The Church's Response to COVID-19 in the Archdiocese of Bombay

FOREWORD

Back in March 2020, we did not know that our ruptured relationship with creation would manifest as a novel viral disease that took mere months to conquer the whole world. We had no idea that three weeks of a hard national lockdown would not be enough to combat the sickness. We did not know that we would still be contending with hardships, restrictions, loss and grief more than a year later. We do not know yet how and when the COVID-19 story will end, as we engage in a race that pits medicine and technology against natural selection driven by rapid mutations. What we do know is hope.

And hope is what this documentation, and indeed our lives, is all about. It captures a part of our response to COVID-19 despite tough challenges – lockdowns, travel restrictions, mandatory quarantines, social and economic disruptions, health infrastructure inadequacies, drug and vaccine shortages, loss of livelihoods and underemployment, remote work and online education, shortage of burial spaces, the increase in domestic abuse and gender violence. Even so, we held on to hope. We mobilised and shared information. We became intermediaries between the government and local communities. We were the voice of the vulnerable and the marginalised. We utilised our health, education and outreach networks to reach out to people who would have been left out of mainstream efforts and to those in remote areas. We provided psychosocial support and compassionate care.

These many interventions and humanitarian responses to COVID-19 undertaken in the Archdiocese of Bombay include immediate relief such as provision of ration and basic necessities to vulnerable communities of all faiths, monetary aid to those in need, healthcare services, allocating premises for COVID-care centres, vaccination centres and relief camps, arranging for travel of stranded migrants, information dissemination, etc. The response has been categorised as per the work done by various diocesan and religious entities, institutions and organisations, rather than presenting it chronologically. This is because in no way could have everything undertaken be compiled; the documentation being put together with data from only those who answered our request during June-July 2021 to showcase the response of the Catholic community. I am very grateful to them all, otherwise we wouldn't know even a fraction of what went on in the Archdiocese of Bombay.

I thank our Archbishop, Oswald Cardinal Gracias, who supported the documentation project. I would like to recognise the efforts, time and dedication of the ICOR team who brought this documentation together and I am thankful to my friends in the various groups of the Social Apostolate whose insights and contributions have enriched the final publication.

As we leaf through these pages, let us remember those we have lost and those on the frontline who keep us protected. May we be inspired by them and aid their efforts. May we adapt to an altered world while holding fast onto our hope.

✠ **BISHOP ALLYWN D'SILVA**
Auxiliary Bishop of Bombay
Bishop In-Charge of the Social Apostolate
in the Archdiocese of Bombay

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THE CHURCH'S RESPONSE TO COVID-19 IN THE ARCHDIOCESE OF BOMBAY

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CHAPTER 1
PREFACE

'This is the first pandemic caused by a coronavirus … We have rung the alarm bell loud and clear … This is not just a public health crisis, it is a crisis that will touch every sector – so every sector and every individual must be involved in the fight.'

DR. TEDROS ADHANOM GHEBREYESUS, Director-General, WHO, 11 March 2020

First detected in China in December 2019, the novel coronavirus disease (Covid-19) illness was characterised a pandemic on 11 March 2020. The severity of a new disease to which humanity had hitherto no exposure had governments enforcing lockdowns, travel restrictions and mandatory quarantines to contain the spread of the virus and shore up public health infrastructure. The consequent disruption of social life and the economic impacts are complex, unprecedented and far beyond the magnitude of previous calamities in recent times.

India is the second worst-hit nation in terms of absolute numbers, and the Mumbai Metropolitan Region in Maharashtra among one of the most affected areas. The imposition of preventive and management measures to control Covid in March 2020 with extremely short notice gave people barely any time to adjust, adapt or understand its implications. Health infrastructure inadequacies, drug shortages, the number of cases and deaths, dominated the headlines and an atmosphere of despair and despondency set in. The wide-scale loss of livelihood and sufficiency left people starving, debt-ridden with mounting bills and no means of sustenance. Domestic abuse increased, with gender violence being termed as a concurrent 'shadow pandemic'. As work and education moved online, many were forced to rely on digital technology with which they are unfamiliar or have no access.

Initially such changes were weathered, albeit with much suffering, as these were perceived to be temporary in nature, with many agencies, including the Church, mounting a humanitarian response in terms of providing rations, protective face gear, meals, care-giving, etc. As the first wave plateaued in January-February 2021, and reports of a vaccine rollout made the news, there were signs of hope. However, in March-April 2021 the country was engulfed by a second wave, even more ferocious than the first and the situation became grim. Although the vaccination drive has been intensive, it has had its fair share of hurdles. With no cessation of the virus contagion in its many variants, the time is apt to look back at the responses undertaken during the first and second wave and the interventions being implemented now, and then utilise the learnings to develop an adaptive and resilience-building framework for a seemingly irrevocably changed 'normal'.

CHAPTER 2
INTRODUCTION TO THE STUDY

Good, better, best. Never let it rest. Until your good is better and your better best.
ANONYMOUS

The Catholic Church is not a theological entity alone, but a body in action that in all aspects envisages realising the reign of God in real-life situations. Church bodies, as faith-based organisations, are uniquely placed to respond to a crisis, as they have demonstrated each time disaster has struck. Particularly, they have been able to:

- mobilise and share information,
- influence as a trusted intermediary between government and local communities,
- be a voice of hope for all and compassion for vulnerable groups,
- offer vast networks of health and education services including in remote locations,
- pastorally provide psychosocial support and compassionate care.

In response to the Covid-19 pandemic, many interventions and humanitarian services were undertaken in the Archdiocese of Bombay, including immediate relief such as provision of ration and basic necessities to vulnerable communities of all faiths, monetary aid to those in need, health-care support, allocating premises for Covid-care, relief camps and vaccination centres, arranging for travel of stranded migrants, information dissemination, etc.

These measures have been mounted by diverse Church groups—the hierarchy, diocesan bodies and institutions, parishes and community centres, as well as individuals and self-motivated groups. Thus, collectively there is a dearth of precise information on what has been the Church's response to the Covid pandemic in the Archdiocese of Bombay in terms of data, scope, sectors and modalities, and target groups. The archdiocese therefore commissioned a documentation of the Church's response to the pandemic during the period March 2020 to May 2021.

Scope: The documentation covers the response across the various municipalities that fall within diocesan limits, including Mumbai City and Suburban districts, Thane district and Raigad district. Preference has been given to initiatives targeted towards vulnerable and marginalised groups (such as low-income groups, tribal communities, transgender communities, migrants, those engaged in traditional livelihoods, women, children, etc.) while also covering the faith community as a whole. It comprises the following entities and interventions:

Stakeholder Response Entities	**Intervention Focus/Sectors and Modalities**
Disaster Management Committee chaired by the Archbishop of Bombay	Composition and functioning; decision-making processes; rapport with civic, health and political authorities
Diocesan bodies such as the five Social Apostolate sub-groups, the Catholic Communication Centre, Centre for Social Action, Health Promotion Trust, Prison Ministry, Society of St Vincent de Paul, Commissions: Migrants, Labour, Women, etc.	Child protection; gender-based violence prevention and response; mental health and psychosocial support; nutrition and food security; water, sanitation and hygiene (WaSH); livelihoods; shelter; core relief items; capacity building; cash and voucher assistance; education; spiritual needs
Parishes and associated schools, groups, community centres and/or NGOs	Spiritual needs; child protection; education; livelihoods; shelter; core relief items; capacity building; cash and voucher assistance; mental health and psychosocial support

All Catholic hospitals and the health outreach group	Health; mental health and psychosocial support; WaSH; capacity building; cash and voucher assistance
Selected individuals and self-motivated groups	Any of all the above relevant modalities

Objectives: While the primary motivation is to showcase the response of the Catholic community, the documentation also attempts to identify gaps and anticipate how the response to a future crisis may unfold. Thus, the objectives of this undertaking are:

- to record and analyse the variety of responses to the Covid situation undertaken by the Church in the Archdiocese of Bombay;
- to study the data received and identify areas for further study in terms of ascertaining gaps and possibilities for higher community involvement; and
- to provide a framework for rapid response in case of calamities and improved resilience.

Time frame: The data sought to be collected for the study was for the specified period of March 2020 to May 2021 to cover two phases/waves of Covid-19. However, responses came in till July 2021 and these were included in the configuration.

Methodology: Cardinal Oswald Gracias sent out a letter to various church bodies about the survey and requested their cooperation. A notice about the study was also published in the archdiocesan magazine, *The Examiner*. Subsequently a questionnaire (see appendix-1) was sent out to the respondents calling for details of their interventions, outreach, beneficiaries and target groups. Additional information was gathered through interviews with key persons.

Limitations of the study: Out of the 125 questionnaires sent out, responses were received from only 55 stakeholders (see list appendix-2). Further, as there was a slight time gap between the cardinal's letter and sending out the questionnaire, some parishes immediately sent narrative reports instead of waiting to receive the questionnaire which had been prepared to collect uniform and specific data from everyone. It was not possible to insist that these parishes resend information through the questionnaire as the pandemic was at its peak and parishes were busy with their outreach activities. Hence, whatever data was available through the narrative reports was used to fill up the questionnaire, and where data was unavailable, after attempts to collect the information proved futile, those questions got reported as a 'No Response'.

This documentation study was entrusted to the Institute for Community Organisation & Research (ICOR) in May 2021. ICOR is a registered non-profit organisation established in 1989 which has conducted several research studies in the realms of environmental sustainability and climate change, human development and globalisation. As an institute, ICOR combines academic interest and grassroots work with respect to community organisation, and is therefore an interface between scholars and community workers. The dynamic of this interface is cyclic in nature where those at the grassroots generate issues and concerns which researchers take up for study, and their efforts again enhance grassroots interventions.

Note: The Archdiocese acknowledges with thanks those who responded to the study questionnaire despite their other pressing commitments.

CHAPTER 3
ARCHDIOCESAN ENDEAVOURS

'We have realized that we are in the same boat, all of us fragile and disoriented, but at the same time important and needed, all of us called to row together, each of us in need of comforting the other.'
POPE FRANCIS, 27 March 2020

Disaster Management

Soon after the pandemic hit and a stringent country-wide lockdown was imposed, Cardinal Gracias put together a Disaster Management Committee. It comprised persons from various fields who were directly in touch with what was happening in their respective areas of operation. This included an auxiliary bishop, church bodies such as Conference of Religious, India, Mumbai Unit (CRI), Centre for Social Action (CSA), and authorities from the fields of health, education, communication and government. Each of these team members had their finger on the pulse and could give day-to-day reports of the situation on the ground as well as their specific requirements. The research team interviewed a few members of the committee to learn how they functioned and paved the way for coordinated efforts and a smooth outreach.

Bishop Allwyn D'Silva, who was in charge of the team, said, 'The committee functioned not as a decision-making body but in an advisory role. They met twice a week online with the cardinal, from April 2020 to December 2020, to report and provide updates. The sharing at the meetings were very productive as they could check out best practices among the group and apply it to their areas of operation. Also, coordination of work and use of resources helped to streamline the outreach and parishes seeking to initiate relief measures were supported by the team.'

For example, all those who had identified families in need of ration kits or financial aid would get in touch with CSA and they would arrange for the aid to reach those particular parishes in case the parish was unable to provide. When CSA received donations to provide thermal guns and oximeters for Raigad, Holy Family Hospital gave them the contacts to procure the equipment to distribute at the clinics in Raigad.

Mr Johny Joseph, retired chief secretary, Government of Maharashtra was inducted into the team to interpret government resolutions and policies and share the same with the group so as to be in sync with government efforts.

Bp. Allwyn said, 'The updates at the meetings also enabled the cardinal to make informed decisions regarding matters concerning diocesan institutions and how best to collaborate and cooperate with government authorities. When churches were permitted to open for two hours each morning and evening, government suggested protocols were advocated for funerals and sacraments. In fact, at all times the stance of Cardinal Gracias was, "we will go with the Government", and there was no fuss even when the Christmas mass was not permitted beyond 50 persons.'

With regard to church-run institutions, Cardinal Gracias advised them to collaborate with the government for all kinds of activities rather than going it alone; for example, offering space for migrants, boarding and lodging for frontline workers from nearby hospitals who were advised not to go home, space for foreigners stranded during the pandemic, space to accommodate Central Reserve Police force, space for vaccination, etc. He also recommended compassionate measures to mitigate people's hardships caused by the pandemic. Schools reduced fees so that parents would find it relatively easy to pay. Salaries of teachers were paid in full at least for the first few months. It is important to note that parishes gave from their own resources and when required the Archdiocesan Financial Office or CSA also made arrangements to pay.

The first pandemic wave saw the exceptional exodus of migrants. Initially, due to the suddenness of its onset everyone, including the administration, took time to grapple with various aspects of it. But soon the government set up camps along the way and several of our diocesan

schools/parishes collaborated with this initiative. The focus was to reach out to the poor and the vulnerable as a priority. CRI sent out appeals to all the provincials and major superiors requesting them to support CSA's initiatives to ensure food and/or shelter for migrants at various locations. They opened up spaces and even provided travel arrangements to make it possible for people to reach their destination. Whenever there was a collaborative effort between government and parish or schools, hospitals, etc., MOUs were put in place. Fr Richard Quadros, SVD, reported that in Raigad 95% of the relief work was done by various congregations and local NGOs. They also enabled eligible persons to avail of government schemes by collecting, photocopying and submitting their documents to the appropriate authorities.

Catholic-run health institutions reached out to accommodate as many who came to their gates, and several in the diocese converted to Covid-dedicated hospitals and offered concessions or bill waivers to the needy. NGOs responded by providing ventilators to the extent possible.

As Covid-19 was a new disease which brought much fear and uncertainty, hospitals faced many challenges. There were administrative challenges such as travel and shifts for nurses and other staff, procuring of medicines, PPE kits and sanitizers, creation of isolation wards; financial challenges such as ensuring regular salaries for staff, and meeting all medical requirements at increased rates. Initially PPE kits cost Rs.2500/kit and mask rates were equally high. Besides this, hospitals had to sympathetically handle nurses' fears about getting infected and coping with safety protocols which were stressful and tiring.

Catholic hospitals in Mumbai banded together to manage these challenges. They met online once a month to share their experiences and learn from each other. Sr. (Dr) Beena, UMI, of Holy Family Hospital, Bandra, who was appointed coordinator of this network of hospitals, related how hospitals handled the situation.

'When the lockdown for Covid-19 began, all private hospitals shut down. The management of Holy Family Hospital had a meeting and decided to respond to the needs of the community which is the mission of the congregation. So we began by training all our personnel, from the doctors to the lowest level housekeeping staff. Different protocols for different infection control was taught to them and Standard Operating Procedures (SOPs) were put in place. We opened 30 beds in the ICU and 55 beds for critical care in the wards. During the second wave there were 28 ICU beds and 145 ward beds. The hospital dug into its reserves for financial support and also received much support in cash and kind from well-wishers.

'Networking with other hospitals and with the government helped to overcome many challenges. When any hospital faced shortage of medicines and oxygen the government arranged for supplies. When there was power outage, hospitals contacted government officials and supply was immediately restored. Although a great amount of difficulty was faced in the first wave, we were all better prepared when the second wave struck. It must also be stressed that the disaster management group helped greatly in streamlining the outreach efforts of the hospitals.'

Raising Hopes

Even while measures were being taken to provide rations, medical and other essentials, the group recognised the need to combat the sense of doom that pervaded all around. The dread of contracting the virus made neighbours suspicious of each other. Fr Nigel Barrett, director of Archdiocesan Catholic Communication Centre, noticed that Covid-affected patients were not revealing their illness for fear of being stigmatised, so he prepared and disseminated short videos about the nature of the disease, protocols to be followed and about social interaction.

Another step taken to counter the pessimism and despair that was being generated by daily news channels was the video series *Church on the Frontline*. These short films were the brainchild of Bp. Allwyn who wanted to spread hope and reassurance by sharing news about the positive

actions being taken across the diocese. Not many were aware of the relief work being done by the Church which went unreported in mainstream news and even in popular social media apps.

Fr Ryan Alex, assistant at Holy Cross Church, Kurla had been using the lockdown to learn the tools of mass media like photography, video making and editing. He was approached by Bishop Allwyn to make audio-visuals that would highlight the courageous efforts of those working at the grassroot. Fr Ryan rose to the task and, despite the many risks involved in visiting sensitive locations, he shot, edited and uploaded the videos.

The first episode was webcast on YouTube on 28 August 2020. Till date, *Church on the Frontline* has completed 13 episodes with two more in the making and maybe more in the pipeline. Each episode showcases the exemplary work done by individuals and institutions. As a result of this exposure, many people have come forward to assist the frontline workers in their endeavours.

CHAPTER 4
FINDINGS OF THE STUDY

'If you look at the science about what is happening on earth, and are not pessimistic, you don't understand data. But if you meet the people who are working to restore the earth and the lives of the poor, and you aren't optimistic, you haven't got a pulse. What I see everywhere in the world are ordinary people willing to confront despair, power and incalculable odds, in order to restore some semblance of grace, justice and beauty to this world.'

PAUL HAWKEN, environmentalist and activist

Out of a total of 125 questionnaires sent, 55 responses were received. These comprised parishes, Centres for Community Organisation (CCOs), institutions of the religious, some diocesan bodies, Catholic hospitals, and reports from across the province.

A geographical mapping of the respondents indicates that 30 out of the 55 respondents were spread across the western line from Colaba to Mira Road. The central line had 13 outreach points, with an additional six on the harbour line, and four were diocesan bodies reaching out across the diocese. The last two respondents were from provincial houses reaching out from multiple points across the province.

According to a BBC news report July 2020*, a survey carried out by the city's municipality, the government think-tank Niti Aayog and the Tata Institute of Fundamental Research found that 57 percent of the people tested in slum areas of Chembur, Matunga and Dahisar had been exposed to the novel coronavirus. Some 1.5 million people live in these three areas located in the western, eastern and central parts of the city.

(*Ref. https://www.bbc.com/news/world-asia-india-53576653.amp)

Prior to this a Mirror Online article 31 May 2020** reported that Dharavi, Dadar and Mahim were among the worst hit Covid affected areas. Other areas like Govandi and Shivaji Nagar in M East ward also reported a very high number of cases. Although no reports were received from Chembur, Matunga, Dahisar, Dharavi, Govandi or Shivaji Nagar, one cannot conclude that no outreach was done. But one can be mindful for similar outbreaks in the future and arrange that some regular monitoring be done through local sources on the worst affected areas so that the outreach covers the gaps if any exist.

(**Ref.https://mumbaimirror.indiatimes.com/coronavirus/news/mumbai-covid-19-tracker-dharavi-dadar-and-mahim-among-mumbais-worst-covid-19-affected-areas/amp_articleshow/76093203.cms)

It must be noted here that the purpose of this study is to document the initiatives taken by the various church bodies, not compare what each one did; hence no names are attributed to the activities anywhere. However, the researcher does want to mention that some CCOs went that extra mile by not just reaching out to provide the basic necessities but also took up issues that affected the marginalised.

With reference to the computation of findings it must be noted that not all respondents adhered to the specified format. For example, a few institutions mentioned costs incurred, others mentioned only number of beneficiaries, or number of ration kits or cooked meals distributed, while some didn't give any figures at all. Hence wherever any numbers are given it is only a mention of the absolute numbers provided and not the cumulative total of the actual number of beneficiaries or the actual amounts spent.

All the outreach activities are listed and classified under 15 headers termed 'Interventions'. The sub groups for each correspond to the titled intervention per table.

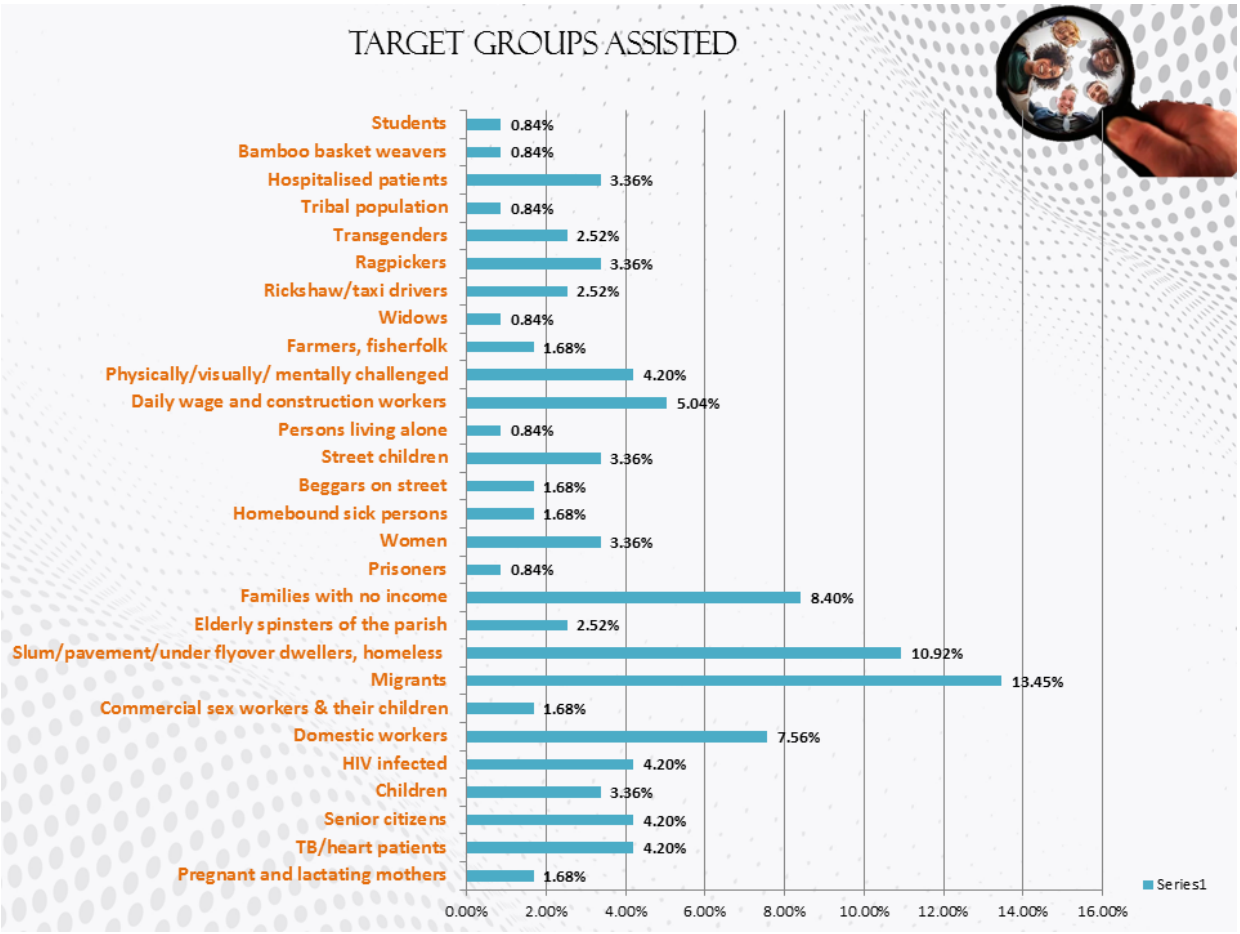

Table 1: Target Groups Assisted

The data reveals a cross section of 28 target groups were assisted. Migrants, homeless especially those living on pavements or under flyovers, families with no income, and domestic workers were the four groups for whom there was maximum outreach.

Several of the study respondents have been engaged in developmental work across the diocese for over two decades. Hence they already work with the most vulnerable in their respective areas. During the pandemic a multitude of new vulnerable groups emerged and these were identified by CCOs, parishes or religious congregations during their outreach. That reflects the inclusive nature of the work done by the Church during the pandemic.

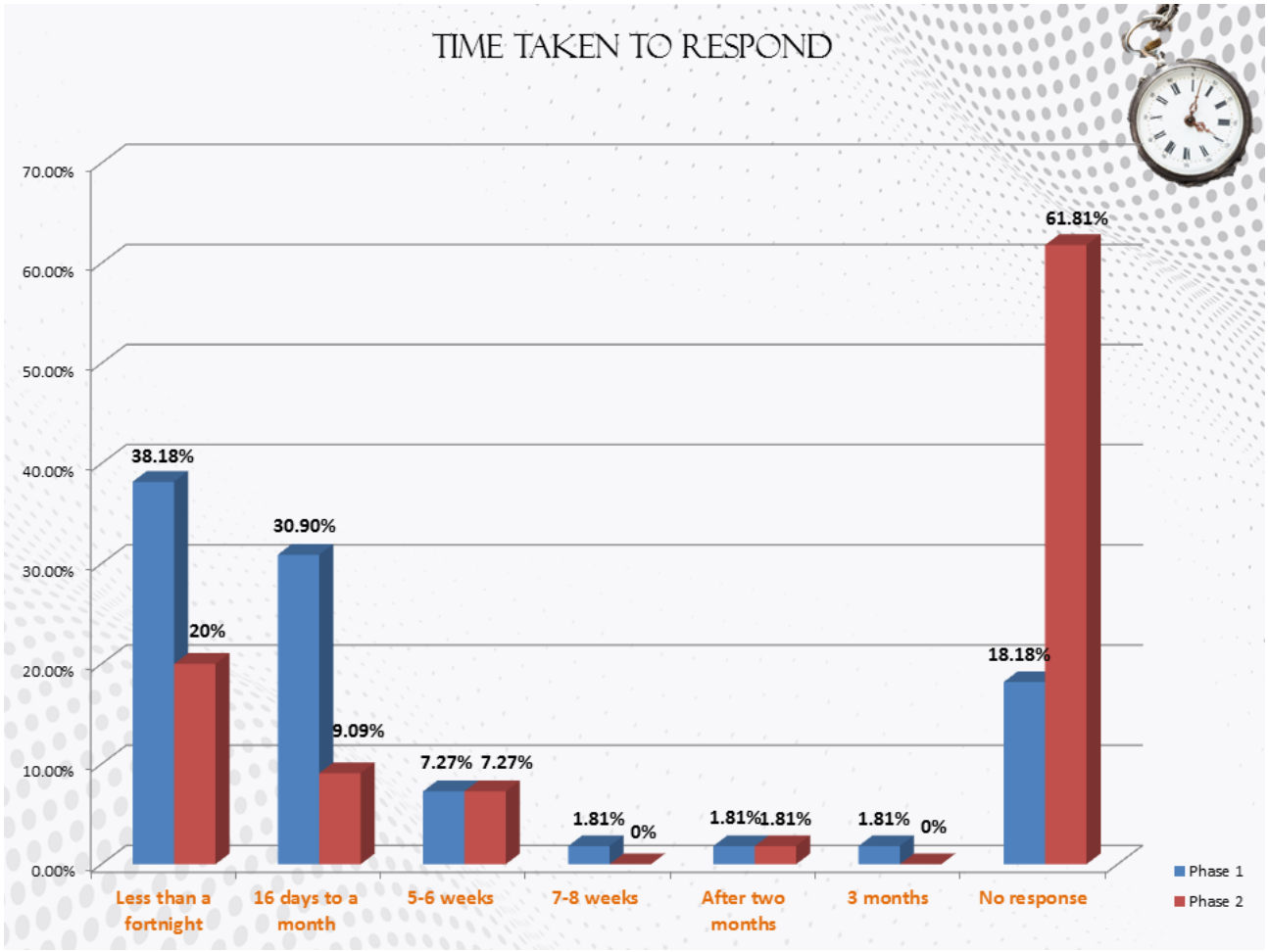

Table 2: Time Taken to Respond

(Phase I and II is hereafter to be understood as the first and second wave of the pandemic.) It's heartening to note that the maximum outreach during the first wave took place a fortnight after lockdown and in the second wave in less than a fortnight. In many cases the outreach was ongoing. The 'no response' refers to nil data on time taken to respond, as a large number of respondents had sent in a narrative report and did not specify their response time period.

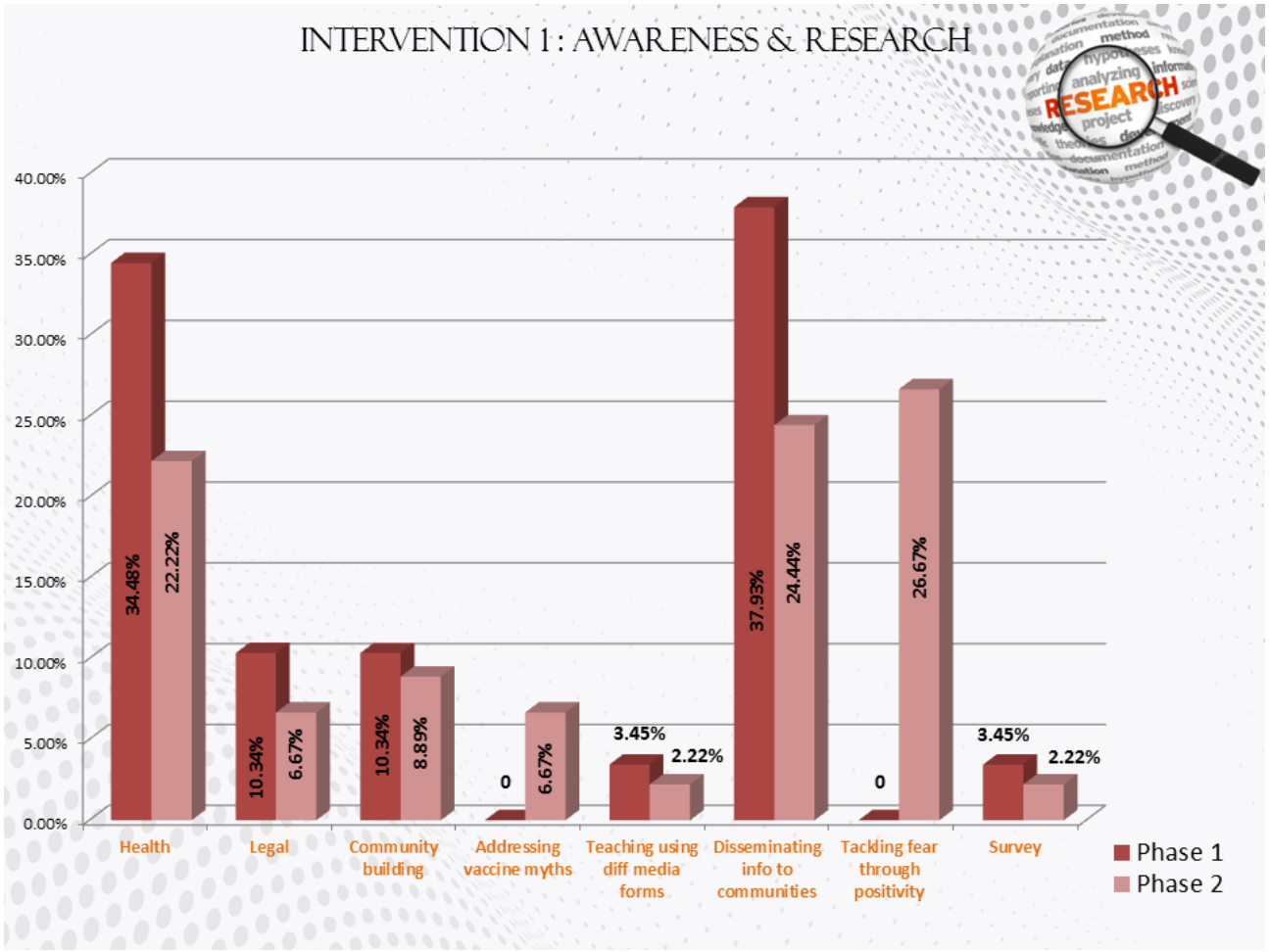

Table 3: Intervention 1 – Awareness and Research

The interventions listed were selectively chosen by the 55 respondents and therefore the percentages noted in the tables are based on the frequencies per intervention. Each parish/institution engaged in multiple interventions according to the needs of the people and the capacity to fulfil those needs.

- Dissemination of information to communities and on health were the leading areas in which awareness was conducted as noted in the table.
- About 28 webinars were conducted by different organizations for health awareness and reached out to 1700 teachers and institutional heads.
- For webinars on community building, 1500 people benefited.
- Addressing myths related to vaccines that spread like wildfire through social media was much required, to help people make informed choices.
- Since most transactions moved online, whether teaching, studying or connecting with others through online meetings, educating staff and volunteers how to use different social media platforms to stay connected even during a lockdown became essential.
- Disseminating information to grassroot communities and tackling fear through positivity was also seen as an essential activity and conducted by several CCOs.
- Lastly, a survey was conducted by an NGO to understand the struggles of people during the pandemic, and 1300 people were a part of the study.

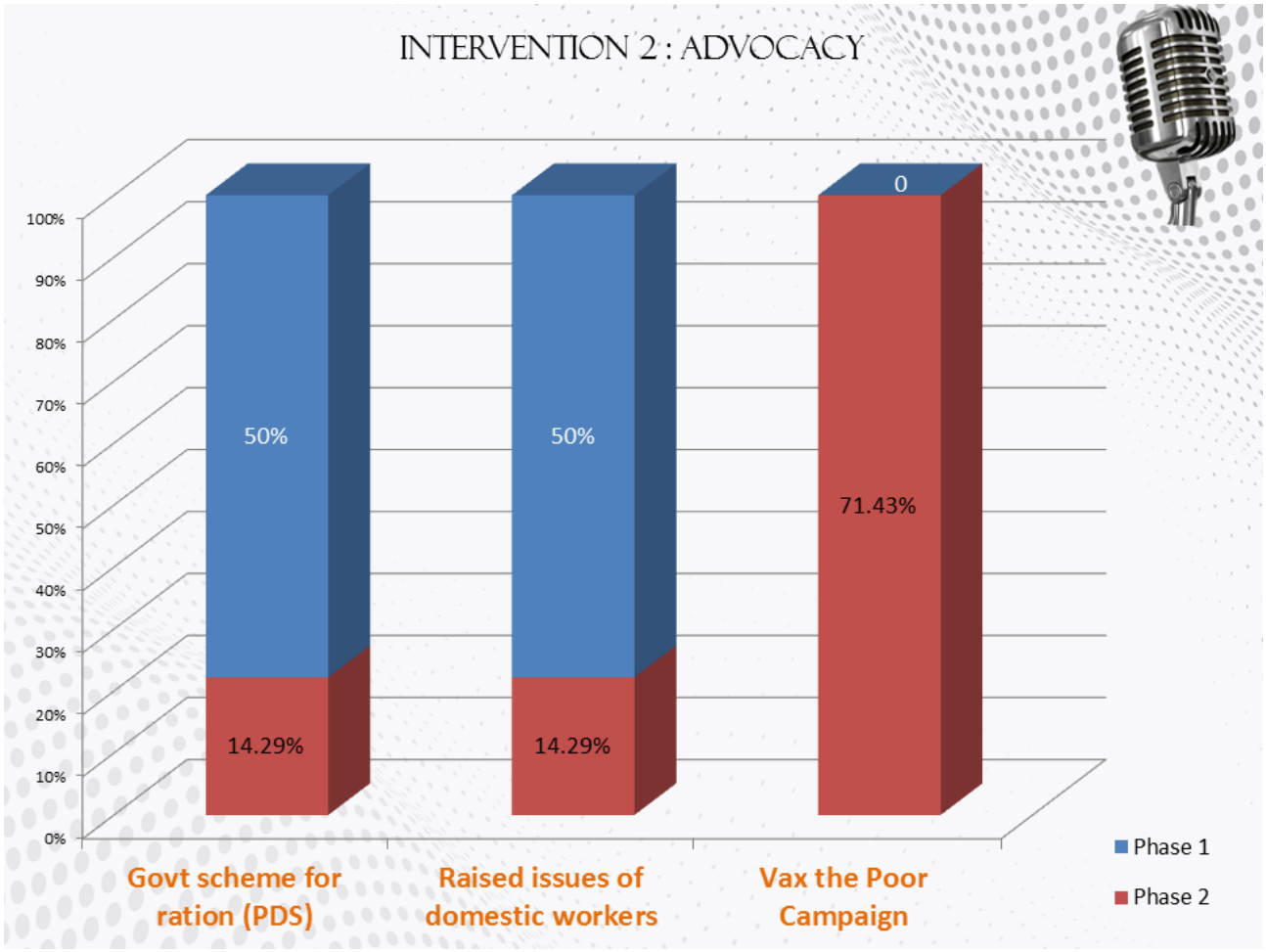

Table 4: Intervention 2 – Advocacy

1. Government scheme for rations – Public Distribution System (PDS): Notice that in the first wave there was greater concern and emphasis to make sure that people had food on a long-term basis. This was done by ensuring the implementation of the PDS system.
2. Raised issues of domestic workers: Travel restrictions and the loss of jobs were a big reality for both the employer and employee during the first wave when the lockdown kept getting extended. Domestic workers were hard hit, especially those who had no other source of income, and nothing was being done about it by the government. Some employers were generous in extending a helping hand and paid them some amount initially. So several CCOs organized protests in their respective areas and wrote postcards to the chief minister to highlight their plight. As a result, registered domestic workers received some interim relief from the government. Some of the CCOs helped to implement government sponsored relief schemes and income generation practices and even secured loans so the women could undertake some micro enterprise. They also networked with NGOs and the BMC to sponsor skill training in their areas.
3. Vax (Vaccine) for the Poor Campaign: The vaccine campaign took off during the second wave when the vaccine became available but there were many fears and apprehensions about taking it. Hence awareness programs by CCOs and other NGOs like UNICEF prepared the people to take the vaccine.

In all three actions stated above the activities were timely and impactful.

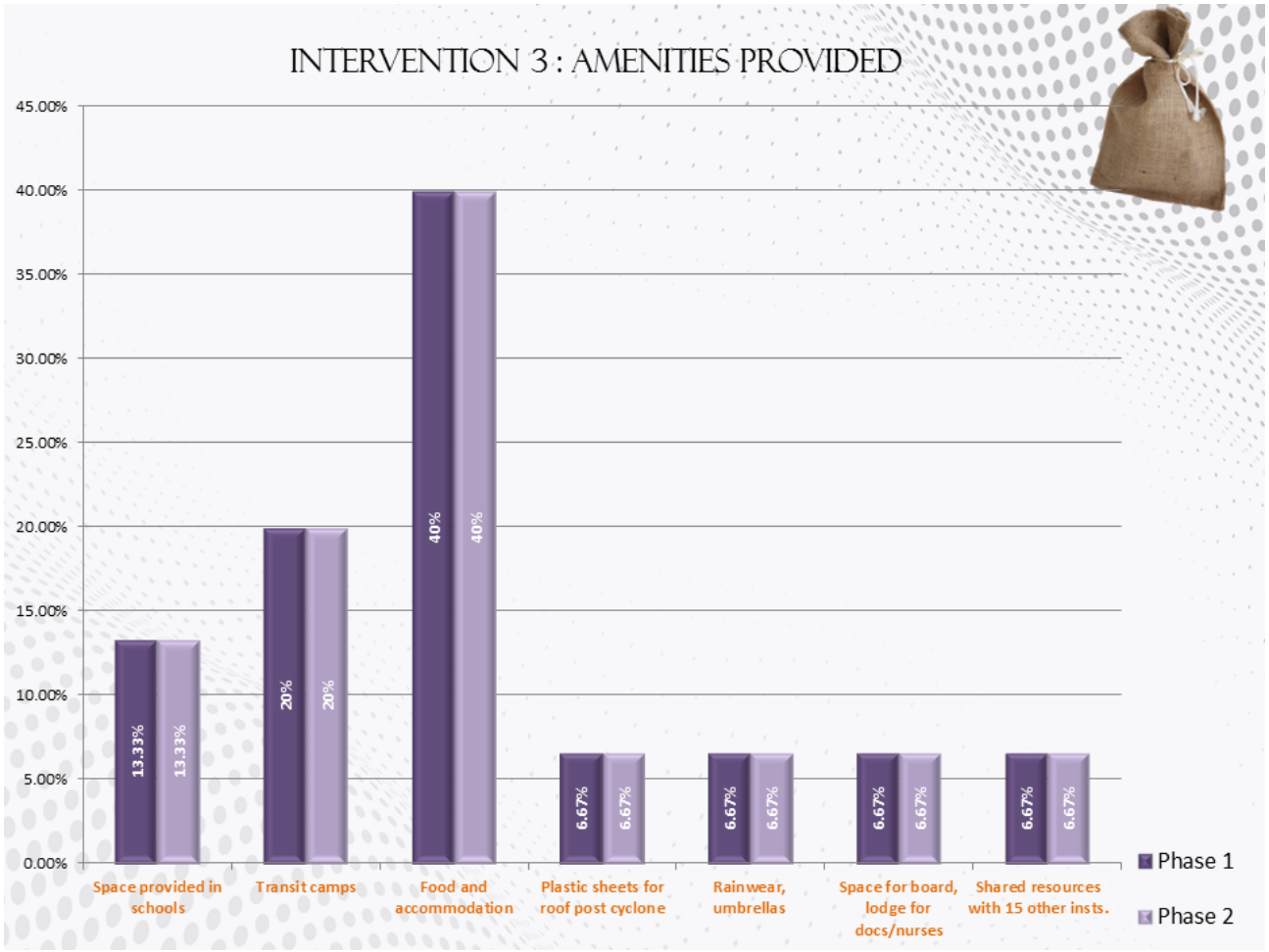

Table 5: Intervention 3 – Amenities Provided

These were offered in terms of space, board, lodging or various types of materials at different times and to different groups of people according to the need of the situation. Broadly, these were:

- amenities for people who had to be quarantined or isolated from other family members due to being Covid-affected or having travelled from elsewhere into the city;
- transit stay for migrants;
- food and accommodation for specific groups at a given point in time;
- plastic sheets when roofs had blown off post cyclone;
- rainwear and umbrellas to needy persons who had to travel to work or elsewhere;
- board and lodging for frontliners.

Institutions that received assistance from their donors over and above their own needs shared these extra resources with other institutions. No one counted the cost; they just kept giving freely and that was the beauty of receiving and giving.

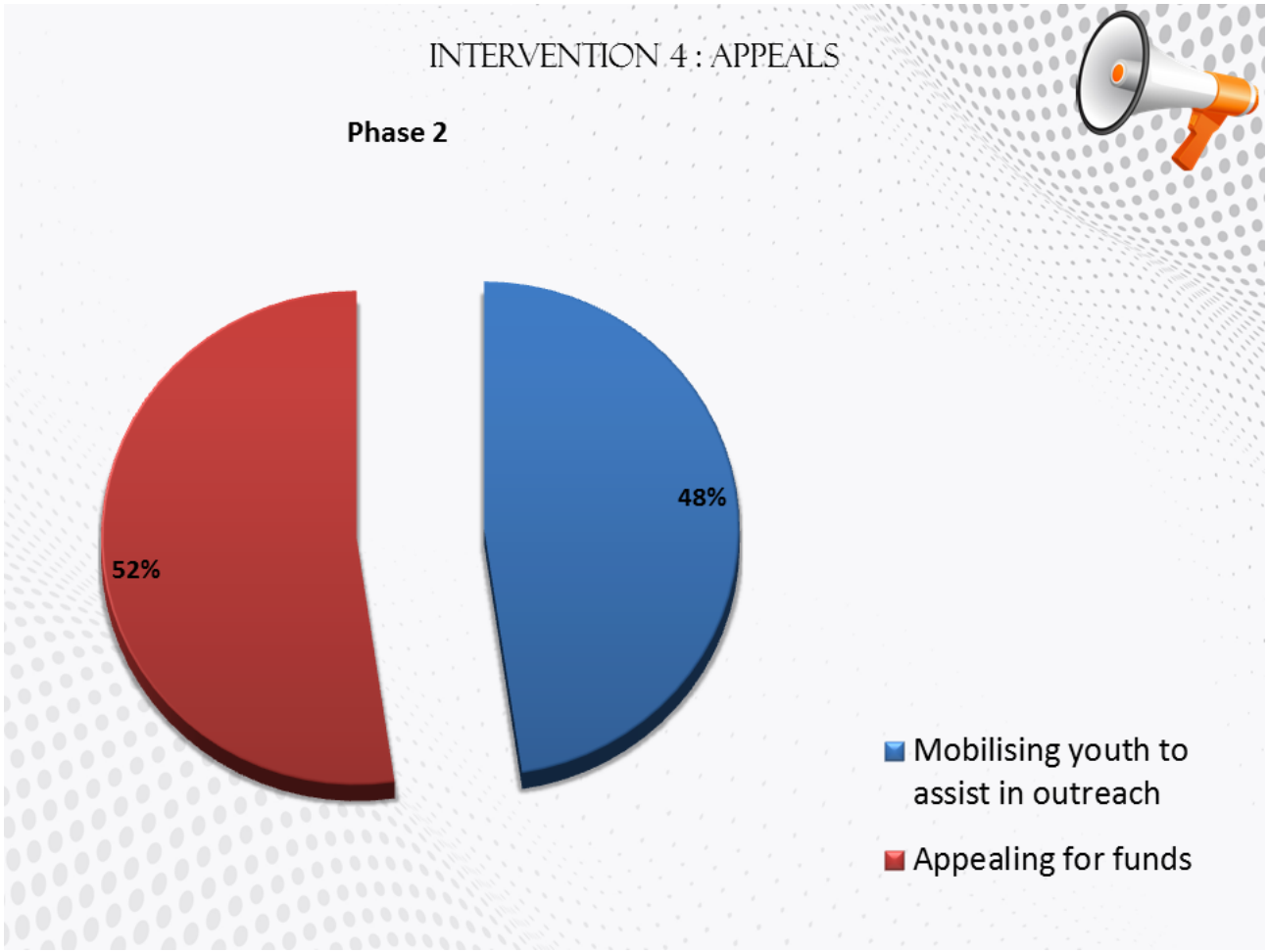

Table 6: Intervention 4 – Appeals

During the second wave, when the number of cases were rapidly increasing and the number of deaths were also on the rise, some organizations did feel the shortage of people, in particular the youth, to assist in reaching out to people, while some organizations were running low on funds. Hence appeals were made for the same.

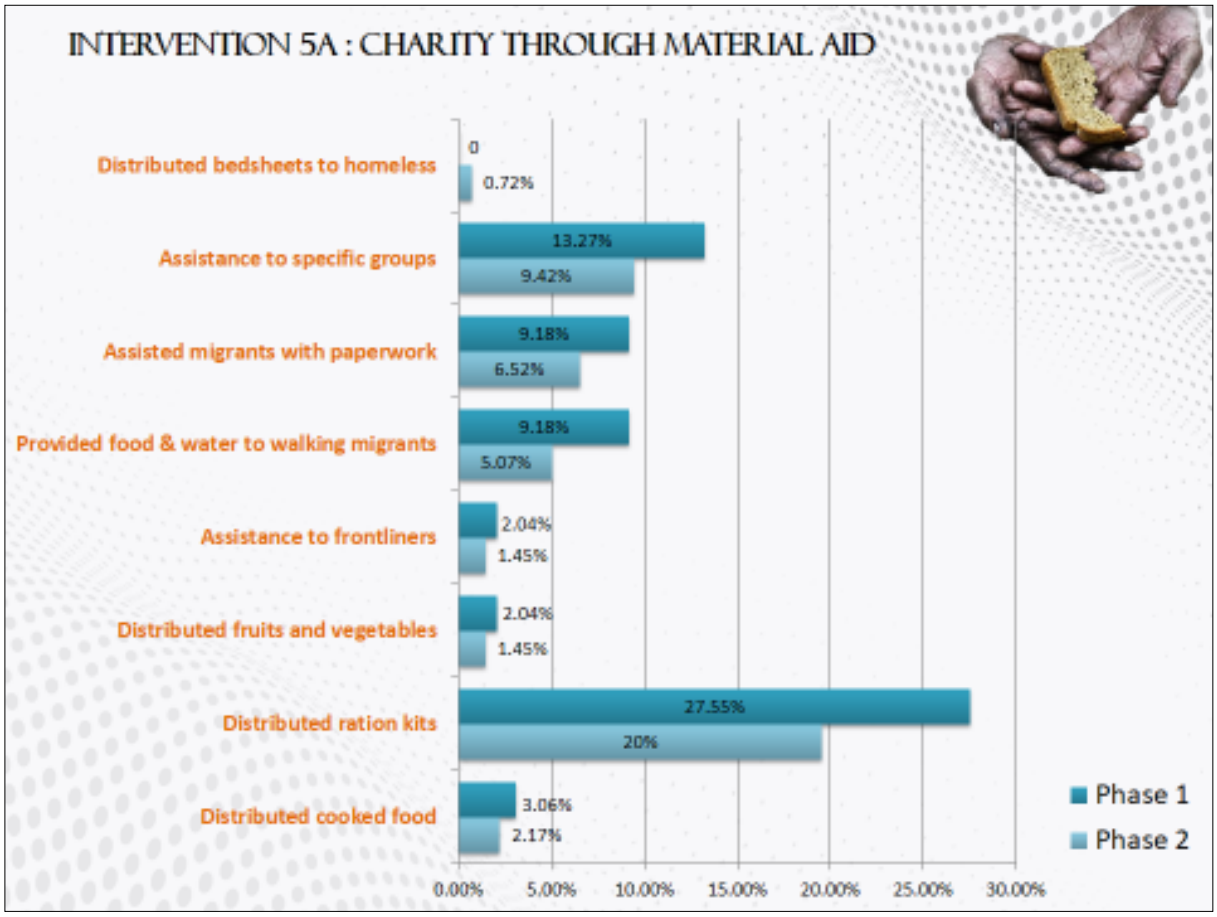

Table 7: Intervention 5A – Charity through Material Aid

The intervention regarding charity is divided into two groups. Mentioned here is the material aid given during the two phases.

- Assistance to specific groups included transgenders, poor families, destitute and tribal Christian families according to their need.
- Over one crore food packets, comprising chapattis, vegetable, pickle and a bottle of water, were distributed at various crossroads to migrants walking home.
- Migrants were helped to fill up the required forms so that the state could make travel arrangements for them and they were kept posted of developments.
- Assistance to frontliners was mostly in terms of transit accommodation and food as they were advised not to go home during the service period.
- Fruits and vegetables were procured from farmers in Vasai so that they get a sale for their produce and the same were distributed to needy families across the diocese.
- The ration kit mentioned comprised rice, dals, tea powder, sugar, cooking oil and spices in quantities equivalent to family size.
- The ration kit had many takers across the diocese and modest figure shows 171,923 kits were distributed. Some of these kits continued to be distributed over several months as per the family's requirement and some are still being distributed by parishes.
- Distribution of cooked food was done particularly to the homeless, destitute, beggars, rag pickers, families living under the flyovers, rickshaw and taxi drivers, and families in need, with the intention that no one should be left hungry or go without a meal. Community kitchens in parishes prepared meals and transported them in vehicles through parishes and even beyond reaching out to the most deserving.

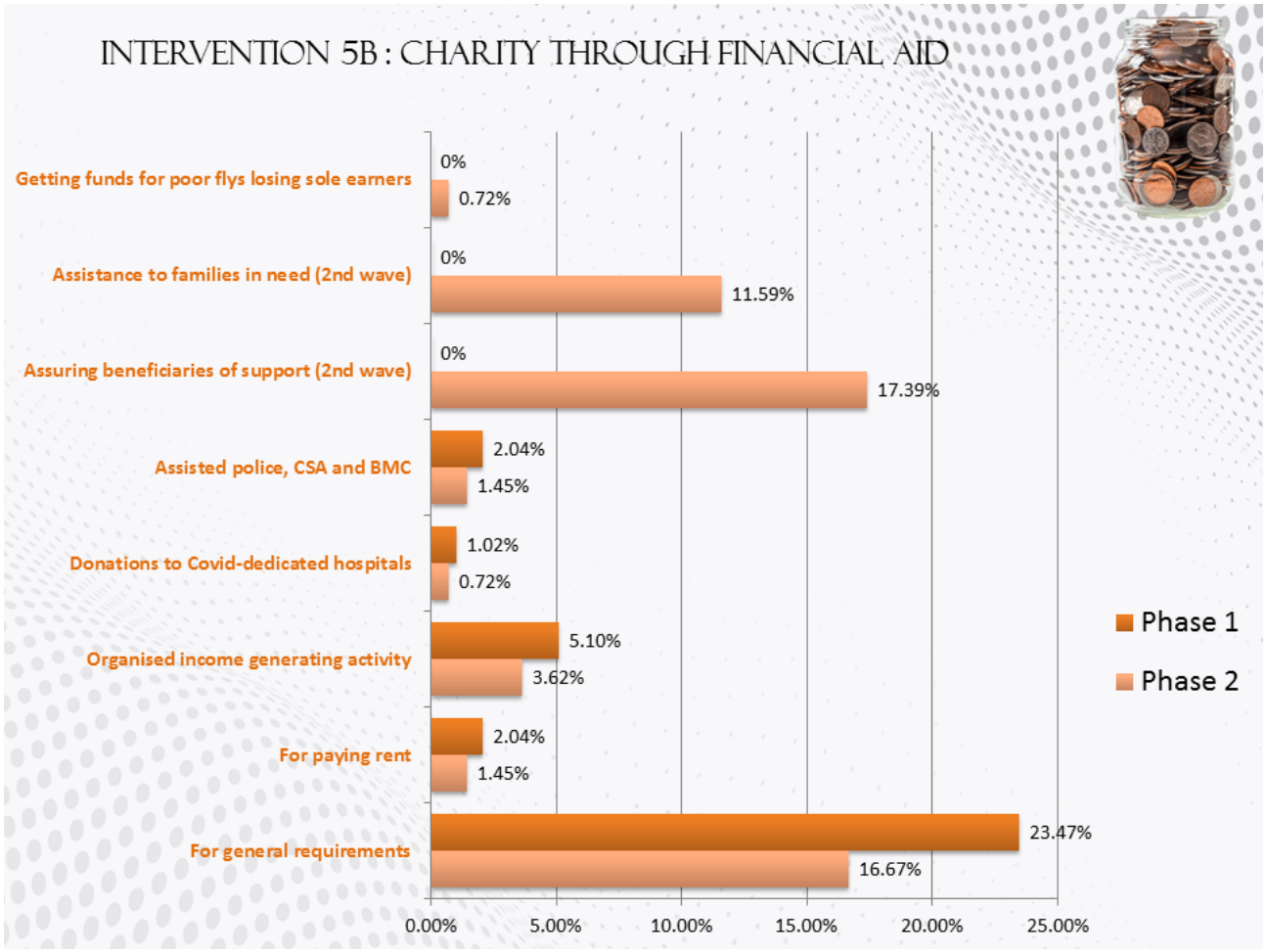

Table 8: Intervention 5B – Charity through Financial Aid

While some families received food supplies through the PDS system they had other requirements for which financial aid had to be given, such as school fees, monthly medications, electricity and gas bills, house rent and other miscellaneous but important expenses required for their daily sustenance. So the approximate numbers reached out to were 800 families from 10 villages, and 1527 families from the city. Approximately ₹7,11,618 was distributed in cash to others.

There were many instances where CCOs, because of their ongoing contact with people of all faiths, were able to organise income generating activities for those in dire need. This was especially significant in cases where the breadwinner had either lost the job or died from Covid. The social workers encouraged the women to use their talents and skills, such as cooking, tailoring, etc., to set up small enterprises with loans from the self-help groups.

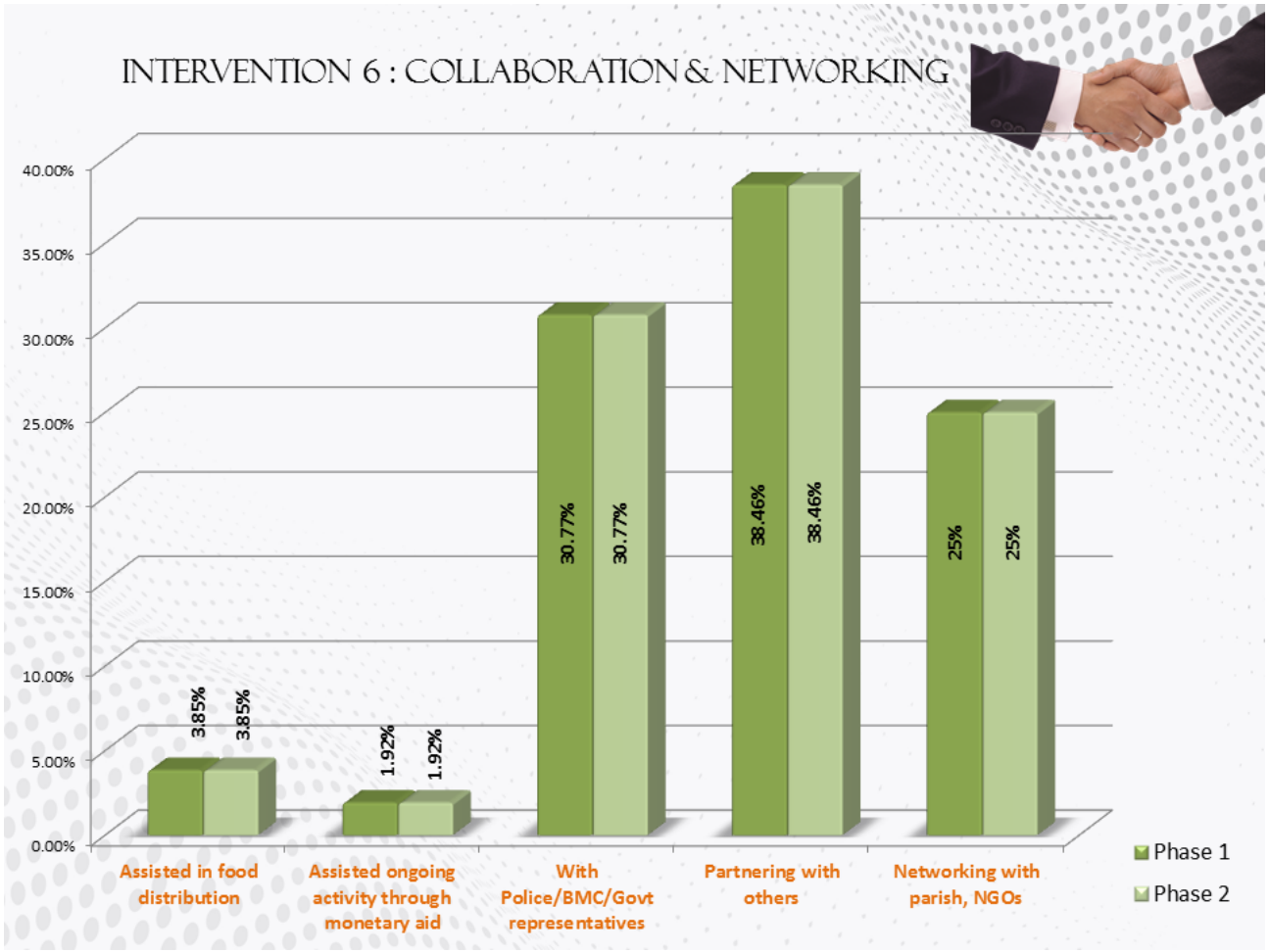

Table 9: Intervention 6 – Collaboration and Networking

Some institutions wanting to engage in outreach either had no idea how to do it or didn't have the personnel to do it. So on finding out about an activity in their locality they collaborated with those institutions in cash or kind. Sometimes it was important to work with the existing systems like police, BMC and other government bodies. Networking with the parish Small Christian Communities (SCCs) made it easy to reach out to different areas and groups.

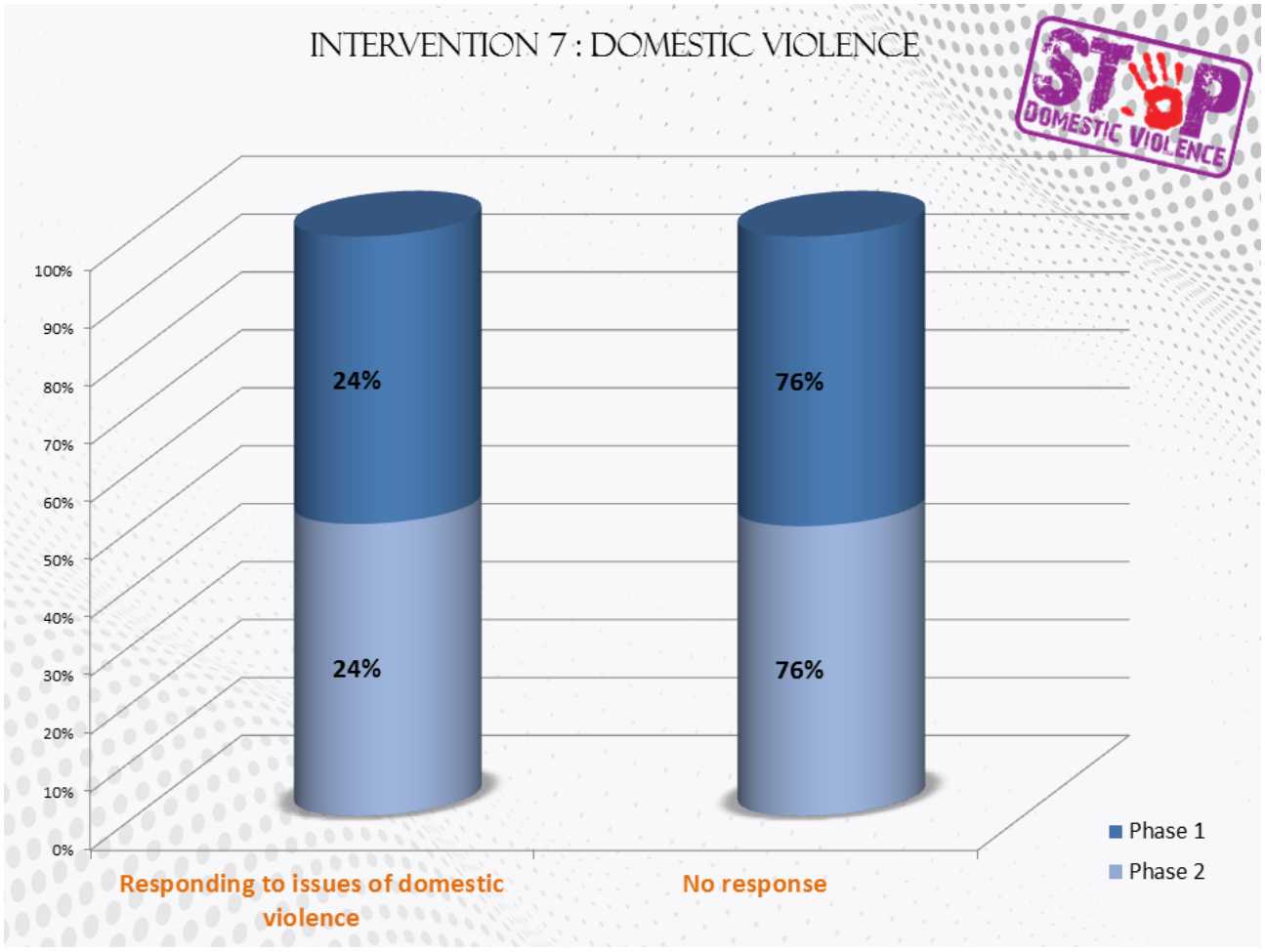

Table 10: Intervention 7 – Domestic Violence

During the pandemic, as men lost their jobs, many of them vented their frustrations on their families, and gender surveys showed there was a marked increase in domestic violence incidents. Women who may have otherwise been working and were at home during the lockdown became victims of spousal abuse. Not all parishes/congregations have the capacity or trained expertise to assist persons who face domestic violence, but those that regularly address these issues through the CCOs and counsellors were able to render timely help by counselling, home visits or making police complaints when required. Therefore, the high percentage of 'no responses' does not necessarily mean there were no such cases but that they could have gone undetected. Note the values for both the waves is the same because it was an ongoing activity by those CCOs that respond to these issues routinely.

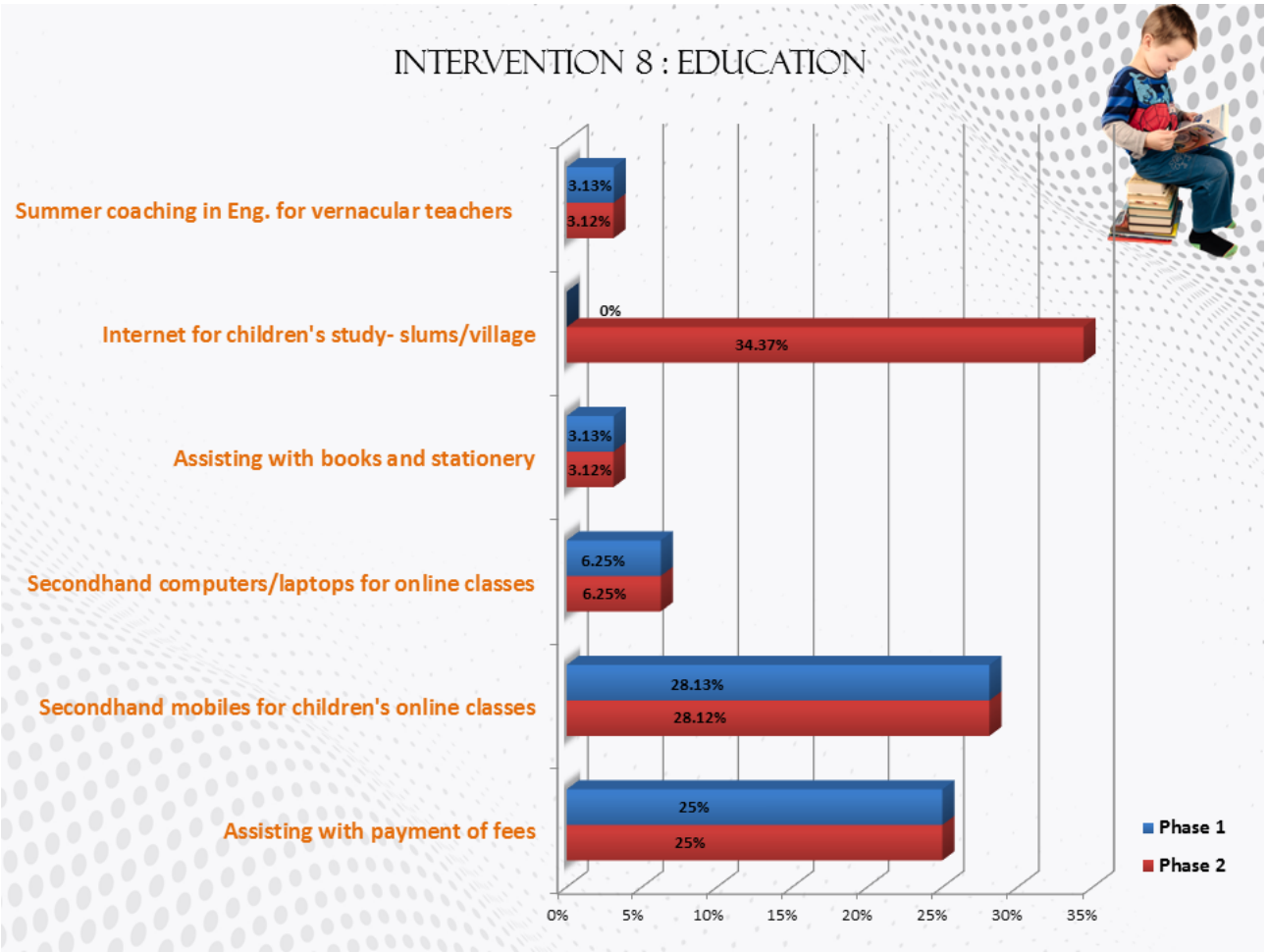

Table 11: Intervention 8 – Education

With education going online and the income loss that many families were facing, there was general concern about the continuity of their children's education. Families that had little or no access to a phone, a computer, or internet facility couldn't cope with technology demands. So parishes, CCOs and NGOs stepped in to ease the situation. The three most focused outreach activities in this intervention were assisting in payment of school fees, offering internet facilities to children in slum communities and villages, and collecting and distributing second-hand mobiles. Collectively, ₹1,66,70,000 was spent collectively by several organisations to ensure continuity of studies for these children. Besides this, 1390 children benefited through fees and internet facility. Apart from this 87 students were given old but usable mobiles, and 82 students new mobiles. Another 150 children were assisted with books and stationery.

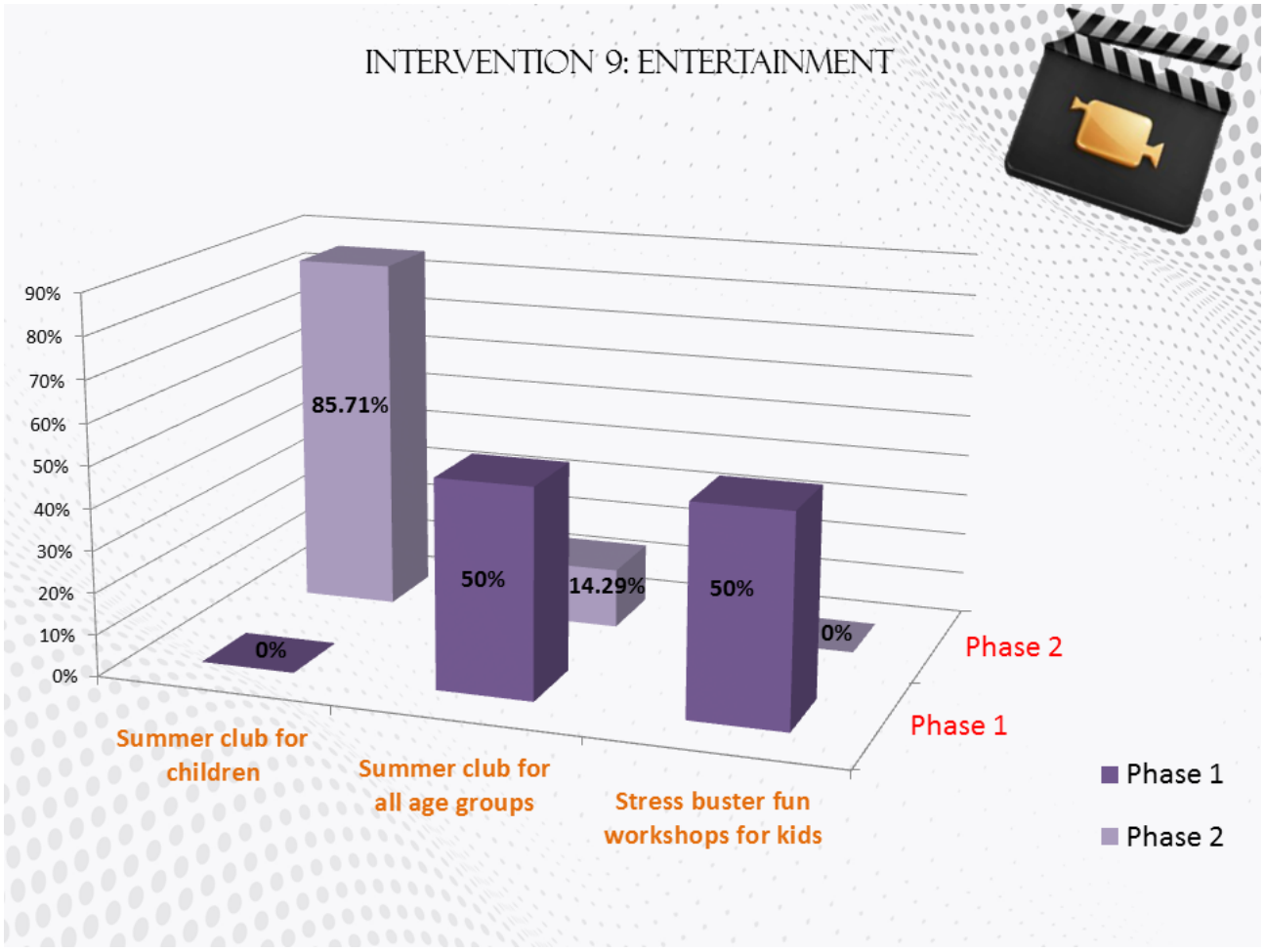

Table 12: Intervention 9 – Entertainment

Summer club is a regular activity of CCOs and also some parishes. During the pandemic this activity brought a lot of cheer and also helped the children stay busy and grounded. Some parishes organised summer club for all age groups. The stress buster fun workshops for kids was another way to awaken positive energy amidst the glum scenario.

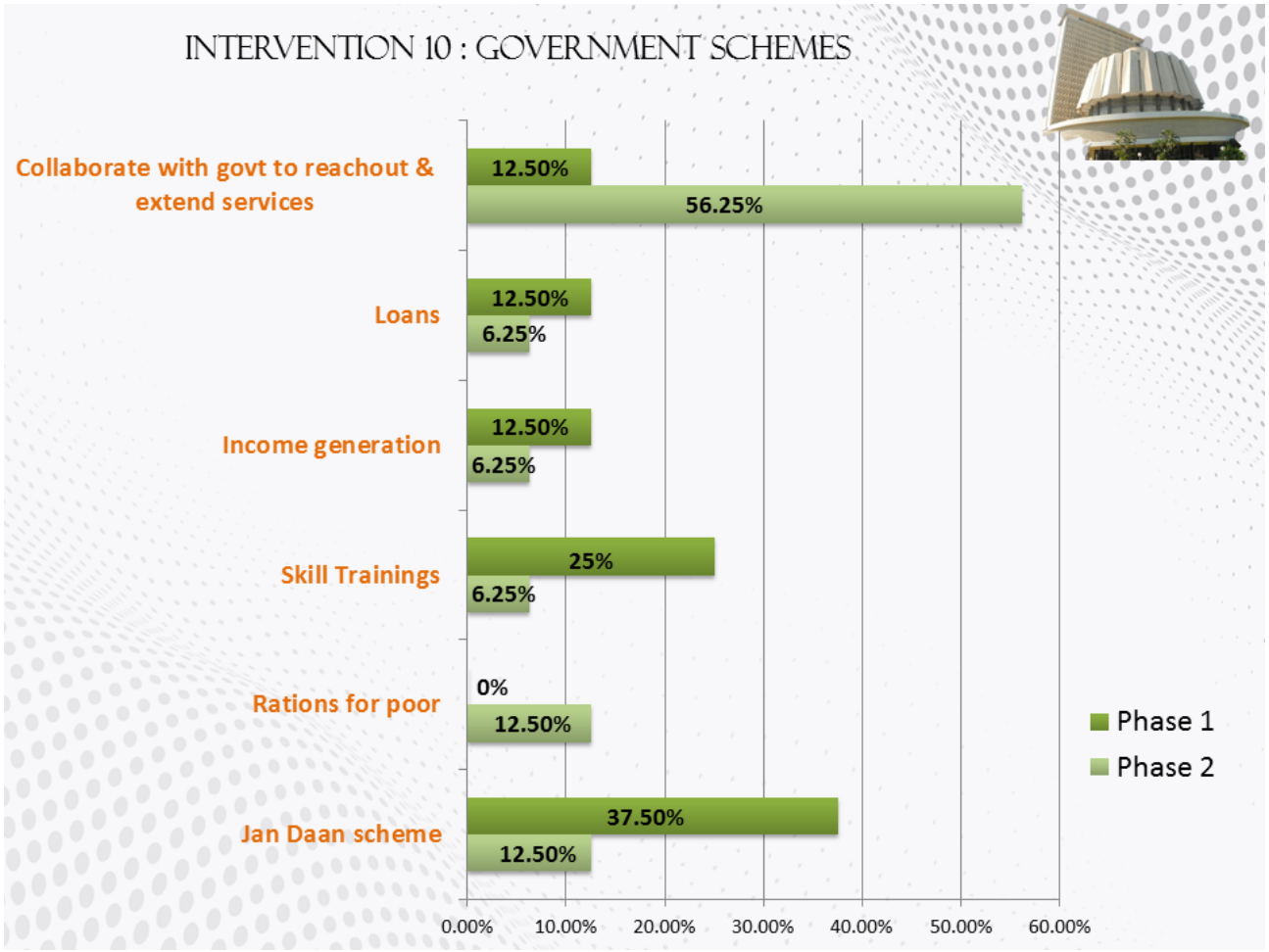

Table 13: Intervention 10 – Government Schemes

The government rolled out several schemes post pandemic after the public made a big hue and cry about the situation of the poor communities and migrants. These schemes and opportunities had to be made known to the people and the respective groups for whom these were devised. The CCOs got involved, collaborated with the government to make these schemes known to the people, and helped to implement the schemes.

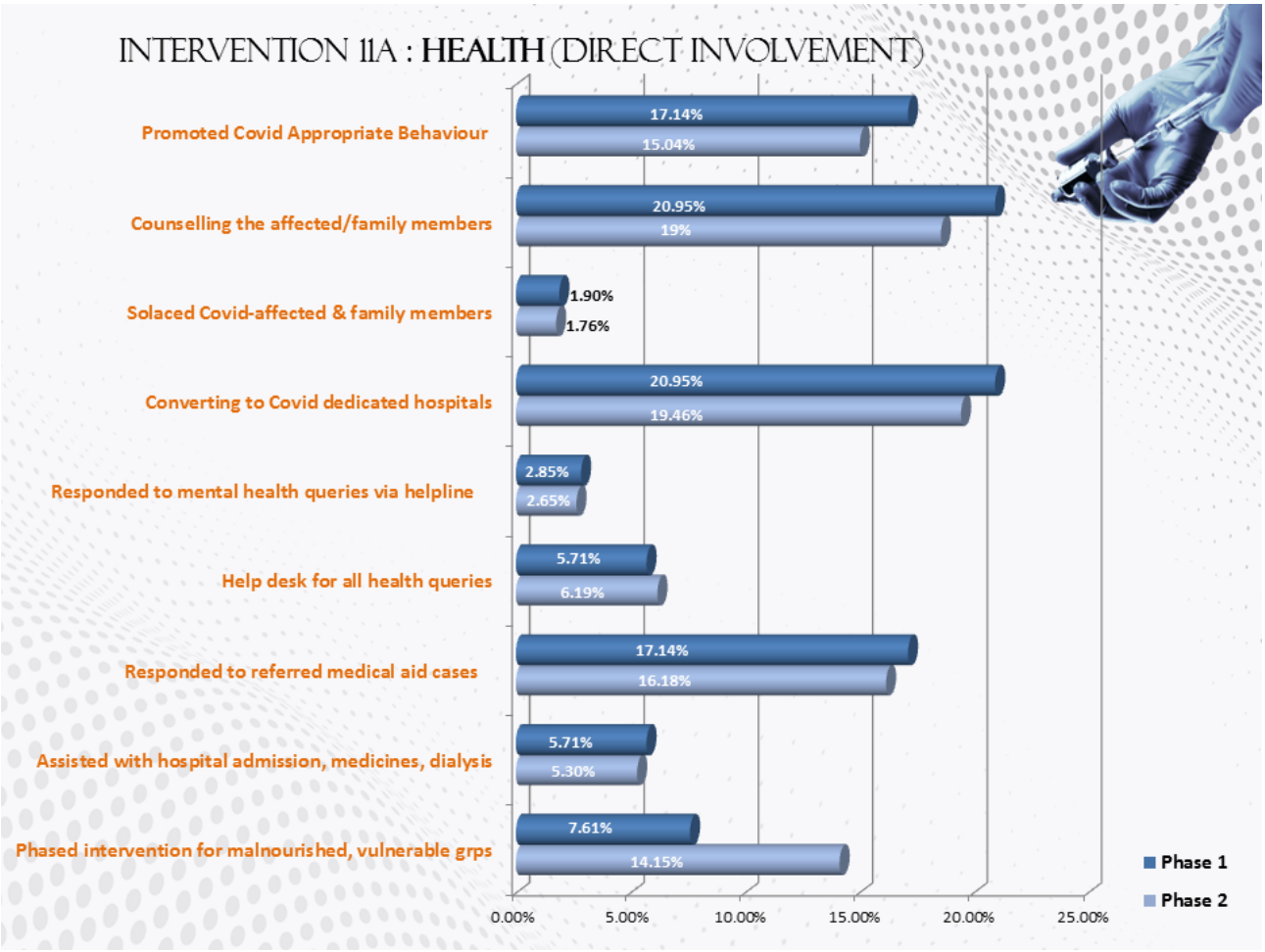

Table 14: Intervention 11A – Health (Direct Involvement)

Note: Since the Covid-related health interventions were the maximum, they have been split into three tables to accommodate the different ways of reaching out.

In Intervention 11A as noted in the graphic there were four major activities that took precedence over others, namely:

- Responding to referred medical aid cases—₹13,97,200 was spent and another 313 patients were given assistance
- Conversion of regular hospitals to Covid dedicated ones (4608 patients admitted, 952 treated free, 2899 patients treated through OPD, concessions and freeships given to poor patients to the tune of ₹95,16,548)
- Counselling Covid-affected persons and family members—1532 cases were counselled and a helpline was set up with the assistance of Prafulta, a counselling centre run by Salesians
- Promoting Covid Appropriate Behaviour (CAB) by distribution of over a thousand hygiene kits.

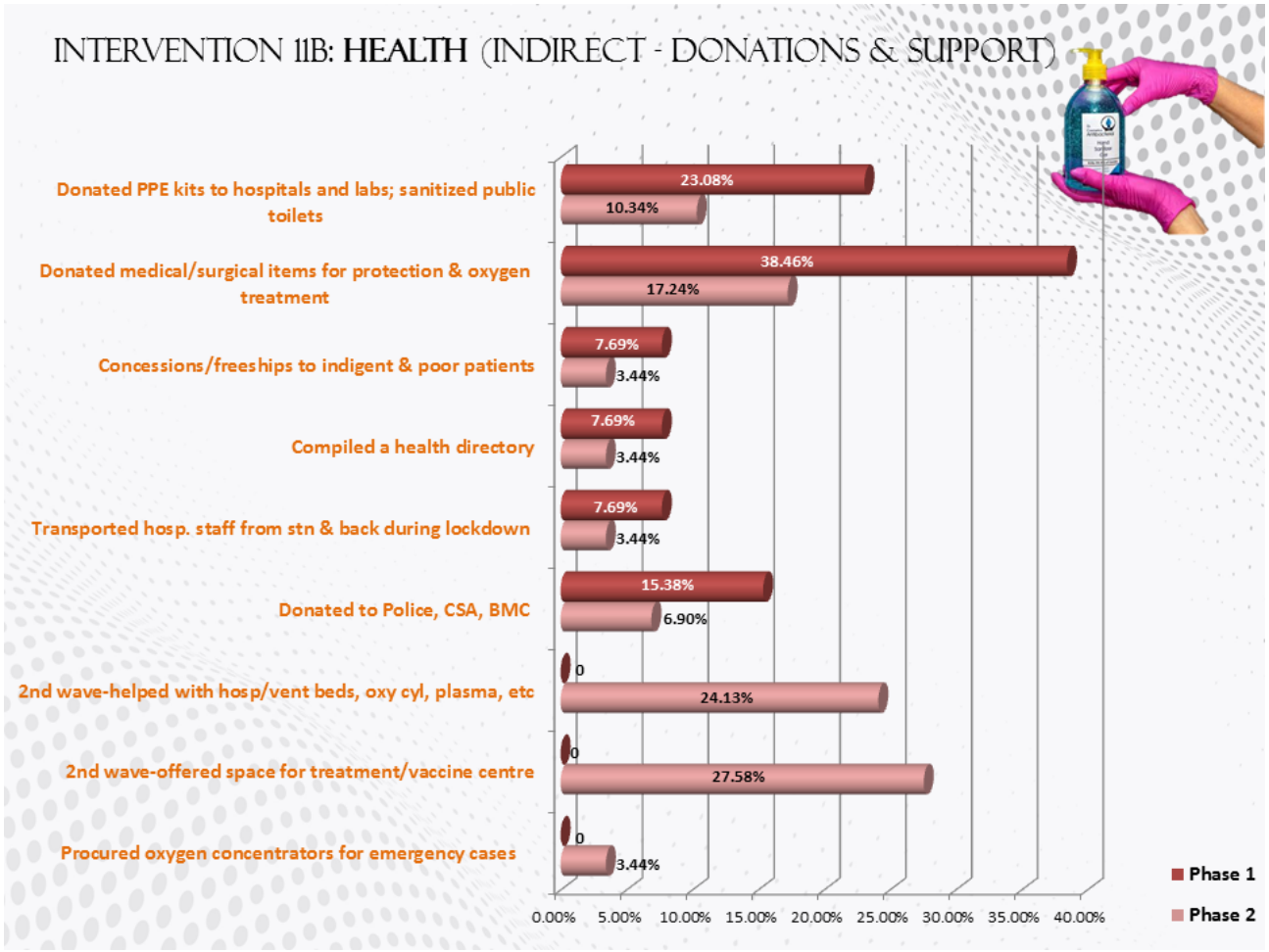

Table 15: Intervention 11B – Health (Indirect-Donations & Support)

This table traces the health intervention that was done by giving donations for essential equipment and through supportive activities. During the first Covid wave the main focus was related to protection and protective gear like masks, shields, sanitizers, gloves, PPE kits worth ₹30,000 and similar such equipment. In the second wave many more people were affected than before and there was a big demand for assistance in hospital admissions, ventilator beds, and oxygen and plasma supplies. Around ₹8,24,401 was spent for various kinds of medical aid. Several diocesan institutions began collaborating with the BMC to provide space for treatment and vaccination. Some CCOs ensured that public toilets were regularly sanitized. Church-run hospitals transported their staff daily from railway station and back and even provided board and lodging during the Covid peak period.

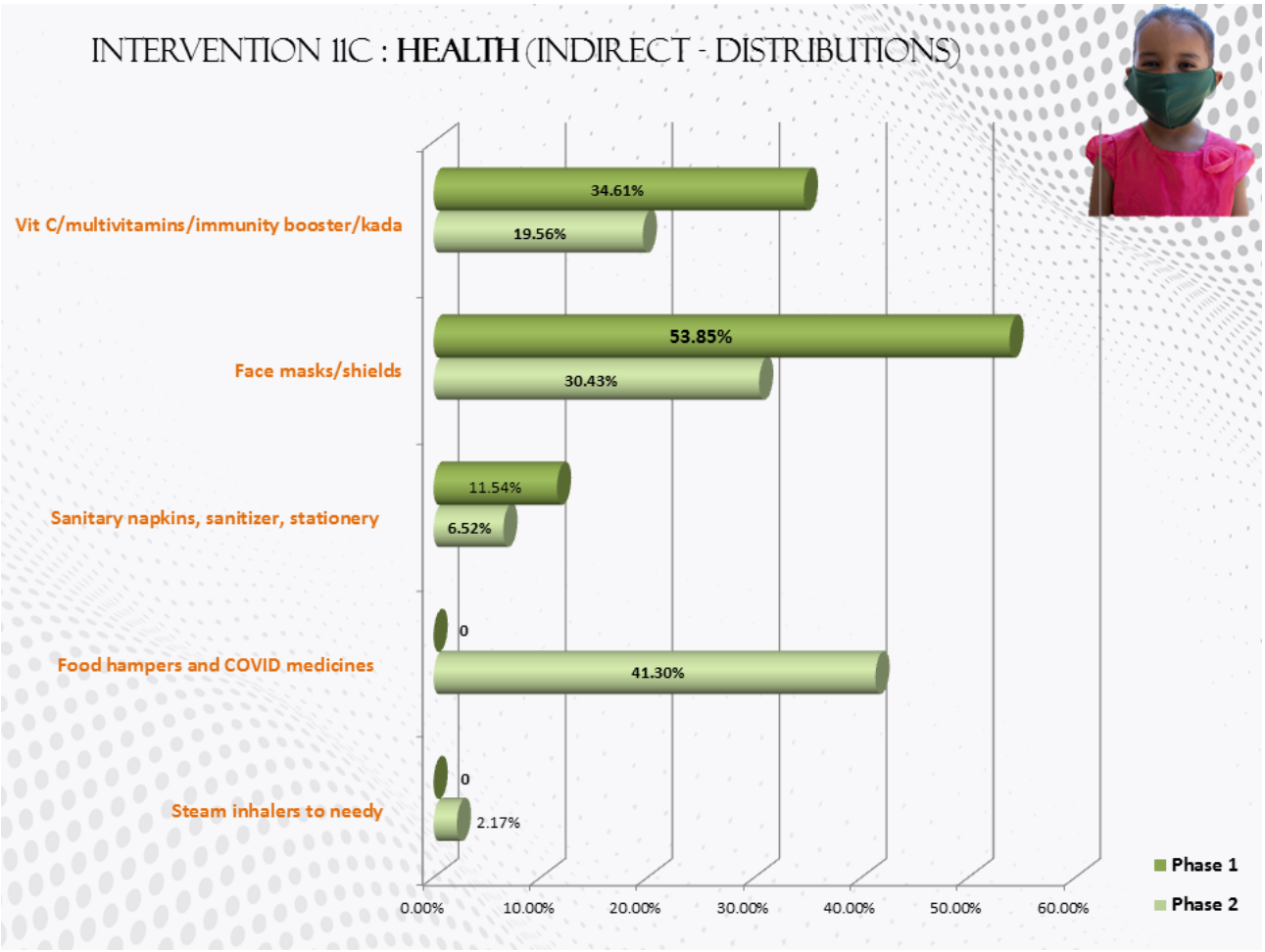

Table 16: Intervention 11C – Health (Indirect-Distributions)

During the second wave many people were unable to access facilities required by persons affected by Covid. Hence distribution of steam inhalers was undertaken by some institutions, while some others distributed food hampers to the quarantined and provided food and medicines to those hospitalised. Depending on people's requirement, 7500 washable sanitary pads, 31,720 masks and face shields were distributed freely across the diocese. Some institutions engaged in preventive care and distributed vitamin C, multivitamins, immunity boosters and kada (a mixture of herbs) to build resistance.

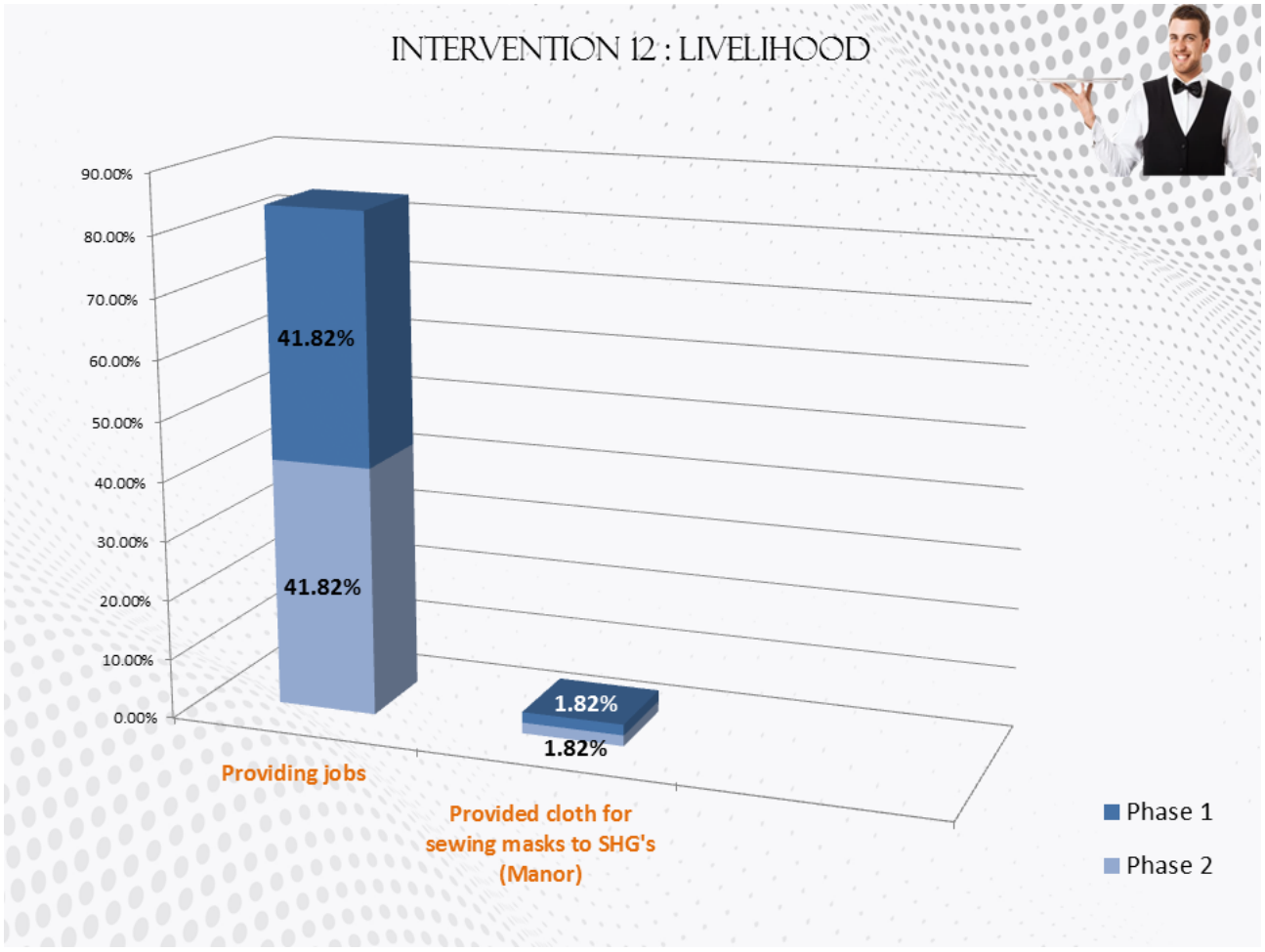

Table 17: Intervention 12 – Livelihood

The pandemic saw the loss of livelihood for all categories of persons. The only difference was that daily wage earners and those on the lower rung of the job ladder have no savings or safety net and were hit the hardest. To resolve this issue some institutions did go out of their way to help unemployed persons get jobs, or provided opportunity for work to the self-help groups through sewing of masks thus bringing in some income. During the pandemic the diocese also inaugurated a job portal so that the unemployed could find work opportunities that matched their skills and experience. CCOs assisted in the process of collecting required documents and obtaining loans for their self-help group members.

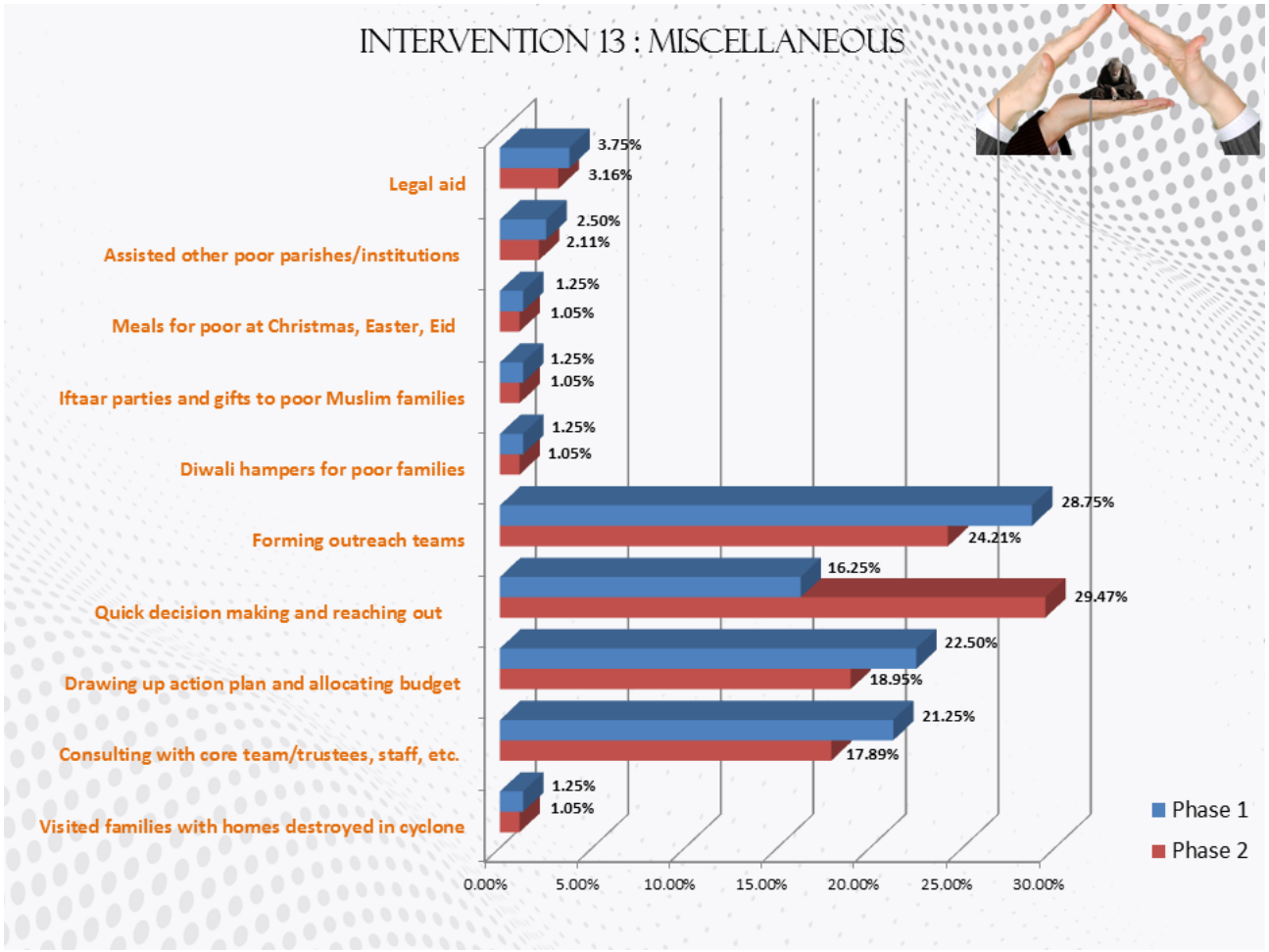

Table 18: Intervention 13 – Miscellaneous

These activities were some of the planning steps taken to get the outreach programme rolling, like consulting with the core management team to develop appropriate responses, drawing up an action plan and budget, forming outreach teams, visiting families whose homes were destroyed during the cyclone. One CCO went the extra mile to bring small joys to the marginalised communities by serving a traditional breakfast at Christmas, Easter and Eid, distributing Diwali hampers, and hosting iftaar celebrations during Ramadaan.

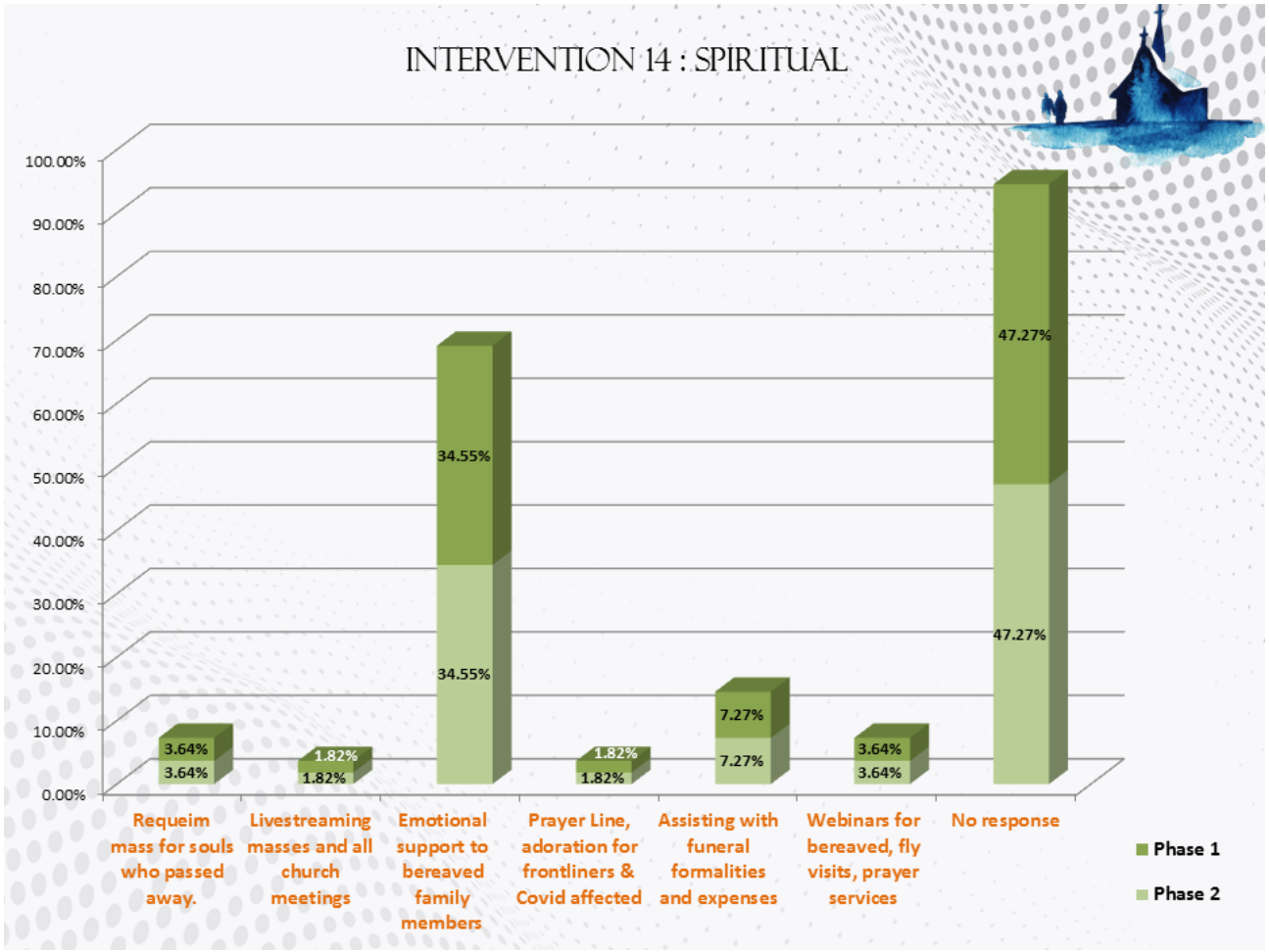

Table 19: Intervention 14 – Spiritual

Meeting spiritual needs meant a great deal to everyone as they were burdened with the fear of being affected by the pandemic. Some lost their near and dear ones, some lost their source of income, some lost all their savings in treating their loved ones affected by Covid-19, and so at this point holding on to their faith was the last straw. Live streaming of masses provided the emotional and spiritual connect that most people needed at this time.

Many families could not have proper closure when loved ones passed away and so arranging for requiem masses meant a great deal to them, especially since family members abroad who were unable to travel could meet virtually and grieve as one family. Providing emotional support to bereaved family members through counselling over a period of time helped families cope with their fears and crises. Some parishes assisted families with funeral procedures and costs to the tune of ₹45,000.

The prayer line, adoration and praying for the safety of frontliners and their families, or praying for the Covid-affected, helped shift the focus from self to others and made the prayers and intercessions more meaningful to the 1150 users.

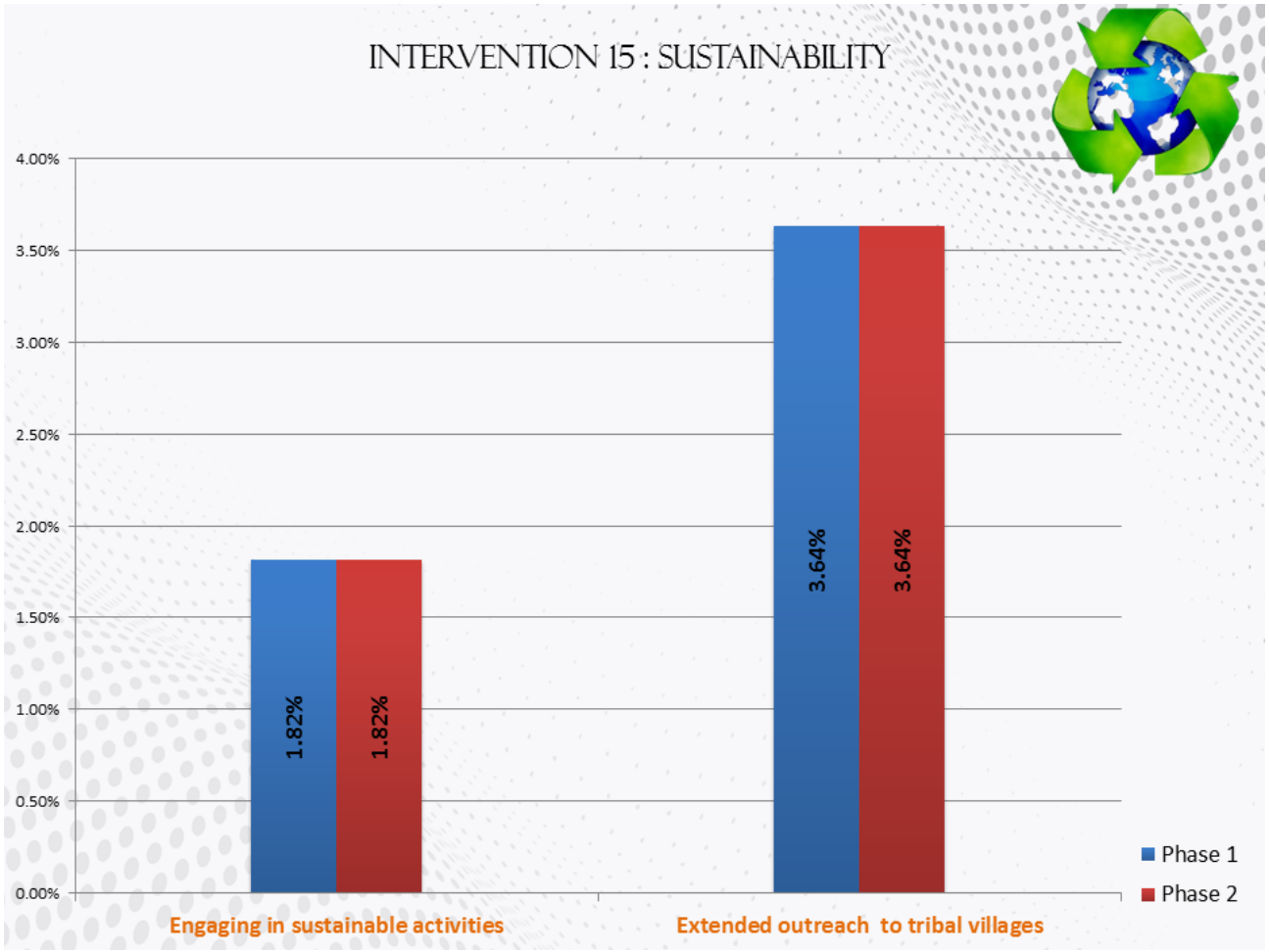

Table 20: Intervention 15 – Sustainability

A few organisations invested in some long term plans to provide the people with opportunities for sustainability. This included digging a bore well, water harvesting to cultivate crops throughout the year, setting up a gobar gas plant to generate electricity, providing seeds to promote cultivation of organic vegetables and crops and the like. Some reached out to tribal villages enabling them to earn a living through goat and cow rearing. Thus the outreach was not restricted only to the pandemic times but looked at a long term period in years of moving towards sustainability.

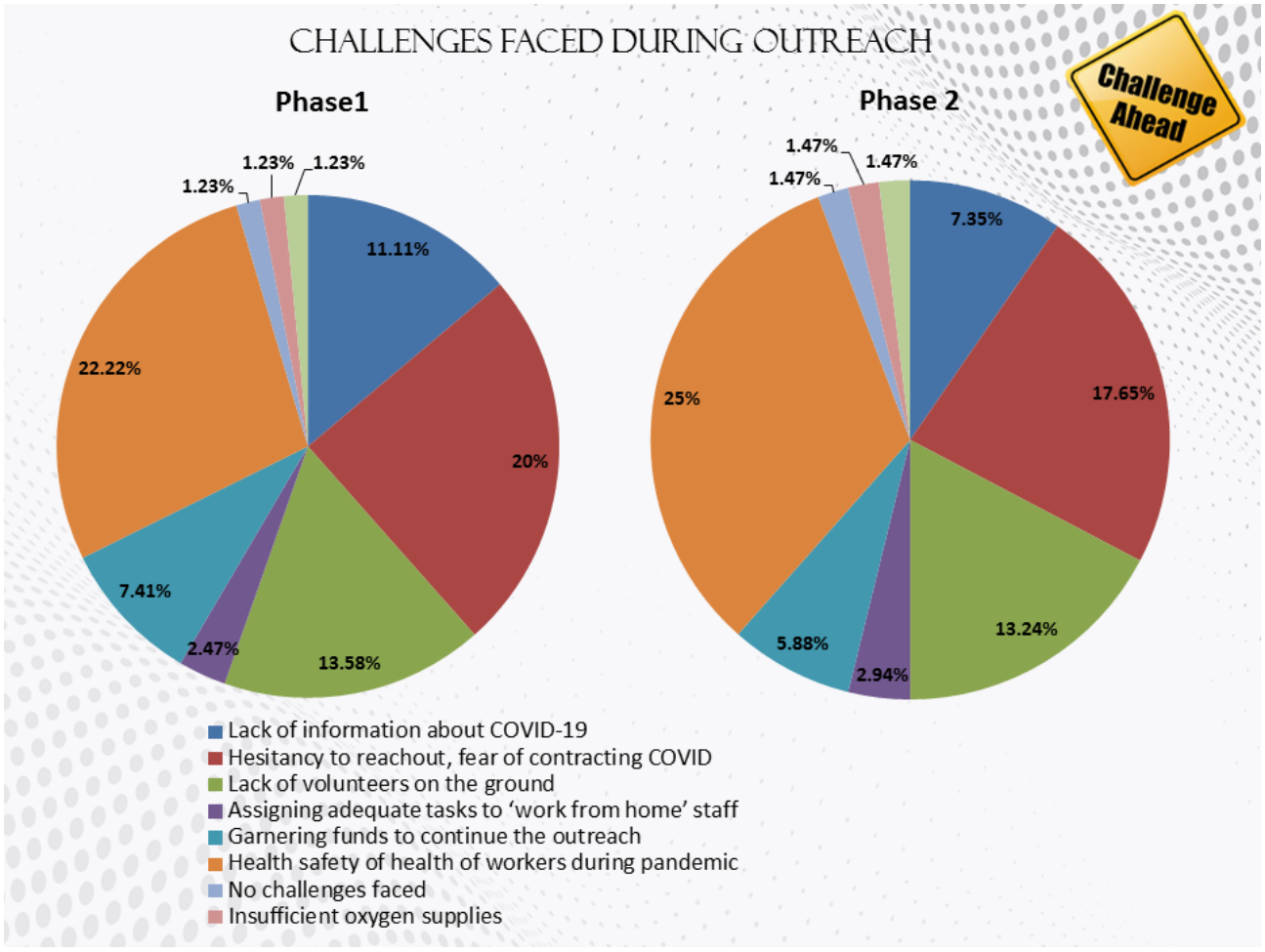

Table 21: Challenges Faced During Outreach

In all the above interventions the institutions did face some challenges but what stood out the most was the concern for the safety of all those engaged in the outreach activities. Another aspect that was noted as a challenge was the hesitancy of reaching out for fear of contracting Covid and sometimes due to this fear and lack of adequate information there were fewer volunteers to assist in the activities.

CHAPTER 5
LEARNINGS FROM THE STUDY

'COVID-19 highlights how truly interdependent we all are. How reliant we are on cooperation, communication, and compassion to successfully combat the virus. It highlights how important it is that we work together for a sustainable recovery that delivers for our economies and our planet.'
JACINDA ARDERN, Prime Minister of New Zealand

All said and done people in this archdiocese—laity, religious and clergy—gave witness to their faith by reaching out to the helpless and needy of all faiths. The many interventions recorded in chapter 4 indicate that every effort was made to ensure that basic needs and more were met for all.

It is also pertinent to note that though the lockdown came without warning, the Church's response was swift. Each body/parish did what they could to alleviate the sufferings of those severely impacted by Covid-19 and the lockdowns, whether they be people in their locality or migrants passing their way. Parish bodies and many Christian individuals also collaborated with government authorities and NGOs to help others in need, either monetarily and/or materially.

In one parish, the priest team used the strengths of different faith communities to provide food to the needy in the parish. The Hindus were assigned the task of sourcing the raw material, the Muslims were engaged in the cooking process, and the Catholics were involved in distributing the food in their respective localities making sure not to miss out any deserving family. In some localities, individuals took it upon themselves to make certain that the vaccination drive had maximum reach by making necessary arrangements for the aged and homebound to get their doses.

A significant learning from the pandemic experience is the importance of the CCO in the Church's mission of being the voice of the oppressed and the visible manifestation of Christ's love and compassion. As the CCOs have been directly involved with the communities in their areas for decades, they were easily able to identify vulnerable families and groups and the kind of relief they would need. Such is the trust of the poor in the CCO that during the initial lockdown, people in dire need of food contacted the social workers who in turn networked with other NGOs to provide them ration kits or cooked food as per their needs.

In fact, most of the CCOs and staff were fully functional after the initial strict lockdown and they visited their allotted areas to assure the people of their support whether financial, emotional, psychological or legal. Most of all they continuously disseminated Covid-related protocols to dispel myths and allay anxieties. Further, they ensured implementation of government schemes related to rations, financial aid, skill building, and trainings which helped to calm the fear psychosis among the grassroot communities.

They also went the extra mile to alleviate pandemic-related problems, such as getting public toilets sanitized on a regular basis, making ration cards for homeless people, helping the unemployed get jobs or becoming self-employed, and organising vulnerable groups such as domestic workers to secure aid. One CCO networked with the domestic workers' association to get ₹2000 for each of the 100 deserving domestic workers in their locality. They also arranged group loans of ₹22 lakh for their self-help groups to start and maintain micro enterprises.

A significant advantage of the CCOs' operations is that they are holistic in their approach, and that they regularly network with other NGOs and public authorities such as government, police and BMC. Hence they are able to take up myriad issues and handle individual problems when they occur. One such is domestic violence. Since they are directly involved in the communities in their locality through the mahila mandals, they are acutely aware of existing and potential incidence of domestic abuse. During the lockdown period the social workers reached out to these victims and secured some relief through the intervention of the police and other related institutions such as legal aid, safe homes, etc.

Besides this, some CCOs reached out to groups that generally fall between the cracks, such as transgenders, street children, rag pickers, construction workers living on site, destitutes living on the streets, and families living under flyovers.

In the ultimate analysis, this pandemic experience taught us much about our own behaviour and our responsibilities for the future of this planet. To sum up, we learned to:

- Be witness to our faith
- Respect the dignity of all human beings
- Be the voice of hope for those in despair
- Be charitable in relationship with family
- Be other centric and respond to their needs
- Reach out with love to the vulnerable and marginalised
- Be aware and concerned about ecology and sustainability

CHAPTER 6
THE WAY FORWARD

'We will not go back to normal. Normal never was. Our pre-corona existence was not normal other than we normalised greed, inequity, exhaustion, depletion, extraction, disconnection, confusion, rage, hoarding, hate and lack. We should not long to return, my friends. We are being given the opportunity to stitch a new garment. One that fits all of humanity and nature.'
SONYA RENEE TAYLOR, poet and social justice activist

The Covid-19 pandemic caught the world unawares. Despite the advances in medicine and science, in just a few months the infection surged from a local epidemic to a worldwide pandemic. The rate at which the death toll rose paralysed people with fear, and close to two years since it was first detected, this virus, in its variants, continues to ravage nations, threaten lives and cripple economies.

There is much talk about returning to normal, but our perception of normal has changed significantly. Indeed there is no going back, we can only move forward. But if we are to stitch a new garment, draw a road map for the future, we have to review our past actions, assess our successes and failures, interpret our present, and fill in the gaps to prepare for what may come.

To begin, the researcher would like to focus on three issues arising out of the pandemic. Though there are many areas it is not possible to mention or highlight all and these have been singled out for consideration as nuances of these are experienced in a big way both locally and globally.

Vaccine apartheid

Across the globe we are experiencing vaccine apartheid. Whilst a few have become 'vaccine billionaires', the majority of the world's people across the Global South are years away from a vaccine for Covid-19.

Progressive International, a worldwide group working to 'unite, organise and mobilise progressive forces behind a shared vision of a world transformed', held a summit June 2021 with representatives from the global south to push for proposals to pool technology, invoke patent waivers and invest in rapid production of vaccines, and to create an international health order based on solidarity, not charity.

According to a news report, 85 percent of vaccines that have been administered worldwide have been in high and upper-middle-income countries. Only 0.3 percent of doses have been administered in low-income countries. So, while the global north has been hoarding excess vaccines, the global south are dying due to lack or overpricing of vaccines.

Currently, the pharmaceutical companies decide how many vaccines get produced, at what cost and who gets them. Of date, from a population of 1.3 billion people in Africa less than two percent have received both the doses. On the other hand 56 percent of the population of the United States is vaccinated and US is giving its citizens cash benefits to attract them to get vaccinated.

Besides strangling the global public health system, this nexus between rich countries and the vaccine manufacturers has been an economic boon for the select few. Global billionaires made a profit of 5.5 trillion dollars during the pandemic. To put this number in context, in the 17 months of the pandemic they made more than what they had made 15 years prior to the pandemic and the drug corporations will continue to make these profits for quite a while.
(Ref: (https://thewire.in/world/how-we-can-achieve-vaccine-internationalism-and-why-we-need-to)

One may say what has this got to do with us? As a researcher my response would be—everything. In Mumbai today there is also a vaccine apartheid and free/unpaid vaccines at municipal centres or public hospitals are scarce. Yet, if one is willing to pay its price, the vaccine is easily

available in most private hospitals. So obviously there is no shortage, but there is an unequal distribution and all who want to take the vaccine are being forced to pay for it, far above the actual production cost. As institutions involved in outreach we have to network locally with NGOs that are already working to advocate free vaccines for all.

Another point to consider is that there are many senior citizens in parishes living alone and not digitally savvy, and are therefore unable to organise this procedure for themselves. In one parish an individual has voluntarily taken it upon himself to identify and reach out to such persons and his individual effort has helped and really been appreciated by many. This process could be replicated in other parishes through the SCCs by collecting the names and contact numbers of senior members of all faiths and ensuring they get the vaccine through the assistance of the local corporator in a nearby vaccine facility.

Livelihood and food sufficiency

Although much has been done by the various Church agencies during this crisis, this is a call to develop long term planning in this area and to extend services to those that are in dire need. Take for example, the M-East ward which is home to over 800,000 people (as per the 2011 census), including a large number of migrants many of whom work in the informal sector. There are over 250 slum pockets in the ward, 13 resettlement colonies and it is also home to one of the country's largest open dumping grounds. Human development indices like health, life expectancy, education and per capita income are among the lowest in the city. Indeed, food insufficiency among its residents is a known fact. According to a news agency report one woman said, 'Kerosene is sold at Rs.80 per litre at the ration shop. Since I don't have an income, I skip meals to save up and buy it.'

Orphaned children

The Covid-19 pandemic has resulted in an estimated 1.5 million (15 lakh) children facing the loss of one or both parents or a caregiver (a grandparent or other older relative in their home), according to a global study published in *The Lancet*. 'For every two Covid-19 deaths worldwide, one child is left behind to face the death of a parent or caregiver. By 30 April 2021, these 1.5 million children had become the tragic overlooked consequence of the 3 million Covid-19 deaths worldwide,' said Dr Susan Hillis, one of the lead authors, from the US CDC Covid-19 Response Team.

In India, as the study shows, an estimated 1.19 lakh children lost a primary caregiver, i.e. one or both parents, or one or both custodial grandparents. This estimate indicates an 8.5-fold increase in the numbers of children newly orphaned in April 2021 (43,139) compared to March 2020 (5,091).

The study was conducted by researchers from the Covid-19 Response Team, Imperial College London, University of Oxford, the World Health Organization, and others. It covered 21 countries that accounted for nearly 77 percent of global Covid-19 deaths as of April 30, 2021. Researchers estimated figures based on Covid-19 mortality data from March 2020 through April 2021, and national fertility statistics.

Brinelle D' Souza, senior faculty at Tata Institute of Social Sciences in Mumbai, not a part of the study, stressed an urgent need to set up special task forces at state and district levels to look into various dimensions including the vulnerabilities these children may face, like psycho-social risks and developmental delays as there is no clear policy on these issues.

Action plan

Based on the gleanings from this study and the issues mentioned above, the following proposals are suggested for drawing up a plan of action for the future.

1. Create awareness and emphasize the importance of Covid appropriate behaviour at home, work, schools, places of worship, and public places.
2. Push for a people's free vaccine and also a door-to-door vaccine as was earlier proposed by the municipal commissioner. In this way not only will proper coverage of the vaccine be ensured but all senior citizens currently unable to get vaccinated due to mobility issues will be protected without stepping outside their homes. Workplaces can be encouraged to pay for both the vaccine doses for all their staff to make it a win-win situation for both the company and the employee.
3. Going by the data received and looking at the locations of parishes that responded to the study, a major activity that almost all respondents took up was distribution of ration kits or cooked food. The researcher suggests that monitoring the spread of the pandemic geographically according to reported rise in cases, particularly in marginalised pockets, and directing the distribution of food/ration kits, medical aid, etc., will ensure that our outreach efforts are evenly distributed and no areas go neglected if faced with a similar situation. Also networking and collaborating with other NGOs can avoid duplication of services and free up personnel for other essential outreach.
4. 'One nation, One ration' is a scheme that began in Maharashtra in 2020. But the implementation has not been very smooth, leaving many migrants, who have been living in the city for decades, unable to claim the subsidized rations that was provided during the pandemic. The CCOs could push for implementation of the scheme in letter and spirit especially for these groups.
5. Loss of livelihood will stay for a long period so skill training and promoting micro enterprise especially among self-help groups will ensure food and basic requirements in many households.
6. Make people aware of the Government of Maharashtra, Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) critical health care scheme for low income families in the state (see https://www.jeevandayee.gov.in/MJPJAY). The objective is to provide cashless quality medical care to the poor for catastrophic illnesses requiring hospitalization for surgeries and therapies through a network of health care providers. The scheme provides coverage up to ₹1,50,000 per family per policy year. This will ease the burden on many NGOs/institutions that have helped finance deserving cases get medical aid and treatment during the pandemic.
7. The education of children has been badly affected due to the pandemic and many children have dropped out of school midway. Efforts will have to be made to trace and bring these children back to school. Also, apart from a few cases of summer club or entertainment, not much was done to channelize children's energies to creative pursuits. Perhaps some activity on a regular basis could be organised, according to age groups, by getting volunteers from the parishes to host this.
8. Children being left orphaned is a very distressing trend following natural calamities. A similar occurrence was noted in India following the tsunami in 2004 when a large number of children were identified as orphans, especially in the Andaman and Nicobar islands. According to data compiled by the Department of Women and Child Development in May 2021, in Maharashtra, 15,793 children have lost one parent to Covid-19, while nearly 490 have become orphans. We need to identify and protect these children before they get abused or trafficked by unscrupulous persons. Children are the future of the nation, the world. Let's prioritise and protect them.
9. Catering to the spiritual needs of the parishioners through online services was much appreciated. The counselling service offered by Prafulta was well utilized by those in need and so also helplines offering comfort and empathy and prayer support. The need to connect was greatly felt especially since the churches were closed. Probably online fellowships could be conducted to strengthen bonds among communities.
10. Some may opine that the CCOs are irrelevant today but the pandemic has taught us otherwise. The CCOs have been around since the last three decades and more. The purpose of setting these up was to empower the communities to be self-reliant. Over the years the marginalised

communities they reached out to have grown in independence and the animators have helped these communities to build their capacities and rely on their own talents and resources. At some point there were about 70 CCOs across the diocese. They formed the Federation of Centres for Community Organisation (FCCO) under the aegis of the Justice and Peace Commission (JPC), which helped to build capacities of the staff, directors and community leaders, and consolidate the work of the social apostolate. Unfortunately, due to priest transfers and misguided disregard, some of these centres were shut down and now less than half of these exist. The diocese should seriously consider revival of the CCOs even if it means remodelling or repurposing it to suit current realities. CSA and JPC should work together to strengthen the foundation of the CCOs and the FCCO.

In an attempt to make the report dynamic there will be scope to upload links outlining the work done by various groups and associations.

https://docs.google.com/document/d/1s1bRQoGrRF09DuLSzTZB3iofPkTaqzGmRH8hEV4q7Bw/edit?usp=sharing

APPENDIX-1

Questionnaire for CCOs and Diocesan Bodies

(Wherever relevant please provide numbers, tick whatever applies)

1. Name/Place of the Office (for e.g. Commission for Justice and Peace, St Pius College, Goregaon)
2. Name of the respondent ……..…….. Role/Designation……
3. Please provide a contact number……/email ID ……. for any further clarifications
4. How quickly post-lockdown did you feel the need to respond to the situation in 2020?

Time taken to respond	Phase 1	Phase 2
Less than a fortnight		
16 days to a month		
5-6 weeks		
7-8 weeks		
After two months		
Any other –specify		

5. On what fronts did you feel the need to respond? Tick as many as apply.

Identified Areas: In second column state estimated expenses/ no. of beneficiaries where relevant	Estimates/ Numbers	Phase 1	Phase 2
Consulting with a core team/ trustees			
Drawing up an action plan and allocating a budget			
Emphasising COVID Appropriate Behaviour (mask, social distancing and washing/sanitising hands)			
Responding to material needs of distressed people (cooked meals, dry rations, medicines, etc.)			
Forming reachout teams			
Dialogue with police/government officials for collaboration			
Appeal for aid (financial, material, human resources)			
Networking with other local groups			
Responding to medical/financial aid for fees, etc.			
Responding to issues of domestic violence			
Responding to issues related to migrants			
Responding to issues related to loss of livelihood			
Responding to issues related to specific target groups: List specific groups reached out to and number of beneficiaries			
Any other – specify			

6. How was the action implemented? (Tick as many as apply)

Action Implemented – In second column state estimated expenses/no. of beneficiaries where relevant	Estimates/ Numbers	Phase 1	Phase 2
Instructing and guiding team to identify and respond to families in need			
A help desk/line to link services to appropriate groups			
Quick decision making and reaching out			
Procuring dry rations and preparing family packs			
Distribution of face masks			
Enabled people to get income through Jan-Daan Yojna			

Action Implemented – In second column state estimated expenses/no. of beneficiaries where relevant	Estimates/ Numbers	Phase 1	Phase 2
Medical Assistance – in form of hospital admission, plasma donors medicines or financial aid for treatment			
Emotional support to the bereaved family members			
Intervention in case of domestic violence			
Counselling for those in need			
Legal aid services for those in need			
For loss of livelihood, assist in connecting people to jobs			
Providing food packets and water to walking migrants			
Organising transit camps for migrants/others stranded			
Financial aid for those in dire need			
Helping migrants with tickets to their hometown			
Organising temporary income generating skill activity - i.e. mask making, face shield, etc.			
Offering school premises for boarding and lodging of front-line workers – doctors, nurses, etc.			
Assistance to specific target groups – transgenders, streetchildren, destitute persons, homeless, victims of domestic violence, others			
Distribution of Vit C, multivitamins for preventive care			
Postcard campaign by 96 domestic workers to CM for financial assistance			
Assisting children with online education in slums or villages			
Collecting working mobiles and distributing to children to assist in continuity of studies			
Conducting awareness on health through webinars			
Conducting community building training through webinars			
Conducting legal awareness training through webinars			
Promoting vegetable cultivation and water harvesting in select villages			
Seed distribution to farmers of tribal villages of indigenous communities			
Information dissemination to communities as and when required			
Any other (Please specify)			

7. What challenges did/do you face? (Tick as many as apply)

Challenges Faced	Phase 1	Phase 2
Lack of information about Covid-19		
Hesitancy for outreach due to fear of contracting Covid		
Lack of volunteers on the ground		
Allotting and assigning adequate work for ‘work from home’ staff		
Garnering funds to continue the outreach to vulnerable groups		
Safety and health challenges of working during the pandemic		
Any other – specify		

8. During the second phase of lockdown in 2021 what is the nature of your response. (Tick as many as apply)

Current Approach (In second column please state estimated expenses/no. of beneficiaries where relevant	**Estimate/ Numbers**	**Phase 2**
Taking stock of the situation, respond asap		
Reassuring beneficiaries of support		
Mobilising youth to assist with reach out		
Building more positivity to tackle fear		
Awareness generation about the vaccine through webinars		
Countering myths and encouraging people to take the vaccine		
Enabling online registration for vaccine through volunteers		
Networking with local parish, NGOs, for better reach out		
Distribution of cooked meals, dry rations, monthly ongoing medicines for those in need		
Assisting beneficiaries to access hospital beds, oxygen cylinders, ventilator beds, plasma donors, prescribed medications, etc.		
Offering parish premises for vaccination centres		
Collaborating with government to reach out and extend services		
Appealing for funds		
Organised an online summer club for children to keep them engaged- few hours of learning activity followed by games		
Financial assistance for some families in dire need		
Any other – specify		

APPENDIX-2

Name and Address of Parish/Organisation	Respondent's name and designation
001. Our Lady of Dolours, Sonapur	Fr Antony D'Souza, Parish Priest
002. Health Outreach 2020 group (Diocese level)	Fr Richard Pereira, Project Coordinator
003. St. Joseph of Tarbes, Vashi	Not given
004. St. Joseph Convent, Byculla and Manor	Sr Collette
005. St Anthony Church , Sakinaka	Not given
006. Holy Cross Church, Kurla	Fr Anslem Gonsalves
007. Bandra East Community Centre	Fr Sunil Tirkey, Director BECC
008. Jan Vikas Society, Navi Mumbai	Fr Francis Mulackal, Koparkhairane MsFs
009. Sacred Heart Church, Mahakali, Andheri E	Ms Susan Norohna, SVD lay partner
010. Sahayoj Samaj Kendra, Uttan Chowk	Sr Vimal Sojwan, social worker
011. Our Lady of Lourdes Church (OLLC), Malad	Parish Team OLLC
012. St. Charles Convent, Vakola, Santacruz E	Sr Elizabeth
013. St. Ann's Hospital, Kashmira	Sr Ancy Tom, Administrator
014. Our Lady of Forsaken Church, Ghansoli, Navi M	Mr Sunil D'Souza
015. Holy Cross Hospital, Kalyan	Sr Shijy Joseph, Administrator
016. Order of the Most Holy Saviour, Bridgettines	Sr Gladis, Superior, Vakola
017. Holy Spirit Hosp., Mahakali, Andheri E	Sr Jessie, In-charge Community Health Centre
018. Carmelite Srs of Charity Vedruna, Andheri E	Sr Dorothy Michael, Provincial Secretary India
019. Our Lady of Fatima Church, Sewri	Fr Merwyn D'Souza, Parish Priest
020. Karuna Hospital, Borivili West	Sr Michelle, Executive Director
021. Centre for Social Action (Diocesan body)	Fr Mario Mendes, ex-Director, transferred June
022. Our Lady of Fatima Church, Ambernath	Fr Cherobino Fernandes
023. Basillica of Mount Mary, Bandra W	Bishop John Rodrigues
024. Health Promotion Trust (Diocesan level)	Fr Rocky Banz
025. St. Anthony Church, Mankhurd	Fr Francis Martis, Parish Priest
026. St Vincent de Paul Church, Khar	Fr Austin Norris, Parish Priest
027.Carmel Bhavan, Mulund	Sr Jacintha Maria CTC
028. St. Joseph Church, Mira Road	Fr Melvin D'Cunha
029. The Bombay St. Paul Society, Bandra W	Bro Blaise Thadathil, Provincial Bursur
030. Queen of the Apostles (SRA) across convents	Sr Berchmans, SRA Provincial Superior
031. Bosco Boys Home, Borivili W	Fr Corlis Gonsalves
032. The Social Apostolate Group (Diocesan body)	Ms Ruth D'Souza
033. Our Lady of Fatima Church, Kirol	Fr Rajesh
034. St. Joseph Church, Goregaon East	Mr Alwyn D'Souza
035. St. Dominic Savio Church, Wadala	Fr Allwyn Misquitta, Parish Priest
036. St. Mary Mazarello Province - across province	Sr Rita D'Souza, Province Economer
037. Family Service Centre, Colaba	Ms Nirmala Fernandes, Director FSC
038. Chuim Community Centre, Khar	Sr Benedicta Saldanha
039. Our Lady of Mercy Church, Pokran	Fr Baptist Viegas, Asst PP
040. B'bay Soc of Fran. Srs of Mary, Villa Theresa Convent	Sr Theresa Thomas, Provincial
041. Provincial House Bandra, FHIC	Sr Majorie Caldeira, Provincial Superior
042. Holy Family Church, Chakala, Andheri E	Fr Vincent Vaz, Parish Priest
043. Shalini Bhavan, Our Lady of Lourdes, Sion	Fr Antony Jibin Thundiyil, Superior & Parish Priest
044. St. Jude Church, Malad East	Fr Warner D'Souza, Ex-Parish Priest transferred June

045. St. Peter Church Bandra	Fr Fraser Mascarenhas, Parish Priest
046. Srs. of Charity of St. Anne	Sr Carmel Marie, Provincial Secretary
047. St. Francis Xavier Church, Dabul	Fr Leonard Noronha, Parish Priest
048. Christ the King Church, Borivali E	Fr. Terence Murray, Parish Priest
049. Our Lady of Dolours, Wadala	Fr. James Nigrel, SDB, Parish Priest
050. St. Michael Church, Mahim	Fr. Lancy Pinto, Parish Priest
051. Our Lady of Good Counsel, Sion	Fr Basil Lobo, OFM, Parish Priest
052. Good Shepherd Church, Sanpada	Fr Francis, Priest-in-charge
053. Navjeet Community Centre, Holy Fly, Bandra	Sr Kripa Isaac, Director
054. Asha Kiran Vakola, Santacruz East	Sr Shaila, SHM
055. Jagruti Kendra, Jerimeri Kurla East	Sr Anita, SHM

Study conducted by: INSTITUTE FOR COMMUNITY ORGANISATION & RESEARCH
Joseph Cardijn Technical School, Kashaba Jadhav Marg, Dadar East, Mumbai 400014
Researcher: PAMELA FERNANDES