



# MISSION SANJEEVANI

## PROTECT SECURE PRESERVE 2.0

• OXFAM INDIA'S COVID-19 RESPONSE IN 16 STATES •

### FOOD SECURITY, NUTRITION AND LIVELIHOOD



**6,25,580**

People received ration for one month



**60,080**

Ready-to-Eat meal packets distributed



**RS 5.44 CR**

given to 12618 households



**111**

Women SHGs given livelihood trainings

### MEDICAL SAFETY AND PREVENTION

#### CRITICAL LIFE SAVING EQUIPMENT SUPPORT

**7** Oxygen Plants (With Generators)

**740** Oxygen Concentrators

**2,100** Oxygen Cylinders (40 Ltrs)

**7,404** Oxygen Nasal Masks

**2,692** Oxygen Flow Meter Regulators with Humidifier

**134** BiPAP Machines

**33** Ventilators

**1167** Oxygen Beds

#### KITS DISTRIBUTED

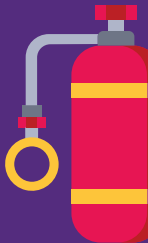
**1,04,710** Community Safety Kits

**21,973** PPE Kits for Healthcare Providers

**6,534** Face Masks (NRBP)

**10,000** COVID Testing Kit (VTM Kit with Swab)

**10,000** COVID Testing Kit (Rapid Antigen Detection Kit)



#### DIAGNOSTIC EQUIPMENT SUPPORT

**143** Multi-Parameter Patient Monitors

**2,495** Nebulization Machines

**2,854** Pulse Oximeters

**932** BP Apparatuses-Manual / LED

**3,729** Digital Thermometers



### COMMUNITY OUTREACH COVID-19 MESSAGING

Over **50 lakhs** people received awareness information

through Mobile Vans, Wall Messaging, Adhikaar Vani Digital Platform

### ASHA Workers (Kits and Trainings)



Number of ASHA workers reached: **64,993**

All figures as of 31 March 2022



While the presence of the Coronavirus was first known in December 2019, the World Health Organisation (WHO) declared it a pandemic only on 11 March 2020. India first imposed a Junta Curfew on 22 March 2020 and then announced a complete lockdown on 25 March 2020.

A medical emergency soon snowballed into a humanitarian disaster. Hundreds and thousands of migrant and informal sector workers were left stranded without money, jobs, and food. With no transportation available, the workers were forced to walk thousands of kilometres to reach their homes. Some lost their lives, many lost their livelihoods. The first wave of COVID-19 put the informal sector workers in focus. During the second wave in 2021, in April and May, the focus rudely shifted to the crumbling healthcare system.

Oxfam India was on the ground from day one. We were in Uttar Pradesh, West Bengal, Karnataka, Delhi, Bihar, Odisha, Telangana, Maharashtra, Gujarat, Chhattisgarh, Andhra Pradesh, Rajasthan, Tamil Nadu, Puducherry, Kerala and Assam. The numbers speak for themselves.

### IMMEDIATE

Meeting the food requirements of people, providing critical life saving medical equipment, and awareness generation outreach on COVID-19 to ensure safety of people



### INTERMEDIATE

Unconditional cash transfers and livelihood support



### LONG-TERM

Work with local institutions to revive work opportunities for vulnerable people and ensure concrete economic measures for the poor and vulnerable



# 2020-21



## SAFETY KITS

Masks, sanitisers, and liquid hand washes were distributed among frontline workers that included police, health workers, and grassroot workers. PPE kits were distributed in hospitals, and health centres for doctors, nurses and support staff who were exposed to the virus the most. **700 PPE KITS** were handed over to the Indian Army deployed in the Northeast.



## FOOD

Oxfam India started its response by the end of March 2020 with the distribution of hot cooked meal packets for the stranded workers in Delhi, Mumbai, and Chennai. We set up Dignity Kitchens in Kerala and Gujarat as well.

Virat Kohli's One8 Commune (restaurant) collaborated with Oxfam India to provide hot cooked meal in parts of Delhi; **6,500 PACKETS** were distributed in a fortnight.

We began delivering ration kits for some of the most marginalised families whose daily wages were impacted due to the lockdown — daily wage labourers, brick kiln workers, weavers, women auto drivers, sex workers, fisherfolk communities, cancer and leprosy patients, waste pickers, transpersons, tea garden workers, weavers, riot victims, survivors of domestic violence, sanitation workers, tiger widows of Sunderbans, nomadic tribes, alm-seekers and homeless.

The ration kits were put together to meet the nutritional requirements. The kits contained rice, flour, dal, spices, soya chunks, peanuts, cooking oil, tea, salt and sugar.

A few tweaks were made to suit the local tastes. For instance, the kit in Delhi included Rajma instead of Soybean. Similarly, the dry ration kits in Karnataka's Tumkur district contained Ragi, a staple millet in the state.



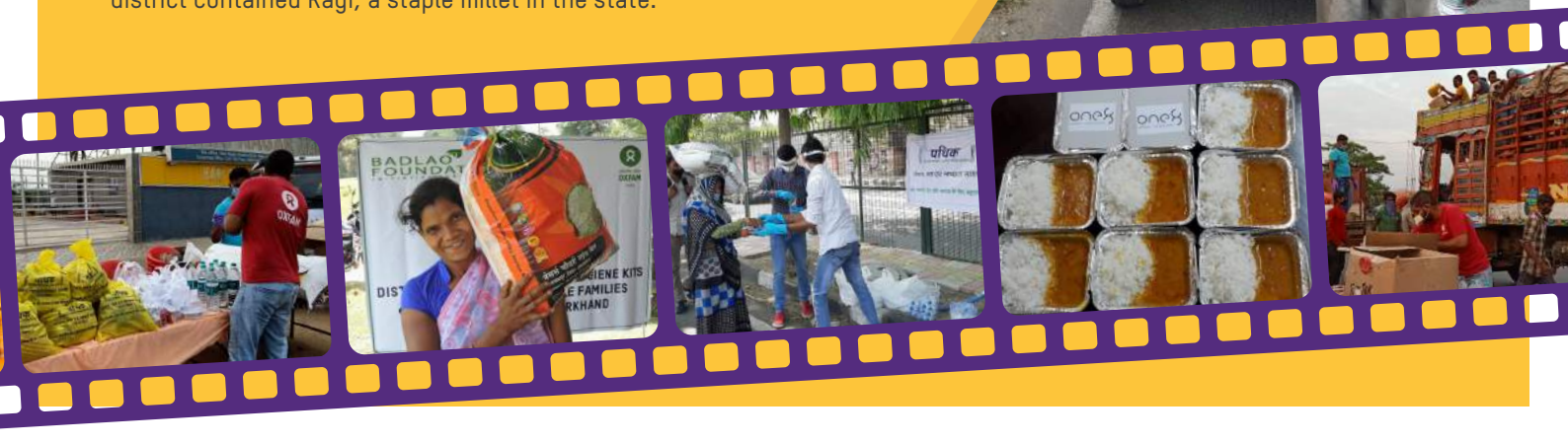
## OPERATION 'PATHIK'

We extended our work on different national and state highways to reach out to migrant workers who were returning to their villages and towns on foot.

Food and hygiene kits were distributed among **4,665 MIGRANT WORKERS** returning home. This was distributed on National Highways in Delhi, UP, Maharashtra, Karnataka, Bihar, and Odisha-AP border.

These kits included chiwda, sattu, biscuits, Horlicks, water, jaggery, soap, salt, Glucon-D and sanitary napkins. In Karnataka, the kit also included ragi biscuits and chikki. Gamcha was added to the Bihar kits.

The Pathik Vans distributing the food and hygiene kits were equipped with first aid kits in case of a medical emergency.



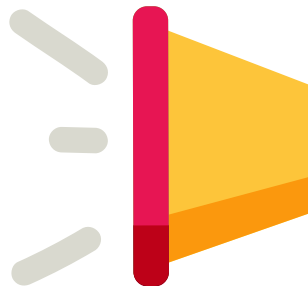




## MASS AWARENESS

Mobile van campaigns were held to spread the messages in villages in UP and Bihar. While in UP we ran the mobile vans in Gorakhpur, Bahraich and Lucknow, there was a request by the state government to do similar work in other districts. A seven-day Video Van Campaign was organised in Nagpur to spread awareness about maintaining cleanliness and hygiene.

Coronavirus was an unknown disease and prevention seemed to be the best cure. **47,577 VOLUNTEERS** and **36 CSOs** were added to the WG-CAN platform for the dissemination of COVID-19 related information; **2,97,552 MESSAGES** were sent across the country using the WG-CAN platform (software/website).



## MENSTRUAL HEALTH

One of the challenges women faced while walking home or even otherwise was the access to sanitary napkins during the lockdown. Sanitary napkins were distributed along with food and hygiene kits for migrant workers.

In collaboration with Niine—one of the co-sponsors of the Rajasthan Royals team in the IPL—as part of their Every Run Counts initiative, we distributed **3,600 SANITARY PADS** to young girls.

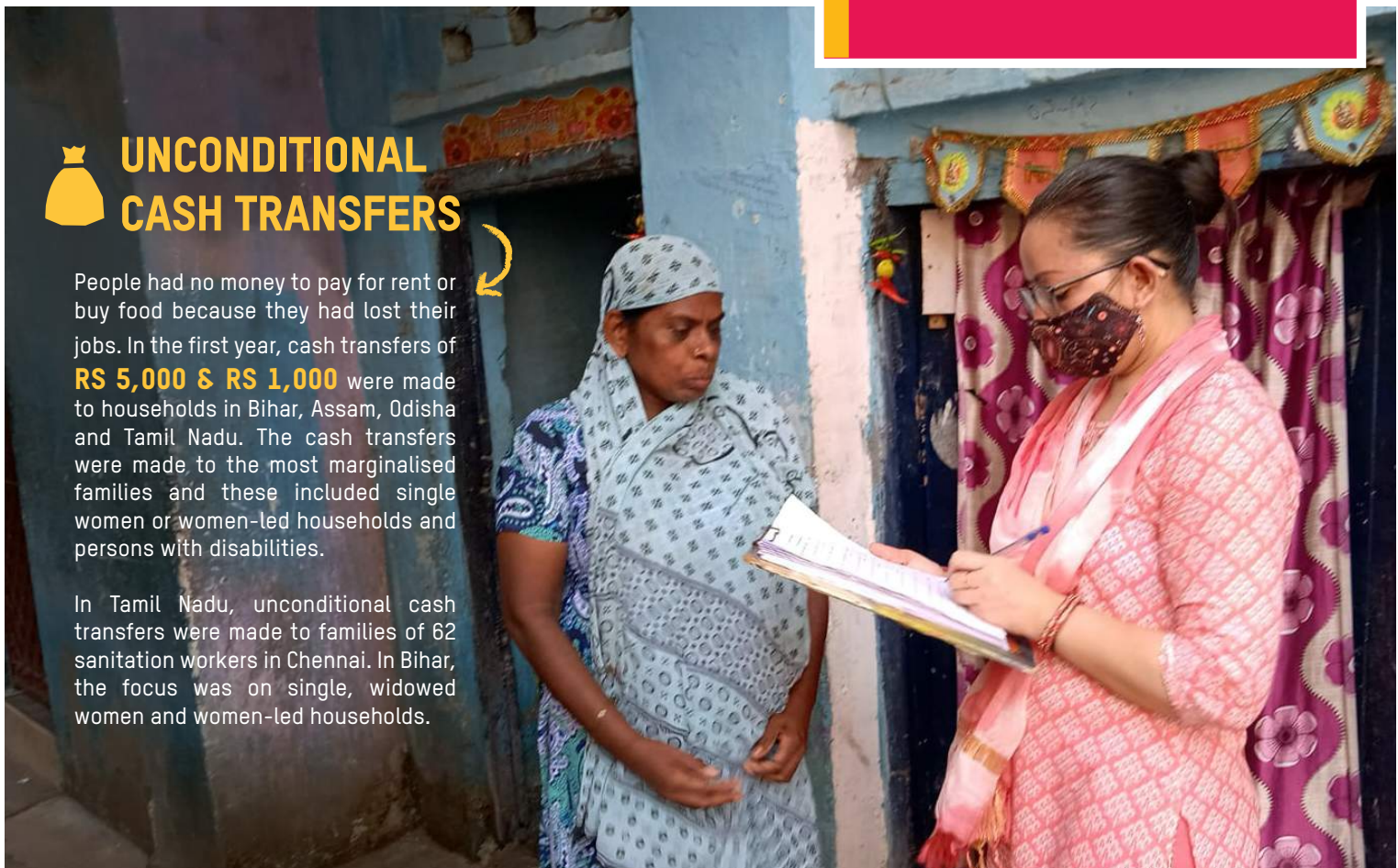
Sanitary napkins were added to the **905 WINTER KITS** distributed among the rag pickers and waste pickers community in Delhi. The kit included a fleece blanket, shawl and masks.



## UNCONDITIONAL CASH TRANSFERS

People had no money to pay for rent or buy food because they had lost their jobs. In the first year, cash transfers of **RS 5,000 & RS 1,000** were made to households in Bihar, Assam, Odisha and Tamil Nadu. The cash transfers were made to the most marginalised families and these included single women or women-led households and persons with disabilities.

In Tamil Nadu, unconditional cash transfers were made to families of 62 sanitation workers in Chennai. In Bihar, the focus was on single, widowed women and women-led households.





# 2021-22 (16 STATES)

## CRITICAL LIFE SAVING MEDICAL AND DIAGNOSTIC EQUIPMENT ↗

The second wave of COVID-19 exposed the dismal state of healthcare. We changed tack and decided to focus our energies on strengthening the public healthcare system. We started setting up Oxygen Plants and distributing Oxygen cylinders, concentrators, nasal masks, flow meters, BiPAP machines, ventilators, ICU beds, thermometers, oximeters, multi-parameter patient monitors and COVID testing kits.

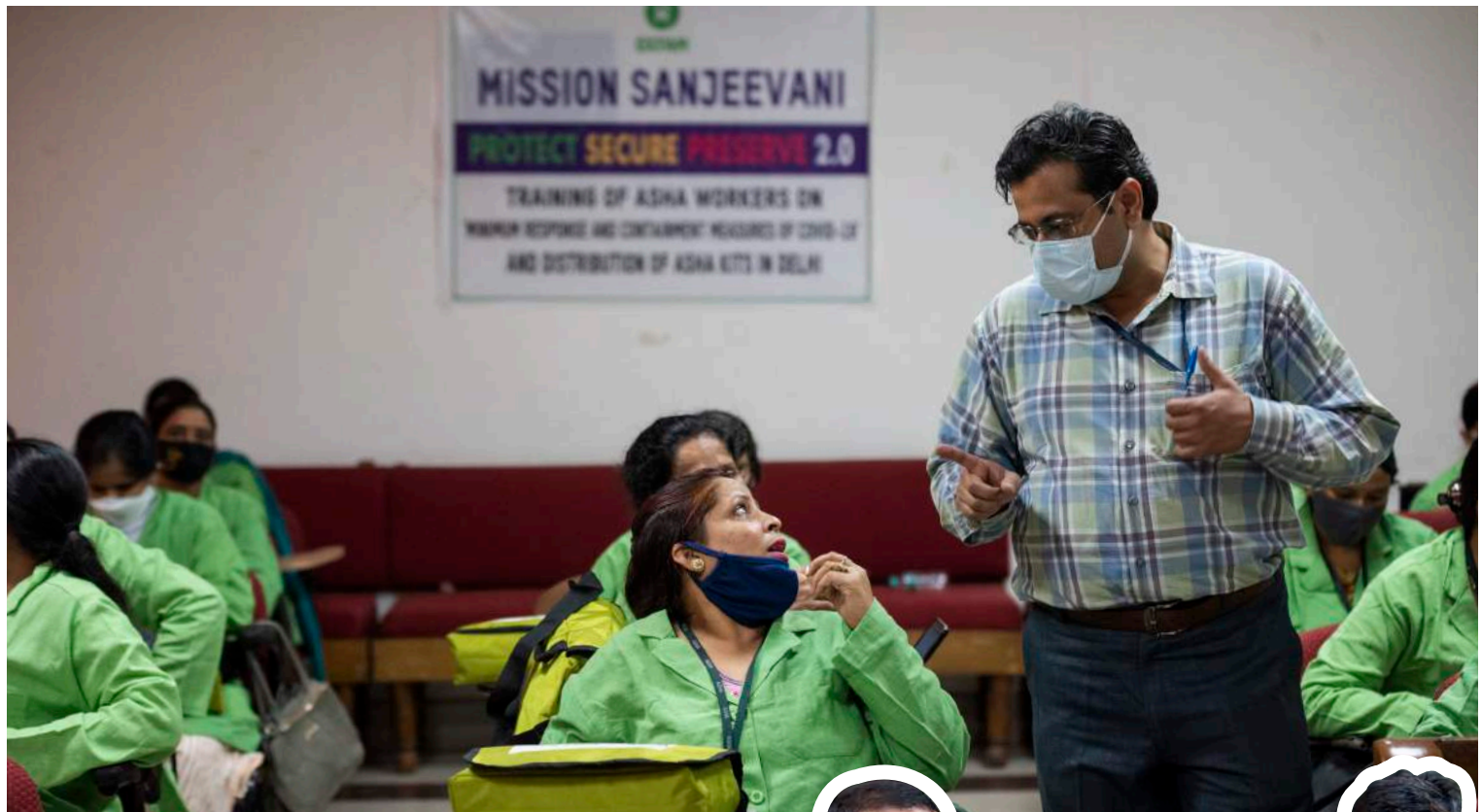
**We reached 157 district hospitals,  
174 Primary Health Centres and 164  
Community Health Centres in 16 states.**

We set up one Covid Care Centre in Murshidabad, West Bengal. We provided paediatric medical equipment to Tiruvallur Medical College and Hospital in Tamil Nadu, and handed over paediatric support unit to Sadar Hospital in Biharsharif, Nalanda in Bihar and in Kushinagar, Uttar Pradesh.



We set up **OXYGEN PLANTS** — 7 are operational, 3 are in near completion stage. The seven are in Bihar, Karnataka, Chhattisgarh, Uttar Pradesh (2), Maharashtra, and Telangana. The others are coming up in Chhattisgarh, Jharkhand and Assam.





We supported nearly **65,000 ASHA WORKERS** across 10 states and UTs. They are the backbone of the primary healthcare system. They were working through the pandemic without any safety kit or testing kits. In addition we have provided **4,416 KITS** for Female Health Workers in 18 districts in Odisha.





D  
w  
c  
  
W  
m  
d  
  
S  
W

D  
w  
c  
  
W  
m  
d  
  
S  
W

D  
w  
c  
  
W  
m  
d  
  
S  
W

D  
w  
c  
  
W  
m  
d  
  
S  
W



## A photograph showing two women in traditional Indian attire. One woman, wearing a blue sari with a green and white pattern, is leaning over a large sheet of paper and writing with a green pen. The other woman, wearing a red and white patterned sari, is standing next to her, looking down at the paper. They appear to be in a field or a simple outdoor setting.

A photograph showing two women in traditional Indian attire. One woman, wearing a blue sari with a green and white pattern, is leaning over a large sheet of paper and writing with a green pen. The other woman, wearing a red and white patterned sari, is standing next to her, looking down at the paper. They appear to be in a field or a simple outdoor setting.

# AWARDS & RECOGNITION

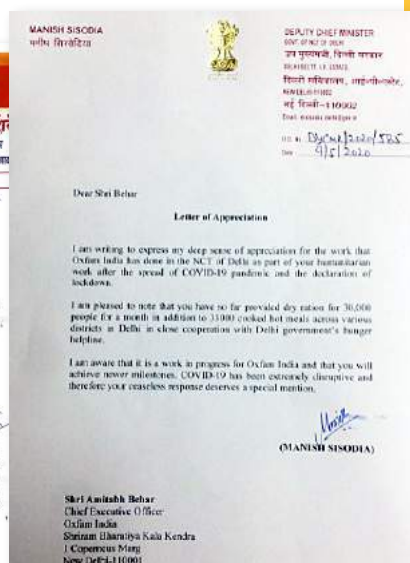
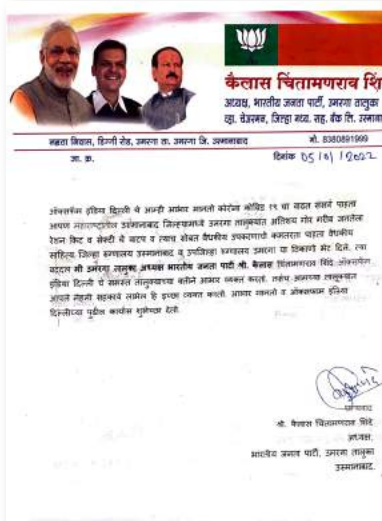
In 2021, Oxfam India received the Mahatma award and was felicitated by UP governor Anandiben Patel for its commendable humanitarian work on COVID-19. Mission Sanjeevani received the Bronze Award NGO Segment in "CSR COVID Relief Project" at the 5th CSR Health Impact Awards.

In 2020, Oxfam India won the Gold Award at the 4th CSR Health Impact Award in Covid Relief Project (NGO) category on 22 August. The CSR Health Impact Awards is a flagship event of the Integrated Health and Wellbeing (IHW) Council, a premier think tank promoting health for all.

Oxfam India signed an MOU with the Jharkhand State government to work together to track migrants and link them up with support systems and aids.

We worked with Uttar Pradesh's Health department to develop IEC material for mass awareness. In Bihar we worked closely with the State Health Society for the distribution of the PPE kits. We were a part of Uttar Pradesh State Disaster Management Authority's (UPSDMA) Task Force on COVID-19.

Over the last couple of years, we have received several letters of recognition from Members of Parliament, MLAs and MLCs, state ministers, Chief Ministers, communities and local leaders.







## ABOUT OXFAM INDIA

Oxfam India (OIN) is a movement of people working to end discrimination and create a free and just society.

We work to ensure that Adivasis, Dalits, Muslims, Women & Girls, and Informal Sector Workers have violence free lives with freedom to speak their mind, equal opportunities to realise their rights, and a discrimination free future. We research to find lasting solutions to end rising inequalities and exclusion of marginalized communities from getting decent jobs, quality free education and healthcare. We campaign with the public to demand policy changes from governments for creating a just and inclusive country as envisioned in the Indian Constitution. We mobilise support to save, protect and rebuild lives of the poorest of poor affected by crisis and humanitarian disasters.

Oxfam has been in India since 1951. It first came to India to respond to Bihar famine. In 2008, Oxfam India became an independent affiliate and an Indian NGO. Oxfam India is an autonomous Indian organisation and has staff and board members from within India. Oxfam India is a member of the global confederation of 21 Oxfams across the world. Government of India has registered Oxfam India as a non-profit organisation under Section 8 of the Indian Companies Act, 2013. ([www.oxfamindia.org](http://www.oxfamindia.org))

---

© Oxfam India March 2022

This publication is copyright but the text may be used free of charge for the purposes of advocacy, campaigning, education, and research, provided that the source is acknowledged in full. The copyright holder requests that all such use be registered with them for impact assessment purposes. For copying in any other circumstances, or for re-use in other publications, or for translation or adaptation, permission must be secured and a fee may be charged. Email [policyandresearch@oxfamindia.org](mailto:policyandresearch@oxfamindia.org)

The information in this publication is correct at the time of going to press.

Oxfam India, Unit. No. 412, NSIC New MDBP Building, 4th Floor, Okhla Industrial Estate, New Delhi-110020