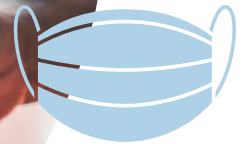




Extraordinary Together



IMPACT REPORT

COVID-19 RELIEF AND REHABILITATION EFFORTS



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LIST OF ABBREVIATIONS

BMC	Brihanmumbai Municipal Corporation
CRPF	Central Reserve Police Force
CSR	Corporate Social Responsibility
ECG	Electrocardiogram
GSM	Grams per Square Metre
IAS	Indian Administrative Service
ICU	Intensive Care Unit
NGO	Non-Government Organization
PPE	Personal Protective Equipment
WHO	World Health Organization
ZEEL	ZEE Entertainment Enterprises Ltd

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FOREWORD

Zee Entertainment Enterprises Limited (ZEEL) is a global entertainment powerhouse reaching 1.3 billion viewers across 173 countries. The Company's Corporate Social Responsibility (CSR) vision is to conduct business in a responsible and sustainable manner. CSR areas of focus include women empowerment, disaster relief, rural development, organic food development, and preservation of culture and arts¹.



Women Empowerment

ZEEL advocates the cause of women and girls through progressive, women-centric storytelling. The interventions are mainly focused on health, education, skilling, and women entrepreneurship.

Protection and Preservation of Our Arts, Crafts, Culture, National Heritage, and Monuments



ZEEL works towards the restoration of monuments, organizes cultural festivals, and collaborates with museums to preserve India's rich arts and culture.

Integrated Rural Development

Through interventions in the areas of education, health services, agriculture, sports, and water management, ZEEL is working towards improving lives and livelihoods in rural India.



Disaster Relief and Recovery

ZEEL helps in the relief and rehabilitation during natural or other disasters. It does this through supporting central or state governments in the form of grants or partnering with NGOs and other institutions.



Initiatives to Improve Public Health through Food Quality

ZEEL works with NGOs to encourage organic food development by promoting nutrition-rich, chemical-free, and healthy foods.



As the Covid-19 pandemic advanced in India, ZEEL responded swiftly through its Covid-19 Relief and Recovery program. The program extended help through 4 main interventions- 1) Distribution of ambulances and oxygen humidifiers 2) Daily meal provision 3) Distribution of PPE kits 4) Construction of an isolation facility. ZEEL commissioned this Impact Report to share an overview of their activities and support provided during the pandemic.

The Impact Report has been prepared through extensive secondary research and an in-depth understanding of ZEEL's relief efforts during Covid-19. The process involved:

01

Review of Documents

Existing documents relating to ZEEL's program strategies and implementation, reach and scale, monitoring data, and reports were reviewed to understand available data.

02

Secondary Research and Literature Review

An extensive literature review was conducted to substantiate available data further and align existing content to national and international standards and priorities.

03

Stakeholder Consultations

Members of ZEEL's implementation team were interviewed telephonically to gain information and insights about the program. ZEEL partnered with two NGOs- Akshaya Patra² and Give India³. Telephonic interviews with these organisations gave insights into the program process and operations.



¹ ZEEL Corporate Social Responsibility Policy | ² Akshaya Patra strives to eliminate classroom hunger by implementing the Mid-Day Meal Scheme in the government schools and government-aided schools. It also provided free meals in the Covid-19 relief efforts. | ³ Give India enables individuals and organizations to raise and donate funds conveniently to any cause they care about, with offerings including crowdfunding, corporate giving, cause marketing, and philanthropy consulting.

THE DISASTROUS IMPACTS OF COVID-19 IN INDIA



The Covid-19 outbreak in India, starting in early 2020, had posed several challenges for the Indian populace owing to restricted mobility and access to essential services post lockdown. India went into complete lockdown on

March 24, 2020, at a time when it had just 500 confirmed cases and less than 10 deaths. The sudden lockdown had an impact on millions. At a time when health costs were rising due to the pandemic, mass unemployment rendered people helpless.

By the peak of the first wave, in September 2020, India had about 6,46,263 confirmed cases and 8,166 deaths⁴. These were just the recorded figures and the actual count was assumed to be higher. In the first wave, the country was just preparing to tackle the pandemic and did not have enough knowledge compared to the subsequent months. India started Covid-19 vaccination in the country from 16th January 2021 onwards which means nobody was vaccinated in the first wave which increased the severity of the cases. The most affected were the elderly and those with comorbidities.

THE DIRE PLIGHT OF MIGRANT WORKERS AND SLUMS

Probably the most hard-hit by Covid-19 were the millions of low-income migrant workers and slum dwellers earning a daily wage.

It is estimated that between 2 million and 10 million migrants were impacted by Covid-19⁵.

With minimal to no savings, these migrant workers and their families faced food insecurity and several financial problems which led many to walk miles to reach their villages.

Channels and newspapers were flooded with news of migrants who suffered in road and train accidents.

INADEQUATE INFRASTRUCTURE AT HEALTH FACILITIES

Covid-19 created an overwhelming demand for oxygen and crucial drugs and also shed light on the inadequate infrastructure at health facilities in India.

Everything fell short devastatingly- hospital beds, ICU wards, oxygen cylinders, doctors, and essential drugs⁶.



There exists gaps in accessing primary healthcare in Mumbai. During the pandemic, public health institutions were burdened beyond their limits.

~ *Yogesh Mishra, Research and Data Head, Praja Foundation*

According to a survey done by LocalCircles, a community social media platform, as many as 70% of Indians were overcharged for ambulances, 36% for oxygen and 19% for medicines during the Covid pandemic⁷.

⁴WHO data | ⁵How well is India responding to COVID-19?, Brookings, 2020 | ⁶Why did hospital beds fall so disastrously short during India's second Covid-19 wave?, Harsh Mander, 2022 | ⁷The Print, 2021



HIGH RATES OF INFECTION AMONG FRONTLINE WORKERS AND SHORTAGE OF SAFETY GEAR

The frontline workers were the backbones of managing and controlling the effects of the pandemic.

Those working on the frontline were at much higher risks of infection, and physical and psychological distress.

WHO estimates that between 80,000 and 1,80,000 healthcare workers could have died from Covid-19 in the period between January 2020 to May 2021⁸.

Mortality among health care workers in certain countries ranged from 0.3-0.6% during the initial days of the pandemic, with 2-5% necessitating intensive care⁹.

It was crucial that the safety of frontline workers was taken care of.

Protective gear like masks, gowns, goggles, and face shields, was crucial for frontline workers, but there were dire resource crunches in the supplies of PPE kits, drugs, and other safety gear¹⁰, especially in the initial months of the pandemic.

LIMITED ISOLATION FACILITIES

Mumbai became a hotspot for Covid-19, due to a sizable slum-dwelling population, cramped living spaces, and the presence of airports and ports.

Given the density of the population, Mumbai's 70 public hospitals with a capacity of 20,700 and 1,500 private facilities with 20,000 beds did not suffice¹¹.

One of the foremost ways of preventing the spread of Covid-19 was isolation and social distancing. However, in densely populated cities like Mumbai, with a population of about 2,08,00,000¹² social distancing was hard and there weren't enough isolation facilities.

There were reports of people fleeing the existing isolation facilities because of overcrowding and unhygienic conditions present in most¹³.

⁸The impact of COVID-19 on health and care workers: a closer look at deaths', WHO, 2021 | ⁹Journal of Family Medicine and Primary Care, 2022 | ¹⁰Impact of COVID -19 Pandemic on Medical Healthcare Workers', Sambodhi | ¹¹Impact of COVID -19 Pandemic on Medical Healthcare Workers', Sambodhi | ¹²UN World Urban Agglomeration Population Prospects | ¹³Why people are fleeing isolation units in India', The Telegraph India, 2020

PRIVATE SECTOR ENGAGEMENT WITH RELIEF AND REHABILITATION

The pandemic required solidarity and coordinated response from not only state governments but also private sector businesses who had the capacity and investments to control and mitigate the impact of the public health crisis on society.

SOME WAYS IN WHICH THE PRIVATE SECTOR HELPED DURING THE COVID-19 EMERGENCY



TO MITIGATE FOOD INSECURITY AMONG URBAN SLUMS AND MIGRANT WORKERS

- Several corporates raised funds to provide ration kits with essentials and shelter for the underprivileged.
- Kitchens were started to provide cooked meals to the migrant workers.



TO AMELIORATE INFRASTRUCTURE AT HEALTH FACILITIES

- Companies provide logistical support in the form of ambulances, manpower, and equipment like oxygen cylinders and ventilators.
- Businesses also used their area of expertise and contributed to vaccine research and development.
- Others funded research programs, aided in the production of medicine and test kits, or developed mobile applications for contact tracing, case identification, etc.



TO COMBAT THE SHORTAGE OF SAFETY GEAR FOR FRONTLINE WORKERS

- Businesses sourced and manufactured medical supplies like sanitizers, face masks, oxygen cylinders, PPE kits, tools, and equipment needed to fight the virus.
- Some contributed monetarily or non-monetarily (manpower, products, expertise, etc) to support frontline workers.



TO OVERCOME THE SHORTAGE OF HYGIENIC ISOLATION FACILITIES

- The private sector collaborated with the community and government to build quarantine centers and hospitals and provide necessary supplies like beds, sample collection equipment, patient care equipment, PPE kits, and drugs.
- Certain companies in the hospitality industry gave their hotel spaces to be used as isolation centers.



2 PANDEMIC RESPONSE EFFORTS OF ZEE ENTERTAINMENT ENTERPRISES LIMITED (ZEEL)

When the country was struggling with Covid-19, the impact was cataclysmic on the most vulnerable sections of the society. ZEEL, under its Disaster Relief and Recovery program, aided in the relief and rehabilitation efforts of the government and various organizations.

A TOTAL OF 330.82 MILLION WERE SPENT ON EFFORTS TO INCREASE MEDICAL INFRASTRUCTURE AND INSTITUTIONS BY PROVIDING ONE-TIME RELIEF CONTRIBUTIONS, CONTRIBUTING TO PM CARES FUND, AND PARTNERING WITH NGOS.



Figure 1: Implementation process of ZEEL's disaster relief programs

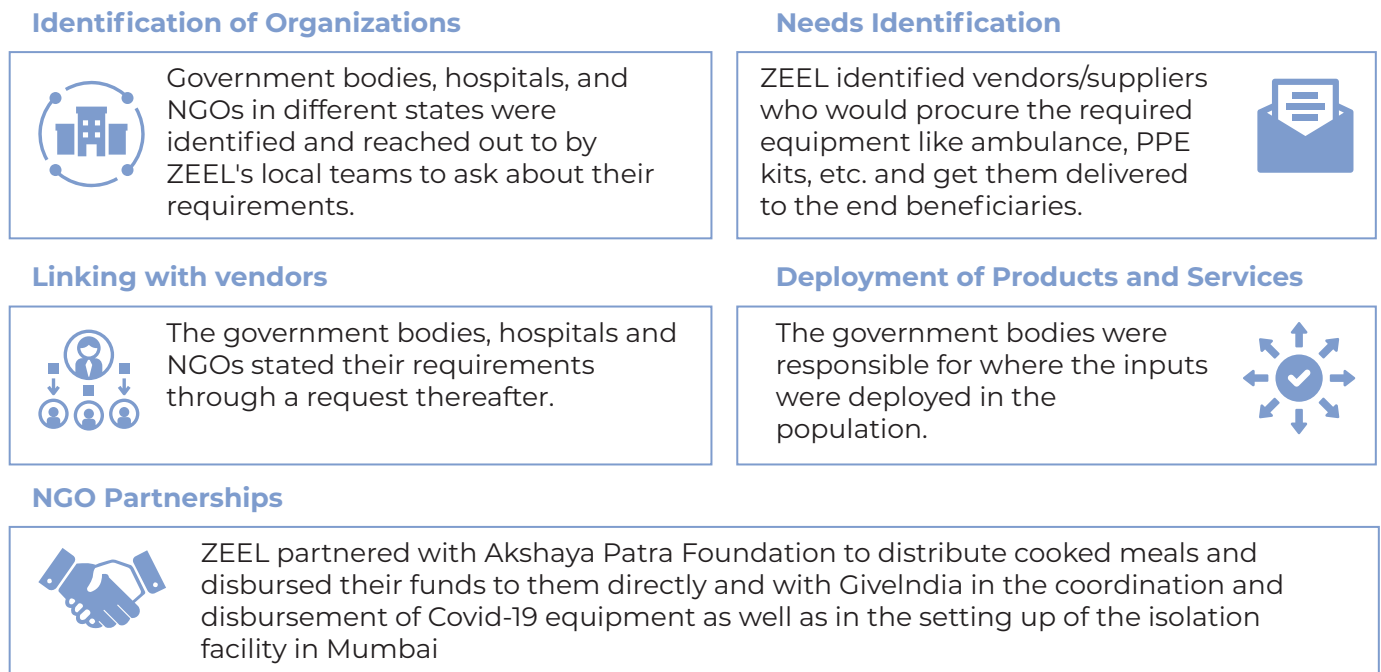


Table 1 details the various projects conducted as part of the Covid-19 relief and rehabilitation program by ZEEL. It also includes the amount spent on the programs and the mode of implementation.

Table 1: Details of CSR amount spent against other than ongoing projects for the financial year

Sr. No.	Name of the project	Item from the list of activities in Schedule VII to the Act	Location of the project	Amount spent for the project (INR Million).	Mode of implementation
1.	Ex-Gratia Relief to Daily Wage Earners working with various production houses, as one-time relief contribution	Disaster management, including relief, rehabilitation, and reconstruction activities	Pan India	53.68	Direct
2.	Contribution to PM CARES Fund	Prime Minister's Citizen Assistance and Relief in Emergency Situations Fund (PM CARES Fund)	Pan India	4.54	Direct
3.	Key health care initiatives to battle the COVID-19 Pandemic	Promoting health care including Preventive health care	Pan India	59.63	Direct
				212.97	GiveIndia Partnership
Total				330.82	



A. DAILY MEALS PROVISION



Covid-19 had exacerbated hunger and poverty worldwide, and India was no exception. The prevalence of comorbid conditions, insufficient diets, and malnutrition alongside lack of clean water and sanitation facilities left India's urban poor highly susceptible to disease transmissions¹⁴

Studies had reported greater hunger and less nutrition among the urban poor in India as opposed to their rural counterparts. 54% of the urban poor respondents had to borrow money for food, while this was 16% lower for rural respondents¹⁵. A survey conducted by the Hunger Watch Foundation in October 2020 revealed that 27% of respondents went to bed without eating meals sometimes, while one in twenty skipped meals often. Relief camps were reported to house some 6,60,000 workers, with some 2.2 million relying on emergency food supplies.¹⁶



Covid has but ordained in us the cosmic potential to live up to the challenge and serve humanity as never before.

~ Mr. Sudip Kumar Khnan, Operations Manager at Akshaya Patra, Thane Kitchen

ZEEL PARTNERED WITH THE AKSHAYA PATRA FOUNDATION TO DISTRIBUTE MEALS ACROSS VARIOUS STATES IN THE COUNTRY, TO COMBAT THE RISING FOOD INSECURITY EXPERIENCED BY DISPLACED MIGRANTS AND VULNERABLE SECTIONS ACROSS CITIES IN INDIA.

Firm believers in the ideology that food offers comfort to people, the Akshaya Patra Foundation has repeatedly been at the forefront of disaster relief feeding in times of crisis. From distributing cooked meals during the floods in Kerala to the earthquake in Nepal and now during Covid, the Foundation has strived to work against unprecedented challenges to stand by its ideology. Their collaboration is reminiscent of ongoing mobilization through public-private partnerships to provide food to vulnerable sections of society.



I am very grateful to the Akshaya Patra Foundation in Valmikinagar, Chennai for providing me with regular hot meals free of cost during this time of crisis. This saved me and the other workers money by travelling to Office canteen, as well as ensured that we do not work on a hungry stomach. I am ever grateful for the good hot food provided here. I hope that we continue to get this facility till the lock down lasts.

~ Sudhamma, Beneficiary, Chennai, Tamil Nadu

ZEEL in partnership with Akshaya Patra provided cooked meals including rice and dal or khichdi and vegetables to the beneficiaries. Uncooked rations were also provided so as to allow beneficiaries the option to cook at home as they please. The latter included plain atta, parmal kachi rice good quality PR-11, plain white salt, refined sugar M30 or M31, soybean refined old, unpolished toor dal, desi chana, garam masala powder, sabzi masala powder, chilly powder, and turmeric powder.

THE MEAL DISTRIBUTION AIMED TO COMBAT FOOD INSECURITY AMIDST THE UNPRECEDENTED CRISIS, SPANNED FROM THE 1ST OF MAY TO THE 3RD OF AUGUST, 2020.

¹⁴Covid-19 is creating a hunger catastrophe in India, here's an opportunity to break the cycle' World Economic Forum, 2021 | ¹⁵Hunger Watch Report, Right to Food Campaign and Centre for Equity Studies, 2021 | ¹⁶Covid-19: The hidden majority in India's migration crisis', 2020

The beneficiaries of these meals were mainly marginalized communities, including but not limited to the frontline and daily wage workers, migrant workers, dependents, community workers, nurses and ward boys, hospital staff, municipal workers, homeless communities, and slum communities at large.

INR. 1,23,66,000 WAS CONTRIBUTED BY ZEEL TO AKSHAYA PATRA FOUNDATION, AND 6,00,000 MEALS WERE DISTRIBUTED.

The states where meals were distributed include Bangalore, Chennai, Hyderabad, Jaipur, Noida, and Mumbai. Raw materials for the meals were procured centrally, while supplies were stored locally in warehouses where kits were packed by The Akshaya Patra Foundation employees. Clear branding on the distribution bags made the options of cooked and uncooked food clear to beneficiaries.

MEAL DISTRIBUTION WAS DONE THROUGH TEMPORARY KIOSKS THAT WERE CONSTRUCTED IN AROUND 40-60 LOCATIONS ACROSS SIX CITIES.

Operationally, 800-1000 meals were distributed per kiosk. These kiosks were generally constructed close to markets and industrial zones. This was done as many daily wage workers lived in close proximity to these places, and had lost their income during the pandemic due to their closure. As hotels remained shut, kiosks were often their only access to food. This need was accentuated in the case of migrants, who were constantly moving, and would stop by kiosks to avail of meals, before moving onward to their destinations. The beneficiaries in the urban locations appeared to earn INR. 11,000 -14000 per month in income, while those in semi-urban areas earned between INR. 8,000-10,000 per month. Locations that were in high need of meals were identified and hospitals and burial sites were further narrowed down as crucial sites. In Bangalore, Delhi, and Jaipur over 20,000 meals were distributed during funerals. Depending on the need and demand, kiosks would sometimes remain open from 11 am to 7 pm, while others would open in the mornings, and shut by afternoons.

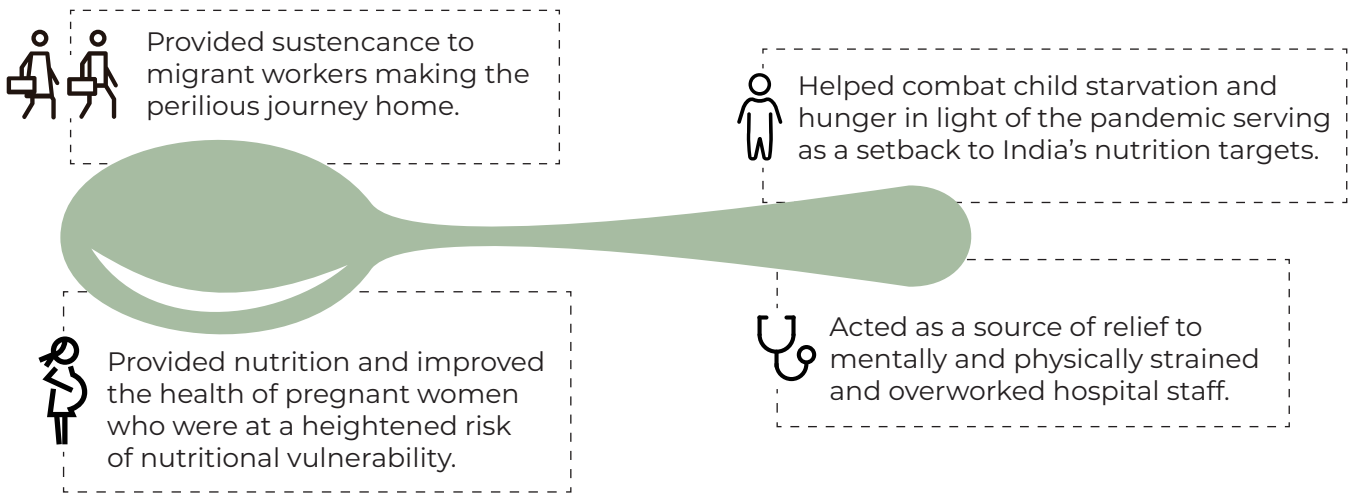
“ This was the first time we attempted a relief program this extensive. Covid made sure everyone was looking for food, rich or poor, irrespective of social class, and our aim was to provide food.

~ Vishwas Ujire, Director, Operations. Akshaya Patra Foundation.



TOTAL 6,00,000 MEALS DISTRIBUTED IN 6 CITIES

Figure 2: Impact brought about by daily meals program



“ My family is very happy now that cooked meals are being provided at such a critical time. I am happy to have a good amount of rice and sambar, it is a real blessing for me! The best part is that I do not have to worry about the amount of food because Akshaya Patra always provides unlimited food to the hungry people.

~ Narsamma, Beneficiary, Kandi, Hyderabad

B. INSTITUTIONAL INFRASTRUCTURE AND EQUIPMENT

THE EXPONENTIAL INCREASE IN THE NUMBER OF POSITIVE COVID-19 CASES DURING THE SECOND WAVE LED TO AN ACUTE SHORTAGE OF OXYGEN CYLINDERS, ICU ROOMS, HOSPITAL BEDS, AND ESSENTIAL DRUGS.

Many distressed people became victims of black-marketing and scamming due to this shortage. Some charged very high premium prices for ambulance services, oxygen cylinders, and drugs like Remdesivir and Tocilizumab. The caregivers of the patients helplessly paid these overcharged prices. In places like Gurgaon in Haryana, the waiting time for an ambulance had gone up to about 4 hours for Covid-19 patients. People were forced to carry patients or even bodies of the deceased in public transport or private vehicles¹⁷.

ZEEL'S EFFORTS TO DISTRIBUTE OXYGEN HUMIDIFIERS AND AMBULANCES TO HOSPITALS AND GOVERNMENT ORGANIZATIONS ALIGNED WITH EFFORTS UNDERTAKEN ACROSS COMPANY AND COUNTRY POLICIES TO DELIVER IMMEDIATE HELP.

MARUTI SUZUKI EECO



FORCE TRAX



TATA MOTORS WINGER



MAHINDRA SUPRO LX



¹⁷India Today, 2021

OXYGEN HUMIDIFIERS

Hi-flow heated respiratory humidifiers were provided to government organizations and GiveIndia.

Impact and Sustainability

A total of 367 ambulances and 90 oxygen humidifiers were procured and distributed by ZEEL

“ We would like to thank Zee Corporate for contributing critical healthcare equipment of 25 ambulances and 4000 PPE kits to the Kerala Government. Appreciate this kind gesture in this time of need.

~ Pinarayi Vijayan, Chief Minister of Kerala

Figure 3: Impact brought about by oxygen humidifier and ambulance distribution

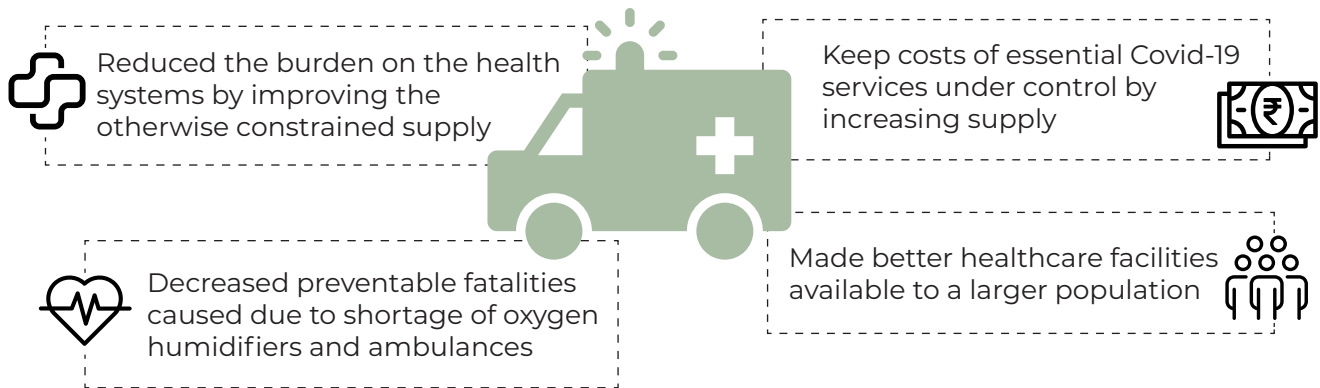
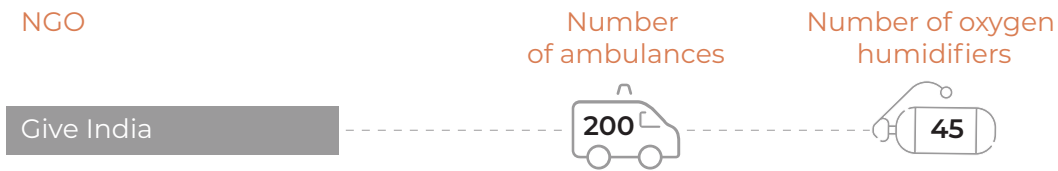


Table 3: Overview of ambulances and oxygen humidifiers distribution

Local government body/official	Number of ambulances	Number of oxygen humidifiers
Karnataka State Drugs, Logistics and Warehousing Society <i>Karnataka</i>	0	25
Kerala Medical Services Corporation <i>Kerala</i>	25	0
Department of Health and Family Welfare <i>Punjab</i>	20	0
Department of Health and Family Welfare <i>Tamilnadu</i>	45	0
Department of Health and Family Welfare <i>West Bengal</i>	0	20
Government of Telangana <i>Telangana</i>	10	0
State Health Transport Organisation <i>Telangana</i>	7	0
Public Health Department <i>Rajasthan</i>	20	0
Office of the Deputy Commissioner <i>Haryana</i>	20	0
Chief Medical Officer <i>Uttar Pradesh</i>	20	0

Table 4: Ambulances and oxygen humidifiers provided to GiveIndia



We would like to extend our gratitude towards ZEEL for extending support in strengthening the medical infrastructure of the District Gurugram in the unforeseen outbreak and spread of Coronavirus by providing 20 ambulances and 5000 PPE kits.

~ Amit Khatri, IAS, Deputy Commissioner, Gurugram

C. INFECTION PREVENTION AMONG FRONTLINE WORKERS

FRONTLINE WORKERS SPEARHEADING THE COVID-19 CONTROL EFFORTS IN DANGER

A QUARTER OF THE POPULATION INFECTED DURING THE PANDEMIC WERE HEALTH CARE WORKERS.

As measures limiting mobility came into effect to combat the pandemic, essential workers continued to report to work across the health, transportation, and public service sectors. A majority of the activities performed and executed required working in close proximity with patients, including measuring body temperatures and interaction, hence essential work was rightfully designated as high-risk¹⁸. In addition, health care personnel worked long hours, with insufficient protective equipment and suboptimal access to hand hygiene after engaging in contact with infected patients. This had led to a high prevalence of Covid-19 positivity among health workers both nationally, and internationally. 90% of healthcare workers were exposed to infected patients more than once a month, while 75% were exposed more than once a week. This increased the danger of disease transmission and illness manifesting among the workers, leading to important public health implications¹⁹.

REPORTS FROM VARIOUS PARTS OF THE COUNTRY INDICATED DOCTORS TREATED SUSPECTED COVID-19 PATIENTS WITH MINIMAL PROTECTIVE WEAR OR USED SUBSTITUTES SUCH AS CLOTH FOR PROTECTION.

Whereas the PPE shortage experienced by health workers led them to reuse and extend the use of the same protective wear, thus heightening the risks of infection.



¹⁸Infection and Risk Perception of SARS-CoV-2 among Airport Workers', Mercado, Parra B, Rojas, 2020 | ¹⁹National Library of Medicine, 2020

ZEEL'S INITIATIVE TO REACH OUT TO FRONTLINE WORKERS THROUGH THE DISTRIBUTION OF PPE KITS, SANITIZERS, FACE MASKS, AND PLASTIC FACE SHIELDS WAS COHERENT WITH ONGOING NATIONAL EFFORTS TO HELP ESSENTIAL WORKERS.

PPE kits

The PPE kit gowns were made of nonwoven material (90 GSM²⁰) and a 5 Layer Spun melt (SSMMS) Fabric. This fabric offers benefits like fine filtration, low-pressure drops, acoustic insulation, and decent strength and elongation. SSMMS fabric is widely used in the hygiene industry to make disposable diapers, feminine care products, gowns, coveralls, masks, and hospital disposables²¹. The N-95 mask had an air filter with branding printed and was a premium 6-layered mask. The face shields were 0.33 mm thick and had branding on the headband.



Sanitizers

The sanitizers were in 250ml containers and had 80% alcohol content with branding.



ZEEL DISTRIBUTED A TOTAL OF 81,500 PPE KITS TO 5 GOVERNMENT BODIES, 2 HOSPITALS, 1 NGO, AND 1 AIRPORT.

This has helped impact frontline workers like doctors, nurses, airport officials, police, etc.

Figure 4: Impact brought about by distribution of PPE Kits, sanitizers, face masks, and plastic face shields

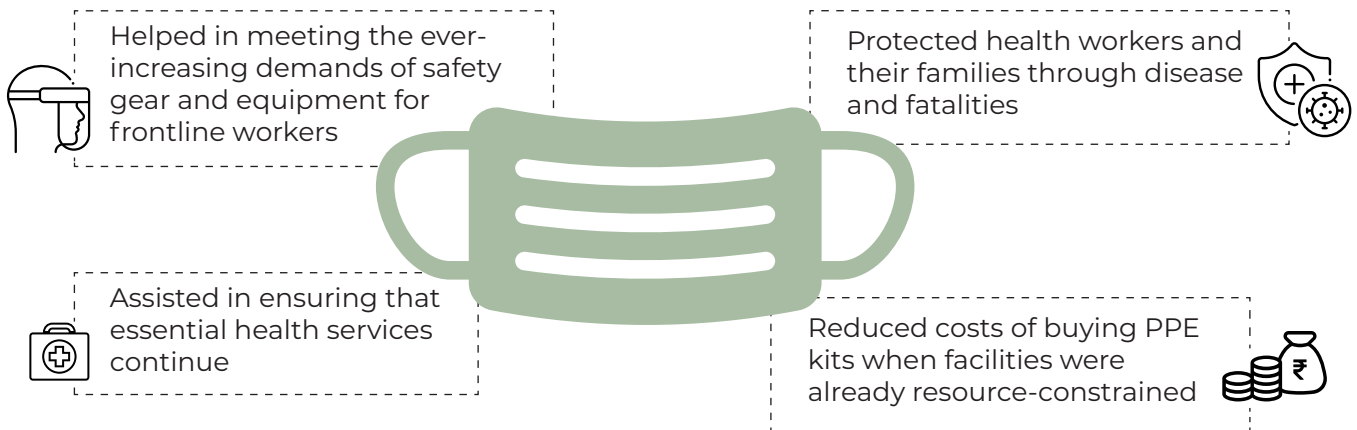


Table 5: Overview of PPE kit distribution in government bodies

Local government body/official	Number of PPE kits
Office of the Deputy Commissioner <i>Haryana</i>	5000
Chief Medical Officer <i>Uttar Pradesh</i>	5000
Department of Health and Family Welfare <i>Punjab</i>	2000
Kerala Medical Services Corporation <i>Kerala</i>	4000
Customs Department <i>Tamilnadu</i>	5000

²⁰Grams per square meter | ²¹Global NonWovens

Table 6: Overview of PPE kit distribution in hospitals



Table 7: Overview of PPE kit distribution in NGOs and airports



“ We have always heard that people say as to who would do it, who would take the necessary steps to create a difference, but Mr. Goenka, you have done it and showcased it to the society at large. I would like to thank you and ZEE for taking this step and appreciate your efforts undertaken for the welfare of Maharashtra.

~ Uddhav Thackeray, ex-Chief Minister of Maharashtra

D. ISOLATION FACILITY

LOWER-INCOME NEIGHBORHOODS LIKE SLUMS AND INFORMAL SETTLEMENTS FACE A MUCH HIGHER RISK OF TRANSMISSION.

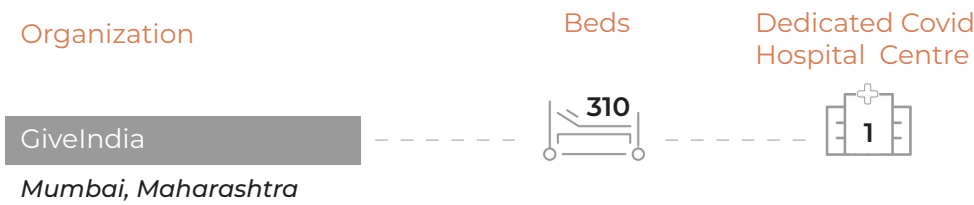
Studies identify informal settlements as infection hotspots in Mumbai, and slums reportedly account for 17% of India’s households. The close proximity in which these settlements are built, often with multiple people crowded into a single room, with one wall separating houses, social distancing and isolation directives seem dubious if not impossible. In a resource-limited country like India, there were several challenges to home isolation. In addition, existing Isolation facilities managed by government bodies faced allegations of poor maintenance and neglect. A lack of basic facilities like sanitation, medical aid, and blankets was reported, along with minimal or complete lack of attention or visits by healthcare professionals²². The neglect suffered by public healthcare facilities served to disincentivize people, with most sections of the population headed to private facilities irrespective of the latter’s inability to accommodate them.

ZEEL’S DEDICATED COVID HOSPITAL CENTRE IN THANE, EQUIPPED WITH STATE-OF-THE-ART FACILITIES ADDRESSED INDIA’S URGENT NEED FOR ISOLATION FACILITIES AND BEDS.

The center was equipped with a Patient Admission and Discharge Zone, a scrub room for male and female beneficiaries, a lab room for ECG, Blood, X-Ray, Waste Management, Pharmacy/ Storage, PPE Doffing, PPE Donning, Doctor’s Lounge, Nurse Lounge, Utilities Staff Lounge, Site Office tent, Bathrooms and Showers.

²²Are slums more vulnerable to the COVID-19 pandemic: Evidence from Mumbai

Table 8: Overview of Covid-19 isolation facility

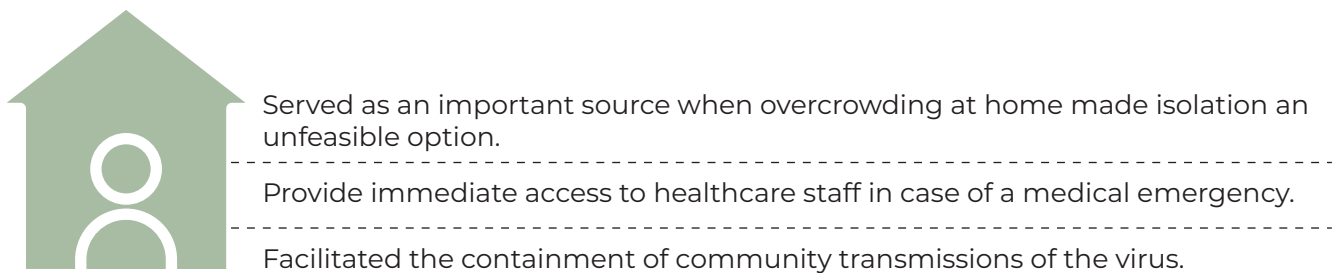


INR 4,00,00,000 WAS CONTRIBUTED TO THE CONSTRUCTION OF THIS DEDICATED COVID HEALTHCARE CENTRE IN FY 2020-21.

The Hospital Center was equipped with 310 beds, 310 mattresses, workstation tables, pathology trolleys, and other state-of-the-art facilities required for patient care and treatment. Additionally, the needs and requirements of staff were considered with staff and nurse lounges, and wifi connectivity.

“ We look forward to working with you (ZEEL) in this battle against the Covid-19 pandemic.
 ~ Dr. Vipin Sharma, Thane Municipal Corporation

Figure 5: Impact brought about by building an isolation facility



E. FINANCIAL SUPPORT FOR COVID WARRIORS

MAHARASHTRA ALONE REPORTED THE DEATH OF 265 POLICE PERSONNEL AS OF JANUARY 2022²³. THE HIGHEST NUMBER OF DEATHS WAS RECORDED AMONG THE MUMBAI POLICE.

The police officials and officials working in administrative bodies like municipal corporations were essential in maintaining law and order in the Covid-19 struck States. However, they were also exposed to the virus and had a much higher chance of contracting it.

ZEEL COLLABORATED WITH THE UNNATI WELFARE FOUNDATION TO DONATE 15 LAKH RUPEES TO THE FAMILIES OF POLICE OFFICERS, CRPF JAWANS, AND BMC WORKERS WHO LOST THEIR LIVES DURING THE PANDEMIC.

The outreach program was focused on Mumbai, Kalyan, and Thane. The names of the beneficiaries were chosen from a verified BMC list. While interactions with bereaved family members were limited given the nature of the circumstances, Unnati worked closely to resolve any and all issues that arose during the payment of funds.

The Foundation supports the families of police and BMC frontline workers, who lost their lives during the pandemic. ZEEL supported 10 families of deceased front line workers by disbursing a total amount of INR 15,00,000 (INR 1,50,000 per family) for a year in FY 2020-21.

²³Zee News, 2022

Table 9: Overview of support given to Unnati Welfare Foundation

Number of Families Supported per year

10


Overall Disbursement (INR)

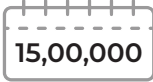
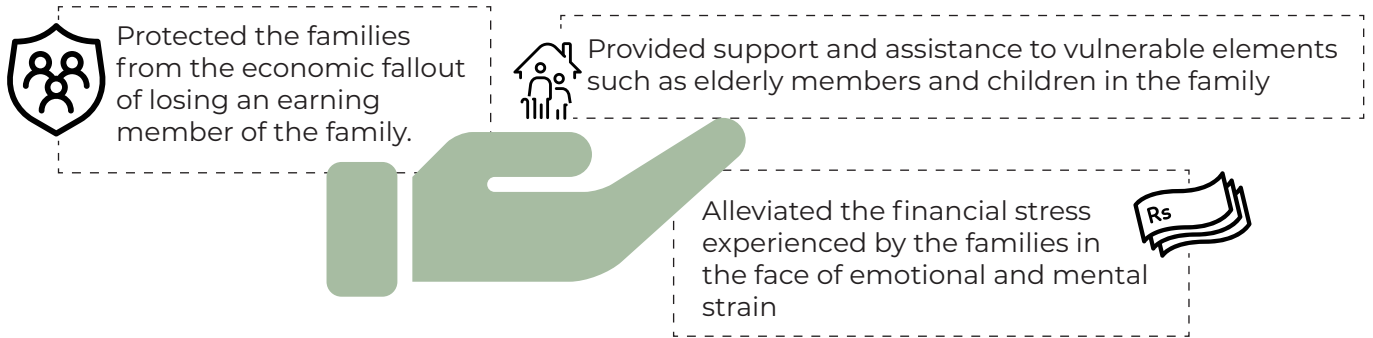
15,00,000


Figure 6: Impact brought about by providing financial support for Covid-19 warriors



WAY FORWARD

ZEEL responded to the solidarity and coordinated response required by the government during the pandemic, through impact-driven, detailed interventions. From the provisions of daily meals to the distribution of infrastructural equipment, to providing protective gear for healthcare staff, and the creation of an isolation facility led by the monetary assistance provided to CRPF jawans and BMC, these measures aimed to alleviate the existing vulnerabilities experienced by the population in India.

The reach, scale, and depth of wide-ranging endeavors undertaken by ZEEL to combat the Covid-19 crisis were possible thanks to the coalesced support from well-established NGOs such as Akshaya Patra and Give India, which have had a strong presence in the field.

However, there remains more to do. People everywhere continue to try and revive from the effects of the pandemic and there is a need to create a world that is more equitable and resilient. Individuals and communities in India require support to build back after the pandemic. With an intent to remain committed to social impact, ZEEL's CSR arm continues its efforts to provide a more cohesive, impactful response to society's deepest problems.





Extraordinary Together

Corporate and Registered Office
18th Floor, A – Wing, Marathon Futurex,
Lower Parel, Mumbai, +91 22 7106 1234



*Content developed
and designed by:*

