



**VANI**  
Celebrating 30 Years  
VOICE OF THE VOLUNTARY SECTOR

# COVID-19 Related Success Stories from the Voluntary Sector of India



## ***COVID-19 Related Success Stories from the Voluntary Sector of India***

Author: Voluntary Action Network India (VANI)

November 2022

Copyright (c) Voluntary Action Network India

The content of this book can be reproduced in whole or in parts with due acknowledgement to the publisher.

Designed by: Shades

Published by: Voluntary Action Network India (VANI)  
VANI HOUSE, 7, PSP Pocket,  
Sector-8, Dwarka, New Delhi 110 077  
Phone: 91- 11 – 49148610, 40391661, 40391663  
E-mail: [info@vaniindia.org](mailto:info@vaniindia.org)  
Website: [www.vaniindia.org](http://www.vaniindia.org)



@TeamVANI



@vani\_info



@VANI India



@VANI  
Perspective

### **ACKNOWLEDGMENTS**

This report is based on a study carried out as part of an initiative of VANI to understand how the sector gathered itself during the unprecedented pandemic situation. This study was supported by Forus. We would like to extend our heartfelt thanks to all the participating voluntary organisations and their leaders, for providing us with their constant support and information in conceptualizing the report.

## Contents

<b>Preface</b>	<b>1</b>
<b>Abbreviations</b>	<b>2</b>
<b>Concept Society</b>	<b>3</b>
<b>Youth Council for Development Alternatives</b>	<b>6</b>
<b>Amhi Aamchya Arogyasathi</b>	<b>8</b>
<b>Anmol Foundation</b>	<b>11</b>
<b>Bihar Voluntary Health Association (BVHA)</b>	<b>13</b>
<b>Indo-Global Social Service Society-North East India (IGSSS)</b>	<b>15</b>
<b>Church's Auxiliary for Social Action</b>	<b>17</b>
<b>Centre for Indian Knowledge Systems (CIKS)</b>	<b>20</b>
<b>Centre for World Solidarity</b>	<b>22</b>
<b>Development Alternatives</b>	<b>25</b>
<b>Goonj</b>	<b>29</b>
<b>Institute for Motivating Self- Employment (IMSE)</b>	<b>32</b>
<b>Yuva Rural Association</b>	<b>34</b>
<b>Karwar Rural Women and Children Development Society (KRWCDs)</b>	<b>36</b>
<b>Mure Memorial Hospital</b>	<b>38</b>
<b>The National Youth Service Action and Social Development Research Institute (NYSASDRI)</b>	<b>40</b>
<b>The Rural Development Trust</b>	<b>43</b>
<b>Rajasthan Samgrah Kalyan Sansthan (RSKS)</b>	<b>46</b>
<b>Kadam Jan Vikas Sanstha (KJVS)</b>	<b>48</b>
<b>S M Sehgal Foundation</b>	<b>50</b>
<b>Socio Legal Aid Research &amp; Training Centre (SLARTC)</b>	<b>52</b>
<b>SOS Children's Villages of India</b>	<b>54</b>
<b>URMUL Rural Health Research and Development Trust</b>	<b>58</b>
<b>Utthan</b>	<b>60</b>
<b>Anubhav Pratishthan Trust (APT)</b>	<b>65</b>
<b>GRAMIN VIKAS SAMITI</b>	<b>68</b>





## PREFACE

Ever since the pandemic arrives in 2020, the world has not been the same for any of us. Anyone and everyone has gone through uncertainties, whether personally or professionally. The scale, at which the virus created an impact, was beyond measures, and till date, we do not have the exact data, with reference to COVID-19. The modern health infrastructure of a country, such as India, also collapsed, while dealing with an emergency of this magnitude. The government was unable to reach each and every corner of the country, to provide relief and was helpless. This is when, the civil society sector stepped in and joined hands with the Government.

For their inspiring contribution in fighting the pandemic, the Supreme Court also applauded the role played by Indian CSOs, in coming forward to help those in need, unaddressed and vulnerable population. The voluntary sector experts even believe, that addressing a country-wide disaster, would not have been possible for the government alone. The voluntary sector ensured development and implementation of relief operations, till the last mile. To significantly utilize the government's reach and resources, it was necessary for the voluntary sector to step in and spearhead initiatives, utilizing its rapport with the community, extensive reach till every corner of the country and its huge volunteer network.

Being a national platform of voluntary organizations in India, and the voice of the sector, VANI has made an effort to document the contribution made by CSOs in mitigating the harsh effects of COVID-19. In India, the sad reality is that people forget very easily. Therefore, to ensure that the work done by the CSOs does not vanish into thin air, it is important to archive it somewhere. In continuation to VANI's "Compendium of COVID-19 Related Success Stories from the Voluntary Sector of India", documented in 2021, based on thematic successes of the voluntary sector, in battling the pandemic, VANI has documented organizational success stories this year.

All the participant CSOs, were actively involved in relief activities, using their embedded volunteer base in communities as a major strength. Their efforts ranged from providing dry ration, safety and hygiene gear to the remotest of areas in India, to creating awareness, from setting up hospitals and isolation chambers to rescuing stranded migrants, amongst much more. They emerged as a saviour for the distressed communities and the vulnerable population of India.

For this initiative, I would like to thank Forus and the French Development Agency, for their support and Dr. Pallavi Rekhi (Programme Officer, VANI, for conceptualizing and documenting this compendium

In Solidarity,

Harsh Jaitli

Chief Executive Officer,

VANI

## Abbreviations:

ORS- Oral Rehydration Solution  
MGNREGA- The Mahatma Gandhi National Rural Employment Guarantee Act 2005  
CSR- Corporate Social Responsibility  
FCRA- Foreign Contribution Regulation Act  
ICDS- Integrated Child Development Services  
PRI- Panchayati Raj Institutions  
PwDs- Persons with Disabilities  
WASH- Water, Sanitation and Health  
CSOs- Civil society Organizations  
SHG- Self Help Group  
NCC- The National Council of Churches  
AWS- United Action Service for World Solidarity  
FPO- Farmer's Producers Organization  
CBO- Community Based Organization  
FRA- Forest Rights Act  
TARA- Technology and Action for Rural Advancement  
UT- Union Territory  
CFW- Cloth for Work  
LGBTQA+- Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual  
ASHA- Accredited Social Health Activist  
PPE- Personal Protective Equipment  
WHO- World Health Organization  
HIV- Human Immunodeficiency Virus  
AIDS- Auto- Immune Deficiency Syndrome  
KEGRC- Kalinga Eye Hospital & Research Centre  
OBG- Obstetrics & Gynaecology  
NICU- Neonatal Intensive Care Unit  
DID- Department of Infectious Diseases  
ECOSOC- Economic and Social Council  
FIR- First Information Report  
FSP- Functional Service Provider Model  
RCRC- Rapid Rural Community Response  
GVS- Graduate Volunteer Scheme  
SC- Scheduled Caste  
ST- Scheduled Tribe



## CONCEPT (Center of Needy, Creative, Experimental & Participatory Techniques) Sansthan

CONCEPT Sansthan came into existence in the year 2005. It got registered under the Madhya Pradesh Societies Registration Act-1973. The need and importance of participatory approach of development and bottom to top approach had led to the evolution of CONCEPT Sansthan. The organisation means to take all the stakeholders in the society together and march for the transformation of the society into a developed one. CONCEPT Society works with stakeholders across India. The area of operations of the organisation is primarily in the districts of Indore, Dewas and Dhar of Madhya Pradesh. At present the organisation renders its services to 15 villages that come under Dewas Block, 16 villages under Mhow Block and 5 villages of Achana and Chandankhedhi Panchayat of Nalchha block, Dhar District, Madhya Pradesh.

Since its inception, the CONCEPT Sansthan has been working on diverse themes. Before COVID- 19 hit the country, the organization was involved in providing services under many areas of work; Women Empowerment & Gender Mainstreaming, Livelihood Promotion & Skill Upgradation, Natural Resource Management, Rural Technology, Health – Hygiene and Education, Climate Change, Entrepreneurship Development, Corporate Social Responsibility, Tribal Development, Disaster Mitigation/ Emergency Response, Research and creating networks & linkages.

The society has been working extensively with the vulnerable communities, where the entire community is affected. The focus of the organization has usually been women and their rights, including access to healthcare for women, amongst other assistance and services provided. During the second wave of the pandemic the institution faced a huge surge in demand for services, as the communities were suffering and did not know where else to go, along with a resource crunch that affected even the usual activities of the organization.

It became extremely difficult to make ends meet and provide assistance and necessary means of living to the most affected and vulnerable population. Amidst the mismanagement of the health sector during COVID-19, the marginalized communities and those living below the poverty line were largely affected. There was huge mismanagement of health sector and poor community was most affected.



When the lockdown was announced after the first blow out of the pandemic in India, the voluntary organizations across India were allowed to step out and provide relief services. However, in Indore, where CONCEPT Sansthan is based, there was a strict lockdown. Therefore, the organization had to build a rapport with the line departments and reach out to the communities through these officials. The society arranged ready food to eat and dry ration kits for the community members, which were then supplied to the needy via the



line department. During the second wave, there was a huge demand for oximeters, thermal screening equipment, oxygen concentrators, and certain medications, that were not at all accessible to the weaker communities. Despite the resource crunch and lack of manpower, the organization served more than 1500-2000 individuals.

Apart from regular activities of relief work done in project areas, they conducted massive distribution campaigns of necessary items like biscuits, glucon -D, sanitary napkins, ORS, dry food items for migrant workers walking from Maharashtra, Gujrat and Rajasthan to Bihar and Uttar Pradesh via Indore highways. The organization provided services to more than 1500 migrants in 15 days in May 2020, at the peak of the pandemic.

ITEMS DISTRIBUTED	COST PER KIT	NO OF BENEFICIARIES & GEOGRAPHICAL AREA
DRY RATION KITS	Rs. 1500/-	Dewas - 500 Dalit women members Manpur - 700 Tribal women members
Cooked meal	70/-	50 packets per day to beggars and handicapped people for 8 consecutive days in Indore district
Sanitary Napkins	25/-	More than 500 women in Indore and Dewas district
Masks	10/-	
Sanitizers	40/-	
Woolens	1000/-	



The organization went through many challenges and hardships in order to survive the effects of the crisis. COVID-19 caused a break in the continuous activities. Their growth was stuck for more than two years in the project areas. They had to adhere to the government protocols and guidelines, in order to be able to continue operations. The local administration was not much supportive and used COVID-19 precautions as their weapon. Majority of the women, working with the organization, as volunteers in the field, continued services without any pay for months. There were no resources available for the own safety of the organization's personnel.

In order to support women employees, whose families did not allow them to work during the lockdown, were allowed a break in their services, and were not laid off. On some days, only

the Chief Functionary of the organization alone had to continue the operations in the field, without any staff members. Despite these difficulties, the employees were made well aware about the COVID-19 related precautions, vaccination etc. The organization also collaborated with other local departments to create awareness regarding the vaccination regime and promoting the community members to get vaccinated on time.

CONCEPT Society's conviction is well demonstrated by the success they achieved in making the lives of thousands of individuals affected by COVID-19 easy, just by providing them with basic necessities.







## Youth Council for Development Alternatives - YCDA

YCDA was established on 31<sup>st</sup> December 1993, with a vision for sustainable improvement in the socio-economic status and self reliance of disadvantaged communities. The organization has a few focal thematic areas of work namely,

- Child Protection, Education & Young people's Entitlements
- Prevention, Family Strengthening & Livelihood Promotion
- Skill & Entrepreneurship Development

The organization works in the state of Odisha including Boudh, Bolangir, Nuapada, Angul, Kendrapada and Khordha (Bhubaneswar) districts.

Before COVID-19, YCDA was involved in working on various issues through implementation of various innovative projects like: *alternative forms of child care for children out of parental care, child protection system strengthening, early childhood care and access to quality primary education, community mental health, life skills based comprehensive sexuality education, computer based functional literacy, integrated sustainable rural livelihood aiming at doubling the farmers income, millet promotion, value addition and marketing.*

Due to the COVID-19 lockdown, few funding agencies withdrew their partnership, the programme implementation and targets got delayed, administrative expenses increased and expenses spent on project activities decreased, fear psychosis amongst staff members and the communities advanced, among others. Apart from this, keeping a balance between higher community demands and available resources was a difficult task. Reaching the last mile population with various services, where even the government was unable to reach, was also taken up by YCDA, although it was of course not easy. Another challenge was convincing the communities for COVID-19 vaccinations. They were initially hesitant, however, YCDA managed it well. Despite the risk to their own lives, the employees of YCDA tried their best to meet the high expectations of duty bearers from the organization as well as meet the needs of the community members.

The pandemic also affected the employees of the institution, both adversely and positively. Most of our employees were infected by the fatal disease, at one point or another. Sadly, the organization also lost one of their senior colleagues to the virus. Many staff members also went through severe anxiety issues and found it difficult to cope up. However, certain positive changes were also introduced in the organization due to the crisis. YCDA was able to manage its resources, and as a result, did not lay off many employees. Remote working was introduced within the organizational system and new and innovative ways of functioning and surviving were learnt.

The pandemic had deteriorating effects on the sustainability of the organization as well. In light of old funders quitting, developing new funding partnerships was an issue, since COVID-19 impacted the whole world, including funding agencies. In addition, the available funding was focused on COVID-19 oriented activities, rather than the core project deliverables. As a result, reporting of the project activities was delayed. Besides, with the introduction of the new FCRA rules, funding became an even bigger issue for the organization. Retaining their skilled staff members also became a task. This is when they realized that over dependence on foreign sources of funding is not a sustainable solution to their resource needs and they need to venture into Indian sources of funding.

Despite these hardships, YCDA managed to create impact on the society during COVID-19.

- It reached out to approximately 50, 000 people during the pandemic, with various services.
- 5,000 extremely vulnerable families were supported with two months of dry ration.
- 3,680 hot cooked meals were distributed among vulnerable communities.
- 12,000 vulnerable families' livelihood was restored through supply of comprehensive packages.
- 10,000 children & adolescents were provided access to remote learning along with psychosocial support.
- 500 children in 12 child care institutions were supplied dry food and hygiene kits.
- Access to various COVID-19 packages, made available by the state government was facilitated for 7,000 families.
- MGNREGS was used as a major livelihood support for migrant families.
- 46,333 (99.7 %) of the eligible population was vaccinated under the vaccination drive.

However, YCDA looked at the pandemic as an opportunity and a learning experience too. Keeping into account the current context, the organization will work on future readiness. A few steps they took consciously towards this goal were:

- Integration of computers and laptops within the organization to reduce the use of paper and make operations smoother and efficient.
- Remain active on various social media platforms to maintain visibility.
- Focus more on the Indian funding portfolio (CSR) in comparison to FCRA funding.
- Invest in skilled and motivated team members and create resilient systems and processes within the organization.







## Amhi Aamchya Arogyasathi (AAA)

AAA, founded in the year 1984, was conceptualized as a platform based on the notion of the youth movement principle - “let us strive to find our way and direction.” It is working towards bridging the issues of the community related to women, Tribals, farmers, and weaker sections through a community empowerment approach.

The thematic areas that the organization works around include strengthening community-based institutions to improve the health system, strengthening the sustainable livelihood of scheduled tribes and other traditional forest dwellers, empowering youth through education, community-based rehabilitation of persons with disabilities, empowering women through strengthening community-based institutions.

Their major aim is to apply this principle to help the marginalized sections of the society, mainly in the far corners in the districts of Vidarbha - Gadchiroli, Bhandara, Chandrapur, Gondia, and Nagpur in Maharashtra and adjoining districts of Madhya Pradesh and Chhattisgarh. Before COVID-19, their interventions included:

- **Health** - The organization was working on improving health system by capacity building of the village/slum volunteers and health committee members towards total health, training PRI members on planning and use of health funds, strengthening committees to monitor health services, and ICDS services.
- **Livelihood** - Empowering indigenous communities towards sustainable livelihood based on forest, agriculture and allied.
- **Gender** - The organization was mobilizing women from rural areas through forming their self-help groups, their federations for addressing social and economic issues, empowering them to proactively participate and express opinion in PRI institutions and also engage in livelihood activities with better knowledge and access over resources.
- **Persons with Disabilities** - Strengthening persons with disabilities through formation of federation and skill-based employment and entrepreneurship development.
- **Education** – Financial literacy and life skills development for middle school and high school students.

During COVID-19, AAA conducted a survey in which it was found that:

- 85 percent of the respondent families had lost their direct income in the lockdown as all the agricultural work, land development, farm bunding was stopped. Agri- allied and other small enterprises including dairies were shut. Mahua collection was also restricted, therefore, even if the families could collect mahua, they were unable to sell it in the markets. As a result, families were in dire need of money to survive and had to sell mahua at very low prices, whenever they got an opportunity. Other sources of income for the communities, such as fishing, vegetable selling and MNREGA was also not allowed. People who seasonally migrated in search of jobs in urban areas, had to stay back. This had really jeopardized the survival of these communities.
- The survey reported that 80 percent of the families were worried that the loss of income will result in struggle to cultivate any Kharif crops. There will be no resources to purchase seeds, fertilizers and meet the labour and machinery maintenance charges. This will leave them with no option but to borrow money, take loans from the banks and SHGs, which might push them towards becoming even more vulnerable.

- Persons with disabilities (PwDs), widows and aged persons felt a drastic impact on their social life due to the pandemic.
- The financial crisis also affected the mental health of the communities and therefore impacted the general environment in the families. Feeling of loneliness, irritability, feeling of being forced to commit crimes, fear of being arrested, fear of death, were a few common effects on the mental health of the participants..

AAA had conducted this survey in the initial days of the pandemic, assessed the situation and instantly started acting upon mitigating issues of COVID-19 from health and socio-economic perspectives.

- Families of marginal farmers, landless individuals, migrants, persons with disabilities, single women, aged people who were facing difficulties in arranging food for themselves, were supported with ration and grocery kits, hand sanitizers, masks etc.
- Awareness campaigns were organized. Messages on loudspeaker, printing of pamphlets, banners regarding COVID-19 protocols, its symptoms and prevention methods, were used.
- Oximeters and thermometers were distributed to the health workers at the village level.
- Community members were encouraged to undergo testing, isolating themselves, washing their hand regularly, maintaining a safe distance etc.
- Community members were also motivated to get vaccinated and AAA conducted vaccination drive in villages with the help of government hospitals.
- The organization supported families of COVID-19 infected patients with necessary medicines and nutritious food.
- Families who lost their sole earning members to COVID-19, were provided with financial assistance

S.NO.	Type of Support	Number of beneficiaries
1	Distribution of ration and grocery kits	1,940
2	Distribution of paddy seeds and organic manure	967
3	Distribution of nutritious food to malnourished children and at-risk mothers	520
4	Seed allotment for kitchen garden	947

Project Area : Kurkheda Block



Kurkheda Block : 35 Villages			
SN	PHC Deulgaon	PHC Kadholi	PHC Malewada
1	Anjantola	Katangtola	Bhagwanpur
2	Belgaon	Khairi	Chinegaon
3	Bhategaon	Maratola	Dongargaon
4	Charbhathi	Sadhutola	Koshi
5	Chichatola	Sonpur	Mendha
6	Chirachadi	Wagheda	Uradi
7	Dadapur	Yedapur	Wasi
8	Dhanori	Yerandi	Wadhona
9	Gargada		Sawalkheda
10	Hetinagar		Palasgaon



Project Area : Korchhi Block

Korchhi Block : 35 Villages				
SN	PHC Botekasa			PHC Kotgul
1	Ambekhari (Maseli)	Dodake	Muletipadikasa	Salhe - Kotgul
2	Ambekhari (Kukadel)	Hitapadi	Murkuti	Aalendi
3	Belgaon Ghat	Hikasa	Nawezari	Armurkasa
4	Bharitola	Jambhali	Padiyaljob	Sompur
5	Bhimapur	Kaimul	Salhe - Botekasa	Nangpur
6	Bhuryaldand	Kolopadikasa	Ternali	Deulbhatti
7	Bihtekala	Kotara	Sawali	Wako
8	Bogatola	Lekurbodi	Sohale	
9	Bonde	Majumhadaka		
10	Bodena	Mohgaon		

During the second phase of the lockdown, AAA conducted an even more vigorous COVID-19 programme mitigation programme. They identified targets to be achieved between April 2021 to December 2021.

**Progress of the activities  
April 2021 to December 2021**

SN	Planned target	Progress of the activities
1	Public Awareness - Awareness raising on the three issues of COVID-19 testing, isolation and vaccination.	They reached out to 27,700 people through pamphlets, banners, mobile vehicles for campaigning and village meetings.
2	Supporting the frontline health workers (especially ASHA activists) who were working in the field.	<ul style="list-style-type: none"> <li>Capacity building training was successfully conducted for 70 frontline health workers</li> <li>Masks, Sanitizers, Oximeters, Digital Thermometers and Medications were distributed</li> </ul>
3	Establishment of a COVID-19 vigilance committee in the village.	A total of 879 members, including 435 women and 444 men were trained, by setting up a COVID alert in these committees in 70 villages and sanitizers & masks were given to each family in the village.
4	Financial assistance to COVID-19 infected patients.	196 COVID-19 infected patients were supported financially with Rs. 2000/- for food grains and Rs. 6000/- for medicines.
5	Financial assistance to the families of persons lost due to COVID-19.	Financial aid of Rs. 18,000/- was given to 25 families

Some of the major achievements of AAA during COVID-19 mitigation were as follows:

- The first dose of COVID-19 vaccine was administered to 79% of the people and the second dose to 36% of the people.
- Asha worker's ability and confidence was boosted.
- 400 COVID-10 infected patients, who lost their jobs, were made ready to earn their livelihood again.
- 25 families, who lost their bread earner to the virus, were financially supported.
- Eligible beneficiaries from 10 of these families were given the benefit of social security schemes (child care, widow pension scheme).







## Anmol Foundation

Founded in 2018, Anmol Foundation is a non-governmental organisation, with a vision to work towards Livelihood, Environmental Protection, Traditional Farming, Organic Farming and Community Sharing. It works towards the all- round development of needy poor and deprived families through voluntary efforts in Raipur, Chhattisgarh, 10 villages of Ambikapur city in Chhattisgarh and Mainpat Village of Surguja district.

The organization worked in the Surguja district for formation of self-help groups, land leveling and embankment, promote vegetable farming, capacity building trainings of the beneficiaries and awareness generation. The organization also conducted the “Green Action Week” campaign to provide multistakeholder trainings on waste management techniques at the state level.

However, in the uncertain times of the COVID-19 era, they remained steadfast in their resolve to strengthen the resilience of communities to mitigate the challenges of the COVID-19 outbreak. Despite the sharp decline in new and available funding opportunities, and limiting the scope of their work, the foundation did all that they could to support those in need. The organization managed to gather help from the Government and



other means for the migrant workers, returning home. They procured sufficient resources to provide immediate relief material to the affected families. Awareness generation regarding COVID-19 was at the forefront of their priorities. This was also followed by providing counselling services to the stakeholders, with respect to the vaccine.

The most pressing challenges of these times were the inability to get permission from the Government to move around. The employees had to apply for a pass, issued by the state authorities, to be able to step out and provide relief services. However, after a certain period of time, it eventually became easier, as the officials started recognizing the employees and the work that they were doing. The severe dearth of resources was an even more critical challenge that posed obstacles for the organization. With the help of the community members in the form of small donations, or ration provided by the shopkeepers, or other kinds of charity, they were able to procure sufficient amount of material, to cater to everyone in need. In addition, being infected by the virus themselves, did lead to some delay in their planned activities. Apart from this, due to the resource crunch, many employees lost their jobs as well. This also added to the delay in providing the needed services.

The following activities were performed by the Anmol Foundation team:

- Awareness generation on safety protocols related to COVID-19
- Promoted social distancing
- Disinfecting Gram Panchayats with bleaching powder
- Promoting COVID-19 vaccination
- Disseminating survival and food kits to the needy
- Distribution of masks and sanitizers.



In order to avoid being affected by such unprecedented challenges in the future, Anmol Foundation aims to find sustainable solutions for their problems. They will also amend their strategy plan and make it more resilient. Exploring new ways of fundraising and decreased dependency on external sources of funds, will be amongst their top priorities.

The organization received due recognition for their efforts in the local newspapers, which boosted their self- confidence and provided motivation to perform better in the future.





## Bihar Voluntary Health Association (BVHA)

**BVHA** is a secular, non-political, non-profit organization established in 1969 by a group of like minded social reformers, visionary leaders from development sector and public health experts. It is a largest health network in Bihar having 150 member organizations from charitable hospitals, health centres, and civil society organizations working in the field of health, gender, WASH and livelihood.

Presently, BVHA is an association of 152 member organizations of charitable hospitals and health centers/clinics run by church-based institutions, grassroot CSOs, and more than 300 associated non-member organizations, covering all the 38 districts of Bihar.

It was set up with an aim to increase organizational capacities and to address the health and social needs of the communities. BVHA has been contributing immensely by providing impetus and direction to the community health promotion in the state of Bihar.



Before the pandemic, the main activities of BVHA were classified under three heads: support, liaisoning and advocacy and networking. BVHA has contributed immensely in capacity building of human resources working at different levels in voluntary organizations all over Bihar. It also made efforts to bring about convergence of common sectoral issues and concerns for building up a common agenda to enable true voluntary action in the state and creating a multistakeholder approach to achieve “health for all” in the state of Bihar.

However, during the COVID-19 era, BVHA was as badly affected as the other grassroot CSOs all over India. Most of their activities/ projects were put on hold during this period. BVHA continued operations through online meetings with the project partners as well as staff members. Their activities were restricted to mitigation of the pandemic and providing relief services to those affected in their community. As a result, the organization went through a really difficult time to secure man power, urge staff members to step out into the field to continue relief work, take due permissions from authorities to work during the lockdown, mobilize resources for mitigation efforts and arrange salaries for the employees on time.

Nevertheless, BVHA succeeded in providing its services to many.



- They distributed hygiene kits to 3,000 families in Simri Block of Buxar district and 610 families in Muzaffarpur & Sitamarhi districts.
- Dry ration & hygiene kits were also distributed among 1,000 targeted families in Maner block.
- Dry ration, hygiene kits, clothes and plastic sheets were distributed to 100 families in Simri block in Buxar district, 60 families in Patna Sadar and 100 families in Maner block.
- Oximeters were provided to families in 3 blocks of Patna district.
- Hygiene kits were given to 600 adolescent girls in Raxaul block of East Champaran district, 600 adolescent girls in Majhaulia block in West Champaran district and 300 adolescent girls in Mahua block in Vaishali district.
- COVID-19 vaccination was promoted among the marginalized communities in 5 districts of Bihar – Patna, Purnea, Sitamarhi, Vaishali and Araria Districts, in collaboration with the Government of Bihar.
- Face masks were distributed to police personnel, frontline health service providers, Patna Municipal Corporation staff, active community leaders, covering about 80,000 individuals.



Despite most of their staff members going through acute stress related problems, not getting their salaries on time, facing difficulties in dealing with community members, and getting infected with the virus themselves, putting their own lives at stake, BVHA did not discontinue its services and achieved success in their initiatives.





**Indo-Global  
Social Service Society**  
Celebrating the Spirit of Humanity

## Indo-Global Social Service Society-North East India (IGSSS)

**IGSSS** is a non-profit organization established in 1960 which works for the development, capacity building and entitlement of the vulnerable communities across the country to achieve a positive transformation in their quality of life. Our major focus or thematic areas include – Sustainable Livelihood; Urban Poverty Reduction; Disaster Risk reduction; Climate Change Resilience; Youth Development; Gender. It is actively involved with 18 States across India (Jammu and Kashmir, Punjab, Haryana, New Delhi, Maharashtra, Karnataka, Telangana, Andhra Pradesh, Tamil Nadu, Madhya Pradesh, Uttar Pradesh, Bihar, Chhattisgarh, Odisha, Jharkhand, West Bengal, Assam, Manipur).

Before the pandemic, IGSSS worked towards enhancing income of small farmers and landless in villages through sustainable agriculture; on farm and off farm enterprises; food and nutrition security; WASH; building climate change resilience; relief in disasters; recovery and rehabilitation; social, occupational and residential security for urban poor; and youth leadership building.

With the unprecedented COVID-19, the situation went out of control and hampered the rate of progress. However, no change in the profile of beneficiaries and the focus thematic areas was experienced. Change was seen in terms of strategies and approach. Systems and procedures were digitised to adapt to online mode of working and continue functioning. More focus was laid on strengthening local volunteers for the implementation of projects. Livelihood emerged as a major concern for the beneficiaries in all the projects. In light of the pandemic, more focus was diverted towards developing locally sustainable communities. A new area of work that IGSSS started to intervene in, was Mental Health.

As a result of the pandemic, there was not much impact on the organization, as they were able to swiftly respond to the situation by changing their organizational strategies, processes and also structure. However, their field activities did come to a halt for some time in the beginning of the lockdown. Swift adaptation to the “new normal” by deploying digital communication platforms increased the efficacy and outreach of COVID relief and other activities amidst restrictions. The amendment in the FCRA rules, necessitated IGSSS to exit from the projects through which small CSOs were funded. Keeping the vision and mission at the heart of transformation, IGSSS successfully completed the restructuring of the organization and transitioned towards meeting new challenges. IGSSS looked at this opportunity, as a suitable time to focus on research and documentation on the impact of COVID-19 and subsequent lockdown on vulnerable communities.

As was the need of the hour, they ventured into many forms of relief services during the lockdown. IGSSS spearheaded a massive relief and rehabilitation program for people affected by COVID-19. We reached out to more than 20 lakh people through: ration



Source: IGSSS Annual Report 2020-2021



distribution. hygiene kit distribution, promotion of vaccination, input support to small farmers, livelihood support to street vendors, shop owners, landless, cash transfers to meet urgent needs of the family, supported the government health infrastructure, awareness programs and psychosocial counseling. They reached out to the most excluded communities through COVID relief and rehabilitation support.



▲ A happy woman after receiving a ration and sanitation kit



▲ A family with the support received



▲ Relief distribution in a remote village in Assam

However, certain challenges did come in the way for IGSSS as well. They had a difficult time remaining in the field due to government restrictions, identification of the neediest was also a challenge, distribution of relief material while taking safety precautions was also a task, ensuring that the beneficiaries adhere to the COVID-19 protocols while coming out of their houses to receive relief material, and arranging the required quantity of supplies was a major challenge.

The IGSSS staff members were confident about their strengths and coping skills, that helped them to sail through all the challenges posed by COVID-19. Though, the world is back to normal but the scars left by the pandemic are still evident and fresh. Many of them lost their loved ones to the deadly virus. Despite this, none of them stepped back from rendering their services to the people in need. Post the pandemic, the employees have been working extra time to cover up the losses experienced during the lockdown. Additionally, the sense of disappointment in the employees, to see their hard work and efforts being wasted due to the pandemic, also motivated them to double their commitment.

Learning from the experiences, IGSSS visualizes itself in the next five years, as an organization that implements sustainable development programs for the most marginalized people in the rural and urban India, that builds the local resilience on disasters and climate change, one that believes in collaboration, inclusion and accountability and is flexible, adaptive and innovative to face any challenge that might come in their way



## Church's Auxiliary for Social Action (CASA)

At the stroke of midnight, on 15 August 1947, India awoke to freedom, but sadly, accompanied by the displacement of the population across borders, forcing millions to live in alien surroundings and subhuman conditions. The newly constituted government under Jawaharlal Nehru had requested various institutions to initiate a relief response. The National Council of Churches in India responded by forming the 'NCC Relief Committee'. The NCC later went on to become the Church's Auxiliary for Social Action (CASA). Therefore, CASA is a 75 years old organization, as old as the independent India.

The thematic areas of work of CASA include Institution Building, Sustainable Livelihood, Gender Justice and Local Capacities for Peace, Disaster Risk Reduction & Humanitarian Support. CASA partners with local communities, the local government administration, corporations, and academia to accomplish necessary changes. They are independently operational in around 6,000 villages across 26 states in India. At the grassroots level, CASA tackles the severity of structural poverty and inequality. We work with the most marginalised segments – Dalits, Tribals, Children, and Women.



CASA strives to work for a just and sustainable society by creating opportunities for the participation of socially and economically marginalised sections in the development process through networking, alliance building, and strengthening of their organisation. CASA also supports local self-governance, protection of human rights, peace and reconciliation, and sustainable livelihood measures and responds to environmental issues, natural and man

made disasters. CASA promotes gender mainstreaming at all appropriate levels, mobilises resources in favour of the poor, and optimises all potentials and capacities existing within the organisation and with the partner organisation.

As an organization, unaffected by COVID-19, CASA worked in rural India and engaged in facilitating communities to access Government services and schemes. It helped the community to organize themselves into institutions so they can collectively work towards achieving the rights enshrined in the constitution. CASA also capacitated the communities in developing leadership potential of women, Dalit and Adivasi leaders.

In COVID-19 times, as a result of its strong partnerships in their areas of work, CASA could work very closely with the PHC and CHCs. The local health system of the government was activated and put to full capacity along with the support of CASA staff and volunteers. CASA helped the local community and the medical professionals including Asha workers in delivering effective services when COVID-10 was at its peak period, thereby supporting and saving many lives. CASA could foresee the scope of strengthening the local health systems, thereby supporting & lessening the burden of the community and did whatever they could to achieve that.





CASA was engaged from the very first phase of the lockdown by encouraging communities to follow all protocols by creating awareness among the communities. As CASA volunteers and community organizers were present at the village level, they were able to pass on all correct information and dispense myths around the pandemic. The community leaders were trained via virtual platforms to address the Shadow Pandemic. COVID-19 related

equipment like oxygen concentrators, masks, sanitizers, oximeters, BP monitoring machines and thermometers were provided at community level and to hospitals in rural India. Dry ration and cash transfers were done to tide over the situation of poor and needy who were out of earning their livelihood. Under this initiative, CASA reached out to approximately 7 lakh people. CASA also engaged in vaccination facilitation, encouraging rural communities to get vaccinated as there was so much hesitation due to lack of awareness, at that point of time.

#### **Snippets of CASA's COVID-19 Relief Programme:**

**CASA RELIEF  
PROGRAMME**

As of 31 March 2021,  
the CASA relief  
programmes reached far-  
flung regions across

**23**  
STATES

**53,92,913**  
INDIVIDUALS

Our response programme has secured the sustenance of affected rural communities across the country. We followed a comprehensive approach to assist the vulnerable and marginalised. Due to the reverse migration of workers from cities to villages, there was the risk of spike in cases in rural India. CASA's COVID-19 response strategies identified the faultlines and along with helping, ran public awareness campaigns on personal hygiene and physical distancing.

Due to the restrictions that were imposed during the lockdown, the staff and volunteers used virtual methods to educate communities. Social media, visual (video) recording, telephonic training, and IEC materials were used to virtually reach out to the vulnerable people in far-flung areas. Their volunteers in villages were trained virtually so that coordinated joint responses were executed even in the most remote regions. Several workshops were conducted on correct handwashing procedures and the importance of physical distancing, and the usage of face masks. Creative methods like the wall painting method were used to raise awareness about the pandemic. Information was shared among communities not only through demonstrations (that strictly followed physical distancing) but also through the usage of posters and wall-painting that used regional languages to communicate with the communities restricted in certain areas. Radio and video broadcasts were presented alongside to support their communication plan. Essential Helpline Numbers were shared among communities to request direct help from the Government in any emergency.



CASA has acted upon the urgency by demonstrating the correct method of washing hands, across all the project areas in the country. We have also introduced sustainable methods in villages to promote WASH practices and inculcate a sense of responsibility. CASA was involved in a sanitation programme across five states of India, namely Himachal Pradesh, Tamil Nadu, Andhra Pradesh, Karnataka, and Telangana in eight districts and 297 villages.



Across regions and dimensions, most women are assigned domestic responsibilities that engage their managerial and labouring skills at the same time. Under the initiative to provide livelihood prospects and entrepreneurial advancement, CASA has been providing skill training to the marginalised women for social and financial empowerment. Women were taught tailoring under the program to stitch cloth-made masks. The masks were distributed

among distressed communities. Moreover, the women tailors were able to set a small-scale business of stitching cloth masks, which helped their family to financially cope up with the lockdown. The overall expenditure on COVID-19 response made by CASA was approximately Rs. 13.25 crores.

CASA faced a few challenges while executing a relief programme of such a large extent. The lockdown restrictions imposed by the government, which were equally binding the other CSOs as well, posed a challenge in maintaining continuity of relief services. Since, CASA experienced such a huge demand from the community, it was certainly a task to divert resources to COVID-19 related activities. However, CASA received ample support from the Government officials in their region, and were able to render services to the community members all through the two phases of the lockdown.

The organization made a significant impact as a result of its COVID-19 efforts. CASA is now able to work virtually with the community. The community leadership has been strengthened and grass root leaders are more efficient and capable to run their livelihood. A strong connection has been established with the health department at the grass root level and CASA has gained further confidence to work on the health issues of the community which will focus mostly on preventive strategies and building immunity of the rural poor. More women leaders have emerged and domestic violence is monitored by the community itself. The beneficiaries are way more aware and alert about livelihood and health related matters.

Despite a lot of pressure and stress on the employees, due to the increased demand and new ways of working needed to be identified, the staff of CASA gave their best to mitigate the effects of COVID-19. They themselves and their family members were affected too. Their mental health was equally disturbed and they also went through trauma related to the lockdown, loss of loved ones, risk of life, and the fear of losing their jobs, amidst the depleting resources. Amidst all these hardships, there was lot to accomplish and deliver as the resource partners relied on CASA to reach out to maximum beneficiaries in minimum time. Nevertheless, CASA was successful in delivering what was required and expected in time and with utmost commitment.





## Centre for Indian Knowledge Systems (CIKS)

CIKS was established on 23<sup>rd</sup> January, 1995. CIKS works to promote and scale sustainable agriculture based on indigenous systems and strengthen farmers' livelihoods. They focus on research, training, and institution building in three areas:

1. conserving crop biodiversities, such as traditional paddy seeds and plant varieties (CIKS and farmers now conserve and promote over 140 indigenous seed varieties of paddy)
2. Promoting organic and chemical-free methods of farming
3. Nurturing farmer organizations.

They work closely with 110,000 farming families across 11 districts of Tamil Nadu namely Chengalpattu, Kancheepuram, Tiruvannamalai, Nagapattinam, Dindigul, Ramanathapuram, Mayiladuthurai, Thiruvallur, Pudukottai, Cuddalore, Perambalur. Most of the farmers are small and marginal farmers or those who are landless. In addition to promoting micro and small enterprises in sustainable farming, they have initiated Namma Nello ([www.nammanellu.com](http://www.nammanellu.com)), a crowd funding initiative to raise crowd funds for conservation and scaling up traditional rice varieties.



Before being diverted by the pandemic, CIKS worked to create and promote sustainable agriculture based on indigenous systems. They did this by exploring and developing the contemporary relevance and application of these systems within the context of modern-day realities. They focused on four broad areas:

- Conservation, documentation and research on traditional varieties of paddy and other crops.
- Promoting organic and chemical-free methods of farming
- Promoting Vrksayurveda: the traditional Indian plant science, in agriculture and horticulture.
- Initiating and nurturing Farmer Producer Organizations and helping them achieve institutional and financial stability.

The organization, however, did not face any difficulty in continuing their activities even during COVID-19. In order to motivate their staff members to take preventive measures with respect to COVID-19, they encouraged and facilitated vaccination, introduced all protective and preventive protocols in their office, including making masks compulsory, mandatory vaccination certificates, etc. Similar steps were also initiated at the Technology Resource Centre at Chengalpattu district, Tamil Nadu, their field offices and during all their activities involving travel and physical meetings. To ensure safety and sustainability of the livelihoods of their employees, CIKS reviewed insurance plans under which staff members were covered and enabled those who were eligible to secure the state government insurance cover. The organization helped employees to enrol for the scheme and facilitated its easy access.





Under COVID-19 mitigation, support was given to farmer groups in Tiruvannamalai district. Awareness programmes regarding COVID-19 safety and precautions, COVID appropriate behaviour, etc were conducted for the farmers. Sanitary pads, sanitary material, gloves, masks, thermal scanners amongst other necessary items were distributed to the beneficiaries at various locations.

However, as a result of the pandemic, many challenges came up in front of CIKS. They can be classified under three heads:

**Activities:** The pandemic made it difficult to plan, review, and execute, both programs and governance effectively. Lockdown and related restrictions on work and movement led to delays in completion of planned tasks and achievement of activity and output targets.

**People:** The team also experienced an economic impact on their livelihood as expenses for essentials, education (which moved online), and health went up. It was initially difficult to switch to the new mode of working as not every employee was comfortable using it. Employees had to strengthen their skills in terms of technology, online communication, and other areas because working from home was the only option to carry out all of CIKS' initiatives during the lockdown. The skills of all team members were assessed for conference calls, team viewer, online collaboration, and other online applications, and relevant trainings were provided. Fortunately, there were no cuts in salaries required and even though increments could not be given, activity-based incentives made up to some extent and helped in retaining employees.

**Funds:** The annual income during the year 2020-2021 decreased to Rs. 117.77 lakhs from Rs.221.75 lakhs in the year 2019-2020. While this may not have been entirely due to the pandemic, but there was a significant impact.

- Restricted movement guidelines affected meetings, trainings, interactions with farmers, which is their main constituency.
- All farming related operations were affected directly due to the pandemic and indirectly due to restrictions in movements and operations.
- Offices at Chennai and employees in the field areas functioned with severe limitations.
- Regular donors minimized funding due to their own restricted budgets and prioritization for COVID- 19 relief services.
- In light of the difficult times for everyone, new donors were difficult to cultivate.
- All regular operations including project activities, report preparations, accounting and audit, proposal preparation, etc., went through delays affecting operations and funding.
- At the higher-level, board meetings could not be held regularly because of the restrictions on physical gatherings and one of our trustees also succumbed to COVID-19.
- Time and resources had to be invested heavily to ensure that team members and the farmers who are the main beneficiaries of CIKS were supported. Efforts like providing counselling and access to preventive and promotive care, health insurance and post COVID recovery, were made by the organization.
- Organizational resources and capacities were stretched to the maximum limit, since a lot of operations and meetings had to be carried out remotely requiring hardware, software and training facilities for the employees and other stakeholders.

In a nutshell, CIKS fared well during the COVID-19 pandemic and managed to sustain even during those tough times. Although, there were no permanent damages to the organization, but the institution was able to tackle whatever difficulties came in the way of their usual work and progress.



## CENTRE FOR WORLD SOLIDARITY (CWS)

**CWS** has its beginnings from Gandhigram in Tamil Nadu since 1957 with philanthropic support from German based United Action Service for World Solidarity (AWS). It was registered under the Trusts Act in 1992 and became operational since 1994. CWS works mainly on themes including Sustainable Livelihood, Human Dignity (focusing especially on Violence against women, Dalit Atrocities, Forest Rights Act and Adivasi issues) and Governance (Panchayati Raj). CWS has been working with the Adivasis, Dalits, minorities, women, children and small and marginal farmers across the states of Andhra Pradesh, Bihar, Jharkhand, Odisha, Tamil Nadu and Telangana.



CWS works to promote a rights-based, gendered and eco-sustainable approach that will advance people-centered governance, livelihoods and management of natural resources.

In the pre- COVID times, the organization conducted activities under three main domains:

**Livelihood:** Under livelihood, CWS worked on issues like the lack of access to, and control over, common property resources, food and nutrition insecurity of small and marginal farmers by improving diversified food intake, exploitation of farmers due to un-regulated markets, right to and equity in access to water, collective marketing of surplus agri, allied and natural food products through Farmer's Producers Company/ Organization (FPO), focussing on livelihood with dignity for single women and women farmers.

**Dignity:** Human dignity deals with many sub-components like addressing violence against women, trafficking, child rights, Dalit and minority rights as well as tribal (Adivasi) rights, facilitating vulnerable group's access to entitlements etc. The activities involved were mainly awareness generation, mobilization, collectivization and facilitation of target group's access to mainstream processes (justice, entitlements).

Under these initiatives, cases of violence against women, Dalits, Adivasis were reported and redressed, community-based organizations (CBOs) were made active in negotiating with Gram Panchayats, CBOs and specific sections of community were made to actively engaged with Gram Sabhas and Gram Panchayats for plan development and implementation, they were active in committees of Gram Panchayats, increased access to Government schemes through Panchayat, blocks and districts was ensured. CWS strived towards implementation of FRA for the target families (forest dwellers) to have access to land property rights as per law.

**Governance:** People centred governance focuses on developing a model Gram Panchayat and activities include developing micro plans, capacity building of elected representatives, elected women representatives, strengthening CBOs, advocacy, interface with local government offices, etc.

CWS worked towards improving participation of weaker groups in the local Panchayats, ward Sabhas etc., which improves due to CWS's initiatives. As a result of their efforts, specific demands for the government schemes and entitlements for weaker/ vulnerable groups, that came in were accepted by the concerned authorities. In addition, the overall functioning of Panchayat level Standing Committees improved significantly.

No major changes were experienced by CWS, as a result of COVID-19, except that they were also involved in relief and rehabilitation related work, which the organization was normally never involved in. The staff and volunteers were well versed with online mode of working; therefore, the usual activities did not suffer because they were able to conduct regular follow up meetings online. Trainings on COVID-19 related safety and hygiene practices were conducted with all employees and volunteers.



With CWS's relief programme, 500 families benefited and they indirectly reached out to about 2500 individuals. They designed this campaign especially for the workers who migrated from other states like Andhra Pradesh, Bihar, Odisha, Bihar, Uttar Pradesh, Maharashtra and Karnataka etc. However, in some special cases they extended their support to the single women, aged women and disabled women, in the state of Telangana.

About 450 families from other states mainly, Andhra Pradesh and 50 families from Telangana reaped the benefits. In Odisha, they covered a total of 2,525 families with hygienic kits and food grains distribution.

Type of Response	State	District	No of villages covered	No of families covered	No of people covered
Awareness Activities (On cause, effect, prevention of COVID-19 and government benefits like PDS and NREGS) through IEC material- leaflets and wall posters etc	Jharkhand	East Singhbhum	2	478	2800
Distribution of hygiene kits/ preventive material (masks)	Jharkhand	East Singhbhum	2	478	3000
Distribution of hygiene kit/ preventive materials (bleaching powder)	Jharkhand	East Singhbhum	2	478	2800
Distribution of soap for demonstration and awareness generation on hand washing practices	Jharkhand	East Singhbhum	2	478	2800

Some of the obstacles, that came in their way while carrying out their activities during the pandemic were:

- Convincing the donors for changes in the approved budget line and thereafter getting their approval for designating the budget for COVID-19 relief activities.
- During the lockdown, the staff faced a lot of problems and issues in getting suitable quotations and to identify appropriate vendors.
- Distribution of material was also difficult, due to the restrictions in movement. Special permission was needed from the concerned district officials.
- Availability of the goods at the local shops was less. There was a significant gap between the demand and supply rates.



However, at an organizational level, they did not experience any significant impact on its sustainability. But they lost many staff members to the pandemic, which cannot be compensated. Nevertheless, the organization saw an increase in the productivity of the employees, as they were at home and working remotely, with less pressure and exhaustion.

As a result of the pandemic, CWS realized the importance of the community. Therefore, in the coming years, they aim to adopt new ideas and approach towards working with the community, incorporate new areas of work into their ambit including food and nutrition security and WASH. They will also ensure adequate capacity building of the staff, whenever required. They also realized, that they could work better and achieve more, when working in small clusters rather than in a scattered way, and will continue this approach in the future as well. CWS took this crisis as an opportunity and did not fall back in learning new things and taking risks.



The DA-Group is a premier social enterprise working in the field of sustainable development. Established in 1982, and headquartered in New Delhi, it has built up a global presence in the fields of economic development, social empowerment, and environment management. It has also built up a strong reputation as a major innovator of clean technologies and delivery systems for sustainable livelihoods in the developing world. The DA-Group, often referred to as Development Alternatives, comprises of the Society for Development Alternatives, Technology and Action for Rural Advancement (TARA), and its affiliates.

Development Alternatives has been working in India and across the Global South. It was set up more than three decades ago to enable development in its karmabhoomi, Bundelkhand. Since then, DA has focused on innovation, testing and refining alternative methods and models of development that rely largely on local, bottom-up, community centric planning, and implementation most suited to the people and resources of the region. Working globally, it has been combining this with holistic, systemic approaches that cut across disciplinary and sectoral boundaries, local communities have been supported to kick-start their economies and regenerate their ecosystems.

Using the principles of Universality, System Integrity, Efficiency, Sufficiency and Harmony, its work has been guided by the mantra – People, the Planet and Prosperity. This means enabling and empowering the people and strengthening institutions and partnerships, using clean technology for regeneration and management of natural resources, and ensuring prosperity through green and sustainable livelihoods, and small enterprises.

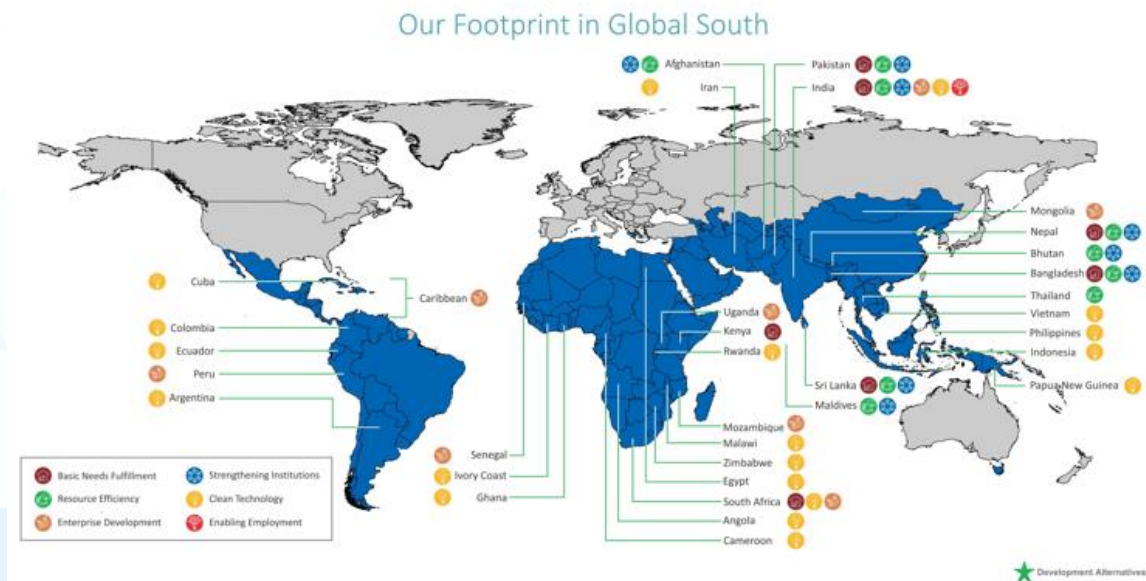
DA's thematic areas include Resource efficiency and circular economy, Climate Resilience and Ecosystem Restoration, Livelihood Security and Inclusive Entrepreneurship. It's activities broadly cover the three primary areas underlining sustainable development processes:

- The design and large-scale dissemination of appropriate technologies,
- Rational environmental management systems, and
- Equitable people-oriented institutions and policies.

Working with local governments and supported by financing from various national and international sources, these initiatives aimed at bringing cutting-edge science, technology and management methods to raise the capacity and confidence of people, particularly women and youth, to articulate their problems and devise solutions for themselves and lead inclusive and resilient development.

The DA Group focuses on *empowering communities* through strengthening people's institutions and facilitating their access to basic needs; *enabling economic opportunities* through skill development for green jobs and enterprise creation; promoting *low carbon pathways for development* through natural resources management models and clean technology solutions.

They work at local, national and global levels. Its partners and clients include village communities and civil society organizations, local and state governments, agencies and ministries of the national government in India and networks, multilateral agencies and private sector institutions across Asia-Pacific and Africa. So far, through its work across various geographies, DA has touched 19 million lives.



In its four-decades, DA-Group has completed over 1200 projects and assignments for innovating and scaling up sustainable livelihoods, community empowerment, climate and biodiversity action at local, national, and global levels. Their work has also helped define “Green and Sustainable Economies” from an Indian and South Asian perspective.

Through the strengthening of local institutions such as Panchayats, Farmers’ Producer Organizations, Self-Help Groups, and Karigar Mandals, they have been able to demonstrate significant results in improving the ability of local communities to evolve a self-reliant, growing economy. While working with various partners, DA has been moving forward with its efforts to create enterprises and jobs, to help communities manage their resources better and to contribute to global thinking on various aspects of sustainable models for development.

Radio Bundelkhand 90.4 FM, community radio is an initiative by DA. It provides a voice to the community in the region by giving them a platform to air their aspirations, concerns and showcase their talent. It has been especially useful during the COVID-19 times. When the pandemic hit, DA broadcasted 12 programs on COVID-19, which has increased to 60 during the last year..



The cases splurged in multitude, which soon became uncontrollable because of the population density on India. Following this came the problem of inadequate hospital infrastructure, medicine, oxygen, plasma and even ambulances. Another problem that came up was the verification of authentic leads to these resources. To tackle all this, the DA COVID Helpline was introduced.



Further DA also took initiatives to provide services such as:

- Helpline number for rural entrepreneurs
- Distribution of dry ration kits to families of artisans
- Teleconsultation for artisans
- Re-skilling in mask making



The COVID-19 pandemic exposed the extreme vulnerability of migrant workers, daily wage earners, and low-income groups in India. The DA employees saw that in the community they work with, there was loss in sources of income, and diminishing natural resources, causing extreme shortages of food and basic needs. Women and children faced the greatest threats to their health and wellbeing, whether physical, intellectual and emotional. A massive effort was needed to raise the productivity of rural communities through improved access to entitlements and better technologies and market mechanisms. DA's work on mini-enterprise development and local governance institutions was key to this.

The global crisis fundamentally reshaped how DA worked and responded to development issues, and they stepped up to meet these challenges head on. In order to adapt to the dynamic working environment between DA headquarter, stakeholders, partners and field staff members, the team developed standard operating procedures and protocols for field implementation and for integrating digitization in the daily activities. This helped improve transparency and visibility for the staff members about the field operations with very limited field visits.

The teams had started working in hybrid model and adopted the practices used during the lockdown such as daily check-ins to plan and schedule the priorities and meetings for the day. This not only helped the members plan their work but also continue working in a more effective and efficient manner. The team is still leveraging digital program management tools such as Trello, Hangouts, Zoom, Google Meet to effectively plan and to track the weekly output of each member, and Google Docs/Sheets to define domain level priorities and meeting slots in order to enable effective work planning for each member

	<p><b>Title:</b> Corona se nahi toh bhook se mar jayenge  <b>Author:</b> Saubhagya Raizada  <b>Published by:</b> VANI Newsletter  <b>Year of Publication:</b> 2020  <b>Keywords:</b> COVID-19, Hunger, Food, Lockdown, Migrants, Migration  <b>Abstract:</b> In times of a pandemic, when you're locked inside your house preoccupied with household chores, working from home, or binging on the highly recommended web series, it is really easy to lose track of dates. 4 hours? That's about the time you get as a migrant labourer in India to plan your next month's survival because your country just got shut. Oh, and you also have to maintain 'social distancing' to prevent getting infected, reach your home hundreds of kilometres away — with all modes of transportation shut, arrange for food and hygiene with barely any income. Sounds harsh? Well, there are just at least a 100 million like you.  <b>URL:</b> <a href="http://www.perspectives.devalt.org/?p=2957">http://www.perspectives.devalt.org/?p=2957</a></p>
	<p><b>Title:</b> India's environmental laws and COVID-19  <b>Author:</b> Dr. Satabdi Datta  <b>Published by:</b> Alternative Perspective  <b>Year of Publication:</b> 2020  <b>Keywords:</b> Environment, COVID-19, Laws  <b>Abstract:</b> Bhagwani Devi is a member of the Work 4 Progress network. She co-created her e-rickshaw enterprise model in 2018 and has been awarded by the regional government for providing inclusive services to her community.  <b>URL:</b> <a href="https://bit.ly/2TjXWYQ">https://bit.ly/2TjXWYQ</a></p>

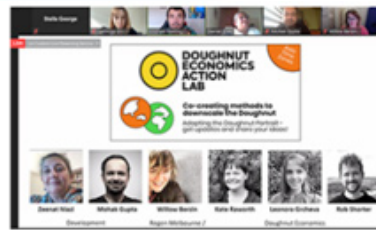
COVID-19 crisis enabled the employees of DA to use the time to shift and explore other avenues such as visibility and positioning and enhance their skills in the same. The employees were able to organize online events such as webinars, TV shows and social media campaigns to start a movement to bring about change.

DA plans to contribute new ideas and action on the ground to ensure that the post-pandemic society and economy is both much greener and equitable than prior to COVID-19. These include innovative ideas for policy, programmes

and projects that lead to a more just and sustainable future. The first priority is enabling individuals and communities to generate income and revenues while regenerating their resource base and economic structures. The second, equally important is to build resilient economic and civic institutions capable of coping with and minimizing the negative impacts

of natural or man made disasters. For this, DA continues to work on strengthening the livelihoods of households, the infrastructure and governance systems of communities and the efficiency and accountability of market mechanisms. For all these, DA's tools and methods are: building local participation in decision-making, innovation of technologies and institutions, and advocating better policies to enable these solutions to be adopted and work. Development Alternatives will highlight the importance of the 3 P's, namely:

1. Precaution: to spread community awareness for sustained COVID-19 appropriate behaviour with the help of their existing partners.
2. Prevention: to spread awareness about the methods of prevention.
3. Participation: to overcome the social stigma and fear attached to the virus, mostly due to lack of awareness, the infected are often ostracised by society. There is therefore a need to increase sensitivity and understanding within the community to enable mutual help.







GOONJ.. a voice, an effort  
[www.goonj.org](http://www.goonj.org)

## Goonj

Goonj was established in 1999, with a vision to grow as an idea across regions, economies and countries using urban discard as a tool to alleviate poverty and enhance the dignity of the under-privileged people of the world. They work towards addressing neglected issues of the disadvantaged communities, by involving them in evolving their own solutions with dignity and getting urban material as reward. Goonj's thematic areas of work include Rural Development and Disaster Relief and Rehabilitation with a geographical coverage of 27 States and UTs (as per data of FY 2020-21).

Since its inception, Goonj has focused on building an equitable relationship of strength, sustenance and dignity between the resourceful and resource less. On one hand, there is a surplus of the affluent, and on the other, the unrecognized wisdom, hard work, efforts, and knowledge of the rural communities, both untapped resources that can impact the most pressing challenges plaguing the world. At Goonj, they create a barter and relationship of sustenance between these as two new alternate currencies and sector agnostic tools, to address issues. By establishing a culture and mechanism of sustained mindful giving (at both ends), grounded in dignity and empathy, they nudge people to take ownership of addressing issues as equal stakeholders in the world.

Their work prior to COVID-19, mainly focused on reducing the material poverty among the masses by using urban surplus as a tool to trigger the large-scale development work across India, using the local skills, knowledge and resources and with a focus on receiver's dignity. Their core area of work focuses on creating solutions around Water, Access and Infrastructure, Disaster, Education, Menstrual Health, Livelihood, Sanitation, Environment. In their work, partner organizations play a key role in reaching out to the communities in need. Mostly, the partner organizations connect with Goonj during the time of disaster or when there is a dire need in a certain area or community.

As the pandemic hit, Goonj had only one agenda; *No one should die under its watch*. They stretched their resources, their teams and their network. They started to pay deeper attention to who they work for and embarked on a journey to bring about systemic change. As Goonj's founder often says, "dekhne mein aur ghoor key dekhne mein farq hai" (there is a difference between seeing and staring). On these lines, when they stared and looked harder at what was happening to the people in the pandemic, they could identify a lot many issues that usually go unaddressed but were quite important to tackle.



Hunger was the most pertinent problem during that time and finding solutions for it the primary aim. Therefore, the regular field activities like CFW (cloth for work) were suspended temporarily and the focus shifted to providing ration. The neglected communities like those affected with leprosy, artisans, sex workers, LGBTQA+ community, people living with HIV, were severely affected by the pandemic and their condition deteriorated even further. To help them cope up with the situation, Goonj started supporting these communities. The status of livelihood was a sorry state of affair with millions of people rushing back to their homes in the rural hinterlands. Their livelihoods were lost and to support these communities, Goonj



expanded its initiative of ***Vaapsi***, which aimed at restoring livelihoods. The initiative was first started in 2008 to support the flood affected communities of Bihar and it went on to support communities whenever required. Occupational kits were supplied to help the affected set up micro – enterprises and retain their livelihood. It also changed its orientation towards localization by purchasing material directly from the farmers. There was also a focus on cloth-based employment. Goonj also provided medical supplies like oximeter, masks, basic medicines and other medical supplies.

**Goonj executed the following measures to provide relief services during COVID-19:**



**Health & hygiene support:** As the country's healthcare system struggled to respond to the overwhelming spread of the virus, Goonj tried to fill in the gaps through their medical interventions like providing health kits. Realizing the crucial role that last mile healthcare workers were playing in the pandemic, working the hardest and facing the biggest risks to their own wellbeing, the teams created medical kits for ASHA workers, PPE kits to healthcare workers

and to other essential service providers, to facilitate easy access to medical care. These kits included essentials like medicines, masks, gloves, thermometers, oximeters, ORS, PPE kits and sanitizers.

**Setting- Up Not-Along Centers**

In urban India, as people struggled to remain in quarantine and isolate in small and cramped spaces, the infection spread at a fast pace. To tackle the situation, Goonj setup not-alone centers in unused buildings like schools and community centers etc. with medical equipment, catering to the needs of patients.

**Large scale production of masks and cloth sanitary pads**

The pandemic also increased the demand for masks and cloth sanitary pads, produced and distributed by Goonj. These were included in their relief kits and they reached out to their partner organizations across India, to reach out to the maximum possible communities. As a result, many individuals were able to earn their livelihood as well.

In totality, It distributed more than 100,000 family medicine kits and 35,000 health worker kits. More than two million masks and 2.7 million cloth sanitary pads were produced and distributed across India.



The pandemic impacted cities and villages alike. Therefore, Goonj reoriented its focus on the cities as well, apart from villages. Massive cyclones and floods in many states aggravated the impact of the crisis. Goonj's employees and partners spread across India, in order to maximize their geographical reach, providing the basics of survival in these trying times. Their experience of providing disaster relief for more than two decades, helped them to adapt and respond

rapidly and meticulously, to a crisis of this magnitude. This timely change of activities became possible because of their ongoing localized programmes and a robust and resilient network of dedicated individuals and partner organizations across the country.

The first and the second wave of COVID-19 impacted its processes and activities immensely.

- Due to the lockdown, urban masses; Goonj's key stakeholders, were not able to contribute and donate. This pushed Goonj to purchase the material required to fill the gaps between demand and supply.
- The closing down of markets and transportation systems meant disruption of supply chains and channelization of material from the cities to the villages. Goonj decentralized all decision-making processes regarding the material required and left it on the local teams and vendors.
- Their urban teams supplied cooked meals and extended support to many formal and informal community kitchens.
- With the help of Goonj's '*sanjha network*', they were able to escalate operations and capacities by working together.

Given the circumstances and need, their operations increased manifold with more than 700 grassroots and urban organizations joining its network.

In the initial few days, there were a few hiccups in terms of operations, given there were restrictions on assembly and movement. Goonj's processing unit operations were put on hold and they operated with a team of just a few team members. The daily wagers associated with Goonj, were provided with ration kits and monthly rentals to those who faced difficulty in managing finances. The employees at Goonj adjusted beautifully to the hybrid mode. A lot of work shifted to the online mode and most of the communication was done through Zoom and Google Meet. The field officials involved in engaging the communities with developmental activities, were also indulged in distribution of relief material.

# **IMSE** Institute for Motivating Self- Employment (IMSE)

IMSE was founded in 1974 by Late Biplab Halim, an eminent social worker and a humanist. IMSE works towards supporting the rural and urban poor for their holistic development. Along with an expansion in its areas of interest, the areas of operation also extend to far-flung areas of Orissa (coastal belt in Baleshwar & Bhadrak) and Jharkhand, apart from several districts of West Bengal. Since its inception, IMSE has been trying to mainstream a right based and gender sensitive approach in all its interventions, for those living on the margins of society and to create awareness among them so that they can raise a collective voice for a better society, free from exploitation. In the past few decades, the organization has been able to extend help to more than a million people with its activities

Prior to COVID-19, IMSE has been very efficiently engaged in empowering the poor, with knowledge and skill for diversified and better livelihood opportunities.

- **Women empowerment programme:** IMSE's major focus is on women empowerment, which follows gender mainstreaming strategy and gender focused activities, taking into consideration that women empowerment can't be done in isolation until and unless we understand gender dynamics of our society.
- **Swadhargreh:** IMSE strengthened its Short Stay Home/Swadhar Greh, running since 1993 with the financial assistance from Government of India, for distressed women.
- **Anganwadi Programme:** Since 1983, IMSE has been running a training centre for Anganwadi Workers under ICDS by the Government of India. IMSE also organizes regular health checkup camps for the mothers and their children in remote areas in diverse geographies.
- **Sustainable agriculture:** IMSE organized a number of awareness generation campaigns, making small scale producers (family farmers) aware of their rights as farmers and sensitizing them about opportunities to practice sustainable agriculture in a viable way.
- **Self-helpgroups:** Since 1993, IMSE is engaged in SHGs promotion programmes for gainful self-employment of the non-farmer rural workers, particularly women..

Apart from these initiatives, IMSE has been working on pre-primary education, rural tourism, social actions, health and others.

As a result of the pandemic, IMSE experienced both negative and positive impacts on the scope of its activities:

## **Negative Impact:**

- During the lockdown, regular organisational activities were disturbed.
- Continuing regular village visits, farmer's meeting and Agri demonstrations became difficult.
- Face to face interactions could not be held.
- Maintaining social distancing while executing activities, meant sacrificing the human connect which is much required while dealing with the communities.

## **Positive Impact:**

- COVID-19 made IMSE technologically advanced.
- Events and meetings could be conducted virtually, saving up on expenses and time.
- More time could be dedicated to fundraising.
- Social media was extensively used and communication with stakeholders increased.
- The process of documentation could be strengthened.





To mitigate the effect of COVID-19, IMSE played a pivotal role. Since March 2020, IMSE made a prolific involvement in COVID relief services and distribution of sanitary kits. IMSE organized several awareness camps in villages to make villagers aware of the precautions and safety measures to practice. In addition, IMSE provided

nutritious food and other essential commodities to needy communities. IMSE conducted and participated in many health workshops and made the maximum people involved in the event. The WHO guidelines on COVID related protocols were translated in local languages, developed into leaflets and were distributed for mass awareness along with loudspeaker announcements. Live demonstrations on the correct handwashing technique were given.

The main obstacle that IMSE faced was the absolute restrictions on public meetings, face to face workshops and trainings and lack of transport facilities. This made it difficult to reach the remote villages. While organizing awareness camps, it was noticed that communities were in denial of COVID-19 safety protocols. It was tough to convince them to even wear a mask properly. There was lack of substantial funds to carry out relief activities on a large scale. IMSE also suffered due to the economic distress the pandemic had created worldwide. The donor fundings were affected and it was next to impossible to carry out the activities with absence of adequate funding. However, IMSE took advantage of this situation by engaging the staff into various capacity building activities, several trainings on social media, advanced usage of Microsoft Office, using smart phones, attending and hosting webinars and online meetings, trainings on visual communication, amongst others. The decreased work load during the lockdown, gave an opportunity to review their activities and processes, identify loopholes and strategize for the future. Various new proposals were prepared and shared with new identified donor agencies.

The way the organization stretched its ambit of activities and ventured into new operational areas, and was successful in its efforts, IMSE visualizes itself as a sustainable organization in the next five years.

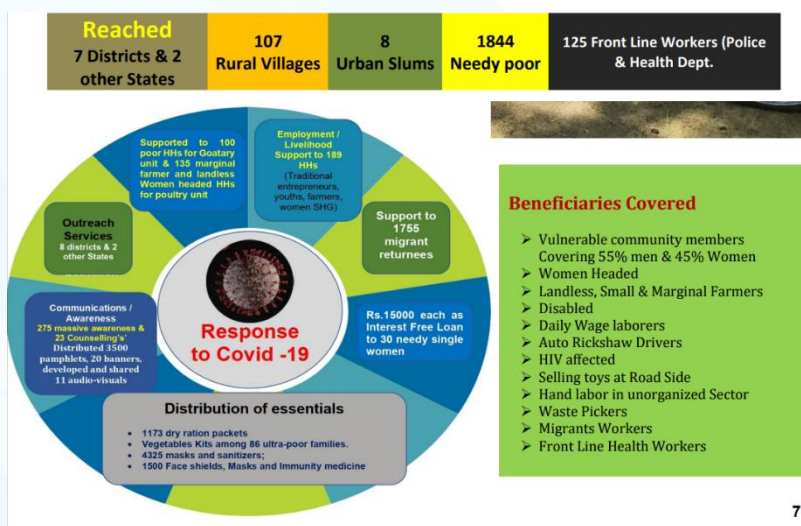




## Yuva Rural Association (YRA)

YRA is a CSO working in Vidarbha since 2002 on various issues with a focus on empowering vulnerable sections of rural and tribal communities through interventions in the areas of climate change, livelihood, natural resource management, WASH, women and child development, agriculture, soil, and water conservation, to achieve its goals for the betterment of the constituencies.

In the past, YRA has worked extensively towards the development of the rural areas of Madhya Pradesh (Betul, Seoni, Balaghat and Chhindwara districts), Gujarat (Rapar and Patan districts) and Maharashtra (all 11 districts of Vidarbha) especially in the fields of natural resource management, livelihood, gender and governance. The initiatives undertaken by YRA have been beneficial to a large number of rural poor. It has undertaken a wide range of activities ranging from creating livelihood opportunities for the poor to protecting vulnerable people including women and children from violence and other social discrimination to making the government schemes available to the people through policy advocacy and lobbying. The various constituency groups that it focuses on include small and marginal farmers, landless labourers, Dalits, tribals, women, children, youth, people with disabilities, and people living with HIV/AIDS.



COVID-19 diverted its focus on providing support to the affected and vulnerable groups of the society. As the scale of COVID-19 impact became more and more apparent in the rural areas, the affected community members found it difficult to manage their funds. In a largely agriculture dependent economy, with a labour force that

sustains on farm activities, it was critical to facilitate and revive the vital linkages and networks that hold the agricultural cycle together.

Among seven districts in Maharashtra and two other states, 1, 844 needy poor were reached out to. 125 front line workers from the police and health departments were also benefitted. Employment and livelihood support was provided to entrepreneurs, youth, farmers and women. Cash support of Rs. 15000/- each was provided to single women in need. Dry ration, vegetable packets, masks, sanitizers and face shields were distributed and migrant returnees were supported





During the second wave of COVID-19, 1, 000 needy poor including vulnerable individuals, women, landless farmers, disabled individuals, daily wage labourers, auto drivers, people living with HIV, roadside sellers and waste pickers were benefitted.



However, there were times when the administration was not supportive. People in villages were not allowing YRA's staff to enter their premises. YRA's staff took extreme risks in responding the needs of the community. The funding support narrowed down. Although, YRA's scope of work did not allow working from home, still the staff members devised

strategies to adapt to this new work style. Another challenge that YRA faced, was the lack of acknowledgement from the government towards their contribution, which demotivated their staff at times. Overall, the human resources and financial resources of the organization were severely impacted, but YRA emerged from the crisis successfully.



## Karwar Rural Women and Children Development Society (KRWCDs)

KRWCDs was established on September 22, 1986. In the beginning, it started with one village. In a period of six months, ten villages were reached out to and slowly and periodically, thirty villages and hamlets were covered. By June, 2021, eighty hamlets and villages have been covered and sustained. At present, thirty villages of Karwar Taluk are covered.

Before COVID-19 the organisation worked with women, children and the youth in their target villages, by organizing, building, consolidating and sustaining their felt needs such as, educational programmes, health programmes, income generation programmes, livelihood programmes, watershed programmes and networking with the government departments and other developmental organizations.

But as the pandemic hit, no training programmes or physical meetings could be organized. Even with the employees of KRWCDs, no face-to-face meetings or training could be executed, despite the urgent need for capacity building during the crisis.



In the effort to mitigate COVID-19 effects, KRWCDs arranged training sessions for its beneficiaries including women, children and youth of their target areas. They provided training on COVID appropriate behaviour, sanitization techniques and proper handwashing method. Apart from this, they were also involved in distribution of hygiene and provision kits to the beneficiaries. Additionally, KRWCDs and the women self-help groups associated with it, collectively

monitored the effect of COVID-19 on the communities, which gave them a fair idea of the needs and current requirements.

COVID-19 posed a lot of challenges for them. No detailed communication between the beneficiaries and KRWCDs could be managed. No external visit could be organized between the funding agencies and KRWCDs. As a result, the organization suffered huge losses in terms of monetary support. COVID-19 created a havoc in the lives of each and every individual, organization and the whole nation. Similarly, it also negatively impacted KRWCDs by depriving it of funds, lack of internal communication within the organization, with the SHGs, cluster groups and Taluk level governing bodies, between the government institutions and KRWCDs and with other developmental organizations. Another serious impact of the pandemic on the organization, due to the dearth of resources was the laying off of its employees. As a result, currently there are no employees within the organization.

In the future, KRWCDs needs to mobilize more funds to continue serving the vulnerable communities, destitute and the very poor people living in or near Yellapur Taluk, uncovered villages and hamlets of Karwar Taluk, Haliyal and Ankola Taluk of Uttara Kannada District.

Despite such aggravated challenges the organization has faced as a result of the pandemic, KRWCDs manages and continues to provide its services to the covered villages. That is indeed commendable!







## Mure Memorial Hospital (MMH)

MMH was set up in the year 1896, about 126 years back by the initiation of Dr. Agnes Henderson who came from Aberdeen, Scotland to serve people. Initially, a one bed clinic was set up in 1891, which then turned into a 24 bedded maternity hospital to prevent mother and neonatal deaths during delivery. Currently, it is a 100 bedded multi-speciality hospital and has community health projects like a community care centre for HIV/AIDS affected, mother and child care programs for slums, mobile medical unit for 47 remote villages of Nagpur district, nurse led clinic for slums and health camps for both urban and rural areas. MMH covers Vidarbha region and patients come from neighbouring districts of Madhya Pradesh and Chhattisgarh.

In the pre -COVID-19 times, they continuously served people of urban and rural areas in terms of their community health and secondary level medical services through the main hospital and sub-centres in the vicinity of Nagpur district. They also have strong networking relations with NGOs of that region, that together work for the sustainable development issues of our society.

During the initial lockdown period, even the medical fraternity was experiencing fear due to lack of knowledge and experience in handling COVID positive patients. There were hardly any patients coming to the hospital and all their community health activities were shut down. MMH faced inconsistency in its services as the hospital staff became irregular. There was limited influx of patients other than those affected by the virus.



MMH conducted health check-up camps for frontline workers like police personnel, bus drivers, truck drivers, CSO workers etc. They provided medical services to migrant workers who were travelling by various modes, in and out of Nagpur. The hospital admitted and treated COVID-19 patients, especially during the second wave of the pandemic, from February to May 2021. In addition, they conducted webinars on awareness sessions related to COVID-19 and associated health complications. They also ran a vaccination centre within their premises.

One of the most pressing problems to address was the lack of oxygen cylinders during the peak of COVID-19. MMH struggled to arrange ample number of oxygen cylinders themselves. There was also a dearth of trained medical personnel including doctors, nurses, paramedics and support staff. To cater to all those in need, with limited number of medical personnel at the hospital, was also a humungous task. Along with this, since the hospital infrastructure and equipment were really old, it required urgent renovation and upgradation, to ensure safety of the patients. With regard to this task, they approached the local government and other authorities, but did not receive a timely response.





Post the second wave, the hospital established their own oxygen plant and a central line O2 system, to avoid a similar crunch in the future. Ventilators, oxygen concentrators and other necessary machines, were also installed.

Apart from the challenges related to providing services during the pandemic, certain internal complications also emerged. The hospital provided services with a low-income margin. Majority of their employees being frontline workers provided medical assistance, both inside the hospital and in the community. Despite their commitment, they were failed to be recognized by the state and central authorities and were remunerated way less than those in the government and private medical institutions. This of course, led to low self- esteem and decreased productivity amongst the staff members of MMH.

To meet the expected demand, MMH looks out for appropriate support from the state and the corporates, to capacitate MMH to employ required personnel and ensure sustainability of the institution. They look forward to achieving their mission to provide affordable and sustainable healthcare to the poor, with external support from other stakeholders.

Even after facing such critical roadblocks, MMH continued to serve the COVID-19 affected individuals and communities and overcame all barriers with utmost commitment..



## The National Youth Service Action and Social Development Research Institute (NYSASDRI)

NYSASDRI is a non-profit, non-Governmental organization based in Odisha, India. It aims at facilitating the establishment of a just and healthy society in which the poorest of the poor have the power to attain a better quality of life with equal access to, and control over resources. Since its inception in 1973, NYSASDRI has been committed to the implementation of social justice and the development of marginalized sections of society. It operates in the most remote and inaccessible areas of Central Odisha, where the area is tribally dominated and about 80% of the households living below the poverty line. Its development initiatives cover more than 5.2 million underprivileged persons, including women, children, small farmers, rural artisans, the elderly, the disabled, and the destitute.



With over 140 highly skilled human resources, NYSASDRI runs a number of programs. In remote areas with rural and tribal communities, it initiates sustainable socio economic development programmes, sets-up structures to ensure safe drinking water, provides sexual & reproductive health education as well as other non-formal education to girls,

ensures basic health needs, organizes income generation through micro-credit, offers disaster management and mitigation, and restores eyesight of the elderly and children concerned through Kalinga Eye Hospital & Research Centre (KEHRC). NYSASDRI also provides elderly care, support to people with disabilities, assistance for people with HIV/AIDS, malaria-prevention, local agricultural development, village infrastructure development and human rights promotion.

After being affected by COVID-19, it was observed that persons with visual impairment were amongst the most impacted group of people. This disability felt much more severe combined with the health impact created by the virus. Being unable to perform daily activities with ease, they were restricted further, even to go for a regular eye check-up, due to the lockdown. People suffering from cataract, those with glaucoma, children



with damaged or misplaced spectacles, were extremely helpless, as a result of the pandemic, due to restricted movement. With a motive to make eye care accessible and available at their door step, NYSASDRI managed by sending a technical team from their eye hospital to each house in the villages covered by them. During this screening, their team members screened all elderly people, migrant labourers, daily wage earners, children and all others who came to them for an eye consultation. They provided free visual examinations, consultations and even free treatment if required, while following the safety protocols of COVID-19. Arrangements were also made to provide and repair refractive corrected spectacles and transporting the emergency operable cases to their base hospital.

NYSASDRI Public School, now managed by the British Public School, shifted to alternative methods for teaching through online platforms such as, Zoom and Google Classes' application. All the enrolled 45 students were issued books and 13 students, regularly attended the online classes. Due to the lack of suitable devices and continued access to internet services, the remaining students were not able to attend the online classes.



The organization also provides post graduate courses in Masters in Journalism & Mass Communication and Master in Social Work, recognized by Government of Odisha and affiliated to Utkal University of Culture. However, due to COVID-19, physical classes were terminated, just like in schools and only virtual classes were going on. Although this shift was made early on, but it was not so easy to conduct virtual classes during that time of uncertainty and

fear. Most of the students were staying in their own villages, where internet connectivity was not necessarily available at all times. Therefore, connectivity was a big issue that the students and teachers faced while continuing education through virtual mode. Since the course subjects involved doing social good and communicating with the communities, the lecturers provided the students with an opportunity to conduct awareness drives regarding the pandemic and associated aspects.

Apart from these efforts, the staff members of NYSASDRI also conducted awareness camps for the community on COVID related protocols, masks were distributed to members of Majhi Sahi, Bana Sahi and Saptasajya Panchayat. In addition, vegetable and seedling kits were also provided free of cost in Kusapada and Khanda village towards their livelihood.

They were also involved with helping the people living with disabilities. They believed that providing services to this group was more important post-lockdown because of negligence, combined with inaccessibility to healthcare and rewarding employment. A large class divide became increasingly visible in the lockdown. Awareness was raised amongst these people and even sanitation materials were supplied free of



The delighted beneficiary from the micro credit programme.



cost to them. In an effort to make them self-sufficient, micro credit options were provided to unemployed or low-income individuals who otherwise would have no other access to financial services. Proper monitoring was ensured to regulate the appropriate utilization of these credits.

The team also distributed hygiene and cloth kits, sponsored by Plan International. The cloth kits consisted of one saree, petticoat and blouse and the hygienic pack consisted of a tooth brush and paste, bath soap, comb, rubber slipper, mask and hand sanitizer.

However, just like every other organization, the biggest challenge for NYSASDRI was to retain human resources. Most of the staff members were scared to come out of their premises and work in the field. However, despite the restricted movement and fear of death, NYSASDRI was able to provide services to those in need. Their efforts were indeed commendable! The organization aims to develop a self-sustainable model in the future, to surpass every obstacle that comes in its way.



**VicenteFerrer**

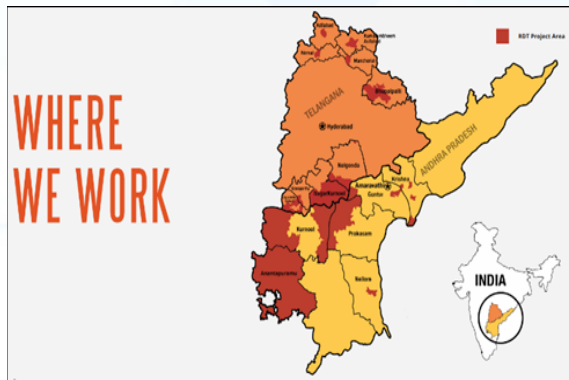
## The Rural Development Trust (RDT)

**Rural Development Trust**

**RDT** is a non-religious, non-political development NGO working since 1969 to improve the quality of life amongst rural communities in India. With a special emphasis on children, women and people with disabilities, they implement integrated development programmes designed to ensure access to quality education, primary healthcare and hospitals, housing and infrastructure, ecology and sustainable livelihoods. It also supports the empowerment of tribal communities and aims to hone the potential of children and youth through sports and cultural activities.

RDT was founded by Dr. Vincent Ferrer and Dr. Anne Ferrer in Ananthapuram District of Andhra Pradesh. RDT could reach out over 3 million rural communities in 3820 villages comprised by 3574 in Andhra Pradesh and 181 in Telangana.

RDT's Vision is "A Caring, Just and Equitable Society", while 'Empowering Rural Communities in India and supporting them in their struggle to eradicate poverty, suffering and injustice constitutes its Mission. "Concern for others", "Work beyond Duty", "Pursuit of Excellence" and "Reaching as many poor as possible" constitute the Dharma of the organization.



RDT started its journey with poor rural communities by being one with them, creating confidence, joining hands with them in their struggle against poverty and suffering, understanding their issues, facilitating them to look for opportunities and catering to their changing needs by gearing up itself to be a dynamic, permanent and creative organization. Its program interventions cover all the facets of development and aim at bringing equal opportunities and justice, thereby facilitating them to lead a quality life with identity and human dignity. Education for Transformation including art and culture, Women Empowerment, Habitat, Disability Inclusive Development, Community Health, Rural Hospitals, Sport for Development and Ecology and Sustainable Livelihoods, constitute the major interventions. It has 2650 trained staff with experience in their respective fields. It runs three Rural Hospitals, and an exclusive Hospital for Infectious Diseases. RDT implements integrated programs of development and various charitable activities covering disadvantaged communities with a low socio-economic profile.

As per the demand during the pandemic, RDT had converted its Rural Hospital at Bathalapalli into a COVID Centre, providing emergency health care services, including oxygen and nutritional care. The centre had treated 8,257 COVID positive patients up to September 2021. RDT arranged 277 beds, including 208 with an oxygen facility during the second wave. It earlier implemented relief, rehabilitation and reconstruction work in areas affected by natural calamities like earthquake, floods and tsunami in different parts of India. It geared itself up to meet the challenges, and involved in creating awareness.



The number of persons who had undergone COVID tests in their hospital was 22,251, of which 24% (5,239), tested positive. RDT provided a nutritious diet to its patients. They distributed 4,13,546 food packets, equivalent to Rs.1,44,74,110, to the needy families in the slums of Ananthapuram town, till 12<sup>th</sup> June 2020. In addition, RDT also provided 92,718 nutritious food packets (Rs.83,56,485) for 77 days to the COVID-19 patients, hospitalized at the District Headquarters Hospital. In addition, RDT supplied food grains and other essentials like blankets to over 1000 migrant workers/families who had lost their livelihoods due to the lockdown. It provided necessary material for survival and required equipment to COVID Centres in the district. Apart from providing counseling and an ambulance facility, it also distributed over 1 crore masks, mostly stitched by the local tailors, in turn providing them livelihood opportunities. RDT collaborated with the Government and CBOs/local bodies in creating awareness among various sections of people towards containing the virus.



OBG and NICU units were shifted partially to one of its campuses which used to be the Family Planning Unit, immediately. All other services except the DID (Department of Infectious Diseases), that provide services to HIV/AIDS infected persons within and outside the district were suspended in the hospital. The other two rural hospitals functioned continuously, providing necessary treatment and care to pregnant and lactating mothers and children.



When RDT Hospital, Bathalapalli was declared as a COVID-19 hospital, they faced enormous challenges within the hospital and in the society, due to social stigma and fear surrounding the pandemic. RDT's other programs/projects had to be suspended temporarily and the resources, both financial and human, were diverted towards fighting the virus. Cooperation from the district administration, general public/all sections of people, local bodies and CBOs strengthened the efforts of RDT, to render quality services to both infected persons and affected families. *The Government of Andhra Pradesh awarded and honored RDT, for its contribution towards combating the pandemic and providing health care and support services to the persons infected by COVID-19.*

Concern for others, especially for those in need, was the fundamental principle, that motivated the staff members, from the management to the ones working in the field, and RDT's credibility in rendering quality services was further heightened. Despite generalized recession, all over the world, RDT received ample, funding support from donors, both public and private, including individuals and institutions, within and outside India. Various beneficiaries, including farmers and poor communities also shared, both in kind and cash to the organization, and reposed RDT's faith. The doctors, nurses and technicians in RDT's hospitals, gained knowledge and skills to handle COVID affected patients.

RDT also collaborated with the government of AP by linking COVID infected people to AROGYA SREE, a government health insurance scheme. MISSION OXYGEN was launched, that helped in procuring modern medical equipment, to meet emergency situations, that made their hospitals more equipped.



In the process, four staff members of RDT including one cultural team leader, a community organizer, a driver and a maintenance worker lost their lives, while rendering services. Employees dealing with project activities, continued working from home, while a few central/area/regional staff members, irrespective of their cadre, continued providing awareness through various means, distribution of food grains, food packets and relief materials to the needy.

On a positive front, the hospital staff gained additional knowledge and skills to deal with the emergency situations. Battling the fear of infection and risking their lives, RDT's doctors and other hospital staff worked round the clock to cater to the needs of the patients. It was also an opportunity for their staff to improve their rapport with all government representatives and that helped strengthen its work in its project areas.

In the next five years, RDT visualizes expansion of their projects to unreached areas of Telangana and Andhra Pradesh and continue working with the disadvantaged communities there. It aims to venture into the following areas:

- Consolidating its work in existing areas, and focusing on gender, climate change, waste management and eco-efficient agriculture/horticulture, sustainable rural livelihoods and training of educated youth in foreign languages, computers and job oriented vocational skills, digitalization of inclusive schools and integrated watershed programs. Collaboration with the government and extending support to the government functionaries for the successful implementation of schemes for bettering the lives of poor communities.
- Consolidating Management Information Systems, improved monitoring and documentation by adopting latest technologies.
- Exploring funding sources within India and other nations, including Spain, Germany and US.



## Rajasthan Samgrah Kalyan Sansthan (RSKS)

RSKS is a grassroots Indian non-governmental organization (NGO), situated at the foothill of the Aravalli Range in the holy city of Ajmer in the state of Rajasthan. The organization was founded in the year 1992, by a group of young sensitive youth in the interest of the society. RSKS India is a pioneer in promotion of Women Empowerment, Sustainable Livelihood, Girls Education, Gender Equality, Disability, Disaster Recovery & Management, Child Rights & Welfare, Agriculture & Livestock, Environmental and Water issues for the marginalized & deprived sections of the community. RSKS India has been granted the Special Consultative Status (2015) by the Economic and Social Council (ECOSOC) of The United Nations.



Before COVID-19, RSKS had mostly worked on themes, in which public gathering was required. However, due to the pandemic and the lockdown, everything came to a halt. Therefore, the team of RSKS started conducting door to door surveys, to avoid public gatherings. They also provided the community with food, while following all the COVID-19 safety protocols. Earlier, most of the work was done by meeting the beneficiaries physically but, post the crisis,

it also changed and the RSKS team had to do consultations through online medium or through phone calls. Most of the regular projects on education, sustainable livelihood, etc. were stopped immediately as the focus shifted to COVID-19 humanitarian relief work.

RSKS organized many programmes to mitigate the risk related to COVID-19. Some of these programmes were as follows: -

1. RSKS India made more than 1000 COVID-19 & vaccination awareness wall paintings in more than 150 villages. They were able to create awareness amongst more than 50,000 rural population, with the help of this initiative.
2. RSKS India distributed medical kits to more than 300 government hospitals across 5 districts. These medical kits included PPE kits, cloth masks, sanitizers, safety head cap, examination gloves, nebulizer, surgical mask, BP machine, doctor's apron, face shield, etc.
3. More than 18,000 hygiene kits were also distributed to rural, marginalized, nomadic, and migrant families, which benefitted



approximately 72,000 people. This hygiene kit included reusable washable cloth masks, sanitizers, vitamin-C tablets, bathing soaps, washing soaps, sanitary napkin and essential materials.

4. RSKS India team members organized COVID-19 & vaccination awareness workshops, at more than 200 different locations, with more than 15,000 nomadic, rural population, farmers, migrants, daily wage earners and others.

Certain problems did certainly come up while running these programmes. However, all of them were sincerely addressed and resolved with the help of the extremely motivated staff members: Some of these obstacles faced were:-

- The field staff was not necessarily digital friendly.
- Restrictions on mobility also hindered smooth operations.
- The increasing numbers of COVID-19 positive cases in their area was a matter of concern and risk for the field staff.
- Inability to gather people and conduct necessary efforts for COVID-19 mitigation.

In order to overcome these obstacles, the senior team members started contacting each employee through phone calls and video calls to motivate, train and counsel them. This resulted in a highly motivated team and they did excellent work during the peak of the pandemic, yielding maximum results.

All the RSKS team members became acclimatized to a variety of means to function, including online tools, communication skills and introduction of work from home facility. The field workers became comfortable with digital tools, the senior team members were introduced to working from home, and were able to finish their tasks from anywhere. The employees developed a whole new perspective and respect towards working for social causes and the society, and most importantly a passion.

For their remarkable contribution and success in mitigating COVID-19, RSKS received many awards & appreciation letters from the local hospitals, Gram Panchayat, SDM and schools.





## Kadam Jan Vikas Sanstha (KJVS)

KJVS was conceptualized in the year 2002 by like-minded social activists and the organization was registered in 2004 under the Societies Registration Act, 1973. The organization is working since then, for the development of the most backward and poor community of Gwalior Division. The organization has been working on many major issues since the last two decades, like sustainable livelihood, food security, malnutrition, community organization, women empowerment, gender inequality, public health, wellness, education, etc. In addition, mental health awareness is being created by the organization since the last four years, to prevent the increasing trend of suicide in the work area, especially among the youth, women, and school students.

The organization used to run many programmes for the wellbeing of the people of the Shivpuri district in Gwalior, Madhya Pradesh. However, the pandemic created a strong impact on the operations of the organization. As a result of the lockdown, the community that the organization worked in, experienced loss of employment, lack of financial resources to arrange even basic food for their families, loss of livelihood opportunities for daily wage earners, health problems and increased dependency on the organization.

Post COVID-19, the mental health of the beneficiaries was also severely affected, which became a roadblock in the organization's efforts to create awareness amongst the community members. Necessary changes were made in the capacity and ways of work. Since, physical meetings were disallowed, awareness was created by meeting the beneficiaries individually, following all the COVID-19 safety protocols.

As part of the organization's COVID-19 relief services, the following activities were performed-

- Awareness programmes
- Dry ration distribution
- Skill development at the local level to promote self-employment
- Awareness building on online FIR generation, during the lockdown
- Sanitary pads distribution amongst teenage girls to promote menstrual health
- Application to work under the MNREGA scheme
- Setting up kitchen gardens
- Teachers and counsellors for adolescents
- Building an embankment

However, difficulties were faced in carrying out the relief work due to lack of resources because of increased demand and administrative restrictions in the work area. The selection of eligible beneficiaries in the work area became a very challenging task, as the resources were limited and the number of beneficiaries was much more. In addition, the employees and field workers were continuously at risk of getting infected by the virus themselves.

To align the organization's agenda with those in need due to the pandemic, the activities were restructured and the staff members were counselled and trained with respect to the changing context, both internally and externally. Since the COVID massacre, the employees have become far more aware of their health and personal needs, and follow all suggested norms and practices while working in the field.

In the next five years, the organization aims to expand its work areas, build partnerships with more significant players in the sector, create employment opportunities for the target community members to ensure their sustainability, in case of any crisis in the future. The organization also aims to become a strong platform for victims of violence against women and depleting mental health.



## S M Sehgal Foundation (Sehgal Foundation)

Sehgal Foundation was registered in the year 1999 with the goal to improve quality of life of rural communities in India by addressing critical issues concerning agriculture, water management, citizen participation and infrastructure of government schools, with a special focus on the empowerment of women and children.

Sehgal Foundation is operating across eleven states, including-Andhra Pradesh, Bihar, Haryana, Himachal Pradesh, Karnataka, Madhya Pradesh, Maharashtra, Punjab, Rajasthan, Telangana, Uttar Pradesh. It has transformed lives of more than 3.6 million people, in more than 1700 villages, giving them hope for a brighter future.

Sehgal Foundation's community-led development approach is interdisciplinary and integrated to help eliminate poverty, aligning to the Sustainable Development Goals.

The four key programmes of the organization include:

- Water Management
- Agriculture Development
- Local Participation and Sustainability
- Transform Lives *one school at a time*



Outreach for development and women empowerment remains a cross-cutting theme in all their programmes to ensure reach and inclusion.

The pandemic, however, led to changes in the approach of their work to ensure seamless implementation despite on-ground challenges. Post COVID, Sehgal Foundation's focus strengthened across the following domains:

- Introduction and expansion of digital literacy at the school and community level to build capacities and connection.
- Installing handwashing stations in schools and communities
- Relief activities such as distributing dry ration and medical supplies
- Programmes on the Sehgal Foundation's community radio Alfaz-e-Mewat, to promote vaccination
- Creating linkages between the government departments and local community by means of the local community media platforms and community radio
- Focus on resilience activities post the pandemic.







With the help of donors and partners, Sehgal Foundation distributed COVID-19 relief material across its intervention states. Over 350 oxygen concentrators, 8,500 PPE kits, 75,000 gloves, 11,550 liters of sanitizer, 82,000 surgical masks and 3,000 N95 masks were provided for frontline workers and medical staff. Distribution of dry ration during the lockdown and thereafter to rural families in Bihar, UP, Andhra Pradesh and Haryana, was done. In addition, the foundation managed their community radio channel Alfaz-e-Mewat,

playing in Nuh district, which eventually became a platform for the medical authorities to reach out to the community and answer their concerns through IVRS.

The lockdown created hindrances in the movement of the staff; special permissions were taken to be able to reach out to the community. Distribution of relief material and safety of the Foundation's team was a challenge during and post the lockdown. Initially, similar challenges were faced by the community RJs, as continuous broadcasting was a must to disseminate information to the community members. Lack of knowledge about digital platforms was another challenge for the strategic team to keep in touch with the ground team; which too was resolved, as digital trainings were provided and relevant skills were adopted fast by all the village staff.

Despite multiple problems, the Foundation paid full salaries to the team during the crisis and the donors/partners with whom the Foundation worked, continued to support with the predefined fund commitment. A few partners provided additional funding for relief and medical supplies and priorities changed, owing to the needs of the community.

Since the Foundation focuses on food and water security, these programs were aligned to the needs during and post the pandemic, and further got strengthened. The introduction of digital and e-platforms provided a new opportunity to further strengthen their operations. COVID-19 provided an opportunity to undertake capacity building of the team. Digital technological solutions were adopted to ensure continuity of the work. Employee safety was ensured through a special health policy, flexible work timings and work from home facility. Preventive kits with masks, and hand cleansers were given to all the employees. All these measures, made the employees feel confident and safe to deal with the situation and continue with their activities.



As they say, "when the going gets tough, the tough gets going". The pandemic has taught the team of Sehgal Foundation to adapt to the changes and take quick actions. The next five year's plan is to continue to work on resilience and strengthen its core programmes, scale up the operations in more villages, so that a greater number of rural communities can be benefitted. It aims to integrate new strategies and new activities to mitigate the adverse impact of climate change and integrate digital platforms in all its programmes.



## Socio Legal Aid Research & Training Centre (SLARTC)

Socio Legal Aid Research and Training Centre began its journey in 1981-82 from a small space provided by the international NGO Oxfam, in its office premises. In 1983, the organization was registered under The Societies Registration Act 1860. It was able to connect with 35 lawyers who agreed to associate with SLARTC and provide legal aid free of cost.

The mission of the organization was to provide free legal aid, create awareness on legal rights, working to protect the rights of women and children, education for children, empowerment of women and working towards upliftment of the children and youth. SLARTC covered six districts, including North 24 Parganas, South 24 Parganas, Murshidabad, Purba Midnapore, Nadia & Kolkata in the state of West Bengal.

SLARTC is running a sponsorship project in the rural area of Barrackpur, North 24 Parganas. The goal of this project is to make everyone living there “Free from Poverty”. The project is basically for underprivileged and socially challenged section of the society.



The organization also organized a campaign and clarified in detail, the difficulties faced by the children and their families especially “when children and youth are on the move” –may be a missing child during migration, child trafficking, sexual abuse, unsafe living conditions and lack of educational opportunities. The institution provides counseling, repatriation, rehabilitation of trafficked victims, skill development programmes for women and youth, awareness creation on women and children rights.

In SLARTC’s case, however, not much changes with respect to the scope of their work, during the COVID-19 induced lockdown. Apart from their usual activities, they created awareness towards using face mask, hand sanitizers, maintaining a safe distance and published leaflets on safety precautions to be taken by the people, against the virus. SLARTC also distributed masks, sanitizers, soaps, hand washes, supplied dry ration to the poor and migrant families. A hundred smart phones were also distributed amongst the youth group members.

One of the challenges that the organization combated, while providing relief services, was the lack of understanding within the community members, with respect to the severity of the pandemic. The beneficiaries hardly bothered to use face masks and sanitizers, leading to a sharp rise in COVID-19 cases in their areas. However, with the help of SLARTC's team, they were able to convince the community members to follow all safety precautions. Another difficulty was to travel to the target areas during the lockdown. Staff members who were dependent on public transport, found it troublesome to find means to reach their desired destination. On many days. They had no option but to walk for kilometres together, to reach where they were intended to.

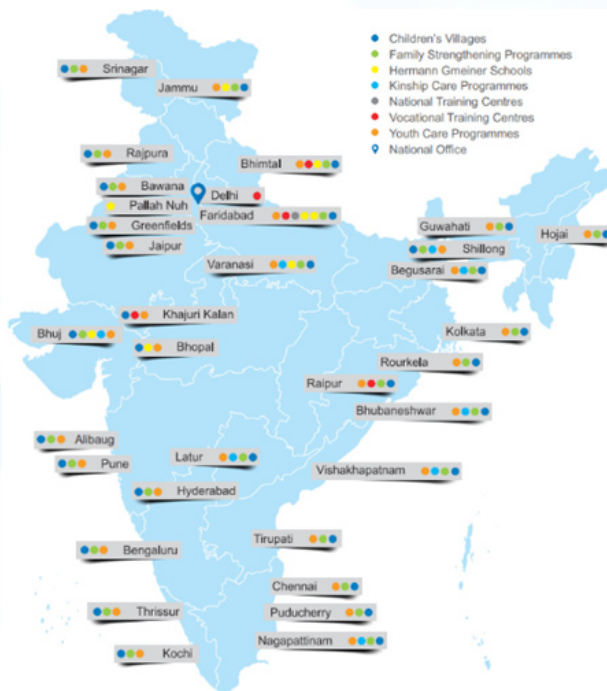
The pandemic also negatively affected the funds of the organization. As a result, SLARTC had to cut down on certain services. The organization wishes to explore and secure more funding in the next five years, to sustain their efforts for the community and their rights.



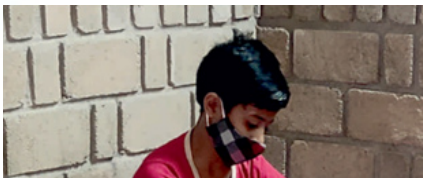
## SOS Children's Villages of India (SOS)

SOS Children's Villages of India was set-up in 1964. The parent body, SOS Children's Villages, came into being in 1949. Care, Nutrition, Preventive and Curative Health Care, Formal and Informal Education, Skilling, Livelihood, Capacity Building, Child Safeguarding, Child Participation and Emergency Childcare, are amongst the top priorities of the organization. SOS runs a Family Like Care Programme in 32 states / UTs and a Family Strengthening Programme in 31 states / UTs, across India.

For over five decades SOS has provided, and continues to provide, children without parental care or at the risk of losing it, a value chain of quality care services that goes beyond childcare alone, ensuring comprehensive child development. Its long-term customized care interventions such as: Family Like Care, Family Strengthening, Kinship Care, Short Stay Homes, Foster Care, Education & Youth Skilling, Emergency Childcare and Special Needs Childcare, are aimed at transforming lives and making children into self-reliant and contributing members of society. It empowers vulnerable families in communities to become financially independent, thereby enabling them to create safe and nurturing spaces for children under their care.



With the onset of the pandemic, SOS's focus shifted to:

- Generation of awareness about prevention against spread of the virus,
  - Providing Healthcare, especially mental healthcare,
  - Continuity in supply of essential items,
  - Sustenance of livelihoods,
  - (Enhanced focus on) Child safeguarding and protection,
  - Skilling, reskilling and upskilling,
  - Creating short stay homes, child care centers, COVID-19 first line treatment centre, etc.
- 
- A young boy with dark hair, wearing a black face mask and a red t-shirt, is sitting cross-legged on a colorful, patterned rug. He is holding an open book and looking down at it. The background is a wall made of light-colored stone blocks.



- Providing support in terms of education material, tutorials, hygiene and medical kits, ambulance services, medicines, financial etc.



Loss of lives and livelihoods resulted in unfathomable challenges. Abandonment of children, specifically, had been on the rise, besides other social challenges that children and caregivers had been facing. The need to, therefore, step in quickly and effectively was, and remained critical, and SOS

understood this early on, immediately after the pandemic struck. Awareness campaigns served the need for generating the much-needed information on COVID-19 prevention protocols. Partnerships and collaborations ensured supply of essential items such as dry rations, hygiene kits, and medical support (including medical kits and ambulance services). In addition, psycho-social support was extended to retain, and subsequently enhance, emotional and mental wellbeing. Children were engaged in creative and meaningful activities, like learning a new form of art/craft and skill; online courses helped reduce the disruption of education. Another important intervention was the sustenance of livelihoods. In short, SOS's Basket of Care Solutions metamorphosed into specific and customised solutions to meet the needs of the hour: Short Stay Home, Emergency Child Care, Kinship Care and Family Strengthening Programmes served as important tools to reach out to not just immediate beneficiaries of respective programmes, but to all members of communities, who stood in need for help. The objective remained to reach out with quality help, as far and wide as possible, and this continues to be the case even today.

As the pandemic edged away, and new challenges kept surfacing, the need for skilling, upskilling and reskilling became clear, especially since job markets had undergone drastic changes. Minimizing the disruption of education during the pandemic, reducing the digital divide, ensuring the quality delivery of 21<sup>st</sup> century skill sets through creative and innovative pedagogy served, and continues to serve, as the basis for ensuring a better today and brighter tomorrow for children. Through their Youth Skilling Programme, they ensured that youth are empowered via vocational training or skilling towards productive employment. This is supported with a gamut of other skills such as soft skills, communication skills, character building and IT know-how. In fact, vocational training has now become a part of schools via specially designed and integrated curriculum.



In addition, skilling served as important pillar for the FSP, wherein caregivers were empowered through Income Generation Activities and Self-Help Groups to helm their households towards brighter futures.

A certain set of challenges derailed the organization's work, like the others:

1. The second wave of the pandemic proved to be even deadlier than the first, and resulted in very high mortality rates, across India. More stringent restrictions and longer lockdowns were imposed in communities making some of them completely inaccessible; activities, in some cases, had to be completely shut down.
2. Due to the impact on the economy worldwide, a number of youth-based skilling programmes were badly affected and several trained youths were not able to find employment; some lost their employment. Lockdowns affected the organization's capacity building and community participation activities. The teams on ground were not able to conduct many planned activities in the communities; organizing virtual sessions with children and caregivers was also very difficult due to unavailability of smartphones (the case with most beneficiaries).
3. The education of children was compromised due to closure of schools, pan India. This disruption again raised questions on how to keep children actively, creatively and productively engaged. Moreover, not all the families in the communities had access to smart phones and internet, therefore communication at times, did break down, and education of children was impacted, since holding online classes was tough.
4. Many myths and misconceptions related to vaccination drives, coupled with travel restrictions and social distancing made it difficult for the teams on ground, to reach out to beneficiaries and encourage them to get vaccinated.
5. Employment and enrolment of youth in vocational courses was challenging; most of the institutes remained closed during the pandemic.

The pandemic also impacted the employees in the following ways:

- With the pandemic came the lockdowns, that hugely impacted not only the economy and its nuances, but also emotional and mental wellbeing. Restriction of movement, confinement, disruption in social lives, decrease in face-to-face interactions, and many such related factors resulted in anxiety, stress, anger, depression and other such emotions. SOS stepped in with EmoAid. EmoAid is a self-care programme that equips the participants with techniques they need, to develop a First Aid Kit for their emotional well-being.
- The shift to WFH was not easy, as was the shift back to WFO. Approaches, processes and targets had to be re-thought, re-analyzed, and re-defined, so as to make the transitions as smooth as possible. Support and cooperation were stepped up, where needed and possible.
- On-ground activities, physical interactions and travel took a severe hit; alternatives had to be worked out, and fast, so as to prevent escalation of stress and frustration due to disruption of work processes and outputs.
- Digital connectivity, technical challenges, switch to the virtual mode demanded training, discussions, effort, time and patience.
- Regular connect was ensured to mitigate challenges, as they came.





In the next five years, SOS aims to enhance its impact – qualitatively and quantitatively. Its focus will be more on result-based monitoring and evaluation. Sustainability of programmes, against defined parameters, where applicable, will be a target. SOS aims to increase the number of youths, under the youth skilling programmes, and ensure their employment, with an average monthly income of INR 11,000-15,000 per month, to begin with. Automation of processes and data to improve quality and efficiency of the work will be a priority. In order to implement programmes, that are suited to local needs and requirements, addressing pressing challenges with creative, innovative and customised

solutions, will be focused on. Becoming a technology-driven and future-ready organization, with the objective of enhancing efficiency, will also be at the forefront. For ensuring sustainability, the 'Re' factor: re-looking, re-understanding and re-designing (where needed) organizational designs and orders, enabling higher efficiencies, will be adopted.



## URMUL Rural Health Research and Development Trust

URMUL Trust was set up in 1984 and started functioning in 1986 at URMUL Bhawan, Rajasthan. In its journey of 33 years, Urmul has been working in all the major districts of Western Rajasthan, Bikaner, Jaisalmer, Jodhpur, Nagour, Churu, Hanumangarh and Sriganganagar.

In the harsh and inhospitable regions of rural Rajasthan, in the Thar Desert, Urmul Trust has been innovating models for inducing community-driven socio developmental changes by devising programmes, strengthening them, sustaining and finally handing them over to the communities.

Urmul's work is guided by the spirit and trust placed in people's capabilities to bring about the much-needed social change with their efforts. Most of the work is focused on vulnerable and marginalized sections of society, especially, women and children.

Food, Fodder and Water securities are major concerns including disaster mitigation. Women's socio-economic empowerment, capacity building, improving access to basic services, education, early childcare & development, and child rights issues are few concerns addressed. Urmul recognizes and acknowledges the strength of youth and their role in the development of any society and collaborates with 10,000 youth for their capacity building using awareness and right-based approaches.

URMUL has been working on the following scope of areas;

- Health – delivery, advocacy, public policy
- Education – access & quality
- Livelihood – farm & nonfarm social enterprises
- Gender - equal opportunities
- Veterinary, Animal Husbandry
- Governance: Panchayati Raj
- Advocacy, policy planning



As COVID-19 arrived, the major impact on Urmul's work was lack of human resources, as the staff and volunteer were working from home. Another issue was losing many core members and resource persons due to individual constraints, the organization was pushed backwards. The absence of public transportation, as per the COVID-19 guidelines issued, was one of the bottleneck for their interventions.



URMUL's team was the first responder to the COVID-19 pandemic in the year 2020, in their areas of intervention. Working in the remotest of villages spread across Bikaner, Jodhpur, Nagaur and Jaisalmer districts of Western Rajasthan, URMUL has been at the forefront for swiftly responding to the crisis. In the first and second waves, the URMUL network of organizations distributed over 2 lakh masks in the region, provided support to

the government bodies by distributing 400 PPE kits, supported over 21,000 individuals with

ration and hygiene kits, and provided veterinary support to over 10,000 animals in Bikaner, Jaisalmer and Jodhpur districts.

URMUL provided urgent support to artisans and their families during the initial months of the pandemic, across 32 villages of Bikaner district, including 1500 direct and 3500 indirect beneficiaries. The team also provided livelihood support to marginalized farmers, ensuring enhanced income during the pandemic, in 11 villages of Bikaner. This initiative benefited 345 farmers directly, by providing dairy and agri support in the form of milk, seed distribution, milk testing equipment and hydroponics support for livestock fodder.



URMUL also provided necessary support to vulnerable children and their families in 32 villages of Bikaner, accounting for 5000 households. They provided medical and ration support to the families connecting with them through their helpline, which was available throughout the day. Managing available resources and supporting migrants for rebuilding and repairing of the rainwater harvesting storage tanks and community water pond in 5 villages of Pokaran and Jaisalmer, was another initiative. This also helped the herders to treat animals in the health camps conducted during that period. Sanitary napkins were also distributed in these villages.

In addition, mitigating miseries of migrant families with children, to survive the pandemic in 13 villages of 5 Gram Panchayats in Osian block, Jodhpur district, the team provided ration and hygiene kits to 1, 939 individuals, educational kits to 1, 089 children, and 1, 800 masks were stitched by 12 women and girls in the region.

With the onset of the pandemic, safety of the team, including those going to the field for the relief work, became crucial. Amidst the crisis, the team found it challenging to identify farmers who were open to innovating their regular animal husbandry practices. Another challenge faced, was remote training, procurement and installation of the identified technology. Lack of transportation and COVID-19 restrictions, forced them to step back at times. The most challenging task was interacting with certain community members, and break through their fear of the virus. One of the major impact of the pandemic on their work was the lack of interaction with their institutions and collectives. Inability to regularly implement their programmes in villages had affected the sustainability of their projects.

A ray of hope amidst all the darkness was that the employees started taking their own health seriously, waste management practices in the URMUL premises improved, and the employees could take out some personal time for themselves and their families, which is often lost in our regular lives.

The pandemic gave the organization a few very important lessons:

- Always be prepared for any kind of uncertainties
- Always have an alternate plan and build a strong and skilled team to implement it
- Give importance to holistic health of the employees, at all times, regardless of any such calamity.





## Utthan

Utthan's journey began in 1981, when four women chose to work in the desolate Bhal region of Gujarat, helping marginalized communities to self-organise around critical livelihood issues and develop local leadership. Utthan, which means 'upliftment' in Hindi initiated a people's movement comprising a large number of women and youth, to address their rights to regular, safe drinking water, protecting and accessing common land for their livelihood security, challenging patriarchy, feudal exploitation and caste discrimination at local levels. In the process, Utthan facilitated the formation of a community-based organisation known as Mahiti (knowledge), which has been a local force since 1994.

Utthan's mission is to initiate sustainable gender sensitive, grass root processes of empowerment amongst the most vulnerable communities; through a process of inclusion, building conscientiousness, and organising around their major issues.

Geographically, it caters to the following areas:

Outreach Description	In Gujarat (Bhavnagar, Bharuch, Amreli Dahod, Panchmahals)
<b>Total District</b>	6
<b>Total Block</b>	19
<b>Total Village</b>	269
<b>Total Population</b>	13,75,962
<b>Total HH</b>	1,94,409

Utthan's working model addresses the issues of the most marginalized through a decentralized structure consciously engaging local, committed women and men who lead operations and partake in decision making. It has forty years of rich experience at the grassroots in Gujarat. Participatory situation analysis of challenges in intersectional contexts provides the appropriate base for building community agency, strengthening leaders & institutions in collective prioritization & planning. Employing people's knowledge and new innovations helps demonstrate best and brave practices contributing to building a body of Utthan learnings for sharing and exchange. Strengthening of its own team, networking and partnerships with Government & non-Government stakeholders contributes to growth and influence.

COVID-19 magnified the impact on vulnerable communities on whom Utthan's work was focused. With consequent waves of the pandemic, those who had barely started tying some threads, were once again faced with a situation, more complex than before. Utthan's priority groups were thus, in a more precarious situation. It became important to address these issues so that the negative impacts could be minimized.

Utthan was able to swing into a multiple support response due to the very dedicated community leadership at village, block and district levels. Its local base, network and strong field team, put it in extreme hard work to successfully implement a large scale of relief work activities, throughout the lockdown and restrictions. Having created basic awareness for COVID-19 prevention, provided emergency as well as intermediary relief support to the most

vulnerable families in 100 villages. This provided Utthan, the scope to influence people's beliefs around the need for complete vaccination and influence behaviours to prepare for a possible next wave, in the proposed 80 villages. Multiple relief kits were provided to over 60,500 families.

Thirty-one team members of Utthan & community fellows were trained online, to better understand the COVID-19 disease, prevention, care and response for a safe roll out. Awareness on COVID appropriate behaviour was provided through community influencers and a 1000 COVID response volunteers from 106 villages were further trained. 106 villages were provided with basic safety and diagnostic equipment like oximeters and thermal guns & were trained to use them. Gram Panchayats were supported to understand the importance of activating COVID Community Care Centres. However, building their confidence to efficiently use these centres remained a challenge. Utthan provided relief support in multiple forms to emerging needs in 235 villages, keeping in mind the principle of Social Solidarity Enterprise model.


Utthan leveraged diversity, equity and inclusion in building local resilience to the crisis. It followed the principle of 'employing and deploying' locally available resources, knowledge and networks, to boost social solidarity between households and energize the local economy.

They used the following approaches while distributing kits and providing support:

- **Rural community-centered, gender responsive approach in procurement and distribution**
- **Prioritizing the most vulnerable when directing relief and livelihood support**
- **Building alliances with different stakeholder groups for effective interventions**


**Rural community-centred, gender responsive approach in relief procurement and distribution: PEOPLE TO PEOPLE SOCIAL SOLIDARITY MODEL**

**Immediate support, local procurement, money circulation: Food grain and masks distribution**



Food grains for relief purchased from local women farmers.


**INR 15,09,000** worth of food grains were bought from 170 women farmers for the ration kits. Money was thus infused back into the local economy, into women's accounts. Comparatively, women got a 16% benefit by selling at their doorstep at a fair price & minimal drudgery.




Relief including food grains, soaps, masks and menstrual hygiene products were distributed to 12,292 rural households

Face masks worth of **INR 5,00,000** bought from 68 women tailors.

**Social capital building and boosting social solidarity**



Village community leader were mobilized. Youth and women from 55 villages were engaged as volunteers to support the process, also trained and equipped for COVID-19 prevention and care work.



Kitchen-garden kit including seeds & bio inputs to grow vegetables. Support to 9, 879 households led to nutrition for nearly 30, 000 households

**Scaleup and share the experience in Networks**

- Utthan shared experiences in the Working Group for Women & Land ownership, Inter Agency Group & Rapid Rural Community Response to COVID-19 (RCRC), the latter was featured as one of the top 50 last-mile responders in India (2021), in the World Economic Forum's [COVID Response Alliance for Social Entrepreneurs](#)

*Local procurement and share while building social capital within the community*

## Rural community-centred, gender responsive approach in relief procurement and distribution: PEOPLE TO PEOPLE SOCIAL SOLIDARITY MODEL



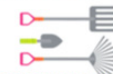
### Kharif & Rabi sowing & Organic input support

Seed support of local varieties to 6, 249 households. 2, 200 households were provided with organic input.

70% of seed support relief, gave double the returns. Decentralised Seed Banks were set up to store these seeds for next season and were further provided to more women farmers.

### Tool kit support

DISTRIBUTED TOOL KITS



3600 FAMILIES

Emergency Safety & Diagnostic Equipment & Awareness Support to Village COVID response groups, in 100 villages and 4 CHCs

Safety kits for Team & Volunteers	136
Vaccine awareness Banner	424
Vaccine awareness Leaflets	21200
Thermal Guns	312
Medicine kit	3180
Hand gloves	20600
Face shield	1060
N 95 Masks	15300
Surgical masks	10000
Sanitizers	2120
Oximeters	993
PPE Kits	750
Oxygen Concentrators	4

### Safety essentials

SOAPS  
20,100



MASKS  
79,100



SANITARY PADS  
27600



## Prioritizing the most vulnerable when directing relief and livelihood support



Vulnerable families were identified with the support of village leaders, Women Federation members and local government representatives. Vulnerability assessment was based on house type, control over private or public resources, impact on livelihood, families with disabled and non-earning members, and women headed households.



Livelihood support to marginal fishermen, small & marginal farmers, migrant families and livestock keepers.

Women members of coastal village groups also brainstormed on improving income-generation within existing work scope, as well as alternative income-generating opportunities.

- 78 artisanal fisher women and 32 women fish traders were provided with fishing nets and weighing scales.
- 1400+ women farmers, dependent on rain fed agriculture were supported with local seed and bio inputs for the monsoon crop and 230 farmers were supported for the winter crop.
- 17 migrant families were helped to set up rope-making units and 15 poor families were helped to sustain their livestock businesses.



Participatory and community led model of identifying "vulnerable" people along with building economic resilience through livelihood enhancement.

## Building alliances with different stakeholder groups for effective interventions



### Establishing a strong dialogue and feedback mechanism with the government



- A culture of establishing a strong dialogue and feedback mechanism with the Government was encouraged at all stages of the relief intervention.
- Support the government through participatory exercises & public disclosure of vulnerable households selected for relief distribution.



Linkages with government health cadre in the second wave, when there was a spike in the infection spread in rural areas and deaths from COVID-19, provided timely support in its prevention and treatment.



Data on gaps in accessing relief material like food ration, under government relief distribution schemes, provided by Utthan and village leaders to relevant government officials, helped several vulnerable households receive their entitled benefits.



Information on mandated relief and opportunities like the rural employment guarantee programme helped communities gain some income security.

An alarming rise in gender-based violence during the pandemic, the three Women's Federations provided counsel and support to 350 women and girls from April 2020 to July 2021.

Building alliance with the system to ensure full access to Government resources and facilities.



The leaders of Utthan, through evidence collection and raising critical issues with panchayats and the local government, supported Women's Federations in facilitating over 18000 applications towards the announced Government relief drives, multiple Government entitlements & schemes. The team also conducted a Collaborative Research as part of Rural Community Response to COVID-19 (RCRC). The highlights of the study were as follows:

### COLLABORATE TO UNDERSTAND, BRING OUT EXPERIENCES & EVIDENCES OF THE INTERSECTIONAL IMPACT OF CRISES

58-70% women shared that their household work burden had increased including care work. 56% women said that they work at farms had also increased. 60% of the Gujarat respondents were women.

*Gujarat data, RCRC Study, N=11000, 11 states, Jan 2021*

Highlights of findings from Collaborative Research as part of Rural Community Response to Covid 19 (RCRC)

What was previously 49% households earning less than INR 5000/ month pre-COVID, had increased to 79% in Gujarat, with similar results in different states. 60% of the Gujarat respondents were women.

*Gujarat Data, RCRC Study, N=11000, 11 states, Jan 2021*

#### Fear

70% women respondents expressed apprehension that lack of electricity made them feel unsafe & they were not aware when it would be restored.

#### Sexual & Reproductive Health

Women reported that they were using sanitary napkins pre-disaster. Sanitary napkins are not available in shelters and access to market is cut off. No supply of sanitary napkins from ASHA/AWW.

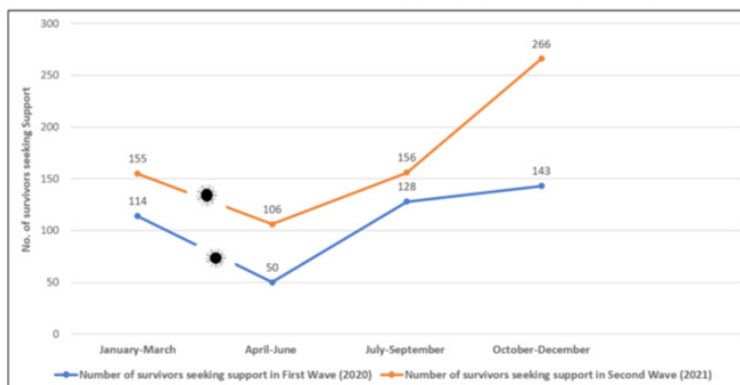
Women & girls using cotton cloth are suffering due to indufficient water to wash and space to dry the cloth which may pose health threats.

Source: CYCLONE TAUKEE JOINT RAPID NEEDS ASSESSMENT/URNJ REPORT, MAY 2021  
Inter Agency Gujarat, UNICEF & Sphere India



The members of the Women's Federation, were at the frontline all through the pandemic, in order to provide relief and create awareness. In this way, they were able to gain real time access to the situations in the community, as they were unable to hold group meetings in person. In the first wave, they were available telephonically with village leadership, Panchayats and some police officials. During the second wave, as the restrictions were a little relaxed, the officials could now physically meet aggrieved women. However, due to the fear of being infected, a major portion of consultations were still done over phone calls. With the data given by the Justice Committee of the Women's Federation and the Utthan team members, personal interviews were conducted with 16 women and girls, in collaboration with RCRC members.

### Ensure continuity of services & support by Federations' Quarter-wise Comparative Analysis of survivors of VAW/G seeking support of Five Justice committees



Note: Jan-Mar 20 (unrelated to Covid)

Sharpest rise observed in the category of "Physical and Mental Harassment/Violence"

The number of survivors seeking support increased significantly in the second-wave.



Women's Justice Committee, Alternative redressal mechanism

The members of the women's federation, tapped every opportunity they had to provide the best support. They used the pre- existing rapport with the men in the village to connect with & convince the Panchayats for their support during the relief work. They also used their connect with the village people to initiate a dialogue with the ration shop owners and health department officials. This helped them in increasing their outreach and expanding their ambit of providing relief of all kinds.

However, working in such tough situations, with permissions for limited movement, was definitely difficult. The fear of getting infected, amongst the community and the staff members, and the resulting impact on their families, was a huge challenge to overcome and continue services. Ensuring compliances & timely accounting – procurement, cheque transactions, short closures of offices due to infections etc., was extremely tedious, given the lockdown and its related restrictions. Even though a dialogue was initiated with the local ration suppliers, within the community, sourcing of the required amount of ration was a difficult task. In addition, due to shortage of the required number of personnel to cater to the magnanimous demand for services, created a problem many times.

The organization, however, did not face any immediate impact on its sustainability, as the donors were quite supportive. The ongoing activities were rethought and repurposed, to align with the current needs. With their donor's support, Utthan was able to carry out a lot of relief work. Efficient community leaders and donor retention mechanisms, in which the organization had invested over the past years, made it possible to ensure emergent, relief and rehab support to a large population. However, diverting the available funds did lead to cash flow issues initially, but eventually, everything fell in place.

The pandemic had certain negative and positive effects on the employees of Utthan as well:

#### Negative-

- Impact on Health: Several employees had to go in and out of isolation due to recurrent infection. The team also lost two of their employees to the virus.
- Impact on well being: Immense pressure to ensure relief material delivery, adhering to compliances in such trying times & constantly reworking strategies was quite stressful.



#### Positive-

- The team was introduced to many digital tools and softwares, which will enhance their work efficiency in the future as well.
- Each employee got a health insurance from the organization's side.



Anubhav Pratishthan Trust  
अनुभव प्रतिष्ठान ट्रस्ट

## Anubhav PratishthanTrust (APT)

APT came into existence through a very innovative programme of the SNDT University, Mumbai, under the Graduate Volunteer Scheme [GVS], initiated in 2009. The university developed a one-year programme, in which graduates from all courses, had to live and work in rural Maharashtra. This brought the students away from just classroom learning and get practical experience of the realities of the world. The programme helped the students understand the problems of the rural population and initiate efforts towards their development and upliftment. This led to the inception of a local organization.

After the completion of the programme, some of the students opted to stay in the villages and continue their efforts. Since GVS was working under the umbrella of the SNDT University, it was unable to provide monetary support to the students, any further. As a result, the staff and the students of the GVS, decided to get registered as an independent organization, Anubhav Pratishthan Trust. APT was registered in 2013, under the Bombay Public Trusts Act, 1950.

The organization worked for the development of the marginalized and deprived section of the society, including landless people, marginal, small farmers, women and tribals. It also worked to provide a platform for the young generation to start a youth led movement for rural development.

As and when the pandemic hit India, APT was involved in COVID-19 relief activities, since the beginning. APT coordinated with various CBOs and performed various need-based interventions for the community, reaching out to the neediest communities & marginalized groups.

Following is a list of relief activities, APT performed during COVID-19.

S. No	Types of Activities	No. of Beneficiaries/ Products
1	Awareness creation regarding COVID-19	19,240
2	Production of masks at local level	4,700
3	Preparation of sanitizers with 75% ethanol	4,500
4	Production of hand gloves at local level	2,200
5	Distribution of essential commodities	1,740
6	Production and distribution of natural liquid hand wash	3,700
7	Involvement of college students in awareness generation through use of social media	3,700
8	Distribution of food and grain packets at village level	2,240



9	Counselling to COVID-19 positive patients and their families	392
---	--	-----

Other than the above-mentioned activities, APT provided hand holding support to the medical and paramedical staff of the Primary Health Centre, Birwadi. In addition, while conducting vaccination drives, the APT volunteers helped in online registration and counselling, for those who had queries about COVID-19 and those, not ready to take the vaccination.

#### Summary of the vaccination drive conducted by APT

Sr. No.	Month	Dose I	Dose II	Total
1	September	6,406	3,459	9,865
2	October	3,879	1,498	5,377
3	November	1,281	1,380	2,661
4	December	1,625	7,691	9,316
5	January	1,025	4,397	5,422
6	February	607	1,550	2,157
7	March	764	304	1,068
Total		15,587	20,279	35,866



The vaccination drive covered community members who were above 18 years of age, senior citizens, disabled population, schedules caste and scheduled tribes. The break up of the target population is as follows:

Target Population	Male	Female
Population above 18 years	20,306	15,560
Senior Citizens	2,394	1,839

Disabled population	82	46
SC	110	106
ST	165	104



The APT staff did face many difficulties similar to those faced by other organizations, but just like the rest of the sector, they prioritized COVID-19 relief activities over their regular work, and supported the community in those tough times.



## Gramin Vikas Samiti (GVS)

GVS was established on 16 June, 1992. GVS is registered under the Society Registration Act, Madhya Pradesh 1973.

GVS actively works on child rights and child protection as well other child issues. GVS also works towards women empowerment, health & nutrition, upliftment of poor and marginalized, specially schedule caste and tribes. GVS has been working in the Bundelkhand region of Madhya Pradesh, in the Damoh, Panna, Chhatarpur and Sagar districts.

GVS has been working towards creating awareness amongst the target audience, regarding their rights, their responsibilities and the Government's responsibilities towards them. The approach is to adopt inclusive and empowering ways of working with the most marginalized groups in the society, to respect and promote equality. In the organization's experience, effective development requires building and maintaining long term relationships with people and understand their needs in a holistic manner. Thus, GVS emphasizes on a people centered, integrated livelihood approach and directing them towards adopting a facilitating role, developing local leadership, and supporting several pronged development projects.

As and when the pandemic arrived, and started affecting the CSOs globally, the financial resources reduced significantly. The motivation of the volunteers associated with the organization reduced drastically, as they were also scared of getting infected. Simultaneously, the demand for healthcare facilities, online education models, food and employment opportunities skyrocketed. The need for a sustainable livelihood increased. This is where the CSOs like GVS stepped in, to create a link between the community and the resources.

### GVS's Response to COVID-19 Crisis



**COVID-19 protocol compliance** consistently promoted adoption of healthy practices & ensured compliance across intervention area and stockholders in all operational areas



**Health Advisory** shared with teams, messages displayed at ground locations/remote areas and at key corners of communities through wall writing, posters, electronic media, and infographics



**Frontline workers** (Teachers, PRI, ANM, ASHA, AWW, CBO etc.) were sensitized to carry messages of preventive care to beneficiaries



**Hygiene Corner** in community and school premises have encouraged the adoption of healthy behavior

among children and these values transferred to families and neighborhoods



**Mental health support** provided at the ground level and has been accorded high priority. A medical counselor mobilized to offer support to the community ensuring that they stay positive



**Life Skilling** ensured greater inclusion, altered beliefs, practices, self-image and increased confidence



**Distribution of Masks and soap as a sanitizer** across project locations took initiatives of stitching masks to distribute across the remote areas and other stockholders including health officials and government bodies, which helped protect lives.





GVS worked actively during the pandemic providing the following services:

- Provided free ration to those in need, in remote areas, villages, slums in three districts of Madhya Pradesh, namely, Damoh, Chhatarpur and Panna districts.
- Provided masks and sanitizers to almost 20, 000 people.
- Linked around 45, 000 beneficiaries to the vaccination drive and helped them get vaccinated.
- Distributed 50 oxygen concentrators to District Health Department to address the immediate requirement of oxygen, saving thousands of lives at stake.
- Other medical equipment; 10 suction machines, 150 paediatric drip sets, 150 paediatric oxygen masks, medicines, IR thermometer, pulse oximeter and masks were also provided to the district health department.
- Supported more than 7, 000 children during the pandemic.



- Generated awareness regarding social distancing, hand washing, use of masks & sanitizers, vaccination etc.
- In order to prevent the people from the COVID-19 pandemic, GVS tried to build the capacities of frontline workers (Panchayati Raj Institution (PRI), teachers, AWW, ASHA and ANM), with respect to the COVID-19 virus.

During this process of providing relief services within their target areas, GVS was unable to procure required support from the Government, whenever required, as their own health equipment was already being utilized. In addition, many of the volunteers and staff did not necessarily have their own vehicles, and arranging public transport during the lockdown was not possible. This made it extremely difficult to reach the remote landscapes, in which services were to be provided. It was even difficult to bring the migrant workers back to their homes, due to absence of transportation. They could not cater to the sudden demand and lack of oxygen in the hospitals, immediately.

GVS sustained the difficult times the wake of many challenges. But the impact created by the pandemic was long- term. The resources available to the organization are still declining.

Even the members and volunteers of GVS are struggling to make ends meet, due to the resource crunch. This has led to the organization being worried about the future of their members, whom they cater to, and the needs of the thousands of beneficiaries, they work with. However, just like the organization was able to address the challenges during the pandemic and successfully, provide relief with limited resources, they will definitely find means to sustain as well.

In the future, GVS will be continuing its efforts for the betterment of the people belonging to the tribal, scheduled caste, women and children, slums and rural areas. GVS will work towards providing them with proper Health & Nutrition access and care and protection facilities for children. The organization will do so by collaborating with major players, working in similar areas, adopting new and innovative work models, investing in advanced technologies and train employees, members and volunteers to use them.







## About VANI

As a platform, it promotes voluntarism and creates space for voluntary action.  
As a network, it attempts to bring about a convergence of common sectoral issues and concerns for building a truly National agenda of voluntary action in the country.  
It also facilitates linkages of various efforts and initiatives of the voluntary sector.

*Disclaimer:*

*This document is supported by Agence Francaise de Developpement (The French Development Agency). However, the ideas and opinions presented in this document do not necessarily represent those of the AFD.*