

June, 2021

# CIVIL SOCIETY SUPPORT TO COVID-19 AFFECTED FAMILIES:

## OUTREACH AND RESOURCING IN THE SECOND WAVE

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# Foreword

In the wake of COVID-19 pandemic, the Union government enforced a nation-wide lockdown on March 25, 2020 to contain the spread of virus, which caused large scale infection and disease. All business activities came to a standstill and informal migrant workers, who had been invisible so far, attempted to return to their home states with little or no access to transport, food and medical aid in case of injury and accident. Unfortunately, the public health emergency turned into brutal police action on the highways and inter-state borders. The Civil Society Organizations (CSO) in India, true to their values and principles came forward to provide food, water, temporary resting arrangement and first aid to the migrant workers. A CSO colleague from Madhya Pradesh reported that the migrants were even provided with foot wear as they were covering hundreds of miles barefoot in the scorching sun on the tarred roads of National Highways, revealing the dark side of pandemic management and level of distress. The CSOs facilitated their passage across different state borders, so that they could reach their homes safely and reduce exposure to infection. The CSOs developed quarantine homes in the villages where these workers were provided the option of spending the first week or fortnight, after lockdown was imposed, with dignity, care and love.

The fear of COVID spread like forest fire and it was necessary to communicate to people about COVID-appropriate behaviour. The NITI Aayog appealed to CSOs to spread awareness about the disease and solicited support in providing necessary relief to the affected people. Despite not having adequate resources and explicit permission to venture out, all types of CSOs, large and small, old and new, urban and rural, cutting across all sectors of work came out in large numbers in true spirit of voluntarism. The support went beyond food relief and awareness generation; CSOs supported small farmers in accessing interest free credit to enable cultivation of the Kharif crop, ensured that various food and direct cash transfer programmes launched under PM Garib Kalyan Yojana reached the entitlement holders; held consultations on issues of migrant workers highlighting the need for registration and portability of welfare schemes.

Towards the end of March 2021, another wave of COVID-19 struck once again, with vengeance. There was severe shortage of testing facilities, hospital beds, medicines and oxygen cylinders to cater to the increasing demand. This time around, CSO staff, community animators, community resource persons, citizen leaders and their family members also got infected, fell sick, with and without hospital service and unfortunately several hundred died. Yet, the CSOs bravely continued the awareness generation programmes, food relief, provisioning protective masks, hand sanitisers, thermometers and oximeters to front line health workers so that they can conduct the surveillance work effectively. By this time most of the CSOs ran out of all their resources. They faced multiple challenges while carrying out their 'Swa-dharm' of

providing humanitarian support during the unprecedented public health emergency. Without any additional staff and infrastructure, the CSOs carried out the work like angels. The ongoing work, be it education, health care, agriculture development, water conservation, etc. also continued despite the lockdown and restricted movements. Amidst the pandemic, however, the entire voluntary sector was destabilised to address many newly created compliances which could have waited for few more months.

Various leading CSOs and networks felt it necessary to document the incredible response to an unprecedented pandemic. The study was undertaken without any grants or funding. It is primarily done to show the action of the CSOs which is so relevant and impactful at such difficult times. More than 500 CSOs from different sectors responded to the electronically mailed questionnaire. We are deeply thankful to them. The colleagues of PRIA came forward to analyse the data and put forward the report. Salute to the Voluntary agencies of India who continued their response to the pandemic without compromising their 'Swa-dharm' of extending support to the people in need. The quick survey undertaken provides a glimpse of the dedicated work by the unknown and unrecognised 'CSO Covid Warriors'.

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30 June, 2021  
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# Acknowledgement

The rapid online survey on “CSO Support to Covid-19 Affected Families: Outreach and Resourcing in the Second Wave” received an overwhelming response from the participating CSOs. The survey was launched at a time when most CSOs were occupied with relief work with the affected communities and were grappling to reach out to thousands of marginalised families. Despite this, 577 CSOs participated in the survey. We deeply appreciate their contributions to the survey.

The survey was the brainchild of a few CSO leaders and prominent among them were Dr Rajesh Tandon, President, Participatory Research in Asia – PRIA; Shri Binoy Acharya, Executive Director, Unnati; Shri Jagadananda, Founder-Mentor, Centre for Youth and Social Development – CYSD; Dr Yogesh Kumar, Executive Director, Samarthan; and Shri Ashok Singh, Executive Director, Sahbhagi Shikshan Kendra. These and many other CSO leaders continuously inspired and guided us in preparing the questionnaire, managing the survey process and analysis of the responses.

In addition, a number of state and national networks of CSOs, particularly Voluntary Action Network India – VANI and Wada Na Todo Abhiyan– WNTA played an important role in reaching out to their members. Since it was an online survey, it was critical to reach out to as many CSOs as possible in every State and Union Territories of the country. The colleagues in PRIA shared the gigantic responsibility of sending out mass emails to various contacts.

Speed was essence in bringing out the findings of this online survey in the public domain as quickly as possible. This would not have been possible without the tremendous contribution of the survey team comprising of Ms Muskan Chawla, a Programme Intern at PRIA, Mr. S Ram Arvind, Research Associate, PRIA and Ms Yashvi Sharma, Training Specialist, PRIA.

We hope that the findings will be useful to acknowledge the astounding contributions of CSOs in the wake of the second wave of COVID-19 pandemic when the most vulnerable communities needed helping hands to live with dignity.

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30 June 2021  
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# Table of Contents

Foreword .....	3
Acknowledgement.....	5
Executive Summary .....	8
About the Survey and Methodology .....	11
The Respondent CSOs.....	13
Support Provided by CSOs.....	17
Challenges Faced by the Community .....	22
Challenges Faced by the CSOs .....	25
Conclusion .....	28
<i>Map 1: The Number of Respondent CSOs Working in Various States &amp; UTs.....</i>	<i>14</i>
<b>Chart 1 : Number of Districts Covered by the Respondent CSOs (n=577) .....</b>	<b>15</b>
<b>Chart 2: Main Organisational Activities of the Respondent CSOs (n=575) .....</b>	<b>15</b>
<b>Chart 3: Years of Operations by the Respondent CSOs (n=575).....</b>	<b>15</b>
<b>Chart 4: Annual Budget of the Respondent CSOs (in INR) (n=569) .....</b>	<b>16</b>
<b>Chart 5: Number of Families Supported by the Respondent Organisations (n=384) .....</b>	<b>17</b>
<b>Chart 6: Support Provided by the Respondent CSOs to COVID-19 Affected Families (n=420) .....</b>	<b>18</b>
<b>Chart 7: Personal Hygiene Materials Provided by the Respondent CSOs (n=420) .....</b>	<b>18</b>
<b>Chart 8: Medical Supplies and Support Provided by the Respondent CSOs (n=420) .....</b>	<b>19</b>
<b>Chart 9: Types of Information Disseminated by the Respondent CSOs (n=413).....</b>	<b>20</b>
<b>Chart 10: Methods Used for Information Dissemination by the Respondent CSOs (n=420) .....</b>	<b>20</b>
<b>Chart 11: Organisation Challenges Faced by the Respondent CSOs (n=405) .....</b>	<b>25</b>
<b>Chart 12: External Challenges Faced by the Respondent CSOs (n=392) .....</b>	<b>25</b>
<b>Chart 13: Mobilisation of New Resources by Respondent Organisations (n=400) .....</b>	<b>26</b>
<i>Annex. 1: Survey Questionnaire .....</i>	<i>30</i>

# Executive Summary

COVID-19 pandemic has exacerbated the existing inequalities in our society. It has affected everyone but its impact on the poor and marginalised is disproportionate. In the wake of the first wave of COVID-19, PRIA with support from other CSOs conducted a study in May 2020 to understand how civil society organisations (CSOs) have responded to the emerging needs of marginalised communities. The findings of this study were presented in the report titled Capacities that Can Make A Difference. A study report titled Response of Indian Civil Society Towards Covid-19 by PRIA and VANI also captured civil society's efforts to support the affected families.

The second wave of COVID-19 hit the country even harder than the first wave. The spread of virus was fast and furious. It has caused enormous devastations to hundreds of families across the country whose members contracted the virus. This was particularly excruciating for the poor and marginalised whose meagre resource base hardly supported the long drawn battle against the peril of pandemic.

It was in this context, the CSOs were called into action. The humongous impact of the pandemic on the community required a concerted action of the government, private sector and civil society. However, a lot had changed in the resource and operating environment in which the CSOs were operating at a time when the second wave of pandemic occurred. The amendments to Foreign Contribution Regulatory Act, 2020 had barred the CSOs to re-grant foreign resources to other organisations. It had a colossal effect on the small and medium size organisations which often accessed resources from bigger organisations who were in direct interface with the donors.

The anecdotal evidences suggested that the CSOs responded to the emerging needs and challenges of the community. However, there was no data available to ascertain the extent of support provided by the CSOs to affected communities. On 26 May 2021, 56 CSOs from various parts of the country met online on the invitation from PRIA, CYSD, Samarthan, SSK and Unnati to discuss the situation and how CSOs were responding to the emerging situation. Among other things, the idea of launching a survey was mooted to understand the emerging responses of the CSOs. It was decided that a survey needed to be conducted rather rapidly, so that the results could be analysed quickly aiding the planning for immediate actions.

A survey team was constituted at PRIA and the survey was launched. The online responses were collected from 1-12 June 2021. A total of 583 responses were received from 26 States and four Union Territories. After a preliminary cleaning-up, a total of 577 responses were considered for the final analysis, as some responses were incomplete.

The Civil Society Organisations (CSOs) participated in the survey were pre-dominantly small and medium size organisations. The survey revealed that they have presence

all over the country. More than two-third CSOs work in 1-5 districts with an annual budget of less than 1 Crore<sup>1</sup> Indian rupees. Nearly half of them have been working for 16-20 years showing some form of institutional resilience despite odds. Nearly 90 percent of them implement programmes with grassroots communities. The respondent CSOs are also involved in organising campaigns and advocacy along with networking on various issues; undertaking research studies; and training of a variety of development actors including community based organisations such as women's group, youth, farmers; front line government workers; local government functionaries, and other grassroots CSOs, among others. Approximately two-third of the CSOs (66 percent) have annual budget less than Rs.1 Crore, indicating that these are smaller grassroots organisations. Only one-fifth of the respondent CSOs have annual budget of more than Rs.1 Crore. A few respondent CSOs have annual budget of more than five crore. This category includes bigger CSOs, some with annual budget more than 15 crore.

Approximately, 50 lakh families have received support from the respondent CSOs. The CSOs mainly provided food, personal hygiene materials and medical supplies to the needy families. A number of them also provided emotional support to the families affected by the peril of pandemic. Still a few of them provided cash support to disadvantaged families. Despite smaller in size, majority of the CSOs collectively made a substantive outreach across the States and Union Territories. Access to authentic information was a critical need of community during the second wave of pandemic. Majority of the CSOs acted as info-intermediaries whereby they accessed authentic information from government and other expert institutions, simplified them in local languages and intelligible formats, and disseminated to the community.

As many as 78 percent respondent CSOs distributed food; nearly 91 percent CSOs have provided personal hygiene materials such as masks, sanitisers, sanitary pads, and gloves and PPE kits both to the community as well as frontline workers. Seventy three percent CSOs have provided various kinds of medical supplies including medicines, oxygen cylinders, oxygen concentrators, and oximeters. A few of them also arranged plasma and blood donors for the patients. Nearly 40 percent respondent CSOs helped in hospitalisation of patients and arranged for COVID-19 tests. Furthermore, approximately one-fifth CSOs helped in organising quarantine centres.

A little more than 200 CSOs have reported that their staff have been sick due to contraction of the virus and more than 50 have reported occurrence of death among staff. These did not deter them to continue community service. The biggest challenge faced by 92 percent of the total respondent CSOs was unavailability of financial resources. The financial crunch curtailed their operations. As the civil society sector generally has been under-resourced for several years now, lack of resources has affected the small and medium size CSOs the most. A very few of them could mobilise

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<sup>1</sup> 1 crore is equivalent to 10 million

additional resources to provide relief and other support to the affected communities. Yet, their ability to reach out to the needy families has been commendable, often with their own resources as has been shown in the survey. The survey revealed that majority of the organisations (42 percent) had to use their own resources to engage in relief and community support activities. Forty percent respondent CSOs were unable to raise any new resources to support this work. Seven percent CSOs managed to receive Indian CSR funding for pandemic disaster alleviation during the second wave. At least 6 percent CSOs reported that they mobilised resources from the local community, which is small but encouraging. Foreign donor contribution, both individual and organisational, Indian diaspora, and other sources accounted for 6 percent only.

This is something to be pondered by all who could have made a difference with their resource and policies – the government, the international donors, philanthropists of all origins and corporate social responsibility programmes. This is going to be a future strategic choice for a lot of resource providers. Is it good enough to find and fund a few largest CSOs with impressive individual outreach or better to work with several small ones to reach out to the farthest and hard to reach communities with similar impressive outreach?

The NITI Aayog, which on behalf of the government had solicited support from the CSOs with deeper gratitude needs to take a relook at financial and legal regulatory frameworks that constrict access to resources by the small and medium size organisations. The question that needs to be asked, is it fair to ignore the constraints imposed by the public laws and policies on the CSOs and still expect them to deliver public good at the time of crises?



# About the Survey and Methodology

COVID-19 pandemic has impacted everyone in the society. However, it has exposed and aggravated the existing inequalities in our society and has affected the poor and marginalised even more disproportionately. In the wake of the first wave of COVID-19, PRIA conducted a study in May 2020 to understand how civil society organisations (CSOs) have responded to the needs of marginalised communities. The findings of this study have been presented in the report titled Capacities that Can Make A Difference. A study report titled Response of Indian Civil Society Towards Covid-19 by PRIA and VANI also captured civil society's efforts to support the affected families.

In somewhat diabolically, we have come back to a similar or even more dire situation in 2021. The second wave of COVID-19 spread like wildfire particularly between the months of March and May 2021. Unlike the first wave, this episode not only affected the urban population but also grievously affected the rural population which have very limited access to health and medical services. The shortage of hospital beds and medical oxygen added to the woes of other inaccessible welfare services.

The CSOs across the country responded to the needs of community particularly that of the most marginalised and poor, despite severe constraints imposed on them by the recent change in laws and policies. Being part of the CSO fraternity, we were aware about the intentions, contributions, and challenges of CSOs; however, we did not have solid data to understand the extent of support CSOs were providing to the communities complementing the efforts of governments and other actors.

On 26 May 2021, 56 CSOs from various parts of the country met online on invitation from PRIA, CYSD, Samarthan, SSK and Unnati to discuss how CSOs were responding to the emerging situation on ground. Among other things, the idea of launching a survey was mooted to understand the emerging responses of the CSOs. It was decided that the survey needed to be conducted rather rapidly with a very few essential questions, so that the results could be analysed quickly aiding the planning for immediate actions.

A survey team was constituted at PRIA and an initial questionnaire was prepared. A set of multiple choice questions were prepared with single or multiple choices of answers depending on the nature of the question. A few open ended questions were also included to allow contextual responses. The questionnaire (Annex.1) with input from a few CSO leaders was finalised and an online survey form was created. The link of the questionnaire with an introductory letter was sent to CSOs from various States and Union Territories between 31 May to 4 June 2021 using the CSO mailing lists available with various organisations. The online responses were collected from 1-12 June 2021.

A total of 583 responses were received. After a preliminary cleaning-up, a total of 577 responses were considered for the final analysis, by eliminating the incomplete responses. A basic data check was done to examine consistencies in response against each question. Each question was analysed for creating simple frequency table and corresponding chart or graph. The analysis of each chart highlighted the emerging trends and provided major insights regarding the disaster alleviation efforts and challenges faced by the CSOs. In a few instances, cross-table analysis was done to underline the consistencies with regard to main findings.

This report consists of six sections. The first section provides the characteristics of respondent organisations in terms of their geographical coverage, annual budget, and key organisational activities. The second section provides insights into the extent and kind of support provided by the CSOs to COVID-19 affected families. The third section provides a description of various challenges faced by the community with particular focus on women, girls and person with disabilities. The internal and external challenges faced by CSOs while engaging with relief work are presented in the fourth section and the extent to which the CSOs could mobilise new resources to support relief work is discussed in the fifth section. In the final section, a few conclusions and recommendations have been presented.

# The Respondent CSOs

## Widespread, small, resilient, feet on the ground

*The Civil Society Organisations (CSOs), which participated in the survey, were pre-dominantly small and medium sized organisations. The survey revealed that they had presence all over the country. More than two-third CSOs worked in 1-5 districts with an annual budget of less than 1 Crore<sup>2</sup> Indian rupees. Nearly half of them had been working for 16-20 years showing some form of institutional resilience despite odds. Nearly 90 percent of them implement programmes with grassroots communities.*

A total of 577 organisational responses from 583 responses were considered for the survey. Out of these, 26 CSOs worked in more than one State and Union Territory. A few of these CSOs worked throughout the country with a national focus. A total of 549 CSOs clearly mentioned the name of the State(s) where they work. **Map 1** shows the State and Union Territory wise coverage by various CSOs. It shows that States like Tamil Nadu (90), Andhra Pradesh (69) and Karnataka (65) in Southern India; Rajasthan (90), Maharashtra (38), and Gujarat (31) in Western India; Madhya Pradesh (41) and Chhattisgarh (30) in Central India; Odisha (59), Jharkhand (36), and Bihar (27) in Eastern India, and Uttar Pradesh (89) and Delhi (29) in Northern India have been covered by maximum number of CSOs.

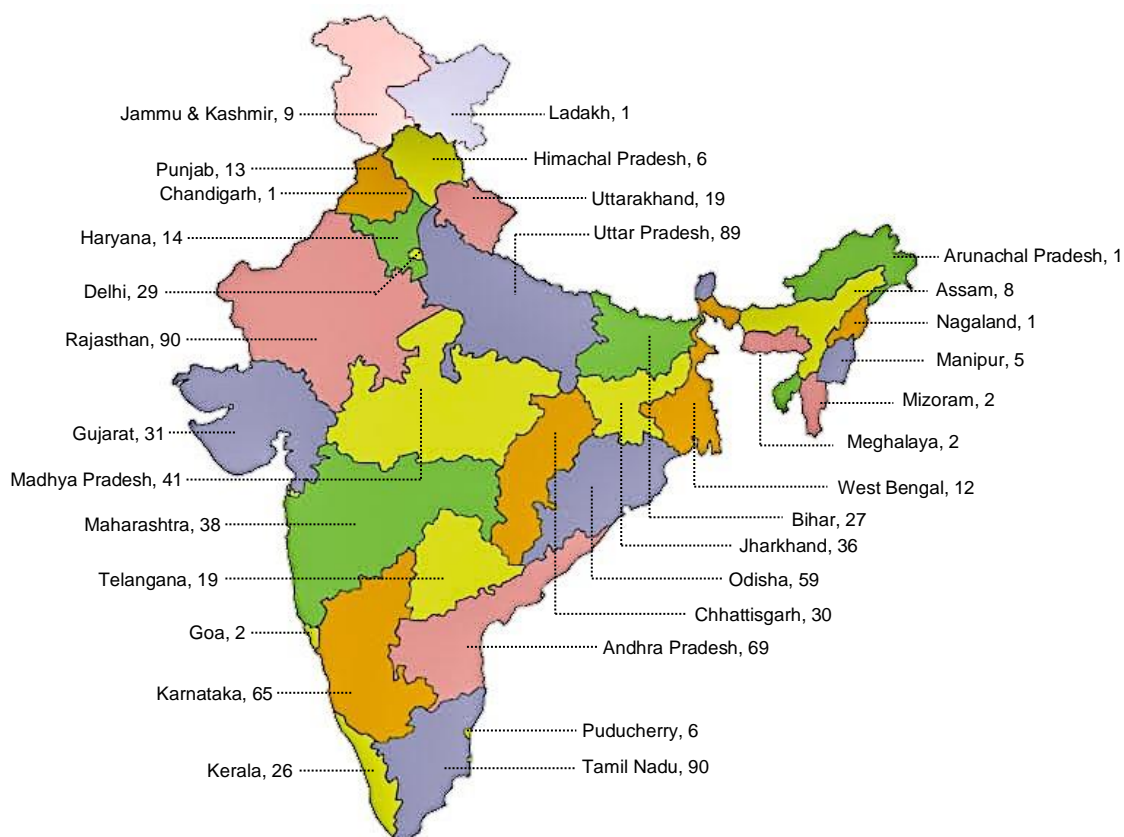
The number of districts covered within one or more States and Union Territories by various CSOs vary depending on their capacity and resource. **Chart 1** shows that a quarter of CSOs work in a single district and almost half (45 percent) of the CSOs work in 2-5 districts. Approximately one-fifth of the respondent CSOs work in 6-20 districts. Understandably, only one percent respondent CSOs, which are large organisations, work in more than 100 districts.

The respondent CSOs are involved in implementation of field based programmes; organising campaigns and advocacy along with networking on various issues; undertaking research studies; and training of a variety of development actors including community based organisations such as women's group, youth, farmers; front line government workers; local government functionaries, and other grassroots CSOs, among others.

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<sup>2</sup> 1 crore is equivalent to 10 million

**Map 1: The Number of Respondent CSOs Working in Various Indian States and Union Territories**



**Chart 2** shows that majority of the respondent CSOs (89 percent) are involved in implementing various field based sectoral programmes in the areas of livelihood, skill building, education, health, sustainable agriculture, women empowerment, etc. Sixty five percent respondent CSOs are involved in campaigns involving communities as well as advocacy with local governance institutions and block and district administration. A few of them are also involved in advocacy with the state and national governments. Networking with other grassroots CSOs within and outside the district is an important activity of the respondent CSOs. Approximately half of the respondent CSOs reported that they are involved in networking activities with other CSOs. They also use training to build skills and capacities of various stakeholders. Three-fourth of the respondent CSOs use training as a critical intervention for awareness raising, skill development and knowledge building. A quarter of the respondent CSOs are involved in various research activities to generate new information and knowledge to support their field interventions as well as networking and advocacy work. A few CSOs are involved in running shelter and care homes for orphan children and other destitute people. Some also run de-addiction centres.

Chart 1 : Number of Districts Covered by the Respondent CSOs (n=577)

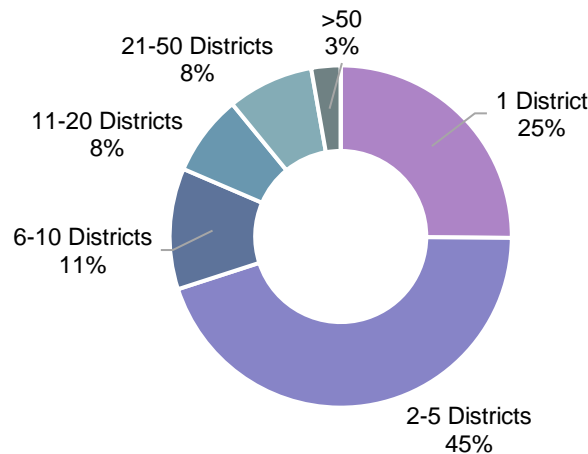


Chart 2: Main Organisational Activities of the Respondent CSOs (n=575)

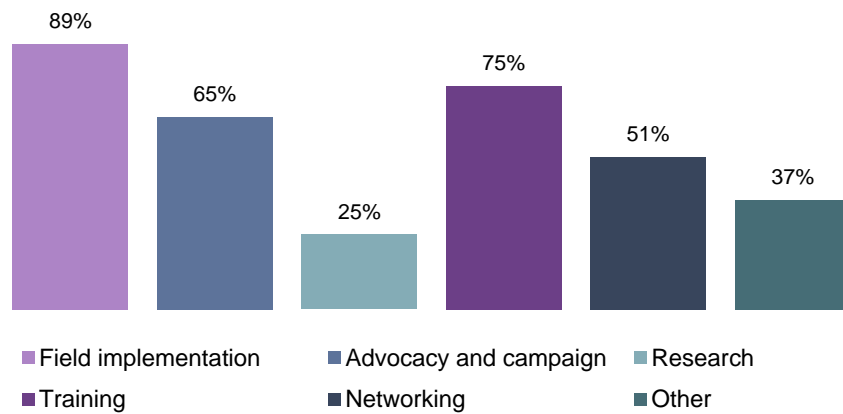
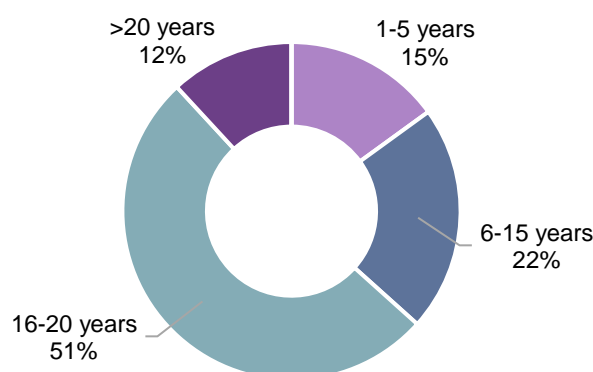
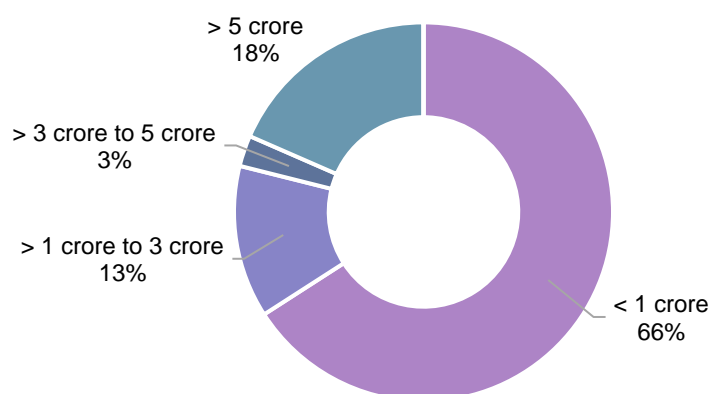


Chart 3: Years of Operations by the Respondent CSOs (n=575)



**Chart 3** shows that nearly half of the respondent CSOs (51 percent) is working for approximately two decades. A few CSOs have been in existence for longer time, more than 30 years, showing enormous resilience and expertise. Fifteen percent respondent CSOs are relatively new and have been in operations for 1-5 years.

Chart 4: Annual Budget of the Respondent CSOs (in INR) (n=569)



**Chart 4** shows the annual budget of the respondent CSOs. Approximately two-third of the CSOs (66 percent) have annual budget less than Rs.1 crore which is consistent with the Chart 1 (geographical coverage), indicating that these are smaller grassroots organisations. Only one-fifth of the respondent CSOs have annual budget of more than Rs.1 crore and another one-fifth with more than 5 crore. A few respondent CSOs have annual budget of more than 5 crore. This category includes bigger CSOs, some with annual budget more than 15 crore.

# Support Provided by CSOs

## Willing, responsive, reliable, deriving strengths from collectives

*Approximately, 50 lakh families have received support from the respondent CSOs. The CSOs mainly provided food, personal hygiene materials and medical supplies to the needy families. A number of them also provided emotional support to the families affected by the menace of pandemic. Still a few of them provided cash support to disadvantaged families. Despite smaller in size, majority of the CSOs collectively made a substantive outreach across the States and Union Territories. Access to authentic information was a critical need of community during the second wave of pandemic. Majority of the CSOs acted as info-intermediaries whereby they accessed authentic information from government and other expert institutions, simplified them in local languages and intelligible formats, and disseminated to the community.*

A total of 384 respondent CSOs (66 percent of CSOs who participated in the survey) could reach out and provide support to 48,18,761 families. The number of families supported by each CSO varies according the existing coverage, capacities and availability resources. **Chart 5** shows that individually nearly half of the respondent CSOs (44 percent) were able to support 100 to 1000 families. A little more than one-quarter of respondent CSO individually were able to support 1000 to 5000 families. A few CSOs (6 percent) were able to reach out and provide support to more than 10,000 families. One of the most important findings that emerges from the data is the sense of responsibility, willingness, and responsiveness of the respondent CSOs, irrespective of their size, coverage and resource base. The CSOs have tried their best to reach out to as many as families as possible within their existing capacities.

Chart 5: Number of Families Supported by the Respondent Organisations (n=384)

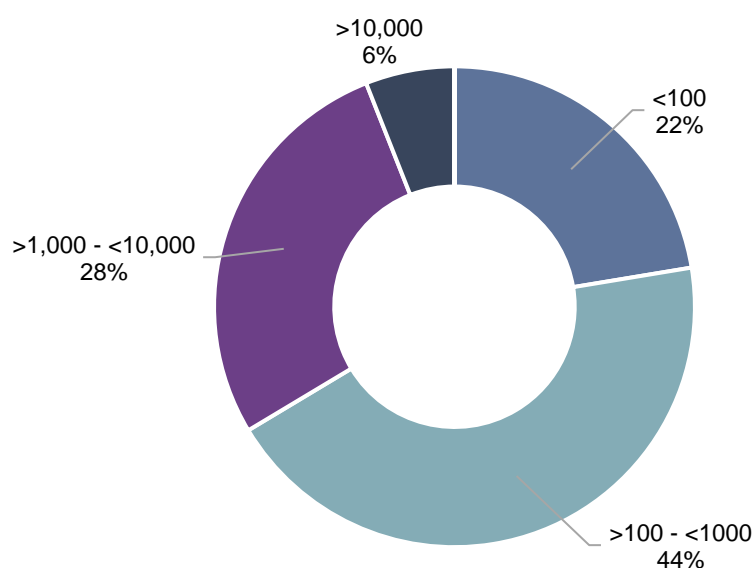


Chart 6: Support Provided by the Respondent CSOs to COVID-19 Affected Families (n=420)

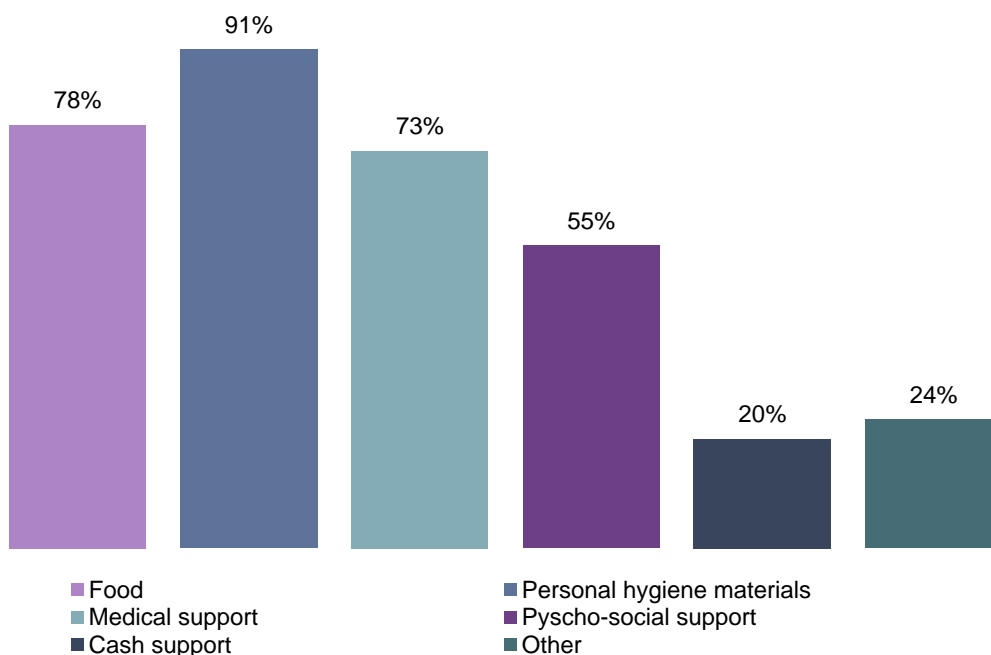


Chart 7: Personal Hygiene Materials Provided by the Respondent CSOs (n=420)

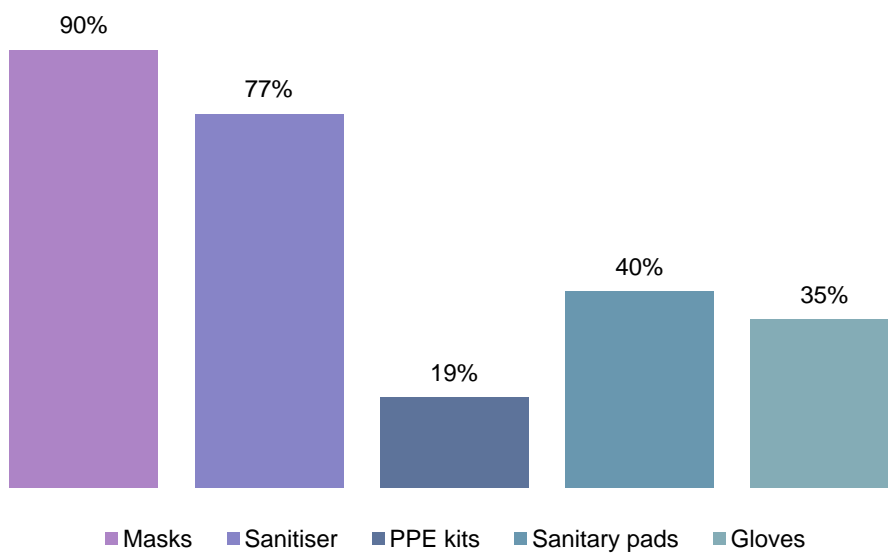
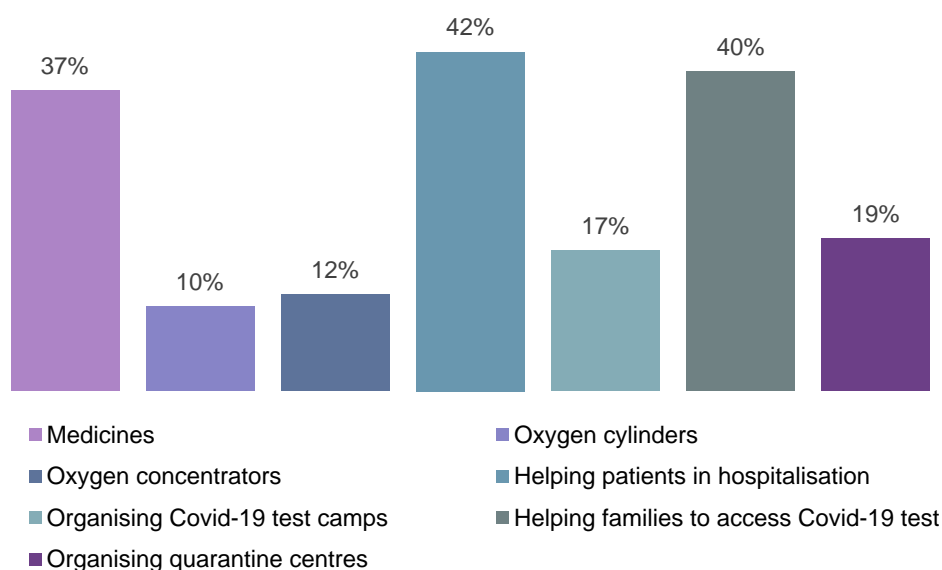




Chart 8: Medical Supplies and Support Provided by the Respondent CSOs (n=420)



The CSOs had actively come forward and helped in mitigating the adverse effects faced by millions due to the pandemic. **Chart 6** shows that as many as 78 percent respondent CSOs distributed food (dry ration, cooked food or both). Nearly 91 percent respondent CSOs had provided personal hygiene materials such as masks, sanitisers, sanitary pads, and gloves and PPE kits both to the community as well as frontline workers. This is further illustrated in **Chart 7**. Seventy three percent CSOs had provided various kinds of medical supplies including medicines, oxygen cylinders, oxygen concentrators, and oximeters. A few of them also arranged plasma and blood donors for the patients. **Chart 8** shows that nearly 40 percent respondent CSOs helped in hospitalisation of patients and arranged for COVID-19 tests. Furthermore, approximately one-fifth CSOs helped in organising quarantine centres. Many CSOs across the country assisted in vaccination drives, encouraged people to get vaccinated and also disseminated necessary information. *The survey also highlighted that more than half of the respondent CSOs offered emotional support to the distressed families while some of them provided psycho-social counselling.* As many people lost their jobs and could barely support their families due to pandemic related curfews and lockdowns, nearly one-fifth of the respondent CSOs offered cash supports to people.

One of the important roles played by CSOs, during the first as well as second wave of pandemic was to disseminate crucial information in such extraordinary times. **Chart 9** shows that as many as 95 percent respondent CSOs were involved in providing information about *COVID-19 appropriate behaviour* like wearing mask, washing hands, using sanitisers, maintaining social distance, etc. More than 50 percent respondent CSOs disseminated information about the availability of doctors, hospital beds, quarantine centres and oxygen cylinders and life-saving drugs like Remdesivir. Similarly, more than half of the respondent CSOs provided information about how to access entitlement documents like Aadhar Card, so that government schemes and

benefits could be accessed by the intended beneficiaries. Three-fourth respondents CSOs helped in disseminating information regarding government schemes among local communities. Information about accessing COVID-19 vaccines and medicines were communicated by 63 percent and 64 percent respondent CSOs, respectively. The survey also highlighted that 37 percent respondent CSOs helped people by giving them information about how to access oxygen cylinders and concentrators.

Chart 9: Types of Information Disseminated by the Respondent CSOs (n=413)

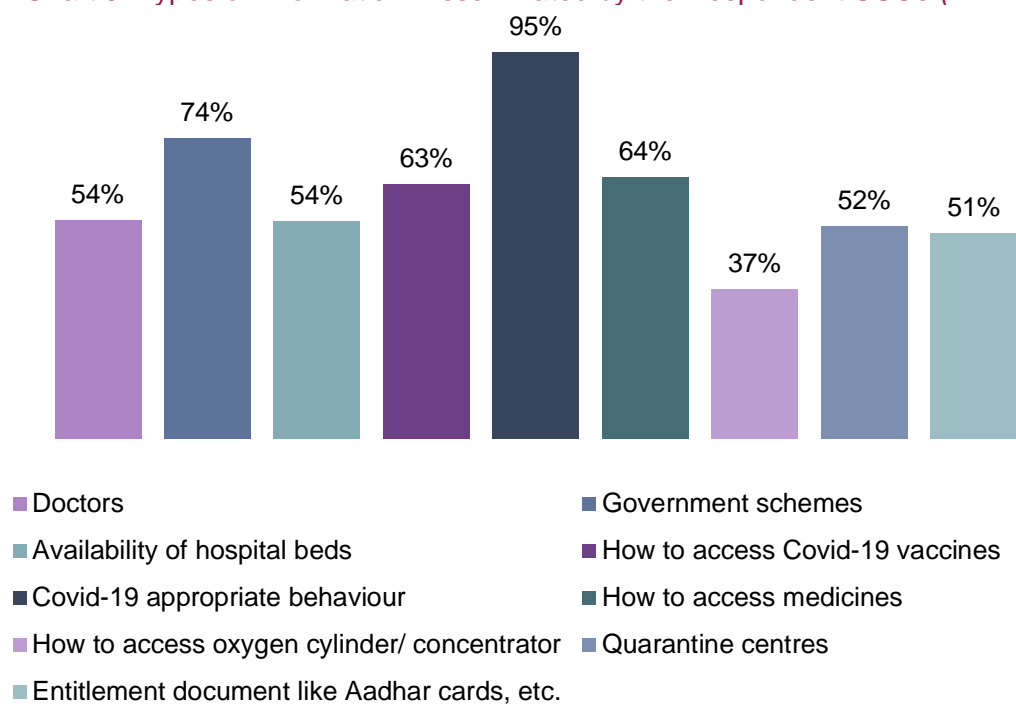
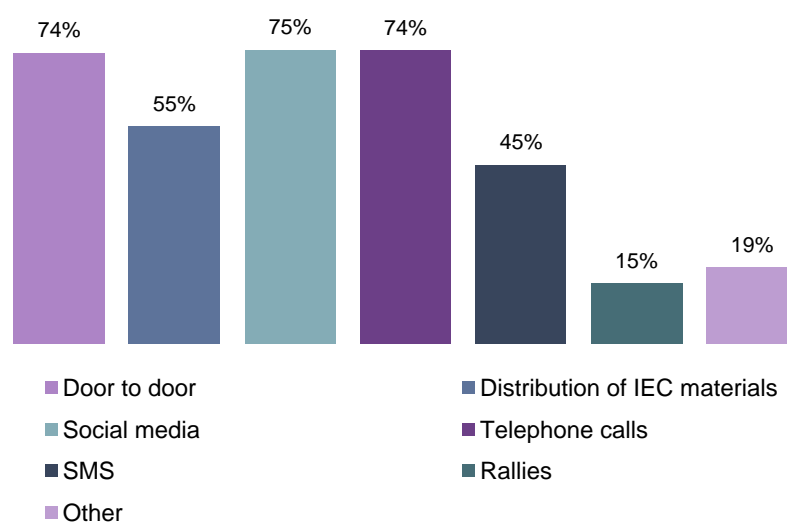


Chart 10: Methods Used for Information Dissemination by the Respondent CSOs (n=420)



The CSOs, that participated in the survey have extensive experience of working with wide range of communities and hold a deep understanding of community needs during the pandemic. This close proximity with communities allowed them to quickly respond

to a variety of information needs to vulnerable and harder-to-reach groups as shown in **Chart 10**. These organisations are also aware of prevalent myths in the communities and thus can support in dispelling them. The CSOs in the survey used combinations of door to door, social media, telephone calls, SMS, rallies, distribution of IEC material to reach out to communities. The findings also suggest that door-to-door, social media and telephone calls were the most popular modes of information dissemination used by the CSOs. Around 74 percent respondent CSOs made door-to-door visits to disseminate information regarding COVID-19 in the communities. Several CSOs (55 percent) had also produced customised IEC materials, translated into local languages, for disseminating information from government, World Health Organisation and other relevant sources to the local communities. In the survey, organisations had also emphasised the importance of CSOs emerging as trusted sources of information given the general mistrust prevailing among the rural and migrant communities.

# Challenges Faced by Community

The following section highlights the challenges faced by sections of the community like women, migrant labour, adolescents, elderly and Persons with Disabilities.

## **Challenges faced by women**

During the pandemic, women have faced several challenges which ranged from household problems to issues in the workplace. The cases of domestic violence and harassment had plummeted, and the stigma attached to seeking help or work has further exacerbated the challenge, particularly for married and unemployed women. In low-income households, women were forced to take up domestic work to make ends meet. In most situations, women had been overburdened with household chores and occupied with care-giving for family members. Health of elderly women had also suffered serious setbacks. Lack of essential resources like ration, sanitary napkins, medical care along with the lack of finances to run households constituted major challenges reported by women. Pregnant and lactating women were confronted by challenges related to procuring fruits and other essential products and avenues of care-giving for the child, in case a parent/guardian tested positive. Adolescent girls reported inability to receive important nutrition supplements from the community health workers, thus affecting their growth and development. Because of the loss of jobs and finances, people were unable to repay their debts and arrange for other expenses such as rent, bills and medicines. It had also made them overly dependent on the male members of the family, leading to social stigmatisation and discrimination. Many women had expressed their concerns about early marriage due to not having job opportunities.

Women who were employed as daily wage workers had been reluctant to go out for work, due to the fear of the spread of the virus. The pandemic had severely impacted the lives of women of every age group, and every section of society. The diverse set of challenges faced by women had caused irreparable damage to their lives and affected every aspect of their well-being- financial and physical, and most worryingly their mental health. Women engaged in agriculture had not been able to buy important agricultural inputs, thus jeopardising their livelihood prospects.

## **Challenges faced by the working class**

Unemployment, rising expenses and financial crises within families were identified by respondents as outcomes of the second wave of pandemic, where the pressure to run households or secure medical care was more on sole breadwinners. Particularly, there has been an enormous outflux of rural migrants who have been forced to go back to their villages in difficult circumstances, due to lack of means for sustenance. Additionally, the ones who stayed back were unable to secure welfare or external

support. In order to fulfil basic needs, many people in the working class risked their health to return to workplaces and continue their work under unsanitary conditions. As the second wave of regional lockdowns concluded, many families had exhausted their savings and were increasingly relying on relief material.

The elderly had reported irregularity in pension payments and other social security provisions. Affording essential medical care, food and leveraging support systems were among the other challenges reported. Due to loneliness and restricted socialisation, many respondents reported to attend to cases of depression, anger and mental stress. Cases of divorce and marital discord were observed to be on the rise during the period.

### **Challenges faced by adolescents and Persons with Disabilities**

The respondent CSOs reported sharp inequalities related to adolescents, especially in accessing education and health services. Adolescent health has suffered setbacks at multiple levels owing to the pandemic, impacting their sexual and reproductive health, nutrition and making them vulnerable to drug and substance abuse and domestic violence. It was reported from some states that adolescents were not receiving their share of food entitlement owing to the suspension of mid-day meals in schools. The consequences of irregular food supply to school children include hunger, malnourishment and poverty. The affinity to slip into economic misery, as observed by the respondents, was higher among the families living in rural areas.

Sexual and reproductive health of adolescents, especially menstrual hygiene and contraception, has been impacted due to supply-side deficiencies. In the absence of school or opportunities to productively channelize energy, adolescents were reported to slipping into tobacco and substance addiction. Safety of adolescents within households was also compromised in some situations, as avenues to move beyond home or seek redressal is limited. As one of the respondents remarked:

*“We have seen violence towards adolescents increasing during this period (second wave). One of the reasons for this is frustration due to job loss and poverty among parents, which is taken out on their children.”*

Loss of livelihoods among adults, especially the male earning members of the family manifested as abusive behaviour towards women and children. Hampered economic prospects of families are passed onto the second generation, among whom many happen to be learners. Education prospects of youth had suffered a reversal due to inability to pay fees and afford smart phones to continue with online classes. The deep digital divide had exacerbated the crisis, with children forced to drop out on account of poor internet coverage in rural areas. Drop-out rates among rural adolescents had particularly increased during this period, according to many respondents. High rates

of drop-out among school children makes them vulnerable to child labour and exploitation at the hands of employers. One of the participants opined:

*“They mainly depend on online education which has access only to 67 percent of the students (whose parents can afford a computer or a mobile). Remaining students are out of the mainstream education. 40 percent of those students who have access do not have stable internet connectivity. 5 percent have access to their parents’ smart phone but which is not available during day time”.*

The CSOs have also raised concerns over impending vaccination drives for adolescents in the age group of 10-19 years. Socially, the adolescents have been affected by the curtailed interactions due to lockdowns and school closures. Similarly, many children have lost their support system, either due to death of parents or acquaintances.

The impact of the pandemic on the Persons with Disabilities (PwD) was also overwhelming, considering the double burden they face, due to their disability and a health system that is overburdened due to the pandemic. The CSOs reported widespread hunger and neglect among the PwDs. Stigma towards PwDs had historically distanced them from labour opportunities. As the pandemic stuck, many of them were unable to find jobs support themselves. Severe disability can impair the ability of PwDs to function independently. Due to lockdowns, there were restrictions on movement and hence, quality of care was found to be PwDs dependent on care-givers. Other issues as reported by the CSOs include difficulty in accessing pensions, securing ration supplies from the local ration shop, neglect and abandonment from family members, securing slots for vaccination and inability to access transportation facilities. PwDs were also found to be suffering from information deficit related to COVID-19. Challenges related to accessing information were particularly difficult for the PwDs, who were visually impaired, hearing impaired or suffered from intellectual disabilities.

# Challenges Faced by the CSOs

## Under-staffed, under-resourced, under-protected, yet immersed in the community

The pandemic has affected the CSOs as much as the community. More than 200 CSOs had reported health issues among staff due to contraction of virus and more than 50 had reported occurrence of death among staff. However, this did not deter them from continuing community service. As the civil society sector generally has been under-resourced for several years now, lack of resources had affected the small and medium size CSOs the most. A very few of them could mobilise additional resources to provide relief and other support to the affected communities. Yet, their ability to reach out to the needy families has been commendable, often with their own limited resources as the survey shows.

Chart 11: Organisation Challenges Faced by the Respondent CSOs (n=405)

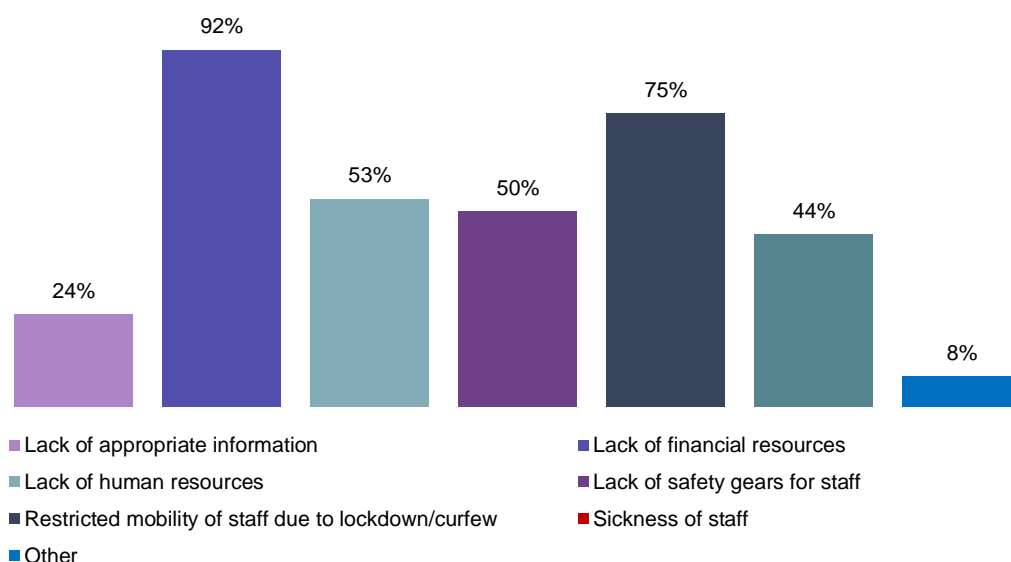
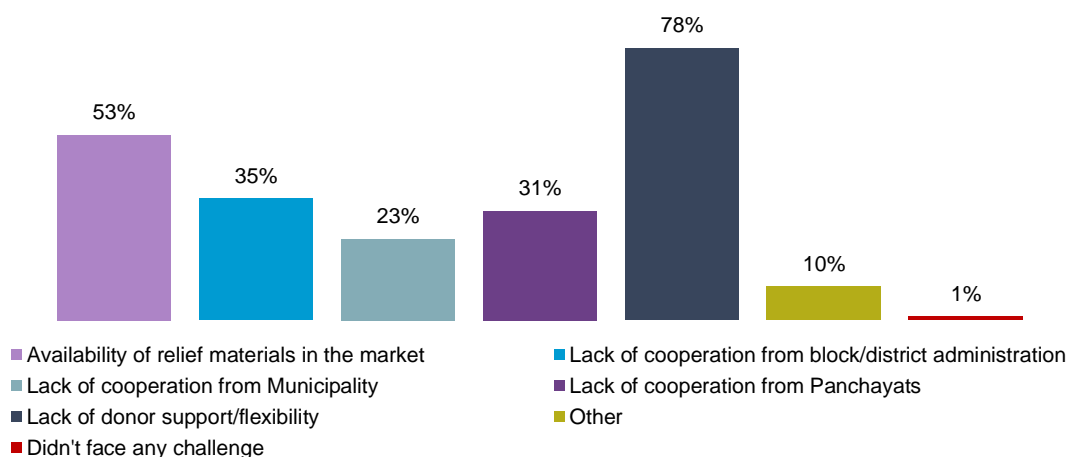


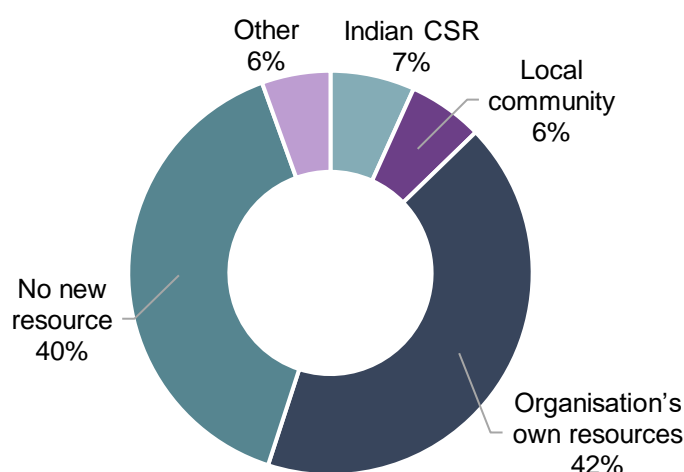
Chart 12: External Challenges Faced by the Respondent CSOs (n=392)



**Chart 11** shows that the biggest challenge faced by 92 percent of the total respondent CSOs was unavailability of financial resources. The financial crunch curtailed their operations. Approximately, three-fourth CSOs reported that restricted mobility of staff due to lockdown and curfew became a hindrance to their response and recovery measures. There was also inadequate supply of safety gears for staff and half of the respondent CSOs outlined this as a problem. 53 percent CSOs also highlighted that lack of human resources posed internal challenges in their functioning. A few CSOs (around 24 percent), also felt that lack of proper information during these unprecedented times affected their capacities. 44 percent respondent CSOs considered sickness of staff to be a significant problem. Other challenges faced by the respondent civil society organizations included lack of support from the local government, mental stress issues among staff members and delay in reaching out to remote locations.

Out of 577 CSOs, 54 respondents revealed cases of death in their workforce, while 205 CSOs reported instances of sickness of staff due to COVID-19.

**Chart 13: Mobilisation of New Resources by Respondent Organisations (n=400)**



The corona virus pandemic and the subsequent lockdown had affected everyone, but it has impacted the poor and the marginalised sections of the society the most. Even as CSOs across the country were responding with welfare measures for each of the vulnerable groups of people, they were confronted with their share of challenges as well. **Chart 12** shows that majority of the organizations (78 %) reported lack of donor support or flexibility as major constraint. This is supported by the findings from **Chart 13**. Due to lockdown and curfews, the CSOs also faced problems in procuring relief materials from the market. More than half of the respondent CSOs mentioned this a challenge. It was also critical for the CSOs to coordinate with PRIs, Municipalities along with the block and district administration. A number of CSOs reported about collaborative efforts to increase outreach to the affected communities. However, nearly one-third of the respondent CSOs also mentioned about lack of cooperation



from the PRIs, Municipalities and district administrations as a challenge while conducting relief operations on ground.

During the second wave of pandemic, the CSOs found themselves struggling with resources. Majority of the organisations (42 percent) had to use their own resources to engage in relief and community support activities. Forty percent respondent CSOs were unable to raise any new resources to support this work. Seven percent CSOs managed to receive Indian CSR funding for pandemic disaster alleviation during the second wave. At least 6 percent CSOs reported that they mobilised resources from the local community, which is small but encouraging. Foreign donor contribution, both individual and organisational, assistance from Indian diaspora, and other sources accounted for a meagre (6%) portion of resources raised for purpose of relief.

## Conclusion

The second wave of COVID-19 pandemic has left a devastating impact on the community. The sufferings originated during the first wave early last year, have not only continued but also exacerbated millions of lives. Unlike the first wave which mainly impacted the urban areas, this time the impact has been far reaching touching the rural lives as well. The extent of contractions of virus and the resulting death and destruction has been beyond imagination. The gendered impact of pandemic has been enormous as women and adolescent girls had to face multiple challenges. People lost their jobs and income leaving little resources at their disposal to look after families' daily needs and extraordinary health needs. Certain groups like person with disabilities had to face additional challenges. The elderly women and men were particularly susceptible to the virus. This extraordinary situation not only added woes to material needs but also affected the mental health.

The CSOs spread across the country responded to this unusual catastrophe in the community with their meagre resource base. The survey with 577 CSOs revealed that although individually each CSO was small in size, limited in resources and outreach, collectively they managed to make a spectacular contribution to the most vulnerable people in the society. The survey sample is miniscule as compared to the estimated number of CSOs present in the country, pegged at three million. However, it provides an encouraging projection, if we assume that most CSOs have responded with some support to the community.

The health care as well as the crisis management systems of the union and state governments when grappled with the enormity and scale of multiple crises, the CSOs with almost no additional support stood steadily with the community and made available the basic necessities. This ranges from food, medical supplies, personal hygiene materials, emotional support, cash support and crucial and authentic information relevant to the affected community. The value addition of CSOs was more than spectacular because of their consistent commitments and proximity to the communities. One could imagine, had they been equipped with more resources, a larger number of distressed families could have received essential support.

This is something to be pondered by all who could have made a difference with their resource and policies – the government, the international donors, philanthropists of all origins and corporate social responsibility programmes. This is going to be a future strategic choice for a lot of resource providers. Is it good enough to find and fund a few largest CSOs with impressive individual outreach or better to work with several small ones to reach out to the farthest and hard to reach communities with similar impressive outreach?

The NITI Aayog, which on behalf of the government had solicited support from the CSOs with deeper gratitude needs to take a relook at financial and legal regulatory frameworks that constrict access to resources by the small and medium size organisations. The question that needs to be asked, is it fair to ignore the constraints imposed by the public laws and policies on the CSOs and still expect them to deliver public good at the time of crises?

# Annex. 1: Survey Questionnaire

1. Details of the respondent
  - Name
  - Sex
1. Full Name of the organisation
2. Any acronym
3. Head of the organisation
4. Email
5. Mobile No.
6. What are your organisation's main activities?
7. For how many years your organisation has been working?
8. What is your organisation's annual budget (average of last 3 years) in Indian rupees?
9. Is your organisation working in more than one state?
10. Which geographical areas are being covered by your organisation?
11. What support your organisation has provided to families affected by the second wave of Covid-19?
12. What kind of information your organisation has disseminated to the community and Covid-19 affected families?
13. What methods and tools your organisation has used for information dissemination?
14. How many families have been supported by your organisation during the second wave of Covid-19?
15. What challenges the affected communities have faced in your working areas?
16. Please describe how have you worked collaboratively with the Panchayat, District
17. Administration and/or Municipalities.
18. What organisational (internal) challenges you have faced in working with the affected families?
19. What external challenges you have faced in working with the affected families?
20. How has your organisation mobilised any new resource to support Covid-19 related work since January 2021?
21. Has any of your colleague fallen sick due to Covid-19 infection?
22. Has any of your colleague died due to Covid-19?
23. Would you like to mention any additional information?
24. Would you like your organisation's name to be acknowledged in the final report?

