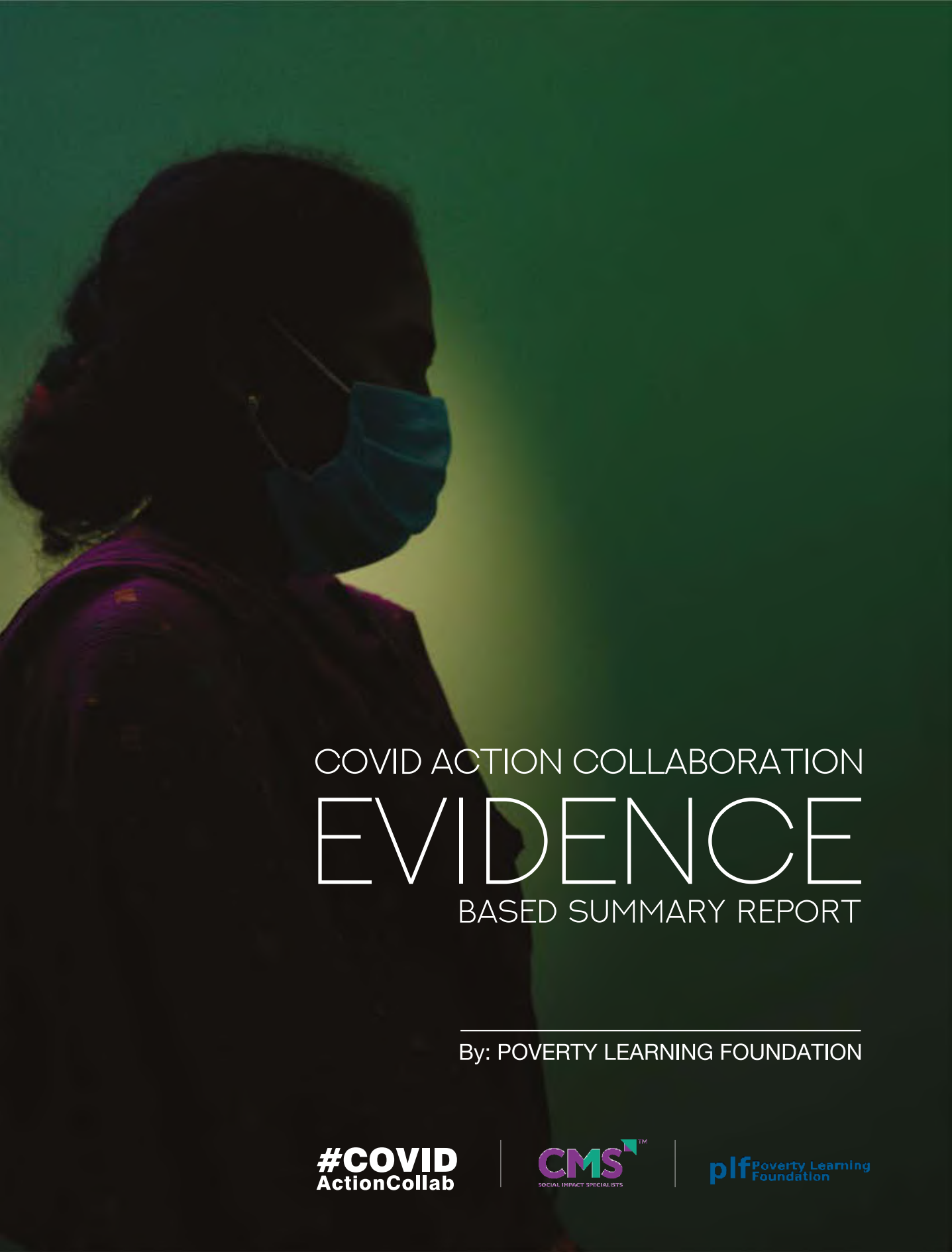

COVID ACTION COLLABORATION

EVIDENCE

BASED SUMMARY REPORT

By: POVERTY LEARNING FOUNDATION

#COVID ActionCollab | CMS SOCIAL IMPACT SPECIALISTS | plf Poverty Learning Foundation

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CONTENTS

ABBREVIATIONS

COVID-19	Coronavirus Disease 2019
CAC	Covid Action Collab
HIV	Human Immunodeficiency Virus
TRC	Transgender Resource Centre
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex
NGO	Non Government Organisation
VP	Vulnerable Population
HII	High Impact Intervention
CSO	Civil Society Organisation
CBO	Community Based Organisation
CO	Community Organisation
MSM	Men who have Sex with Men
UT	Union Territory
IEC	Information, Education and Communication
TG	Transgender
NCD	Non Communicable Diseases
PPE	Personal Protective Equipment
LG	Local Government
USD	United States Dollars
PHC	Primary Health Care Centre
CHC	Community Health Care Centre
AIDS	Acquired Immuno Deficiency Syndrome
ART Treatment	Antiretroviral Therapy Treatment
KMSS	KiranamMahilaSamaikyaSangham
RDMM	Rudrama Devi MahilaMandali
SMSWS	Siri MahilaSadhikara Welfare Society
ANM	Auxiliary Nurse and Midwife
BDO	Block Development Officer
IVRS	Interactive Voice Response System
FPO	Farmer Producer Organisation
WSW	Women in Sex Work
PwD	Persons with Disability
GVB	Gender Based Violence
NCW	National Commission of Women

BACKGROUND

The COVID-19 pandemic was like none other in living memory, given its scale and intensity. As communities, governments, civil society partners and individuals collaborated to mount a response, they essayed stories of resilience, and simultaneously, of challenges and lost opportunities. CAC has provided the opportunity to collate these myriad experiences and learnings and understand the causes and contours of the success and failures, towards establishing a template for future response and improved disaster and pandemic preparedness. The worst ravages of this disease were experienced by vulnerable populations who ironically had the least culpability in contributing to its early spread.

COVIDActionCollab (CAC), a 350+ collaborative of implementers, resource and funding organizations worked relentlessly over the course of the COVID-19 pandemic **to help vulnerable people survive and thrive.**

CAC's engagement rested on the two critical pillars of collaborations and assessments. CAC collaborated with local civic bodies and health delivery organizations and acted as an interface between the community and service providers to enhance access to services and facilitate outreach of the same from providers. Partners working on COVID-19 response and support areas for vulnerable and marginalized women across India were identified for this purpose. Since many partners had no experience of working on COVID-19 issues or other critical services such as social protection or livelihoods, CAC trained the local partner and administration teams to deliver the same.

CAC envisions that the vulnerable groups affected by the COVID-19 pandemic survive and thrive with dignity in their journey from relief and recovery to building their resilience. For CAC, the vulnerable groups are at the centre of response and their journey towards resilience building is key. Given the nature of the pandemic, with multiple peaks of infection, and resulting lockdowns and restrictions, relief and recovery continue to be a requirement for some of the most vulnerable groups, while recovery to resilience building is needed for all. Vulnerable groups need comprehensive support, i.e., a combination of support in health, livelihoods, and social protection to address their needs and priorities. As each vulnerable group is different and their contexts are unique, the support needs to be calibrated and facilitated for each group while thinking through strategies for bringing significant positive and sustainable impacts.


USAID
#COVID
ActionCollab

RELIEF

REACHING THE UNREACHED

Written by Flarantxa P. edited by DaminiRalleigh

There is no denying that volunteers from across communities, professions and age groups, were instrumental in facilitating the successful vaccination of some of the most marginalized people in India. This included tribes settled in the remotest corners of India, the elderly and the housebound, as well as those systemically forced to occupy the peripheries, such as sex workers or people living with HIV. Several unsung heroes such as Asha Workers, Anganwadi teachers, community leaders, local leaders, vaccinators, and nurses, among others, worked relentlessly to help the most vulnerable survive the COVID-19 catastrophe.

Many of these volunteers worked with #COVIDActionCollab's VaxNow initiative and partner organizations that helped them solve the last mile problem, reaching vulnerable communities that needed the vaccine the most but could not access it. One such unsung hero is Dr. Sayyed, an ophthalmologist, who has devoted his life to the service of his community. In Andhra Pradesh's Kadapa, thousands migrate to the Gulf nations to work every year, and Dr. Sayyed works and supports those who are left behind.

According to the doctor, children in the tribal communities he works with tend to be the most vulnerable. "Many of them lack proper guidance and end up in the business of smuggling and pilferage of forest produce," says Dr. Sayyed. He added that the pandemic put the tribal and migrant communities in extreme distress. "Although we followed all protocols, the community suffered from a severe shortage of food and other essentials in the first wave."
During the second wave, the situation worsened, with the virus spreading to every corner of the district. "People were hesitant to get vaccinated and went to great lengths to avoid it, despite the death toll rising daily. We had to vaccinate ourselves first and show them it was for their benefit. We arranged camps in mosques and other places and got 20,000 people vaccinated", says Dr. Sayyed.

Dr. Sayyed sets up medical camps in Kadapa and the neighbouring area of Koduru to conduct checkups. "Before COVID-19, people here did not value their health", he says. The doctor also counsels tribal and other marginalized communities on the benefits of timely vaccinations, supplements, and daily hygiene.

RECOVERY

PRIYA BABU & THE TRANS KITCHEN OF MADURAI

Written by Anupama K & Flarantxa P, edited by DaminiRalleigh

Priya Babu heads the only Transgender Resource Centre (TRC) in the country in Tamil Nadu's Madurai, which functions as a repository of articles, short films, documentaries and literature on government policies about the trans community. TRC has consistently served as a safe space for people that identify as LGBTQI+, and has organised festivals and seminars to expand awareness of transgender issues.

Among TRC's many initiatives to achieve trans equality is the recently established Trans Kitchen in Madurai. Swasti, an organisation committed to the upliftment of marginalised people across the state of Tamil Nadu, funded the project. Priya Babu, who also works as a Regional Programme Manager at Swasti, believes that the Trans Kitchen will play an instrumental role in destigmatising the community while also ensuring a reliable stream of income for the trans people employed at the restaurant.

The pandemic brought inequalities into sharp focus. The trans community was particularly vulnerable. “We had no choice but to stay indoors during that period. This affected our earnings and many community members struggled. However, support reached us in the form of free ration and financial assistance. At the same time, many organisations also came forward to help us with livelihood opportunities during this period. All this helped us get through those difficult days,” says Priya.

RESILIENCE

FISHERFOLK OF KOLIWADA

Written by Meghna Prakash, edited by DaminiRalleigh

Amidst the chaos of the raging pandemic, Ujjwala Tai and Madhuri Tai of the Koliwada fishing community approached Vrutti, a non-profit organization for the distribution of rations and other essentials.

#COVIDActionCollab brought together resource, academic and grassroot organizations to create sustainable impact. By working together, the organizations aim to derive strength from each other's expertise and fill in the gaps whenever required.

The Koliwada fishing community in Mahim demonstrated a strong sense of solidarity that helped the community tide over the wave of the pandemic. The fishing community did not survive on just donations from the NGO; it found a way to keep itself afloat during lean months by capitalizing on an opportunity.

There was a high demand for masks during the first wave of the pandemic, Ujjwala Tai, an executive board member of the fishery's women board known as 'DaryawadiMahila Sangh', organized the resources to start stitching masks.

While starting out, Ujjwala Tai had not thought that the initiative, started primarily for the community, would evolve into an enterprise. "I received a mask-making tutorial video from Nalini Nayak, which I forwarded to Rajesh, one of my colleagues. Rajesh began the exercise in his own community. He bought some cloth and distributed it among the women of the community. The women quickly learned to make these masks at a low cost. The N-95 masks were pretty costly, and ours were a cheaper alternative."

However, the fear of losing their source of income pushed them into entrepreneurship. They started mass-production of masks and distributed these to large corporations and factories. Ujjwala Tai tells us that the whole exercise was funded by the community. "We spent money out of our own pockets to buy cloth and other supplies. We have never asked for a loan from anyone," she says.

Not only did Ujjwala Tai float the mask-making idea in the community, she also stepped up to bring in a team of doctors to conduct online consultations. "Worli Koliwada is not a huge area, but we have a lot of people. There are families of 4 or 5 living in closed spaces, and one of the members contracting the virus meant that the whole family was doomed".

As the death toll rose, so did the anxieties surrounding the virus. Medical consultation at a time like this was critical for them. Ujjwala Tai, then, fought not just for herself and her family, but for the entire fisherfolk community. The strategy CAC used, especially in their relief work during the second wave of the pandemic, touched over 9 million lives in the community.

METHODOLOGY

- **Sources of data collection:** To summarize the CAC program, rapid umbrella review methods: a critical review of the 200 documents from the CAC core team and the partners were reviewed thoroughly to identify the most significant inputs and outputs.

- **Sampling technique:** The basic parameters used in the review are - a checklist for CAC core team discussions, partners, and interviews. Snowball sampling technique was used to take the interviews of the partners and their beneficiaries. Snowball sampling is a non-probability sampling technique where existing study subjects recruit future subjects from their acquaintances used for the study. Hence, contacts were established through CAC to reach the partner organisations and through them beneficiaries were selected to carry out the interviews to understand the perceptions.

- **Tools of Data Collection:** The primary tool for collecting data for the report were semi-structured in-depth interviews, as the questions explored required mostly explanatory answers. Telephonic interviews were carried out to reach the partners spread across the country. Few questions that were not part of the study were included while taking interviews to get a deeper understanding of the study. Also, as the interview was taken over phone calls, the interview demanded to be semi-formal for the respondent to feel comfortable with the researcher.

- **Sample:** Ten organisation were selected from CAC's database to carry out the interviews. Further, three beneficiaries were shortlisted and interviewed from each partner organisation.

- Through it, a comprehensive synthesis has been prepared on the knowledge generated during several stages of the CAC program. CAC partner progress reports, partner-level case stories on best practices, and learnings were documented by virtually interacting with the partners.

- Besides, **meta-analysis (numerical analysis)** was done to map the partners' outreach across India.

- Finally, **synthesis and numerical analysis have been merged** to conclude the report. Weekly virtual meetings were scheduled with the CAC core team to examine the progress and time-to-time assessment of the quality of the report.

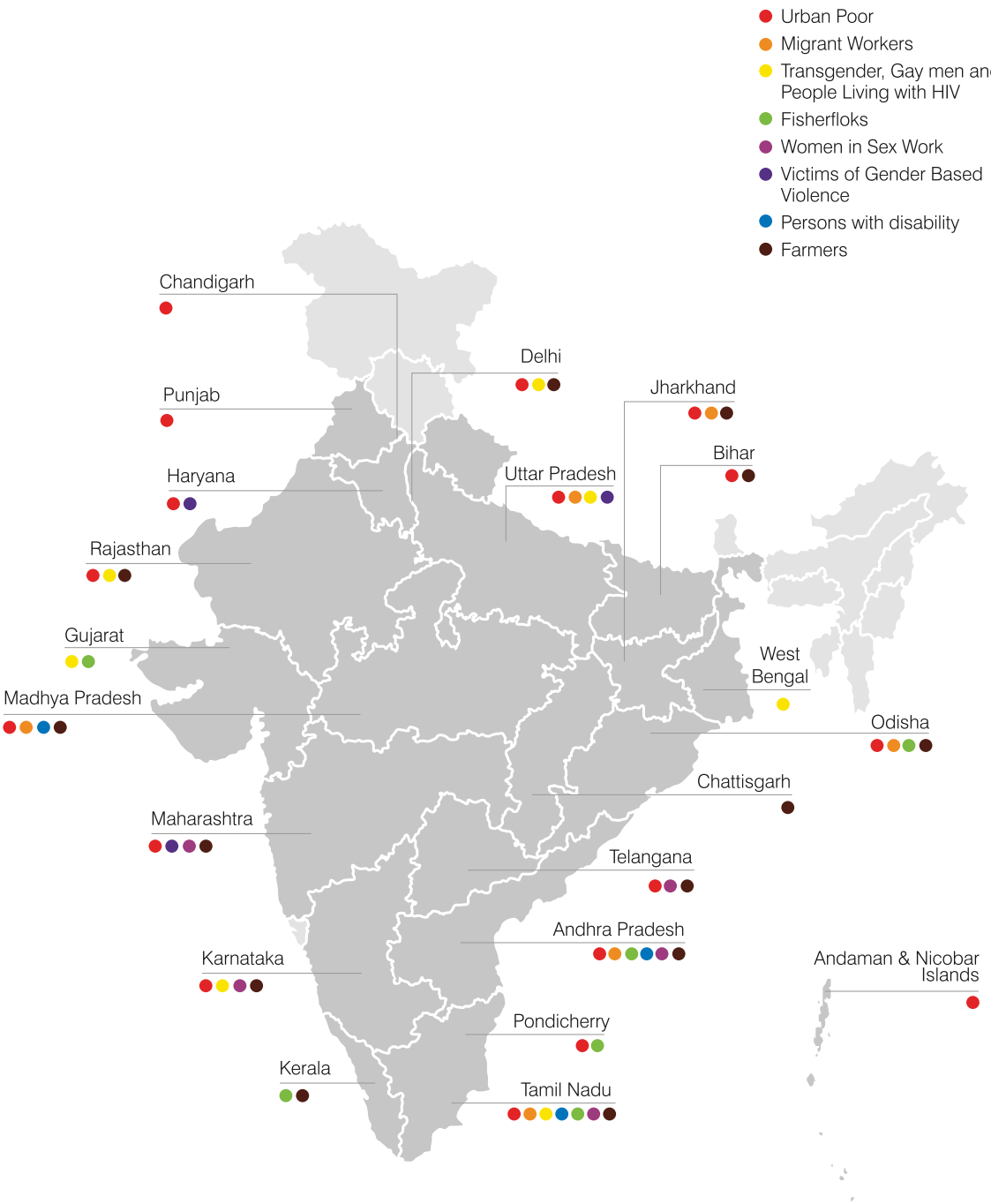


Figure1.1: Spatial distribution of different VP groups across different states in India

INTERVENTION SUMMARY

CAC's interventions aimed to achieve the following Objective:
Develop and implement a comprehensive package of health and social support services to mitigate the challenges posed by the COVID-19 pandemic to reach 10 million individuals in vulnerable populations.

With the objective of ensuring thorough comprehensive care and support to Vulnerable Population (VPs), CAC collaborated with partners to implement High Impact Interventions (HII)[1] to the last mile. CAC collaborated with three categories of strategic partners: Providers, Enablers and Implementers. **Providers** support partners with materials, human resources, technology and communications to ensure cost-efficient reach and improve the scale of the outreach. These organisations mainly contribute to CAC in implementing capacity building initiatives; vaccination drives; online counselling for CAC partners and material support (ration kits and medical kits.) **Enablers** include the government, industries, associations, and academia; who have collaborated with CAC to develop strategies, shaping policy or provide critical insights for better and more effective mitigation of the pandemic effects. **Implementers** are the NGOs, CSOs, CBOs and COs who are directly in touch with the community and ensure the delivery of calibrated services to the vulnerable populations.

A total of 359 partners came on board CAC to respond to the pandemic and address the needs of the vulnerable populations. CAC identified thirteen VPs as severely affected by the pandemic: Farmers; Transgenders, MSM and people living with HIV; Women in Sex Work; Fisherfolk; Urban Poor including street children; People living in the shelter; Migrant Construction workers; Persons with Disabilities; and Victims of Gender-based Violence. CAC along with its partner organisations have implemented HII in a total of 21 States/UTs in India (Fig 1.1). The VP-wise spatial distribution trend indicates that the implementation of HII is highest among the urban poor, spread across 17 out of 21 states in the country. HII implementation has been the lowest for persons with disabilities in only 3 out of 21 states.

[1] *To measure the highest impact for improving people's health seeking behaviour*

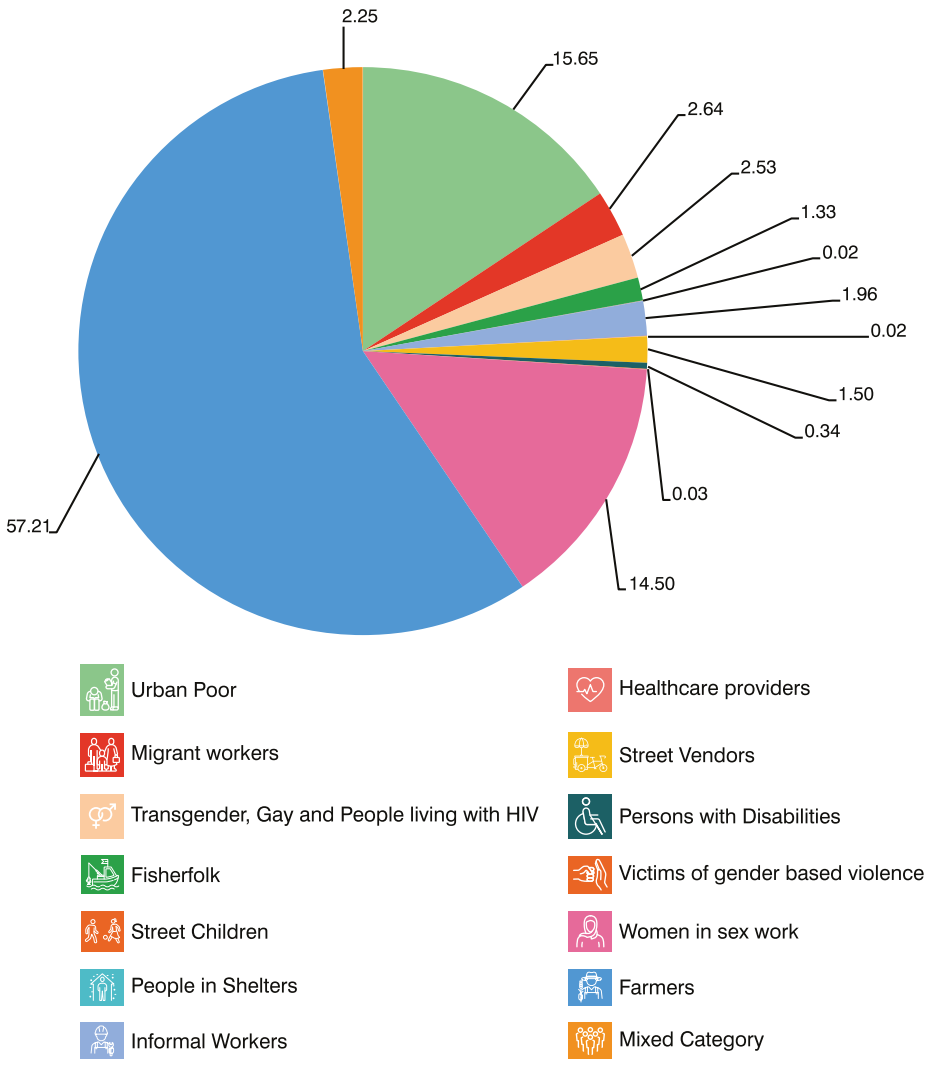


Figure1.2: percentage of individuals benefited under each VP Category

As of September 2022, CAC delivered 23.1 million[2] service instances to an estimated 15 million individuals in 34 States/Union Territories (UTs). Figure 1.2 depicts the percentage of individuals who benefited under each VP category from the High impact interventions. Out of the total, the VP categories with highest number of benefitted individuals are Farmers (50.7%), followed by Urban poor (15.65%), and Women in Sex Work (15.50%). Victims of gender-based violence (0.03), Street Children (0.02) and Healthcare Providers (0.02) have the least number of beneficiaries who have received benefits from the interventions, as compared to other categories of vulnerable population (Fig 1.2). The data also shows unidentified vulnerable populations classified under the 'mixed category' who constitute 2.25% of the total individuals benefited. (Annexure 1)

[2] *CAC was formed in March 2020 and the collaboration with USAID started in July 2020*
CAC provided 24,838,223 service instances between March 2020 - June 2022.
March 2020 - June 2020, CAC provided 1,737,864 service instances.
July 2020 - June 2022, CAC provided 23,100,359 service instances with USAID support.

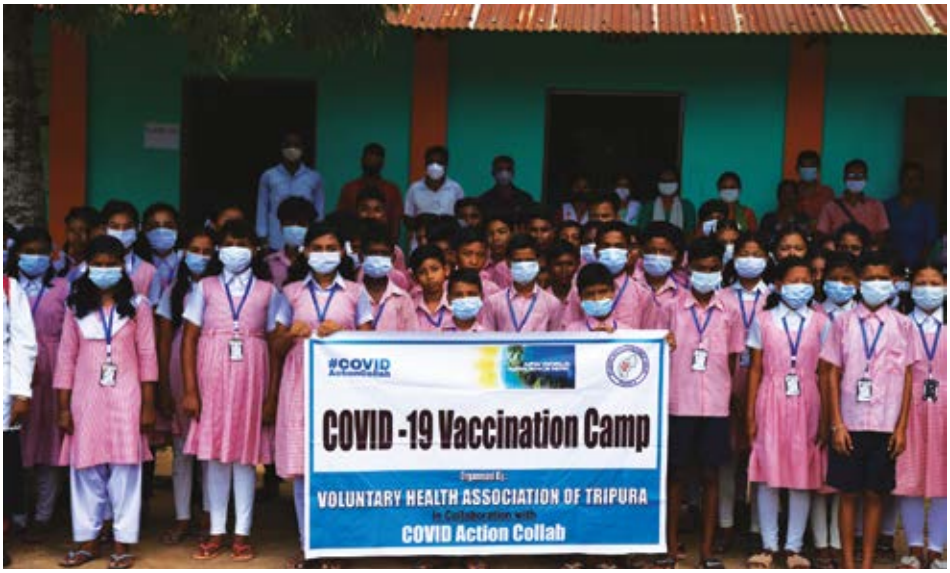
RESPONSE STRATEGY AND ITS IMPACT

The Response Strategy deployed for implementation of the HIIs were built around the following strategic approaches:

Package development and Rationale: CAC developed comprehensive packages for 10 million VPs for the following categories:

1. **Farmers:** Although the agricultural sector carries immense importance in the Indian economy, the sector and its workers have been facing risks even before the pandemic. The Covid-19 outbreak further worsened the condition of farmers with reduced incomes as agricultural operations came to a standstill. As the lockdown hit during the harvest season, many were not able to harvest their crops due to a shortage of resources, including, labour, equipment, limited transportation and market facilities. Given the vulnerability of the farmer community, CAC and its partners realised the need to develop comprehensive packages for the welfare of supports small and marginal farmers to ensure the following outcomes:
   - Farmers reached by partner CSOs/ FPOs are aware of COVID-19 prevention and hygiene protocols
   - Farmers reached by CSOs/ FPOs access to one health service and one Social protection/ Livelihood services

2. **Transgenders:** The transgender community is individuals who struggle to cope financially, mentally and physically and have been marginalised in society due to their gender identity. These communities are among the worst affected by the pandemic with no daily earnings and limited access to social protection services and essential commodities



such as food, shelter, and school education, among others. Even the relief measures that have been taken up by the government have not reached the transgender community. To mitigate this challenge, packages have been developed to ensure the following outcomes:

- Trans persons report access to two services (health, social protection or financial services)
- Trans persons understand COVID-19 prevention and hygiene protocols

3. **Women in Sex Work:** Sex work and prostitution are terms that are often used interchangeably to refer to the exchange of sexual labour for money, other material items, or access to social resources (Orchad, 2019). Financial insecurity, no access to social protection services, coupled with poverty, discrimination and violence have made them vulnerable in a multidimensional way. Given the nature of the crisis, the vulnerabilities of the community were further exacerbated due to declined purchasing power, limited access to health services, and reduced ability to practice confinement. Therefore, to help the WSW, CAC engaged with 200 community organisations through three large networks to support the following outcomes:
   - Women in sex work have an understanding of COVID19 prevention and hygiene protocols
   - Women in sex work have access to at least 1 health service
   - Women in sex work access at least 1 social protection or livelihood-related service

4. **Fisherfolk:** In India, the fishing community have traditionally pursued this livelihood over centuries and resides mostly in exclusive coastal villages/hamlets. Although fish was categorised as 'essential commodities, the total closure of activities during the lockdown resulted in a ban on fishing and thus a complete stop on revenue for the community. Fish and fish products that are dependent on international trade suffered severely because of restrictions on global markets and in the food, service sectors, including, hotels, restaurants, schools and food canteens. Moreover, many individuals from the community were not registered and were operating in the informal labour market which resulted in no labour market policies like social protection schemes, resulting in poverty and hunger for the community. These vulnerabilities were addressed by CAC and its partners with the development of packages to ensure the following outcomes:
   - Fishers reached by partner NGOs/CBOs are aware of COVID-19 prevention and hygiene protocols
   - Fishers reached by NGOs/CBOs access to one health service and one Social protection/ Livelihood services

5. **Urban Poor:** The urban poor is described under a wide range of categories in urban areas, often in notified or illegal slums, and work largely in the informal sector - as domestic help, taxi or auto drivers, transport and delivery persons, painters, masons, street vendors, security guards, and factory workers. The lockdown had adverse effects in cities, with nearly 50% of the infections coming from 10 cities. With increasing expenditure, the urban poor were left with depleted or no savings, poor living spaces, high prevalence and limited livelihood opportunities. CAC aimed at benefitting nearly 500,000 urban poor people to accomplish the following outcomes:
   - Urban poor have an understanding of COVID-19 prevention and hygiene protocols.
   - Urban poor have access to at least one health service.
   - Urban poor have access to at least one social protection or livelihood-related service.

6. **Migrant Construction Worker:** Construction and migrant workers are usually involved in constructing roads, highways, houses, and malls, among others. They come from poor economic and social backgrounds, with a lack of education and any vocational skills. These attributes contribute to their weak bargaining power, minimum wages, poor working conditions and lack of social security benefits. The impact of COVID-19 on this group has been significant in terms of health and livelihood. Small and congested living conditions, poor healthcare sanitation facilities along with a decline in opportunities at working sites were some of their major challenges. To cover this, CAC aimed at reaching nearly 3 million workers to enable the following:
   - Construction workers reached by partners are aware of COVID-19 prevention and hygiene protocols
   - Construction workers reached by partners access at least one health service
   - Construction workers reached by partners access at least one social protection or livelihood-related support.

7. **Street Children:** The United Nations defines street children as "boys and girls for whom 'the street' (including unoccupied dwellings, wasteland, etc.) has become their home and/or source of livelihood, and who are inadequately protected or supervised by responsible adults." As a consequence of the lockdown, street children faced the risk of abuse, exploitation and contracting diseases. High dropout rates, increased child labour, and restricted access to food and nutrition were also some of the common problems. Owing to this, CAC aimed at empowering close to 50,000 street children to reach the following outcomes:
   - Street children have an understanding of COVID-19 prevention and hygiene protocols.
   - Street children have access to at least one health service.
   - Street children have access to at least one social protection or education/skilling related support.

8. **Persons with Disabilities:** According to the Rights of Persons with Disabilities Act (2016), a person with a disability is someone 'with long terms physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others'. Discrimination and denial of dignity are among the most commonly practised by society against people with abilities. The pandemic has further made the group vulnerable to their existing problems of lower livelihood and income opportunities with decreased access to food, and an increased instance of violence and abandonment by family members. In order to help this community, the following outcomes were carved out by CAC and its members to ensure relief, recovery and resilience:
   - People with disabilities (PwDs) have an understanding of COVID-19 prevention and hygiene protocols
   - PwDs access at least one health service
   - PwDs access at least one social protection or livelihood-related service

9. **Victims of Gender-based Violence:** GBV refers to harmful acts directed at an individual based on their gender. It is a serious violence of human rights and a life-threatening health and protection issue. It includes, sexual, physical, mental and economic harm on an individual in public or in private. Data shows an increased number of cases of GBV since the outbreak of COVID-19. Out of 122 community organisations, 85% of them reported a

higher number of crimes against women and girls between March and September 2022. In the same period, the national commission of women (NCW) reported 13,410 complaints of crimes against women, out of which 4,350 were domestic violence. These instances brought out the need to help individuals facing GBV and ensure the following outcomes:

- Survivors of GBV reached by partners are aware of the manifold issues due to COVID-19.
- Survivors of GBV reached by partners have access to systemic awareness, various ways and interventions in place towards prevention of violence.
- Survivors of GBV reached by partners access at least one social protection, health service or livelihood related support.
- Increasing the availability and quality of GBV expertise, legal literacy through partner organizations.

10. **People in Shelters:** The Census of India 2011 defines 'houseless household' as ' households who do not live in buildings or live in the open on roadside, pavements, in hume pipes, under flyovers and staircases, or in the open in places of worship, mandaps, railway platforms, etc. The homeless deal with wide-ranging problems such as systemic negligence, poor immunity due to poor living conditions led to higher chances of contraction, lack of awareness and testing, no means of social isolation provided, and no sanitation and water facilities that heightened the morbidity rates. In view of this, CAC with its partners aimed to benefit 10,000 people in homeless shelters to ensure the following outcomes:
    - People in homeless shelters reached by partners are aware of COVID-19 prevention and hygiene protocols.
    - People in homeless shelters reached by partners access at least two health services.
    - People in homeless shelters reached by partners access at least one SP or livelihood-related support.

Partner Onboarding: A total of **359 partners** were onboarded to the CAC. Out of this, **139 organizations were onboarded to implement High Impact Interventions (HII).** HII were developed as a response to the COVID-19 pandemic and include COVID-19 Awareness, Prevention and Management, Screening of Non - Communicable Diseases, Awareness of Vaccination, Facilitating Access to Social Protection Schemes, and Livelihood. Partner onboarding details have been given in Table-4 for reference.

Operational Planning: Partners who agreed to implement the High Impact Interventions (HII) of CAC were supported to develop a plan in a systematic manner, using a standard template. Operational plans for a total of 100 partner organizations have been developed by the CAC team. Partners were provided clarity on the sequence of the activities under each intervention, and they were supported to arrive at an estimate of resources (both human resources and financial) that are required by them to implement the activities within the timeframe and reach the beneficiaries with services. Most importantly, the partners were able to assess the risks associated with implementation and develop plans for mitigation.

Training: The capacities of 150 partner organizations were strengthened to enable the field staff (program implementers, trainers etc.) to implement the High Impact Interventions. Institutionalisation of capacities was done through a series of technical training on Health, Social Protection and Livelihoods. Training decks, prepared by subject matter experts, were used by the CAC Secretariat for capacity building, and later shared with trainers to use them for training the community members.

Implementation: This was a crucial phase where partners directly engaged with the beneficiaries and delivered the HII services to them. A total of **125 partner organisations** have started implementing HII and reporting data. The CAC Secretariat monitors the implementation activities very closely. Partner specific support is given such as, engaging with the government, providing material support, knowledge resources/IEC materials, clarifications on technical issues and having periodical interactions with partners.

Total People Benefitted: CAC delivered **21.8 million service instances** to 10 VPs categories that were part of vulnerable population organizations. Around 80% of the total service instances went to farmers and rural poor, urban poor, and women in sex work categories. CAC supported partners and government bodies in administering a total of 12.3 million doses of vaccines across 24 states/UTs. CAC established Social Protection Help Desks with 93 CAC partners in 19 states and UTs.

Engagement with Vulnerable Population Groups: Service Instances (21.8 million)

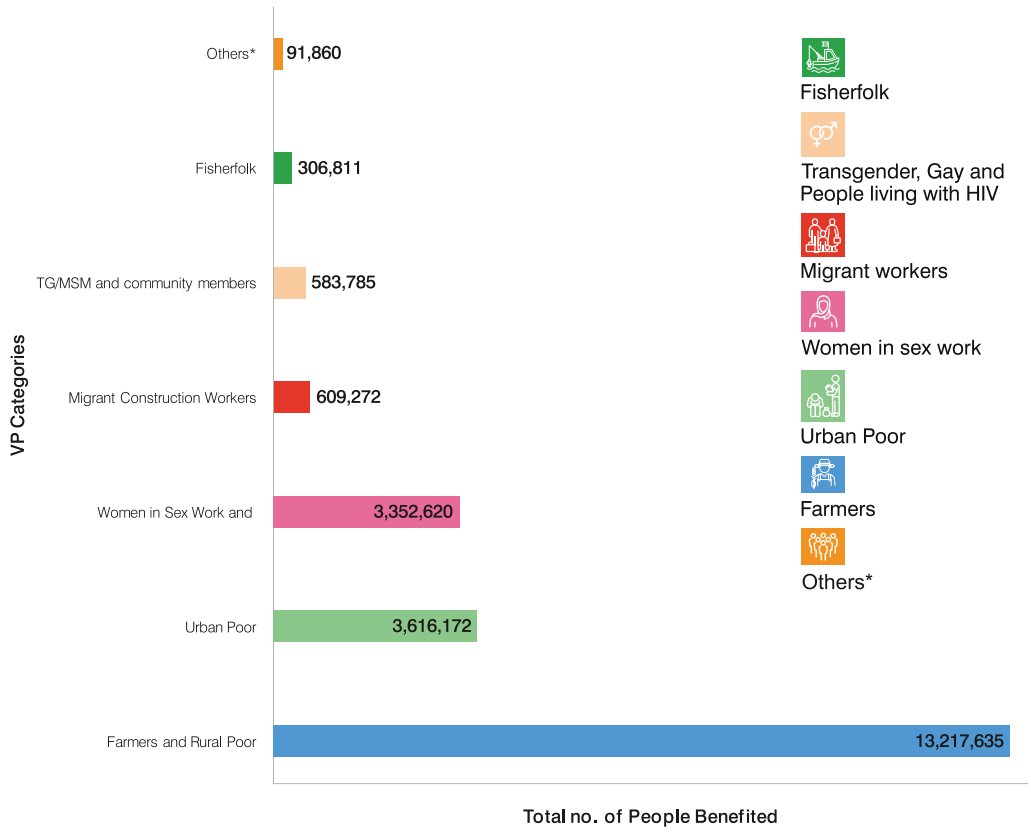


Figure1.3: Service instances provided to each VP group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WITH VACCINA


DURGAPUR

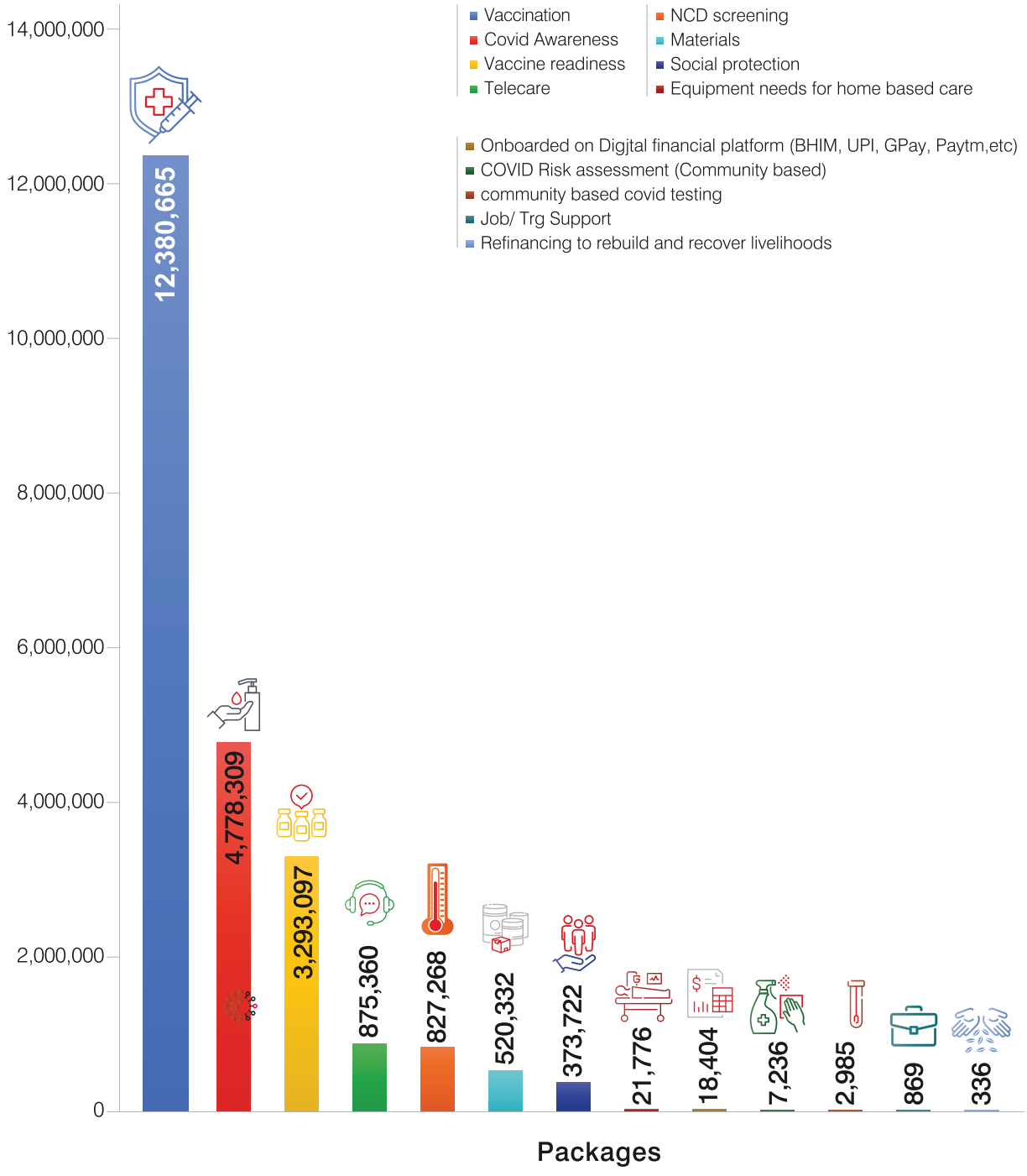
THE HIGH IMPACT INTERVENTIONS

CAC developed three major High Impact Interventions: (i) Health - to address the existing health-related challenges among the vulnerable populations; (ii) Social Protection - to enhance access to government schemes & services, and provide financial support to the communities affected by the pandemic; and (iii) Livelihoods - to address challenges such as loss of livelihoods and its adverse impact on their families. These three areas were identified as critical areas of intervention to ensure that the vulnerable population are protected from the multiple impacts of the pandemic.

The following are the High Impact Interventions provided to the vulnerable communities by the implementing partners:

1. HEALTH: The health package includes: COVID-19 awareness, vaccine readiness, providing vaccinations, community-based COVID-19 risk assessment and testing, NCD screening and telecare services. The health intervention includes material support (ration kits and medical supplies) for the families to sustain during the pandemic.

The data indicates that of all the packages, vaccination drives have benefited 1,23,80,665 individuals who have received the 1st and 2nd dose (Fig 1.3). Besides, 48,78,309 and 32,93,097 individuals received service instances related to COVID-19 awareness and vaccine readiness, respectively. Equipment needed for home-based care was provided to 21,776 beneficiaries. NCD screening was conducted for nearly 8,27,268 lakh individuals who had comorbidities that made them more vulnerable to COVID - 19. Among other health packages, telecare services benefitted nearly 8,75,360 lakh individuals. During the pandemic, access to food, ration and basic protective equipment was a huge challenge for the vulnerable communities. CAC mobilised and distributed ration kits, hygiene kits, and COVID - 19 kits (PPE, sanitisers, and masks) to 5,20,332 vulnerable people and their families across the country.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Vaccination
Covid Awareness
Vaccine readiness
Telecare
NCD screening
Materials
Social protection
Equipment needs for home based care
Onboarded on Digjtal financial platform (BHIM, UPI, GPay, Paytm,etc)
COVID Risk assessment (Community based)
community based covid testing
Job/ Trg Support
Refinancing to rebuild and recover livelihoods
12,380,665
4,778,309
3,293,097
875,360
827,268
520,332
373,722
21,776
18,404
7,236
2,985
869
336
Packages

2. SOCIAL PROTECTION: This package was developed with the aim of enhancing the access of welfare schemes[3] to vulnerable populations through a universal help-desk. CAC established Social Protection Help Desks with 93 CAC partners in 19 states and UTs and 10 Help Desks with 7 LGs and facilitated schemes and entitlements for the VPs. A total of USD 42.61 million value of entitlements was facilitated for 373,722 individuals through Social Protection Help Desks.

3. LIVELIHOODS: The livelihoods package is aimed at improving the financial security of the communities through capacity building and helping them to establish alternative income generation activities. Through CAC, about 869 and 336 vulnerable populations (Fig 1.3) benefited from alternative livelihood support through skill development and financial assistance.

3 ***Central Schemes-*** *Pradhan Mantri Jevan Jyoti Bima Yojana, Pradhan Mantri Suraksha Bima Yojana, E-shram Card, Ayushman Bharath, Pradhan Mantri Jan Dhan Yojana, Atal Pension Yojana.*
State Schemes- *Old Age Pension, Widow Pension, Ladli Lakshmi Yojana (Delhi, Madhya Pradesh), Sukanya Samridhi Yojana (Delhi, Bihar, Maharashtra), Indira Gandhi NationalDisability Pension Scheme, Deendayal Antyodaya Yojana, Antyodaya Anna Yojana, Labour Card, and Free Travel Card (West Bengal)*


“For the last 20 years
I have been running this small business.
The lockdown affected my income
and the finances of my family.
Now I am happy that I have been
able to restart the shop with support
from SLPMS, Swasti and CAC.”

CASE STORY:

THE VADA BUSINESS

In the SLPMS community, lives Suguna (name changed), a single mother of two girls. About 20 years ago, her husband had a roadside stall where he would make vadas. It gave the family good business and helped them to educate their two children. After her husband died, Suguna continued the business until last year. The lockdown affected her business. The older daughter had to drop out of 12th standard and join a company to support the family with an income.

SLPMS through the CAC resource connect, spoke to donors and identified a donor to help Suguna to restart the business. With adequate support financially, she was able to set up her vada stall and started earning well enough to support the family. When SLPMS Manager Shalini visited her, she was very happy and thanked Shalini for helping her rebuild her life because of the livelihood support that she received through the CAC.

Suguna also had a competitor in the business but once she reopened her stall, all her old customers returned.

IMPACT OF THE HIIS ON THE VULNERABLE POPULATION

Several strategies were adopted by partner organisations in order to reach the vulnerable populations during the pandemic that created an impact in the following ways:

i. **Improved access to vaccination:** CAC facilitated networks and referrals for implementing partners to ensure that the community members are vaccinated. Referrals were established with local PHCs and government hospitals that resulted in improved access to vaccination. It also built trust among the VPs and the community organisations as VPs experienced **improved and equal access to vaccination and health services.**

ii. **Improved awareness on COVID-19:** was achieved by educating community members on infection prevention measures, home isolation and quarantine, maintaining physical distance, hand hygiene, masking and ventilation.

iii. **Reduced stigma, misinformation and discrimination associated with COVID -19:** CACSecretariat facilitated sharing of knowledge resources among partners - such as modules, IEC and other materials on COVID-19 which led to improved knowledge and confidence among community members to follow COVID-19 prevention protocols and get themselves and their family members vaccinated.

iv. **Increased screening of individuals for comorbidities:** such as diabetes, hypertension and other comorbid health conditions helped to identify those individuals who are more vulnerable to COVID-19 infections and ensured their timely access to treatment, follow up and improved management of the non-communicable diseases among them.

v. **Material support to strengthen health systems to deal with the pandemic:** enabled health systems in the community (hospitals, PHCs, CHCs) to be better equipped to manage the pandemic. CAC provided material support through the provision of medical kits, supply of oxygen cylinders, oxygen concentrators, hospital beds, and other equipment to enable them to manage the caseload.

vi. **Empowered communities and people:** Through the strategies adopted by CAC and its partner organisations, **communities have been empowered** to lead and be part of the decision-making process by reinforcing risk communication and community engagement approaches that can strengthen local solutions, increase trust and social cohesion, and ultimately a reduction in the negative impacts of COVID-19.

vii. **Improved recovery and resilience:** The efforts of CAC have led to **improved confidence and resilience** among community members who feel that they have been able to overcome the challenges posed by the pandemic and are better equipped and prepared to handle future challenges and emergencies.

> "I am a small farmer and my livelihood was badly affected during the COVID-19 lockdown. I was not able to afford groceries due to the lockdown. With the support from Vrutti, I received relief materials that helped me to sustain myself"
>
> Ms. Rajeswari Panchunathan
> - *Vadakadu, Pudukkottai District*
> *Small Farmer*

CASE STORY:

HIV DOES NOT MEAN THE END. THERE IS YET HOPE TO LIVE

My name is Prabha (name changed). For the last 20 years, I have been living in Surat with my family. I have three sons. Ten years ago, when my younger son was suffering from a long spell of sickness, we visited the hospital for consultation with the doctor. However even after he received treatment for a long time we did not observe any improvement. Then the doctor suggested that we do more investigations including HIV testing, and my son tested positive. When we heard it was HIV we dreaded it because at that time, we had poor knowledge about it, but whatever we were about to face, was much more distressful.

As my son received appropriate treatment, the doctor suggested that all of us (my husband, my older son and I) should get tested for HIV - and we were pushed into another critical situation where we all tested positive for HIV/AIDS and we received counseling in the NGO room of the Civil Hospital.

Now it was time for us as a family to be strong and live with this condition and the fact that we had experiential knowledge and were aware of positive prevention practices, really helped us. I met with the NSP+ and CAC team where I received information on the Jatan Scheme – which provides travel support for ART treatment, and I accessed different types of services including nutrition support and social entitlements.

Nowadays, my husband, my two sons and I, who are HIV positive, are able to access the travel expenses under the Jatan project for availing treatment from the Government Hospital and medical AID scheme.

I am very thankful to the entire SP COVID (CAC) team, Surat, for supporting me. Now I strongly believe that HIV does not mean the end, there is yet hope to live!!

CHALLENGES AND SOLUTIONS

Three critical challenges have emerged from the implementation of HII:

(I) VULNERABLE POPULATION LEVEL CHALLENGES:

- Limited knowledge and myths surrounding the pandemic and vaccine had created fear and hesitancy among community members to get vaccinated. Partner organisations adopted various strategies to address the fear and misconceptions on vaccination. Door to door visits to community members were done to assess their health conditions and motivate individuals to get vaccinated. Networks and collaborations with local government departments and health service providers, such as PHCs, government hospitals, sub-centres, and private hospitals helped address the myths and misconceptions surrounding COVID-19 vaccination, and built the confidence of community members to come forward and avail vaccination.

- In the absence of staff members on the ground, local champions and leaders within the community were identified and trained, to reach the community members with relief material and services during the lockdown.

(II) SYSTEM LEVEL CHALLENGES

- In the beginning, the most critical challenge was gaining the confidence of government functionaries and establishing a network with partners that impacted the implementation of HII. Subsequently, transparency and continuous engagement with government functionaries have enabled them to build trust to reach a larger population.

- Partner organisations faced challenges in conducting vaccination drives due to lack of space in both public and private sector settings; as health systems were strained and lacked the infrastructure to manage the enormity of the pandemic. Partner organisations were able to overcome this challenge by finding alternate avenues such as holding vaccination camps in workplaces, schools, community centres, and other places to meet the demand of vaccination.

(III) PARTNER LEVEL CHALLENGES

- The lockdown led to the suspension of activities and made it difficult to reach the community to conduct one-on-one awareness sessions. Thus, organisations adopted multiple communication channels like Arogya groups, Swasth groups and WhatsApp groups to stay connected with VPs, and created awareness of COVID-19 and its risks.

- Districts with resource constraints minimised the capacities of partners in procuring sufficient vaccines. This challenge was addressed by networking with local leaders and district administration to enable access to resources that were otherwise unattainable.

- To equip the community with relief material, one of the CAC partner organisations, Gamana, utilised a digital resource mobilisation platform to build knowledge on available resources. This allowed the Gamana team to collaborate with others and ensure timely outreach of services.

- Supply side issues, such as limited availability of oxygen concentrators, impacted ground level operations of the partners. To bridge the supply gap, CAC collaborated with partners such as Reliance Foundation, Godrej and Sattva Media and Consulting Pvt. Ltd, amongst others, who offered support by providing sufficient oxygen concentrators, along with materials such as ration kits, medical supplies, vaccinations and other equipment for the vulnerable families.

> "The guidance from CAC team has helped communities overcome vaccine hesitancy. Our village is now 100% vaccinated. We were able to achieve this through collaboration with the health department and other local leaders. I am very happy and proud that I was a part of this."
>
> Ms. Nagamani,
> *-President of KMSS*

LEARNINGS:

The following are some of the learning outcomes that emerged from the intervention:

1. Given the scale and multidimensional nature of the pandemic, a diverse and agile strategy enables greater value added to partners and government: CAC's strategy was multi-domain focused (health, livelihoods, social protection), multi-stage (relief, recovery, resilience), multi-partner (implementing, resource and enablerorganizations), and VP specific services. This range of strategies ensured that district-level administrations and partners had options to choose from, depending upon their own capacity and resources coupled with their community's needs. For instance, CAC engaged with the partner organizations and government by understanding the gaps in their intervention and providing a range of options for support. A range of services allowed the partner organizations to prioritise their needs and allowed CAC to continue their dialogue with the administration and partners once the priorities were identified or delivered.

2. Collaboration expedites localised partnerships between implementing organisations, with government administrations and the private sector: The government was central to scaling COVID-19 response initiatives. Last-mile delivery of public goods was an issue for the local administrations but a strength of CAC implementing partners. The collaborative approach in the emergency situation led to immediate action where CAC was able to swiftly identify and connect ground-level partners with local administrations. Many partners acknowledged that these connections set the foundations for continued engagement in the future.

3. Partners who have seen value in CAC have led implementation effectively and reported data: The design of the HII was such that the CAC interventions could be easily integrated as part of the partner organizations' ongoing operations. Partners who were able to perceive the benefits of HII among their communities have continued implementation and shared data until the end of the implementation phase. There were some partners who could not continue HII implementation for various reasons. CAC aims to understand the value adds expected from those partners who chose not to continue implementation so that they can be supported further going forward.

4. It is important to understand the needs of the specific vulnerable groups in order to serve them better: Each group of vulnerable populations identified had specific needs. CAC was able to facilitate collaborations, networks, resource and material support in order to enable implementing partners to address the specific needs of each vulnerable group. This approach enabled the communities to perceive benefits in terms of health, access to vaccination, access to social protection and livelihoods.


Shakti
ଶକ୍ତି
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Jai Odisha

PERCEPTION OF PARTNERS

COVID-19 has spurred the formation of myriad groups to tackle every conceivable aspect of the virus and prevent its spread in the community. According to Bronstein (2003)[4], "interdisciplinary collaboration is an effective interpersonal process that facilitates achievement of goals that cannot be reached when individuals act on their own". In the past two years the world has witnessed global digital connectivity make collaborations a constant theme throughout the pandemic, leading to the development of vaccines, rapid consolidation of the outbreak data and more importantly, experimenting with novel partnerships to benefit the people at large. In a similar way, the partners were approached by CAC to collaborate and provide services to reach vulnerable populations during crises.

The partners believe that CAC has helped build leadership within the organisation as a result of which on ground operations and their relationship with the vulnerable population was improved. They attribute this improved relationship to the regular communication they have had with the community organizations to implement HII during the pandemic. Regular communication has built transparency and trust among community members and the community organizations.

Partners felt that the networks and collaborations established through CAC have led to facilitation of services (health, social protection and livelihood) which have benefited the communities. Partners expressed the need for continued support from CAC for collaborations with other organisations to continue building recovery and resilience among communities. Partner organizations also benefited through resource mobilization and funding support which aided in implementation of HII services to a large number of beneficiaries on time.

Partners also suggested the need for a process documentation template that encourages knowledge sharing, processes of work and marking of important events.

> “Now our CBO is recognized by the district level organizations and even by the collector. We are really thankful to CAC for supporting us with the HII interventions and helping us in our toughest times.”
>
> Radhika,
> *-CO Manager, RDMM.*

[4] *Bronstein, L. R. (2003). A model for interdisciplinary collaboration. Social Work, 48, 296–306.*

CASE STORY:

SOCIAL PROTECTION TO LEAD A DIGNIFIED LIFE

The COVID-19 pandemic affected the livelihoods of millions of vulnerable populations including sex workers. Shefali, 50 years old, is from a brothel in Barrackpore which houses over 500 sex workers. Shefali hails from Bangladesh and moved to South 24 Parganas, West Bengal with one of her neighbours to her (neighbour's) aunt's home in the hope of improving the finances of her family. Shefali worked as household help and life was tough. She then fell in love with a boy and ran away with him to North 24 Parganas but her husband deserted her. When she was wondering what to do to earn a livelihood and start her life again, she met a sex worker from Sonagachi who introduced her to sex work in order to survive.

Shefali led the life of a sex worker from the age of 18, in order to support her family but she later moved to Barrackpore three years ago due to her age, she is 50 now. The lockdown was very tough on Shefali, as she had no means to earn a livelihood. Shukla, an outreach worker, (engaged as part of CAC through the Vitol grant) met with Shefali and understood her difficulties and needs. Shukla accompanied Shefali to the Bongaon BDO and arranged for her to receive a monthly ration. She now receives 10 kg of rice and pulses every month. This has enabled her to sustain herself and lead a life of dignity. She is thankful to Shukla and the initiatives of CAC for helping her at a crucial time of her life.

PERCEPTION OF BENEFICIARIES

Vulnerabilities emerge from impoverishment, personal incapacities, disadvantaged social status, degraded neighbourhoods and environments, and the complex interactions of these factors over the life course (Mechanic & Tanner, 2007)[5]. At any given point, the attention to a particular population comes from the problem at hand and its surroundings. Consequently, interactions with the community have played a crucial role in understanding their requirements and perceptions of the support provided to them during the pandemic by CAC and its partners.

Three major learnings were identified to understand the requirements of the community: (i) understanding the dynamics and politics at the community level, in order to approach them in a better way; (ii) a need for strong community knowledge, like acknowledging their tradition, customs and way of living; and (iii) a community is always in need and it is important to stay with them to sustain their confidence and trust.

The efforts by CAC and its partner organisations have bridged the gap between demand for services and service delivery among the communities. During the pandemic, vulnerable populations were not able to access even basic amenities for a living like food, ration, and medicines. CAC addressed the issue of hunger and access to medical equipment during the lockdown through service delivery in collaboration with local partners, donors and volunteers.
Community members are now aware of their social rights and are able to access social protection schemes and services easily. Improved financial literacy was reported among the communities because implementing partners built their capacities on financial literacy, which increased the habit of savings and usage of digital transactions as a method of infection prevention.

The efforts of the implementing partners have led to communities accessing relief materials, thus enabling their recovery from the devastating effects of the pandemic. It has built resilience as they have now learnt ways to deal with emergencies and feel more prepared to face such challenges in future.

> "For the past year, I have been diagnosed with diabetes. My family members were scared to get me vaccinated as they thought it would affect my health. Radhika from "SMSWS" came to my house, explained to me and my family members the urgency, and finally was able to bust the myth by getting me vaccinated by an ANM. My family finally understood and supported me to get me both the doses of vaccination."
>
> Ms. Annamani
> *-Siri Mahila Sadhikara welfare society (SMSWS)*

> "My name is Ms Devi. I have been a beneficiary of KMSS for some time. With the support of this program, I got benefits worth INR 18,000 through the social protection schemes. I have opened a petty shop and found an alternate source of livelihood to support me and my family. Everyone in my family is happy and proud of me. I am very grateful to this initiative and KMSS."
>
> Ms Devi
> *-Beneficiary of KMSS*

[5] *Mechanic, D., & Tanner, J. (2007). Vulnerable people, groups, and populations: Societal view. Health Affairs, 26(5), 1220–1230. https://doi.org/10.1377/hlthaff.26.5.1220*

INNOVATIVE PRACTICES

CAC and the implementing partners employed various approaches in order to achieve the well-being of the vulnerable populations during the pandemic. In the process, organisations have realised the need for evolving their approaches and strategies while placing the well-being of vulnerable populations at the centre of their efforts and interventions.
The following best practices serve as examples to other organisations who can adapt and implement them in future as part of their operations during an emergency:

1. **Bullock Cart Workers Development Association** developed IEC materials such as songs and videos on COVID-19 appropriate behaviour, which was amplified through community radios and WhatsApp groups.

2. **Spandana Sri Maythri Sri Public Welfare Society** has provided information through a helpline called "Bhoom", established by a health professional network Vimochana, to support the community to overcome their anxiety and fear over the pandemic and deal with mental stress. Besides, they have also provided free eye check-ups to the community in collaboration with local PHCs as screen time for many had increased with the shift to online mode.

3. **SEWA Bharat** connected with Gram Vaani Community Media, a social tech company, to reach out to communities with IEC material on COVID-19 prevention and management. This was done through an Interactive Voice Response System (IVRS) which enabled community members to call the Gram Vaani helpline and avail information on COVID-19 and Social Protection.

4. **Disha Mahila Bahudeshiya Sanstha,** linked itself to Pravara Medical Trust in Nashik & Pune to access their helpline for COVID-19 related support.

5. In addition to this, to target a specific population, **Swasti** has set up women camps/ special camps for transgender on vaccine hesitancy and COVID-19 awareness.

6. Apart from providing primary medical kits and services to beneficiaries through HII, few organisations have also provided additional health services to benefit the community. For instance, **Vanitha Mythri Public Welfare Society** has distributed alternate medicines like homoeopathy medicine - Arsenic Album, to the community for prevention against COVID-19 instead of the highly circulated allopathy medicines. This has built trust in the community members who prefer homoeopathy over allopathy medication.

7. **Association for Advocacy and Legal Initiatives** conducted a survey to understand the situation of hospitals at district levels against certain parameters to advocate better health care facilities. Initiatives similar to these have made sure that vulnerable populations receive quality and variety of health care facilities without any issues.

8. As part of providing alternate livelihood opportunities **Swathi Mahila Sangha,** with a reach of approximately 70,000 individuals, has created several unique livelihood opportunities, particularly targeting women. These opportunities include, training women in changing batteries for electric vehicles, under the company 'Bounce', providing training in tailoring and also distributing tailoring machines through 'swastijyothi' business loans with the help of the SELCO Foundation. The organisation, in partnership with a Rotary club, has also trained women on different trades in the cottage industry. These livelihood opportunities have helped women in generating income during the pandemic.

The innovations have helped partner organisations in reaching out to the community to address the existing misconceptions on COVID-19 and its health risks, even during the lockdown, and when COVID-19 was at its peak. The examples highlight the efforts made by organisations to address the challenges specific to their communities in their own

> "During the pandemic, this community was neglected, but the community members benefited from the need-based interventions which were implemented by CAC at an appropriate time when communities needed the most support."
>
> Neelambari,
> *-President RDMM*

WAY FORWARD

Given CAC's efforts, the suggested way forward would be:

The resilient community has to be the vision for CAC, which is now transforming into Community Action Collab.

Strengthen the operational efficiency of partner organizations and the networks with the government, civil society, and academic organizations to bring holistic action plans to capacitate themselves, create alternative livelihoods, and promote field-level operations focusing on disaster management.

Emphases on Aspirational districts will add value to the program to ensure professional support to the District Administration in effectively planning and implementing the interventions meeting the community's needs during health and climatic emergencies. As a part of the next phase, strengthening local governance need particular focus.

CONCLUSION

The CAC experience demonstrates that results are amplified when organisations converge at a platform that unites them. Given the speed and scale required to respond to the pandemic effects, CSOs are now willing to extend their outreach to larger numbers and even community groups that they have not been previously working with. With training, they are also open to step out of their comfort zones and pick up new service areas to work on. The collaborative provides a ready space for CSOs to access knowledge and learning, increasing their legitimacy, credibility and confidence. It also provides donors and governments a collective of CSOs to support with earmarked funding or on ground initiatives, improving the efficiency of their own response.

Annexure I

Spatial distribution of different VP groups across different states in India

S.No.	State	Vulnerable Population Group
1	Andaman & Nicobar Islands	Urban Poor
2	Andhra Pradesh	Urban Poor Migrant Workers Fisherfolks Persons with Disability Women in Sex Work Farmers
3	Bihar	Urban Poor Farmers
4	Chandigarh	Urban Poor
5	Chhattisgarh	Farmers
6	Delhi	Urban Poor Transgender, Gay Men and People Living with HIV Farmers
7	Gujarat	Transgender, Gay Men and People Living with HIV Fisherfolks
8	Haryana	Urban Poor Victims of Gender Based Violence
9	Jharkhand	Urban Poor Migrant Workers Farmers
10	Karnataka	Urban Poor Transgender, Gay Men and People Living with HIV Women in Sex Work Farmers
11	Kerala	Fisherfolks Farmers
12	Madhya Pradesh	Urban Poor Migrant Workers Persons with Disability Farmers
13	Maharashtra	Urban Poor Victims of Gender Based Violence Women in Sex Work Farmers
14	Odisha	Urban Poor Migrant Workers Fisherfolks Farmers
15	Pondicherry	Urban Poor Fisherfolks
16	Punjab	Urban Poor
17	Rajasthan	Urban Poor Transgender, Gay Men and People Living with HIV Farmers
18	Tamil Nadu	Urban Poor Migrant Workers Transgender, Gay Men and People Living with HIV Persons with Disability Fisherfolks Women in Sex Work Farmers
19	Telangana	Urban Poor Women in Sex Work Farmers
20	Uttar Pradesh	Urban Poor Migrant Workers Transgender, Gay Men and People Living with HIV Victims of Gender Based Violence
21	West Bengal	Transgender, Gay Men and People Living with HIV

Annexure II

Number and percentage of individuals benefitted under each VP category

Vulnerable Population Category	Percentage	Number of individuals
Urban Poor	15.65	36,16,172
Migrant workers	2.64	6,09,272
Transgender, Gay and People living with HIV	2.53	5,83,785
Fisherfolk	1.33	3,06,811
Street Children	0.02	4,568
People in Shelters	0	0
Informal Workers	1.96	4,53,522
Healthcare providers	0.02	869
Street Vendors	1.50	3,47,481
Persons with Disabilities	0.34	79,468
Victims of gender based violence	0.03	7,824
Women in sex work	14.50	33,52,620
Farmers	57.21	1,32,17,635
Mixed Category	2.25	5,20,332
Total	**100**	**2,31,00,359**

"I live in the Bhadrakali Brothel area. During the covid pandemic, we all suffered a lot due to the lockdown and other restrictions. Disha Mahula Bahudeshiya Sanstha supported us with rations, vaccinations and emotionally. They have also provided other services like NCD screening through the camps conducted in our area."

"My husband is a heart patient and does not get regular work or income. With two grandchildren, we struggled a lot even for daily food and medical expenses. We have received nutritious kits and 3,500 per month through the labour card, received with the support of SPMS".

"With respect to vaccination, I was very afraid to take doses as many people said we can be detected as Covid positive. When Geetanjali Pagare -field worker shared information on vaccines and its importance, I took the COVID vaccinations."

"For the past year, I have been diagnosed with diabetes. My family members were scared to get me vaccinated as they thought it would affect my health. Radhika from "SMSWS" came to my house, explained to me and my family members the urgency, and finally was able to bust the myth by getting me vaccinated by an ANM. My family finally understood and supported me to get me both the doses of vaccination."

#COVID ActionCollab

"I am a small farmer and my livelihood was badly affected during the COVID-19 lockdown. I was not able to afford groceries due to the lockdown. With the support from Vrutti, I received relief materials that helped me to sustain myself "

"This program support through CAC and Swasti has helped me to live my life fully, my children and I are very happy with the health & wealth services provided through this program. I wanted to set up a small tea shop on the roadside and I was able to easily get a loan from the bank. My heartfelt thanks to CAC and Swasti."

"The support that we are receiving through the marginalized community CO Support program has been very helpful. I am very happy that I have received some subsidies and interest free bank loans under this program to start my own entrepreneurship activity."

"I wanted to take the vaccine, but my family members were not willing to take it. They felt that they would be unable to go to work for 4 to 5 days if they got themselves vaccinated. They were fearful of the vaccine's side effects like fever, body pain, headache etc. One day, Sailaja visited my home and explained the importance of vaccination and ways to beat the side effects. Upon her advice, all my family members have completed two doses of the COVID vaccine."