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RCUES, Mumbai

Enabling better cities...

Urban Environ Vision

An Information Bulletin



RCUES
Mumbai

Regional Centre for Urban & Environmental Studies
All India Institute of Local Self-Government, Mumbai

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- **Webinar on 'Cities' Response to Containing & Mitigating the Impacts of COVID-19' on 8th September, 2020**

President, AIILSG, India
Mr. Ranjit Chavan

Director General, AIILSG, &
Editor in-Chief
Mr. Rajiv Agarwal, IAS (Retd.)

Director, RCUES, AIILSG, &
Editor
Ms. Utkarsha Kavadi

Regional Specialized Web-Based Training Programme on 'Biomedical & Municipal Waste Management in Urban Areas'

9th - 10th September, 2020

The key highlight of this web-based training programme was that the participants learned how to tackle SWM challenges during the COVID time through technical sessions and how to make the city clean through various approaches and initiatives were taken by ULBs, presented as success stories of waste management.

Background

Safe and scientific management and disposal of municipal solid waste is a major concern worldwide and particularly in developing countries like India. Following the SWM Rules 2016, it is a mandate for the urban local bodies (ULBs) in India to achieve 100% segregation of waste at source, composting or recycling at local place and further series of actions for safe disposal. Likewise, the Central Pollution Control Board (CPCB) has issued guidelines for biomedical waste management. Sudden outbreak and spread of COVID-19 has thrown many challenges for the waste management services, particularly because of large scale generation of hazardous medical and bio-medical wastes through testing and treatments in hospitals. In this situation, when there is no respite from the spread of the pandemic it has become all the more necessary for the ULBs to ensure greater safety and stringent measures under the MSW Rules, and the Bio-Medical Waste Management Rules, 2016.

Considering this, the Regional Centre for Urban & Environmental Studies (RCUES) of All India Institute of Local Self Government (AIILSG), Mumbai had organized a Regional Specialized Web-Based Training Programme on 'Biomedical & Municipal Waste Management in Urban Areas' on 9th & 10th September, 2020 between 11.30 to 13.00 hrs. This training programme is supported by the Ministry of Housing & Urban Affairs (MoHUA), Government of India (GoI).

Key Objective

The key objective of the training programme was to discuss the challenges in safe municipal and biomedical waste management at the local level and suggest probable solutions, especially in response to the given COVID times.

Participation

26 participants comprising Elected Representatives, Chief Officers, Municipal Engineers, Chief Sanitary Inspectors, Sanitary Inspectors, Multipurpose Workers, MIS Experts, State Mission Managers (SMMs), Community Organizers of ULBs from Maharashtra, Goa, Gujarat, and Rajasthan attended this online training programme.

Introduction

At the outset, Ms. Maleka Ansari, Sr. Research Officer, RCUES, AIILSG, welcomed the speakers and the participants and gave introduction of the expert speakers. She explained the challenges faced by ULBs during this pandemic and gave outline of the contents of the training programme. She said that as is the practice of the RCUES, the training programme every technical session will conclude with interaction with the participants.

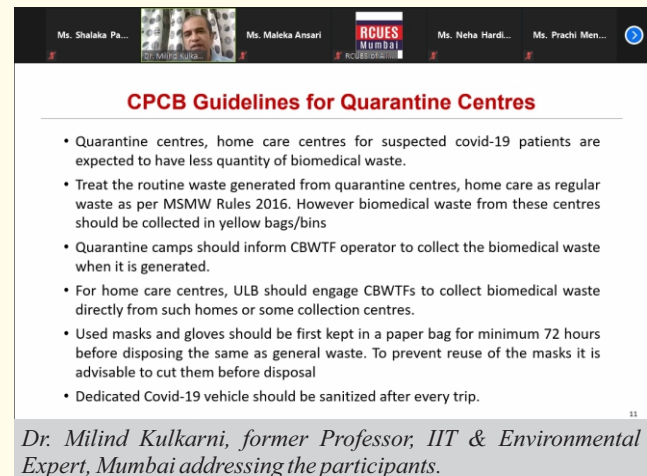


Ms. Maleka Ansari, Sr. Research Officer, RCUES, AILSG, Mumbai addressing the participants.

Technical Sessions

The first technical session on 'Municipal Solid Waste Management in Urban Areas' was taken by Dr. Milind Kulkarni, former Professor, Indian Institute of Technology (IIT) & Environmental Expert, Mumbai. After giving the introduction and mentioning the importance of Solid Waste Management (SWM), he stated that in the existing scenario, unavailability of sufficient land for landfills leads to 'Not In My Backyard (NIMB)' syndrome, which he said is the present status of solid waste management in the country. Cities are generating more and more waste, which is increasing by the day. In such a scenario, cities need to re-invent waste management practices in the country. In the context of SWM, he focused on scientific land filling. In the majority of the cities, landfills are not planned scientifically, he said. Unscientific landfills create a harmful impact on the environment due to the emission of air pollutants, greenhouse gases, foul smells, contamination of groundwater due to leachate, flies, etc., which are causative factors for spreading the diseases. He also mentioned that valuable resources can be recovered by good solid waste management practices. He then explained MSW Rules, 2016 where focus is given on segregation at source in three categories: dry, wet and domestic hazardous. House to house

collection and segregation at the collection, transport, treatment, and disposal stages are the hallmarks of this system. Similarly, 100% treatment of waste by using suitable technologies for wet waste treatment, dry waste recycling of dry waste is done and value from the waste is unlocked. The only inert substances need to be sent to landfill to reduce the load on landfills significantly. After explaining the importance of SWM and MSW Rules, he spoke on MSWM aspects in the context of COVID-19. He mentioned that the CPCB has issued guidelines on the disposal of COVID waste. These guidelines must be followed by all stakeholders including isolation wards, quarantine centers, sample collection centers, laboratories, ULBs, and Common Biomedical Waste Treatment and Disposal Facilities (CBWTFs). At the end of the session, he explained the Standard Operating Procedures (SOPs) on segregation of waste at source. These SOPs gave emphasized segregation at the source which should be collected, transported, and are disposed of in a segregated manner and casts responsibility on all the stakeholders to ensure the segregation of waste during the entire SWM chain.



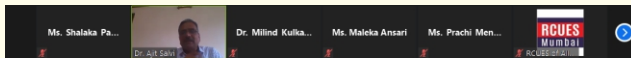
CPCB Guidelines for Quarantine Centres

- Quarantine centres, home care centres for suspected covid-19 patients are expected to have less quantity of biomedical waste.
- Treat the routine waste generated from quarantine centres, home care as regular waste as per MSMW Rules 2016. However biomedical waste from these centres should be collected in yellow bags/bins
- Quarantine camps should inform CBWTF operator to collect the biomedical waste when it is generated.
- For home care centres, ULB should engage CBWTFs to collect biomedical waste directly from such homes or some collection centres.
- Used masks and gloves should be first kept in a paper bag for minimum 72 hours before disposing the same as general waste. To prevent reuse of the masks it is advisable to cut them before disposal
- Dedicated Covid-19 vehicle should be sanitized after every trip.

Dr. Milind Kulkarni, former Professor, IIT & Environmental Expert, Mumbai addressing the participants.

The next session on 'Challenges Faced by ULBs in Handling Solid Waste during Pandemic' was taken by Dr. Ajit Salvi, Executive Engineer, Mumbai Sewerage Disposal Project (MSDP), Municipal Corporation of Greater Mumbai (MCGM), Mumbai. He began his session by showing

pictures of solid waste scattered in megacities and also depicting how natural resources are getting depleted. He explained the role and responsibilities of ULBs in SWM. He further added that, due to the pandemic of COVID, the ratio of waste generated has become high which poses a huge challenge to ULBs in handling solid waste. While elaborating on challenges faced by ULBs, he explained that, due to COVID-19, the additional burden is imposed on municipal staff and field staff relating to collection of waste from quarantine centers, sanitizing the infected homes, sanitization of buildings and streets, supply of food packets to containment zones and quarantine centers, etc.. He further spoke about the measures taken to tackle the pandemic situation by providing sufficient masks, hand gloves, sanitizers, medical checkup of all workers, provision of PPE kits, temperature scanning facility at the workplace, the supply of homeopathic medicine as suggested by AYUSH. NGOs, CBOs, and other stakeholders are involved in the process of handling the pandemic situation. Representatives of NGOs are playing a vital role in creating awareness among the people. He concluded by enumerating Do's and Do not's for sanitation workers before and after work and precaution and safety measure to them, which has to be taken care of.



Segregation



Dr. Ajit Salvi, Executive Engineer, MSDP, MCGM, Mumbai addressing the participants.

The session on 'Solid Waste Management Practices in Indian Cities during Pandemic' was taken by Ms. Prachi Mendhe, Research Associate, AILSG, Mumbai. In the beginning, she

gave a brief background on what has changed in MSWM under COVID-19 as COVID-19 response initiatives and efforts of several Indian cities were tracked during the entire lockdown period of two months; i.e. April-June, 2020. She then discussed the common challenges faced by the ULBs, since the outbreak of COVID-19 pandemic. The ULBs faced new challenges like the formation of a separate mechanism for waste collection and disposal relating to the wastes of bio-medical hazards generated in the procedures of COVID-19, monitoring of the SWM system, formation of a dedicated team for SWM activities at an administrative level. She explained that dedicated mechanism for SWM collection and transportation was required due to increased quantities of domestic hazardous waste such as gloves, masks, etc. Separate vehicles for collection and transportation of Bio-Medical Waste (BMW) and daily MSW, proper disposal of infected waste, monitoring of the process from collection to disposal of waste were the challenges to many cities. She further added that many field staff also faced problems like attending duty in lockdown due to the unavailability of public transport facilities.

Common challenges faced by the ULBs as the COVID- 19 pandemic began:

- Administrative Level**
 - Formation of separated mechanism for waste collection and disposal for COVID-19 Bio-medical waste.
 - Monitoring of the SWM system.
 - Formation of dedicated team for SWM activities.
 - Ensuring safety of sanitation workers
- Solid and Bio-medical waste management**
 - Increased quantities of Domestic Hazardous waste such as gloves, masks, etc.
 - Separate collection – segregation of waste became utmost important.
 - Shortage of means or equipment to collect hazardous waste.
 - Separate vehicles for collection and transportation of BMW and daily MSW.
 - Sanitisation - Vehicles needed to be disinfected – could be carriers of infection.
 - Proper disposal of infected waste.
 - Monitoring of the process from collection till disposal of waste.
 - Infrastructure mismatch with the guidelines- waste was manually handled in many cities.
 - Lack of awareness on necessary Do's and Don'ts.
- Challenges faced on field by the staff**
 - Panic among the sanitation workers resulting in poor attendance to work.
 - Transportation hurdles due to the lockdown for attending daily duty.
 - Lack of training to handle possibly infected waste and follow COVID-19 precautions.
 - Provision of PPE kits to the staff – appropriate usage and removal.
 - Shortage of sanitation workers as rigorous measures needed to be taken.

Ms. Prachi Mendhe, Research Associate, AILSG, Mumbai. addressing the participants.

After explaining the challenges at various levels, she explained the initiatives undertaken by cities to overcome the challenges. She explained the efforts taken by Pimpri Chinchwad Municipal Corporation (PCMC). PCMC had established a separate waste collection mechanism for

quarantined households. The route mapping of the houses was done based on GIS database analysis. All the waste generated from the quarantined households was collected by the bio-medical waste team and not through regular waste collection mechanism. This was to avoid any spread of infection while handling the waste. Bio-medical waste management committees are constituted in all the health care facilities to ensure safe disposal of COVID-19 related waste. The geo-tagged waste collection vehicles are used for collecting bio-medical and municipal solid waste which is closely monitored on the map through geolocation. In the end, she concluded by depicting the snapshots of several cities' efforts like route mapping, capacity building, etc. to tackle the challenges of MSWM in cities during COVID time.

Precaution for COVID-19 Isolation Wards

1. Use **dedicated trolleys** and separate colour coded bins/bags/containers
2. Ensure proper segregation of waste as per CPCB guidelines as amended
3. Label **"COVID-19 Waste"** to be pasted on these items to enable CBWTFs to identify the waste easily for priority treatment and disposal immediately upon the receipt
4. Use **double layered bags** (using 2 bags) to ensure adequate strength and no-leaks
5. Collect and store biomedical waste separately prior to handing over the same CBWTF.
6. Biomedical waste collected in such isolation wards can also be delivered by HCW directly from ward into CBWTF collection van
7. **Maintain separate record** of waste generated from COVID-19 isolation wards
8. **General waste not in contact with COVID patients should be disposed as solid waste as per SWM Rules, 2016**

Source: Maharashtra Pollution Control Board

Dr. Shilpa Narayanan, Director, Training, Appa Patwardhan Safai / Paryawaran Tantraniketan, Pune addressing the participants.

On the second day, the first technical was delivered by Dr. Shilpa Narayanan, Director, Training, Appa Patwardhan Tantraniketan, Dehu Village, Pune on 'Biomedical Waste Management (BMWM) in Urban Areas'. She explained the different types of waste generated and collected from the hospitals, health care centers, quarantined households, and the proper procedure required to handle each category of waste, and type of disposal based on BMW Rules, 2016 and guidelines issued by the MoHUA, Ministry of Health & Family Welfare (MoHFW), and CPCB. She further explained the roles and responsibilities of authorities in

managing COVID-19 facilities while dealing with the waste generated, safety precautions, and SOPs that are to be followed by healthcare workers, categories of waste generated from different facilities, and their disposal methods. She added that COVID-19 waste has to be handled as per provisions of BMW Rules, 2016, amended and as per specific guidelines of CPCB. She further said that ULBs are required to ensure the facilities as provided for the treatment and disposal of BMW. While elaborating on SOPs for BMW management, she stated that for effective and safe handling of waste, the handler must ensure the use of recommended PPE and follow the hand hygiene protocol. On this account she explained that in addition to the use of PPE, it is essential to ensure disinfection and safe handling of all items to be used in the diagnosis and treatment of COVID-19 patients. She then explained that biomedical waste is to be segregated in four color-coded bags/ containers as per the BMW Rules, 2016. Waste generated needs to be segregated, collected, transported, and disposed of as per the relevant procedure of each of the categories of biomedical waste i.e. masks and hand gloves from these areas (both patient/non-patients) must be collected in a yellow bag as a biomedical waste and should be handed over to an authorized BMW Common Treatment Facility (CTF) collection vehicle. She concluded the session by saying COVID-19 biomedical waste from a COVID-19 must be collected and treated following BMW norms and should be disposed of through BMW CTF operators only.

Dr. Sunil Kuraye, Associate Professor, Seth G S Medical College & KEM Hospital, Mumbai took the next session on 'BMWM – Current Practices in Urban Areas'. He started his session by explaining the Bio-Medical Waste Management Rules 2016 (BMWM), in which he discussed the color coding of bags and the types of biomedical waste to be collected as per the nature of waste as prescribed. He emphasized on yearly training to be imparted to the concerned staff who were handling biomedical waste at various stages up to final disposal. He then said that doctors rely on junior staff for collection and segregation of biomedical waste assuming that it will be segregated accurately and will be transported in a segregated manner till final disposal.

4

Final disposal

- Yellow → Incinerator
- Red → Autoclave followed by recycling
- Blue (Cardboard) → Autoclave followed by recycling
- Sharp container → Autoclave followed by shredding and deep burial

Dr. Sunil Kuyare, Associate Professor, Dept. of Microbiology, Seth GS Medical College & KEM Hospital, Mumbai addressing the participants.

He then spoke about the preventive measures to be taken by front line workers, who handle the biomedical waste frequently. He explained the steps of wearing and removing the entire PEE kit. In the end, he concluded by mentioning the necessity of reinventing the existing system of waste management by stringent training on yearly basis to the BMW handling staff, robust implementation of BMW Rules 2016, and guidelines.

ULBs' Presentations

After the technical sessions, ULBs made presentations to the participants on the Initiatives undertaken by them in waste management for tackling the pandemic crisis.

The first ULB presentation was made by Ms. Neha Singh, Project Associate and Technical Consultant, Jodhpur Municipal Corporation (JMC), Rajasthan. She explained the efforts taken by JMC in SWM during the pandemic. She explained that till last year the door to door waste collection mechanism was not started in the city. This year, this mechanism was implemented and is in operation in all the 65 municipal wards of Jodhpur city. She further explained that JMC has focused on IEC activities and behavior change awareness programs including a range of activities like wall

paintings on the importance of segregation, municipal ward level Rangoli competition on SS 2020, beautification of old slums, banners and hoarding on cleanliness, plastic ban, waste segregation, distribution of blue and green dustbins use of dustbins, rallies, campaigns, etc. on various parameters of Swachh Survekshan (SS) - 2020. These activities helped JMC to score better rank in SS 2020. She then explained that JMC had allotted separate vehicles for the collection of C&D waste, installed separate dustbins on all D2D vehicles for the collection of domestic hazardous waste, installation of smart dustbins, and litter bins in all market areas. Besides these activities, strict enforcement on the use of plastic bags was done and biodegradable plastic bags were distributed to vendors. She concluded by mentioning that, JMC had concentrated on documenting their efforts in waste management as a case study.

WASTE REDUCTION INITIATIVES

Reuse of Waste Tins

From waste tins, Shanti Niketan School of Jodhpur has developed play gardens for children.

Re-use & Recycle Zone developed at Shanti Niketan School, Jodhpur

Ms. Neha Singh, Project Associate and Technical Consultant, JMC, Rajasthan addressing the participants.

The next ULB presentation was made by Mr. Rafiq Bhaladar, Deputy Engineer, Sanitation & SWM, Karad Municipal Council (KMC), Maharashtra. He explained the efforts taken by KMC, as it has been declared 'AA One' of the Cleanest City in India under less than 1 lakh population. He then explained the entire chain of activities of KMC in waste management. He said that Karad City had focused was on Reuse, Reduce and Recycle (3 R's) in waste management. Karad City had achieved 100 % segregation of municipal waste at source. Municipal officials in collaboration with

NGOs, CBOs, and other stakeholders created awareness among citizens about the segregation of municipal waste. Citizens were inspired to segregate the waste at source through demonstrations, door to door awareness campaigns, and monitoring. He further explained the process of 100 % collection of segregated solid waste through Ghantagadis monitoring it through a GPS tracking system.



Mr. Rafiq Bhaldar, Health Inspector, KMC, Maharashtra addressing the participants.

Mr. Bhaldar then explained the SOPs developed by KMC for wet waste processing and types of wet waste processing like Windrow Composting and biogas. He further added that KMC had established the Material Recovery Faculty (MRF) Centre for dry waste and plastic processing unit. KMC also had taken the green initiative by developing value-added products from waste. He concluded by mentioning that, during this entire journey consisting of various initiatives, KMC had bagged many awards like Swachh City Award, Star Rating Certificate, etc. and became a success story in cleanliness and SWM.

In the question & answer session, Ms. Neha Hardikar, Sr. Research Officer, RCUES, AIILSG, Mumbai encouraged the participants to discuss their queries with the speakers. After this session, the feedback was taken from the participants. The participants discussed with the speakers to

resolve their queries of their respective cities in livelihood opportunities and safety.



Resource persons are addressing the participants during question & answer session.

Summing-up

In the end, Ms. Maleka Ansari Sr. Research Officer, RCUES, AIILSG, Mumbai proposed a vote of thanks to the distinguished speakers and the participants and concluded the training programme.

Regional Specialized Web-Based Training Programme on 'Women's Health, Safety & Livelihood During and Post COVID-19'

23rd - 24th September, 2020

The key highlight of this web-based training programme was that the participants learned about several initiatives implemented in cities to tackle women's health, social and economic issues. They were also informed of the efforts undertaken to make vulnerable communities self-reliant through newly generating livelihood opportunities for women during the pandemic.

Background

The COVID-19 pandemic has had an impact on the whole gamut of life activities. Some sections of society have to bear a major burden which includes the staff of local authorities, doctors, paramedic staff, health workers, marginalized sections, especially women among them. The past experiences of outbreaks show evidence of increased maternal mortality, as resources and priorities are re-allocated to the containment of the virus. In addition to inadequate health care facilities, women also suffer from the social and economic impact of COVID-19 including an increase in domestic violence across sectors, unpaid care and unequal share in domestic responsibilities, inadequate awareness & economic regression. A gender-inclusive policy planning and implementation is the need of the hour to manage the coronavirus pandemic by improving health services and social safety.

Considering this scenario, the Regional Centre for Urban & Environmental Studies (RCUES) of All India Institute of Local Self Government (AIILSG), Mumbai had organized a Regional Specialized Web-Based Training Programme on 'Women's Health, Safety & Livelihoods During and Post COVID-19' on 23rd & 24th September, 2020 between 11.30 to 13.00 hrs. This training programme was supported by the Ministry of Housing & Urban Affairs (MoHUA), Government of India (GoI).

Key Objective

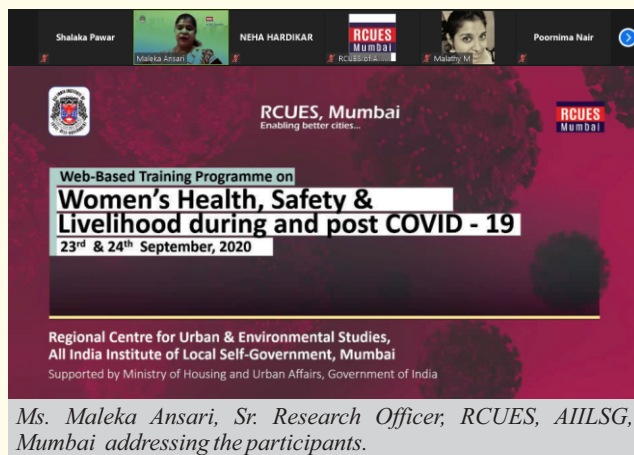
The key objective of the training programme was to discuss gender-inclusive policies and actions in addressing post-pandemic challenges and ensuring health & safety.

Participation

In all 67 participants comprising Chairpersons, Elected Representatives, Chief Officers, Executive Engineers, Assistant Engineers District Managers, Executive Officers, SMID Technical Experts, City Mission Managers, Manager SD&ID, Assistant Project Officers, Community Organizers, NGO representatives of urban local bodies (ULBs) of Maharashtra, Goa, Gujarat, Rajasthan, Assam and Tripura participated in this online training programme.

Introduction

At the outset Ms. Maleka Ansari, Sr. Research Officer, RCUES, AIILSG, Mumbai gave an introduction of this web-based training programme and welcomed the speakers and the participants. She explained the objective of the training programme. Thereafter Ms. Utkarsha Kavadi, Director, RCUES, AIILSG, Mumbai addressed the participants.



Ms. Kavadi welcomed the speakers and the participants. She spoke about the objectives of establishing the RCUES of AIILSG under the auspices of the MoHUA, GoI. She said that major activities of the RCUES of AIILSG relate to imparting training, capacity building, advisory services and undertaking research works in the urban sector. She then explained the challenges of the COVID-19 and its impact on women's health, safety, and livelihood in terms of critical issues of women like inadequate health services, loss of livelihood, domestic violence, etc. In this situation, RCUES, Mumbai has created a platform to gain knowledge on how to tackle during and post-pandemic challenges in cities and to disseminate information of the effective measures and experience of the cities.



This training programme, she said, especially focuses on women's challenges and probable solutions to ensure their health and safety. In turn, the participants can further disseminate the knowledge onwards in their cities. She concluded by encouraging the participants to make the most of this online platform to acquire in-depth knowledge from the expert speakers.

Technical Sessions

The first technical session on 'Women's Development and Empowerment' was delivered by Dr. Vibhuti Patel Professor (Retd.), Tata Institute of Social Sciences (TISS), Mumbai. She started her session by focusing on women's development process, its issues, and challenges. She explained how women tackled health emergencies throughout the extended lockdown period and how it was seen through a gender lens. She cited by highlighting the emphasis on women that, COVID-19 pandemic is not just a health issue. It is a profound shock to our society and economy where women are at the heart of providing care and response to ongoing efforts. As front-line responders, health professionals, community volunteers, transport and logistics managers, scientists, are making critical contributions to address the outbreak of COVID-19 and women come in this line of responders. She further said that, women workers have been disproportionately affected by job loss, reduced working hours and financial crisis. She added that women spend ten times more time on unpaid care work than men. This unequal distribution of care-giving responsibilities is linked to stereotypes of gender roles. She also said that women as health care providers, almost 70% in the forms of the frontline health care workforce as doctors, nurses, sanitary workers, Anganwadi workers (ICDS) and ASHA workers (NRHM), school teachers, etc. are susceptible to high risk of infection. Moreover, women are facing increased domestic care burdens in the wake of children and earning members being confined to home during the lockdown. Middle and upper-class educated employed women were working from home as they had information technology-enabled communication channels. She continued that, the pandemic had dreadful implications for the vulnerable population like women-headed households, people with disability, pregnant women, homeless people, street children, lonely elderly, socially stigmatized transgender community and sex workers.



Dr. Vibhuti Patel, Professor (Retd.), TISS, Mumbai addressing the participants.

She further explained the consequences of reverse migration without infrastructural support due to barriers in inter-state cross over resulting in dangerous routes used by the migrant families, getting mowed down by bus, truck, train. Violence against women escalated due to social isolation under the lockdown. She elucidated on Government COVID-19 Relief Package to be used during COVID times. At the end of the session, she explained that there was a need for reduction of socioeconomic inequalities through innovative public economics policies and gender responsive participatory budgeting. She highlighted need for economic and social development for women more so during the pandemic.

The next session on 'Impact of COVID-19 on Women's Health & Health Practices' was taken by Ms. Poornima Nair, Director (Health & Disability), Apnalaya, Mumbai. She started her session by mentioning the impacts of the pandemic on women. She explained that women are more likely to bear the impact of social and economic consequence of the pandemic due to increased workload of domestic chores like childcare, cooking, cleaning, laundry, looking after sick or elderly family members, etc. Generally, women lack access to health care facilities. Besides this, there was an increased incidence of physical and emotional abuse against women. Pregnant and lactating mothers and children were susceptible to contracting COVID infections. She also explained that, as women are economically impacted more due to the deepening of pre-existing gender inequalities. Further she explained the impact on the reproductive health of a woman during a pandemic. She

elaborated that, impact on reproductive health occurred due to reduced access and utilization of essential maternal health services, food insecurity leading to poor food intake during pregnancies, unavailability of Iron Folic Acid (IFA) and calcium supplements, mothers missing out on essential immunizations during pregnancy, increased financial burden as the families availing services of private practitioners, high-risk pregnancy cases going unidentified, disruption of Take Home Ration (THR) distribution through Integrated Child Development Services (ICDS) and inability to access services for termination of unwanted pregnancies. In her presentation she also focused on the impact on the reproductive health of women from vulnerable communities which occurred due to increased home deliveries in vulnerable communities, lack of transport facility during emergencies, increased risk of premature deliveries and low birth weight babies, increased risk to COVID infection due to sharing infrastructure with COVID treatment facilities and lack of healthcare service providers for non-COVID related health problems. During the pandemic, due to several reasons including fear of COVID, unpaid work at home, financial crisis, unavailability of health care facilities, women underway mental stress, and showed symptoms like stress, anxiety, anger, insomnia, ability to focus, etc. After explaining the impact on women's health, she talked about opportunities to address the issues of women's health. She explained that the healthcare system needs to be strengthened focusing on primary health and nutritional programmes. She concluded by emphasizing to safeguard the health system and focusing on gender-sensitive response and addressing stigma towards mental health.



Ms. Poornima Nair, Director, Health & Disability, Apnalaya, Mumbai addressing the participants.

Mrs. E. Jameela Begum Pathan, Founder Member, Ghar Bachao Ghar Banao Andolan (GBGB), Mumbai took the next session on the topic of 'COVID-19 Pandemic & Safety of Women and Girl Child'. Speaking on the scenario of the Mumbai slums, she explained that most of the migrants came to Mumbai for their livelihoods and are compelled to stay in slums with their families. A few NGOs dedicatedly provided relief during pandemic including lockdown. The primary activity undertaken by GBGB was running a community kitchen to provide food to migrants and jobless people as a social solidarity measure in slums. Through this activity more than 1 million meals were served to the needy during the lockdown. Referring to another relief activity during the pandemic, she mentioned of the relief camp for 300 migrants and homeless located in the western part of Mumbai city. GBGB, Mumbai also supported these people by taking care of their cooking, cleaning, and other daily chores. Special measures for women were taken like separate toilets in the camp to maintain the health and hygiene of women workers. She further added that representatives of GBGB helped these migrants to return their home towns safely during the pandemic.

Financial Support through Crowd Funding

- Relief efforts survived based on individual contribution
- Support from the Film Fraternity-Vir Das, Guneet Monga and Vicky Kaushal contributed substantially
- Women headed household
 - ✓ Widows
 - ✓ Deserted
 - ✓ Separated
 - ✓ Single elderly women

To Provide Ration To Poor Families/Daily Wage Earners Affected By Lockdown

₹ 39,50,260

Ms. E. Jameela Begum Pathan, Founder Member, Ghar Bachao Ghar Banao Andolan, Mumbai addressing the participants.

Concluding the session, she said that GBGB had implemented relief activities in the majority of the communities by providing cooked meals through community kitchens, dry ration, sanitary napkins, PPE kits, masks, gloves, and sanitizers to hospitals, nurses training during the pandemic.

On the second day, the technical session on 'COVID-19: Livelihood & Employment of Women – Challenges & Possibilities' was taken by Ms. Malathy M, Director, (Education & Livelihoods), Apnalaya, Mumbai. She explained the scenario of women's livelihoods and employment before COVID through statistical data. She further said that The Periodic Labor Force Survey conducted by the Government of India has shown that, 94% of women workers in India are in the informal sector, 4 out of 10 women are illiterate, 81% of these women-owned enterprises are operated from within their household premises, the workforce participation rate for women is less in India, 97% of the women operate in enterprises with less than six workers, 54.4% of salaried women are not eligible for any social security benefit, 50.6% of salaried/regular wage women not eligible for paid leave, 66.5% of salaried/regular wage women had no written job contract, only 6.9% women have undergone any formal or informal vocational training compared to 15.7% men. Later, she spoke about the impact of COVID-19 on women's livelihoods and unemployment during the lockdown. She mentioned that 4 out of every 10 women who were working last year lost their jobs during the lockdown, women employed in the pre-lockdown phase are 23.5% less likely than men to be employed post-lockdown, 70% of the global healthcare workforce is made up of women who earn 11% less than men in the same field. She further added that, as a majority of women are self-employed or in the informal sector, and are not entitled to social security benefits like paid leave, job security, there is a higher risk of income and livelihoods loss.

Approaches to support recovery of livelihoods at a local level

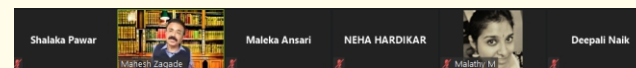
- Supporting women employees in our organisations
 - Flexible work timings
 - Well being initiatives
- Grants and Loans without interest
 - For the most vulnerable women, there will be a need to support financially
 - Apnalaya organised direct cash transfer for the 2185 vulnerable households in the community
 - Recovery grants/ Interest free loans for women entrepreneurs with flexible repayment terms
- Innovations
 - Supporting women to respond to market demands in the post lockdown period
 - Increased demands for mask, soaps, sanitizers
 - Building a local consumer base – suitable for rural areas
 - Involving women in leading relief and awareness interventions around COVID-19
 - Supporting Medical Insurance costs for frontline workers –relief/ health

Ms. Malathy M, Director, Education & Livelihoods, Apnalaya, Mumbai addressing the participants.

She further stated that, due to lockdown and loss of livelihoods, there was an increase in vulnerabilities such as the increased risk of domestic violence, limited access to credit, and reduced decision-making powers, particularly financial. 70% of women who experienced violence at home had symptoms of mental health-related ailments, 45% of women felt lonely, depressed, or irritable during the lockdown, increased risk of drop-out of children from education, child marriages, trafficking, etc. She also explained that, due to lockdown and loss of livelihoods, cultural barriers and lack of a supportive environment also increased such as increased demands of caregiving, unpaid work at home, etc. After explaining the impact of COVID on women's livelihoods and employment, she emphasized strategies to recover women's livelihoods and employment. The recovery of livelihoods, she said, can be procured through banks and financial institutions, skill development and vocational training organizations, local government implementation and innovations, private and public sector employers, NGOs & CBOs, state, and central government policies, and CSR funding organizations. She said that the policy level initiatives such as cash transfers, focus on supporting sectors such as agriculture, healthcare, and education where women's workforce participation is high have to be relied upon to support the recovery of livelihoods and employment to women. She concluded her session by citing innovations to be undertaken to support women to respond to market demands, support inflexible work timings, and well-being initiatives, providing grants and loans without interest in the post lockdown period.

The next technical session on 'Preparedness and Response Mechanism at ULB Level: Recovering from COVID-19' was delivered by Mr. Mahesh Zagade, IAS (Retd.), former Principal Secretary, Government of Maharashtra. He began his session by explaining, how ULBs will have to be empowered for prevention and control of COVID-19. He emphasized the empowerment of ULBs by citing reference of the article 243W of the Constitution inserted by 74th Constitutional Amendment Act (74th CAA). He said that, if ULBs which are set up as Local Self Government units, can perform a far more effective role through the devolution of powers and responsibilities to them. He further stated that ULBs as a local government can formulate economic development and social justice plans as mentioned in the 12th Schedule of the 74th CAA. He mentioned that the

Government of India (Central as well as State) spends only 1.25 to 1.5% of its GDP on Public health. {Ref: Report by the World Health Organization (WHO)}. He further explained that the role of Women & Child Development Committees (WCDC) can play a dynamic role in women and child development activities by making sufficient budget provisions. The budget provisions will allow WCDC to formulate promotive and curative health programmes, to tackle the morbidity like COVID at the city level. He added that most of the ULBs are unaware of gender budget provisions and their appropriate usage for women and child development activities.



Many countries in the world spend an average of 7 to 10 per cent of their Gross domestic product (GDP) (e.g. Sweden spends 9.2%, USA spends 8.5%, England- 7.9%).

Indian Government (Central as well as State) spends only 1.25 to 1.5% of its GDP on the Public health. Report by World Health Organization (WHO)

India ranks (to the misfortune of Indian Citizens) 171st in the list of 175 countries, based on their expenditure on the public health.

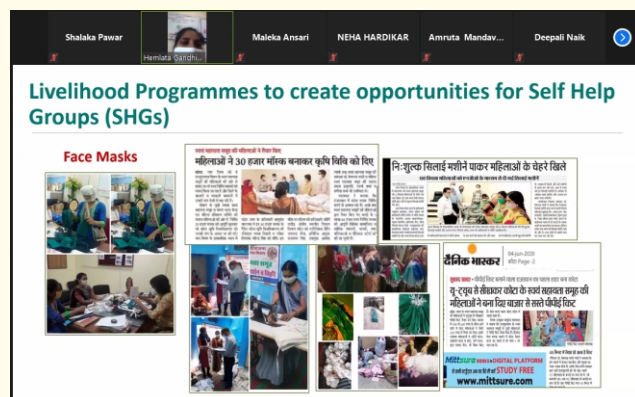
Mr. Mahesh Zagade, IAS (Retd.), former Principal Secretary, Government of Maharashtra addressing the participants.

He further said that ULBs should strengthen their infrastructure instead of privatization or engage in Public-Private Partnership (PPP) etc. He then discussed the role of the disaster management department and integrated urban and regional planning approach. In an integrated planning approach, ULBs have to include peri-urban areas while considering the development of infrastructure. He concluded by stating the importance of social engagement in preventive measures of COVID.

ULBs' Presentations

After the technical sessions, ULBs made presentations to the participants related to the post-pandemic challenges for women and efforts taken at the city level to tackle them and ensure health and safety for women.

The first ULB presentation on 'Efforts are taken in Cities during Pandemic' was made by Dr. Hemlata Gandhi, SM&ID Manager, NULM, Brand Ambassador SBM & BBBP Kota, Rajasthan. At the beginning of her session, she spoke about the pandemic crisis in Kota city. She said that initially people were afraid of COVID due to its occurrence for the first time. Kota Municipal Corporation (KMC) undertook drive to generate awareness to the citizen for compulsorily using face mask, keeping social distances, hand hygiene, etc. to contain the spread of the virus in the city. These drives were enforced and successfully implemented through Self Help Groups (SHGs) under the NULM mission. She continued that, SHGs played a dynamic role in tackling pandemic. KMC took efforts to generate livelihood opportunities through SHGs as most of the informal sector lost their jobs during the pandemic in Kota city. She mentioned that 39 women Self-Help Groups (SHGs) in Kota have provided more than 51,000 masks to frontline workers. She then explained that SHGs also made face shield, PPE kits, gowns, lab coats for front line workers and staff, and generated income sources for their livelihoods. She also stated that, during the pandemic, most of the workers in informal sector lost their jobs and facing scarcity of food. SHGs made food products to be provided to needy people and implemented an income-generating initiative with financial support from KMC.



Dr. Hemlata Gandhi, SM&ID Manager, NULM, Brand Ambassador SBM & BBBP Kota, Rajasthan addressing the participants.

The second ULB presentation on 'Efforts are taken in Cities during Pandemic' was delivered by Ms. Deepali Naik, Director and Ex-Officio Joint Director, Directorate of Women and Child Development, Panaji, Goa. She said that awareness of this Corona virus is a crucial need of the hour.

Anganwadi workers organized awareness programmes by keeping social distancing and precautions. The awareness programmes were conducted in which people were explained the importance of social distancing, hand hygiene, health issues, etc. Later, she said that Anganwadi workers were asked to distribute Take Home Ration (THR) after Anganwadi centers were shut in the wake of widespread COVID-19 and that Anganwadi centers conducted cleanliness drives, which played a significant role in cleanliness. She emphasized time management during the pandemic to tackle the crisis. She concluded that SHGs in the state contributed to tackling the crisis during the pandemic by stitching more than 1 lakh masks that are distributed at very reasonable prices in lower-income group people and front-line workers.



Ms. Deepali Naik, Director & Ex-Officio Joint Director, Directorate of Women & Child Development, Panaji, Goa addressing the participants.

In the question & answer session, Ms. Neha Hardikar, Sr. Research Officer, RCUES, AILSG, Mumbai encouraged the participants to discuss their queries with the speakers. After this session, the feedback was taken from the participants. The participants discussed with the speakers to resolve their queries at their respective cities in livelihood opportunities and safety.

Summing-up

In the end, Ms. Maleka Ansari Sr. Research Officer, RCUES, AILSG, Mumbai proposed a vote of thanks to the distinguished speakers and the participants and concluded the training programme.

Webinar on 'Cities' Response to Containing & Mitigating the Impacts of COVID-19'

8th September, 2020

Background

Since the outbreak of the Coronavirus pandemic and its spread with increasing speed globally, the contagion has moved from east Asia to south-east Asia, US, Europe, south Asia, Africa and Latin America. While the pandemic has peaked and declined in east and parts of south-east Asia and Europe, the pandemic continues to accelerate in south Asia, US and Latin America. Even in a country, the spread has peaked in some cities while it is on growth trajectory in other cities.

The role played by local governments in successfully restricting the spread of the pandemic in cities and mitigating its impact has been extensively acknowledged. When most countries adopted emergency measures, including lockdowns, the urban local governments ensured delivery of WASH services, regular disinfection of shared facilities and identification of infected people – provision of social and economic support, legal advice to women affected by domestic violence and protection equipment, and communication campaigns on prevention and access to health facilities, measures which contributed to breaking the chain/slowing the spread of infections.

All India Institute of Local Self Government, Mumbai, UNOPS - Cities Alliance and UCLG ASPAC collaborated to create an interactive platform for cities in the global south for knowledge exchange on city management issues. In this perspective, the first webinar in the series focused on '**Cities' Response to Containing and Mitigating the Impacts of COVID-19'** was conducted on 8th September, 2020.

This Webinar facilitated a dialogue among the Urban Local Body (ULB) officials for sharing on-ground experiences in managing the pandemic, discussing specific challenges faced by the cities of various scales and actions taken by them to manage the challenges related specifically to the informal sector, frontline workers and other vulnerable communities.

Surat, India: Dr. Gayatri Jariwala, Assistant Municipal Commissioner, Surat Municipal Corporation.

Samvedna: Surat Cares

SMC has undertaken various measures to ensure the food and other essential supply in the city. SMC has taken for the old, destitute, homeless and migrants.

- SMC has tied up with APMC for home delivery of vegetables and fruits.
- SMC has also tied up with big retailers and courier system for home delivery.
- Passes distributed to individuals selling essentials through retail stores, mall, etc.
- Vegetables Larries allowed and facilitated in societies along with home delivery system with courier services.
- SMC has tied up with various NGOs and have made special arrange in collaboration with Akshaypatra Foundation.
- Special relief centers are opened to provide food and accommodation to homeless people.
- Massive distribution arrangements are made for ration kit distribution.
- 373 lakh Food Packets Distributed To Needy Persons
- More than 02.00 lakh Ration Kit distributed to migrant workers



Dr. Gayatri Jariwala, Assistant Municipal Commissioner, Surat Municipal Corporation addressing the participants.

Surat provides employment to nearly 0.2 million migrant workers from at least 10 states from across India in the many industries. The city has an overwhelming majority of migrants, even more than some metropolitan cities. Owing to the sudden nationwide lockdown imposed from 25 March 2020, all industries and factories were shut and the migrant workers lost their jobs. With their savings depleted, many were living in overcrowded conditions, at risk of contracting the coronavirus, facing persistent hunger due to an inadequate supply of food. Surat Municipal Corporation shared the on-ground experiences towards tackling the pandemic, discussing specific challenges faced by the city's informal sector and vulnerable migrant workers in Surat. Civil society and local NGOs played a major role in bringing normalcy to the city by tirelessly serving the needy and hungry. NGOs like Akshay Patra and other charitable institutions worked with the SMC provided food to almost 10 lakh people every day. 550 NGOs distributed food grains, and grocery kits to marginalized and vulnerable communities

across the Surat city during these challenging times. The ULB supported 100 Self-Help Groups (SHG) and a Shelter for Urban Homeless under National Urban Livelihood Mission (NULM), mobilized them in preparation of these food packets and paid them INR 0.8 million. 100 SGHs were employed by the ULBs in micro-level enterprises such mask-making and to manage the pandemic challenges. More than 1.2 million masks were manufactured and sold to raise INR 0.25 million.

Agra, India: Mr. Anand Menon K, Lead Consultant, Agra Smart City.

Response Initiative: Isolation and Medical Facility Set-up and Cluster Containment

- Active Public Private Partnership for setting up testing and treatment facilities and isolation centres
- Inspection of facilities by DM and City Official
- Identification of critical hotspots and clusters
- Active survey and containment in identified hotspots managed by city officials

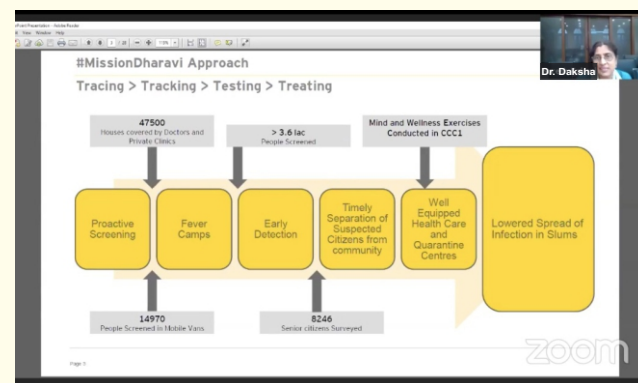
Mr. Anand Menon K, Lead Consultant, Agra Smart City addressing the participants.

Agra detected its first COVID case as early as on 2nd March 2020. In response to this situation, Agra Municipal Corporation, together with Agra Smart City team strategically managed the COVID-19 pandemic situation by using the existing infrastructure with necessary upgrades and modifications. They have made use of digital technology and also incorporated artificial intelligence system to help in mitigating the situation. It was one of the first cities to set Smart City Integrated Command & Control Centre (ICCC) as 24/7 COVID-19 war room was set up under the smart city mission. All the functions of district administration were integrated in the War Room. A 25 member Rapid response team was formed which has been working round the clock in the ICCC to integrate various activities of combating COVID-19 including sanitation strategies. The ULB demarcated the city into sensitive and non-sensitive zones

based on which containment and micro-containment plans were prepared and actions were taken accordingly. Hotspot map of the city was generated on daily basis, which provided information on the sensitive areas in the city. This was done to map response capacity and infrastructure of various clusters for improved resource management. Along with district administration, cooked food bank was established by the ULB which collected cooked food packets from various NGO's and distributed to around 4000-5000 daily wage earners, labourers every day.

Mumbai, India: Dr. Daksha, Deputy Executive Officer, Public Health Department, Municipal Corporation of Greater Mumbai.

Dharavi, Asia's largest slum with estimated 8.5 lakh to a million people living over 2.5 square kilometres and has a population density of 2,77,136 people per square kilometre. The Municipal Corporation of Greater Mumbai faced several challenges in Dharavi where 80% of the population depends on community toilets. The ULB adopted a model of actively following the four T's - tracing, tracking, testing and treating. Through this approach the ULB conducted proactive screening and while 47,500 people were covered by doctors and private clinics in house-to-house screening, about 14,970 people were screened with the help of mobile vans, and 4,76,775 were surveyed by the ULB health workers. Fever clinics were set up for screening high-risk category such as elderly/senior citizens.



Dr. Daksha, Deputy Executive Officer, Public Health Department, Municipal Corporation of Greater Mumbai addressing the participants.

Also, around 8246 senior citizens were surveyed and as part of its policy of 'timely separation', they were separated from the other community to effectively limit the transmission of the disease. 350 community toilets, more than 100 Public toilets are cleaned and disinfected twice a day and monitored by stakeholders. To tackle the issue of manpower to carry out proactive screening in high-risk zones, the ULB forged strategic public-private partnerships in containment measures and all available 'private' practitioners were mobilized. As the option of home quarantine could not effectively produce the desired outcomes due to the space limitations in the congested area, institutional quarantine facilities were created in all available schools, marriage halls, sports complexes. Apart from these efforts, masks, food packets (21000 daily), grocery packets (25000 daily) have been mobilized by stakeholders. With a strong focus on community engagement, the spread of COVID-19 was checked in Dharavi.

Belo Horizonte, Brazil: Ms. Laura Rennó Tenenwurcel, Arquiteta e Urbanista - Secretaria Municipal de Política Urbana – SMPU

Belo Horizonte's Response and Mitigation Measures

Public Health Investments

- US\$ 12.5 million reserved per month specifically for health actions against Covid-19
- US\$ 24 million for maintenance of Covid-19 ICU and infirmary beds, acquisition of PPE and hiring human resources, from March to July
- 524% increase in the number of ICU and infirmary beds for the treatment of Covid-19
- Availability of 1,072 Covid infirmary beds and 100 ICU exclusively for Covid-19 treatment
- Hiring more than 2,000 new health professionals
- Purchase of 17 ambulances assigned to support Covid-19 related cases/calls
- Online clinical screening and patient monitoring

Ms. Laura Rennó Tenenwurcel, Arquiteta e Urbanista - Secretaria Municipal de Política Urbana – SMPU, Brazil addressing the participants.

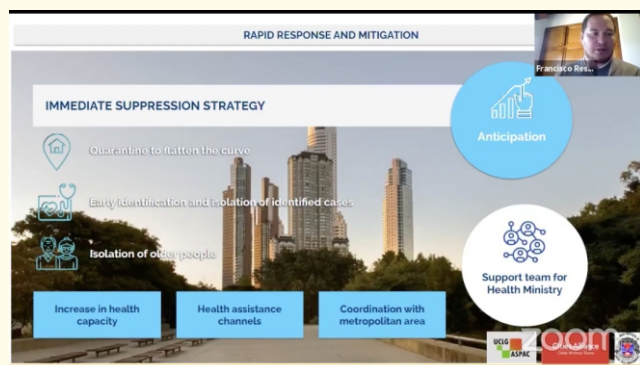
One in five residents of Belo Horizonte, Brazil live in informal, low-income settlements. While 95% households have access to water and sanitation services, about one-third live in precarious houses. Belo Horizonte Municipality used a four point response and mitigation measure to contain

COVID 19 – Planning, Management and Control; Public Health Investment, Social Action and Communication. The city quickly declared a health emergency, mandated mask use, and ordered stay at home. A Scientific Advisory Committee and Stakeholder Working Group was set up to plan and monitor response. Money was allocated to strengthen public health infrastructure - ICUs, beds, ambulances, health professionals. Food, hygiene kits and masks were distributed. Emergency shelters, temporary accommodations and hygiene sinks were set up for the homeless and affected residents. An intensive communication campaign helped disseminate protection information through public announcements, banners and leaflets. Leadership networks of informal settlements were strengthened and dialogue established, with the city recognizing the importance of local wisdom. For the future, the city intends to focus on reducing inequalities, improving informal neighbourhoods, empowering community networks, promoting economic recovery and investing in information and technology.

Buenos Aires, Argentina: Mr. Francisco Reinsoff, Subsecretario de Relaciones Internacionales e Institucionales del Gobierno de la Ciudad de Buenos Aires

Buenos Aires, Argentina began with an Immediate Suppression Strategy to flatten the infection curve – quarantine, early identification and isolation, especially the elderly. In collaboration with the Metropolitan Area, the State augmented health capacity and set up health assistance channels for information dissemination. Hotels were repatriated for patients. People were vaccinated for flu. IT Apps – BOTI (City WhatsApp Chat) and SAME (Emergency Services Reinforcements) were pressed into service to answer queries and make referrals. Volunteers were signed-up to assist the elderly. The DetectAR Program and DetectAR Mobile were used to make active searches of neighbourhoods for early identification of infection, contact tracing, referral and isolation. At the informal neighbourhood level the city focused on four things; one, providing health assistance – setting up prevention posts and special transfer units, and implementing flu vaccination campaigns; two, delivering food security through ration and meal distribution at special pick-up points. Additional food was provided for children and their adult careers; three,

promoting urban hygiene by disinfecting community kitchens, house facades and interiors and more effective waste collection; and four, creating contagion awareness through social media and local religious leaders.



Mr. Francisco Reinsoff, Subsecretario de Relaciones Internacionales e Institucionales del Gobierno de la Ciudad de Buenos Aires, Argentina addressing the participants.

Bogota, Colombia: Mr. Orlando Trujillo, Advisor of The Habitat Secretariat of the Bogotá Mayor's Office

Bogota has less than 1% people in informal settlements, but nearly half (42%) the workforce in the informal sector. The City's response strategy has been centred on community trust building, engagement, collective responsibility and open data sharing, recognizing that city-community collaboration is key to sustainable compliance of social norms. Besides the usual investment in enhancing testing, isolation, treatment, emergency care and hygienization; information and data on the illness, economic recovery processes and protection from violence was shared through several websites.

Sanitization, isolation and quarantine measures particularly in dense settlements were put in place to slow the spread. Recognizing need for good quality housing good public services as mitigation measures, the city launched several initiatives. A Solidarity Rent Scheme supports poor households to pay rent. The Public Services Subsidy scheme granted three-month relief on payment of utility bills (water, gas, waste management). The Housing Improvement Programme helped improve bathrooms and kitchens to enable biosecurity measures of handwashing. The Bogotá Solidarity at Home provided cash transfers to the poor during the lockdown. Money for this was collected through the #DonatónBogota - a city donation campaign. Public and private construction works complying with biosecurity protocols were reactivated. Emergency-temporary employment for 3 months was created for low-skilled workers as guardians of public spaces, environmental managers and watchmen and local road maintenance. Monetary incentives and credit access were provided to SMEs to maintain work and labour. The My Bogota Week – a digital marketing fair, supported promotion of local production.



Mr. Orlando Trujillo, Advisor of The Habitat Secretariat of the Bogotá Mayor's Office addressing the participants.



Appreciation & Feedback

From: Milind Kulkarni <milinkulkarni@gmail.com>
 To: rcues training <rcustraining@aailsg.org>
 CC: Utkarsha Kavadi <utkarshakavadi@yahoo.com>,
 Neha Balkrishna Hardikar <neha.hardikar@aailsg.org>,
 Maleka I.Ansari <maleka.ansari@aailsg.org>
 Date: Oct 21, 2020, 1:00 PM
 Subject: Regional Specialized Web-Based Training Programme on
 'Biomedical & Municipal Waste Management in Urban Areas' on 9th &
 10th September, 2020.

To
 Ms Utkarsha Kavadi
 Director
 RCUES of AAILSG, Mumbai

Dear Madam,

This is with reference to the above mentioned web based training
 program addressed and attended on 9th and 10th September 2020.

I wholeheartedly appreciate this program which covered all aspects of
 biomedical and solid waste management including precautions that need
 to be taken in view of the Corona pandemic. This program covered
 theoretical as well as practical aspects which will be beneficial to the
 officials and elected representatives of the Urban Local Bodies resulting
 into their capacity building. More such programs are needed.
 Congratulations.

Thanks and regards.

Dr. Milind Kulkarni
 Faculty for the training program



कार्यालय नगर निगम कोटा उत्तर (राज०)

दीनदयाल अन्वयोदय योजना(राष्ट्रीय शहरी आजीविका मिशन)

क्रमांक : न.नि.को./डेएनयूएलएम/2020/ 782

दिनांक :- 19/10/2020

To,
 Ms. Utkarsha Kavadi,
 Director,
 RCUES of AAILSG,
 Mumbai.

Sub : Web Based Regional Specialized Training Program on
 Women's Health, Safety & Livelihood during & post COVID –
 19 held on 23rd & 24th September, 2020.

Respected Madam,

I personally appreciate the programme held on 23rd & 24th September,
 2020 on the above referred subject. As I am working in NULM mission surrounded by
 SHGs, I gain lot of knowledge about innovative areas to create livelihoods of women
 from vulnerable community. During the programme, women's health issues & safety
 measures discussed brightly by eminent speakers. The content & coverage of the
 training program will be benefited to all participants in their city level work.

Dr. Hemant K. Vaidya
 SM&H Manager, Day-Nulm
 Nagar Nigam Kota
 नगर निगम कोटा

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Member

Director-General,
All India Institute of
Local Self-Government,
Mumbai.

Ms. Utkarsha Kavadi

Member-Secretary

Director,
Regional Centre for Urban &
Environmental Studies, All India Institute
of Local Self-Government, Mumbai.

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**Regional Centre for Urban and Environmental Studies
All India Institute of Local Self Government, Mumbai**

M. N. Roy Human Development Campus, Plot No.6, 'F' Block,
Opp. Govt. Colony Bldg. No. 326, Near Uttar Bhartiya Sangh,
Bandra (East), Mumbai – 400051.

Tel. No. : 8657622550 / 51 / 52 / 54

Email.: dir.rcues@aillsg.org ; rcuestraining@aillsg.org

Website: www.aillsg.org/rcues