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Capacities that Can Make A Difference

An assessment of capacity needs of CSOs for providing
effective support to pandemic affected community

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In collaboration with

A Study by



Foreword

The history of voluntary actions in India after independence is chequered with many examples where a disaster stimulated new initiatives. The Bihar drought in 1966 and Bangladesh independence movement in 1970-71 can be seen as two early signposts for triggering new waves of community services, largely by youth from around the country. Since then, disasters of many types – cyclones and super-cyclones, earthquakes and floods, industrial accidents and communal riots – have seen immediate and long-term responses by voluntary initiatives, both spontaneous and formally structured over time.

It is, therefore, no exception that Covid-19 pandemic has seen over the past two months critical, urgent and widespread responses from civil society in India, and around the world. As lockdown continues under strict regulations of disaster management, the stories of civil society actions for immediate relief – food, water, shelter – and sharing authentic information about corona virus with local communities to reduce anxiety and fear—have been both satisfying and inspiring.

Yet, this pandemic has clearly exposed the structural ‘fault-lines’ and inequalities in all societies around the world. The incapacity of state institutions – from local to provincial and national – in dealing with the disaster and its consequences has been brutally exposed in India, and around the world. The most telling illustration of societal apathy and institutional disregard is notable towards the sufferings of millions of stranded migrant workers families in India.

This is a period of severe mistrust between civil society and political regimes in many democratically governed societies around the world. India has been witnessing sustained efforts to tighten regulatory mechanisms for civil society by the central and state governments over the past decade. In the absence of a benign and supportive eco-system, civil society actions in post-pandemic period may become weak and unsustainable.

It is precisely at this juncture that planned efforts are required to strengthen capacities of local civil society to continue to innovate, engage and promote medium-term solutions for well-being of India’s excluded, marginalised and pandemic-displaced families and communities. This report from PRIA, based on a survey towards this end, highlights some of those challenges and opportunities.

If there is one lesson that Covid-19 is teaching all humanity, it is to strengthen local communities, local institutions and local leadership for imagining and designing a ‘new normal’ ahead. Investments made now in strengthening the capacities of local civil society organisations, networks and leadership may create the social infrastructure necessary for such a possibility.

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Acknowledgement

The report “*Capacities that can make a difference*” is a collective effort by a number of prominent civil society organisations (CSOs) which are deeply connected with the communities in their respective areas of work. PRIA International Academy (PIA) which is the research, training and advisory wing of Society for Participatory Research in Asia (PRIA) took the lead to conceptualise, collate and analyse the data shared by 160 CSOs working with the communities across 14 Indian States.

We would like to acknowledge the readiness and contribution of 160 CSOs for finding out time to respond to the survey questionnaire through emails, telephones, and online, despite their busy schedule in this difficult time. The study could not have been completed without the contribution of our partners. They include, Andhra Pradesh Mahila Abhivruddhi Society – APMAS (Hyderabad), Centre for Youth and Social Development – CYSD (Bhubaneswar), Confederation of Voluntary Associations – COVA (Hyderabad), Gandhi Gram Trust (Madurai), Samarthan (Bhopal), Sahbhaghi Shikshan Kendra – SSK (Lucknow), Srijan Foundation (Ranchi), National Centre for Advocacy Studies – NCAS (Pune), and Unnati (Ahmedabad).

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Key Findings at A Glance

SUPPORT PROVIDED TO COMMUNITIES BY CSOs

Distribution of relief materials	Information collection	Information dissemination	Medical support
89%	19%	47%	24%

KEY INTERVENTIONS PLANNED BY CSOs IN THE NEXT 2-3 YEARS

Distribution of relief materials	Awareness Generation	Enabling Access to Govt. Schemes	Livelihood Promotion
43%	74%	30%	57%
Monitoring Govt. Programmes	Training of Front-Line Workers	Advocacy with Govt.	Disaster Preparedness
15%	9%	26%	5%

KEY INTERNAL CHALLENGES FACED BY CSOs

Lack of Appropriate Information	Lack of Materials & Funds	Immobility of Staff	Lack of Organisational Capacity
15%	60%	12%	28%

KEY EXTERNAL CHALLENGES FACED BY CSOs

Coordination with Govt.	Access to Right Information	Misappropriation of Materials by Village Elites
93%	28%	43%

CAPACITY NEEDS OF CSOs

Use of Technology	Accessing Information & Knowledge	Project Management	Access to Resources
12%	58%	22%	36%
Access to Human Resources	Community Facilitation	Livelihood Promotion	Networking & Partnership
9%	43%	14%	8%
	Advocacy & Engagement	Monitoring of Entitlements	
	20%	6%	

Background, Objective, and Methodology

The civil society in India is vast, diverse, and vibrant. It ranges from small community-based initiative to large intermediary organisations. It has been playing several critical functions in the society, economy and polity. Its contribution to inclusive and sustainable development is enormous. Historically, the intermediary civil society organisations (CSOs) have played even more critical role at the time of disasters. In the past, they stood up to the challenges posed by natural disasters such as flood, cyclone, and earthquake, as well as human made crises such as communal riots. They have participated in relief and rehabilitation operations in difficult circumstance, disseminated critical information, and supplemented government's effort to make the communities resilient.

The global pandemic COVID-19 has thrown million lives out of gear in India and in other parts of the world. To arrest the spread of the virus, the government has imposed one of the stringiest lockdown measures. The economy is in downhill for more than one and half months. Millions of informal workers both in urban and rural settings have already lost their jobs and wages. Several million poor people are starving and they lack basic means to support their families.

In these circumstances, a large number of CSOs are providing lifesaving support to the people affected by the lockdown. They are providing food, water, medicine, cash, and hygiene materials for personal protection. Many of them are working closely with local governance institutions (Panchayati Raj Institutions and Urban Local Bodies), district and state administrations to provide important and helpful information to the community, despite their restricted mobility due to the lockdown measures.

In this background, PRIA International Academy (PIA), in collaboration with Andhra Pradesh Mahila Abhivruddhi Society – APMAS (Hyderabad), Centre for Youth and Social Development – CYSD (Bhubaneswar), Confederation of Voluntary Associations – COVA (Hyderabad), Gandhi Gram Trust (Madurai), Samarthan (Bhopal), Sahbhaghi Shikshan Kendra – SSK (Lucknow), Srijan Foundation (Ranchi), National Centre for Advocacy Studies – NCAS (Pune), and Unnati (Ahmedabad), undertook a rapid survey in the month of April 2020.

The objective of the survey was to identify (a) the hardship faced by various sections of the community, particularly the most vulnerable groups; (b) the nature of immediate support provided by the CSOs to community; (c) the range of interventions that CSOs are planning to undertake in the medium- and long-term; and (d) the capacity needs of CSOs to be effective in undertaking these interventions.

To undertake this rapid survey, we prepared a short questionnaire which is presented in Annex.1. We also created an online version of the questionnaire using Google Form. The word version of the questionnaire and an online link of the Google Form was sent to a large number of CSOs across the states. The partner organisations then followed up with phone calls and encouraged the CSOs to send in their responses. We received a total of 160 responses out of which 70 responses through online Google Form.

We further categorised, collated, and quantified the responses against each inquiry area. In addition to quantification of the data, we also collated and analysed some unique responses and insights using qualitative analysis. To give adequate emphasis to the most frequently mentioned responses, we used Word Cloud analysis.

Chart 1 - Percentage Distribution of Respondent Organisations Across States (n=160)

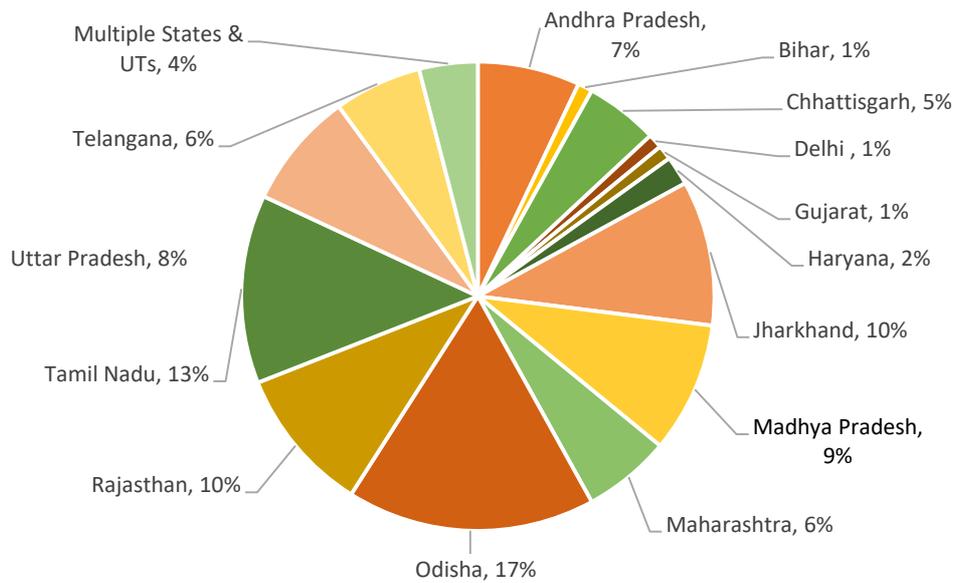


Chart 1 shows the distribution of respondent organisations across Indian States. We received responses from a total of 14 Indian States. A few organisations work in more than one States and Union Territories. The highest percentage of responses, we received from Odisha, followed by Tamil Nadu. We also received better responses from Jharkhand, Rajasthan, Madhya Pradesh, Andhra Pradesh, and Uttar Pradesh. The other States included Bihar, Chhattisgarh, Delhi, Gujarat, Haryana and Telangana.

Chart 2 - Coverage of Districts by Respondent Organisations (n=149)

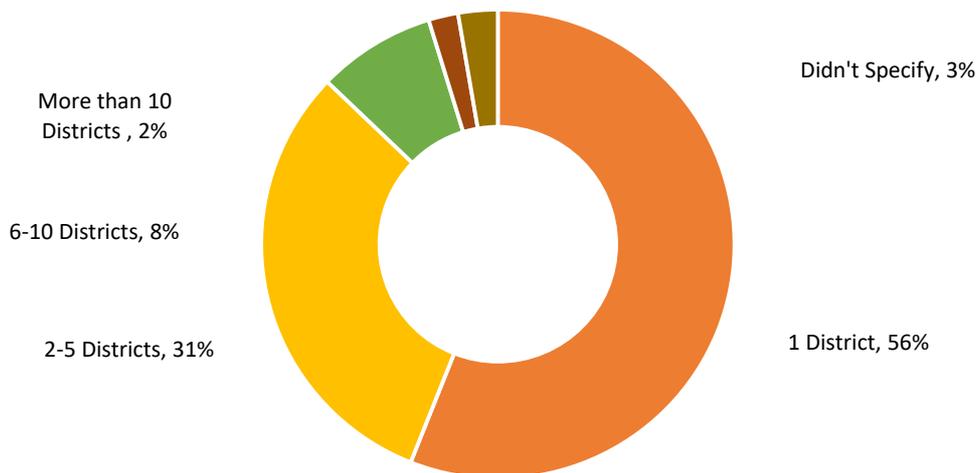


Chart 2 shows that 56 percent of the respondent organisations, present in rural areas, are working in a single district. A good 31 percent of them are active in two to five districts and 8 percent are active in six to ten districts. A few organisations have a considerable outreach covering more than 10 districts.

Chart 3 - Coverage Cities & Towns by Respondent Organisations
(n=51)

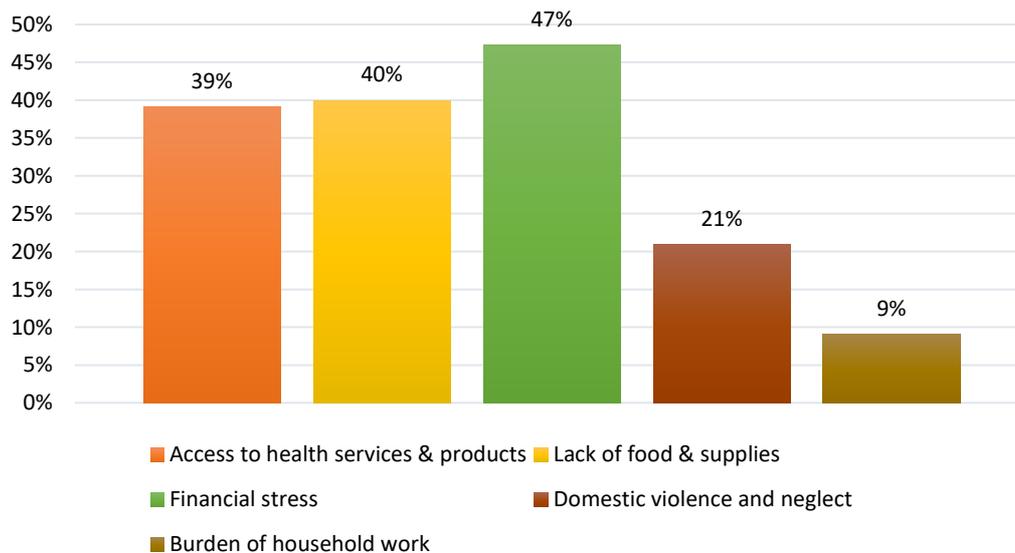


Chart 3 shows coverage by the respondent organisations in the urban areas. Out of 51 CSOs, 47 percent is active in one city, 24 percent are active in two to five cities, and 29 percent are working in more than five cities. Within each city a considerable number of CSOs are working in slum or informal settlements. Of these 51 CSOs, 11 CSOs who are working exclusively in urban areas.

Finding and Analysis

a) Challenges Faced by the Affected Communities

Chart 4 - Challenges Faced by the Women
(n=110)

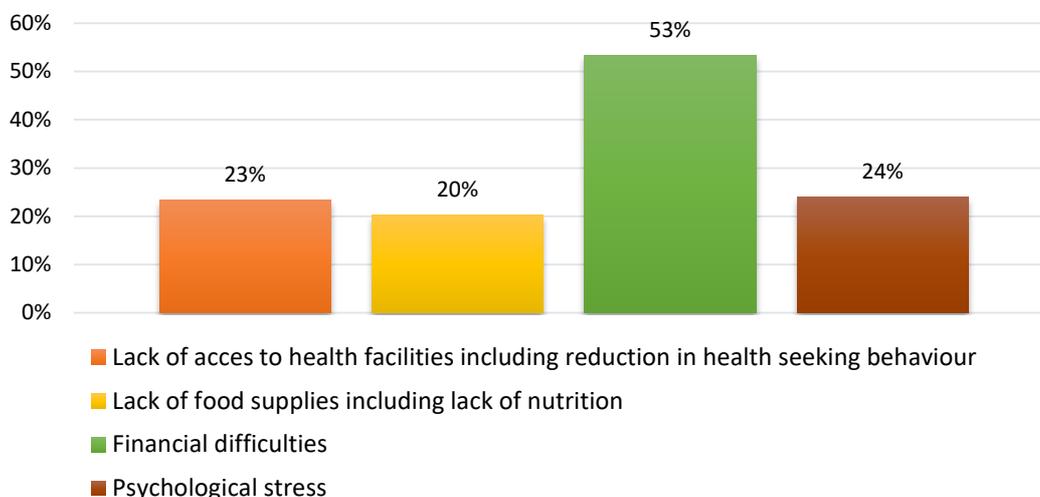


Total percentage is more than 100 as the respondents chose multiple challenges.

Women tend to bear the brunt of worse kind during any pandemic or disaster as they navigate through their domestic life in addition to their work responsibilities. Thirty nine percent organisations reported that women are facing difficulties in accessing health services for general illness. Pregnant women are unable to get regular check up at the health centre and are not getting basic medicines such as iron and calcium tablets. Elderly women are unable to seek medical service because of lack of mobility and unable to purchase their regular medicines. Many adolescent girls are not able to buy sanitary pads compromising their needs of menstrual hygiene. Some of the women who are returnee migrants are treated with scepticism in their communities especially in absence of testing centres at the nearest health centres. Men relatives of many women are stuck in the current lockdown period in various parts of the country unable to return home causing mental pain for the women. Although women and their families have been given dry ration by the government there is an uncertainty on keeping the supply intact in future months. They are suffering from lack of nutrition as they are unable to buy fruits, milk or vegetables and pregnant women are not able to get nutrition supplements because of the closed *anganwadi* centres. Worst affected are the elderly, single women and widows who do not have enough documents that prevents them from accessing government relief. While CSOs are coming forward to identify such categories of women, they are restricted by gaps in supply of ration material. Forty seven percent organisations reported women suffering from financial stress because of loss of income from daily wage, unavailability of MGNREGS work and barriers in marketing of agriculture produce. Many women SHG members are unable to pursue their micro enterprise activities, farming, animal husbandry and NTFP because they do not have access to banks for withdrawing money in absence of transportation during the lockdown period making them highly vulnerable. A number of organisations confirmed that there is an increase in domestic violence for these women as they are dealing with elderly and child care, managing day to day rationing of food, handling

mental anxiety of their partners and experiencing financial stress. The burden of labour therefore, has increased manifold leading to their fragile mental state.

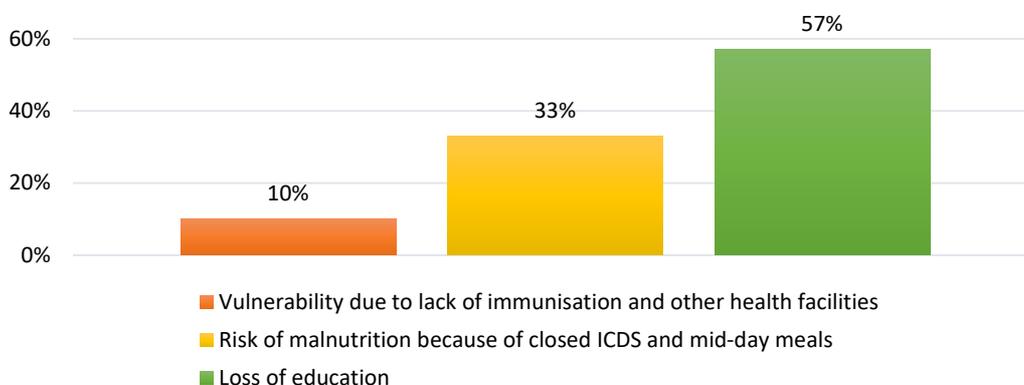
*Chart 5 - Challenges Faced by the Men
(n=133)*



Total percentage is more than 100 as respondents chose multiple challenges.

The survey of CSOs highlighted that there is huge reduction in health seeking behaviour of men. Many returnee migrants are unable to get tested because of unavailability of testing labs near their places of residence. They are suffering to get adequate medical attention for ailments such as TB, typhoid and chronic illnesses such as Kidney failure or HIV/AIDS. Travelling from villages to the health centres is a challenge in the period of lockdown which are anyways ill equipped. Elder men are also unable to get their regular supplies of medicines. Loss of current income from wages, MGNREGS work, selling of agriculture and non-farm produce etc. has exacerbated their financial distress. Uncertainty of employment in the coming future is the most worrying of all problems that the men are facing which directly impacts their ability to provide adequate food for the family. Since the migrants who have returned home are stuck in homes they are finding it difficult to adjust to the confined way of life. Twenty four percent CSOs reported that men are facing psychological stress such as mental anxiety, depression and loss of temper.

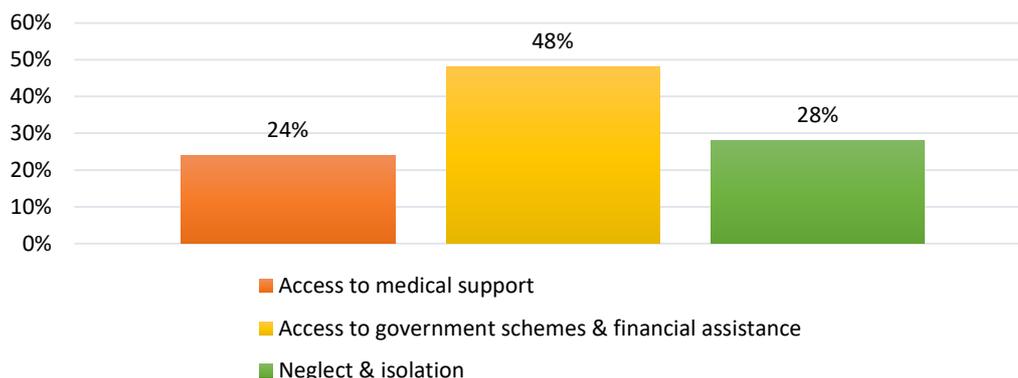
*Chart 6 - Challenges Faced by the Children
(n=100)*



Most of the children are homebound because the schools and *anganwadi* centres are closed. The children in the poor families do not have access to technology that could enable their education and general awareness during the current times. Hence, while children studying in private schools are able to access online lessons, children living in the villages and those belonging to urban poor

category do not have that opportunity. Since March-April is when the new session of the school begins, most of these children have not been given the books and other stationaries reducing their chances of doing home based learning activities. Since the schools and *anganwadis* are closed, they are also unable to get their daily share of midday meals and nutritional supplements. Infants and younger children are unable to get vaccinations as the *anganwadi* centre is closed and transportation to the nearest health centre is disrupted. Due to lock down, most of the children are not able to participate in games and sports, which added to their restlessness.

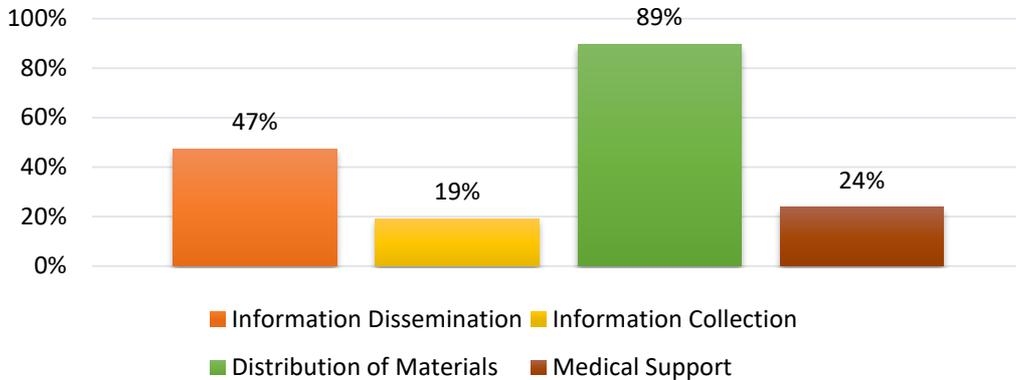
*Chart 7 - Challenges Faced by the Person with Disabilities
(n=75)*



Persons with Disability (PWDs) reside on the margins of the society and homes even during normal situations making them highly vulnerable during the times of pandemic such as COVID-19. As with other population groups, they are also unable to access medical services, regular health check-ups and supply of medicines but are affected in a worse manner because they are not treated as a priority within their homes or in the society where they live. The relief measures are not being delivered to these people at their doorsteps making government relief inaccessible to them. Even when some of them manage to go to the PDS shops to claim their share they have to toil hard standing in very long ques as there is no provision to prioritise distribution to them. Many of them face neglect in homes, in their communities and by government officials and service providers. Many people with disability are unable to access their pensions and economic assistance as they are unable to travel because of their dependence on the family members and lack of available transportation during lockdown. Many of them engaged in small enterprises and thrift shops have lost their means of livelihood increasing their existing vulnerabilities.

b) Support Provided by the CSOs

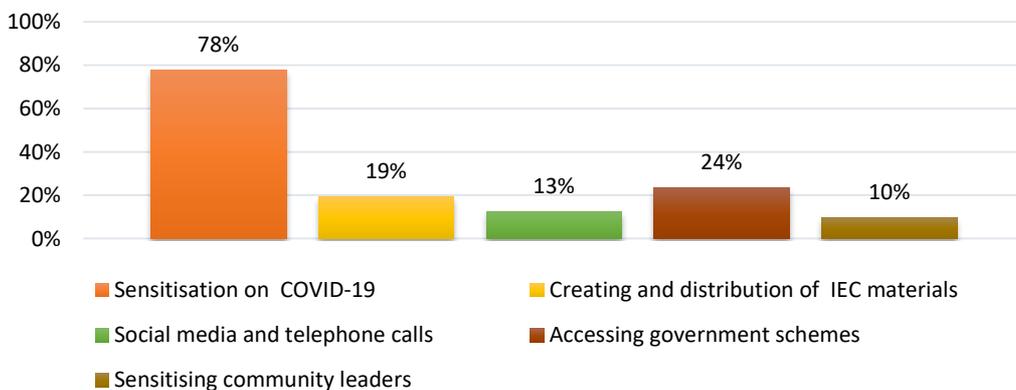
*Chart 8 - Support Provided by CSOs to the Community
(n=152)*



Total percentage is more than 100 as respondents reported providing multiple types of support

The Central and State governments have mobilised considerable resources to alleviate the effect of pandemic on the lives of poor, needy and marginalised sections of the society across the country. However, reach of the government machinery is limited owing to protocols such as ration cards, APL/ BPL/ *Antyodaya* cards, etc. Even then the government does not have enough human resources to reach to people in interior geographies. CSOs are playing a very critical role in facilitating the government departments to fight with the pandemic by supporting them in distribution of relief packages and materials. The volunteers, community leaders and network of CBOs nurtured by the CSOs are coming in handy to extend the reach of government support to masses. Eighty nine percent of the CSOs are providing some kind of material and cash support to needy families. Additionally, CSOs are fostering lists of people in need, types of their needs etc. in consultation with PRI members, volunteers and community leaders making crucial data available in real time to the government departments for aiding in their relief measures. They are also the ones to reach out to vulnerable people with no supporting documents. Additionally, about 47 percent of the CSOs are engaged in awareness generation activities making people aware about COVID-19, precautions and relief. Some of them have joined hands with government departments to help them in tracking, testing, quarantining people by deputing their volunteers or providing them shelter facilities to carry out such measures.

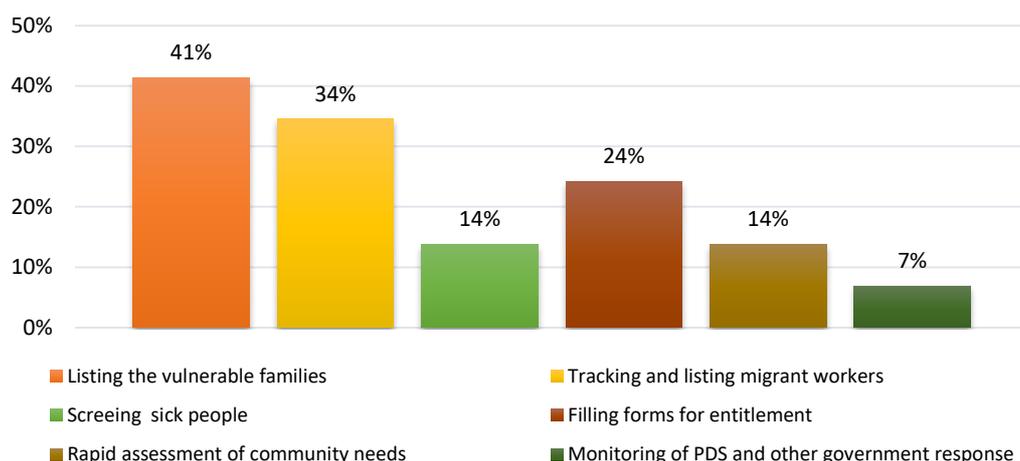
*Chart 9 - Types of Information Disseminated by CSOs to the Community
(n=72)*



Total percentage is more than 100 as respondents reported providing multiple types of information

There are multiple ways through which awareness generation activities are being carried out by the organisations. Seventy Eight percent CSOs are trying to make people in the communities aware about the nature of disease owing to COVID-19, its causes and symptoms, ways of prevention by demonstrating hand washing, wearing of masks, maintaining of social distancing, methods of home quarantining etc. Most of these activities are being carried out through community meetings by the volunteers, telephone guidance to community leaders and PRI members. The CSOs are getting information from the authentic sources such as government websites and WHO guidelines and creating IEC materials in local languages or pictorial messaging for people which are then being distributed in the community. They are also circulating messages in the WhatsApp groups created for people in the community volunteers, community and to PRI members and social media platforms such as Facebook, Instagram and Tik Tok videos. Some of them are also using telephones to spread messages through SMS as well as attend to queries by the community to share information on the processes of accessing government schemes and giving out other relevant information. About 24 percent organisations are facilitating people to access government assistance by making them aware of the documents and processes required for the same. About 10 percent organisations are engaged in sensitising and training PRI Members, SHG leaders, frontline health workers etc. to respond to the pandemic.

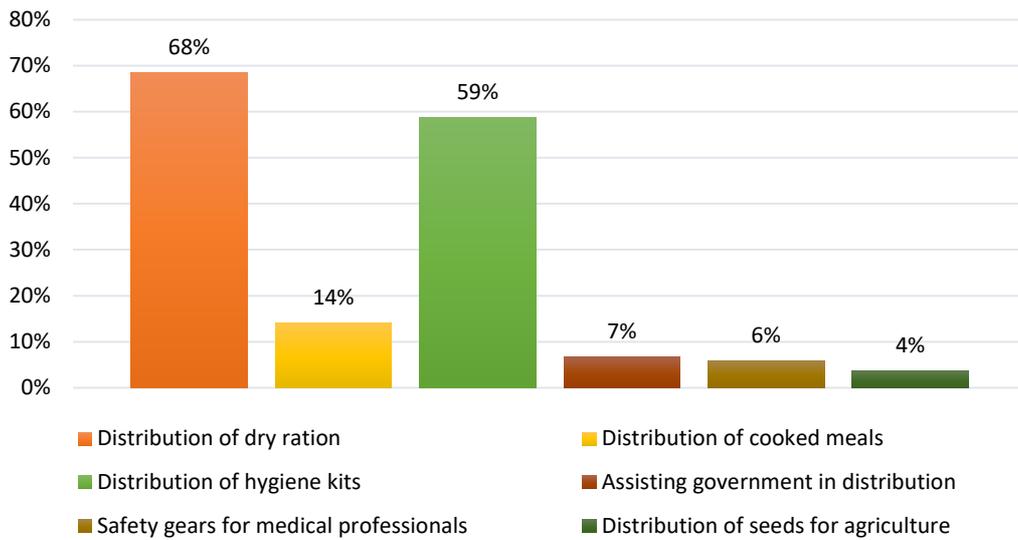
Chart 10 - Types of Information Collected by CSOs for the Community (n=29)



Total percentage is more than 100 as respondents reported collecting multiple types of information

CSOs are working tirelessly to make available the real time data about different categories of vulnerable people in need of government relief required by district administration, tracking migrant population and children and screening sick people for testing for COVID-19 to enable relief operations. They are assisting a large number of people who are illiterate and unable to fill up forms to get their entitlements. Fourteen percent CSOs are conducting rapid surveys to understand the needs of the community apart from ration and hygiene kits and have found out that they are struggling with problems such as non-availability of materials such as sugar, spices and oil for cooking, problems of transportation, problems of selling agriculture produce or getting daily wage employment and needs for psychological counselling to deal with current situation. Seven percent CSOs are also engaged in monitoring of PDS shops and distribution of relief materials to ensure transparency in the relief activities.

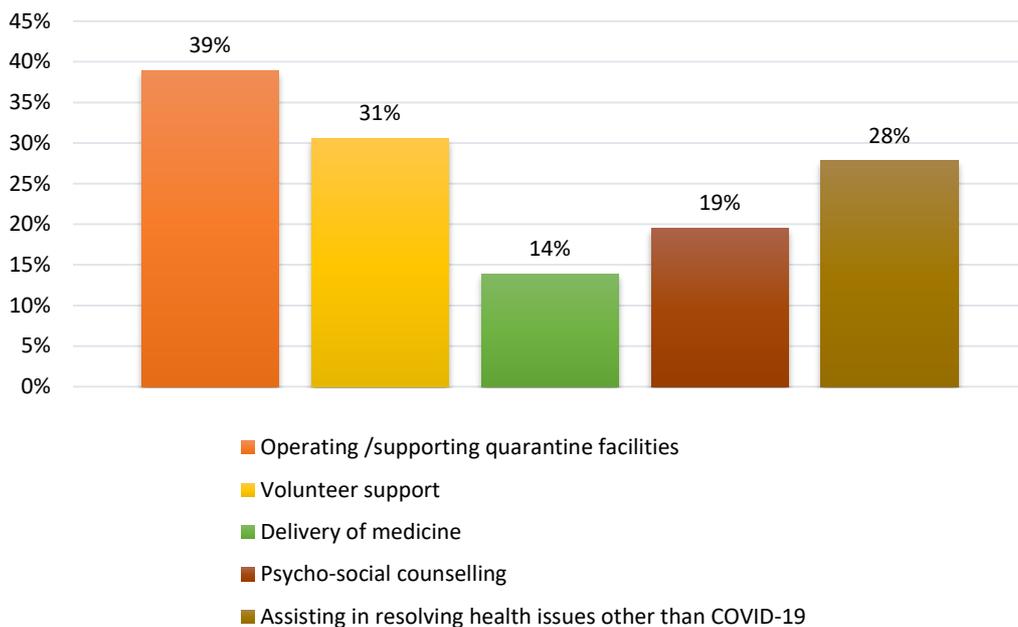
Chart 11 - Types of Relief Materials Distributed by CSOs in the Community (n=136)



Total percentage is more than 100 as respondents reported distributing multiple types of materials

Most of the CSOs are engaged in distribution of dry ration facilitating the government departments or through their own resources and networks. Fourteen percent of CSOs have reported that they are operating community kitchens to provide cooked meals for migrant workers, shelter homes, old age homes and orphanages. Fifty nine percent of them are engaged in distributing masks, soaps, sanitisers and sanitary pads. Many of them have deputed their volunteers at the PDS shops and at the government departments to assist in distribution of relief materials. Six percent are engaged in providing PPE for frontline health workers. Worried about the difficulties in cropping for *Kharif* season and its impact on the subsistence of families, four percent CSOs have distributed seeds to families to start agriculture and cultivate homestead.

Chart 12 - Types of Medical Support Provided by CSOs to the Community (n=36)



Total percentage is more than 100 as respondents reported providing multiple types of medical support

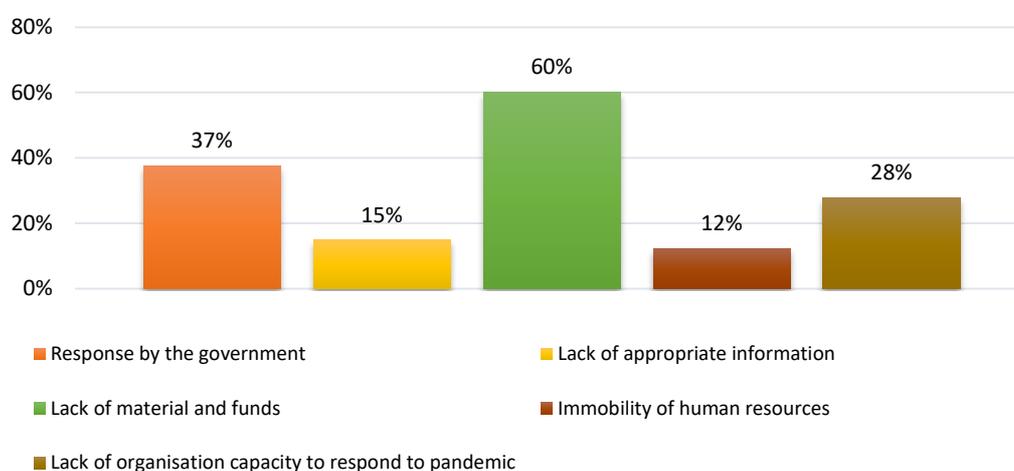
Thirty nine percent CSOs are either operating or supporting quarantine facilities. They have given out the premises of shelter homes, schools, office spaces and buildings to the district government authorities to operate the facility. They have also deputed their volunteers to operate community kitchen at these centres. Alternatively, their volunteers are assisting the government departments in screening the patients at the community level, at the public health centres and also distributing cooked meal packets. Fourteen percent of them are delivering medicines for chronically ill patients, elderly people with disability and pregnant women. Nineteen percent are offering counselling services to talk people out of anxiety and depression. Twenty eight percent are supporting people with general illness and medical conditions such as institutional delivery, dialysis and treatment of TB/HIV-AIDS patients

c) Challenges faced by the CSOs

Organisational challenges

Despite their active involvement in carrying out relief activities, CSOs are facing multiple internal challenges. Twenty seven percent organisations are facing challenges in getting proper response from the government departments. The major problem is getting passes to travel during the lockdown as the administration's response is very slow and sceptical. This is the reason why volunteers are unable to work in the field and their mobility is restricted. Coordinating with government departments to provide relief packages to extremely vulnerable and marginalised groups is also difficult especially for people who do have ration cards and for those residing in interior geographies.

Chart 13 - Organisational Challenges Faced by the CSOs (n=115)



Total percentage is more than 100 as respondents reported facing multiple organisational challenges

Fifteen percent organisations expressed the difficulty of getting access to right information as well as difficulty in disseminating correct information to people because of immobility of staff and volunteers. Lack of communication amongst the CSOs is leading to confusion and no commitment on sending out a universal information to communities in a uniform manner. A lot of misinformation is circulating amongst the people as there is lot of hearsay, inauthentic information bombardment by various media platforms including social media. It is a challenge to bust myths related to COVID-19 amongst people as they are continually building a perspective on the disease as they hear unfiltered information. Engaging with communities becomes difficult for the intervening organisations as they refuse to cooperate on the issues of frequent handwashing, wearing masks and maintaining social distancing etc. Volunteers also grapple with lack of access to the authenticate information making it difficult to engage with the communities strategically. Many organisations are unable to print IEC materials to educate people about COVID-19 because of the lockdown and closing of stationary and printing shops.

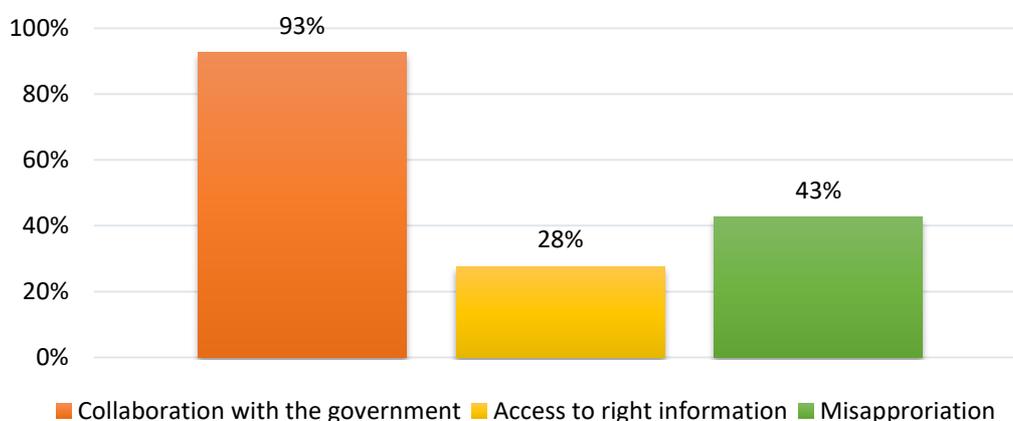
Sixty percent organisations reported that they are grappling with lack of funds to carry out the pandemic response activities using their own corpus funds or depending on donor agencies that is sparse. They are unable to provide PPE material for volunteers, staff and frontline workers. Additionally, organisations that are raising their own resources to source relief materials are facing higher demands than supply which affects their coverage.

The volunteers are unable to reach the communities because of lack of transportation, absence of safety gears and fear on infection from the disease. They are also dissuaded by their families to continue work in the field. Communities in remote locations have become further unreachable because of lock down and absence of transportation. The volunteers and staff lack adequate training to work during the pandemic. As they are ill informed they are unable to work with community in an effective manner.

External challenges

The district administration is not providing support and ease of work during the pandemic to facilitate the operations of relief work by the CSOs. The government departments are delaying the processes of issuing passes for the volunteers of the organisations affecting the mobility. Restriction in transportation, questioning by police and need for requiring permissions at all times which is rather delayed is posing majority of the challenge being faced by the CSOs. In addition, the government departments do not undertake planning of relief measures in any collaboration with the CSOs and hence reducing the efficacy of their efforts through duplication or unmet needs of vulnerable people. Working remotely is not an appropriate solution for organisations even during this lockdown as activities such as awareness generation; distribution of relief material, training of frontline workers and community leaders etc. require home visits and community meetings. The government aid to run facilities such as shelter homes, hearing of child welfare committees to address incidences of child abuses, old age homes etc. is not being released affecting the general welfare operation.

Chart 14 - External Challenges Faced by the CSOs
(n=80)



Total percentage is more than 100 as respondents reported facing multiple external challenges

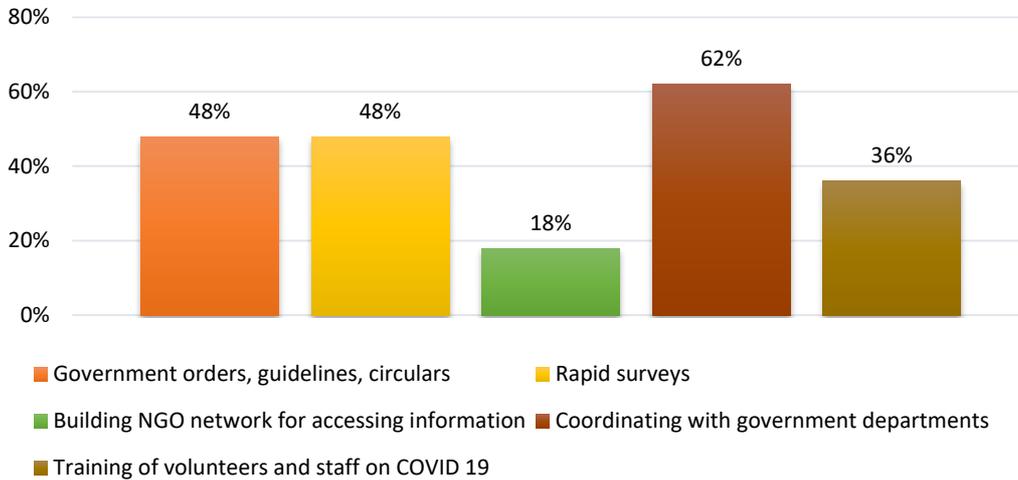
The organisations are facing difficulty to keep in touch with the community as their mobile charges are exhausted and incoming and outgoing calls on their mobiles are barred as they are not able to recharge their phones due to lockdown. There are lot of myths and misinformation regarding the pandemic as people are easily drawn to ill-informed news and forwarded messages leading to situation of panic amongst them. There is a huge lack of awareness amongst the community on the pandemic. There are very few sources to get right information.

A number of instances of interference in relief material distribution by people with vested interests were reported by 43 percent of respondent CSOs. While some families are unable to get ration even one-time others are hoarding the relief material due to inefficiency in distribution and misappropriation at the PDS shops. There is no availability of safety gears or PPE for workers and

volunteers and district administration is unable to procure them. Lockdown has created shortages in supply of food leading to hiked prices of basic ration items by the shopkeepers. Coordinating with the district administration and the police on relief measures is not a good experience. In some places they fail to recognise the needy without a ration card and do not extend help to those families. The community is also often unresponsive towards issues like following social distancing, using sanitisers, masks and hand wash creating difficulty for organisations to negotiate with the community.

d) Methods for Accessing and Disseminating Authentic Information

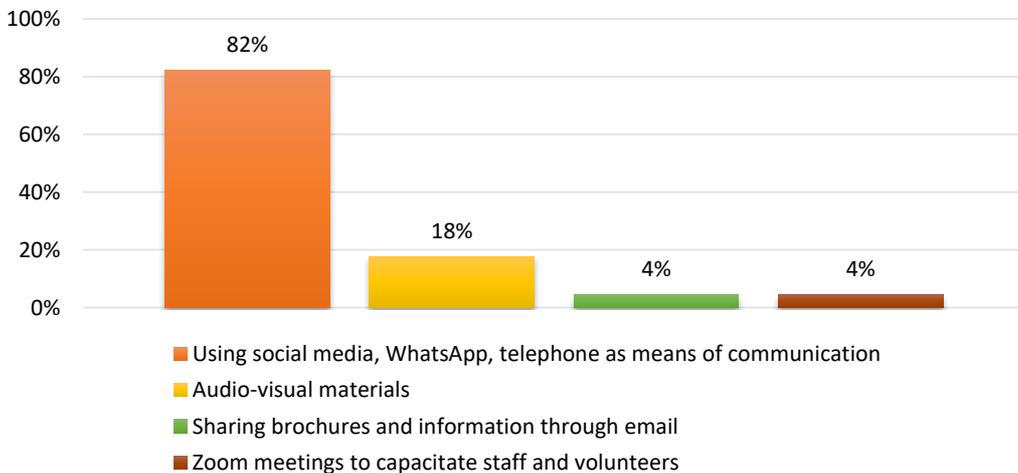
Chart 15 - Methods for Accessing Information on COVID-19
(n=50)



Total percentage is more than 100 as respondents reported accessing information from multiple sources

Most CSOs rely on government websites, guidelines, circulars and orders issued by state and central government to access authentic and appropriate information in the current situation as there are new developments on an everyday basis. Sixty two percent of these CSOs are coordinating with various government departments directly for getting district level decisions related to relief work. Forty eight percent are conducting rapid surveys for listing down the people with immediate needs, tracking migrant workers and assessing the real needs of the community during the pandemic situation. A few of them (eighteen percent) are getting access to information through CSO network about COVID-19 and from CBO network in the community on the ground realities. Thirty six percent are capacitating their volunteers and staff through training on responding to pandemic such as COVID-19 so that they are able to perform efficient work with the communities.

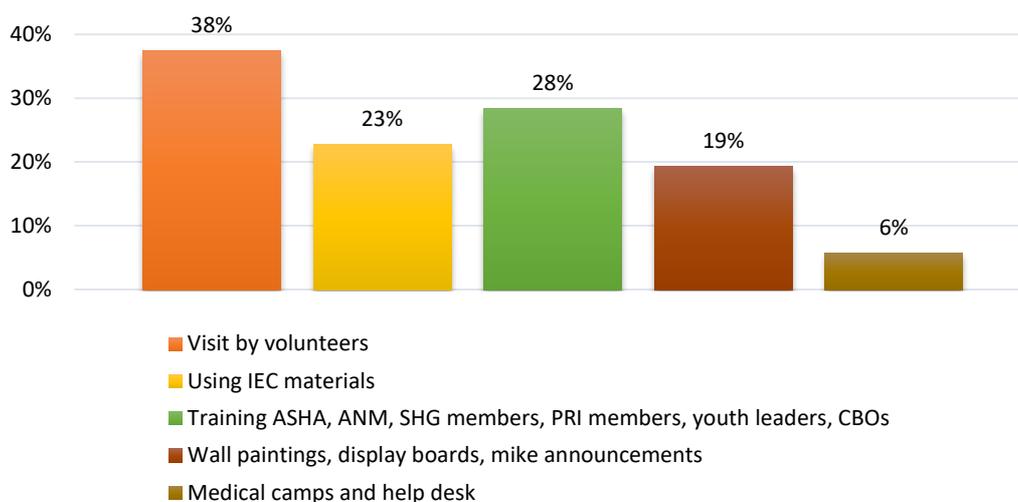
Chart 16 - Using Online Resources for Information Dissemination on COVID-19
(n=45)



Total percentage is more than 100 as respondents reported using multiple online sources for information

Eighty two percent organisations are relying on social media platforms such as Facebook, Instagram, micro blogging sites etc. to spread relevant information and create mass awareness amongst people. They are using WhatsApp groups created with community members, PRI members, community leaders as well as community volunteers to circulate relevant information on the current situation on an everyday basis. Many of them are using SMSes and tele calling to inform people. Eighteen percent organisations are using audio-visual material to inform and aware people. This dependence on technology is largely due to restriction of mobility on the staff and volunteers because of lockdown. It is to be noted that most of the organisations are using the online methods in addition to community visits by the volunteers as it is an irreplaceable form of intervention.

Chart 17 - Methods of Direct Community Engagement on COVID 19 (n=88)

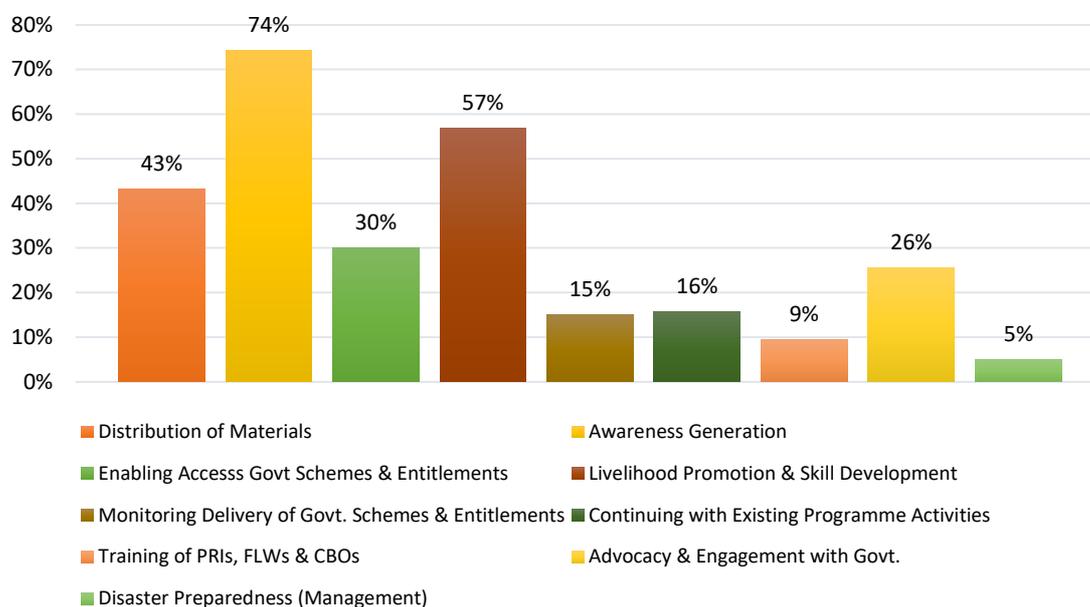


Total percentage is more than 100 as respondents reported using multiple methods of engagement

Thirty eight percent organisations are still operating through community and home visits made by their volunteers and staff. Twenty three percent organisations are creating IEC materials in local languages and distributing to people. Another 28 percent are engaged in training frontline workers, community leaders such as SHG members, youth clubs and PRI members and representatives of other community-based organisations on COVID 19. Nineteen percent are using methods such as wall painting mike announcements and putting up display boards to spread information. A few are organising medical camps like blood donation camps and operating helpdesk to give out relevant information to people in the community related to accessing government schemes and testing for the disease.

e) Proposed Interventions by CSOs in the Next 2-3 Years

Chart 18 - Types of Interventions Proposed by the CSOs
(n=160)



Total percentage is more than 100 as respondents proposed multiple interventions

Continuing with the range of activities that CSOs have started undertaking as discussed in section (b), about two third of the respondent CSOs will undertake awareness generation interventions. As detailed out in Chart 19, this will entail, dissemination of information related to Covid-19, personal hygiene, social distancing, quarantine facilities, need for eating nutritional food items and government schemes and programmes, among others. Forty three percent CSOs have planned to continue to distribute food ration, water, personal protective equipment such as mask and gloves, personal hygiene materials such sanitary napkins, soap and sanitiser at least in the next six months (as shown in Figure 3). Thirty percent CSOs have said that they will facilitate access to government schemes and programme benefits for the most vulnerable households. About quarter of them will deepen their engagement with local governance institutions and local administration. Another 15 percent will do so through community-based monitoring public services as well as wage programme such as MGNREGS. More than half of the CSOs (57 percent) feel that creating livelihood and income generating opportunities will be crucial and therefore they will undertake such intervention as low-cost sustainable agriculture practices, forest based NTFP related livelihood options, animal husbandry like goat rearing, non-firm activities like mushroom cultivation, poultry, etc. A few of them have emphasised the need for building market linkages as well accessing finances through banks as well as through savings activities for creating micro-enterprises. Nine percent of the CSOs will undertake training and capacity building activities for the PRI members as well as other frontline workers like ASHA, ANMs, and *anganwadi* workers. A small percentage of CSOs (five percent) gave emphasis to facilitate and prepare disaster management plans at Gram Panchayat level.

To capture the diversity and richness of the responses received from the respondent CSOs, we did a Word Cloud analysis of various topics planned for interventions in the next couple of years. Given the enormous effect of the pandemic and subsequent lockdown, it is not surprising that livelihood, income generation, accessing government schemes like MGNREGS, PDS remain high priority of the CSOs. In addition, water and sanitation, health and hygiene, and education are the

priorities. A number of CSOs have reported the increased incidences of domestic violence and gender-based discriminations, which will require planned interventions.



Figure 1 - Topics of Interventions Planned by CSOs



Figure 2 - Types of Interventions Planned by CSOs

We also did a Word Cloud analysis for the type of interventions that they have planned on these thematic and sectoral areas. Awareness generation through preparation and dissemination of IEC materials, campaigns, training and capacity building, sensitisation, counselling, surveys, monitoring, advocacy dialogues are the priority interventions.

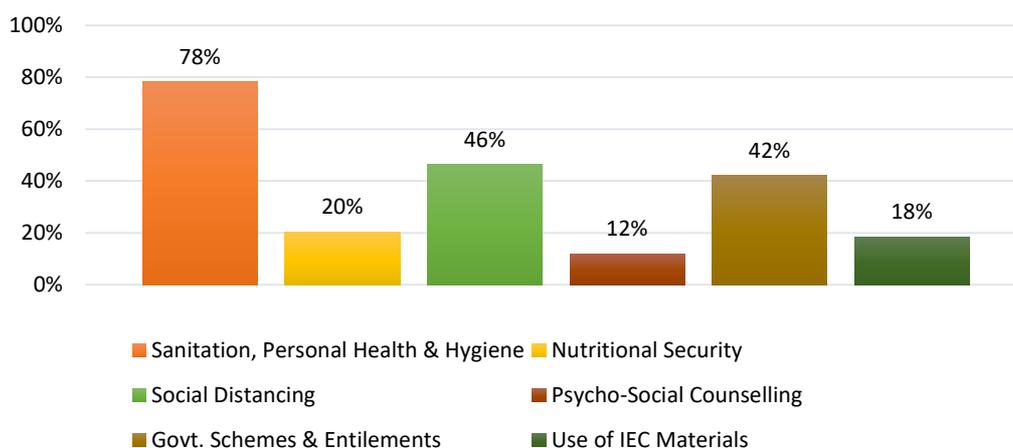


Figure 3 - Materials to be Supplied by CSOs



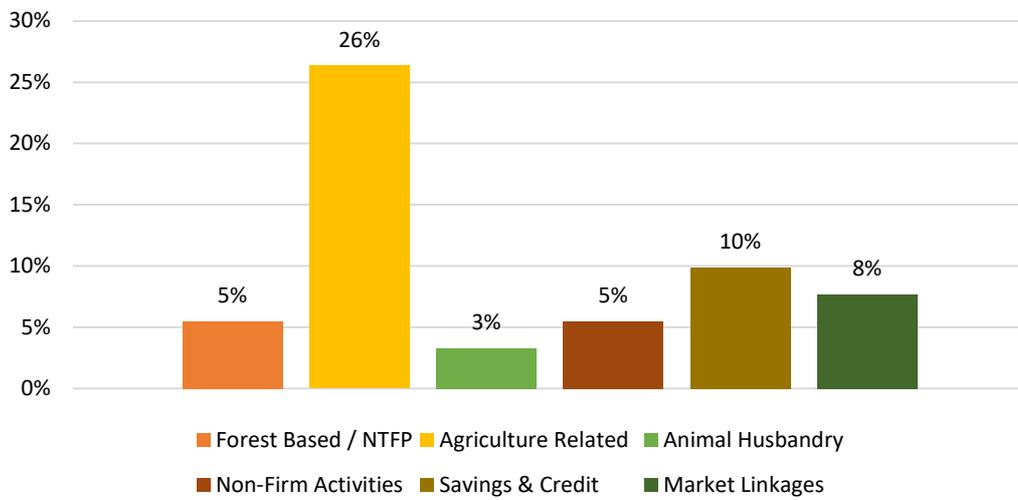
Figure 4 - Major Target Groups for CSO Interventions

Chart 19 - Topics Proposed for Awareness Generation Interventions by the CSOs (n=119)



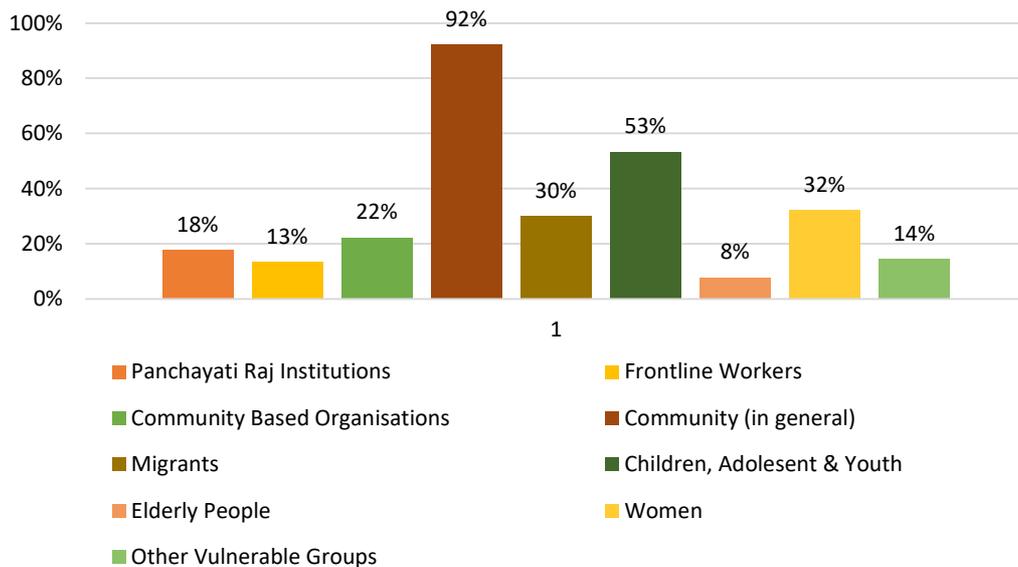
Total percentage is more than 100 as respondents proposed multiple topics on awareness generation

Chart 20 - Major Types of Livelihood Promotion and Skill Development Interventions Proposed by the CSOs (n=91)



Total percentage is more than 100 as respondents proposed multiple interventions for livelihood promotion

Chart 21 - Major Community Target Groups and Other Stakeholders to be Involved in the Proposed Interventions (n=90)



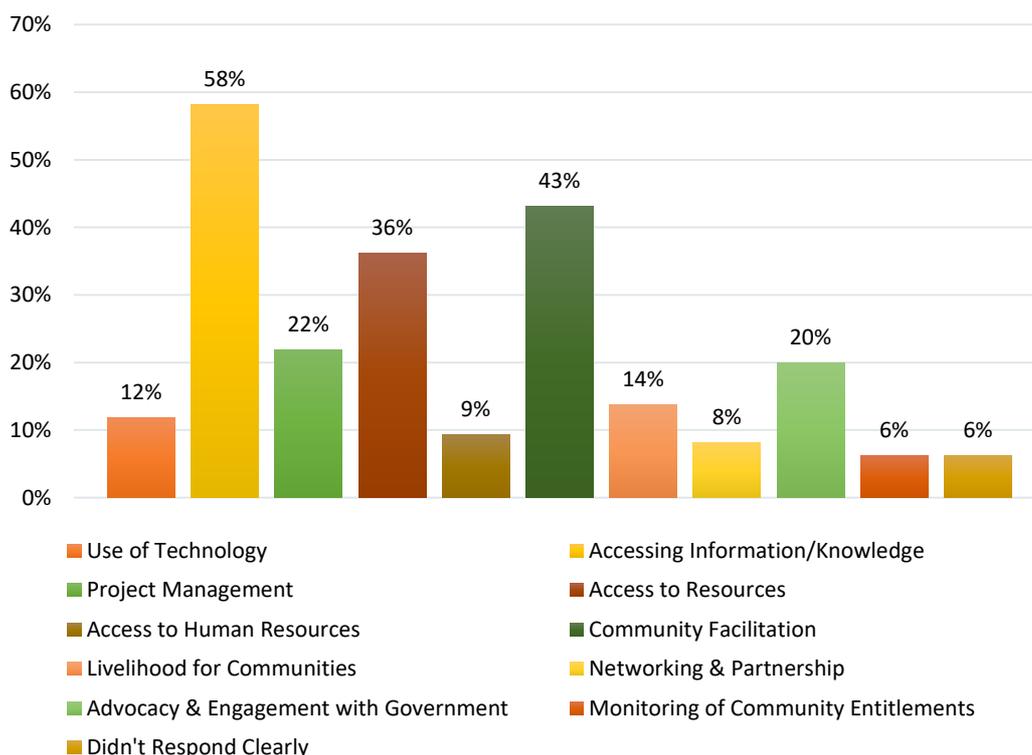
Total percentage is more than 100 as respondents proposed to work with multiple community groups

Chart 21 and Figure 4 show the major target groups within the community and various stakeholders with whom the CSOs will undertake their activities. Seventeen percent of the CSOs have planned their interventions keeping in mind the interests and needs of the migrant workers and their families. Eighteen percent of them have planned to work with women in the community with special emphasis on single women, widows, pregnant women, lactating mothers, and adolescent girls. Thirty percent of the CSOs have prioritised the needs of children, adolescents and young people. In addition, the needs of elderly people and person with disabilities have been emphasised by a number of CSOs. The needs of other vulnerable groups, particularly that of Scheduled Tribes, Scheduled Castes and Minorities have been factored into the planning by CSOs.

f) Capacity Development Needs of CSOs

The civil society groups working on the ground find it difficult to access authentic information on a range of areas. These include accessing information and insights on the nature of pandemic, its mode of transmission, its effect on human health, and precautionary measures to protect oneself from being infected. Fifty eight percent organisations expressed their doubts about the veracity of information that they receive on social media. In addition, they also find it difficult to track everchanging guidelines issued by the government time to time about the lockdown measures. There is confusion about how to approach the issues of returnee migrants and their safety measures such as testing, quarantine facilities, and regular health check-ups. In the absence of a comprehensive understanding on the public programmes and schemes meant for the community, the CSOs are not able to provide appropriate guidance and facilitation to the community for accessing those rights and entitlements. A thorough understanding and skills to use digital technology perhaps would have helped the CSOs to overcome the challenges of accessing information as well as disseminating those information to deserving section of the community. However, 12 percent of CSOs expressed that they need to upgrade their capacity to use digital technology. Of these CSOs, 57 percent felt the need for improving their social media skills, as shown in Chart 24.

Chart 22 - Major Areas of Capacity Needs of CSOs
(n=160)



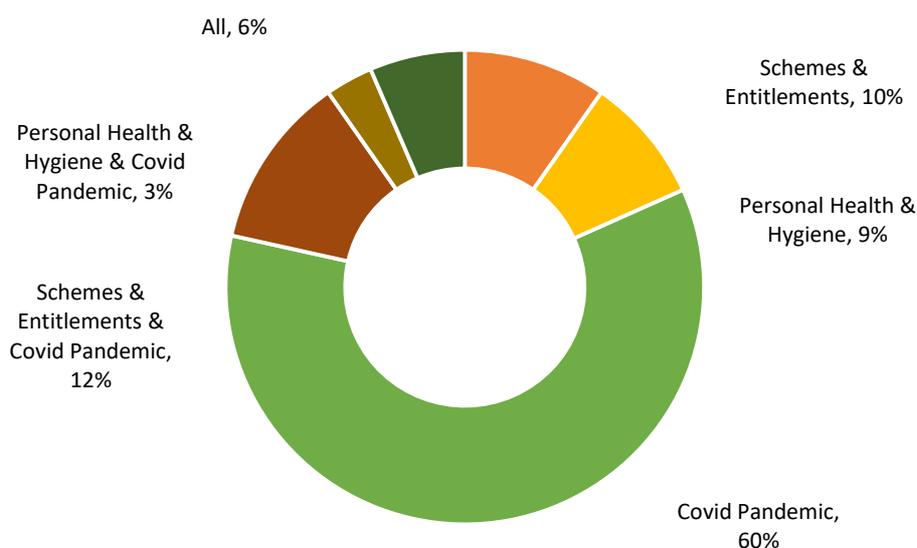
Total percentage is more than 100 as respondents reported capacity needs in multiple areas

Twenty two percent CSOs expressed that they need to improve their project management skills. It's further detailed out in Chart 26, which suggest that 43 percent CSOs need to improve their skills on planning, monitoring and evaluation of their project initiatives. They are also aware that a sound planning will require collection of baseline data which should be used in periodic monitoring and endline evaluation. Twenty nine percent of the CSOs expressed their needs to enhance their capacity on data management. A lot them referred to data related to community households,

migrant labourers, as well as the extent to which the community members are able to access the government schemes and programme benefits. Fourteen percent CSOs said that they need to advance their documentation skills. Most of them said it is critical to communicate to the government and other stakeholders about the needs of the community, how they are intervening to support the community and the support they need from other stakeholders. All these will require better documentation.

The enormity of the effect of pandemic led to a situation where the demand from community far exceeds the resources available with the CSOs. A good 36 percent CSOs have expressed that they need to mobilise additional resources to meet some of these demands. As shown in Chart 27, nearly half of them require additional financial resources and a quarter of them suggested to mobilise more relief materials such as food, drinking water, personal protective equipment, and personal hygiene materials. Another quarter of CSOs need both financial and material support to continue their work. A number of CSOs, in addition to their staff, have engaged community volunteers to distribute relief materials, collect data from the households, disseminate information, and other important activities related to mitigation of the pandemic. Sixty seven percent of the CSOs expressed that these volunteer need training and capacity building support. In addition, nearly a quarter of the CSOs would require additional staff to manage the activities effectively.

Chart 23 - Capacity Needs for Accessing Information and Awareness Generation Interventions (n=93)



The centrality of CSO intervention is with the community. To enhance the effectiveness of their community engagement and facilitation, forty three percent CSOs have expressed their capacity needs in a variety of areas, as shown in Chart 28. Behavioural Change Communication (BCC) and developing Information, Communication and Educational (IEC) materials are the most sought-after areas of capacity needs. The nature of the pandemic demands learning new behaviour by the community to manage this crisis. More than half of the CSOs (58 percent) who prioritised BCC and IEC activities need capacity building support. The pandemic and the subsequent lockdown have left a large section of the community traumatised. The returnee migrants particularly are suffering from mental agony after losing their jobs and subjected to many harassment including some of these from the law enforcing authorities. They need psycho-social counselling to cope up with these trauma. However, the CSOs are not fully equipped to undertake such specialised interventions at the individual level. Thirteen percent of CSOs expressed that they need training and capacity building in psycho-social counselling. Another 10 percent of CSOs feel that they need

to learn new ways of community mobilisation, particularly in the context of ever spreading pandemic when social distancing is the norm. A few CSOs (four percent) expressed that they need to learn participatory learning and facilitation skills through training of trainers.

The CSOs understand that the battered economy might leave a devastating impact on the poor and vulnerable communities. These section of the community will need opportunities for livelihood and income generation. This necessitates upgrading of knowledge and skills in livelihood promotion including developing micro-enterprises, savings and credit activities, and other interventions in a long-term and sustainable manner. Fourteen percent of CSOs expressed their capacity needs in livelihood promotion.

Chart 24 - Capacity Needs for Using Technology in Interventions (n=19)



Chart 25 - Human Resource Needs for Undertaking Effective Interventions (n=58)

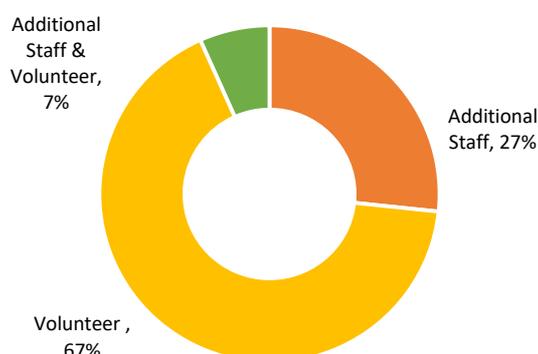


Chart 26 - Capacity Needs for Effective Programme Management (n=35)

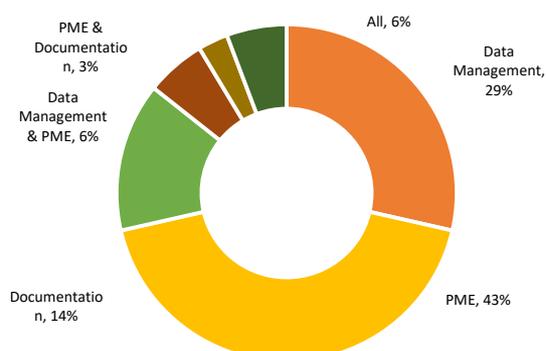
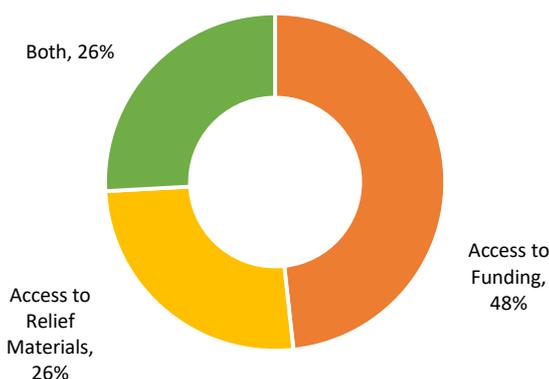


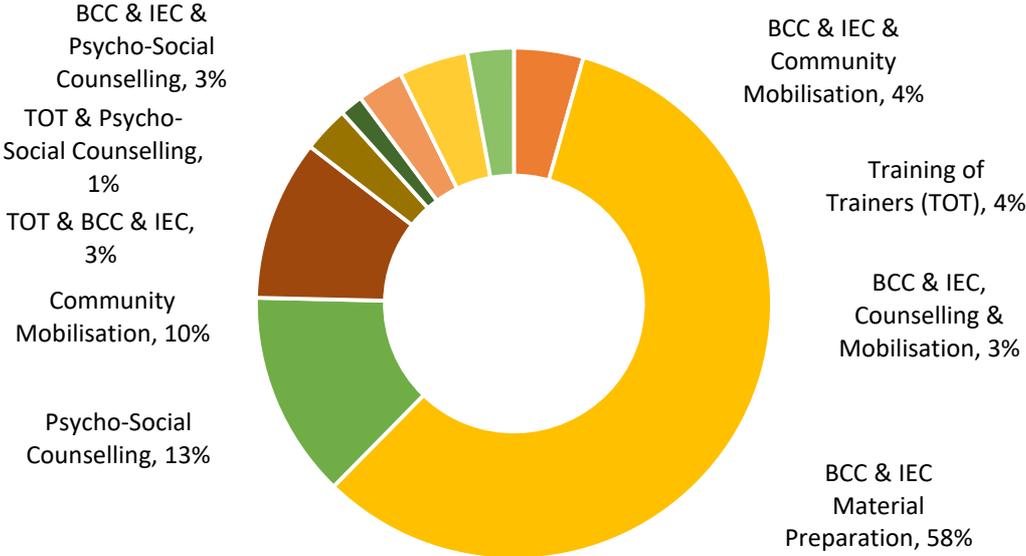
Chart 27 - Financial and Material Support Needed (n=58)



The CSOs are intensely aware that they cannot work in isolation. In order to be effective and helpful to the communities, they need to play a bridging function with the local governance institutions and local administration. They envisage two types of engagement with the local administration: (a) partner with the local governance institutions and local administration in identifying the most vulnerable families and help the administration to reach out them with necessary assistance including authentic information; and (b) monitoring the implementation various government programmes and schemes, particularly the access to PDS, health services, MGNREGS, direct benefit transfers, etc. as well as access to documentation such as Aadhaar, Jan Dhan bank accounts, PDS ration card, etc.

As shown in Chart 22, at least one-fifth of the CSOs expressed that they need to develop their capacities in effectively engaging with the government including advocacy capacities. Another six percent CSOs need capacity development in community-based monitoring of the implementation of public schemes and programmes. In engaging with the government more constructively and effectively, networking and partnership with other CSOs become inevitable. Eight percent CSOs need to build their capacities in the areas of inter-organisational partnership, collaboration and networking.

Chart 28 - Capacity Needs for Effective Community Level Interventions (n=69)



Ways Forward

The study underscores that the CSOs are playing myriad role in supporting the communities affected by the global pandemic and the lockdown. The support ranges from distributing food, water, personal protective equipment, personal hygiene materials; disseminating useful information about the pandemic, personal health and hygiene, rules and regulations of lockdown, government schemes and programmes for the affected communities; as well as creating livelihood opportunities for the most marginalised communities. A majority of the CSOs have planned to continue these interventions with the communities in the short- and long-term, as they understand that both the pandemic and lockdown will have a far-reaching impact on the people particularly belonging to the most marginalised and vulnerable groups.

The study also points out that several internal and external challenges as well as capacity deficits constrain the ability of CSOs to effectively reach out to the affected communities and alleviate their precarious conditions. A majority of them have shared lack of coordination or support from the local administrations as a key constraint to continue their good work. Moreover, lack of resources (both human and financial) and a whole range of capabilities further affect their effectiveness.

In light of the foregoing analysis and the understanding, the study concludes that the CSOs will need support in three major areas:

Capacity building

Continuous learning through training and capacity building of CSOs, has been disrupted in recent years for a variety of reasons. The contractual arrangements with the new donors including many corporate social responsibility programmes as well as with many government projects, assume that capacities do exist in CSOs or the CSOs will arrange capacities to deliver projects as agreed in the contracts. Very few donors are willing to make investment in developing new capacities in the CSOs to get them ready for future challenges. As may support organisations which used to provide subsidised capacity development programmes, are now compelled to charge fees to become financially self-sustainable and economically viable. This has resulted in exclusion of smaller grassroots CSOs in these programmes which cannot afford to pay fees for training and capacity development.

The capacity development mechanisms and facilities for grassroots CSOs need a fresh look. While it may not be possible to revert to the era when most training, mentoring, coaching and handholding services to the CSOs were subsidised by the international donors, but at the same time the current arrangements or lack of it is least desirable. The speed and spread with which the civil society sector has responded to pandemic crisis, improving its vibrancy and efficacy cannot be overemphasised. The existing training and support organisations along with CSR programmes and philanthropic institutions need to take into account the range of areas where CSOs need to develop further capacities.

Partnering with government

In the wake of the pandemic, on behalf of the union government, the NITI Aayog had extended invitation to over 92,000 CSOs who were registered under NGO Darpan portal to contribute to the relief efforts for the affected people. All over the country the CSOs responded overwhelmingly. This invitation is welcomed by the civil society sector, particularly when a perception has been built over the last few years that CSOs are not so welcomed. The CSOs by and large were constrained

by sweeping changes in the laws pertaining to legal incorporation and taxation, but most importantly there was an attempt to demonise the CSOs in the mainstream media and in public discourse which were funded by the international donors.

While the gesture from the NITI Aayog was welcomed by the civil society sector in general, the message did not percolate down to the district and below. The overcautious district administration in most cases could not optimally facilitate the mobilisation of CSO support for the communities, despite the readiness from the CSOs. Their mobilities were restricted and the gaps in relief efforts when brought out to the notice of the administration, the hostilities from the administration were discernible.

A lot has been written and talked about the need for better coordination between CSOs and government without compromising the autonomy of the CSOs. However, it seems that new efforts are required to build an environment of trust between CSOs and government. An enabling environment which is to some extent institutionalised through agreed protocols for coordination and cooperation should be the priority. The NITI Aayog can play a facilitative role in coordination with the State governments and CSOs to develop such principles and protocols.

Flexible resources

Most grassroots CSOs are resource starved. A majority of them who participated in the study, mentioned the need for additional human, material and financial resources. Since the last decade there has been systematic lessening of availability of resources with the grassroots civil society groups. It started with the exodus of international donors in early 2010. At present, very few donors who are committed to provide resources to smaller CSOs. The tightening of Foreign Contribution Regulation Act and Indian taxation laws which once allowed relatively easy exemptions have exacerbated the financial situation of a large section of CSOs.

The enactment of Indian Companies Act 2013, which mandated certain categories of companies to spend two percent of the net profit to be spent on corporate social responsibilities, was thought by many as an alternative source of funding for the CSOs. Within a few years, however, it became clearer that most CSOs will not be benefitted from this resources. Moreover, a large number of CSR programmes started their own implementing agencies and could not utilise the existing outreach, capacities and experiences of the grassroots CSOs. A few philanthropic organisations have come forward to provide resource support and strengthen the local CSOs, but their numbers are few and far between.

The CSOs, in order to be effective at the local level need flexible resources which can allow them to respond to situations like current one. The presence of such CSOs in the remotest locations and with the most vulnerable communities which are often beyond the regular reach of formal institutions should be better utilised. The government, donors, CSR programmes, and philanthropic institutions should find ways to provide flexible resources to the CSOs so that they can continue to contribute to self-reliance of the marginalised communities.

Section 1: General Information

Full Name of the Organisation:

Any Acronym:

Head of the Organisation:

Email:

Mobile:

Section 2: Organisational Response to Affected Communities

Q1. What support your organisation is providing to the communities affected by the coronavirus and subsequent lockdown?

Q2. Which geographical areas are being covered by your organisation? Please mention the name of the state, districts, blocks/towns in each district, and number of Gram Panchayats/ Municipal Wards where you are working.

Q3. What challenges the affected communities are facing in your working areas? Please provide your specific response to Q3a, Q3b, Q3c, and Q3d.

Q3a. *Women (in general, elderly, widow, single, adolescents, young)*

Q3b. *Men (in general, elderly, widower, single, adolescent, young)*

Q3c. *Children (girls, boys)*

Q3d. *Person with Disability*

Q4. What organisational (internal) challenges you are facing to work with the affected communities?

Q5. What external challenges you are facing to work with the affected communities?

Q6. What kind of activities would you like to undertake with the affected communities in the next six months?

Q7. What kind of activities would you like to undertake with the affected communities in the next two to three years?

Q8. How are you planning to access and disseminate authentic information to the affected communities? (*information related to entitlements, personal health and hygiene, access to testing and treatment, etc.*)

Q9. To undertake these activities, what are the capacity building needs of your organisation?

Q10. Would you like to mention any additional information?