THE SAFETY-NET

COVID-19 National Relief Response: Successful Strategies
ABOUT IGSSS

Indo-Global Social Service Society (IGSSS) is a non-profit organisation working with the mandate for a humane social order based on truth, justice, freedom, and equity. Established in 1960, IGSSS works for development, capacity building and enlightenment of the vulnerable communities across the country for their effective participation in development.

With its presence across India, IGSSS has set its thematic focus on promoting sustainable livelihood, building climate-resilient communities and livelihood systems, energising the youth as change makers, protecting lives, livelihood and assets from the impact of disasters, advocating for the rights of urban poor and developing cadre of youth leaders from the community and civil society organisations. Gender and Youth are underlining theme across all its interventions.

Our vision is to Help establish a humane social order based on equity, freedom, and justice in which human rights and the dignity of every individual is upheld. Our mission is to implement and support quality development programs across India to empower individuals and communities belonging to the poor, marginalized & vulnerable sections of the society with special focus on women and children.

Credits

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On 11th March 2020, the World Health Organisation declared the COVID-19 outbreak as a Pandemic which spread rapidly across the globe creating havoc. India had the largest lockdown. In 2021, India experienced the devastating 2nd Wave from March till May which completely overwhelmed the health care facilities. Catastrophic scenes were played out in real time with hospitals running out of beds and oxygen cylinders.

In April, IGSSS repurposed its developmental work into a massive National Relief Response across its intervention areas both Urban and rural. The Response aimed to provide multi-sectoral assistance (Food Security and Nutrition, WASH, Livelihood, Health care sector) to the socially and economically excluded communities (mainly COVID impacted families, migrant returnees, informal workers, Dalits, Tribal, transgender, women headed households, person with disabilities etc) to recover from the COVID 19 pandemic and lockdown. The main challenges were inadequate Health Care Infrastructure, lockdown restrictions to stem the spread of contagion, livelihoods, access to food and misinformation around COVID-19 and vaccinations.

The Intervention worked at three levels: Community Level, Strengthening the Health Systems, Coordination and Convergence with the Government Institutions and CSOs.

IGSSS through its National Relief has reached out to 18, 85,746 Individuals, 4, 59,308 families across 77 districts, 1260 villages, 347 urban informal settlements in 17 states & 2 UT.

This was possible due to the initiative, quick thinking, courage, and enormous dedication shown by IGSSS staffs, numerous volunteers, counsellors, and the community themselves.

The entire relief response has generated enormous learnings for IGSSS, and this document encapsulates some of the successful strategies undertaken in the National Relief. These will add to IGSSS’s experience as an organisation working for Humanitarian Response and Disaster Risk Reduction as well lend strength to its developmental work as the disasters facing the planet are on the rise in severity and frequency with new emerging disasters as well.

This document is dedicated to IGSSS staffs, field teams, volunteers in rural as well as urban spaces who have worked tirelessly in this relief response, often at a risk to themselves. Finally, deep appreciations to the Community who have inspired us to work better, encouraged us and provided us lending hands and at times, led the relief response in places we could not reach.

In Solidarity,

John Peter Nelson
Executive Director
IGSSS
As the COVID-19 pandemic swept India leaving devastation in its wake, health professionals, civil society organizations, community groups, youth, administration, agencies and countless individuals rose to the occasion and provided vital support.

These spontaneous efforts weaved together a gigantic safety net to the countless needy. IGSSS is humbled and very thankful at being able to play a small part in this humanitarian response.
CLICK ON THE BUTTON TO GO TO A SPECIFIC SECTOR

- Immediate Relief
- Public Health
- Livelihood Support
- Entitlements
- Networking & Collaborations
- Inclusion
- Monitoring Evaluation
- Accountability & Learning
- Research & Publication

Click on the button to go to a specific sector.
IN THE SECOND WAVE OF COVID-19 PANDEMIC IN 2021, IGSSS REACHED OUT TO **18,85,746 INDIVIDUALS**
**4,59,308 HOUSEHOLDS**

**17 states & 2 UTs**
**77 districts**
**652 gram panchayat**
**1260 villages**
**347 urban informal settlements**

**HUMANITARIAN RESPONSE Sectors Covered**
- Food Security & Nutrition
- Cash Grant
- WASH & NFI
- Online Counseling & Psychosocial Support
- Public Health
- Research & Publication
- Livelihood Support
Key Areas of Intervention:

01 Community Level Intervention
    Immediate Needs, livelihood, Community Health

02 Strengthening the Health System

03 Coordination & Convergence with Govt. & CSO

04 Prevention

05 Protection

06 Community Mitigation & Protection

(The alphabet S denotes the SAFETY NET of the pan India humanitarian response that IGSSS was a part of)
our outreach

OUR REACH DURING COVID-19

Overall reach
18,85,746 Individuals in Second Wave of covid 19 pandemic across 17 states & 2 UT in India.

Hygiene Kit
47,836 HHs

Cash Grant
7,157

Food Security and Nutrition
47,702

Vaccination
1,06,318

Safe Mobility to avail Vaccine
3,001

Livelihood
14,718 HHs

Psychosocial support/online counselling
1,900

FRONTLINE WORKERS SUPPORTED
1,967

INDIVIDUALS & HOUSEHOLDS
4,59,308 & 2,28,247

SENSITISED THROUGH PUBLIC HEALTH AWARENESS

VACCINATION CENTRE SUPPORTED
257

NO. OF HELPDESK
48

NO OF PEOPLE CONNECTED TO VARIOUS GOVT SCHEMES
2,362

NO OF HAND WASH STATION SET UP
135

9 STATES & 16 DISTRICTS SUPPORTED WITH CRITICAL MEDICAL SUPPLIES
Immediate Relief
Rudal Manjhi returned from Chennai to Devnag village of Nawada district in Bihar during the COVID-19 lockdown. To feed his family of seven, he and his wife Manju had to borrow money from the local Mahajan at 8% monthly interest, pushing them deeper into crisis. With Paddy seeds from IGSSS’s Relief kit, they grew their own Paddy. Subsequently, they also received work under MGNREGS.

IGSSS’s relief kits contain aarhar dal, green moong, soya chunks, rice, daliah, sattu, jhurga and peanut chikki, aimed specifically at families with severely and moderately malnourished children. While mothers in Pali block, Korba Chattisgarh were clearly happy with the kit, children were more interested in the chikkis!
"I am unable to go out for work as my daughter is malnourished and my son is also very young. In the lockdown, once the vegetables I grew in my backyard finished I had severe problems in getting food. The dry ration that I got from IGSSS, will help a lot and I hope that my daughter gets well soon."

Meeru Murmu, Borio, Sahebganj, Jharkhand

In Pali Block, Korba District of Chhattisgarh, 700 families of moderately malnourished children received dry ration kits containing nutrition rich items along with staples. Vegetable and fruit seed kits were also provided to 1000 families with severely and moderately malnourished children. Each kit contained seeds of green leafy vegetables, maize and two guava saplings.

Video Link: IGSSS’s COVID-19 Response - Ensuring nutrition for malnourished children
The pandemic and lockdown deepened food and income insecurities of marginal families manifold. Relief efforts supported food & sanitization kits, livelihood options, psychosocial wellbeing, COVID safety etc. Kits contained nutritious food items for children affected by closure of ICDS centres. Faced with existential crisis, it is probable that children's wellbeing beyond immediate food security was not a luxury most households could afford.

IGSSS supported marginal families with Child Happiness kits in Uttar Pradesh and Bihar comprising of nutrimix, biscuits, as well as drawing book, copy book, biscuits, and crayons. A small gesture focused on children was intended to bring happiness to them.
Budhani Devi, a daily wage labour was in despair as her family was facing starvation. All work had stopped in the lockdown and she lacked money to buy groceries or medicines. Her 3 children were too young to understand the crisis. Her son had fever which made him weak and irritable. He couldn’t even stand up on his own. At the PHC, she learnt his weakness was due to lack of food. The nutrimix from IGSSS’s Happiness kit helped her son gain strength and within 10 days, he was able to stand up on his own. She was happy to see him recover and change into a happy child playing with the cards and colours given in the happiness kit.
“I support my family from my daily wages. I get only rice from the government. I don’t get widow pension. I had no work during the lockdown, no food, nothing. Thankyou for the kit. It has all necessary items such as pulses, oil. I didn’t even have money to buy soap. We are using it very carefully so that it will last us sometime”, says Somari Kerketta, a widow with three children 12-17 years of age. She resides in Murhu, a remote village in Karra Block, Khunti. Access to basic facilities is difficult due to poor means of communication.
D. Manasa Patra, Pananugaon Village, Ganjam, Odisha was eight months pregnant when she lost her husband, a daily wage labor in Surat to COVID-19. Her in-laws started pressurising her for Insurance Premium. Broken mentally, she moved to her father’s home where she gave birth to a baby boy. IGSSS’s Unconditional cash grant has helped to buy medicines and baby food.

Jhunu Pradhan, Keshpur, Ganjam a widow and her daughter couldn’t find any daily wage labor work in the lockdown and their savings dwindled. She bought rations for her family to tide over till wage work resumed.

Unconditional Cash Grants provides speedy meaningful relief to participants and gives them the freedom to choose how best to use the grants. Each recipient was chosen with the involvement of local institutions and affected communities. A feedback and complaint mechanism also ensured that the support went to the most deserving.
Public Health
The unprecedented COVID-19 Pandemic gave rise to an enormous amount of misinformation, false and unverified messages on social media, leading to conflicting opinions about the efficacy of the vaccine. This resulted in huge vaccine hesitancy apart from the logistical nightmare of vaccinating a billion plus population and insufficient vaccine availability.

OVERCOMING VACCINE HESITANCY:

ROLE MODELS - AGENTS OF CHANGE & INFLUENCERS

Sarla, a nutrition volunteer working with IGSSS in Bagh, Dhar District, MP was worried. With a huge vaccine hesitancy, influx of migrants returning home and a surge in cases, ensuring community’s safety and security was a challenge. IGSSS facilitated in organizing a vaccination camp which started from her home. She convinced her grandfather & grand mother in laws (83 and 74 years) to get vaccinated. This helped create confidence among community, predominantly Bhilala and Bhil tribals. Thanks to Sarla’s initiative, 78 persons were vaccinated in a single day.
Barkat Ali a 63 year old farmer from Maharajganj District, UP was hard pressed to go for vaccination in the middle of the paddy season. It was a difficult to stand in the sun waiting for local transport and two changes to reach the vaccination centre. He availed the safe mobility service and took his shots.

"Being the elder in the household we have a tradition of taking the lead in every decision, and I have got the opportunity to participate in the largest campaign in the world" - Khajuri Bai, Dhar District, MP

"Sarla told me about the deadly Corona virus; there have been 3 deaths due to COVID in the village. I got vaccinated and requested the people in my village to do the same" - 83 year old Ram Shankar Katara, Dhar District, MP

"The vaccination center is 15 Km from my village and costs Rs. 50/- by bus. I couldn't afford it. IGSSS arranged a vehicle for me and 10 others to take us for vaccination. We were surprised that it was free service. I have received my first dose of vaccine" - Upendra Yadav, PWD, Nawada District, Bihar

"A total of 3,001 persons with mobility issues were assisted to avail vaccination support across 10 states in India"
India launched the largest Vaccination drive on the planet with an ambitious target of total vaccination by December 2021. However, the entire process was not without its challenges. The registration process was too cumbersome for marginal communities unfamiliar with digital systems; they lacked IDs, mobile devices necessary for registrations. It was difficult to get registered, find vaccination time slots. Combined with vaccine hesitancy, vaccination remained low.

"Why aren’t you organizing a vaccination camp for us?” was a common request to Team IGSSS from its project areas in the urban settlements in Indore. After several rounds of meetings with local leaders, zonal officer & health department, IGSSS received permission to organize a vaccination camp on 28th July under the banner of District Health Department. IGSSS also received permissions for on-the-spot registration to do away with the challenges faced by community to book slots digitally.

Despite the enormous challenges of organising a vaccination camp, the team IGSSS forged ahead with the motto “we will not let anyone leave without getting vaccinated”. All issues such as missing documents, problems with cell phones, OTP not received, incorrect cell number registered etc were resolved. The efforts showed. The early comers went back and returned with more members from their community. A total of 193 people got vaccinated on a single day, a huge achievement.

Kunta Solanki, proudly shares with her community “You all have got vaccinated because I asked for the vaccination camp!”

**Vaccine Center Support**

Waiting shed, fan, water & air coolers, chairs, rented furniture, vaccinator, water filter, dustbins, sanitiser stands, masks, gloves & IEC materials
COVID appropriate behaviour
Fear of COVID-19, stigma of being found positive, myths & misconceptions added to community’s disregarding safety norms and high levels of vaccine hesitancy. Inculcating COVID-19 appropriate behavior among the at risk communities and mobilising them for vaccination has been a strong focus of IGSSS’s work in this Pandemic.

In Dhemaji & Lakhimpur Districts of Assam, 35 IGSSS WASH Team undertook a house-to-house sanitization campaign. This also gave them the crucial opportunity to enter the homes with permission and engage the family in discussions on safety measures. Families were sensitized to recognize covid symptoms and seek support in the nearest PHC for testing and to go in for vaccination. WASH Teams also sanitized public places such as community health centres, market places, Naamghars (places of worship), Tinali (Cross roads), AWC (where rations for children are distributed). IEC material on vaccination and COVID-19 appropriate behaviours were also displayed.

These initiatives have allayed fears on vaccination and gradually mask usage increased. The Government Medical team went thrice to the Gurathali Sub Centre in Lakhimpur but could vaccinate only 27 people. As a result of the door-to-door campaign by WASH Team, at a single camp geared to cater for 80 vaccination, 85 persons turned up. Seeing this, the government reached out to the WASH Team to mobilise community to Government vaccination camps. By August 2021, nearly 4000 persons from the 22 project villages in Dhemaji and Lakhimpur voluntarily got vaccinated.
WASH Teams station
SAFETY NET TO HEALTH SERVICES & FRONTLINE WORKERS:

Health infrastructure was not able to keep up with the rate of infections as oxygen, beds and ventilator demands rose to unattainable levels. Medical professionals and testing clinics were overwhelmed with work as the infection spread rapidly resulting in many more deaths. Under equipped PHC and CHC were facing the brunt of rising cases.

Rural Bihar and UP has a high percentage of migrants going in search of work to states such as Delhi, Punjab, Gujarat and Maharashtra. With the lockdown, there was an influx of migrant returning home as work options had stopped. The COVID positive cases were continuously on the rise and there were deaths. The poor basic health facilities were not able to provide the necessary support.

The PHC in Roh, Bihar is 30 km away from the district headquarter and caters to 77 villages. In the 2nd wave, 17 deaths were reported in the block with symptoms similar to Covid19. Due to low awareness among community, patients were usually brought to the PHC late, only when the cases had turned serious. PHC did not have the essential medical equipment for covid positive cases and had little option other than to refer the suspected cases to the District Hospital. This added to the delay and was a probable cause of severity and death. In Jagdaur, Mithaura, UP the testing facility at the CHC was very risky as it had no isolation facilities, no cubicle, and protective gears to protect testing team from infection. They also had to refer suspected cases to the district hospital.

Both State Governments had mandated all blocks to set up COVID care facility as preparedness for the next wave but there was no budgetary provision. IGSSS supported both PHC and CHC for a basic covid care facilities to strength the preparedness of the local health infrastructure as well benefit the nearby poor rural communities.
In Odisha, field-based volunteers in Kalahandi, Khurda, Koraput and Ganjam districts went door to door to speak to communities and directly link them to the psychosocial counsellor. Flyers with help line numbers were also given to the families and displayed at transit points and marketplaces. Help Line Number of the 30 District Mental Health Program (DMHP) Units of Odisha was also taken for sharing with cases requiring ambulance for rehabilitation and rescue. De-addiction centres in multiple districts were contacted. The care taker of the 300 mental patients at the Nilachala Seva Pratisthan (NSB) Cuttack facilitated calls for counselling and psychosocial intervention.

Between June to August 2021, a total of 550 cases received support on the Odisha Helpline number from various districts in Odisha, other states as well as 37 International calls mainly from Dubai.

Support was provided in referrals for medicines and appropriate treatment facilities, free medicines for those on long term medication or those with low incomes, request for information, a few cases of rescue and rehabilitation and handling of distress calls.

The Pandemic’s impact has been wide and complex, affecting different sectors differently. A common aspect has been the impact on mental health and well being. Acknowledging this, IGSSS Relief Response appointed 7 psychosocial counsellors, 1 doctor, dedicated help lines to offer support to staffs, volunteers and community. Despite wide circulation of the help line numbers in various social media apps, and in flyers with relief kits, calls from the community was initially low.

Several pro-active measures were taken up by on field volunteers engaging families in their homes and psychosocial counsellors garnering support from government, NGO, private sources, and dissemination of helplines through personal and professional networks and social media groups.

Although the psychosocial support was devised keeping in mind the severe stress and anxiety that the Pandemic had wrought, it is evident that the Mental Health support systems is lacking while the need has outpaced it.

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**CALLS PERTAINING TO FEAR** of being COVID positive, academic stress, symptoms related to COVID, vaccination related information, domestic violence, Psychiatric cases, chronic medical conditions, request for dry ration support, homosexuality, Mental health issues [Anxiety, Stress, Disturbed sleep, OCD], Alcohol and Substance abuse related issues, child related issues, Stress / depression related calls, anticipation anxiety about third wave, lockdown, dis-balance between personal & professional life, calls thanking IGSSS for the relief support etc.

**HELPINES RECEIVED**

**1,027**

**CALLS OUT OF WHICH THERE WERE**

**37**

**INTERNATIONAL CALLS**
8 Anganwadi workers from Ganjam called the Helpline expressing their thanks for the equipment and safety kits given to them.

Cases were referred to institutes specializing in care and treatment of psychosocial cases such as mental health institute, district hospital, Private psychiatry clinic, NGOs specialist doctors, drug de-addiction centres.

Video Link: COVID-19 Relief Response: Counselling services for mental wellbeing
Livelihood Support
Successive lockdowns, containment zones, new restrictions, impacted livelihoods of the marginal communities severely, many of whom faced existential crisis. While ration kits, sanitation kits met the immediate needs of hunger and COVID-19 Safety, there were other unmet needs.

IGSSS’s relief response also provided Cash Grants to community to decide for themselves how best to use it for their lives, livelihoods where they resided. This would also give however small, an impetus to local economy.
Small one time grants supported marginal communities for a wide range of small income generating options in the communities they resided in.

Koutuki Baidya, Keshpur, Ganjam could repair the engine of her boat. Her family can now resume fishing.

Sanyasi Adhikari an auto driver repaired his auto, his sole source of income.

Kalu Charan, Sakarapoi, Ganjam has replaced his deceased poultry and has resumed his backyard poultry farm.

Subhash Pradhan, Haridamula, Ganjam bought a machine for roof sealing, a vital tool in his masonry work.

Dhaneswar, Keshpur, Ganjam repaired his nets and is now earning Rs. 300/- daily from his fish catch from Chilika.

Krushna Pradhan, Haridamula, Ganjam lost his job in lockdown. Now he has his own electric binding shop at home.

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38 year old Sunita Devi, Chhatarpur, MP went into depression at her husband's death due to COVID. He was a migrant worker. She bought a tailoring machine. Since she knows stitching, Sunita is hopeful to be able to take care of her children from the income.

Vinod Kumar, Vinod Anugargi from Chhatarpur, MP wage labor, lost his legs in a work place accident and returned home to Chattarpur. He is landless. With Livelihood support from IGSSS and some of his own savings, he has set up a grocery shop and expects to earn Rs. 300/- per day.

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"livestock, fruit shop, fish stall, pan shop, tea and snack stalls, book stalls, cosmetic shop, vegetable shop, broom making, processing of farm produce, cycle repair, sewing and stitching business, readymade garments, masala grinding machine, flour grinding machine, statue making, musical instruments, cobbler, photocopy centers, mobile repairing"
Livelihood Support:

Ensuring self-sufficiency in food systems, diversifying income generating options is a vital element of any Community Resilience Initiative, more so today as Disasters have increased manifold in intensity and frequency. IGSSS has supported marginal communities with seeds of staples, vegetables, fruit saplings as well as enterprise support among marginal communities to enable them to diversify their income generating options. In this, IGSSS has weaved its relief efforts with its thematic programming, not limiting it to only one time relief kit distribution.

Peer to Peer Learning:

550 Women from 55 SHGs in Pali, Korba District, Chhattisgarh received support for Mushroom Production. They were trained by women from SHGs who were earlier trained by IGSSS and are now selling their produce locally.

1,4718 HOUSEHOLDS RECEIVED LIVELIHOOD SUPPORT THROUGH DIRECT PROCUREMENT
Marginal farming households in Karra Block, Khunti, Jharkhand received 5-6 kgs of paddy seeds each. Sown using System of Rice Intensification (SRI) learnt from trainings organised earlier, it is expected to harvest 40-45 quintals of paddy per family which should meet their needs for 7-8 months.

Bishnu Paridha, Kasira Village, Khunti, Jharkhand followed the example of farmers using SRI to sow paddy and used it for Millet. He needed much less seeds and is expecting 14 quintals, nearly double the harvest from his small 90 decimil plot. This will meet the needs of his 6-member family for 7-8 months, leaving nearly 10 quintals for sale at approximately Rs. 18,000/-. 

Video Link: COVID-19 Relief Response: Seed Support to Farmers

500 SHG members have been supported with fish fingerlings to undertake pisci-culture in 50 community ponds in Pali Block, Korba District, Chhattisgarh. The harvest will be sold at the Mandi in Bilaspur.

52 year old Ram Rati Ahirwar, from Chhattarpur, MP supported her chronically ill husband by wage labor and some farming. Her sons donot look after them. Although she has 2 bighas of land, she was unable to farm on it as she had no money to buy any agri-input. IGSSS supported her with 4 kgs of traditional moong seeds with which she has started farming.

WE SUPPORTED 1,3015 HOUSEHOLDS FOR SEED SUPPORT
The Lockdown had affected income earning avenues. IGSSS’s Cash for Work Support helped generate mandays for the marginal community for a variety of developmental work in their villages.

5 Ponds were cleaned and renovated in 5 villages of Keshpur, Kanaka & Dimiria Gram Panchayats in Khalikote Block of Ganjam. 105 persons received a minimum of 15 days’ work each at Rs. 300/- per day. Panchayat issued a letter of support for this initiative.
25 persons earned 5 man days each at Rs. 300/- per day to complete a 23 meter Bamboo Bridge in Panbari village. 100 bamboos were contributed by the community. The completed bridge is an asset to the community. Titaguri Block, Kokrajhar District, Assam.

10 daily wage labour and migrant workers repaired a 150-metre bamboo bridge and road in Bhuma Village in Dhemaji. The repairs were completed within 20 days, creating 20 days of man days for each worker at Rs. 250/- per day. The bridge is used by residents of several villages in for commuting.
Entitlements
IGSSS Relief efforts included Help Desk to assist the community for mainly COVID-19 appropriate behavior and opt for Vaccination. In the 2 years of the Global Pandemic, several State and Central Schemes have been announced by the Government. With high sense of insecurity and increased deprivation due to the COVID-19 surge and successive lockdowns, IGSSS Delhi used the Help Desk as an effective tool to first register the needs of the community, gauge their knowledge on COVID-19, appropriate behavior and counsel the community for vaccination.

The community’s needs were registered and sorted into categories. Immediate Action focused on linking eligible beneficiaries to a range of entitlements. Referrals directed support for health, education etc to appropriate agencies and resource persons. This helped to broaden the scope of the Help Desk and maximize outreach beyond a criteria-based selection and not limit itself to sharing COVID-19 safety messages alone.
HELP DESK

The Help Desks in the Urban Settlements noted the specific needs of each person. Registered persons were supported to access a wide range of entitlements including those specific to COVID-19. The communities were also sensitised on COVID-19 safety, testing and vaccination in camps across Delhi.

Manned by youth volunteers from the community, the Help Desks helped immediate access to a range of entitlements such as Labor card, Ration (PDS and Non PDS), Aadhar Card, Old Age Pension, Disability Pension, one time grant for cab and auto drivers, compensation in case of death due to COVID etc. Each person was supported with necessary documentation for completing the application.

A two month campaign on COVID-19 Appropriate Behavior was undertaken in a bus supported by GMR Foundation. 500 youth and CBO leader’s capacities were strengthened to disseminate correct information and message to the community. The campaign covered 5000 community members.

The help desks covered 30 slums across Delhi. E-Rickshaws in lanes as well as camps in 15 clusters were organized. Information on Government schemes, registration process, documents needed, benefits were presented simply and registrations facilitated.

These camps also helped to dispel several misinformation through interactive learning sessions. Special support was given to adults who were unfamiliar with digital registration or didn’t have mobile phones.

The help desks covered 30 slums across Delhi.

2362
INDIVIDUALS SUPPORTED TO CLAIM THEIR ENTITLEMENTS

Networking & Collaborations
Forging Collaboration Action

Location: Nagpur, Maharashtra, Delhi

Given the devastating impact created by the 2nd Wave of the Pandemic and the high COVID-19 case load, relief response had to be timely and reach out to those most in need.

A highly effective strategy for a speedy relief response has been multiple collaborations to reach marginal communities severely affected by the COVID-19 lockdown. Collaborations with agencies, administrative set up, issue-based networks and NGOs helped IGSSS reach communities with specific needs and occupational groups. The clever use of existing capacities led to speedy relief response and more importantly, set the tone for future collaborations.
One of the several Persons with Disability supported through Mitra, an NGO working with PWDs.

IGSSS supported women who work from home on embellishing and embroidering orders through LEARN NGO.

Street vendors were reached out through the National Hawkers Federation network.

Gharelu Mahila Kaamgaar Sangathana & Healing Touch oriented youth volunteers on rights and entitlements of Domestic workers and supporting communities.
IGSSS collaborated on several fronts with the Nagpur Municipal Corporation (NMC). 147 Vaccination centres of the NMC for large scale awareness on COVID-19 appropriate behavior and Vaccination.

Audio clips on COVID-19 safety, testing and vaccination where relayed using the broadcasting systems at Prayer Centres (Baudh Vihars) in Bastis.

COVID-19 safety messages and songs developed by IGSSS were aired by garbage collection vehicles while plying across all 10 Municipal Zones of the city.

Youth Volunteers were oriented on COVID-19 safety, vaccination, dosages, common misinformation etc by UNICEF and Sphere India.

IGSSS Volunteers supported communities for vaccination.
Purnachandra Suna, Kalahandi, Odisha expired in Rajkot, Gujarat in the lockdown. Learning this, his wife was seriously injured in a failed suicide attempt. Her neighbours took care of her 2-year-old son. IGSSS team helped her access Rs. 10,000/- grant from the District Red Cross, Rs. 2 lakhs ex-gratia grant from Labor Department, apply for housing under PM Awas Yojna and Rs. 1400/- education support from the State for her son.

A two month campaign on COVID-19 appropriate behaviour was undertaken in Urban Slums of Delhi through a fully equipped bus supported by GMR Foundation which operated as a training and information centre manned by youth volunteers.

In Ranchi, Project Teams connected with Homes for the Elderly to provide relief support.

In Jamshedpur, IGSSS reached out to stranded migrant workers through Shelter for the Homeless.

IGSSS team collaborated with Magic Bus & Maksad NGO and identified Persons with Disability from various urban slums with support from their volunteers in Ranchi.
Inclusion - Leave no one Behind
Looking Beyond Project Frameworks

Reaching the Unreached is at the core of IGSSS’s Interventions. Strategies to identify the neediest and develop interventions relevant to their need underlies IGSSS’s work. The Pandemic & the ensuing lockdowns had a widespread and complex impact. It threw up new vulnerabilities and the newly vulnerable adding to the already marginalised population. Faced with the humanitarian crisis of this proportions, IGSSS staffs also widened the scope of their reach to hidden pockets of the excluded. IGSSS Provided relief and recovery support to several unserved & underserved population all of whom were severely affected by the COVID-19 pandemic.

IGSSS staffs mapped the neediest, niche groups, newly excluded, identified connectors areas & communities beyond its existing project locations.

SOME OF THE TOP PRIORITY GROUPS

SMALL & MARGINAL FARMERS - 8,572
DAILY WAGE LABOURERS - 15,561
HOMELESS PEOPLE - 1,752
WASTE PICKERS & SANITATION WORKERS - 664
HIV INFECTED FAMILIES - 150
PWD - 1,240
TRANSGENDER - 1,097
POTTERS -44
SEX WORKERS - 593
COBBLERS - 34
EAR CLEANERS -37
WOMEN HEADED HOUSEHOLDS - 6,367
ELDERS - 3,587
PREGNANT & LACTATING MOTHERS - 5,576
SAM/MAM CHILDREN FAMILIES - 8,297
MIGRANT WORKERS - 8,982
LEPROSY PATIENTS - 60

Video Link : COVID-19 Relief Response: Leaving No One Behind
Transgender Persons (Kothi), who reside in their homes, yet excluded from their families were very badly affected by the lockdown with no source of sustenance. Ranchi, Jharkhand.

Shiblal Hembrum from Palamu district was one of many migrant workers stranded without any work in Shelter home, Kadma, Jamshedpur.

Most Kan Safai wala (traditional profession of ear cleaning) community in Jamshedpur, didn’t have ids & could not access PDS rations. Those with ids preferred to stay away due to social ostracization. What would take a person to get done in a single day, would take as many as 4 days for them.

Pradip & Dipak, both Kan safai wala living in Das Nagar, Burma Mines and many others like them, lost their source of income totally.

Samsun Nisha from Krishna Nagar, Jamshedpur, Jharkhand lost her son due to serious illness. She found it very difficult to fend for herself and her grand children.

"There was no food at home and no savings either. We had to borrow from others to buy food."

Nirmala Nirmalka & Santoshi Nirmalka, Washerfolk, Raipur
"I have a small daughter and wife to feed at home. My pottery business of is not running well. I'm happy that they will be eating happily and sleeping without hunger."
Ramu Kumbhar, Nayapara, Durg

"I am the only earner, haven't earned a rupee for last four months. Don't have money for two meals a day. Dinner is made up of leftovers from lunch if at all. We did not expect this support from IGSSS. I'm so happy. I'll make soyabean for dinner."
Indrakautin Kumbhar, Nayapara, Durg

"During Diwali we earn around Rs. 8000/- in a month and about Rs. 3000/- at other times. Since lockdown, our work stopped completely. Thank you for giving us the kit. At least I am spared from buying ration for my family."
Malti Bai, Nayapara, Durg

In Ranchi, IGSSS team reached out to Old Age homes facing food shortages and supported them with dry rations. IGSSS also supported the elderly abandoned by their families.

Dry Ration and Sanitation kits was provided to, 1500 Tribal & Pahadiya PVTG families from 67 villages of Khunti & Sahebganj districts of Jharkhand. These were daily wage labor, women headed families, widows and families with malnourished children.
Lactating mothers with SAM children, Widow, PWD, Migrant worker, Daily wage earners from Oraon, Santhal, Munda and Pahadiya PVTG Communities were supported with Food & Sanitation Kits in Khunti, Godda and Sahebganj, Ranchi districts of Jharkhand.

In Delhi, 141 people from a community of railway loaders in Kishangarh living under tarpaulins and no information on COVID, were vaccinated with help from the Nigam Parshad after several counselling sessions. 500 Gadiya Lohar (De-notified) nomadic community got vaccinated in a Municipal PHC with permission from the Local MLA. Waste pickers and beggars community at Subhash Camp, excluded from most initiatives were supported to get vaccinated at various government camps.

The Local Councillor alerted IGSSS Delhi team about an elderly couple in Badarpur. They didn’t have a ration card to access PDS Rations. Their sons live apart and don’t support them. Isolated, the elderly couple were under a lot of stress due to illness and high medical bills. They were excluded from most relief responses as they were perceived as not needy since they owned their apartment. Despite work pressures, IGSSS Volunteer Leena delivered the kits to the couple. “They had serious mobility issues and couldn’t even cook. Seeing them in that state, I unpacked the kit, made tea for them, we drank together and chatted. It was very difficult for me to control my tears”, shared an emotional Leena. She continues to be in touch with the couple.

IGSSS support also included frontline workers such as Anganwadi Workers, Municipal cleaning staffs. “Everyone thinks we are government workers so we don’t need support”, was a common refrain.

Tribal communities living on hills, isolated lives in Kupwara District of J&K; Mainly herders of sheep and goats, they were badly affected in the Pandemic.
Tight vigilance enforced by State Administration due to surge in COVID-19 cases hampered mobility of IGSSS staffs. Engaging community groups in planning, trusting their judgment was an effective solution. Community leaders, youth groups as local responders effectively took up the response in consultation with IGSSS relief teams.

Complete lockdown strictly enforced till 1st of June, 2021 in Chhattisgarh impacted the mobility of IGSSS team. In Raipur, the Domestic Workers Federation and youth groups came forward and formed a task force with representatives the 15 project slums for the relief response. With their support, IGSSS was able to reach 2,557 households in 19 urban slums. The Task Force handled the entire relief distribution from identifying the most in need households, receiving the relief kits, stock taking, distribution maintaining the COVID-19 Safety Protocols. Dry ration and sanitation kits were distributed to 1,057 most needy households. Additional support of dry ration kit was given to 330 transgenders. Sanitary Napkin kits were distributed to 1,500 adolescent girls and young women. Immediate registration support was provided to willing persons through linkage with youth group members stationed at help desks alongside mitans at vaccination centres. Elderly or persons with disability with mobility issues were ferried to vaccination center by auto drivers residing in the slums free of cost. People with queries on the vaccine were referred to counsellors for focused counselling.
The Gharelu Kamgar Kalyan Sangh, is a Registered Federation of Domestic Workers Federation in Raipur with more than 2000 members, from 15 urban slums in Raipur city.

I have experienced a lot of ups and down in the lockdown. I know the mental trauma. All other families in the slum too are experiencing the same. Sangeeta Mutkure, DW, Raipur

We know everyone here and can help identify the most in need. I believe that if the relief kits are for the poorest families, then it should reach them. I feel happy to help the neediest person. Lipi Nayak, DW, Raipur

Our group is 5 years old. As a women's group, we feel good if the support is available for the neediest among us and we are ready to support in IGSSS’s relief efforts in our Basti. Sarojini Dhiwar, DW, Raipur

Akansha Tandi, youth leader Raipur wants to be a Police Officer to make the settlement safer for women. “I have attended gender trainings, campaigns, summer camp, plantation drives, street plays, through IGSSS. It is an opportunity for me to reach out to the neediest”.

I have experienced a lot of ups and down in the lockdown. I know the mental trauma. All other families in the slum too are experiencing the same. Sangeeta Mutkure, DW, Raipur

Members of 13 Youth groups comprising 250 girls & boys from project slums led door to door campaigns to help remove vaccine hesitancy and support community for vaccination.
With the onset of the Pandemic, Farmers Collectives in IGSSS’s intervention area in Kashmir felt the need to support communities in need. One such initiatives, was to supply fresh organically grown vegetables to the Government Quarantine centres in facilitation with IGSSS. This was a welcome change to the poor fare provided to the residents. Very soon, officials of the administration, SDM, Police Officers began buying vegetables from the farmers collectives. New Marketing avenues appeared. In the 2nd wave, the SDM inquired with IGSSS if the Farmers would be able to supply vegetables should the need arose as the positive case load was increasing. This experience of the farmers sent a message of hope to their community. In the face of such uncertainty, providing relief to others, and earn a livelihood has helped lift the depression and positively impact their mental well being.
Leveraging Strength & Wisdom of Local Connectors!

Location:
Karbi Anglong, Chirang & Kokrajhar District, Assam

In the tribal districts of Karbi Anglong, Chirang and Kokrajhar of Assam, a panel of Women Peace Committee, Village Elders and Church Leaders in each of the 50 villages oversaw the relief response right from identifying the beneficiaries to distribution. In a highly sensitive area due to inter-group rivalries, this support was instrumental in successful identification of the neediest. More so as the number of relief kits were much less than the people requiring support.

Nihang Bey village in Karbi Anglong District has 40 households, all badly affected by the COVID-19 lockdown. There were only 20 relief kits available. The Panel took the responsibility of dividing the contents of the 20 relief kits among the 40 Household. This was the best solution under the circumstances and a potential flash point was averted.

Mrs Jelina Kropi, President Rongchingrum WPC also shared that it was difficult for them to select 14 from 30 household equally affected by the lockdown. “But we discussed in the group and selected the most deserved families though not everyone was happy, she said.” But there was no flare up in the community, a testament to the ability of the Women Peace Committee and the Panel to inspire trust among the community.
Monitoring Evaluation
Accountability & Learning
HUMAN RESOURCE

Staff Safety & Protection

01 COVID safety kit to all staffs and volunteers
02 Insurance of the volunteers
03 Exclusive COVID safety guidelines & distribution protocol of IGSSS
04 Online counselling & psychosocial support to the staff & volunteers

242 PAID VOLUNTEERS
523 UN-PAID VOLUNTEERS
07 COUNSELLORS
01 DOCTOR
Research & Publication
The pandemic was unprecedented and everyday was a new learning. Along with relief response, IGSSS parallely initiated quick research on the situation of marginal communities such as migrant workers, fisherfolk, small farmers, landless, women, livestock rearers; on entitlements and allocations specific to the Pandemic; collaborative studies on issues such as Impact on Migrant workers etc. All the documents below are in the clickable links format.

**REPORTS:**
- IGSSS’ Response to the Second Wave of COVID-19
- IGSSS’ COVID Response in Urban Areas
- Together Against COVID – Video Update
- COVID-19 Relief Work - Weekly Updates (11 June)
- COVID-19: Impact on the urban poor and our response & IGSSS’s Response
- World Humanitarian Day - Celebrating the Real Life Heroes who are on the field responding to the COVID crisis

**BLOGS:**
- COVID RELIEF OPERATIONS – BEHIND THE SCENES | Jun 18, 2021 | Disaster Risk Reduction |
- IGSSS’ RESPONSE TO COVID-19 IN NORTH-EAST INDIA | Jun 25, 2021 | Disaster Risk Reduction |
- COVID’S SECOND BLOW | Jul 2, 2021 | Disaster Risk Reduction |
- REFLECTION ON THE LEARNINGS DURING COVID RELIEF RESPONSE | Jul 9, 2021 | Disaster Risk Reduction |

**RESEARCH AND PUBLICATIONS:**
- Seeking Justice for Informal Workers During the COVID-19 Second Wave IGSSS | YUVA Analysing social protection during the pandemic from April - June 2021
- VACCINES AND THE URBAN POOR A survey report of the urban poor community’s access to vaccines, relief and the related challenges during the 2nd wave of COVID, June 2021
- Walking with the Migrants Beyond Covid-19
  Pandemic Indian Social Institute, Bengaluru Caritas India, New Delhi Indo-Global Social Service Society, New Delhi
• Amplifying voices of the unreached: Impact of COVID-19 on livestock rearing community

• A rapid assessment of the Impact of COVID-19 on people engaged in NTFP collection

• Amplifying voices of the unreached: Impact of COVID-19 on small farmers and daily wage earners

• Seeking Justice for the Informal Sector During the COVID-19 Lockdown
  An analysis of government policy for informal sector workers during the nationwide lockdown, May 2020

• COVID-19 Pandemic: Relief Packages Announced By Government A Brief Summary April, 2020

EXTERNAL PUBLICATION ABOUT IGSSS WORK DURING COVID:

• Global Standard, Accountability Practices and Indian CSOs in the time of COVID-19 | VANI, October 2020
  | Indo-Global Social Service Society: Fulfilling Hopes through People Centric Approach, Responsive Decision Making and Empowered Staff | page 40.

• Agriculture, Gender and COVID-19 – Impact & Recovery Southasiadisasters.net | Issue No. 195, September 2021 |
  Gender, Food Security And Resilience: Harvesting Happiness on a Plate! | Page 10

• Digital Adaptability Quotient during COVID-19: Stories of Innovation from Indian CSOs Vani, | December 2021, IGSSS North East Experience | Page 21-23

• COVID-19 Second Wave and Cities Issue No. 193, July 2021 | Responding to the Second Wave of the COVID Pandemic in Indian Cities | Page 3
Monitoring, evaluation, accountability and learning

Tracking the effectiveness of responses and making necessary changes

learntings
I was very shy. But when I started working for the people and communicating, I gained in confidence. I am sure I will be able to lead my youth group in a positive way.

For the first time in so many years, relief distribution was without political interference. Even minority families received relief kits which they did not expect.

“It was an opportunity to understand the field in a better way. I learnt how to work along with the local administration and community.”

“Covid19 relief response taught me various things at my field level. I got a good chance to build rapport with the community and understand their vulnerabilities better.”

For the first time in so many years, relief distribution was without political interference. Even minority families received relief kits which they did not expect.”
COMMUNITY FEEDBACK

To understand the impact of the humanitarian intervention on the community, an unbiased assessment is imperative. The voice of the community who benefited out of the programme matters a lot in such assessments. Towards the end of the COVID relief response, IGSSS conducted Post Distribution Monitoring (PDM) and FGDs with the community using the Core Humanitarian Standards Community checklist to reflect on the effectiveness of the response and glean learning for strengthening the IGSSS response mechanism.

The PDM & CHS was done with sample respondents across IGSSS’s COVID-19 relief response areas.

98% felt the relief response was appropriate to community needs & culture

98.5% reported staff behaviour was very good

94% 94% felt the assistance was given on time

96% felt quantity of materials was good

98% felt that the quality of the materials received was good

77% said they were aware about complaints and registration mechanism
A SMALL IDEA MAY HAVE AN IMMENSE POTENTIAL

1. Creating Positive Role Models:
In the 2nd wave, vaccine hesitancy, influx of migrants retuning home and a surge in cases posed huge challenges in ensuring marginal community’s safety & security. Positive role models of voluntary vaccination by local family including the elderly created trust and reduced vaccine hesitancy.

- Role Models are to be nurtured as they are agents of change and influencers.
- Their example can be used to an advantage for future or on-going programmatic interventions & also contribute to future sustainability of outcomes.

2. No one will be turned away: Small issues no longer a big problem in vaccination
Vaccination Campaign was announced throughout the country on a mission mode. However, the modalities impeded access by marginal communities; Strategy to collaborate with administration and man vaccination camp provided real time support at the camp to trouble shoot issues of registration to communities unfamiliar with digital systems. This increased trust among the vaccinated and created a ripple effect.

- How do we simplify our own work with the marginal communities? Re-look our own strategies and methodologies?
- How can we use our experiences of common issues which hamper access of marginal & other vulnerable communities to facilities due to hasty planning and / or digital systems for a change?

3. Looking within and beyond project frameworks
In the event of a disaster, adherence to norms and guidelines with the added challenge for a speedy response usually results in quick fix solution to support known communities, usually those easier to reach or more visible. As a result, support might bypass pockets who are either invisible or those who are newly vulnerable.

- Keeping an ear to the ground: Looking around for small invisible groups, mapping local area beyond the project beneficiaries. Identifying connectors and reaching the niche groups
- Constant look out to identify new vulnerabilities, newly vulnerable and thereby keeping our work relevant and aligned to IGSSS’s Vision and Mission

4. Leveraging strength & Wisdom of local connectors
During a disaster event, the affected usually out numbers the quantum of relief. Projects use criteria to ascertain the most deserving. But despite best efforts this might create or add to conflict.

- Using local community groups, leaders, persons, connectors, reduces conflict. The response process is viewed as a community decision and therefore more acceptable.
- Projects should be careful to not super impose a project-based solution of community groups / institutions and leadership. Local socio-economic-cultural issues must decide the leadership roles and connectors. Project
should build around or along existing structures and facilitate reducing inequities.

5. Unlocking doors and mind-sets
Fear of COVID-19, stigma, misinformation created vaccine hesitancy. As a reaction, there was a denial of the problem and hence a disregard for adopting COVID-19 appropriate behavior; WASH CADRE offered free service to sanitise homes which opened doors for volunteers to engage families to talk about testing, vaccination and safety protocols.

- A starting point for any intervention, strategies to unlock doors, step within the family is as much important as is building rapport with the community as a whole.

6. Not (merely) a Help Desk
The 2 years of Pandemic heightened insecurities and created new ones; Several schemes announced as relief measures were beyond access to communities in need due to documentations and laborious processes. IGSSS’s help desk served two purposes - to register community needs, match to existing support (schemes, departments, agencies, referrals) and facilitate necessary linkages, IDs, documents for needy community to access these. It also, provided support in vaccination and disseminating information on COVID-19 safety behavior.

- Broadening the scope of a Help Desk, a key element of relief response maximised outreach and provided multiple meaningful support to the community.
- This highlights the scope of re-designing existing support structures, processes and methodology to adapt to emerging needs.

7. Community owned Relief Response

- Community are the first responders for any Humanitarian Response and their ownership and involvement is the most effective way to reach the neediest. Not just relief, all developmental work must facilitate target community to find a relevance for their involvement and foster it for ownership.
- Developmental support to community is a continuous process that does not end with one time relief. Internal reflections (within respective IGSSS team) and with community on ways and means to build on this for further development must continue.

8. Supporting extension services
Local services are not always accessible to the community. In the COVID-19 Pandemic Relief response, equipping local health facilities (COVID-19 Testing and isolation centres) provided access to at risk communities as well as the health service professionals.

- Support to extension services & systems brings support to community.
- Project or Relief support to extension services and systems must ensure the benefits of one time support continue to accrue to the community in future.
9. Relief Assistance appropriate & relevant to needs of affected community
A major learning from the relief distribution is the conflict arising from distributing different quantities or type of material to different beneficiaries in the same area due to requirements of different project.

- Relief Assistance must be driven by needs of the community and not be based on considerations of implementing agencies and donors alone.
- Sources of funds must not be the decider on the quantity, types and location of response.
- For an effective relief assistance that does not add to conflict, it must be based on local needs rather than on standard budgets and kits.

10. Psycho-Social Support: The Healing Touch

- Communities who can’t access institutional support on their own will also be unable to access similar services offered by agencies and service providers. Pro-active measures are required; Disaster situations such as the COVID-19 Pandemic highlights the huge gap in services related to Mental Health.
- Psycho-social support must be incorporated in future relief responses; DRR and preparedness strategies should identify specialist agencies (govt / NGO and private) for necessary referrals for timely support to the community.

11. Forging Collaborative Actions

- Efforts shared is efforts multiplied; Collaborative actions with agencies, administration, issue based networks, NGOs, Private and public sector are an effective strategy for a speedy and focussed response to the most affected.
- These crucial linkages developed for relief response must be nurtured for joint and complementary actions for continued benefit to community.

12. Beyond Food & Sanitation Kits: Cash Grants
Standard relief kits (dry food ration, shelter, WASH, NFI etc) meet the immediate needs of community affected by a disaster event. Cash Grants (conditional & unconditional, cash for work) are effective strategies to meet the other important needs which usually remain unmet. IGSSS’s relief response also provided Cash Grants to affected community. This also gives an impetus to local economy, impacted by the disaster.

- With disasters on the rise, mapping of existing requirements, vulnerabilities (individual as well as common) would serve relief operations, as a preparedness measures as well as DRR measures.
- To avoid substitution effect and amplify market effect, IGSSS can in peace time identify vendors to procure relief supplies from directly to catalyse local markets.
13. Livelihood Support
Ensuring self sufficiency in food systems, diversifying income generating options are vital community resilience initiatives, more so today as the Disasters have increased manifold both in intensity and frequency.

- IGSSS’s Livelihood support provided in line with the thematic focus of Intervention which will continue to get project support in Post-disaster situation.
- While it is an opportunity to ensure safety and security to marginal households in crisis periods, one time support is not sufficient. The vulnerabilities persists beyond crisis periods. Interventions must include a component of Preparedness.

14. Accountability & Transparency
Elements for Transparency & Accountability of relief responses such as Strong Complaint mechanisms alone will not be of sufficient use by community. Recall and use of mechanisms such as complaint boxes, helpline number, email id will remain low.

- Involvement of community volunteer, groups, leaders in relief response must extend to every aspect from identification of needy and management of distribution but also in ensuring accountability & transparency.
- We need to develop locally appropriate complaint mechanism that enables population affected by crisis to give critical feedback. Not just accountability mechanism in place but to ensure its accessibility by various vulnerable groups to engage with such mechanism.

**TO SUMMARISE**

- Projects are not stand alone; Relief Response is not stand alone.
- Our work does not end with Relief. We build on successful strategies. We incorporate preparedness in all our work for a smooth and meaningful transition
- Remember, the marginal communities continue to be vulnerable even post-disaster
- And finally, there are learnings everywhere
awards & accolades

India Today Healthgiri Awards: Indo-GLOBAL Social Service Society, New Delhi For Best NGO Combating Covid-19
donors & partners

Thank you!
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<tr>
<th><strong>ABBREVIATIONS</strong></th>
<th><strong>COMMON INDIAN TERMS</strong></th>
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<tbody>
<tr>
<td>AWC</td>
<td>Person with Disability</td>
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<tr>
<td>CBO</td>
<td>Sub Divisional Magistrate</td>
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<td>CHC</td>
<td>Self Help Group</td>
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<td>CHS</td>
<td>System of Rice Intensification</td>
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<tr>
<td>COVID-19</td>
<td>Union Territory</td>
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<td>CSO</td>
<td>Water, Sanitation and Hygiene</td>
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<td>DMHP</td>
<td>Women Peace Committee</td>
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<td>DRR</td>
<td>Women Self Help Group</td>
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<td>DRDA</td>
<td>Anganwadi Centre</td>
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<td>E-Rickshaws</td>
<td>Community Based Organization</td>
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<td>E-Shram</td>
<td>Community Health Centre</td>
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<td>E-Shram</td>
<td>Core Humanitarian Standard</td>
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<td>GMR</td>
<td>Corona Virus Disease 2019</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>DMHP</td>
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<td>HHs</td>
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<td>Integrated Child Development Scheme</td>
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<td>Information Education Communication</td>
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<td>IGSSS</td>
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<td>LEARN</td>
<td>Labour Education and Research Network</td>
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<tr>
<td>MGNREGA</td>
<td>Mahatma Gandhi National Rural Employment Guarantee Act</td>
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<td>MP</td>
<td>Madhya Pradesh</td>
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<tr>
<td>NFI</td>
<td>Money lender</td>
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<tr>
<td>NGO</td>
<td>Mixture of pulses</td>
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<td>NRC</td>
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<td>NSB</td>
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<td>OTP</td>
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<td>PDM</td>
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<td>PHC</td>
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<td>PPE</td>
<td>Personal Protective Equipment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>ABBREVIATIONS</strong></th>
<th><strong>COMMON INDIAN TERMS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>DMHP</td>
<td>District Mental Health Program</td>
</tr>
<tr>
<td>DRR</td>
<td>Disaster Risk Reduction</td>
</tr>
<tr>
<td>DRDA</td>
<td>District Rural Development Agency</td>
</tr>
<tr>
<td>E-Rickshaws</td>
<td>Electric rickshaws (also known as electric tuk-tuks or e-rickshaws or toto or e-tricycles)</td>
</tr>
<tr>
<td>E-Shram</td>
<td>A portal for the welfare of Workers under Ministry of Labour &amp; Employment India</td>
</tr>
<tr>
<td>GMR</td>
<td>Grandhi Mallikarjuna Rao Foundation</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HHs</td>
<td>Households</td>
</tr>
<tr>
<td>ICDS</td>
<td>Integrated Child Development Scheme</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education Communication</td>
</tr>
<tr>
<td>IGSSS</td>
<td>Indo- Global Social Service Society</td>
</tr>
<tr>
<td>LEARN</td>
<td>Labour Education and Research Network</td>
</tr>
<tr>
<td>MGNREGA</td>
<td>Mahatma Gandhi National Rural Employment Guarantee Act</td>
</tr>
<tr>
<td>MP</td>
<td>Madhya Pradesh</td>
</tr>
<tr>
<td>NFI</td>
<td>Non-Food Item</td>
</tr>
<tr>
<td>NGO</td>
<td>Nongovernment organisation</td>
</tr>
<tr>
<td>NMC</td>
<td>National Medical Commission</td>
</tr>
<tr>
<td>NO</td>
<td>Number</td>
</tr>
<tr>
<td>NRC</td>
<td>Nutrition Rehabilitation Centre</td>
</tr>
<tr>
<td>NSB</td>
<td>Nilachala Seva Pratisthana</td>
</tr>
<tr>
<td>OCD</td>
<td>Obsessive Compulsive Disorder</td>
</tr>
<tr>
<td>OTP</td>
<td>One Time Password</td>
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<tr>
<td>PDM</td>
<td>Post Distribution Monitoring</td>
</tr>
<tr>
<td>PDS</td>
<td>Public Distribution System</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Centre</td>
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