

EMERGENCY RESPONSE STRATEGIES OF CIVIL SOCIETY ORGANIZATIONS DURING COVID 19 IN INDIA

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Abstract

The paper takes a rights-based perspective, highlighting the techniques and approaches employed by Civil Society Organizations in implementing initiatives that are specifically targeted at children. It is hoped that capturing good practises in emergency response from a child rights perspective will help (a) create a repository of approaches that can be referred to for any future emergency response work for children, (b) benefit other organisations and those working in the field of child rights through knowledge sharing and dissemination of findings, and (c) benefit other organisations and those working in the field of child rights through knowledge sharing and dissemination of findings.

Keywords: CSO, India, COVID-19, Strategies, Child Rights

Introduction

COVID-19 appeared suddenly and took over the world unannounced and the emergency response strategies in the face of its impact took some time to emerge. The Government was quick to announce certain Standard Operating Procedures (SOPs) related to maintaining social distance, wearing masks and regular handwashing etc. for people who were engaging in any kind of relief related work during the lockdown and even after. All this made it exceedingly difficult for civil society organizations to operate and come ahead in full force to help those in need.

However, despite the challenges, the civil society organizations everywhere in India, big and small, have demonstrated high degree of resilience in the face of risks attached with the virus and fulfilled a role parallel to what the national governments have done. As a first step, most of the big national-level NGOs, particularly those working directly with children, came forward to ensure that children and their families belonging to the communities where they work are all safe and getting regular ration and essential supplies. The period of lockdown was particularly challenging for the lesser privileged and some of them especially living in the urban areas even lost their jobs owing to the sudden shutting of shops and daily wage work. To ensure that this population is not adversely affected, organizations like Save the Children India, CRY India, Plan India and UNICEF adopted an immediate response strategy to supply additional emergency support kits in the form of 'Hygiene kits' and 'Ration kits'. The former consisted of sanitation products for handwashing and keep themselves and their homes clean and sanitized as well as menstrual hygiene supplies for women. The latter had essential dry ration supplies for a period of 3 months typically covering a family of 5-6 members. The dry ration included rice, wheat, pulses and some basic Indian spices used in cooking. These kits have been widely distributed by almost all national level NGOs across States in India.

A few organizations like Save the Children India, created a database of contact details of community workers and set up telecall centers and appointed tele-callers for communities they work with. Calls were made to families to check after their emotional and physical wellness and enquire about children's health and any needs they may have. Few also conducted online training sessions on health and sanitation measures to be taken during the pandemic on platforms such as Zoom.

Similar strategies were also adopted by many smaller grassroots organizations that organized mass-collection drives for dry ration from various neighborhoods and then distributed them to slums and other locations with needy population. Emergency fundraising and mass donation drives were also organized by various NGOs. The funds were mostly used for providing emergency support in the form of ration, shelter and medical care for the needy populations. The financial and operational expansion of humanitarian action has been exponential in the first 20 years of this century and it remains to be seen if this growth is sustainable in the wake of the COVID-19 pandemic (Slim, 2020). In 2019 humanitarian agencies have spent \$31.2 billion of aid, more than double that of \$15.1 billion in 2009, and aimed to reach 215 million people in 31 countries (Thomas and Urquhart, 2020). This might have again doubled in 2020.

Some of the emergency response strategies and good practices adopted by three national level organizations in India have been discussed in detail in this paper. The paper takes a rights-based perspective, highlighting the techniques and approaches employed by Civil Society Organizations in implementing initiatives that are specifically targeted at children. It is hoped that capturing good practises in emergency response from a child rights perspective will help (a) create a repository of approaches that can be referred to for any future emergency response work for children, (b) benefit other organisations and those working in the field of child rights through knowledge sharing and dissemination of findings, and (c) benefit other organisations and those working in the field of child rights through knowledge sharing and dissemination of

findings.

Primary data was collected through telephonic interviews with NGO heads and key workers to acquire a first-hand description of the essential techniques employed to deal to the immediate issues faced with regard to children's services during COVID-19 and the ensuing lockdown in India. The telephonic interviews were scheduled and recorded with the proper consent, and they provided valuable data and information for the study. The study used direct opinions expressed by panellists at a number of national webinars on child rights and the pandemic's impact on children held between May and December 2020, in addition to telephonic interviews.

UNICEF India:

As an international agency under the direct aegis of the United Nations, UNICEF India supported the Government-led response that addresses the direct health impact of COVID-19. As such its response plan was implemented in close coordination with the Ministry of Family Health and Welfare (MoFHW) and its institutions. Its response plan was aligned with UN's immediate Socio-economic Response Framework which addresses the secondary impacts of COVID-19 through multisectoral interventions aiming to minimize the impact on the most vulnerable. UNICEF therefore played an all-encompassing role in helping the country respond to this disaster and invested more than three quarters of its time and resources in 2020 to the COVID-19 pandemic response in support of the Government of India (GoI).

Using a multi-pronged, 'multi-agency platform approach' UNICEF brought together over 50 organizations and worked in close coordination in addressing the various issues that needed immediate attention. Elucidating what is meant by the platform approach, UNICEF's Emergency Response Specialist, Mr. Sarbjit Singh Sahota shared, "One of the best ways to handle extensive risk of the kind as the COVID-19 Pandemic presents, is through using the platform approach. Bring together organizations, create a platform, devise a simple operational framework of action and make it work through coordinated action on ground. Logos or no logos, the ethos of the platform is what is most crucial. That's the only way to work at scale in the face of big disasters." It was clear right from the beginning that the response to this pandemic had to be a planned and coordinated effort from all quarters and that the civil society organizations due to their presence and reach in the very interiors of the country was going to be an indispensable resource for addressing the challenges on ground.

UNICEF thus facilitated the creation of that platform and through training large numbers of volunteers and frontline workers from across the country, and entering into effective collaborations and partnerships with national civil society organizations facilitated the creation of a targeted action plan for various issues. The various activities under the platform were rolled out in a phased manner and short-term plans were made as the requirements kept changing with the changing nature of the pandemic and needs of the time. UNICEF's response strategy operated at three levels. The first level was directly with the health sector where while on the one hand it supported the provision of essential supplies like PPE kits, triple layer masks, RTPCR test kits and installing oxygen plants in hospitals and mass thermal scanners in airports, on the other hand it also conducted trainings of frontline workers who were responsible for administering the essential tasks on ground.

The second level of engagement was through building an extensive risk communication and community engagement (RCCE) strategy to reduce anxiety and fill the gap for accurate information that could promote positive behavior change at the time of the pandemic. It was noted that the COVID-19 pandemic had dramatically affected families, communities and society due to widescale rumors doing the rounds. Right and accurate information was therefore the need of the hour. Through supporting national and State governments to develop State and district specific RCCE strategies and action plans in 15 States, UNICEF enabled State governments create feedback mechanisms for two-way communication through setting up State helplines and call-in radios. As a result, people were able to directly call to share their concerns and seek clarifications on COVID-19.

The third and final level of response was with respect to supporting the access to continuous education, social protection and child protection needs in India. Here, UNICEF provided technical assistance to government and partner organizations through providing responsive parenting programming in several States. Governments in targeted States developed remote learning content that was broadcasted through radio, television and other digital mediums. In addition to this, large-scale training of education officials, teachers, SMC members and parents on planning for continuity of learning was also undertaken. UNICEF has also been instrumental in helping the GoI design the 'Safe School Protocol' that will ensure school preparedness and the safe reopening of schools post-COVID.

For the benefit of the young and adolescents in the country, UNICEF initiated an innovative YuWaah program that captures and amplifies the voices and challenges faced by the youth in India as a result of the COVID-19 pandemic. In the next phase of the program, UNICEF has re-prioritized its strategy and has initiated a career guidance portal along with providing psychosocial support sessions for young people.

While the nature of the pandemic and its unprecedented impact on the socio-economic ethos of the country is hard to measure even to this day, these times have also presented newer opportunities and many new lessons have been learned. Talking about some of the positive fallouts of the Pandemic, UNICEF's Mr. Sarbjit Singh shared "The unprecedented use of technology for almost all purposes has been one of the biggest positive fallout of the pandemic. While earlier IT was selectively used for monitoring purposes, the challenging times provided us with an opportunity to come up with new IT-based solutions for service delivery, data collection, training as well as monitoring and evaluation."

UNICEF India just like many other organizations swiftly adapted and switched to digital workflows with the effective use of technology to build resilience. During the first phase itself, UNICEF developed an app for understanding people's needs in real-time in the slums of Mumbai and Delhi linking them to the authorities for efficient service delivery. This model, once tested was replicated and rolled out in the form of the I-Nagarik platform in collaboration with the Govt. of Karnataka. I-Nagarik is an IT enabled ecosystem in 6100 Panchayats that includes an app, dashboard, and a community feedback mechanism to capture social protection needs of people-on-the-move.

Another innovative and replicable digital platform developed by UNICEF India in

collaboration with Sphere India is the ‘COVID-19 Academy’ which is a capacity building platform with a Pan-India presence. Constant adaptation was the motto during COVID times as people started gaining confidence with using technology. As a result, for the first time, mass online trainings were possible where the barriers between district, State and national levels were broken. Through the COVID-19 Academy, over 7 lakh CSO volunteers and frontline workers were trained on non-pharmaceutical COVID-19 responses that addressed the indirect impacts of COVID-19 by ensuring continuity of social sector services in 13 plus states. An impact and coverage of such a scale was possible only due to the possibility of video-conferencing as a result of technology use.

As a national-level, multilateral UN body, UNICEF India has indeed demonstrated great resilience and developed some innovative and replicable emergency response strategies. Through the multi-agency platform approach, it has established that collaboration and coordination are the two key components for handling situations of extensive risk. UNICEF India is continuing its work on COVID response in a phased manner and it is hoped that it will continue steering the nation ahead and out of this pandemic.

Plan India:

Plan India is a national level NGO which has been operating in India since 1979. Plan focusses on striving to advance children’s rights with a focus on equality and opportunities for girls. Plan currently operates in 14 States across India and has touched the lives of over 1.9 million children out of which one million are girls.

As an initial response strategy, Plan ensured that all the children and families in their focus States are protected from the direct impact of the sudden lockdown. As a result, they worked in a focused manner to provide support to three sections of the population viz., displaced families, children and frontline workers. Various customized kits were prepared and distributed amongst these populations who were suddenly exposed to unexpected hardships. A ‘circle of protection kit’ consisting of basic and nutritious dry ration sufficient for a family of 4 for a period of one month was distributed in the month of April and continued over the next 2 months. Alongside, a ‘Hygiene and Health kit’ comprising of 10 hand washing soaps and a pack of 20 sanitary napkins were also provided for a family of 4 for a month’s time and continued for the next two months.

Plan India noticed that it was pertinent to provide support to the frontline workers in all villages such as the ANM/ASHA and Anganwadi worker who were at the heart of fighting the battle on ground. Hence, they prepared a ‘protect our heroes’ kit consisting of PPE kits and surgical masks that was distributed across villages to ensure that the frontline workers can continue their regular work and home visits uninhibited but in a safe and hygienic manner.

During the lockdown, Plan devised a special program for children as schools were shut down and many children were adversely getting affected from the fear of the pandemic all around. As a part of their regular intervention in the villages, Plan already has a number of peer educators who are mostly young graduates and have been part of Plan’s earlier programs. With the support of these peer educators Plan decided to intervene. These educators were first trained through online platforms so that they can in turn continue holding small group sessions with

children in the villages. Children were encouraged to speak out and share any concerns they may have during the online contact sessions with peer educators. A number of Art competitions and storytelling sessions were organized during the lockdown days for children who were encouraged to engage in these creative activities so that their mind is kept away from any disturbing news doing the rounds. Messages through SMS were also relayed to ward off any COVID-19 related rumors and teach children about the necessary precautions they needed to take both at home. Children were encouraged to share the information with their parents so that they can also be educated with the right information.

Around June 2002 data from the field started coming in and many international and national research studies started indicating that girls are increasingly getting removed from studies and being pulled into helping their mothers in household chores. As a response to this phenomenon, Plan designed a specific intervention to ensure that girls are not falling behind and are protected from the negative impact of the pandemic. With the support of the SMC members and teachers in their target villages, need-specificity was identified with regard to requirement of textbooks and reading-writing material especially for girls. Thereafter, customized sets of reference materials, textbooks and stationary especially for girls in Grades 8,9 and 10 were prepared and distributed in all the target States. The reason for doing this was to encourage girls to study even during the pandemic and in the absence of access to online medium. The teachers were also specifically trained and advised to stay in touch with the children and ensure that their learning is not being hampered. Children's participation was also encouraged through many creative mediums such as the launching of the e-magazine in UP for which content was designed and provided by children themselves.

Sharing some key learnings from Plan's disaster response strategy Mr. Tushar Kanti Das, Senior Manager, Disaster Risk Reduction at Plan India shared, "COVID taught us that not all disasters are the same and a need-based strategy is what works the best." According to him, contact-less distribution of resources was the biggest learning and a good practice that was adopted during this time. Plan made sure that all the govt. guidelines and protocols were being followed. "We went hamlet-wise and the information related to the distribution was provided a day prior to the distribution drive. No signatures were taken from the beneficiaries and village volunteers were identified and allocated their duties beforehand. Standees in the regional language were put up at the site with details on the kit contents so that people receiving them know what is being provided. In case of any chronic patients, volunteers were made in-charge of delivering the supplies." This new approach and process of distribution has not only made the work easier but has also made it more efficient and less-resource intensive.

Another important lesson learnt during this phase of emergency response for Plan was inculcating the idea of 'inclusiveness' to their distribution drives. Plan ensured that all people including old-aged people, disabled and transgenders also receive the supplies. Prior counting of recipients was done with the help of the village frontline workers on ground and the distribution was done accordingly. "Despite the challenges, this pandemic was an opportunity for us to constantly adapt and innovate. The increasing use of technology for training and data collection purposes was also a first for Plan India, Mr. Tushar shared.

CRY India:

Child Rights and You (CRY) is another national level NGO that has been in operation since 1979 working tirelessly on issues that focus on child rights with an emphasis on inclusiveness and dignity for all children. CRY has been operational in 15 States in India and has an active presence in remote areas of the country. CRY adopted a planned approach to the COVID-19 emergency response and set up a national task force headed by the CEO within 15 days of announcement of the lockdown. In addition, 4 regional task-forces were also set up to ensure that work happens uninhibited and relief and support reaches all the direct operational areas. As an overarching strategy, it was decided to work alongside the GoI and find synergies between the existing govt. schemes and support the ongoing relief work.

Much like Plan India's approach discussed above, CRY's first line of response was through direct relief work that included two types of kits pertaining to Nutrition and Hygiene respectively. The 'Nutrition kit' consisted of rice, pulses, soybean and oil suffice enough for a family of 5-6 for a period of one month. Along with this a 'Hygiene Kit' was also prepared consisting of soap and sanitary napkins that were distributed to all the families. Care was taken to ensure that even the remotest of areas are covered and no one is left behind. Direct relief work was substantiated with properly gearing up the frontline workers who were to be at the forefront of the response exercise. Hence, a drive to distribute face masks and PPE kits to all frontline workers like ANM/ASHA and AW workers was also initiated.

Simultaneously, CRY felt the need to somehow get real-time data from ground to understand the true nature of the pandemic's impact on children. A vulnerability study was initiated in select States through telephonic interviews and app-based data collection tools. Data on how many children have access to smartphones and internet connection was also collected. Based on the data, a number of innovative steps were taken depending on the options available on ground. For instance, while at some places with good internet connectivity, online classes with children was initiated, in some others that were difficult-to-reach and had connectivity issues age-appropriate worksheets were designed and sent to children to be completed and submitted. Group discussions with children were scheduled and conducted through WhatsApp calls where feedback was given to children on the completed work.

In few places certain innovative steps were specifically designed to keep the children engaged. For instance, in Rajasthan, an online theatre workshop was organized for children. Similarly, a self-defense session was organized for girl children in several states. In Kashmir, where the schools have been shut since August 2019, CRY took up a special initiative for ensuring that children learn and supplied study materials and textbooks along with especially trained academic support teachers who were provided regular online training so that they can hold small group classes in the open air.

As a second line of response, the need for which emerged with the movement of migrant workers back to villages in May 2020, CRY took recourse to helping the migrants connect with job opportunities under Government's 100-days' work scheme under MGNREGA. A lot of these people were roped into helping with delivery and distribution work during the COVID-crisis. CRY also took active steps in ensuring that the migrant population is able to access the

benefits from all the new schemes that the GoI was declaring from time to time.

Another internal approach adopted by CRY to ensure that their emergency response work continues unabated was through direct salary cuts of all staff members. As shared by Mr. Subhendu Bhattacharjee, General manager, Development Support at CRY India, “Fund-raising was severely hit during COVID-19 and hence all the staff members including the CEO unanimously agreed to salary cuts for fueling the increasing demand for funds that was required for relief work. This was a deliberate step and surprisingly CRY witnessed its lowest attrition rate despite salary cuts, during this period.”

Summing up some of the lessons learnt and good practices adopted as part of their response strategy Mr. Bhattacharjee added, “Using technology for increasing efficiency of many internal functions was something that we were able to adopt during this time. The increasing need for a quick response to the crisis helped us make the transition quickly and smoothly.” For CRY this was also the time for finding creative solutions even with low resources. A number of innovative campaigns to support children during this crisis and a host of online trainings for various purposes were all a result of the opportunity that allowed them to think quickly and innovate.

From a program delivery point of view, this was also an opportunity for organizing oneself to be ready for any future emergencies. CRY was successfully able to create a directory of contact numbers of all its stakeholders in all the direct operational districts where they are actively working. 24/7 helplines were also operated during the lockdown days to ensure that children and families are able to directly reach out in case of any emergency.

Conclusion

These organizations are working for children in particular. Their focus is on to close the digital divide to ensure that all children study; ensure that all children have access to health and nutrition services, as well as immunizations that are both affordable and readily available; support and protect children's and young people's mental health, and put an end to childhood abuse, gender-based violence, and neglect; increasing access to clean water, sanitation, and hygiene; reverse the growth in child poverty and guarantee that everyone benefits from the recovery; and efforts to safeguard and help children and their families who are displaced due to violence, disaster, or other factors. Children and adolescents under the age of 20 account for 11% of the 25.7 million COVID-19 infections in 87 countries as of November 2020. With worst-case service disruptions and increased malnutrition, almost 2 million additional child deaths under the age of 5 and 200,000 additional stillbirths might occur over a 12-month period (Robertson et. Al., 2020 and UNIGME, 2020). The long-term impact on children and young people whose lives have been shattered in the epidemic is yet unknown even a year after the COVID crisis began. With the crisis deepening, it is critical to devote more time, resources, and effort to better understanding the crisis. For sure, along with the national government civil society organizations are committed to address the issue and take forward the development process.

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