



Community Outreach for promotion of IPC through WASH supplies and service delivery in vulnerable groups of urban Maharashtra

Analysis of Rapid Need Assessment and Micro plans

October, 2021



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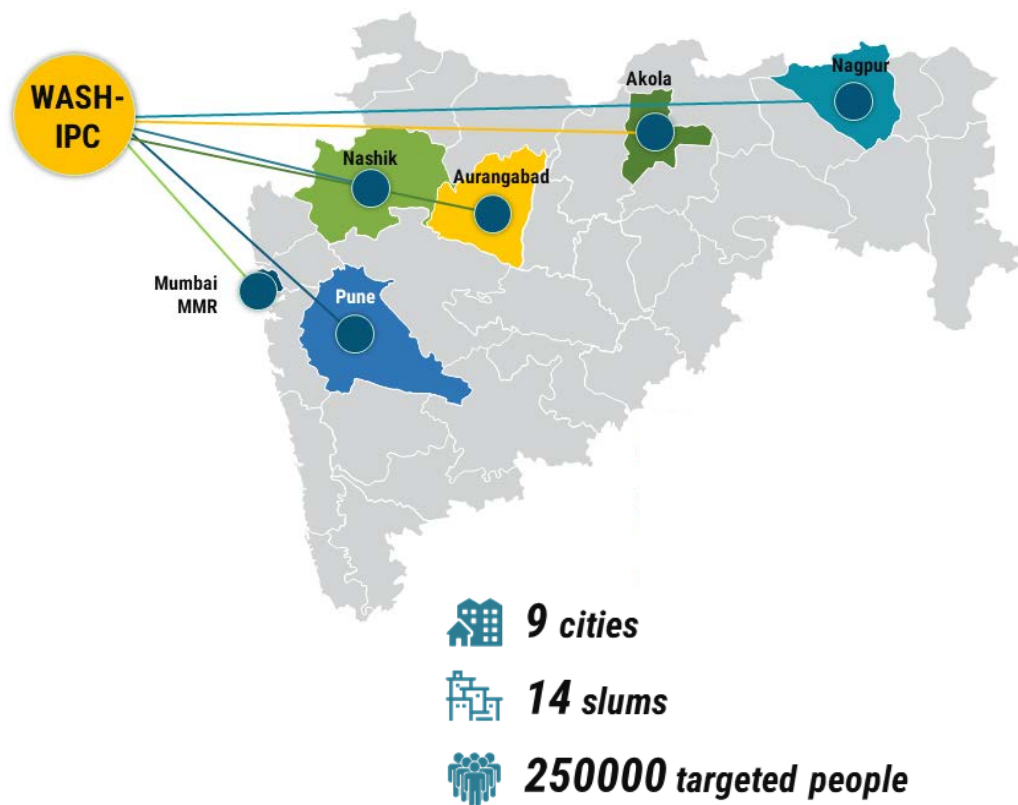
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Introduction

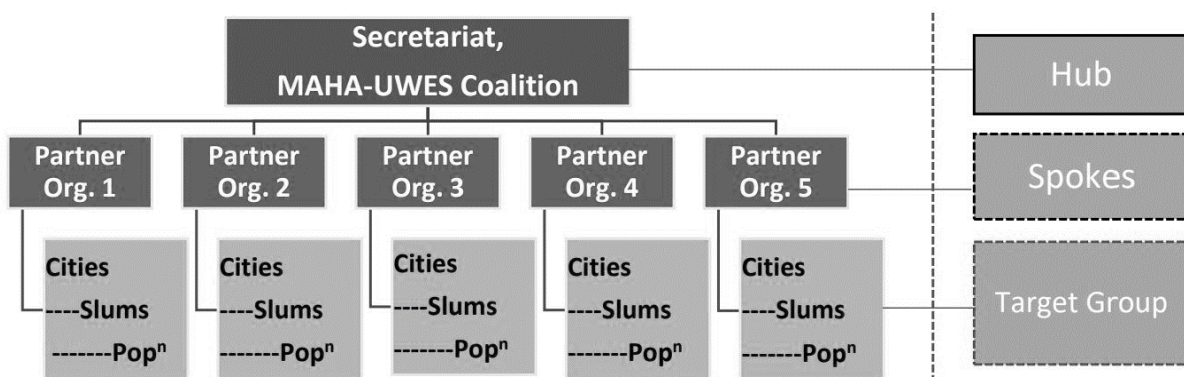
A Overview of the project



Maharashtra is one of the worst hit states of India in first and second wave of COVID-19 pandemic. Dense settings and sharing of WASH facilities among communities in urban areas has increased the risk of transmission of COVID-19 virus. In order to break the chains of transmission and mitigate the impact of the COVID-19, the Maharashtra Urban WASH and Environmental Sanitation Coalition (MAHA-UWES-C) - a joint initiative of UNICEF Maharashtra and Regional Centre for Urban and Environmental Studies of All India Institute of Local Self Government, Mumbai undertook the project named “Community outreach for promotion of IPC through WASH supplies and service delivery in vulnerable groups of urban Maharashtra”. The project elevates the role of risk communication and community engagement (RCCE) through encouraging behavioural change, ensuring safety through facilitating access to PPE / hygiene kits & WASH supplies and disseminating information on infection, prevention and control.

The project covers **14 slums and other vulnerable communities in 9 cities of Maharashtra representing 6 administrative divisions** and geographical settings of Maharashtra.

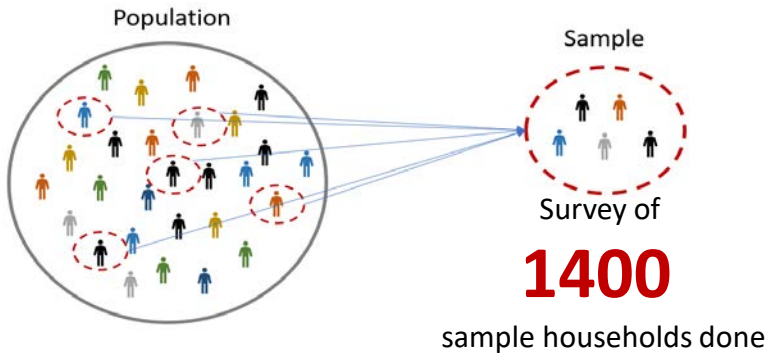
B Project Approach



- ❖ The project has been designed as a **‘Hub and Spoke Model’** in order to ensure decentralization of efforts with cohesion of best practices.
- ❖ The activities are coordinated by the Secretariat, Maharashtra Urban WASH-ES Coalition (Hub) at the RCUES of AIIISG, Mumbai and implemented by the selected partner organizations (Spokes) in selected cities in Maharashtra.
- ❖ Further, for effective implementation and impact, local stakeholders, including local governments, SHGs, youth groups etc., have been involved in the process of community outreach for promotion of IPC through WASH supplies and service delivery in vulnerable groups.

SN	Division	City	No. of slums
1	Konkan	Mumbai, Navi Mumbai, Kalyan Dombivali, Mira- Bhayender	4
2	Pune	Pune	2
3	Nashik	Nashik	2
4	Nagpur	Nagpur	2 bastis
5	Amravati	Akola	1
6	Aurangabad	Aurangabad	3 slum clusters

C Need and Methodology of RNA



Community Outreach for promotion of IPC through WASH supplies and service delivery in vulnerable groups of urban Maharashtra

Pune_Ghole Road_HH Survey

1. Systematic sampling to be considered. Sample HHs should be distributed uniformly throughout the slum settlement. Avoid clustering of samples.
2. Introduce yourself to the interviewee (your name, organization name) and purpose of survey.
3. Take consent of the interviewee or head of the family before conducting the HH survey.
4. Considering the ongoing pandemic situation social distancing and CAB to be followed while conducting the survey.
5. Explain questions to make them more clear.
6. Survey visits can be conducted in consultation with ward officer wherever needed.

Family member details
Include only current family members

Number of Male family members in 0-17 age group
Your answer: _____

Number of Male family members in 18-44 age group
Your answer: _____

Number of Male family members in 45-59 age group
Your answer: _____

Number of Male family members in 60 and above age group
Your answer: _____

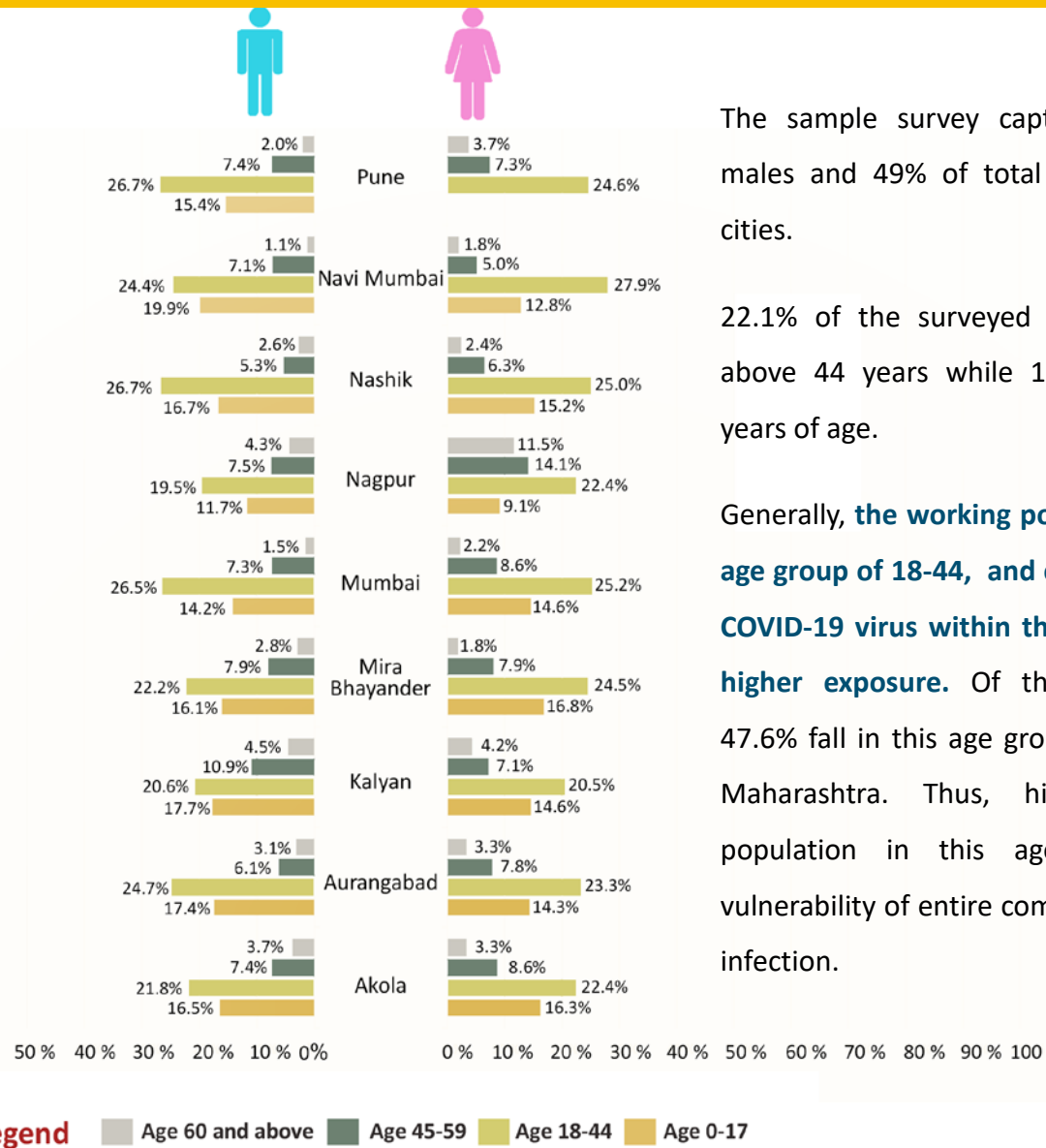


- ❖ For effective implementation, **gaps in WASH and CAB awareness and observance needed to be identified to strategize the approach required for each community.** For this purpose, Rapid Need Assessment (RNA) was carried out with the help of partner organizations.
- ❖ For uniformity in data collection and analysis across all 14 slums, **RNA toolkit was prepared and shared** with partner organizations.
- ❖ The RNA toolkit comprised of Survey Questionnaires and slum profiles, guidelines for data collection and formats for reports and Micro-plans.
- ❖ 100 households were surveyed in each of the 14 selected slums by social mobilisers trained by the partner organisations.
- ❖ Based on the data gathered from each slum, accessibility of the population to WASH facilities and the gaps in knowledge and practices regarding COVID-19 appropriate behaviour (CAB), WASH and vaccination could be identified.
- ❖ These **gaps formed the basis for planning out community specific approaches** that were developed into micro-plans to generate awareness, induce behaviour change, support and improve the attitude towards vaccination

Data Interpretation across 9 cities of Maharashtra

A sample survey of 100 HHs per slum was conducted to understand the situations prevailing in urban slums with respect to WASH and COVID-19. The assessment captures observations from these surveys and visits to cities.

1. Demographics

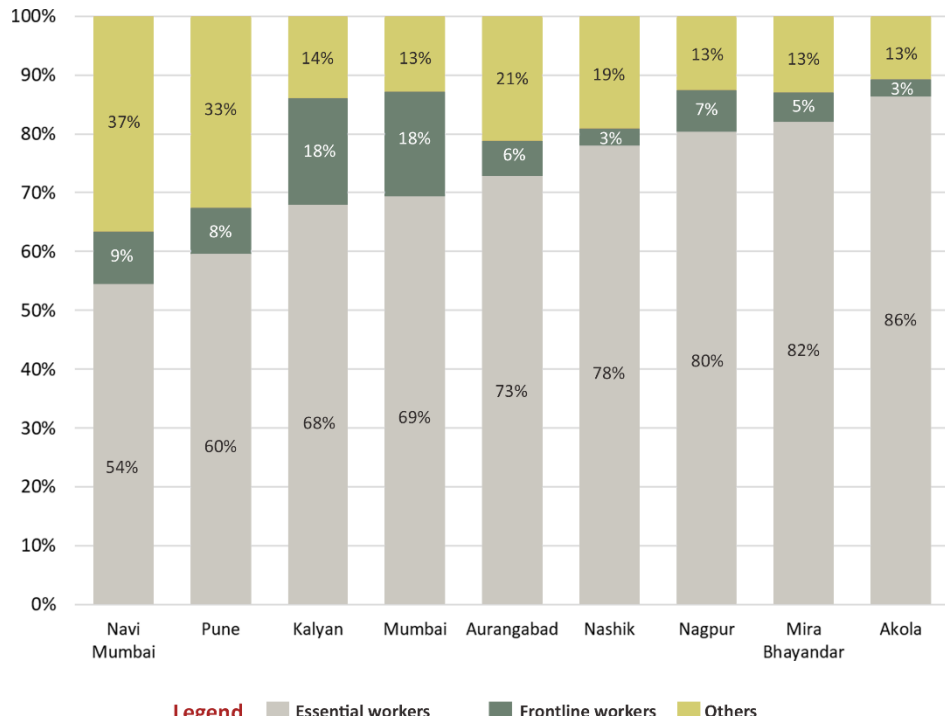


The sample survey captured 51% of total males and 49% of total females across the cities.

22.1% of the surveyed population has age above 44 years while 15.1% are below 18 years of age.

Generally, **the working population falls in the age group of 18-44, and can act as carriers of COVID-19 virus within the community, given higher exposure.** Of the total population, 47.6% fall in this age group across 9 cities of Maharashtra. Thus, high proportion of population in this age group increases vulnerability of entire community to COVID-19 infection.

2. Occupation Distribution



91% of the population falls under FLWs and essential services workers, increasing vulnerability to COVID-19 of the community given high level of exposure.

Front line workers - Medical staff, police, sanitary staff, ASHA workers and other healthcare staff etc.

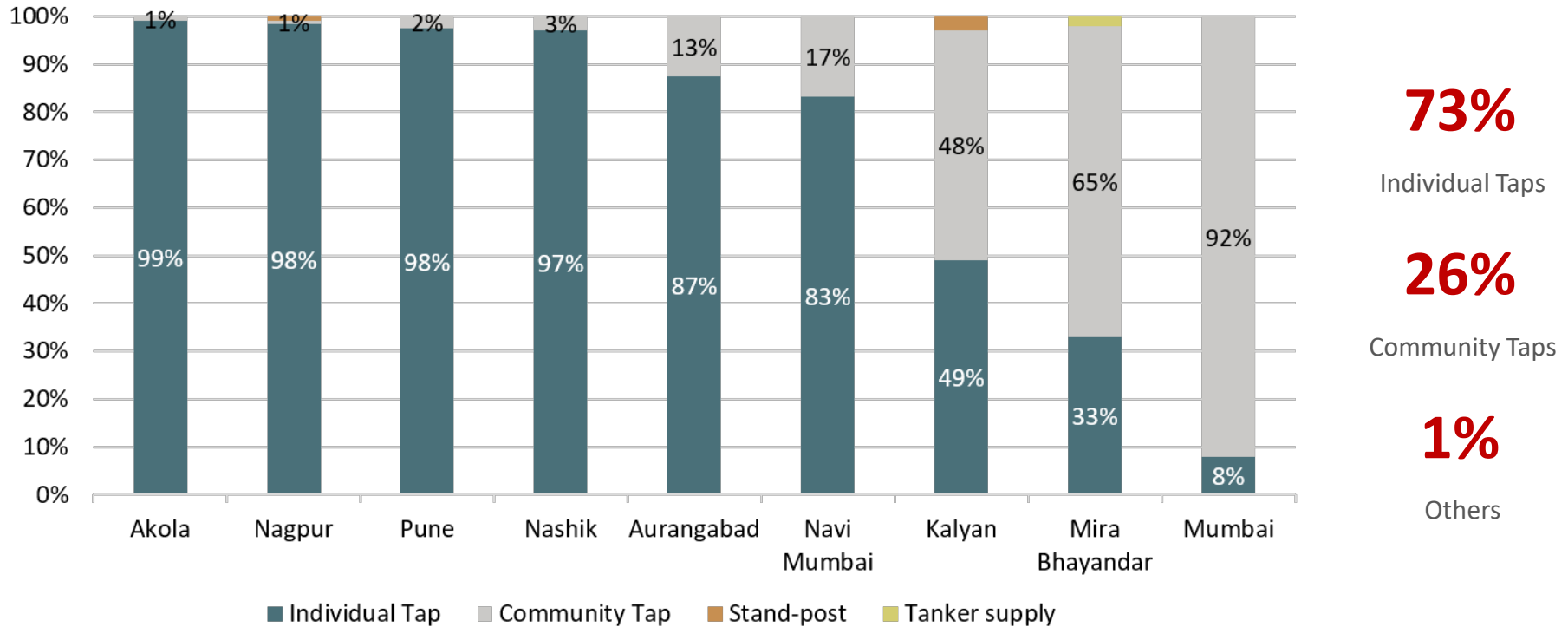
Essential workers - Delivery persons, security guards, construction workers, ragpickers, porters and essential commodities shopkeepers etc.

Others - Rest of the working population like service, professionals and pensioners etc.



Access to WASH facilities and Hygiene awareness

3. Access to water supply



On an average 73% of HHs surveyed have access to individual tap connections. It is observed that **HHs have access to individual taps in most of the surveyed cities**. Cities like Akola, Nagpur, Nashik and Aurangabad have individual high percentage of tap connections, but the **frequency of water supply and per capita water supply is below Service level Benchmark by CPHEEO**.

26% of HHs are dependent on community taps. HHs dependent on sources other than individual taps tend to store water to offset uncertain supply. Improper storage of water causes contamination and risk of water born diseases. On the other hand, **frequency of water supply is low in HHs having individual tap connection**. As per observation, during supply hours large volume of water is wasted due to unattended running taps.

3. Access to water supply

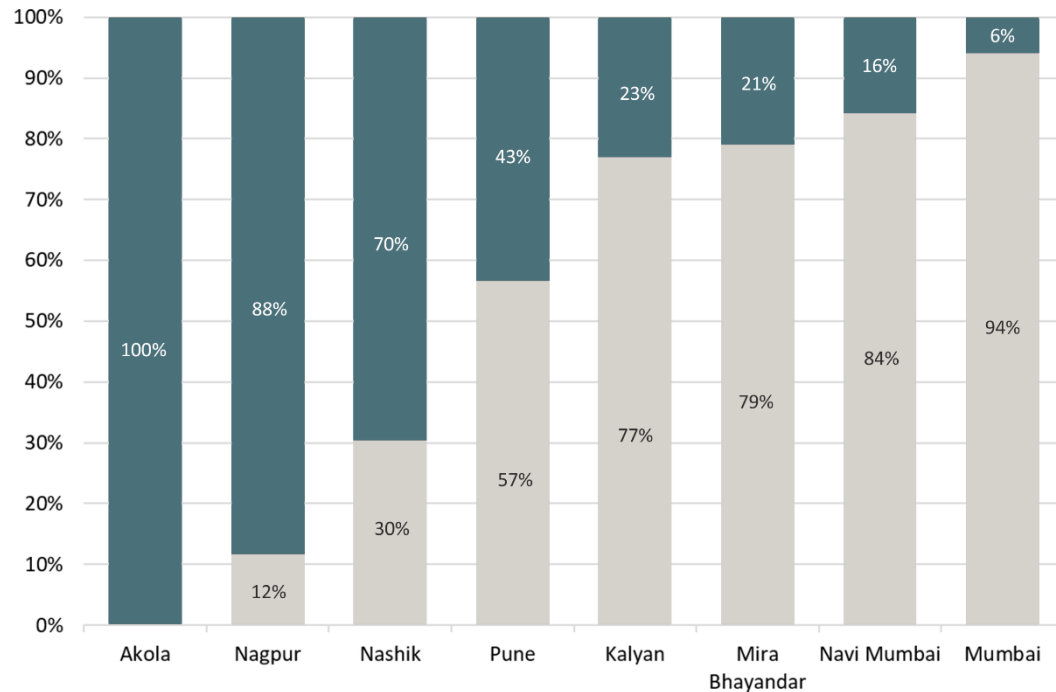


Dependency on community tap where water supply is intermittent increases **crowding at the shared community tap during water supply hours**. Unmanaged crowd where CAB such as social distancing and use of mask is negligible forms a hotbed for COVID-19 disease transmission.

Due to intermittent water supply and inadequate storage systems, a **reluctance to wash the reusable masks after every use** has been observed. In certain cases, the regular washing of clothes and masks after returning from outside has been considered wastage of water.

During field visits, the **tendency of not wearing masks near community infrastructure facilities** was observed while social distancing was reported to be impractical. Hence there is a need to promote mask use.

4. Access to sanitation facilities



On an average of 50% HHs surveyed have access to individual toilets where as rest are still dependent on community toilets.

Surveys state that **more than 50% of the slum dwellers in metropolitan cities of MMR and Pune are dependent on community toilets**. It is crucial to maintain hygiene conditions at community toilets to prevent infection transmission.

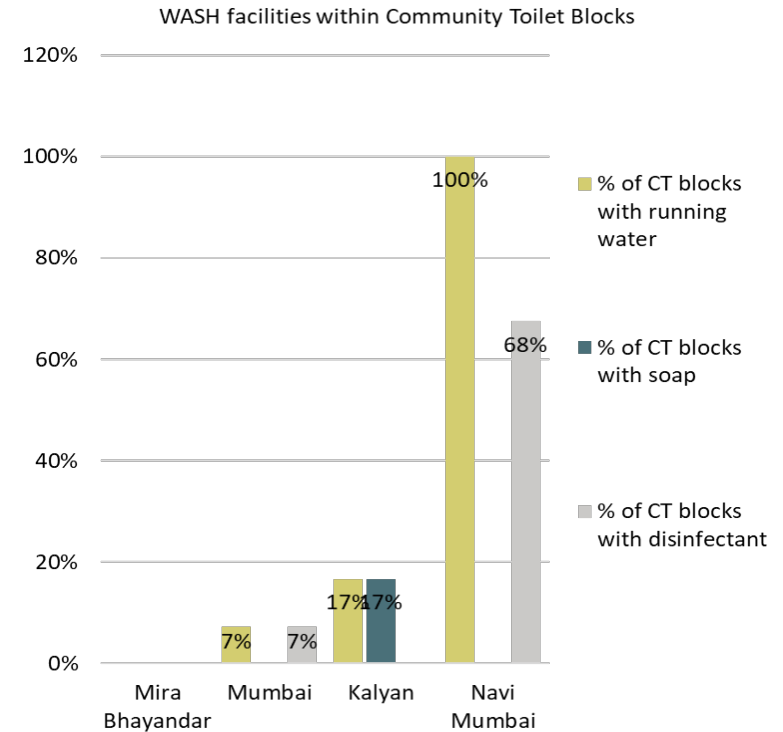
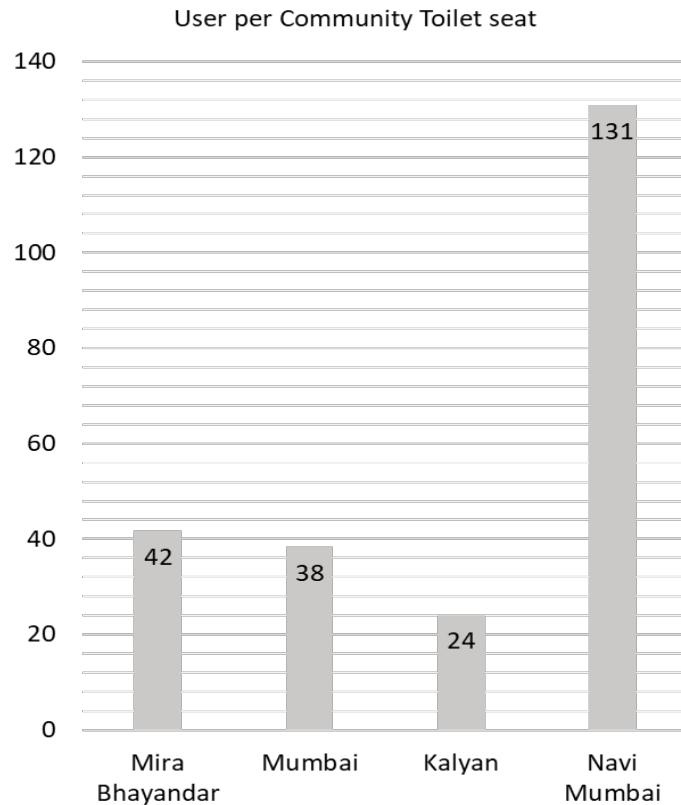
It was observed during field visits that **COVID-19 appropriate behaviour is a challenge during peak hours due to high dependency on community toilets**.

Availability of water is also an issue in many community toilets due to which cleanliness in these toilets is a challenge.

Legend ■ Community Toilet ■ Individual Toilet

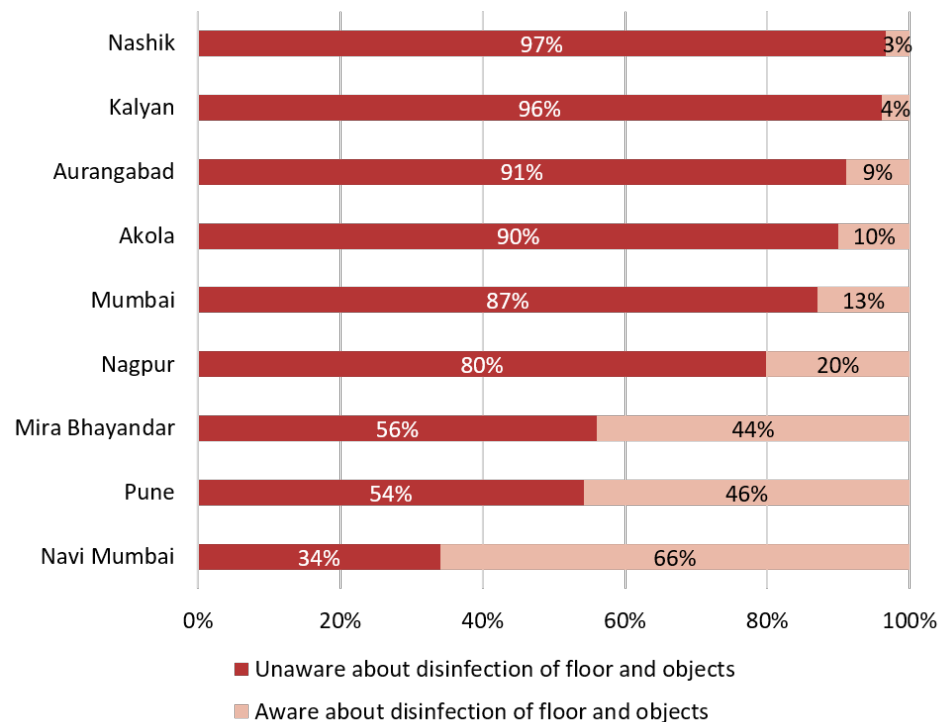
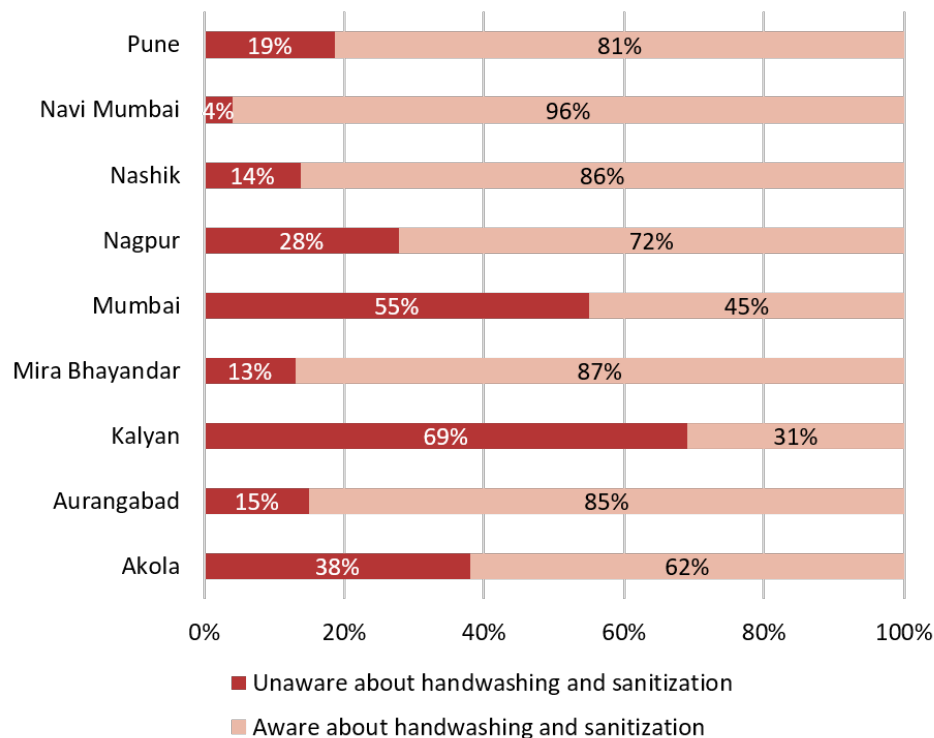


4. Access to sanitation facilities



It was observed that Community Toilet seats in the MMR are inadequate although an average 83% HH are dependent on community toilets. The functional **Community Toilet blocks were found to be lacking hygiene facilities**. Water supply was found to be absent in 70% of the CT blocks in MMR. In the absence of water supply, personal hygiene supplies and adequate disinfectants, the use of community toilets can escalate spread of communicable diseases.

5. Hygiene awareness

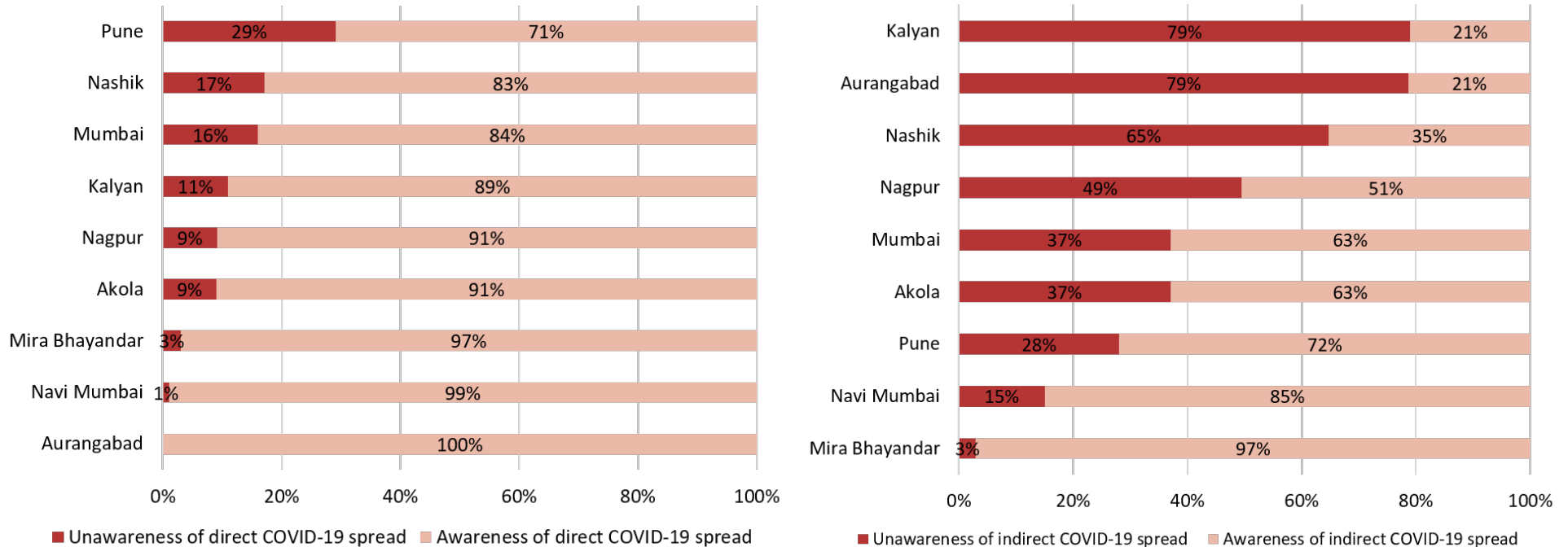


Unawareness regarding regular disinfection of floor and objects was more than that about handwashing and sanitization. Around 76% of the surveyed HHs was unaware about regular disinfection while 28% were unaware about handwashing as one of the preventive measures of COVID-19.

In Mumbai and Kalyan 55% and 69% people respectively were unaware about handwashing as one of the preventive measures of COVID-19, whereas more than 80% of the population in Nashik, Kalyan, Aurangabad, Akola, Mumbai and Nagpur were unaware about regular disinfection of floor and objects.

Awareness about IPC measures and CAB

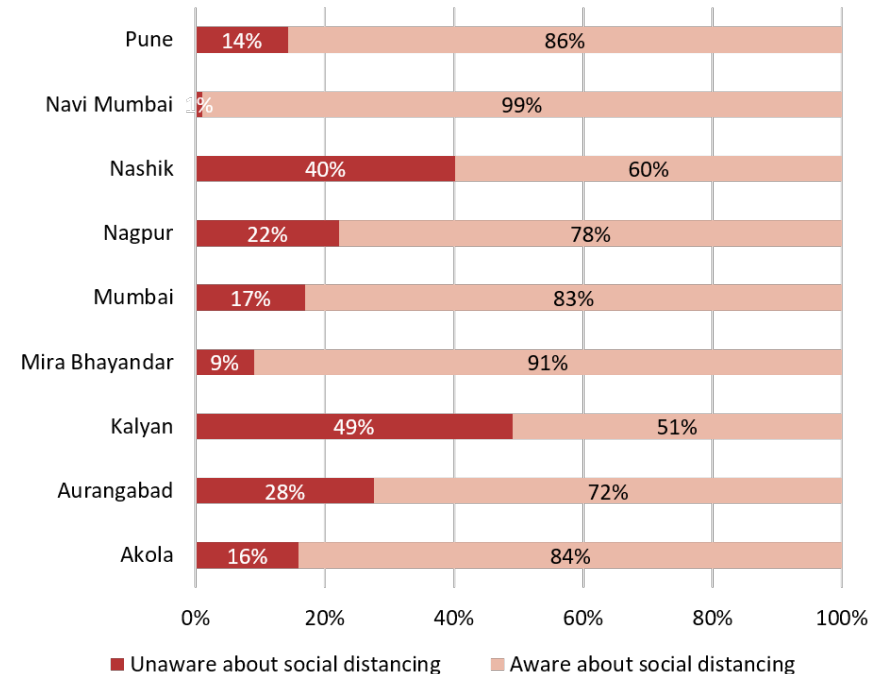
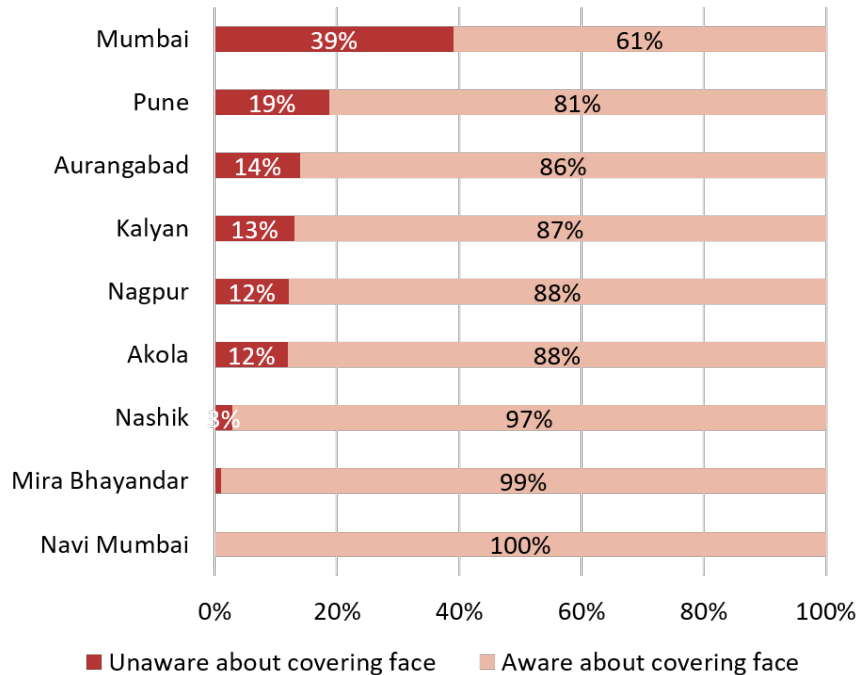
5. Awareness about COVID-19 virus transmission



Around 11% of the population involved in occupations that have high level of direct exposure to COVID-19 virus are unaware about direct modes of COVID-19 virus transmission like sneezing and coughing without covering the face, close contact with COVID-19 patient and frequently touching face without sanitizing. Around 20% of the population have misconceptions that COVID-19 virus spreads through mosquito bite, through sweat, drinking unclean water and eating contaminated food.

Lack of awareness on modes of virus transmission highlights the need of targeted IEC activities to reduce misconceptions.

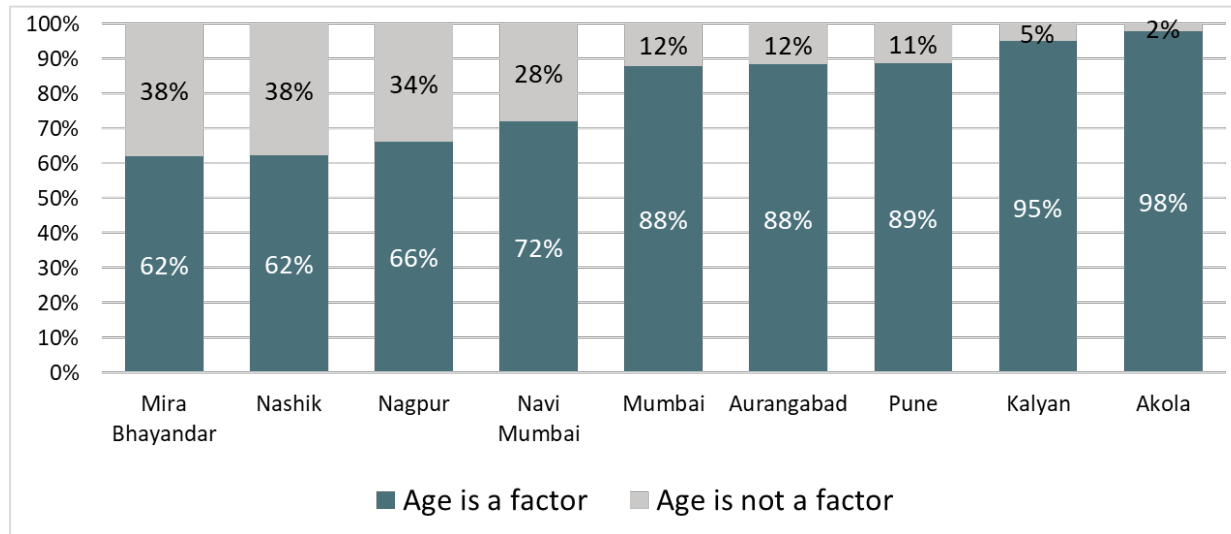
6. Awareness about preventive measures



The survey results show that although majority of the target population is aware of covering face, an average 13% of them still do not think face covering to be necessary. An average 28% do not observe regular handwashing. Disinfection of surfaces has been considered unnecessary among majority of the respondents.

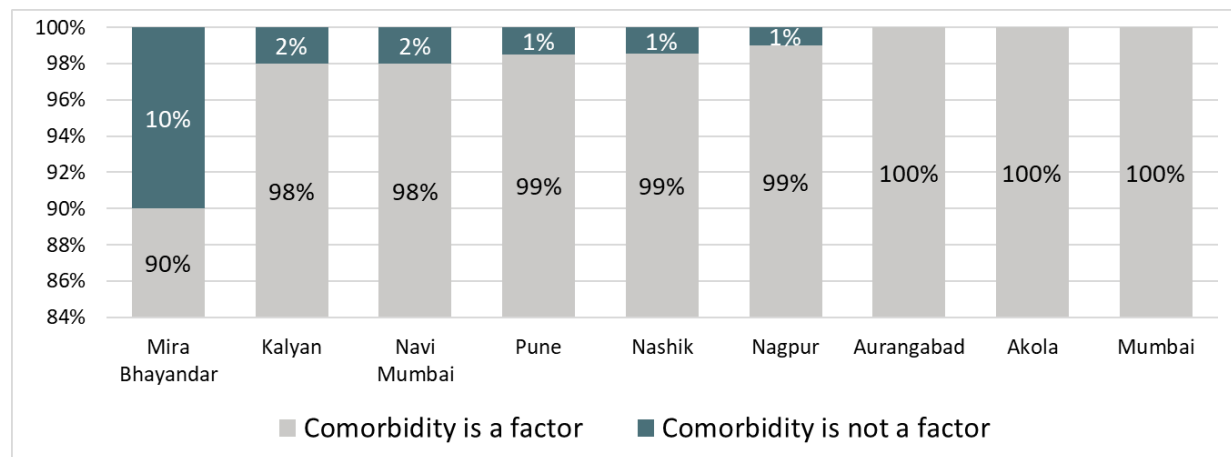
Although soaps are accessible to the population, adequate water supply for frequent handwashing and unaffordability of disinfectants were observed to be the main deterrents. Hence there is a need to change the attitude towards CAB along with support through providing Handwashing stations for sustaining CAB.

7. Misconceptions on vulnerability to COVID-19



The responses to the question of vulnerability of age groups to being infected with COVID-19 disease reveal that **majority of the target population have a misconception that a particular age group or people are more vulnerable than others.**

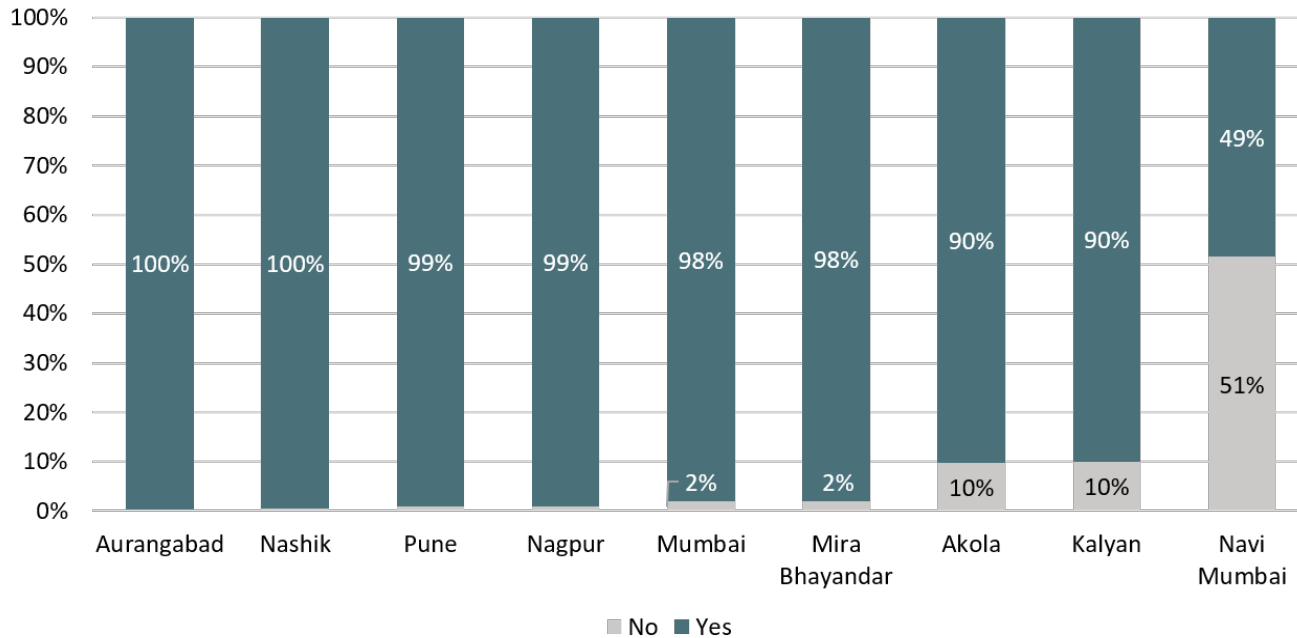
However, most of the responses state that co-morbidity is a factor on being vulnerable to COVID-19.



Unawareness on the equal vulnerability of all age groups and physically healthy person to the COVID-19 disease leads to lenient attitude towards CAB and vaccination.

There is a need for awareness regarding the importance of following CAB and WASH practices among every age group as a preventive measure to disease incidence.

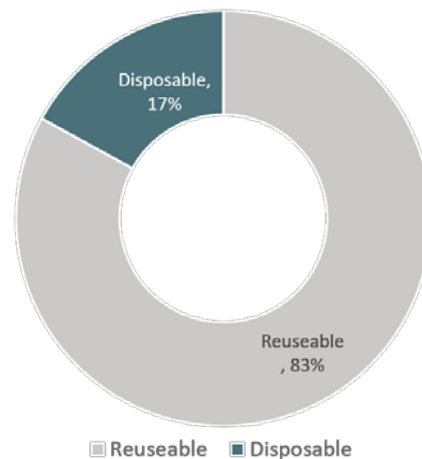
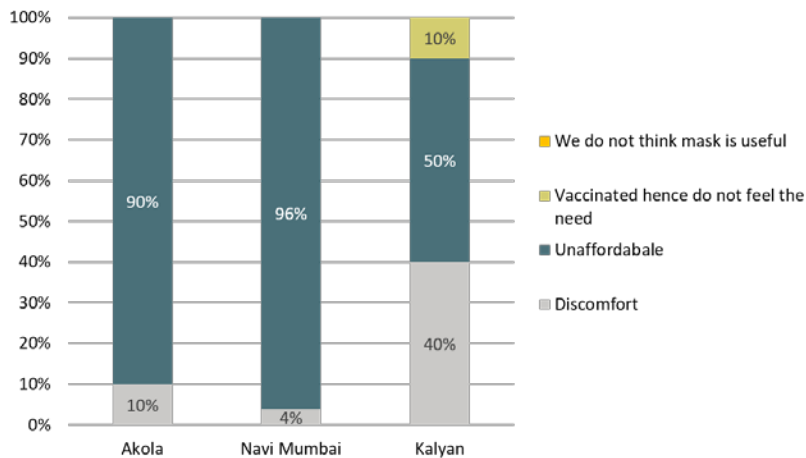
8. Use of Masks



The survey states that most people in all cities use masks. However, from the field visits, it is observed that masks are not used in community places used daily.

More than 50% of the surveyed population in Navi Mumbai **do not use mask majorly due to unaffordability and discomfort.**

17% of the surveyed population use disposable masks like N95, surgical mask but are unaware about proper methods of disposal. **The masks are generally disposed mixed with domestic waste and handed over to D2D collectors.**



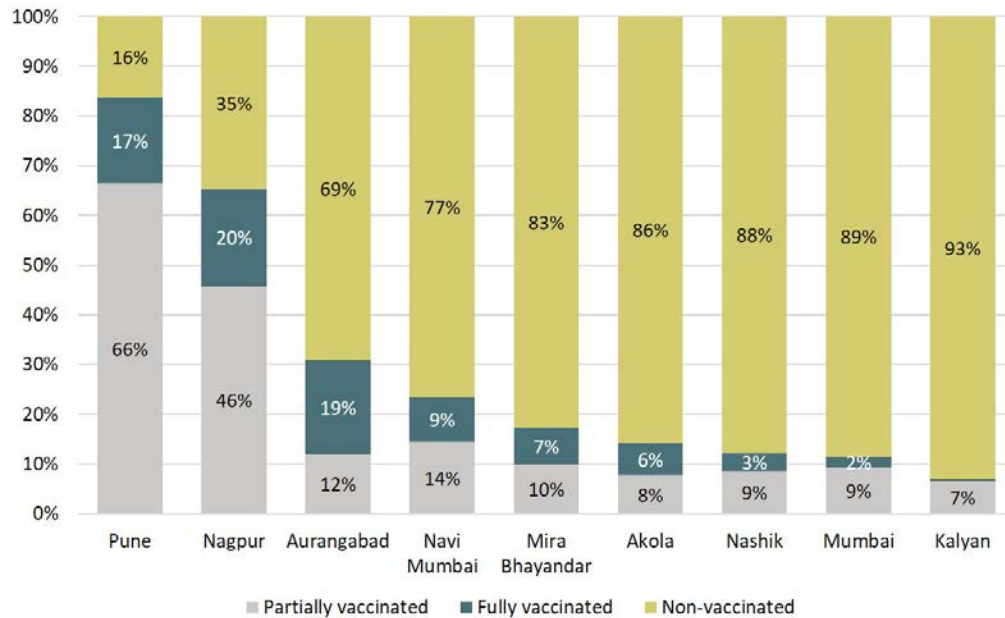
57%
Very effective

34%
Somewhat effective

9%
Not effective

Vaccination status and awareness

9. Vaccination status and awareness

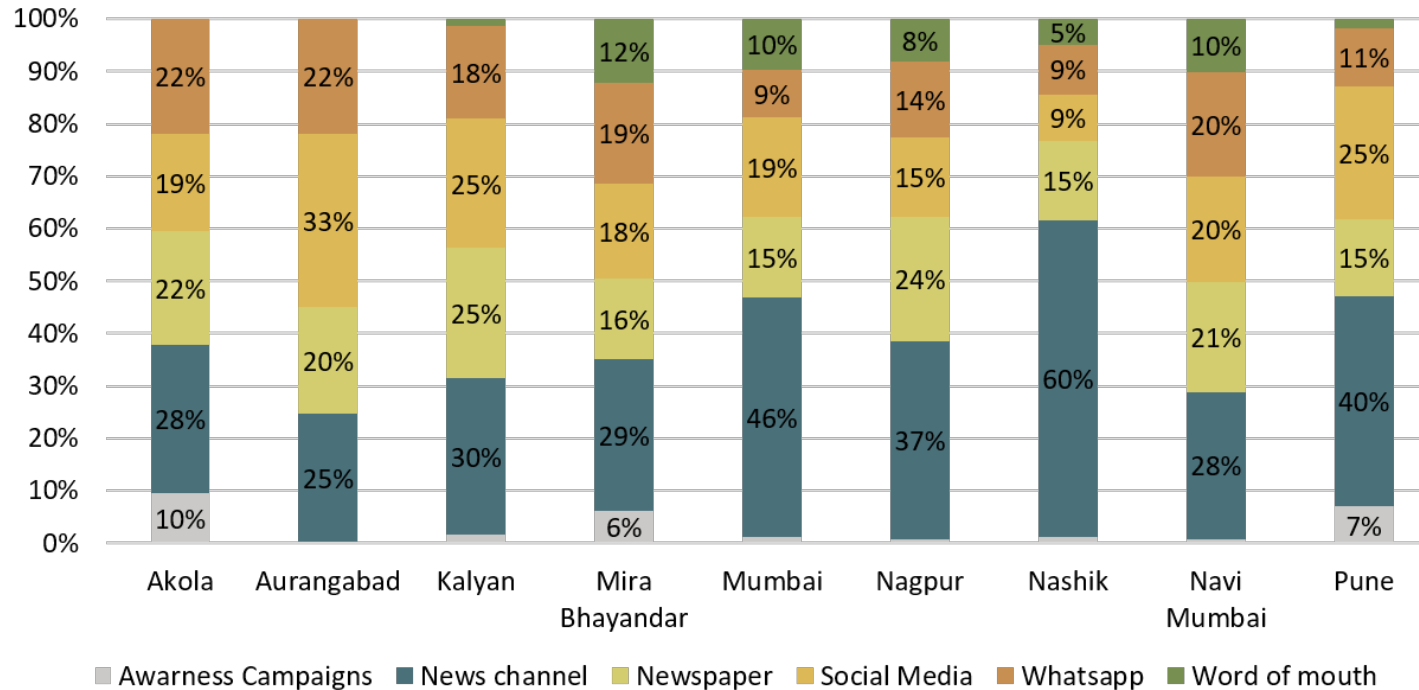


Reasons for not getting vaccinated

Other medical issues
 Was out of station
 No time for vaccination
 Afraid about side effects
 Dose not available
 Pregnant
 Not aware about walk-in
 Willing to take in good hospital
 Slot unavailable
 Don't have an ID-card for registration
 No access to online booking
 Don't think vaccination is needed
 Could not book a free-slot and private is unaffordable

Around 58% of the surveyed population was found to be non-vaccinated. Majority of the HHs are dependent on daily wages, thus missing work for vaccination is unaffordable. Other challenges faced by the community was that of booking slots online. People were also unaware about walk-in vaccination facilities.

10. Source of Information among communities



 **3%**

Awareness Campaigns

 **36%**

News Channel

 **19%**

Newspaper

 **20%**

Social media

 **16%**

Whatsapp

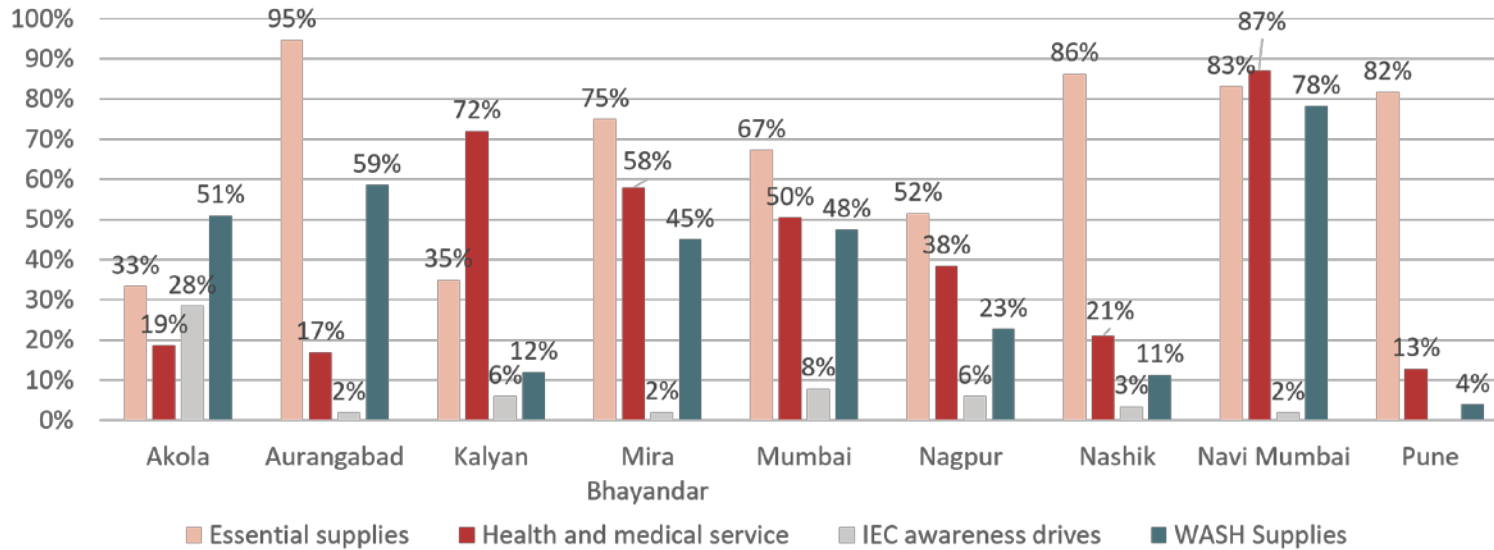
 **5%**

Word of mouth

Across all cities people rely highly on news channels as authentic source of information. Around 20% population use social media as preferred medium for quick updates regarding COVID-19. On an average 16% of population surveyed consider Whatsapp messenger as authentic source of information.

Thus, **strengthening outreach through social media platforms which have emerged as new mediums of rapid communication needs to be considered.**

11. Expected support



Data reveals that support through essential supplies like wheat, rice, and other staple food items is expected by 73% of the population. 35% of the surveyed population also expects support of WASH supplies like soaps, Sanitizers etc.

People who faced losses during pandemic through loss of job or family members suggested crisis counselling and legal assistance as one of the ways of supporting vulnerable communities across Maharashtra. 5% of the population thinks awareness or disseminating information shall be helpful.

 **73%**


Essential Supplies

 **35%**

WASH supplies

 **34%**

Health & medical service

 **11%**

Crisis counselling

 **5%**

Awareness

 **4%**

Legal assistance

Consolidation of Microplans

12. Consolidation of Micro-plans

S N	Categories	Gaps and needs identified	Intervention Strategies		
			Immediate actions To be undertaken in the project period	Mid Term (within next 6 months)	Long Term (within next 1 year)
1	Water Supply	<ol style="list-style-type: none"> 1. High % of individual tap connections, but low frequency of water supply and per capita water supply 2. Low frequency of water supply leading to water storage problems and contamination leading to water borne diseases 3. Lack of adequate storage facilities/ awareness on importance of appropriate storage practices 4. Wastage of available water 5. Low individual tap connections in MMR region, leading to overcrowding at community taps during supply hours. 6. Improper hygiene practices observed at community taps 	<ol style="list-style-type: none"> 1. Awareness on importance and methods of safe storage of drinking water 2. Awareness on regular handwashing with soap and water 3. Awareness on appropriate CAB/hygiene practices to be followed at community taps 	<ol style="list-style-type: none"> 1. Consultations with authorities in MMR on possibilities on of improving individual tap connections 	<ol style="list-style-type: none"> 1. Consultations with authorities for increasing frequency of water supply 2. Consultations with authorities for providing appropriate water storage facilities at community level in case of low water frequency
2	Sanitation	<ol style="list-style-type: none"> 1. High dependency on CTs 2. Low number of functional toilet seats 3. Irregular cleaning of CTs 4. Absence of SOP for O&M of CTs 5. Absence of water and other personal hygiene supplies in CTs 6. Lack of menstrual hygiene supplies 7. Improper disposal of sanitary pads increasing risk of infection 	<ol style="list-style-type: none"> 1. Awareness on appropriate CAB/hygiene practices to be followed at CTs 2. Awareness on menstrual hygiene management. 	<ol style="list-style-type: none"> 1. Highlight gaps to the concern authorities on low seats/high dependency. 2. Capacity building and training of CBOs, caretakers/ cleaning staff/supervisors of CTs 3. Provision of hygiene supplies like soap/ disinfectants and other tools for CTs 	<ol style="list-style-type: none"> 1. SOPs and checklist to be prepared on O&M of CTs. 2. Repair and maintenance of dysfunctional toilet seats

12. Consolidation of Micro-plans

S N	Categories	Gaps and needs identified	Intervention Strategy		
			Immediate actions To be undertaken in the project period	Mid Term (within next 6 months)	Long Term (within next 1 year)
3	FSSM	<ol style="list-style-type: none"> Poor sewerage/septage management situation in Slums – open drains/no drains leading to unhygienic conditions Blocked drains during monsoon Garbage dumping in open drains Irregular/no emptying of septic tanks - only in event of overflow Absence of regular emptying septic tanks making CTs dysfunctional temporarily 	<ol style="list-style-type: none"> Highlight the gaps with concerned authorities. Create awareness to discourage dumping waste in drains Create awareness on regular cleaning of septic tanks 	<ol style="list-style-type: none"> Consultations with authorities on regular cleaning of drains and collection of solid waste from the slums 	<ol style="list-style-type: none"> Consultations with authorities on preparing action plans on sewerage/septage management in slums, as per specific slum conditions and its implementation
4	Hygiene	<ol style="list-style-type: none"> Lack of appropriate hand hygiene practices followed by communities Lack of awareness on need of disinfection of floor /surfaces undertaken Open dumping of waste and spitting in the community places. Lack of hygiene supplies in CTs 	<ol style="list-style-type: none"> Awareness on appropriate hand-washing techniques and ways of maintaining personal hygiene. Awareness on waste segregation and disposal Installing handwashing stations at community places Installing elbow operated taps in already existing infrastructure 	<ol style="list-style-type: none"> Provision of hygiene supplies like soap/ sanitizers/ disinfectants for community places like toilets etc. 	<ol style="list-style-type: none"> Provision of permanent hand washing stations with water facilities in the communities
5	Awareness on Infection Prevention and Control (IPC)	<ol style="list-style-type: none"> Lack of awareness on direct & indirect transmission modes of COVID-19, appropriate hygiene practices Spitting in open spaces 	<ol style="list-style-type: none"> Awareness on IPC through messages on CAB and WASH appropriate behavior. 	<ol style="list-style-type: none"> Interaction with local leaders/ CBOs/ elected representatives for sustained IPC practices 	

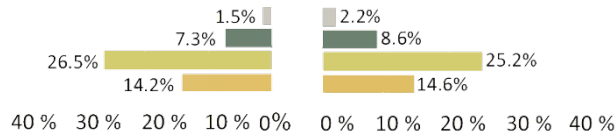
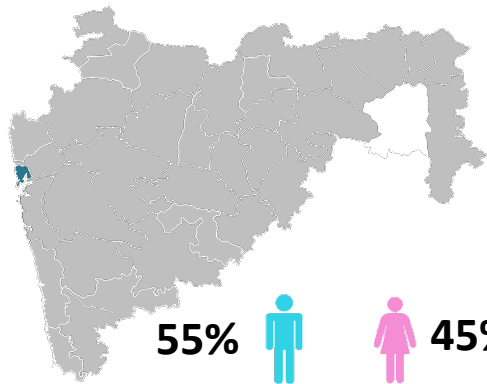
12. Consolidation of Micro-plans

S N	Categories	Gaps and needs identified	Intervention Strategy		
			Immediate actions To be undertaken in the project period	Mid Term (within next 6 months)	Long Term (within next 1 year)
6	COVID Appropriate Behaviour (CAB)	<ol style="list-style-type: none"> 1. Lack of awareness on CAB 2. Lack of awareness on necessity of use of masks and practicing distancing 3. Constraints to practice social distancing due to space issues 	<ol style="list-style-type: none"> 1. Awareness on use of mask, social distancing and hand hygiene through different interactive activities 		
7	Vaccine awareness	<ol style="list-style-type: none"> 1. Low vaccination rates among vulnerable population 2. Misconceptions on after effects of vaccination 	<ol style="list-style-type: none"> 1. Countering vaccine hesitancy through awareness 2. Rethinking timings of vaccination for daily wage workers 		

City Highlights and Micro-plans

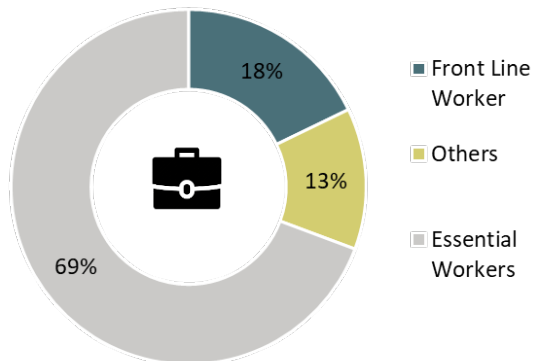
Mumbai - Slum pockets from S-ward

Number of HHs surveyed: **100**

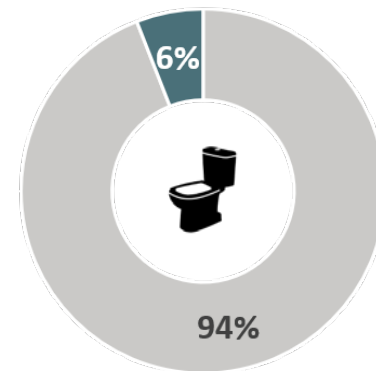
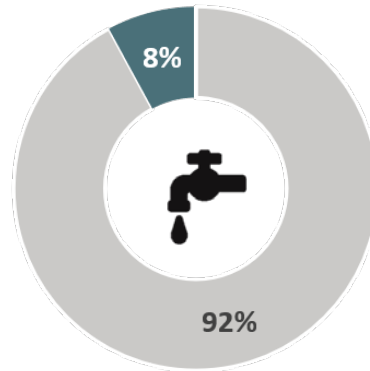


Legend: Age 60 and above (Grey), Age 45-59 (Dark Green), Age 18-44 (Light Green), Age 0-17 (Yellow)

Occupation distribution



Status of WASH facilities



Legend: Community Tap (Grey), Individual Tap (Dark Blue), Community toilet (Light Grey), Individual toilet (Dark Blue)

38

User per CT seat

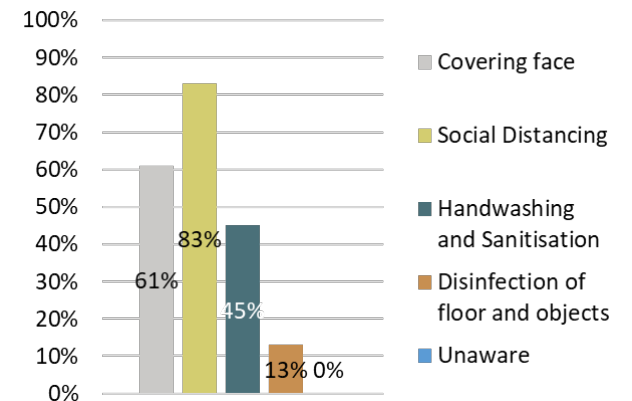
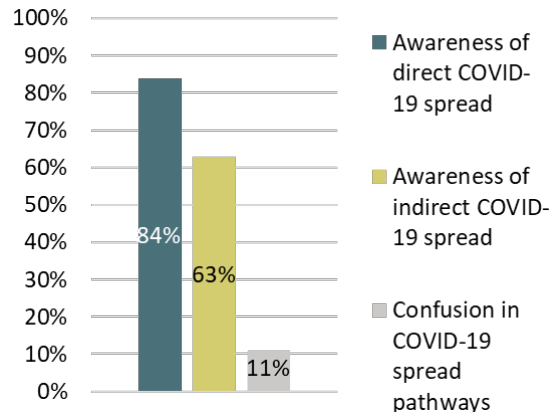
7%

CT blocks with running water

17%

CT blocks with soap

Awareness on IPC and COVID appropriate behaviour

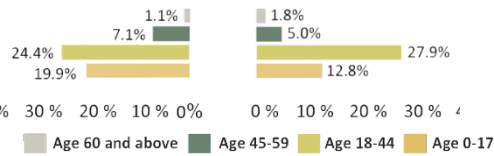
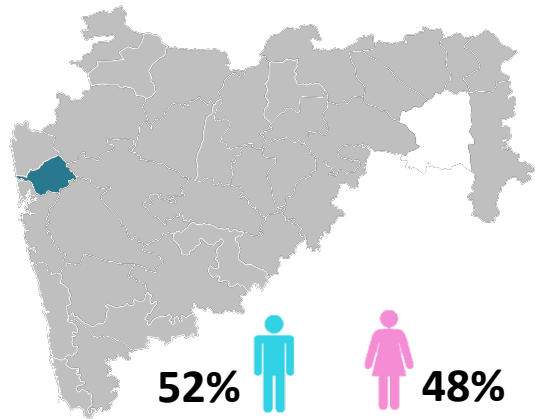


Micro-plan for Slums of Mumbai

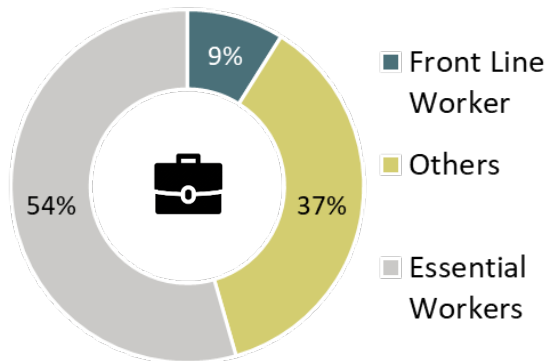
Sl. No.	Categories	Gaps and needs identified	Intervention Strategy		
			Immediate actions To be undertaken in the project period	Mid Term (within next 6 months)	Long Term (within next 1 year)
1	Water Supply	<ol style="list-style-type: none"> High dependency on community tap as water source Intermittent water supply leading to water storage problems Drinking water tend to get contaminated 	Awareness on importance of safe water storage for drinking water		
2	Sanitation	<ol style="list-style-type: none"> High dependency on CTs Infrequent cleaning of CTs Inadequate number of functional toilet seats Absence of SOP for CTs 	Highlighting the gaps during meeting with concerned departments of MCGM	SOPs and Checklist to be prepared on O & M of community toilets. Capacity building and training of CBOs	Interacting with MCGM SWM dept. for implementing guidelines. Capacity building of caretakers and cleaning staff. BCC in MCGM schools
3	FSSM	<ol style="list-style-type: none"> Poor Drainage in Slums Blocked drains during monsoon Cleaning of septic tank only in event of overflow 	Highlight the gaps with concerned dept. of MCGM Create awareness to discourage dumping waste in drain		
4	Personal Hygiene	<ol style="list-style-type: none"> more than half the population don't follow proper hand hygiene Disinfection of floor and surfaces is not undertaken 	Promote awareness on hygiene and sanitation including segregation and disposal		BCC in MCGM School
5	IPC Awareness	<ol style="list-style-type: none"> Unawareness of direct & indirect transmission mode of COVID-19 Spitting in open spaces 	Awareness drive on prevention of COVID-19 disease by promoting CAB	Awareness sessions in Anganwadis.	BCC in MCGM School
6	CAB Observance	<ol style="list-style-type: none"> 39% population do not believe in covering face and use mask only due to regulations The target population believe that social distancing is impractical 	1. Promotion of use of mask, social distancing and hand hygiene through different interactive activities		1. BCC in MCGM School
7	Vaccine Awareness	<ol style="list-style-type: none"> More than 85% of population is not vaccinated 	1. Countering vaccine hesitancy through awareness		

Navi Mumbai - Slum pockets

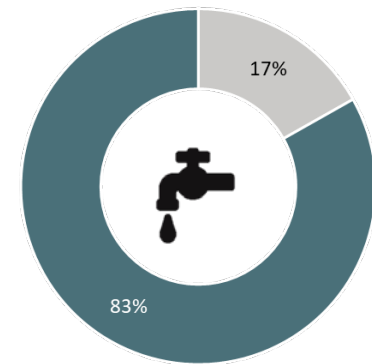
Number of HHs surveyed: **100**



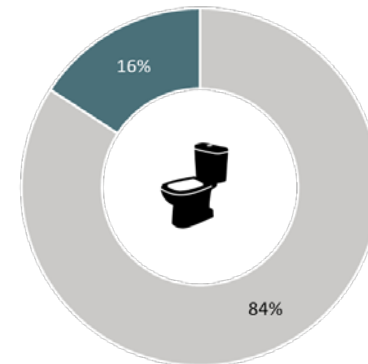
Occupation distribution



Status of WASH facilities



Community Tap Individual Tap



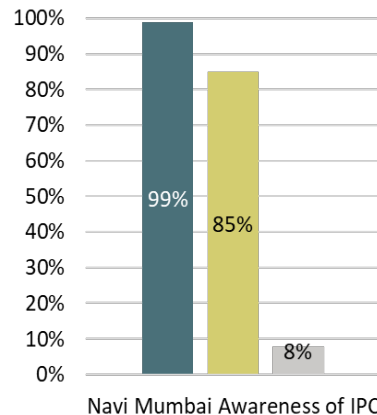
Community toilet Individual toilet

131
User per CT seat

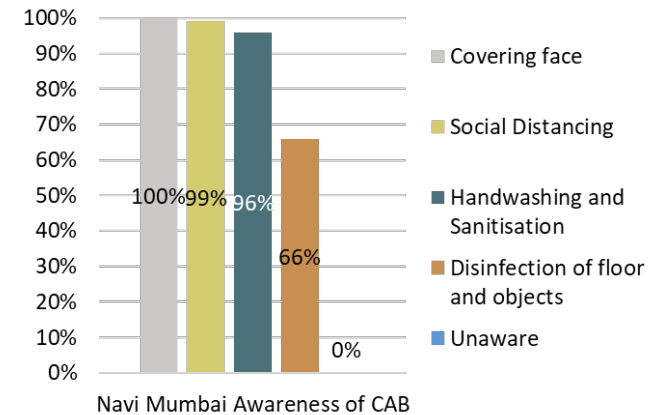
100%
CT blocks with running water

0%
CT blocks with soap

Awareness on IPC and COVID appropriate behaviour



Navi Mumbai Awareness of IPC



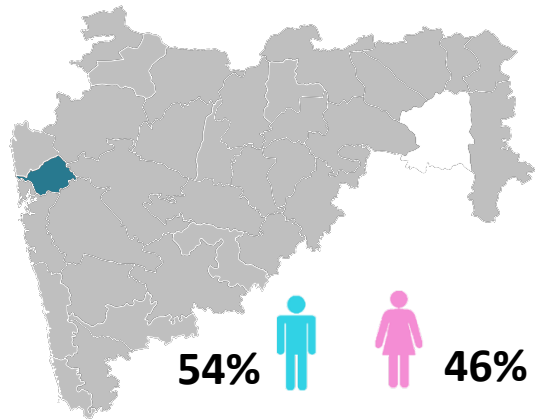
Navi Mumbai Awareness of CAB





Micro-plan for Slums of Navi Mumbai

Sl. No.	Categories	Gaps and needs identified	Interventions Strategies		
			Immediate actions To be undertaken in the project period	Mid Term (within next 6 months)	Long Term (within next 1 year)
1	Water Supply	1. Water frequency – Hanuman Nagar 2. Safe Drinking water	Awareness on importance of safe drinking water and methods.		
2	Sanitation	1. Infrequent cleaning of community toilets- Gap 2. Inadequate cleaning materials 3. Increasing number of community toilet blocks - Needs	Highlight the gaps with concerned department of NMMC.	SOPs and Checklist to be prepared on O & M of community toilets. Capacity building and training of CBOs	Interacting with NMMC SWM dept. for implementing guidelines. Capacity building of caretakers and cleaning staff. BCC in NMMC schools
3	FSSM	1. Poor drainage in slums 2. Water accumulation	Highlight the gaps with concerned department of NMMC.		
4	Personal Hygiene	1. Lack of awareness on disinfection. 2. Dumping of waste in the vicinity is prevalent. 3. Spitting in open places was observed.	Promote awareness on hygiene and sanitation including segregation of garbage and disposal appropriately.		
5	IPC Awareness	1. Lack of awareness on indirect modes of COVID-19 disease transmission and vulnerability criteria	Awareness drive on prevention of COVID-19 disease by promoting CAB.	Awareness sessions in Anganwadis.	BCC in NMMC Schools
6	CAB	1. 1. Population is aware about CAB but do not follow CAB properly	Awareness on proper use of mask and hand hygiene through different interactive activities		BCC in NMMC Schools
7	Vaccine Awareness	1. 1. More than 75% population not vaccinated	Countering vaccine hesitancy through awareness		

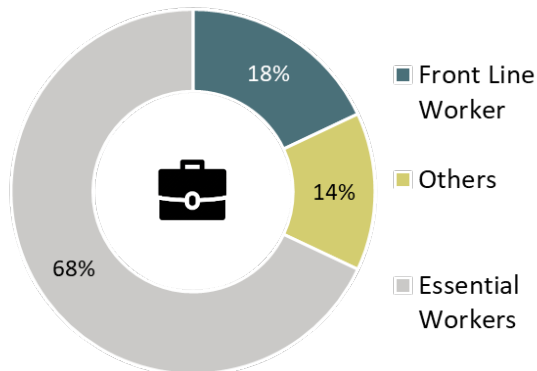
Kalyan Dombivli - Slum pockets

Number of HHs surveyed: **100**



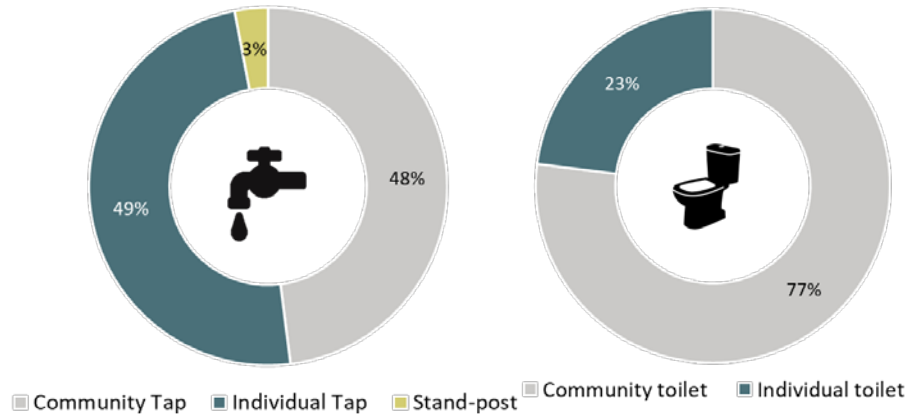
Legend  Age 60 and above  Age 45-59  Age 18-44  Age 0-17

Occupation distribution



WASH in Community toilets

Status of WASH facilities

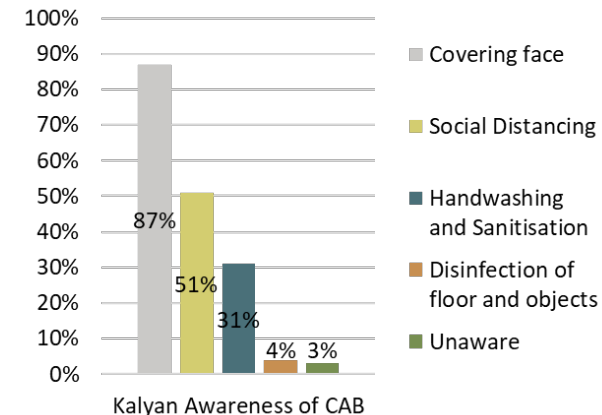
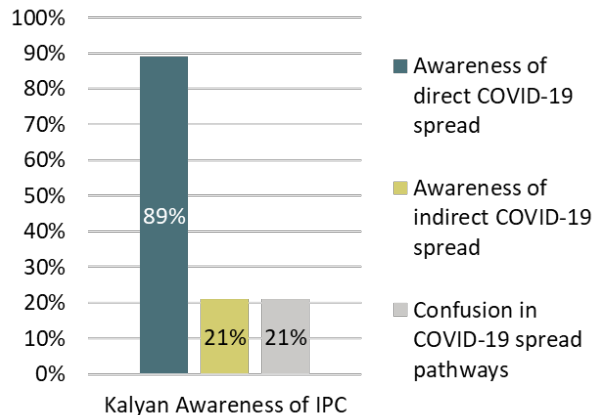


24
User per CT seat

17%
CT blocks with running water

17%
CT blocks with soap

Awareness on IPC and COVID appropriate behaviour

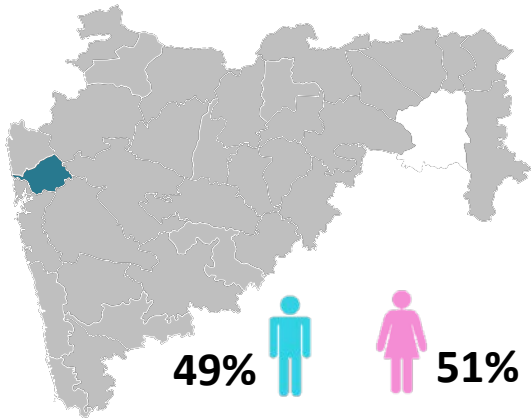


Micro-plan for Slums of Kalyan Dombivli

Sl. No.	Categories	Gaps and needs identified	Interventions Strategies		
			Immediate actions To be undertaken in the project period	Mid Term (within next 6 months)	Long Term (within next 1 year)
1	Water Supply	<ol style="list-style-type: none"> 1. Water supply frequency in Adiwasi Wadi. 2. Poor repair and maintenance of water connection leading to contamination. 	Awareness on importance of safe drinking water and methods.		
2	Sanitation	<ol style="list-style-type: none"> 1. 1. Water scarcity in community toilets. 2. 2. Inadequate cleaning materials in community toilets. 	Highlight the gaps with concerned department of KDMC.	SOPs and Checklist to be prepared on O & M of community toilets.	Interacting with MCGM SWM dept. for implementing guidelines. Capacity building of caretakers and cleaning staff.
3	FSSM	<ol style="list-style-type: none"> 1. 1. Poor drainage in slums , open gutter , 2. 2. Water accumulation 	Highlight the gaps with concerned department of KDMC.		
4	Personal Hygiene	<ol style="list-style-type: none"> 1. Handwashing not practiced by majority population 2. Spitting in open was observed 	Promote awareness on hygiene and sanitation including SWM. Providing soaps to sustain handwashing.		BCC in KDMC Schools
5	IPC Awareness	<ol style="list-style-type: none"> 1. 1. 79% of population is unaware of indirect modes of COVID-19 transmission 	Awareness drive on prevention of COVID-19 disease by promoting CAB.	Awareness sessions in Anganwadis.	BCC in KDMC Schools
6	CAB	<ol style="list-style-type: none"> 1. Reluctance in following CAB and improper method of wearing masks and handwashing. 	Awareness on proper use of mask and hand hygiene through different interactive activities		BCC in KDMC Schools
7	Vaccine Awareness	<ol style="list-style-type: none"> 1. More than 90% of the population is still not vaccinated 	Countering vaccine hesitancy through awareness		

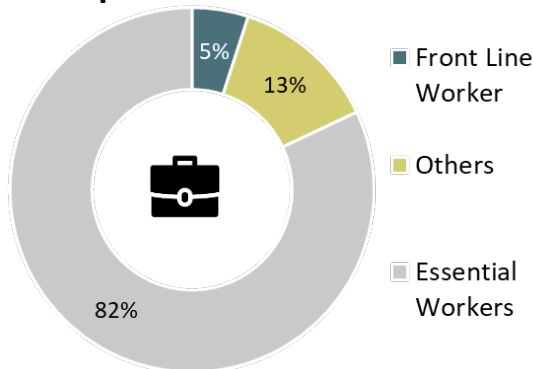
Mira Bhayandar - Slum pockets

Number of HHs surveyed: **100**

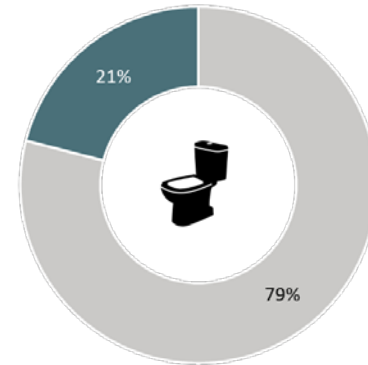
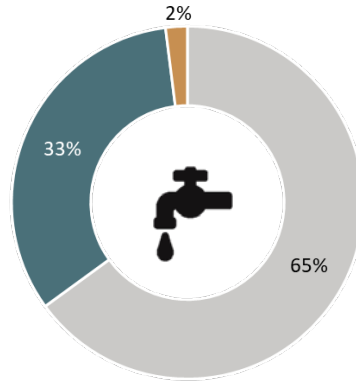


Legend: Age 60 and above, Age 45-59, Age 18-44, Age 0-17

Occupation distribution



Status of WASH facilities



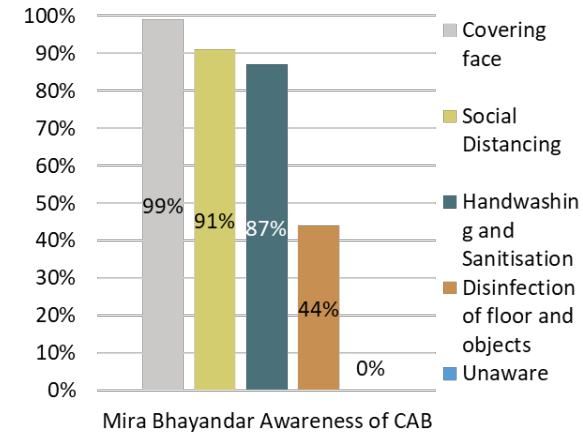
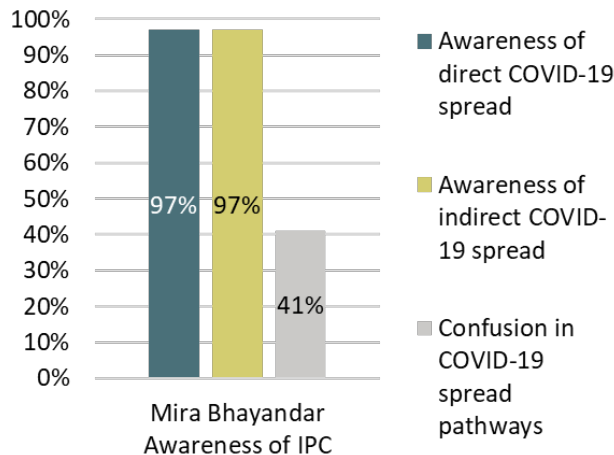
Community Tap, Individual Tap, Tanker supply, Community toilet, Individual toilet

42
User per CT seat

0%
CT blocks with running water

0%
CT blocks with soap

Awareness on IPC and COVID appropriate behaviour

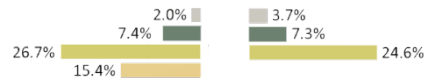
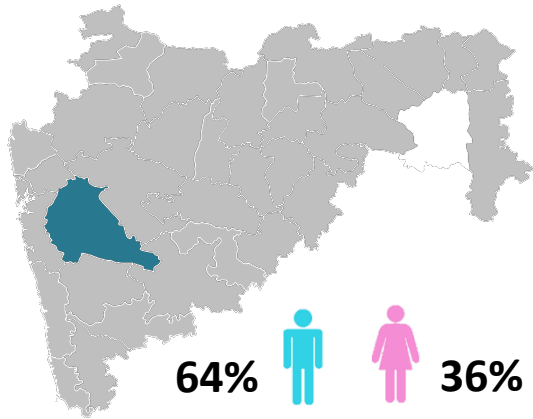


Micro-plan for Slums of Mira Bhayandar

Sl. No.	Categories	Gaps and needs identified	Interventions Strategies		
			Immediate actions To be undertaken in the project period	Mid Term (within next 6 months)	Long Term (within next 1 year)
1	Water Supply	<ol style="list-style-type: none"> Improved water supply frequency in Chandan Nagar. Lack of awareness on safe drinking water. 	Awareness on importance of safe drinking water and methods.		
2	Sanitation	<ol style="list-style-type: none"> 1. Water scarcity in community toilets. 2. Inadequate cleaning materials in community toilets. 3. . Lack oh MHM leading to improper disposal of sanitary waste. 	Highlight the gaps with concerned department of MBMC.	SOPs and Checklist to be prepared on O & M of community toilets.	Interacting with MBMC SWM dept. for implementing guidelines. Capacity building of caretakers and cleaning staff.
3	FSSM	<ol style="list-style-type: none"> 1. Poor drainage in slums , open gutter , 2. Water accumulation in industrial locations. 3. Water stagnation observed. 	Highlight the gaps with concerned department of KDMC.		
4	Personal Hygiene	<ol style="list-style-type: none"> Inadequate waste disposal facilities Handwashing and disinfection not observed Spitting in open was observed 	Promote awareness on hygiene and sanitation including domestic waste management. Providing soaps to sustain handwashing.		BCC in MBMC Schools
5	IPC Awareness	<ol style="list-style-type: none"> 1. Lack of awareness regarding vulnerability criteria to COVID-19 infection 	Awareness drive on prevention of COVID-19 disease by promoting CAB.	Awareness sessions in Anganwadis.	BCC in MBMC Schools
6	CAB	<ol style="list-style-type: none"> 1. Population is aware about CAB but do not follow CAB properly 	Awareness on proper use of mask and hand hygiene		BCC in MBMC Schools
7	Vaccine Awareness	<ol style="list-style-type: none"> 1. More than 80% population is still not vaccinated 	Countering vaccine hesitancy through awareness		

Pune – Ghole Road and Bibvewadi

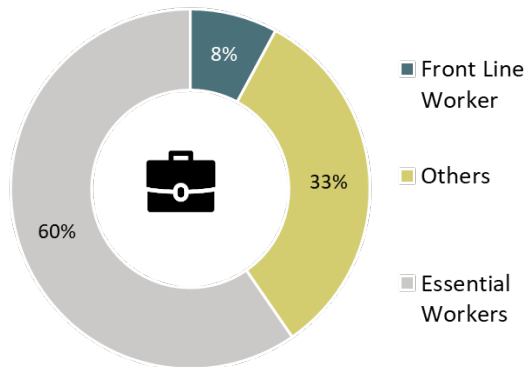
Number of HHs surveyed: **200**



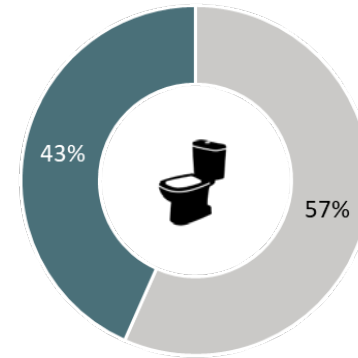
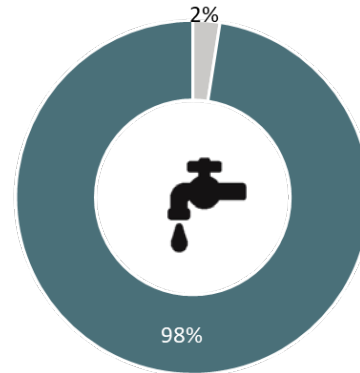
40% 30% 20% 10% 0% 0% 10% 20% 30% 40%

Legend ■ Age 60 and above ■ Age 45-59 ■ Age 18-44 ■ Age 0-17

Occupation distribution



Status of WASH facilities

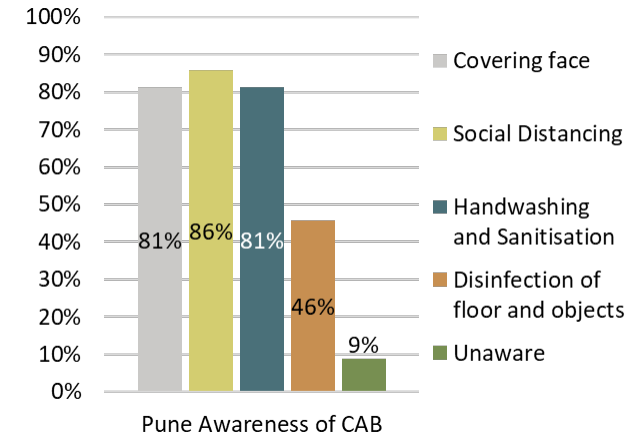
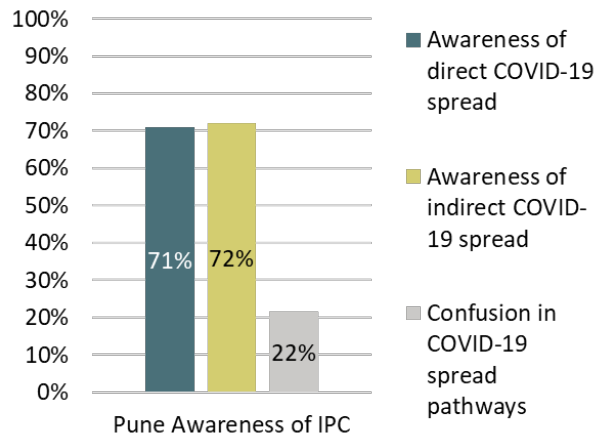


■ Community Tap ■ Individual Tap ■ Community toilet ■ Individual toilet

75
User per CT seat

0%
CT blocks have soaps

Awareness on IPC and COVID appropriate behaviour

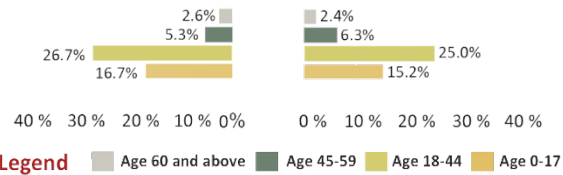
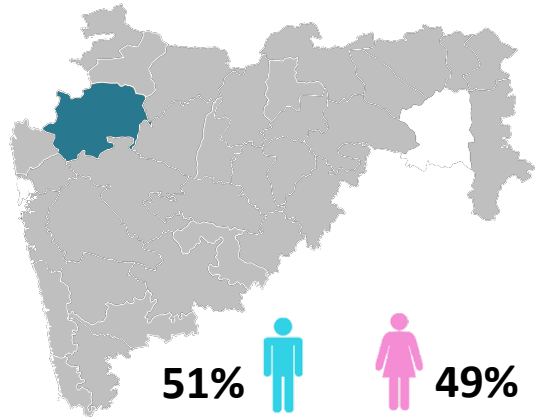


Micro-plan for Slums of Pune

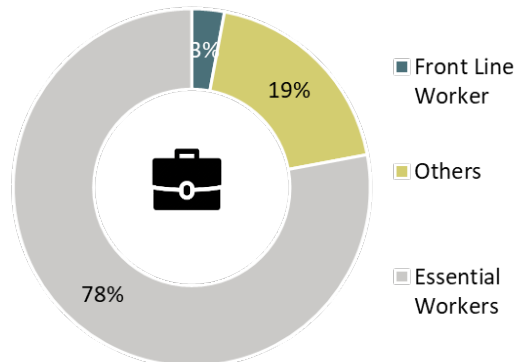
Sl. No.	Categories	Gaps and needs identified	Interventions Strategies		
			Immediate actions To be undertaken in the project period	Mid Term (within next 6 months)	Long Term (within next 1 year)
1	Water Supply	1. No gaps as access to water is satisfactory. Individual taps are provided and water supply happen once/twice a day for few hours.		Launch a similar program in other target slums of Pune with PMC and local NGOs and CBOs	Engaging with the caretakers of the CTs and members of Swacchta Samiti to improve the design of the CT. Handwash basins with soaps Decrease load per WC Increasing the utility of the space
2	Sanitation	1. The load on the community toilet is high. Average persons per WC number is 75. O&M is challenge. Soaps are not available at the handwash basins.			
3	FSSM	1. O&M of sewers is a challenge. Manual cleaning is observed in case of hard chokes.	Providing awareness training to sanitation workers for Occupational Health and Safety during normal situation and pandemic.		
4	Personal Hygiene	1. Handwashing not done regularly 2. Waste disposal is done at GVPs. 3. Use of disinfectants is considered unnecessary	IEC activities regarding personal hygiene, waste disposal and community hygiene		
5	IPC Awareness	1. Lack of awareness on COVID-19 disease transmission and vulnerability criteria	Awareness regarding prevention of COVID-19 through training and IEC activities		
6	CAB	1. CAB is not followed strictly and reluctance in wearing masks. 2. 9% of population are unaware of CAB practices.	Promotion of CAB through IEC activities and support with WASH supplies		

Nashik – Gharkul Yojana and Vaiduwadi

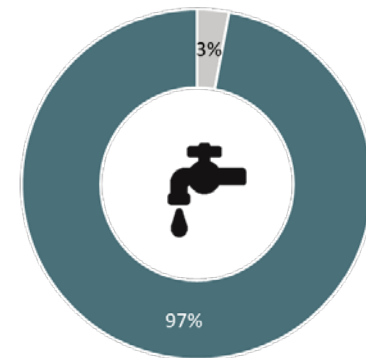
Number of HHs surveyed: **100**



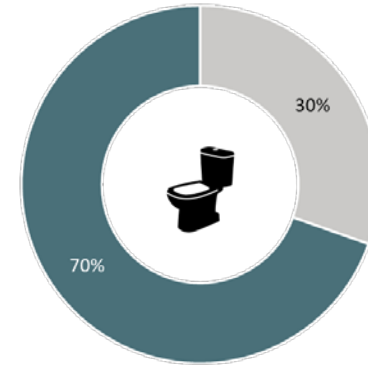
Occupation distribution



Status of WASH facilities



■ Community Tap ■ Individual Tap



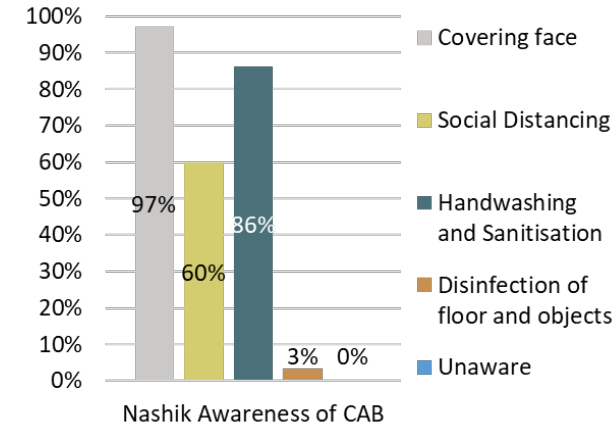
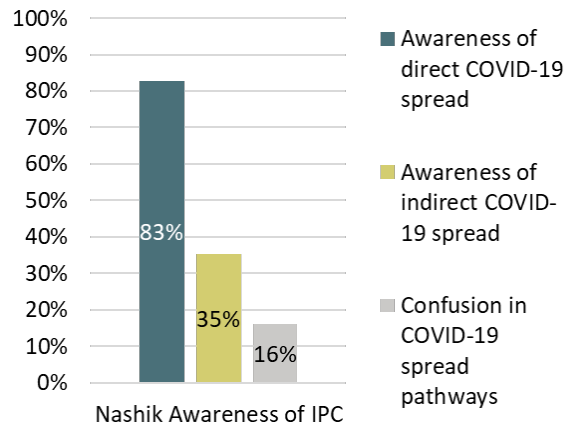
■ Community toilet ■ Individual toilet

7
User per CT seat

50%
CT blocks with running water

0%
CT blocks with soap

Awareness on IPC and COVID appropriate behaviour

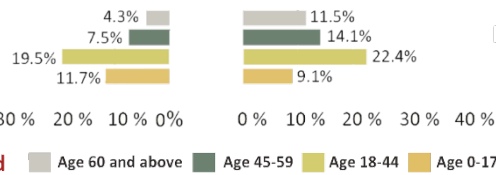
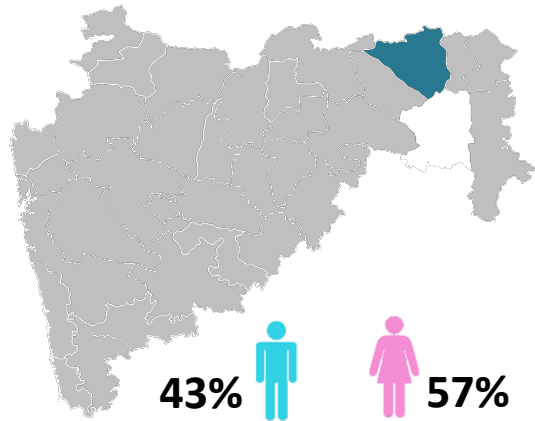


Micro-plan for Slums of Nashik

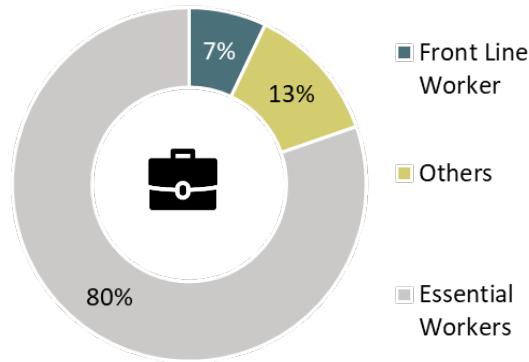
Sl. No	Categories	Gaps and needs identified	Interventions Strategies		
			Immediate actions To be undertaken in the project period	Mid Term (within next 6 months)	Long Term (within next 1 year)
1	Water Supply	<ol style="list-style-type: none"> 1. No pure drinking water 2. Less water availability 3. Wastage of available water 	Awareness on the avoid water wastage, proper guidelines on the water purification at HH level and inform the key points on storage of water	Awareness and meetings	Coordination with govt officials for providing such facilities
2	Sanitation	<ol style="list-style-type: none"> 1. Cleanliness issue 2. Lack of water and taps 3. No proper use by localities 	CAB as well as discussion on the personal hygiene as well the importance of cleanliness of the toilets in the presence of ASHA		Coordination with corporates for installing tap and water tank at toilet
3	FSSM	<ol style="list-style-type: none"> 1. Smell of open drains 2. Narrow passage- Vacuum sucker cannot reach toilets 	Awareness and poster presentation on the waste water management during the meetings	Awareness, poster preparation by students	Guiding people about the waste water management
4	Personal Hygiene	<ol style="list-style-type: none"> 1. Reluctance in handwashing and disinfection- unaffordable 2. Dumping of waste in spite of d-2-d waste collection 	Awareness on personal hygiene and handwashing. Awareness on the waste management with respect to Dry and wet waste segregation		Ask officials to put strict norms on HHs who do not give waste to waste collectors
5	IPC Awareness	<ol style="list-style-type: none"> 1. 1. Lack of awareness on direct and indirect modes of COVID-19 disease transmission and vulnerability criteria 	Awareness on methods of prevention of COVID-19		
6	CAB	<ol style="list-style-type: none"> 1. Reluctance to follow CAB in the immediate locality unless attending a gathering. 2. Improper mask use 	Awareness on proper methods of CAB and promotion of CAB. Provision of WASH supplies		
7	Vaccine Awareness	<ol style="list-style-type: none"> 1. Vaccination hesitancy observed more among women 	Promotion of vaccination, vaccination registration camp		

Nagpur – Sevadal and Nandanvan

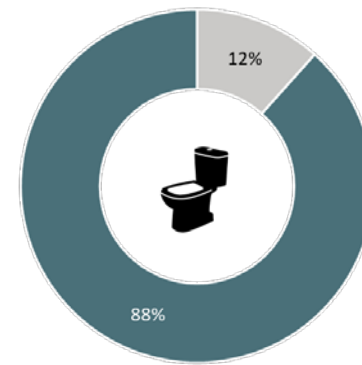
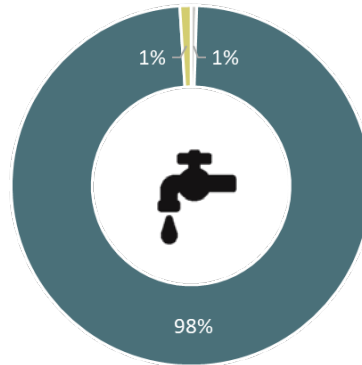
Number of HHs surveyed: **100**



Occupation distribution

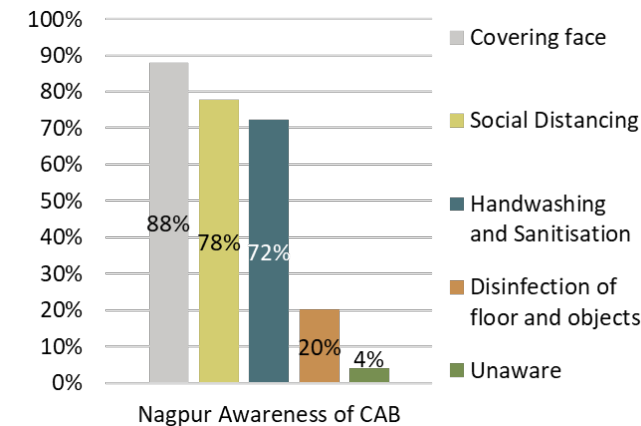
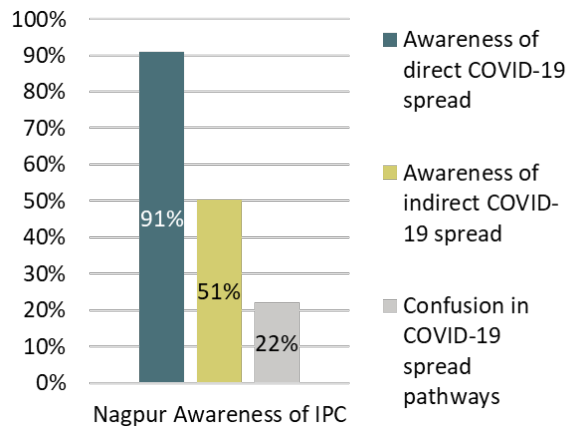


Status of WASH facilities



Community Tap Individual Tap Stand-post Community toilet Individual toilet

Awareness on IPC and COVID appropriate behaviour

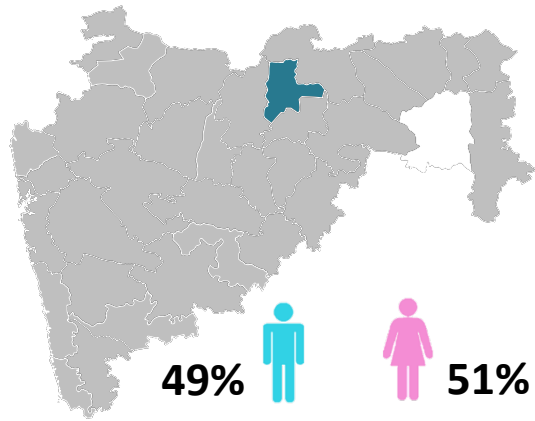


Micro-plan for Slums of Nagpur

Sl. No.	Categories	Gaps and needs identified	Interventions Strategies		
			Immediate actions To be undertaken in the project period	Mid Term (within next 6 months)	Long Term (within next 1 year)
1	Water Supply	<ol style="list-style-type: none"> 1. Water supply frequency is intermittent. 2. Lack of awareness on safe drinking water. 	Awareness regarding save storage methods and precautions to be taken to avoid breeding of mosquitos	Consultation with local authorities regarding developing common storage points for the community.	
2	Sanitation	<ol style="list-style-type: none"> 1. All HHs have individual toilets so community toilets are neglected. 2. Toilets are connected to nullah open sewers but the sewage is not treated 	Encouraging CBOs and ULB for maintenance of community toilets and keep it functional for emergency utilization of the community.		
3	FSSM	<ol style="list-style-type: none"> 1. Waste water treatment is non-existent in the slums 2. Containment of wastewater in septic tank is also not prevalent 	Awareness about regular desludging of septic tanks to avoid overflow.	Consultation with authority regarding regular desludging of septic tanks in the community	
4	Personal Hygiene	<ol style="list-style-type: none"> 1. Handwashing and disinfection of surfaces not followed frequently 2. Garbage is dumped in the nullah 	Promote awareness on hygiene and sanitation including domestic waste management. Providing soaps to sustain handwashing.		
5	IPC Awareness	<ol style="list-style-type: none"> 1. Lack of awareness on indirect modes of COVID-19 disease transmission and vulnerability to infection 	Awareness drive on prevention of COVID-19 disease by promoting CAB.	Awareness sessions in communities and gathering places.	
6	CAB	<ol style="list-style-type: none"> 1. CAB is observed reluctantly in the community 	Awareness on proper use of mask and hand hygiene through different interactive activities		
7	Vaccine Acceptance	<ol style="list-style-type: none"> 1. There exist hesitancy in taking vaccines due to a fear of injection among the population 	Countering vaccine hesitancy through awareness		

Akola – Tar File, Naigaon and Akot File

Number of HHs surveyed: **100**



49%



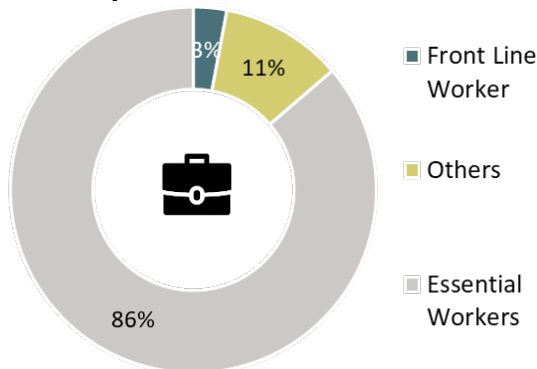
51%



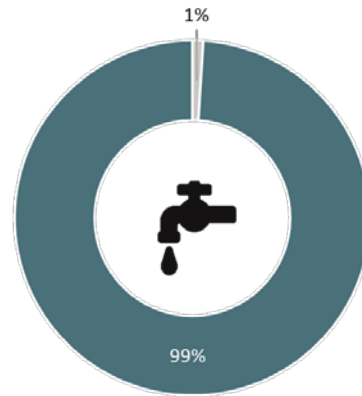
40 % 30 % 20 % 10 % 0 % 0 % 10 % 20 % 30 % 40 %

Legend ■ Age 60 and above ■ Age 45-59 ■ Age 18-44 ■ Age 0-17

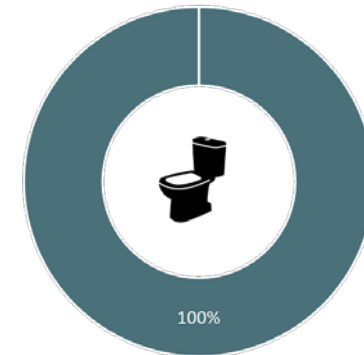
Occupation distribution



Status of WASH facilities



■ Community Tap ■ Individual Tap



■ Community toilet ■ Individual toilet

5

User per CT seat

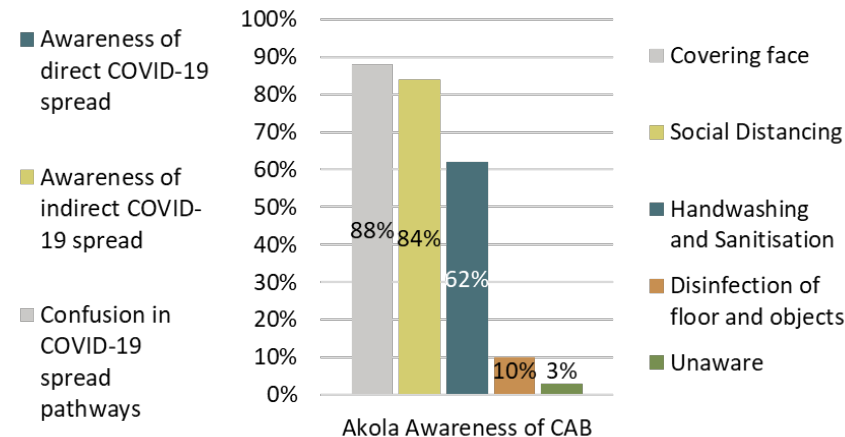
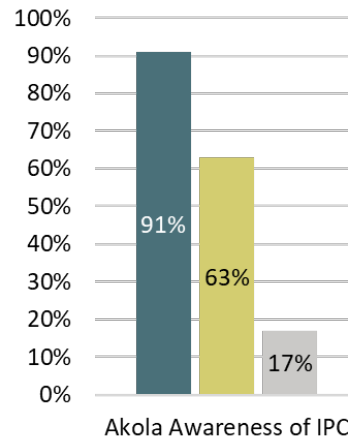
0%

CT blocks with running water

0%

CT blocks with soap

Awareness on IPC and COVID appropriate behaviour

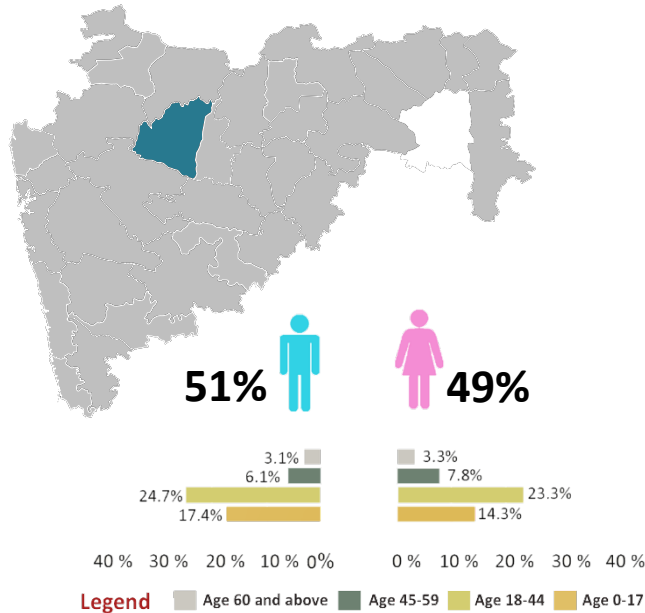


Micro-plan for Slums of Akola

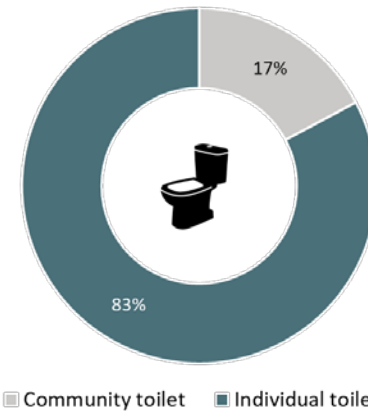
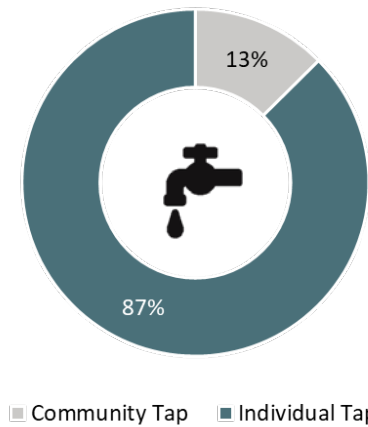
Sl. No.	Categories	Gaps and needs identified	Interventions Strategies		
			Immediate actions To be undertaken in the project period	Mid Term (within next 6 months)	Long Term (within next 1 year)
1	Water Supply	<ol style="list-style-type: none"> Inspite of high number of individual taps, frequency of water supply is once in 8 days Proper cleanliness not maintain around common stand post/ Handpump. 	Awareness sessions methods of water storage and filtration before use.	Awareness regarding overall hygiene management and risk of water-born diseases.	
2	Sanitation	<ol style="list-style-type: none"> Cleanliness not maintained on regular basis at community toilets. 	Awareness and Capacity building of sanitary workers regarding O&M of CTs	SOPs to be prepared on O&M of CTs.	
3	FSSM	<ol style="list-style-type: none"> Uncovered drains & overflow on road at many places. Garbage dumped in open drains 	Awareness regarding proper waste disposal	Consultation with local authorities for regular cleaning of drains	
4	Personal Hygiene	<ol style="list-style-type: none"> Handwashing and use of disinfectants not practiced due to water shortage Absence of Dustbin, garbage dumped around road, HH 	Awareness on Handwashing and waste disposal	Providing sanitizer instead of soaps due to lack of water availability	Consultation with local authorities for strategizing SWM in the community
5	IPC Awareness	<ol style="list-style-type: none"> Misconceptions regarding modes of transmission of COVID-19 disease and vulnerability criteria 	Awareness generation on prevention of COVID-19 disease among all age group		
6	CAB	<ol style="list-style-type: none"> Proper method of handwashing and mask use not followed 	Awareness generation on proper method of CAB		
7	Vaccine Acceptance	<ol style="list-style-type: none"> More than 85% population is still not vaccinated 	Awareness for promotion of vaccination	Vaccination camps for working population	

Highlights of Aurangabad – Eknath Nagar, Kabir Nagar, Indira Nagar and Ramkrushna Nagar

Number of HHs surveyed: **100**



Status of WASH facilities

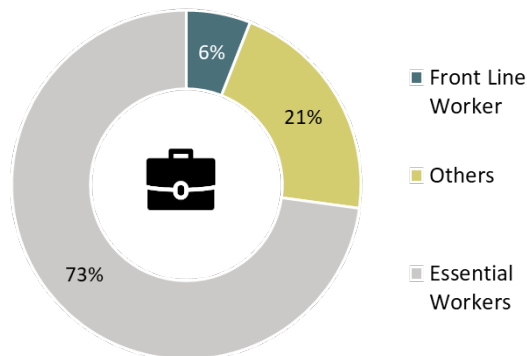


24
User per CT seat

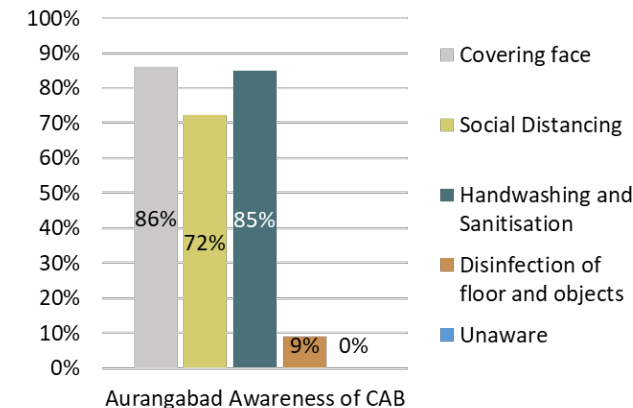
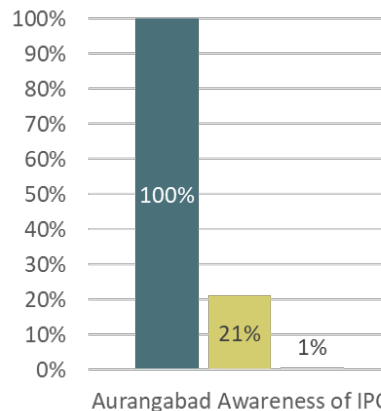
0%
CT blocks with running water

0%
CT blocks with soap

Occupation distribution



Awareness on IPC and COVID appropriate behaviour



Micro-plan for Slums of Aurangabad

Sl. No.	Categories	Gaps and needs identified	Interventions Strategies		
			Immediate actions To be undertaken in the project period	Mid Term (within next 6 months)	Long Term (within next 1 year)
1	Water Supply	1. HH water tap connections not available to all families.	Awareness about use of adequate amount of water for personal hygiene	Consultation with local authorities for individual HH tap	
2	Sanitation	1. HH toilets not available to all families. 2. No drainage / PWS and proper structure for public toilets.	Creating a platform where various stakeholders can contribute in improving common sanitation facilities in the community	Conducting awareness campaigns for use of toilets.	Consultation with local authorities for preparing strategies to increase coverage of IHHL
3	FSSM	1. No functioning drainage lines for public toilets.	Action plan for regular desludging of CTs to avoid overflowing of septic tanks		Consultation with local authorities for action plan on sewerage/septage management
4	Personal Hygiene	1. Handwashing and use of disinfectants not done regularly 2. Garbage dumping is done in the back lanes adjoining railway tracks	Awareness through IEC Programmes and Meeting with stakeholders	Formation of task force for overall hygiene management of the community	
5	IPC Awareness	1. Lack of awareness on indirect modes of COVID-19 disease transmission and vulnerability	Awareness through IEC Programmes and meetings with stakeholders		
6	CAB	1. People wear mask out of compulsion but think it unnecessary. 2. CAB not followed	Awareness through IEC Programmes, distribution of supplies and meetings with stakeholders		
7	Vaccine awareness	1. 70% of the population is still not vaccinated	Awareness regarding importance of vaccine		



Partner Organizations

- ✦ *Citizens Association for Child Rights – Kalyan-Dombivali, Mira-Bhayandar, Mumbai, Navi Mumbai.*
- ✦ *Centre For Youth Development and Activities – Nashik*
- ✦ *Ecosan Services Foundation – Pune*
- ✦ *Society for Action in Creative Education and Development – Aurangabad*
- ✦ *Youth for Unity and Voluntary Action – Akola, Nagpur*

AILLSG Mumbai

- ✦ *Mr. Ranjit Chavan, President, AILLSG*
- ✦ *Dr. Jairaj Phatak, IAS (Retd.), Director General, AILLSG*

Secretariat, Maharashtra Urban WASH-ES Coalition, RCUES, AILLSG Mumbai

- ✦ *Ms. Utkarsha Kavadi, Director*
- ✦ *Ms. Jayalaxmi Chekkala, Project Manager*
- ✦ *Ms. Shweta Nagarkar, Project Manager*
- ✦ *Ms. Amruta Paranjape, Project Manager*
- ✦ *Ms. Nayani Khurana, Communication Partnerships and Documentation Expert*
- ✦ *Ms. Riddhi Vartak, Research, Policy & Governance Associate*
- ✦ *Ms. Siddhi Pednekar, Research Associate*
- ✦ *Ms. Sneha Bhattacharya, Research Associate*
- ✦ *Mr. Shailesh Chalke, Programme Assistant*

UNICEF Maharashtra

- ✦ *Ms. Rajeshwari Chandrasekar, Chief Field Office*
- ✦ *Mr. Yusuf Kabir, WASH Specialist and Emergency and DRR Focal Point*
- ✦ *Mr. Anand Ghodke, WASH Officer*