

research paper

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RESPONSE OF INDIAN CIVIL SOCIETY TOWARDS COVID-19

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1. Background and Objective

The spread of COVID-19 has necessitated the Indian government to impose a national lockdown across the country. The lockdown, which extended to approximately 60 days from the date of inception, was expected to contain the rapid spread of disease. Mobility of the people was curtailed and only 'essential services' were operational. Public spaces were sealed upon government orders and efforts were made to avoid gatherings. The government appealed to organizations to allow their employees to 'work from home', so as to minimize the risk of direct contact with co-workers.

A return to "normalcy" was expected, with the lifting of lockdown after the initial period of 21 days. However, due to the extended lockdown, the performance of the Indian economy is expected to report stunted growth rate, potentially threatening to disrupt means of livelihood. As the situation worsens, millions of families will find themselves without an income to sustain themselves or their families. In this context, it is imperative to understand how the nation has reacted to the lockdown and the restrictive orders that resulted from it.

On April 8, 2020, NITI (National Institution for Transforming India) Aayog reached out to around 92,000 civil society organizations (CSOs) to seek assistance to support the government in the fight against COVID-19. Taking cognizance of the need of the hour to supplement the efforts of the government, along with carrying out individual relief, a large number of CSO began working with the affected section of the population in the form of life-saving interventions. This included the distribution of food, medicines, shelter, quarantine facilities, hygiene kits, and more. Additionally, CSOs worked in close coordination with local government institutions (Panchayats and Urban Local Bodies), and district and state administrations to enhance their efforts in every possible way, even with restrictions in place.

The civil society in India is a vast network of organizations, working upwards from the grassroots level. It is conceptualized as "the sum total of all individual and collective initiatives for common public good"¹. From small organizations with limited resources to large intermediary institutions raising resources, the civil society in India came forward to fill the void in service delivery and human resources during such times of uncertainty. In the past, they have played important roles in various capacities during crucial times, like national disasters. During the COVID-19 lockdown period, their involvement was no different. They participated in relief and rehabilitation practices, disseminated critical information necessary to contain panic, and worked with the state and central mechanism supplementing their efforts and work. However, the traditional roles of CSOs notwithstanding, the magnitude of pandemic warranted the CSOs in India to move towards formulating and testing innovative means of service delivery, and that too under controlled conditions.

In this background, **Participatory Research in Asia (PRIA)** and **Voluntary Action Network India (VANI)**, collaborated to bring out this report, to systematize the various interventions by CSOs at national, state and local level. In light of the wide spectrum of interventions under varying contexts, it was imperative to view CSOs and their

¹ Tandon, R. (2002). Civil Society and Governance. Sanskrit, New Delhi

importance in the ongoing battle against COVID-19 in a new light. However, a caveat is in order, since the work done by CSOs across the country has gone beyond current media projections. Numerous grassroots organizations and individuals contributed through different means. However, due to limits of documentation and coverage by media or study reports, they may have gone undocumented, but not unnoticed.

The data was collected from the newsletters published by VANI, along with a structured internet search to identify any documented source of information related to a host of civil society interventions. The coming months would prove crucial, especially with various health organizations predicting a spurt in cases of COVID-19 infections.

Over the past two months, especially during the time of lockdown, there were considerable restrictions imposed on many activities, most notable being the economic activities concerning low- and middle-income groups. Overnight, an unexpected situation erupted which saw large sections of the population, primarily migrant workers, on the streets, without access to essential services like food, transportation, and money. With no facility or even knowledge about 'quarantine', they continued to live in conditions that were potential risks to human health. The miserable plight of inter-state migrant workers, walking long distances to reach their homes and struggling to maintain the mandated "physical distancing" norms, pointed towards the need for immediate civil society intervention. It is after many decades that India faced a national disaster of this magnitude, with some terming this as "the worst case of large-scale exodus, since partition of India."

The response to the pandemic was structured at different levels, starting from essential requirements on the ground to building capacity to tackle uncertainty in the months to follow. There is currently no consensus among the scientific community regarding the time frame of "return to normalcy", nor about any possible medical interventions in the form of vaccinations. In a way, the migrant population and the weaker sections of the community were carrying the dual burden of stigma and disease with them. They were most susceptible to stigmatization by the "gated communities" as potential carriers of infection/virus, thus distancing them from the hope of any help from their employers. Secondly, due to exposure to sunlight and lack of food and water, they were risking themselves to unhealthy conditions. It is in this context that the report has attempted to bring to the fore, the contribution of civil society and their flexibility in adapting to the changing circumstances. The effectiveness of the civil society interventions will be tested over time, as the general population comes to terms with "post-lockdown world".

2. Methodology

The study aims to systematize the wide range of contributions of civil society, and to map the different types of responses elicited from CSOs all over the country. Purposive sampling was undertaken to identify organizations that were involved in relief and other activities.

To undertake this rapid assessment of CSO interventions, a total of 130 CSOs were mapped for their interventions that dealt directly with people affected by the pandemic

and lockdown. Another 50 CSOs that carried out interventions working with and supporting different partners and governmental agencies, especially rural and urban local governance institutions were identified. A comprehensive search strategy was adopted to identify the different CSOs that had systematically documented their intervention efforts on the ground, over the months of March, April and May 2020, when the lockdown and other actions to contain spread of infection were going on simultaneously.

The data was collated and arranged according to various themes and methods of intervention. Data was collected from VANI and PRIA's partner agencies and organizations, in addition to identifying innovative practices deployed on ground by the civil society organizations that have the potential to change the way interventions can be designed and structured. The data was analyzed to identify the most commonly used modes of intervention by CSOs during the lockdown period. Additionally, best practices have been identified and documented to lend a holistic perspective to the analysis.

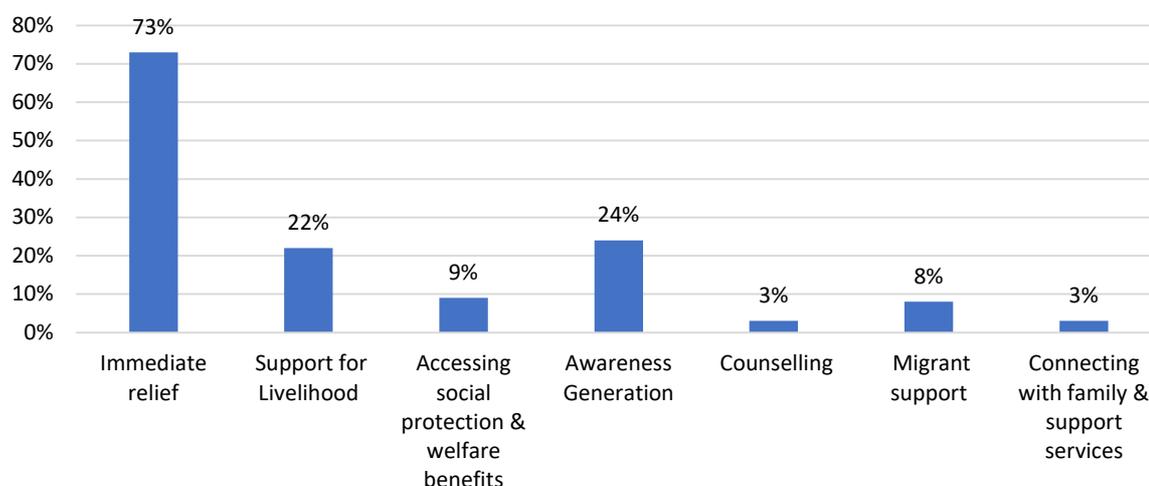
3. Intervention by Civil Society Organisations

In order to better understand the response of CSOs towards the COVID-19 outbreak, the interventions mapped were divided into two parts:

- Directed towards the affected population
- Support provided to institutions to carry out activities

3.1. Directed towards the affected population

Following the national lockdown, many families belonging to low-income groups and daily wage earners found themselves stranded without money, food or advance payment from their employers. CSOs in India directed their efforts towards addressing these immediate concerns that dominated the landscape during the weeks following the lockdown. Working directly with the affected population, the civil society response was varied, ranging from providing immediate relief to creating awareness for people and connecting them to various government schemes and facilities arranged by CSOs. A mapping of interventions revealed the trends as shown in Chart-1.

Chart 1 - Direct intervention with affected population

**Total percentage is more than 100 as some of the institutions delivered more than one intervention.*

The responses elicited by civil society, while working with the affected population, can be grouped as follows:

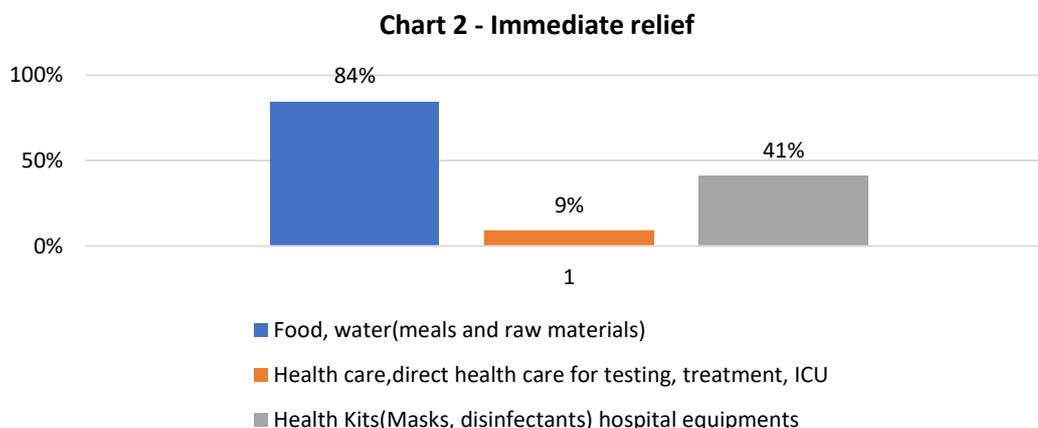
- A. Immediate relief
- B. Awareness generation
- C. Accessing social welfare and protection measures
- D. Support for livelihood
- E. Counselling
- F. Support to the migrant workers

Key Findings

- Providing immediate relief (food, water, dry rations, shelter, facilities for quarantine, and cash transfers) was the most important intervention by the CSOs during the period from mid-March to May.
- Seventy three percent of the CSOs conducted immediate relief measures following the lockdown by distributing food, water and dry rations, which was identified as the need of the hour, warranted by panic buying and shortage of essential items. With mobility restrictions in place, people from vulnerable communities were not allowed to step out of their homes to buy essentials to secure the duration of lockdown.
- Recognising the importance of maintaining hygiene to comply with national health advisories, the CSOs distributed health kits, consisting of masks and sanitisers. Forty one percent of CSOs were engaged in securing the safety and hygiene of the community and the health care professionals. The health care providers were given PPEs and safety equipment since the country was facing an acute shortage of safety gear. Some CSOs mobilised resources from donors and external sources to make this possible.

- Many CSOs also came forward to put ‘money in the hands of people’ by way of cash donations or advance payments to families in need.

3.1.1. Immediate relief



**Total percentage is more than 100 as some of the institutions delivered more than one intervention.*

CSOs addressed the immediate needs of the population by aligning relief and mitigation efforts in line with the social, economic and psychological impact felt by their target population. Many resource-provider organizations provided support through material and financial resources to their partner organizations in many parts of the country, to provide immediate relief to the community. Primarily, the need of the hour was to ensure that people had sufficient food, be it *cooked meals* or *dry rations*. **Eighty four percent of CSOs concentrated their efforts on distributing food materials and raw materials.** In a report filed with the Supreme Court in April, the Central Government submitted that NGOs across the country had served 30.11 lakh meals during the first phase of lockdown, even noting that in many states, they were ahead of the government in providing this relief. The efforts assumed significance in some states where the PDS system was not accessible until a few days after the lockdown was announced.

A report by Azim Premji University titled “**COVID-19 Pandemic: Civil Society Response and Challenges Ahead**” highlighted the difficulties faced by some of the states in procuring grains and other items to be distributed through PDS until about two weeks after the regulations concerning the national lockdown came into effect, starting from March 22². They recommended the engagement of civil society networks to support organized community outreach as an extension of the state’s efforts at providing access to basic services. Several organizations, across the country, got together to arrange for stocks of food material to be distributed through them or their extended network, to ensure maximum coverage.

Maintaining hygiene and safety was promoted as a precautionary measure, which encouraged people to remain safe and maintain physical distancing. People were urged to use masks and sanitizers. Families were provided with health kits consisting of masks, and sanitisers/soap. Frontline health workers and volunteers were given Personal

² COVID-19 Pandemic: Maharashtra – Civil Society Response and Challenges Ahead; Retrieved from <https://practiceconnect.azimprejiuniversity.edu.in/covid-19-pandemic-maharashtra-civil-society-response-and-challenges-ahead/>.

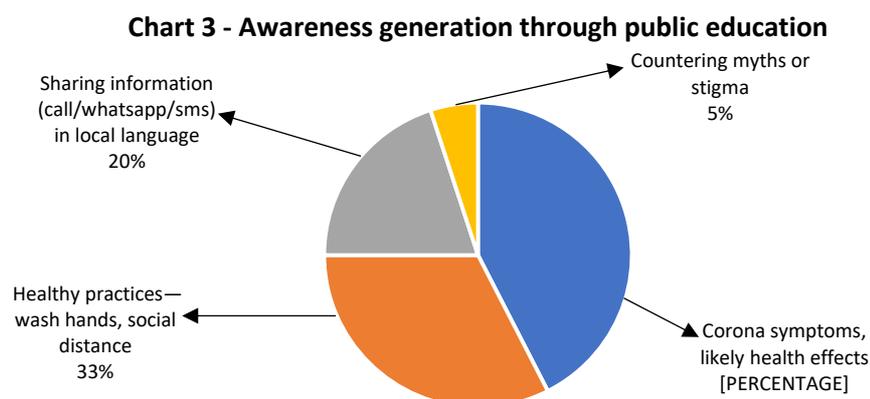
Protection Equipment (PPE) or health equipment to reduce their exposure to the virus. Forty one percent of CSOs undertook this activity to ensure safety and hygiene of all sections of the population, especially for the communities who couldn't afford to buy the health kits. The period of lockdown was essentially all about '**physical distancing**'. This was challenging to implement, especially in densely populated areas in India, where access to resources like water and food is limited.

Some initiatives like BIWAL (Bundelkhand Initiative for Water Agriculture and Livelihoods), led by Self-Reliant Initiatives through Joint Action (SRIJAN) attempted to revive the traditional water bodies in Bundelkhand, to tackle water scarcity and avoid crowding at the hand-pump or well.

However, only nine percent of organisations were able to utilise their resources to provide health care or to refer people to health providers for purposes of diagnosis or treatment. Rapid testing facilities, especially to clear the movement of inter-state workers, were set up with the help of volunteers from CSOs. For the inter-state population trying to get back to their native villages, facilities of transportation were arranged, especially to cater to the elderly population. Some of them even arranged temporary shelter and accommodation.

One of the CSOs, '**Wishes and Blessings**', based in New Delhi, worked extensively with highly vulnerable sections of the population, including sex workers, transgender people, disabled people, the destitute and homeless, and the elderly. Wishes and Blessings tied up with local organizations to ensure that relief activities are carried out with the above-mentioned groups so that they were not left out of the ambit of social protection. Over 35,000 'at-risk individuals' were attended to and the organization would carry on the support function, not just till the lockdown is called off, but until beneficiaries are reassured of their security. In the past six weeks, they extended their relief efforts to eight states of India. The CSO, as we can see, is trying to mobilize resources across verticals.

3.1.2. Awareness generation through public education



To arrest the spread of infection and to control the spiralling number of cases among the sections of population which could not afford “work from home” or “physical distancing”, the task before the CSOs was to increase access of the community to the best practices

to be adopted. These were recommended by the government and international health advisories. *Physical distancing* (used in lieu of social distancing) is an infection prevention and control strategy that is implemented to avoid/decrease contact between an individual infected by a disease-causing pathogen and a non-infected person, to stop or slow down the rate and extent of disease transmission in a community.

Around forty two percent of CSOs disseminated information about the symptoms of COVID-19 and the measures to be taken if symptoms show up in individuals. Further, information about isolation and quarantine in such situations would build the capacity of individuals and community to be cautious and guarded so that the rate of transmission can be slowed down.

While technology has made outreach a less cumbersome process, allowing people to reach out to hundreds and thousands of beneficiaries at the same time, it has also proliferated the spread of 'fake' news and messages. A governmental order was issued, restricting the 'forward' feature of WhatsApp to one person at a time, against the 'mass sharing' feature. To ensure that the readers do not fall victim to unauthorised health-related information, Sarvahitey, an NGO based in Delhi, started a project called '#MyPincode' in collaboration with Social Media Matters, an organisation that works on detecting fake news, online safety, and women empowerment. Together, they made 213 Facebook groups in districts with the most number of COVID-19 hotspots, so that real-time updates about the situation on the ground could be assessed, with the possibility of facilitating action. The purpose of creating the Facebook groups was to counter the spread of fake, unscientific information about the pandemic, to present real-time updates or notification from governments in simple, accessible language, and to share videos made by volunteers.

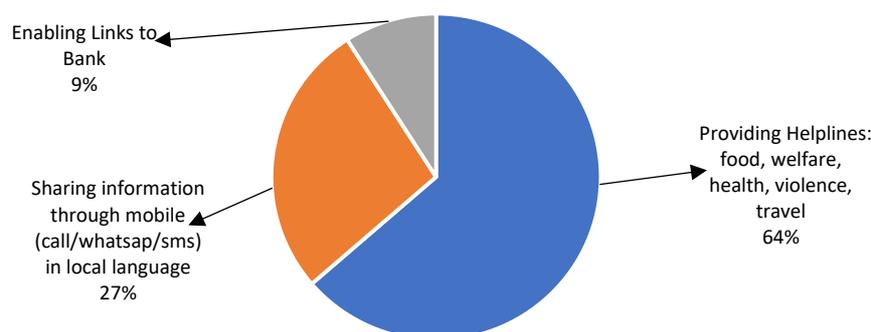
NGOs working at a regional level identified vulnerable populations and created awareness in the community in the local language. Instant messaging services like WhatsApp and SMS facilities were used to inform people about handwashing techniques, frequency of hand wash and the need for "physical distancing", especially while travelling or standing in queues in shops etc. Group chats were enabled, with the option of adding beneficiaries in an area, to ensure all members of the community are apprised about any communication from authorised authentic sources. This facility could be availed by both users of smartphones, with an active internet connection, and users of other types of phones without internet messaging facility. **Nearly 3 million people have been impacted in India by the outreach of CSOs regarding information dissemination and awareness generation, as per estimates.**

Another noteworthy initiative saw Indian scientists and other members of the civil society come together to respond to the need to bust myths, hoaxes and superstitions surrounding the spread of disease. Teaming with scientists from varied backgrounds, graphic designers and translators from around the country, the initiative was carried out under the banner of ***Indian Scientists' Response to COVID-19 (ISRC)***. This civil society group was set up to communicate evidence-based scientific understanding of the disease to the society, in times of pandemic. This is critical since the 'success of the efforts from the government depends on citizens playing their role rationally'. The messages were communicated in the vernacular language, with minimal use of complex language in a bid to drive home the message they wanted to convey. Institutions like Tata Institute of

Fundamental Research (TIFR), Institute of Mathematical Sciences, IISER, and IIT Bombay were a part of the initiative. The messages were made available in the open domain, in 14 Indian languages and were available for download to anyone interested in community action. Thus, as the examples point out, civil society has been quick to adapt to technology to disseminate information, which was earlier dependent on community mobilisation.

3.1.3. Accessing social protection and welfare benefits

Chart 4 - Accessing social protection and welfare benefits



Taking note of the heavy economic implications of the lockdown, the national and various state governments announced schemes and emergency relief procedures to alleviate the disaster and to allay the fears of low-income groups temporarily. While some worked on transportation and associated logistics including train tickets and bus services for migrant workers, other state governments used the Direct Benefit Transfer (DBT) route to reach out to the sections of the population that were subsisting on daily wages, like casual labour. Thus, it was imperative to disseminate information regarding various social protection measures and welfare benefits in the community, especially to people who were displaced due to the indefinite nature of the lockdown. The results of a study, published as a working paper, by researchers from the University of Chicago and the University of British Columbia, covering 1,392 individuals in Delhi, in slums and unauthorised colonies, found that 64 percent of participants could not access government food assistance³ and similar welfare schemes.

While many NGOs transmitted the information through their networks, through phone calls and social media like WhatsApp, others created more elaborate systems of information dissemination like hotline and helpline numbers. **Around 64 percent of CSOs started helpline facilities to reach out to the beneficiaries. Most of the helplines were multi-lingual and provided information in the vernacular language.**

Besides providing information on the different welfare measures which could be availed, the helplines were also set up taking cognisance of social issues such as heightened domestic violence.

³ Retrieved from <https://indianexpress.com/article/explained/new-research-how-lockdown-has-impacted-non-migrant-poor-in-delhi-6418192/>.

Twenty seven percent of organisations regularly provided updates regarding the availability or distribution of food material, facility of transport and other emergency measures. This was done to benefit the people on the move, be it volunteers or migrant workers or inter-state workers who had to move back to their places of residence due to various compulsions. Many CSOs came together to form WhatsApp groups, where real-time updates about relief work were posted. Linkages to organisations were also facilitated through the group, which made coordination easier and ensured that the services were running smoothly.

To bridge the gap in access to financial services, assistance, in the form of banks or registration facilities like block administration, was provided. A survey of 130 rural families in some states of India including Uttar Pradesh, Chhattisgarh, Gujarat, Odisha, Jharkhand and Madhya Pradesh was conducted by development economists Reetika Khara and Jean Dreze towards the end of April. It reported that only one-third of the households surveyed had been able to go to the bank in the aftermath of lockdown, although bank branches were supposed to remain open during the lockdown⁴. Thus, many CSOs worked with families, especially in rural areas, to enable them to withdraw money from bank accounts or provided financial help through cash transfers.

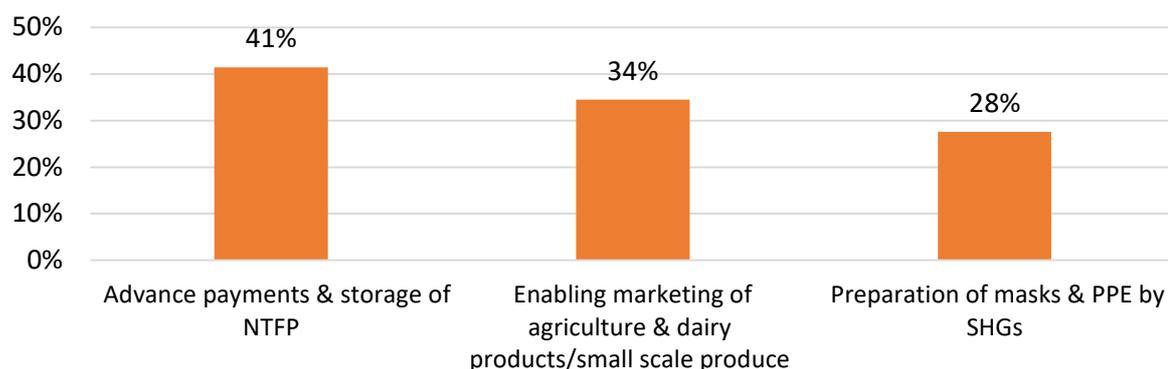
As soon as the lockdown was imposed, various state governments announced cash transfers for the beneficiaries under various schemes such as Jan Dhan Yojana, along with advance credits of pensions for widows and the elderly and subsidies under the Ujjwala scheme for gas cylinders and the like. However, villagers were unaware of the subsidies being transferred to their bank accounts. Thus, many residents of rural belts in Madhya Pradesh could not get their gas cylinders re-filled. It was only after intervention from Charities Aid Foundation (CAF), along with their partner organisation, Samarthan, that beneficiaries could access the scheme. In the days to come, as states look into implementing guarantee schemes on ground, CSOs will be expected to identify and link the neediest to their entitlements. Serving the critical function of connecting the community to various social welfare schemes and initiatives, the CSOs have helped in creating awareness and increasing access to the beneficiaries.

3.1.4. Support for livelihood

The immediate and almost unannounced imposition of the lockdown impacted the livelihood of many, who suddenly found themselves without any source of income or savings to prepare for the long days of uncertainty that lay ahead of them. Many CSOs mobilised resources for monetary support to the people, who either lost their jobs or were evicted from their places of stay. In addition to this, many employers paid their employees salary in advance, to meet immediate expenses. Around forty one percent of livelihood support was met through payment mode.

⁴ Retrieved from <https://www.thehindu.com/news/national/covid-19-relief-scheme-poor-find-access-to-accounts-hard-says-study/article31521803.ece>.

Chart 5 - Support for livelihood



**Total percentage is more than 100 as some of the institutions delivered more than one intervention.*

The problem of receiving payments in advance was more acute for informal workers, such as domestic workers, drivers and other service providers. In urban metros like Delhi-NCR, many middle-class households withheld payment of wages to the service providers employed by them. A recent survey conducted by Martha Farrell Foundation reported figures of less than fifty percent of domestic workers, who received their full wages for the month of March. Further, only ten reported percent having received their wages for the month of April, with further lack of clarity about when they are expected to return to work⁵.

Agriculture markets in India faced tremendous challenges in the form of supply-chain disruptions, lack of cold storage and decrease in demand from regular clients like restaurants and hotels. In the absence of any intervention from the government regarding transportation or any incentives to facilitate the movement of goods and supplies, especially wheat and other Rabi crops, the CSOs extended their reach to cover farmers and producers of agricultural products, like dairy. Around thirty four percent of CSOs were involved in enabling the marketing of agricultural goods and advocacy efforts with the government to relax restrictions imposed on inter-state transportation. Similarly, with the Rabi crops piling up and in the event of staggered procurement by some state governments, there were fears among farmers over the hindrance of kharif sowing, lack of transportation facilities and subsequent wastage due to inability to harvest and dwindling demand among consumers.

Even as agricultural produce was exempted as 'essential service', the sudden announcement of lockdown, coupled with fear among consumers and the myth of infection spreading due to touching vegetables and fruits, affected the sector. Organisations like APMAS supported approximately 1500 farmers overcome the situation of dwindling demand through collective marketing. APMAS had been working with farmer organisations, producing a variety of fruits and vegetables around Madanapalli in Chittoor district in Andhra Pradesh. A massive upscaling of the initiative was planned, which would ramp up production of agriculture produce for the industry from 2500 metric tonnes to 5000 metric tonnes in the near future, thus fulfilling the demand of food processing industries.

⁵ Those who stayed. Martha Farrell Foundation(2020); retrieved from http://www.marthafarrellfoundation.org/uploaded_files/article_category/1591073290_those%20who%20stayed%20report.pdf.

Similarly, tribal communities in India were faced with logistical and technical challenges related to the storage and marketing of Non-Timber Forest Produce (NTFP), which was the primary source of their income⁶. Observer Research Foundation (ORF) reported that 'informal' borrowing by farmers and producers of agricultural products was expected to increase. By enabling the marketing of their products, CSOs in India have played an active role in lifting the agrarian workers out of a potential debt trap.

In matters concerning livelihood, a more proactive approach was adopted by the CSOs, which saw a more holistic and inclusive approach towards accommodating different professional groups. Self-help groups were encouraged to make masks and PPE, which were then marketed. This, in addition to ensuring sustainability in incomes, also served to meet the increasing demand of the said materials. Around twenty eight percent of CSOs identified SHGs across the country and provided them with a source of employment during the period of lockdown. Other than CSOs, households across the country also contributed to sustaining the livelihood of the working population, especially domestic workers. They were paid their monthly salary in advance so that they could keep their household running and maintain their purchasing power, especially with regard to essentials like food items and medicines.

3.1.5. Counselling

A worrying, and perhaps neglected, concern of the lockdown period was the status of mental health of the population. The indefinite nature of the nation-wide lockdown served to add to the woes of the people living on subsistent wages, whose return to the city and their workplace was mired in uncertainty. This was bound to give rise to anxiety and panic. Concerns regarding employment and the return to workplaces had also risen among the educated sections of the population, whose job prospects were equally threatened by the impending economic slowdown, as the informal workers. Students were also concerned about their academic future. The stigmatisation of communities and individuals, especially expatriates and frontline medical workers, was also reported, leading to their social isolation.

World Economic Forum (WEF), in their online blog piece⁷ "**As *India's lockdown ends, a mental health crisis is looming***", claimed a twenty percent increase in cases of mental illness since lockdown restrictions were imposed. Hence, a responsive civil society intervention that addressed the needs of diverse stakeholders by providing counselling and therapy would prove to be an antidote to mental stress, along with countering stigmatisation of communities.

Universities and educational institutions had been at the forefront of such initiatives. **National Institute of Mental Health and Neuro-Sciences (NIMHANS)**, through its COVID-19 helpline, provided mental health counselling on psycho-social issues related to the pandemic to 16,000 callers through their pan-India helpline, in collaboration with the local administration. Counselling services are available to children and adolescents, general adults, elderly people, the workforce, and the victims of domestic abuse and

⁶ Retrieved from <https://www.orfonline.org/expert-speak/impact-covid19-rural-lives-livelihoods-india-64889/>.

⁷ Retrieved from <https://www.weforum.org/agenda/2020/05/indias-lockdown-ends-mental-health-crisis-beginning/>.

violence. Counselling was also provided on substance (alcohol, tobacco, drugs) withdrawal symptoms.

Similarly, in Gujarat, a network of professional psychologists worked together to extend a helping hand to counselling initiatives by setting up toll-free helplines. The psychiatrists joined hands with young university students to meet the burgeoning demand of people wanting to seek mental health care or talk to an expert. Students, from psychology or social work background, were trained in methods of counselling through online lectures, to do their job better. The initiative also planned to physically reach out to the most backward and inaccessible localities within the state once the lockdown was lifted. The helplines would be accessible to anyone who wished to avail the services, including students, informal sector workers and professionals among whom mental health stress is rising owing to 'work-from-home'.

A new emerging trend in health care service delivery is tele-counselling or tele-medicine. It is a technological innovation that aims to reduce the distance between the health care professional and the beneficiaries. **Smile Foundation**, an NGO with country-wide presence, which works on primary healthcare, used the tele-counselling interface to reach out to the beneficiaries within their network and provided mental health counselling services. The facility of tele-communication enabled Smile Foundation to reach out to a wider network of potential beneficiaries at a pan-India level. It was conducted through doctors, nurses, paramedics and counsellors, who would make calls and enquire about their well-being. This helped them to address any concern from their end, while keeping the partner organisation apprised about the situation on the ground. They used this medium to create awareness on the various aspects of the disease and the importance of abiding by the various health advisories and precautionary measures issued by the government. The resilience of CSOs to adapt to the usage of technology to address emerging issues from the field was proof of its flexibility.

3.1.6. Support to migrant workers

The migrant workers were perhaps the most affected segment of the population, and the challenges they faced were many. Left with no savings and facing the threat of being evicted, coupled with the fear of permanently losing their jobs, they painted a grim picture.

The foremost concern was their accessibility to government support, which could only be availed if they were registered with the state government, or are not part of labour or trade unions. Most of the migrant labours were not registered workers, thus keeping them out of the 'safety net' of the state. The challenges of the rural and urban migrant population varied according to the context. While the urban poor were forced to abandon their settlements after the loss of their jobs and faced uncertain futures, the rural poor seemed to be occupied with concerns of the infection reaching the rural areas, due to their kith and kin from urban areas heading home to the village. Similarly, their livelihoods were also at stake due to unavailability of jobs under the MNREGA schemes. Around thirty five percent of CSOs worked with the district administration to secure employment for migrant workers who returned to their home states. Through facilitating quick registration and identifying potential beneficiaries, the CSOs bridged the gap between the migrant labourers and their need for employment.

Inter-state workers from the urban areas had to walk miles to reach their destinations, in the absence of alternative modes of transport, while being forced to pay a hefty sum to cover a small distance in the tiresome and tedious journey. CSOs deployed their volunteer network to provide all possible support in the form of food, water, lodging, and medicines and health care, if required. NGOs were also seen distributing *chappals* and footwear to pedestrians. Connecting the stranded people to their families and acquaintances topped the list of distress calls, according to Jan Saahas, a non-profit working with the underprivileged. They received maximum distress requests to top up mobile phone accounts from people desperate to reach out to anyone who could help them. Jan Saahas made arrangements to start helplines, where calls could be made to the facility without being charged for it (toll-free facility). Efforts were also made to top up the mobile accounts of the displaced.

'Border management' (inter-state borders) was a unique intervention adopted by many CSOs who had their presence in areas situated near inter-state borders. Since, inter-state movement was widely restricted, migrants arriving by foot often found themselves at the gates of their destination without any means of gaining entry into their state. This would lead to situations of mass gathering. With police under strict instructions from their respective states to disallow free movement, and with workers eager and desperate to reach their homes, the conflict was left to the CSOs to resolve. One such initiative at the border was the intervention by ADATS at the Kerala-Karnataka border. They leveraged their socio-political clout in the region to facilitate smooth movement of migrants across the borders and to reduce their stigmatisation and harassment at the hands of police. They were also able to initiate a dialogue with the police and government authorities and to point out clauses in SOPs that were ill-conceived and counterproductive. Through the process of dialogue, they were able to demonstrate that forcible prevention and enforcement of regulations would lead to the gathering of unmanageable crowds of frustrated youngsters in their precincts, and lead to a situation of migrant workers dispersing into surrounding neighbourhoods. The operations were subsequently streamlined acknowledging the fact that "earning the goodwill of migrants would yield healthy returns in the long run" and thus, led to cooperation between the police and migrant workers. Once the lockdown restrictions were partially removed, many CSOs came forward to help the migrants secure their homeward journey by trains.

Many CSOs made presentations to the concerned state governments to make immediate arrangement for direct transport for migrants to reach their home states. They also made arrangements to coordinate with buses and trains, arriving at the state and provided information on facilities available through widespread publicity, even helping the migrants pay for their train tickets. Help desks were set up at state borders with updated information on policies and facilities for transport. The volunteers also stayed in touch with state-appointed nodal officers to ensure smooth conduct of transportation. The names and numbers for persons responsible for food distribution and transport in each district were also made available through public information portals, WhatsApp groups, or bulk text messages. Special arrangements were made to meet the nutritional requirements of pregnant and lactating women.

In sharp contrast to factories and workplaces, which left their informal sector workers with no alternatives, textile hubs like Tirupur and Bengaluru saw labourers resist the urge to

move to their native villages. They were taken care of by their employers who provided basic living facilities for them and paid part of their compensation, to keep them going. This assumes significance in industries where workers are paid according to the number of units they produce and not by the number of working hours. Similarly, the migrants in the tea plantations of Assam also stayed put because their employers were considerate to their plight.

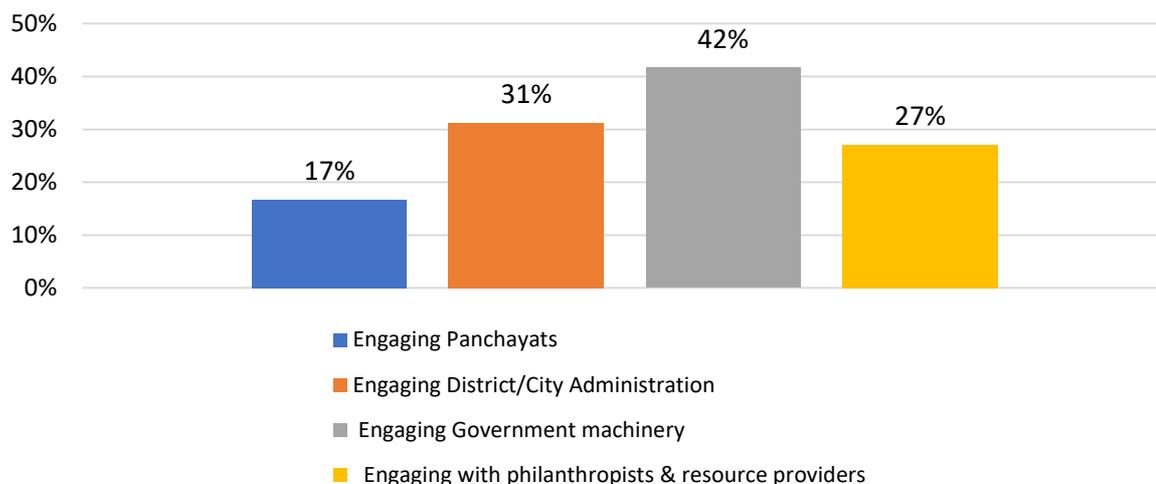
Civil society has made considerable progress in the extensive use of technology during this period. With the twin challenges of lockdown and physical distancing, civil society was able to devise ways through which it ensured that relief activities and other initiatives could carry on, unhindered. A review of various CSO interventions will also serve as a resource material in identifying the best practices to be adopted during situations when physical or in-situ contribution to disaster mitigation will be severely impeded. However, technology alone would not have made this possible. The vast network of CSOs working in complete coordination with each other, identifying the emerging problems on the ground, along with the extended chain of volunteers and professionals accelerated the process. As examples have shown, the considerate behaviour of individuals, especially employers, has been successful in controlling the potential damages to some extent. Once the process of recovery begins, CSOs will be expected to play a more active role.

3.2. Supporting Institutions to Respond Effectively

During the COVID-19 pandemic, the civil society, in addition to playing an important role in its capacity by spearheading various urgent initiatives, also effectively moderated or complemented the efforts of government institutions, at local, district, and state levels. Some organisations marked their presence at a national level by being actively involved with various policy and decision-making bodies. Civil society actors, collaborating with political society, took the form of service delivery, as “civil society complemented government agencies by organising and mobilising communities to gain services”⁸. Civil societies shared interest in strengthening the local governance institutions, with many CSOs having provided capacity-building support to the local governance institutions in recent years. Civil society contributions to participatory planning and budgeting have been welcomed, and many governments have invited CSOs to be a part of such initiatives. The recent NITI Aayog outreach to CSOs to be part of the fight against COVID-19 was one such example of outreach. It showed how the political space has found acceptance for civil society’s contributions. The subsequent sections highlight the involvement of CSOs with different arms of governance and how the various efforts undertaken by the government were taken to the citizens through extended networks of CSOs working in tandem with each other and the government.

⁸ Tandon, R, and LD Brown. “Introduction: Civil Societies at Crossroads: Eruptions, Initiatives, and Evolution in Citizen Activism.” *Development in Practice* 23, no. 5-6 (2013): 601-607.

Chart 6 - Support to institutions



**Total percentage is more than 100 as some of the institutions engaged with more than one institution.*

The CSOs played an active role of supporting the following institutions and their engagement can be grouped as follows:

- A. Engaging with government machinery (state and central level)
- B. Engaging with local governance institutions (Panchayati Raj institutions and Urban Local Bodies)
- C. Engaging with city/district administration
- D. Engaging with philanthropists and resource providers

Key Findings

- The CSOs, playing the active role of supporting institutions, complemented the efforts of the government, in addition to leading and sustaining their own initiatives. The CSOs showed the **highest initiative for engagement with their respective state government machinery** and sometimes, reaching out to other states through their extended network. Around forty two percent of CSOs were able to reach out in this manner and to report the situation from ground and suggest policy recommendations.
- They followed up their efforts at the state level with **active engagement with district authorities (thirty one percent)**. Working at the district level, they were able to reach out to a wider audience, especially with regard to disseminating information and connecting people to the district hospitals and health facilities in emergency situations.
- **Engagement with Panchayati Raj Institutions (PRI) accounted for about seventeen percent of the initiatives.**

3.2.1. Engaging with government machinery

CSOs were engaged in supporting the efforts of various service providers, especially at the governmental level and reported the highest level of engagement (forty-two percent) among support functions of CSOs and in their involvement with the other arms of

government. The CSOs supported initiatives at both the central and state level. For this purpose, a range of knowledge building efforts were undertaken by some CSOs in the domain of knowledge creation by organising webinars and undertaking rapid surveys, so that sufficient knowledge about ground realities could be passed on to the decision-makers at the level of the central government and the upper levels of policy-making. In the process, the CSOs emerged as knowledge partners in the fight against COVID-19. There were discussions on a wide range of topics including relief, quarantine facilities for the poor, protection of children and women, domestic violence, and crystallising the information to explore new emerging challenges. This was seen as an opportunity to share, analyse and disseminate information about good practices as well as highlighting the conditions of diverse sections of the community such as children, women, domestic workers, the LGBTQ+ community, frontline health workers, activists, and more.

Similarly, advocacy efforts were carried out with the government at the centre, especially with regard to laws and legislations that concern the agricultural sector. Due to the disempowering changes made in the labour laws by certain states, the CSOs raised the issues with the central government, appraising the government of consequences if such changes come into effect.

At the level of the state governments, the empowered council set up by NITI Aayog advised Chief Secretaries of states to appoint state-level nodal officers to coordinate with all the NGOs and to resolve issues emerging from the ground, while leveraging their resources and networks. NGOs were also encouraged by the state government to lift and distribute rice and wheat from the Food Corporation of India (FCI) go-downs, with the state government subsidising the cost of the food grains, so that “no one in the country remains hungry”.

Anticipating a huge exodus of migrant labourers back to their villages, there was an imminent urgency to ensure adequate labour opportunities to all those who returned. Since agriculture is limited by its ability to employ all those who seek work, Samarthan, in Madhya Pradesh, decided to turn to infrastructure development under government schemes to provide employment opportunities. Along with the largest employment guarantee initiative, MGNREGS (Mahatma Gandhi National Rural Employment Guarantee Scheme), opportunities under initiatives like PM Awas Yojana, and PM Rural Roads were leveraged.

Samarthan drew up a plan to enable skilled and unskilled labourers to gain employment through interventions like:

- Support Gram Panchayats in developing labour budgets based on the demand for wage labour at the village-level for the MGNREGS;
- Approval of various individual and community works in the Gram Panchayats under the MGNREGS viz. farm ponds, farm bunds etc.;
- Negotiation with the district administration to initiate civil works under the PM Awas Yojana, PM Roads Yojana and other construction work of various departments based on the list of workers willing to work for daily wages

There was also a lot of **inter-institutional engagement** (engagement with institutions) that was seen during this period, where a collective leveraging of strengths of each

organisation involved helped evolve solutions towards a common end. The coming together of organisations enabled the examination of a vast number of issues, which were overlooked in mainstream discussions. Gender issues were one of the many themes on which the discussions in this space revolved. Mental health, need for physical activity like sports, and engaging children in productive tasks were some of the other themes. Similarly, CSO engagement with media was seen as a vehicle through which local issues could gain nation-wide attention and thus, attract the gaze of the government or other agencies to “whom it matters”.

PRIA and Martha Farrell Foundation conducted a series of webinars to draw the attention of the authorities as well as communities towards recognising safety of women as an “essential service” during the lockdown. Raising awareness about the rise in incidents of domestic violence and Intimate Partner Violence (IPV), webinars were organised around this theme calling for concerted and collective action to ensure women and children’s safety at the local level, including the large number of women employed in the informal sector. The webinars put forward the point that the discourse on the safety of women should also extend to include women, who are ‘working-from-home’, so that they enjoy the same privileges as ‘women at the workplace’. As millions of migrants journey by foot to reach their homes, unable to sustain themselves in cities due to the lack of livelihood and fear of COVID-19, their journey takes them to quarantine centres, where they are stigmatised. Sometimes, the facilities are not adequate or comfortable for the migrants. Hence, there is a need to draw up Standard Operating Procedures (SOPs) to ensure that the quarantine centres are well equipped to ensure the well-being of those undergoing quarantine. Participatory Research in Asia, Martha Farrell Foundation, Samarthan, UNNATI, Centre for Youth and Social Development, and Sahbhagi Shikshan Kendra produced a joint report (in [English](#) and [Hindi](#)) on measures needed to recognise and address ways to improve quarantine centres.

SPARC (Society for Promotion of Area Resource Centres), in Mumbai, as part of their support to the federation network, organised group interview sessions with women, where women listen to each other’s work and have the space to speak out. This initiative is organised for women to support and energise each other and engage in the form of catharsis. It is a technique that many women’s movements use to build capacity and collective leadership.

3.2.2. Engaging Panchayats and Municipalities

In many states, Panchayats had been designated as the nodal agencies for COVID control coordination. Panchayat members are the nodal point across most social welfare programmes and have the power of direct reach in their hands. Assisted by over 10 Lakh frontline functionaries (ASHA, ANM etc.) all over the country, the 2.6 lakh rural local bodies played a major role in ensuring that the welfare services were delivered and that no one was left behind from accessing welfare or social security for want of documentation and other bureaucratic approvals. A report by PRIA titled’ *The civil society and Panchayati Raj institutions*’ listed the following areas of cooperation:

Public Awareness and information dissemination efforts, capacity building initiatives, facilitating micro-planning and advocacy⁹.

The CSOs were able to directly reach out to people at the level of PRIs with whom they have a trusting relationship, as compared to other tiers of government. Initially, they concentrated their efforts at disseminating information regarding the virus and other health-related practices, and government advisories, especially the ones pertaining to zonal lockdowns, hotspots, and mobility. Additionally, the CSOs have tried to mobilise funds for immediate food distribution and other essential services by encouraging the allocation of PRI funds for this purpose. Even the frontline workers at the Panchayat Level were supported in their work, especially in identifying and tracking cases. **Around thirteen percent of CSOs were involved with directing their efforts through local government institutions.**

Some areas on which the Local Government institutions and CSOs collaborated were as follows:

- Dissemination of information through mobilisation
- Appraising Panchayat and Municipal officials about emerging distress on ground
- Supporting in food distribution and immediate relief and utilising PRI funds for filling in the gaps in supply and streamlining PDS supply by eliminating roadblocks
- Maintaining community kitchens to meet immediate food concerns
- Supporting frontline health workers and leveraging their influence for communicating health aggravated risks to those who were on transit or completed their home ward journey by foot
- Countering stigmatisation of returnee migrant workers
- Preparing MGNREGA plans
- Setting-up and manage quarantine shelters.
- Operating helplines.

Awareness campaigns were organised at rural and urban centres to counter myths and stigma, especially to quell unscientific claims of the rural bound urban labourers as carriers of the virus. Health services, especially quarantine and rehabilitation facilities, were made available, apart from coordination and volunteering at Primary Health Centres. The number of people who can be affected through outreach at the grassroots level can be gauged by the response to initiatives at the Panchayat level since many opinion surveys point to an individual's trust in the PRIs over the state or district administration. Matters related to the employment of people and securing livelihood of workers can be moved at the level of Panchayats. Similarly, the panchayat is the venue for resolution of conflicts arising out of the allocation of workdays to beneficiaries under MNREGS as is being reported from various locations, across the country.

In the case of urban local bodies, the burden of ensuring prevention of community spread fell on them, especially in densely populated urban pockets. To ensure better coordination and to ensure that everyone is tested, the Brihan Mumbai Municipal Corporation (BMMC) had enlisted the services of local NGO in Mumbai to screen

⁹ The civil society and Panchayati Raj institutions. PRIA. Retrieved from https://www.pria.org/knowledge_resource/1557384684_The%20Civil%20Society%20and%20Panchayati%20Raj%20Institutions.pdf.

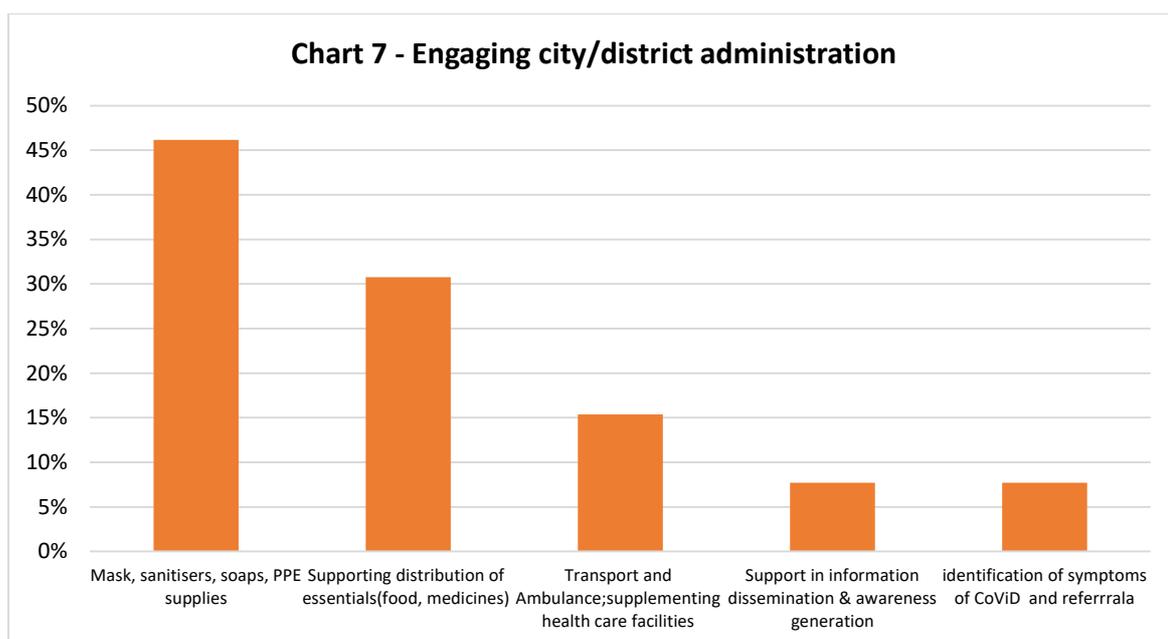
residents of the slum pockets scattered across the city. The city of Mumbai had recorded the highest rise in positive COVID-19 cases in the days of lockdown, and the need for testing became a necessity. Similar exercises were also being conducted by Municipal Corporations of other major cities with dense population and slums. This was also done taking into account the impending monsoon showers expected to hit the city in the month of June. In K-west ward in Mumbai, the NGO Niramaya Seva Foundation had deployed a team of eight doctors and a significant number of volunteers. It achieved a target of testing around 5000 residents of a slum colony in Andheri. The idea was to screen the slums in Mumbai before the rainy season exacerbates the situation. Densely populated areas are already under threat due to the use of community toilets and other essential facilities, where physical distancing is not possible.

The Centre for Youth and Social Development (CYSD) had supported the Gram Panchayats in managing quarantine homes, community kitchen and facilitating PDS distribution systems. In addition, the collaboration reached out to Community Based Organisations (CBOs) and sensitised them towards providing support in organising community awareness, sanitation drives, identifying vulnerable people, tracking migrants, managing quarantine centres and community kitchens at the Gram Panchayat level, in close association with the local government. CYSD also organised awareness programmes with 587 communities focusing on physical distancing, hand wash practice, and Do's and Don'ts related to the disease.

They also organised consultations to revamp Gram Panchayat level disaster mitigation plans in the light of the pandemic. The Village Level Disaster Mitigation Plans, with its roots in more than 500 villages spread over seven districts, was aimed at providing the foundational base for the Panchayat activities. A small team had been commissioned to undertake the task of designing a re-skilling programme for revival of both rural and urban economy of the informal sector, agriculture and allied services and forest dwellers and their livelihood enhancement. The recommendations of the team could be utilised for undertaking re-skilling activities in a planned manner, and to explore the possibilities of a state-wide study in Odisha to understand the needs and aspirations of rural youth including the returnee migrants employed in other states, domiciled in Odisha.

3.2.3. Engaging district/city administration

CSOs also engaged with the district administration by providing information about distress from the ground to them. The restricted mobility imposed as part of lockdown slowed down the governmental machinery to a large extent. However, with the active involvement of the CSOs, the district administration was ably supported in its endeavours. Thirty one percent of CSOs came forward to help the district administration in procuring and distributing relief materials. Besides providing relief materials, the CSOs were involved with district administration in providing or helping arrange for emergency medical transportation services like ambulances moving patients or elderly, who needed medical care in hospitals. This accounted for about 15 percent of the CSO engagement with district administration.



NGOs also served to facilitate linkages with the state and central governments and various task forces, effectively ensuring smooth management of affairs without the entanglement of bureaucratic hassles and delays. Many important public buildings in some districts and cities of India were converted into spaces for quarantine. In addition to arranging for regular supply for masks, sanitisers, soaps and PPE kits, CSOs also shared information pertaining to the disease through vernacular mediums. They appraised the district administration about the situation through regular updates coming from volunteers and other relief workers. The purpose of the above was to enable the population to identify any potential symptoms of disease and to go for medical quarantine if required and to seek medical help if the condition worsens. At least eight percent of the CSOs working at the district level were involved in information dissemination, while an equal number of them worked with people to identify symptoms of the disease and to refer them to the nearest health facility, if found to be displaying symptoms. However, the referral could only be done by organisations that had human resources, including trained medical professionals.

Some of the ways in which the CSOs engaged with the district/city administration are as follows:

- Assisting and supporting the local administration in setting up community kitchens particularly for migrants and the homeless population working in urban areas
- Creating awareness about prevention, hygiene, physical distancing, isolation, and combating stigma
- Supporting the government in setting up health camps
- Identifying hotspots and deputing volunteers and caregivers to deliver services to the elderly, persons with disabilities, children, transgender persons, and other vulnerable groups
- Developing communications strategies in different vernaculars, whereby they become active partners in creating awareness at the community level so that COVID-19 spread is tightly controlled

- In metropolitan cities like Delhi, the state government has roped in civil society members to coordinate with the district administration to ensure better and effective disbursal of food materials and cooked meals. Around seven lakh people are expected to be provided with lunch and dinner every day. District Disaster Management Authority (DDMA) has given the responsibility of each of the 11 districts in Delhi to one of the civil society groups. They will also coordinate with beneficiaries who are lodged in relief camps.

3.2.4. Engaging with philanthropists and resource providers

An important question concerning the CSOs was the availability of resources to cater to the increasing demand for relief to be distributed in various parts of the country. The civil society found a helping hand in different philanthropic and corporate donors who came together to contribute to disaster mitigation. Around twenty seven percent of CSOs were effective in pooling the required financial resources and in revising existing projects to respond to emerging needs. Since many CSOs had done needs-based assessments of their localities, they were able to raise adequate resources and to allocate them accordingly.

In addition to raising resources from philanthropic organisations, CSOs worked amongst themselves to raise resources or to pool resources to increase the reach and broaden the scope of work. Such multi-institutional collaborations were beneficial during the lockdown. Appeals were made to philanthropic organisations and other national and international funding agencies and CSR arms of corporate entities to join the CSOs by contributing to their resource pool and increasing the resources at their disposal. The resources raised, as part of such initiatives, broadened the resources at the disposal of organisations that ensured smooth conduct of relief operations.

COVA (Confederation of Voluntary Associations) is a national network of voluntary organisations working for social harmony and community empowerment in India and South Asia. Members and partners of COVA comprise of community groups ranging from those working at the grassroots level to national and international organisations and networks undertaking advocacy and policy interventions. Their line of work involves the 'neo-poor', the lower middle class, who despite their qualifications, would find it difficult to maintain a steady source of income in the months to follow. Further, a sense of "middle-class" dignity dis-incentivises them from seeking help. Professionals like computer repair-persons, beauticians, owners of neighbourhood shops of non-essential products, teachers of private schools fell under this category. To ease the financial burden on their shoulders, due to unemployment or non-payment of wages, COVA reached out to 120 teachers from seven schools in Telangana and provided them with subsistence support raised by their network and volunteers through donations. The subsistence allowance paid to teachers will enable the school to use the money saved through the payment of salary to support two school children for their studies, when schools would re-open in August 2020.

4. Conclusion

The pandemic is a long-drawn battle and the preceding months have seen CSOs stretching beyond the optimum levels to meet the different demands of the society, as well as individuals, varied and unprecedented in scale and scope. In the coming months, as the restrictions will be lifted in a phased manner and more movement is bound to take place, a spurt in cases and the accompanying situation of panic, chaos and uncertainty is bound to return. In principle, 'physical distancing' will exist, but its practicality is bound to be a challenge. A pre-lockdown period warranted a different kind of approach as opposed to the post-lockdown period where the efforts made in the former have to be made more sustainable and effective, to avoid a rebound during the latter. As the experience of the last two months has shown, a network of CSOs working in tandem with each other has been able to mobilise more resources and engage volunteers towards ensuring that relief operations are carried out unhindered.

Even as CSOs have maintained equilibrium in their work among the masses, their engagement with the government and its various arms seems far from satisfactory. This could be attested from the fact that among the CSOs identified, there were more organisations involved in direct relief operations than ones working to support the different arms of governance. Less than half the number of CSOs directly working with the affected population engaged in supporting institutions and the government machinery. One of the three distinctive contributions of CSOs is their role of 'acting as a facilitative bridge between delivery machinery/ officials and such excluded communities to ensure last-mile connectivity', the other two being awareness generation about the rights and entitlements of the community and providing regular feedback to the different state and local governance institutions.

A report by PRIA titled "**Capacities that can make a difference**" pointed to the lack of interest among institutions to build meaningful engagement or sustainable partnerships with government bodies and agencies¹⁰. Only 26 percent of the 160 institutions interviewed saw themselves working to that effect over the coming years, and as part of their long-term plans. That is to say, any engagement with governmental institutions does not figure in their long-term plans. Similarly, **a rapid survey conducted among 65 civil society leaders by IIM-A**¹¹ talked about how coordination with government bodies was one of the biggest challenges faced by CSOs. Only ten percent of the respondents worked directly with the government. The study concluded with the finding that the policy-makers were not receptive to the involvement by CSOs.

Gender, too, needs to be considered while working out guidelines on COVID-19.¹² Women are discriminated in their access to health care. One of the ways to tackle the issue is to involve more women in the fight against the spread of COVID-19. If more women, especially from disadvantaged sections of society, are included in the design and dissemination of awareness campaigns on COVID-19, executing the guidelines will

¹⁰ 'Capacities that can make a difference'; retrieved from https://www.pria.org/knowledge_resource/1589804843_CS0%20CB%20Survey%20Report%20Final%2016052020%20.pdf. PRIA

¹¹ Retrieved from <https://www.deccanherald.com/national/iima-rapid-survey-finds-communities-unable-to-access-their-rights-in-lockdown-844379.html>.

¹² Retrieved from <https://thewire.in/government/awareness-campaigns-on-covid-19-must-address-indian-socio-cultural-factors>.

become more manageable at the household level. Health workers can also tap into women's informal networks to spread information on the virus. Awareness campaigns can also highlight ways in which women can use all available resources.

Many CSOs have been at the forefront of innovation during the lockdown, with some moving beyond conventional modes of conducting relief operations. As some interventions developed by CSOs show, the civil society has been receptive to the changes that have warranted the development of modes of intervention delivery that is a synthesis of the old and new. As the study points out, most of the CSOs have adhered to the relief operation procedures typical of any disaster. However, due to the lockdown in place and the event of restricted movement, many CSOs felt constrained due to their inability to conduct the relief operations physically. While most CSOs are at the forefront of providing ground support to pandemic affected communities in the form of distribution of relief materials and information dissemination, there was a lesser emphasis on building capacity of staff to adapt to changing modes of relief distribution. Only nine percent of CSOs surveyed according to the study, have integrated capacity building into their proposed interventions for the next 2-3 years. In the months to follow, there will be new challenges that will confront the norms of traditional social work. Newer techniques of community mobilisation will have to be devised in line with 'physical distancing' that has become the new norm. An organic evolution of the methods of conducting civil society intervention will hasten the process of a speedy recovery.

Along with the above concerns, the CSOs in India are also battling a severe crisis in the way funds are raised and utilised. Due to a lack of support from the government or policy institutions like NITI Aayog, the funding landscape in the 'global South' looks grim. This is exacerbated by the fact that many international NGOs have now taken to "localising" their operations by raising money from within the country to meet their aid targets, thus resulting in a drain of resources available locally for CSOs to tap into. This has resulted in many organisations working in countries situated in the southern hemisphere appealing to the global NGOs to work with 'them' and not to create an environment of competition for limited resources. This again brings us to the question of capacity building. How can we build the capacities of grassroots organisations to mobilise resources they need for their sustainability instead of being subjected to the mercy of the ever-changing (and depleting) resource pool?

The past two months have brought to the fore, the collaborative potential of CSOs to mitigate the effects of unanticipated disasters like a pandemic. Along with the challenges inherent to working under such conditions, it has also brought forth the resilient character of CSOs. Organisations need to orient their efforts to support the mitigation of emerging distress on the ground. Even though CSOs work with each other, through extended networks, the potential for conducting support functions with the government organisations too must be exploited, to lend a holistic touch to disaster preparedness. Building the capacity of CSOs to collaborate with the government will contribute to building trust and confidence in each other and thus, effectively reduce barriers to foster an environment of mutual cooperation.

