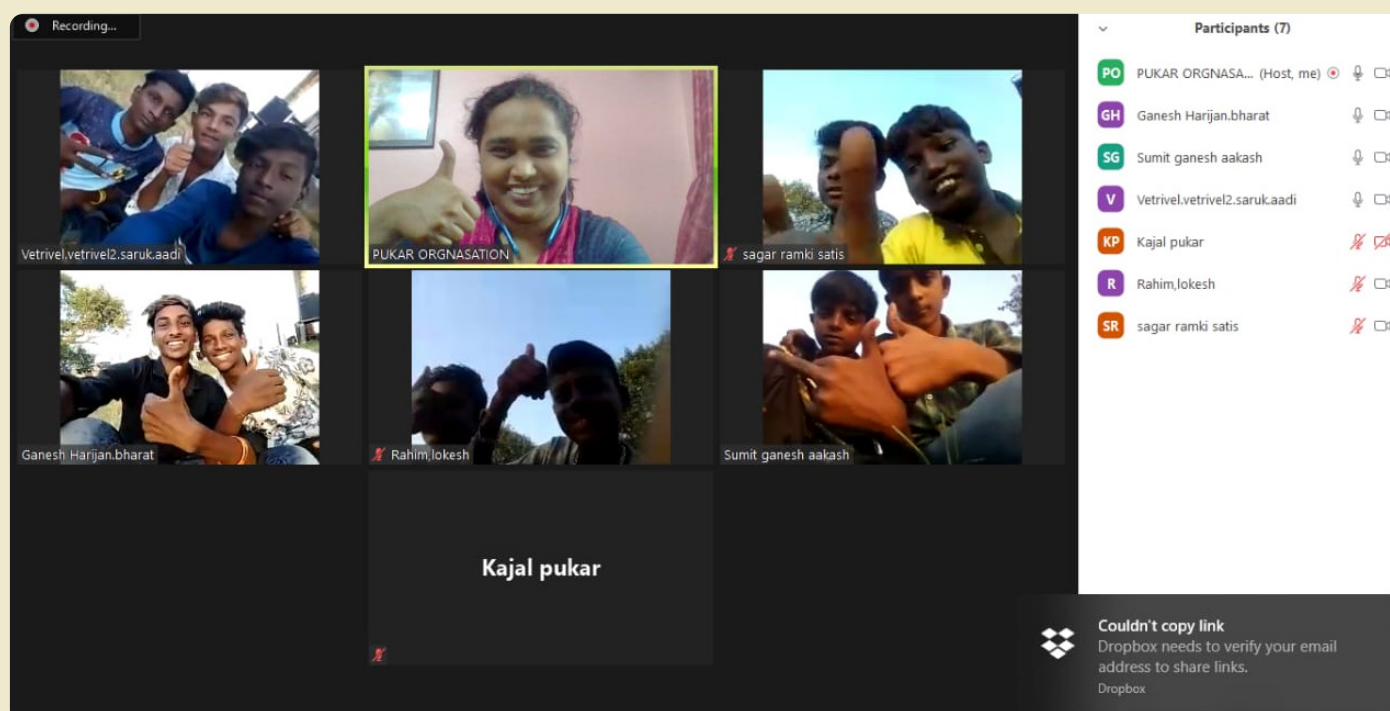
Team has devised 5 parental sessions mostly targeted at

- Communication between mothers and daughters,
- Nutrition,
- Menstrual Health and Hygiene and,
- Reproductive Health and Hygiene.

Parents' session have been very successful and most of the times mothers have been attending these sessions with great enthusiasm, bringing their friends, neighbours and demanding more sessions.

Additional Highlights

- Boys Training Program: Initiated only in December 2020
- Additional Training and Capacity Building of the Team supported by EPower
- Training of the Team for Boys related activities by Equal Community Foundation.
- Training of the Team for Dance Movement Therapy: Commencing in October 2021.



Stories From the Ground

CHILD MARRIAGE AND DOMESTIC VIOLENCE

14-year old JTD participant
Rukhsar stopped her 16-
year old sister's marriage

रुखसार १४ साल की एक लड़की है जो मुंबई की एक अनाधिकृत बस्ती में रहती है। वह पुकार के "Journey Towards Dignity" प्रोग्राम से जुड़ी हुई है। रुखसार काफी उत्साही लड़की है। नए - नए सवाल पूछना, नई चीजें सीखने की चाह रखना, उसे बहुत पसंद है। एक दिन पुकार के सेशन में वह बहुत उदास और नर्वस लग रही थी। हमेशा बातें करने वाली, उत्साह के साथ अपनी बातें साझा करने वाली लड़की उस दिन बहुत ही चिंता में लग रही थी। यह देख कर मुझसे रहा नहीं गया और उससे पूछने पर उसने बताया कि दीदी आप तो बोलते हो की यह उम्र सपने देखने की है, पढ़ने की है। मैंने कहा हां रुखसार यह बिल्कुल सही है। फिर उसने कहा कि दीदी आप बोलते हो की बाल विवाह एक गुनाह है, जल्दी शादी नहीं करनी चाहिए। मैंने यह सब यहां पुकार के सेशन में सीखा है और यहां मेरे घर में मेरी बहन जो कि १६ साल की है उसकी शादी तय हो गई है। उसकी पढ़ाई भी रोक दी गई है। सब गलत हो रहा है। अगर अम्मी अब्बू को शादी ना करने के लिए बोला तो वो बिल्कुल नहीं मानेंगे।

मैंने उससे आगे पूछा कि क्या कुछ सही करने के लिए थोड़ी हिम्मत करके अम्मी अब्बू को समझा नहीं सकते? अम्मी अब्बू मानेंगे या नहीं यह आगे की बात है पर क्या हम एक कोशिश कर सकते हैं? इसके लिए आवाज उठाना तो जरूरी है। मेरे इस सवाल को रुखसार ने दिल से सुना और जीने की नई उम्मीद के साथ उसने

फिर से कोशिश करने की ठान ली। उस वक्त रुखसार में एक लीडरशीप कि छमता दिखाई दी, उसकी आंखों में परिस्थिति बदलने की एक चाह दिखाई दी।

मुझे रुखसार का हौसला बढ़ाना जरूरी लगा। रुखसार और मैंने साथ मिलकर उसकी अम्मी और अब्बू से उसकी बहन की शादी के बारे में बातें करना शुरू किया। कम उम्र में होने वाली शादी एक गुनाह है, उससे होने वाले शारीरिक और मानसिक नुकसान के बारे में उन्हें समझाया। यह उम्र शादी की नहीं बल्कि पढ़ने की और कुछ बनने की है। रुखसार की मदद से इन मुद्दों पर लगातार चर्चा के कारण शादी के १५ दिनों पहले हम उस शादी को रोक पाने में कामयाब हो पाए। रुखसार ने अपनी बहन कि जिंदगी के लिए एक अहम भूमिका निभाई।

One of our Barefoot Researchers in one of our communities was married off by their single parent mother under age by changing her birthdate on the Aadhar card. After marriage the bride was sent to another state where she faced domestic abuse. She somehow managed to get in touch with a PUKAR member through another Barefoot Researcher. PUKAR contacted the lady officer in the family court in Mumbai who in turn contacted her counterpart in the other state and rescued the girl.

- Names and places not mentioned / changed for the safety of the persons involved.



Image Credit: Aasawari Kulkarni/Feminism In India.

Healthy Cities, Wealthy Cities

Their Communities. Their Responsibility. Their Commitment.

SOCIAL CONSTRUCTION OF LEGAL EXCLUSION OF INDIAN SLUMS

Collaborators:

National Science Foundation-Northeastern University, Tufts University, and PUKAR.

Approach:

This collaborative project explores the legal exclusion faced by slums dwellers based upon legality of their existence.

Instruments:

- Ethnographic study
- Participatory observations
- Interviewing residents of the slums
- 60 Respondents for initial detailed interview and follow-up interviews balancing ethnicity, gender, geography, legality and age while choosing respondents
- Photographic and video documentations over a period of 18 months

Impact of the lockdown:

In the initial 3-4 months, from March 24, 2020–August 2020 almost all the activities were on hold due to strict lockdown. But whenever the team members stepped out to get the essentials like water, grains, medicines etc., or when they did grain distribution, they continued doing their participatory observations in Kaula Bandar.

Despite the lockdown:

- September 2020: Interviews of the respondents started and continued through March 2021
- Conducted census as per the MbPT request- October 2020
- COVID related food security activities on page 5.
- The project has continued and is expected to be over by Jan 2022.

Totally Unrecognized Slum

40

interviews
in Kaula Bandar

Totally Recognized Slum

5

interviews in Dharavi

Partially Recognized Slum

10

interviews in Mandala
(Matang Rishi Nagar &
Janata Nagar)



Niles engaging in participant-observation in Kaula Bandar.

Healthy Cities, Wealthy Cities

Their Communities. Their Responsibility. Their Commitment.

DIFFERENCE IN THE SERVICE DELIVERY BETWEEN RECOGNIZED AND UNRECOGNIZED SLUM LOCALITIES

Collaborators:

University of Chicago and PUKAR

Instruments:

- Census of 6000 + homes and randomization for research
- Measurements of randomized homes' dimensions
- GPS location of these homes
- 360 degrees images of the randomized homes
- Interviews of the residents.

Challenges:

The very poor or absent digital connectivity made collecting GPS Location a very hard and time-consuming task that had to be on hold during the lockdown. The team is hoping to restart this activity in mid-October 2021.

Sample size in
Mandala

8802

Households

2200

Homes



Bali capturing an immersive 360 photo in Mandala.*

Healthy Cities, Wealthy Cities

Their Communities. Their Responsibility. Their Commitment.

NEED FOR LOW-COST HEALTH CLINICS AND HEALTH IMPACT ASSESSMENT IN TWO RESOURCE POOR COMMUNITIES IN MUMBAI

Collaborators:

SWASTH Foundation and PUKAR

SWASTH Foundation

Goal:

This project was initiated in the collaboration with SWASTH Foundation and was implemented in the M-East ward of Mumbai in Mandala and in Lallubhai Compound buildings that are built by Slum Rehabilitation Authority (SRA).

Timeline:

April 2016-November 2019

(Report Preparation)

6000

surveys over three
years

60

families were followed
and interviewed every
15 days for three years



The final report (136 pages) which was the aggregate of all this data was prepared during this lockdown time and submitted to SWASTH.

Healthy Cities, Wealthy Cities

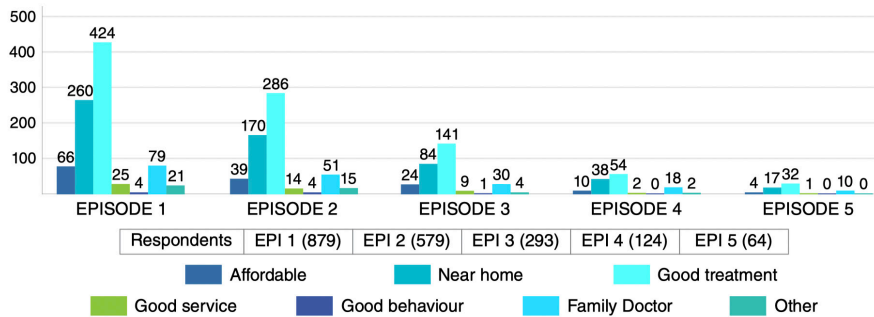
Their Communities. Their Responsibility. Their Commitment.

NEED FOR LOW-COST HEALTH CLINICS AND HEALTH IMPACT ASSESSMENT IN TWO RESOURCE POOR COMMUNITIES IN MUMBAI

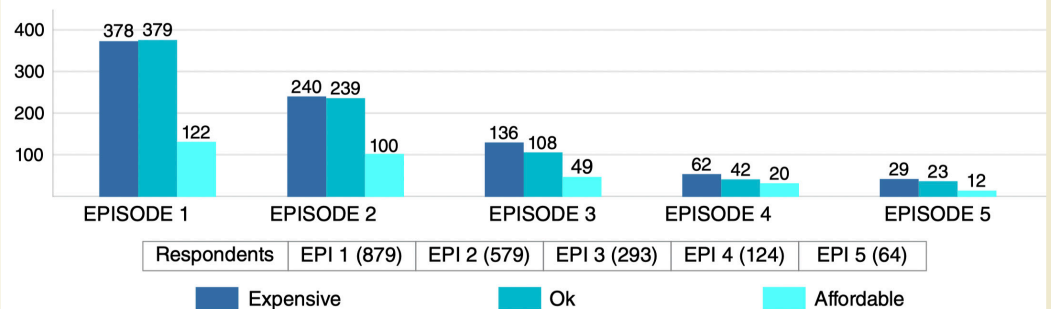
Excerpts from the report:

SWASTH Foundation

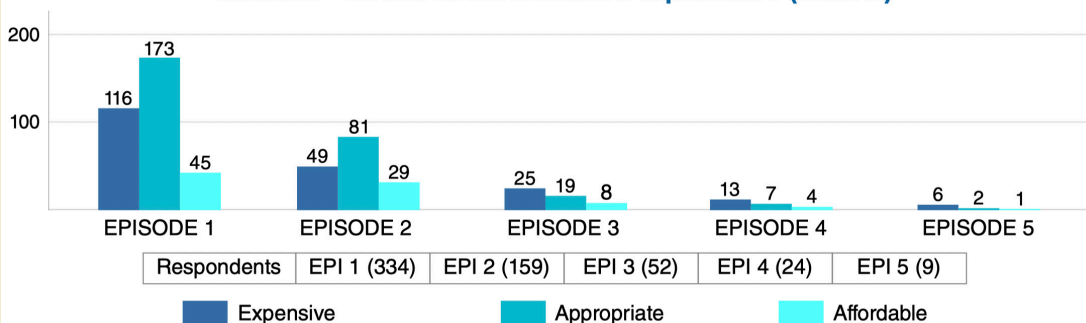
Mandala - Reasons for choosing this Doctor (Baseline)



Mandala - Notion about treatment expenditure (Baseline)



Mandala - Notion about treatment expenditure (Midline)



Mandala - Notion about treatment expenditure (Endline)



Healthy Cities, Wealthy Cities

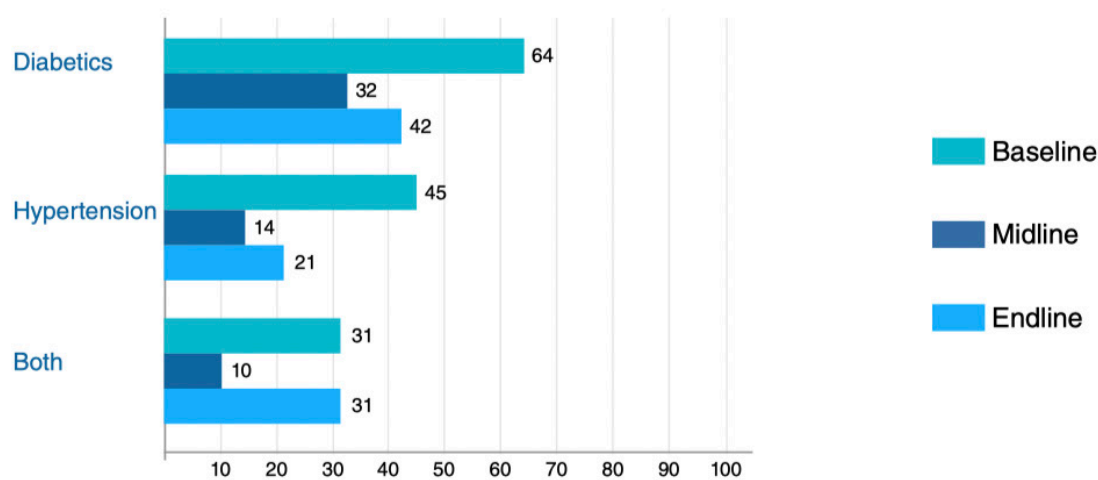
Their Communities. Their Responsibility. Their Commitment.

NEED FOR LOW-COST HEALTH CLINICS AND HEALTH IMPACT ASSESSMENT IN TWO RESOURCE POOR COMMUNITIES IN MUMBAI

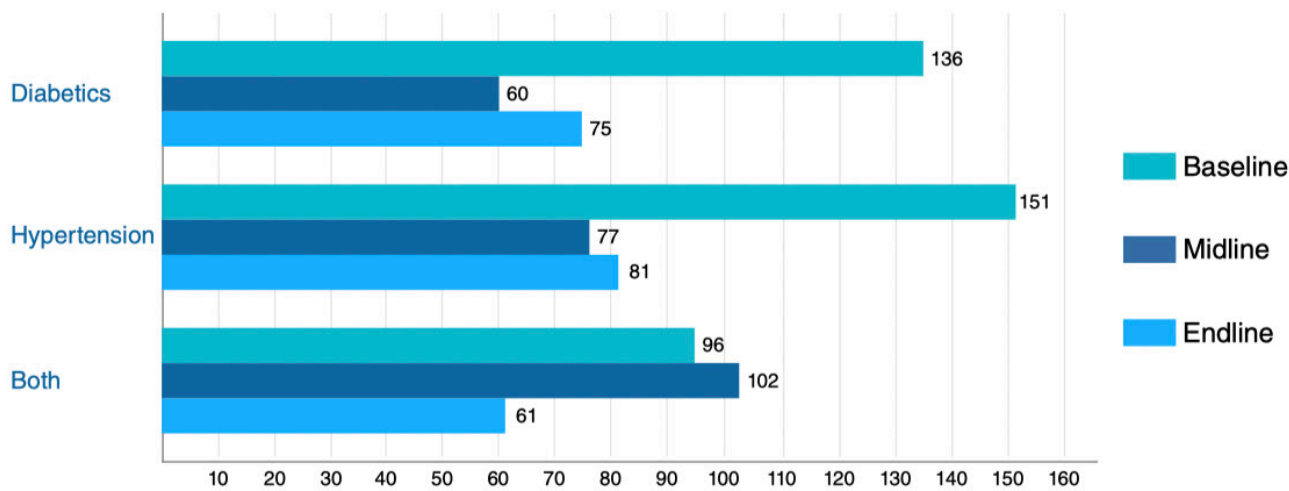
Excerpts from the report:

SWASTH Foundation

Mandala & Lallubhai - Type of illness value



Mandala -Type of illness value




Lallubhai -Type of illness value

Strengthening Local Democracy

Advocacy and Access

Strengthening Local Democracy (SLD's) regular work was redirected to address the urgent problems caused by the pandemic and government imposed restrictions.



સંસ્થાનું નામ : આયુષ્યમાન ભારત, હાલોલી

પ્રકાર : ઉપકેન્દ્ર

દિવસ : બુધવાર

વેલ : સપ્તાહી ૧૦ તે દુપારી ૨

પતા : મુ. હાલોલી, ગાવઠાળ પાડા

સંપર્ક ક્રા. : ૯૯૦૯૪૬૦૦૩૮

સુવિધા ઉપલબ્ધ : ગરેડર મહિલાની તપાસણી હોતે આણિ તરીકરણ હોતે. કેમિસ્ટ્ર આદે.

પ્રવાસ સુવિધા : દુવાકી, રિવશા

સંસ્થાનું નામ : પ્રાથમિક આરોગ્ય કેન્દ્ર, દુવેસ

પ્રકાર : પ્રાથમિક આરોગ્ય કેન્દ્ર

દિવસ : સોમવાર તે શનિવાર

વેલ : સપ્તાહી ૯ તે સાંકાલી ૬ (બાહ્ય રુગ્મણ તપાસણી)

પતા : મુ. પો. દુવેસ, જિલ્લા પરિષદ શાળેજવલ

સંપર્ક ક્રા. : ૯૦૩૦૧૯૮૯૯૧

સુવિધા ઉપલબ્ધ : કેમિસ્ટ્ર આદે. ૨ ચાટા આદેત. રક્તદાબ મોજણી વંચ આદે. વજન કાટા આદે. નાડી તપાસણી હોતે. તાપમાપક આદે. પ્રસુતિ સુવિધા આદે. ૭ સ્ટ્રેચર આદેત. રક્ત તપાસણી હોતે. તાલી તપાસણી હોતે. ૨ ડૉવટર, ૧ પરિચારીક આદેત.

પ્રવાસ સુવિધા : રિવશા, બસ, દુવાકી

સંસ્થાનું નામ : ઉપ કેન્દ્ર, સાવરા પેવુર, સાવરા

પ્રકાર : ઉપ કેન્દ્ર મારાશી પથક

દિવસ : સોમવાર તે શનિવાર

વેલ : સપ્તાહી ૯ તે સાંકાલી ૬

પતા : મુ. ડમ્બુર, પાટીલ પાડા, પો. દુવેસ

સંપર્ક ક્રા. : ૯૯૯૮૩૩૪૩૬૯

સુવિધા ઉપલબ્ધ : ૧ ડૉવટર આદે. ૧ પરિચારીકા આદે. ૩ ચાટા આદેત. કેમિસ્ટ્ર આદે. સર્વ પ્રાથમિક ઉપચાર હોતાત. આપ્તકાલિન પ્રસુતી સેવા આદે.

પ્રવાસ સુવિધા : રિવશા, બસ, દુવાકી

This is an excerpt from a booklet that we delivered to grampanchayats which contained detailed contact information and operating hours for health care facilities of 25 villages.



Mapping My Village: Map of each village drawn by the Team of E-Sevaks to empower them and other villagers about knowledge of important places.



Grampanchayat members accepting the booklet of Health Service Centers around each of the 25 villages that was created by PUKAR E-Sevaks.

Strengthening Local Democracy

Advocacy and Access

खावटी अनुदान योजना २०२०

बँकेच्या खात्यात 2 हजार रुपये आणि, 2 हजार रुपयांचे किराणा (धान्य, डाळ, तेल, मूग, उडीद, चहापावडर, मसाला) असा एकूण 4 हजार रुपयांचा लाभ देणारी योजना!

2013 मध्ये बंद झालेली ही योजना महाराष्ट्र सरकारने 2020 मध्ये पुन्हा सुरू केली आहे. आदिवासी विकास विभागा मार्फत ही योजना राबवली जाते.

योजनेचा लाभ कोणाला मिळेल?

१. आदिवासी कुटुंब (२०१९-२०२० मध्ये किमान एक दिवस मनरेगा अंतर्गत- रोजगार हमी योजनेत मजूर म्हणून काम केले असले पाहिजे)

२. आदिम जमातीची कुटुंबे (भिल्ल, कातकरी, कोलाम, माडिया, गोंड)

३. पारधी जमातीची कुटुंबे

४. परितक्क्या

५. घटस्फोटित महिला

६. विधवा

७. भूमिहीन शेतमजूर

८. अपंग व्यक्ती असलेले कुटुंब

९. अनाथ मुलांचे संयोजन करणारे कुटुंब

१०. वैयक्तिक वनहक्क प्राप्त झालेले वनहक्क धारकाचे कुटुंब

योजनेचा लाभ घेण्यासाठी अर्ज भरण्यासाठी कोणतीही फी/पैसे सरकारतर्फे आकारले जात नाहीत. *नाव नोंदणी विनामूल्य आहे.*

योजनेचा लाभ घेण्यासाठी पात्र असल्यास ग्रामपंचायतीशी संपर्क करून प्रक्रिया समजून घ्या.



Pamphlet describing eligibility criteria for the "Khauti Yojana" that will deliver cash and grains worth INR 4000 to the most marginalized. Created by PUKAR in local language and distributed widely.

E-Sevaks gathering the tribal to explain various Gol schemes, eligibility and documents required to apply for these schemes.



An E-Sevak explaining COVID related symptoms and precautions to a tribal family maintaining the physical distance and masking.

Strengthening Local Democracy

Advocacy and Access

CHECKING COVID-19 VACCINATION STATUS IN PROJECT VILLAGES

Purpose:

We wanted to know about the status of COVID-19 vaccination in the villages where PUKAR is working. We collected following information:

- How many people in the house are above 18 years of age?
- How many households had COVID-19 patients? If so, how many people got infected, did anyone in the house die due to COVID-19?
- How many of the family members who had COVID had to be admitted to the hospital?
- Is there any information in your home about the need to register for COVID vaccination on Covin app or website?
- How many people in your family over the age of 18 are registered on the CoWin app or website?
- How many people have had the first or second dose of the vaccine?
- What are your / your family members' concerns about COVID vaccination?

Methodology: PUKAR used survey method for data collection. PUKAR selected 41 households per village from various Adivasi hamlets.

Period of data collection:
August 2021

Findings

- 3704 people are above 18 years and eligible for COVID-19 vaccination.
- 26* people from 20 households (HH) got COVID-19
- 11* people (42%) out of 26 people were admitted to the hospital.
- 5* people (19%) out of 26 people died due to COVID-19
- 30% of total HH know about how to register for the vaccine using the CoWIN app or website. Within this, 30% HH are OBC, higher caste HH are 66% and ST HH are only 25%.
- 354 people (10%) have registered themselves to get vaccinated using the CoWIN app.
- 412 people (12%) have got their 1st dose of COVID-19 vaccine. Only 7% ST population got their 1st dose of COVID-19 Vaccine and 37% OBC population got their 1st dose of COVID-19 Vaccine.
- 168 individuals (5%) have both doses of COVID-19 vaccine. Only 2% ST population got their 2nd dose of the vaccine and 19% OBC population got their 2nd dose of the vaccine

**In our experience, people are not ready to honestly answer these questions. They hide information about COVID-19 patients due to social stigma.*

Sample size:

1025 / 5284
households individuals

in 25 villages in Palghar Block where PUKAR has been working in SLD project from Oct 2018.

Stories From the Ground

HEALTH SERVICES

These instruments, Thermometer, Oxygen Saturation Monitor, masks and sanitizers are going to protect us and make our job easier. All the equipment given to us by the PHC last year has now become dysfunctional and it has not been replaced. We now have access to these instruments that are necessary for us to perform our duties. Thank you PUKAR for making our work easy.

- One among many ASHA and Anganwadi workers who shared this sentiment



ADVOCACY



My village is located in a hilly, difficult terrain and most of the villagers are poverty stricken Adiwasis. Because of our location most of the government schemes were never reaching us. But for the past two years PUKAR E-Sevaks have been working with us, going door to door, informing us and helping us to access the benefits of various schemes. Now we do not have to go to the Taluka places to get our PAN card or Aadhar Card. PUKAR E-Sevaks help us get it in our village. We were especially helped during COVID times when the E-Sevaks ensured that we received our POSHAN Ahar at our doorsteps to our children. That helped us a lot.

- Bhima, Sonale Village, Palghar*
**Names changed to ensure privacy*

I live in a small village. In my village most of the schemes of the government meant for us are not known to us. I did not know anything about Sukanya Samrudhi Scheme and how it would benefit my daughters. PUKAR E-Sevaks informed me about the scheme and how I can save the money in that scheme for my daughter's education and marriage. They also explained to me how much money I can save and how much I will receive in return. With the help of PUKAR E-Sevaks, I opened a joint bank account in the name of my daughter and myself. Now I can save Rs 500 each month in that account. This will come handy to me when she needs it in the future.

-Suniti,
Kosbad Village, Palghar*

The Invaders & The Warriors

COVID, Screens and Youth

Last year while writing this opening page for our annual report I had hoped to write “stories of miracles of science and technology, of human generosity and of indomitable human spirit.” And we certainly witnessed the resolute human spirit, the generosity, and the miraculous technology. Resourcefulness, resilience, and innovations were on call and data collection, analysis and dissemination through technology played a huge part in our ability to deal with the challenge. Amazing how technology made it all possible so quickly! It has been a panacea for scientists, frontline workers and for those who could WFH. Yet the vast and deep digital divide was a quagmire for the poor and the marginalized globally. In a moment of reflection, I pondered how did the miraculous technology impact the communities we worked with. Good, Bad or Ugly?

The fundamental ethos of PUKAR is Community Based Participatory Action Research where the community youth and community members are the most important stakeholders and partners in every activity undertaken. Be it opening the doors of knowledge to slum dwelling adolescent girls related to their own bodies or helping the tribals to raise their voices in Gramsabhas of 28 Grampanchayats about PESA fund disbursement. In every project face to face engagement between the community youth and community forms an integral part of the process and results.

Suddenly all this was topsy-turvy as that virus challenged all the global assumptions, predictions, and functions. Meeting people became a deadly activity and all the communications had to be shifted to those screens. “Screens invaded life as much as the virus”. Even for the teach savvy Millennials and the Gen. Z, born in the age of screens, it was a hard task to digest and come to grip with.

All were stuck to those screens, mobiles or tablets or laptops. For the marginalized youth with whom PUKAR deals with 100% of the time, those screens were not always accessible, available or affordable. Lack of phones, lack of last mile connectivity, lack of funds; having to choose between food or recharge of phones and lack of time and lack of concentration ability!!! They struggled with parental demands of their time for work at home or outside, they grappled with lack of interactions with friends, with teachers! They were deeply concerned about what their future held, what would happen to all their aspirations. Some were affected badly and sunk into depression, some gave up their aspirations and reconciled to their multi-sectoral deprivations, others held on to their hopes and innovated.... They had to move with the flow and learn the new realities of the new normal.

As the world lumbers back to the new normal, the youth, especially the Millenia and the Z Gen will have to drive the agenda... digital divide, educational disruptions, multi sectoral opportunity deprivations, and finally... Climate Change... an apocalyptic issue staring at us!!!! This is a clarion call to all of them...

Ab Tumhare Hawale Vatan Sathiyon...

ANITA PATIL-DESHMUKH

Best Practices

CREDIBILITY ALLIANCE

PUKAR was accredited by Credibility Alliance (CA) in February 2018 under 'Desirable Norms' for a period of 5 years until February 2023. Credibility Alliance is a consortium of Voluntary Organizations (VOs) committed towards enhancing Accountability and Transparency in the Voluntary Sector through Good Governance.

ROBUST FINANCIAL SYSTEM

1. Uploading of FCRA quarterly receipts and annual accounts to FCRA website and PUKAR website
2. Audited Accounts is being submitted to Charity Commissioner every year
3. Change reports are being submitted to Charity Commissioner as and when required
4. Internal audit is being conducted every three months
5. Statutory audit is being conducted once a year
6. Transparent salary parity
7. Trustees receive no remuneration from PUKAR.

GENDER RESPONSIVE WORKPLACE

PUKAR strongly believes in Gender Equity and we strive to execute that principle in every action we take. Gender friendly workplace is the Mantra at PUKAR. From the percentage of women as team members and team leaders to giving equal opportunities for capacity building, to having a strong POSH committee, young women have as much say in every activity. Best part is the 6 months of full paid Maternity Leave and 30 days of full paid Paternity Leave that team members enjoy and help build a strong health foundation for the newcomer of the house. This policy has been executed in PUKAR since 2005. We also disclose our gender-wise salary distribution (see page 11).

POSH COMMITTEE

Bearing in mind the increased incidences of violence against women, nationally and globally, and the #MeToo campaign, PUKAR formed its own POSH (Prevention of Sexual Harassment) Committee in 2017 and it has been functioning regularly as per the mandates. Because of the activeness of POSH committee and regular awareness sessions, PUKAR witnessed ZERO case of sexual abuse this year.

CHILD PROTECTION COMMITTEE

Since PUKAR's work involves a great deal of engagement with children through their older siblings and the mothers, it was essential to have clearly delineated Child Protection Policy that was created, understood and accepted by everyone in the Team.

SOCIAL LOCATIONS

We disclose the social locations of our staff and strive to ensure that members from marginalised communities are hired across positions and are among the ones taking key decisions.

COVID-19 RELATED CHANGES

Updated HR and Child Protection Policies to address the challenges posed by COVID-19. Specifically, we made changes based on the the new mode of conducting sessions or activities and restrictions imposed by the Government. This was to ensure the safety of all the beneficiaries/participants. We sought to communicate clearly and ensure our internal systems were compliant and smooth.

Institutional Ethics Committee

We are very proud to host the Institutional Ethics Committee (IEC) which approves every health-related project conducted by PUKAR in collaboration with national and international academic institutions. For papers based on our research to be published in 'Peer Reviewed International Journals', it is mandatory to

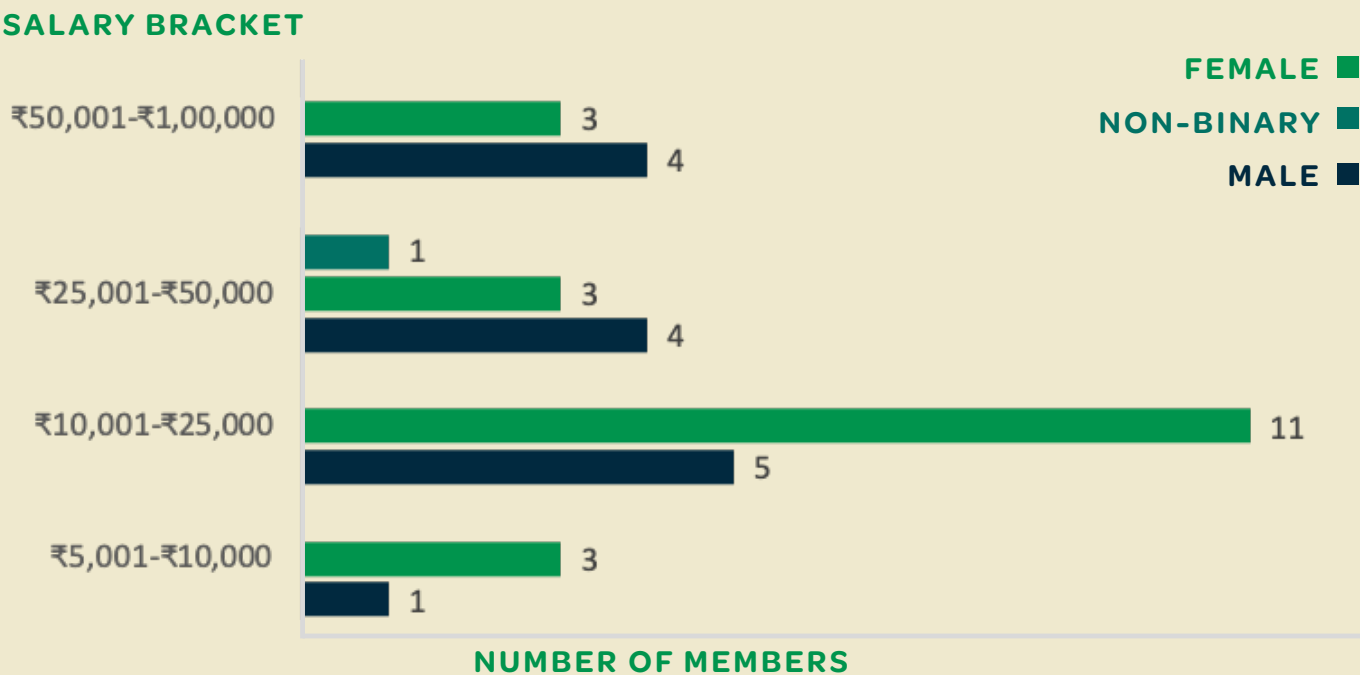
have approvals from the IEC/IRB.

Hence, an IEC was established in PUKAR in 2010. With the help of its eminent members, it has been functioning effectively and approving projects as per the requirements not only for PUKAR but also for other organizations.

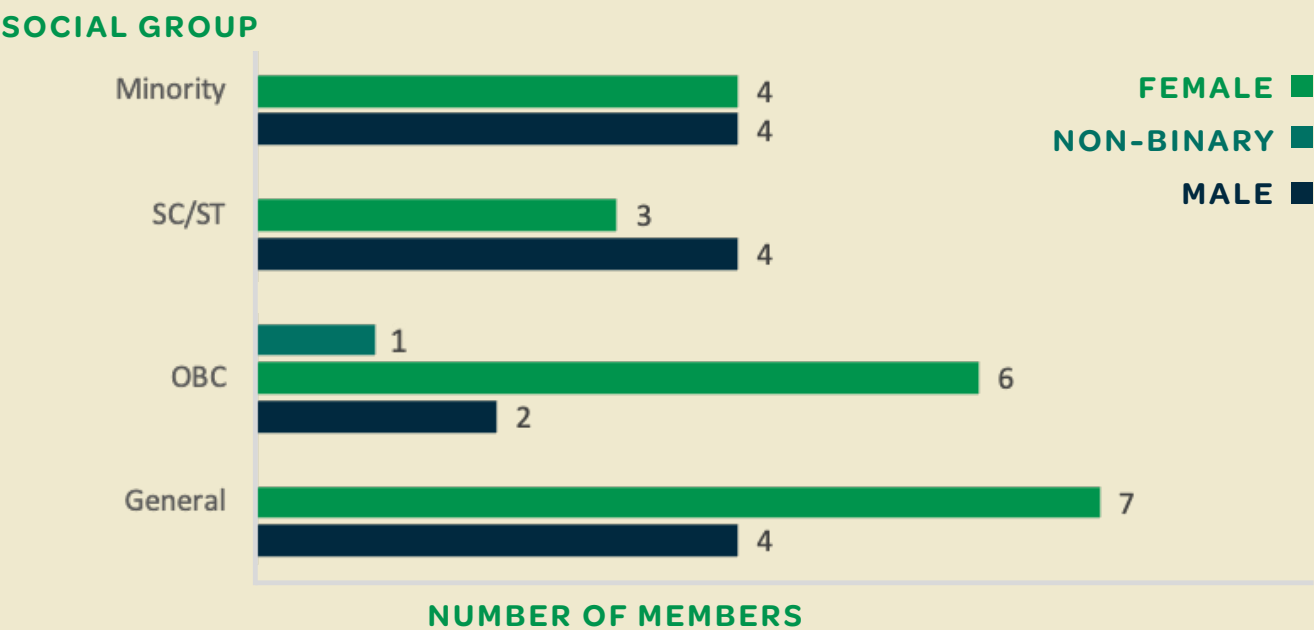
NAME	EXPERIENCE	EXPERTISE
Dr Perianayagam Arokiasamy	Professor Chairperson IEC (Professor in the Department of Development Studies at IIPS)	Demography / Public Health / Epidemiology / Biostatistics
Dr Nayreen Daruwalla	Program Director at SNEHA	Psychology / Community-based work in marginalised communities / Women's health
Smruti Koppikar	Journalist, Comment writer, Columnist with Hindustan Times, Associate Editor & Bureau Chief Outlook.	Community Journalism
Dr Satishchandra Kumar	Head & Associate Professor, Department of Applied Psychology & Counseling Center, University of Mumbai	Psychology / Education
Dr Nerges Mistry	Director, Foundation for Medical Research	Laboratory Medicine & Medical Technology
Dr Anjali Monteiro	Professor, Centre for Media and Cultural Studies, Tata Institute of Social Sciences, Mumbai	Social Sciences / Community-based work in marginalised communities
Dr David Osrin	Welcome Trust Career Development Fellow, UCL Center for International Health & Development	Clinical Medicine / Women's Health / Children's Health
Dr T.V. Sekher	Associate Professor, Department of Population Policy and Programmes, IIPS	Demography / Public Health / Epidemiology / Biostatistics / Social Sciences
Dr Ramnath Subbaraman	M.D. Research Advisor at PUKAR and NIH Fogarty International Clinical Research Fellow 2011-12	Clinical Medicine / Social Sciences
Advocate Tina Patel	Practicing lawyer. Expertise in women and children's issues. Focuses on civil society organizations	Legal
Dr Anita Patil-Deshmukh	Executive Director, PUKAR	Public Health / Social Sciences

Social Locations and Salary Parity of Our Team

Breakdown of Gender and Monthly Salary

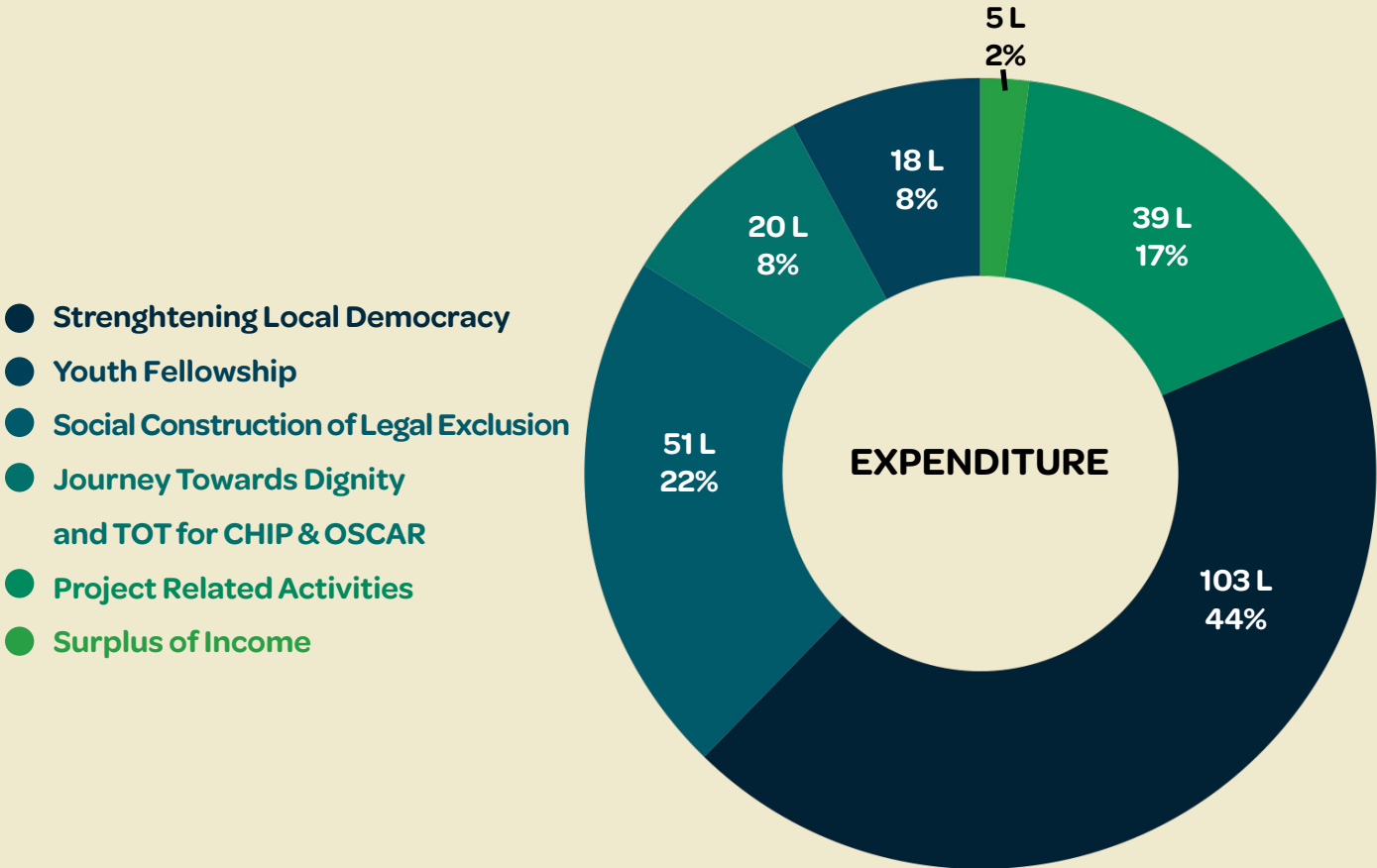
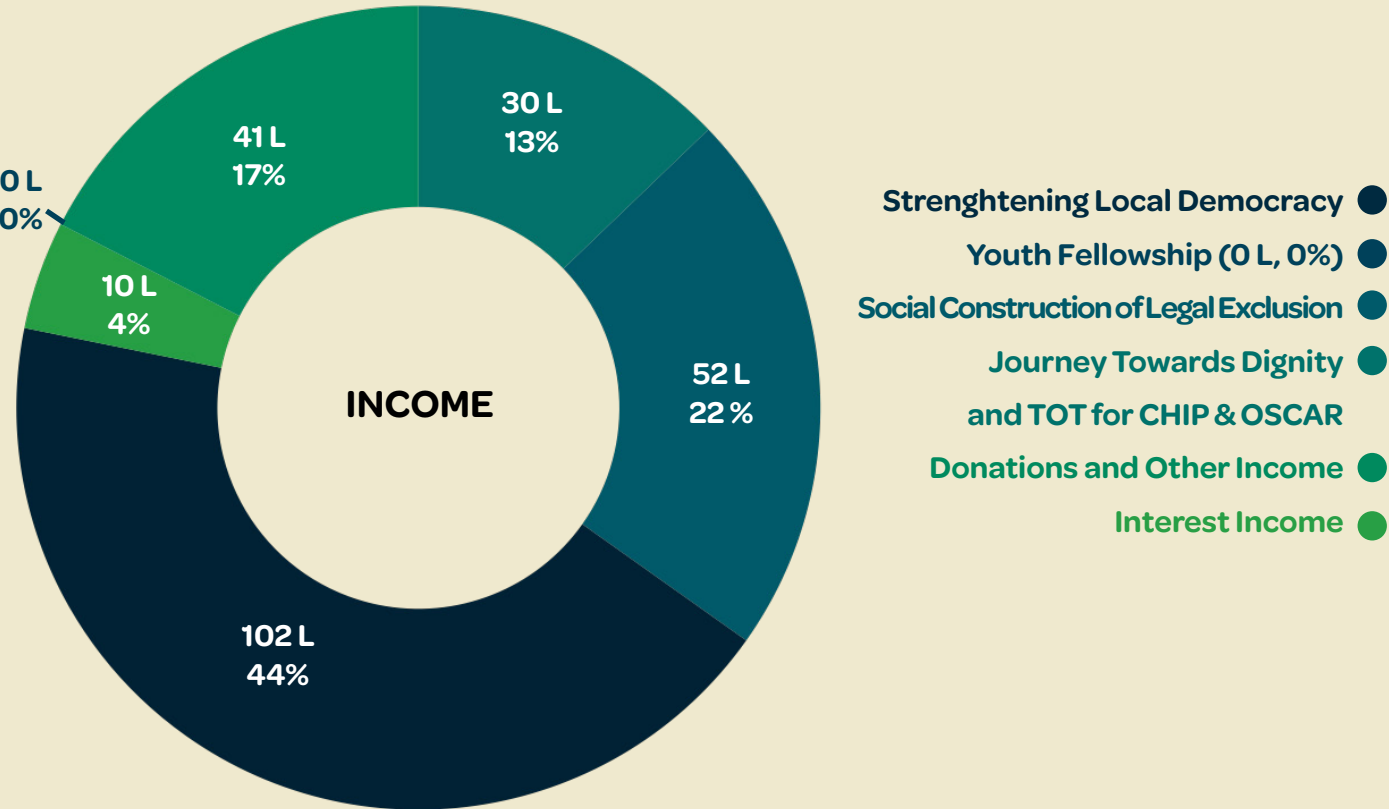


Breakdown of Social Locations



**as of March 31, 2021
**people from minority communities have not been added to the General category*

Snapshot of Finances



Figures and percentages are rounded off

The Team Behind it All

FOUNDER PATRON

Carol A Breckenridge (1942 - 2009)

FOUNDER TRUSTEE

Arjun Appadurai

BOARD OF TRUSTEES

K. M. S. (Titoo) Ahluwalia,
Shyam Benegal, Nandita Das,
Sheela Patel, P. K. Shajahan

ADVISORS

Arjun Appadurai, Rahul Mehrotra,
Zia Modi

TEAM

Shahazade Akhtar, Nileema Ambekar, Vaishali Barad, Baliram Boomkar, Munni Devi Chaubey, Shweta Gaikwad, Pranjali Gharat, Bibi Hajra, Rahul Jadhav, Divya Jain, Ravish Kadav, Salman Khan, Sheeba Khan, Shrutika Kudu, Nilesh Kudupkar, Dilip Makwana, Anita More, Mahesh Nanarkar, Dr Anita Patil-Deshmukh, Deepali Patil, Kajal Patil, Rahul Patil, Shweta Patil, Utkarsha Patil, Vishal Patel, Arvind Sakat, Kiran Sawant, Ruman Sayyed, Afsana Shaikh, Nizamuddin Shaikh, Simran Shaikh, Pratiksha Shitole, Shrutika Shitole, Tejal Shitole, Ishvar Solanki.



Say hello:



@PUKARIndia



@PUKARorg



@PUKAR



@PUKAR_org



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PUKAR

PUKAR member Nizam distributing rations to residents of Kaula Bandar.

WE THANK YOU FOR YOUR **CONTINUED SUPPORT** IN OUR PROGRAMS