

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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Foreword

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.

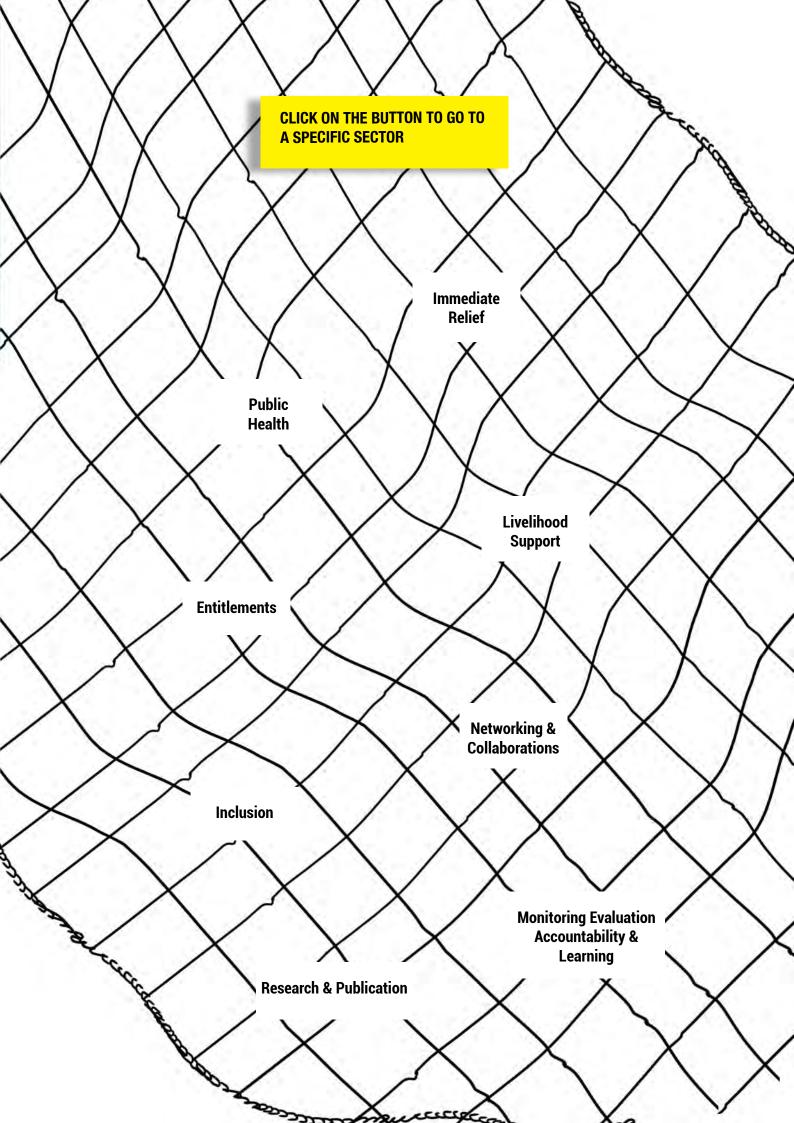
This was possible due to the initiative, quick thinking, courage, and enormous dedication shown by IGSSS staffs, numerous volunteers, counsellors, and the community themselves.

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.

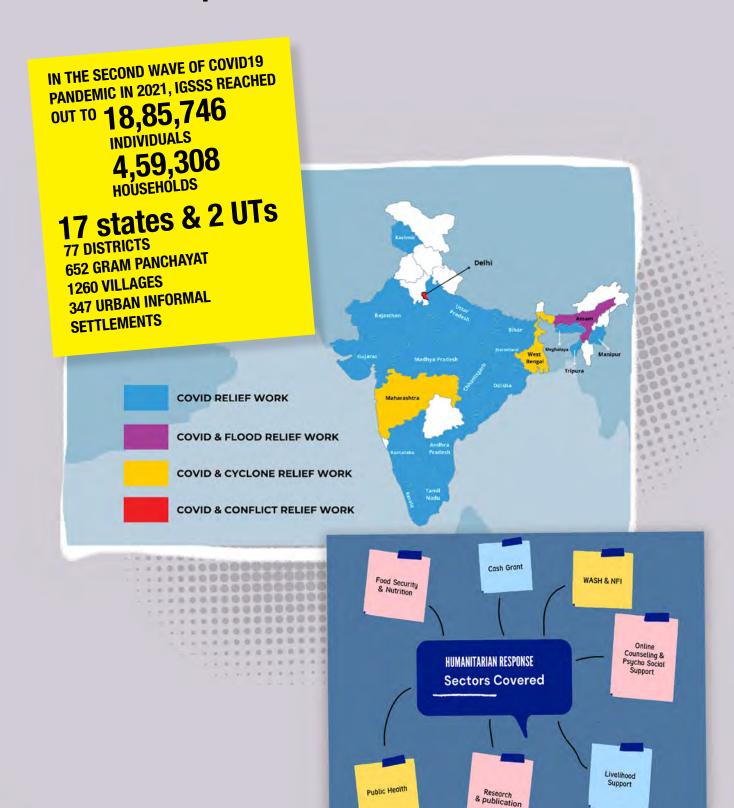
This document is dedicated to IGSSS staffs, field teams, volunteers in rural as well as urban spaces who have worked tirelessly in this relief response, often at a risk to themselves. Finally, deep appreciations to the Community who have inspired us to work better, encouraged us and provided us lending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



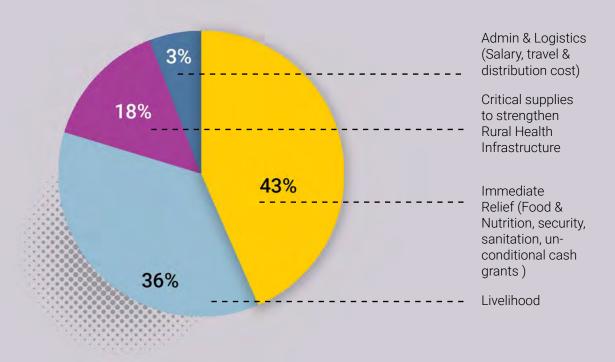




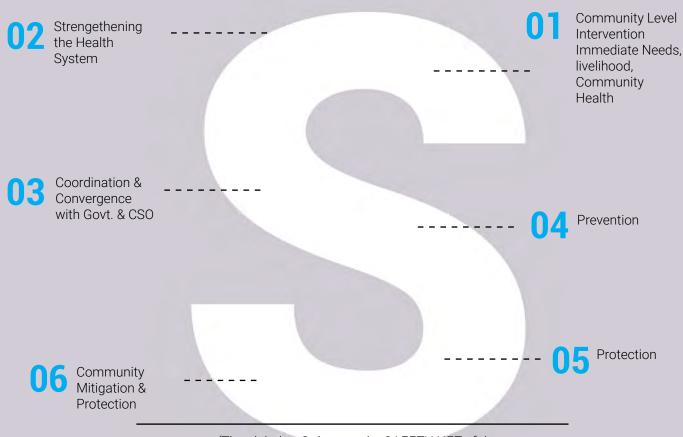
IGSSS Footprint 2021



Expenditure Pattern: 2nd Wave



Key Areas of Intervention:



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

our outreach



OUR REACH COMMON DURING COMMON VID-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



Food Security and Nutrition 47,702



1,06,318
Safe Mobilit

Vaccination

Safe Mobility to avail Vaccine 3,001

Cash Grant

7,157

Livelihood 14,718 HHs



Psychosocial support/online counselling 1,900

FRONTLINE WORKERS SUPPORTED 1,967

VACCINATION CENTRE SUPPORTED

257

4,59,308 INDIVIDUALS &

2,28,247

HOUSEHOLDS
SENSITISED THROUGH PUBLIC
HEALTH AWARENESS

NO. OF HELPDESK

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







"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 ".

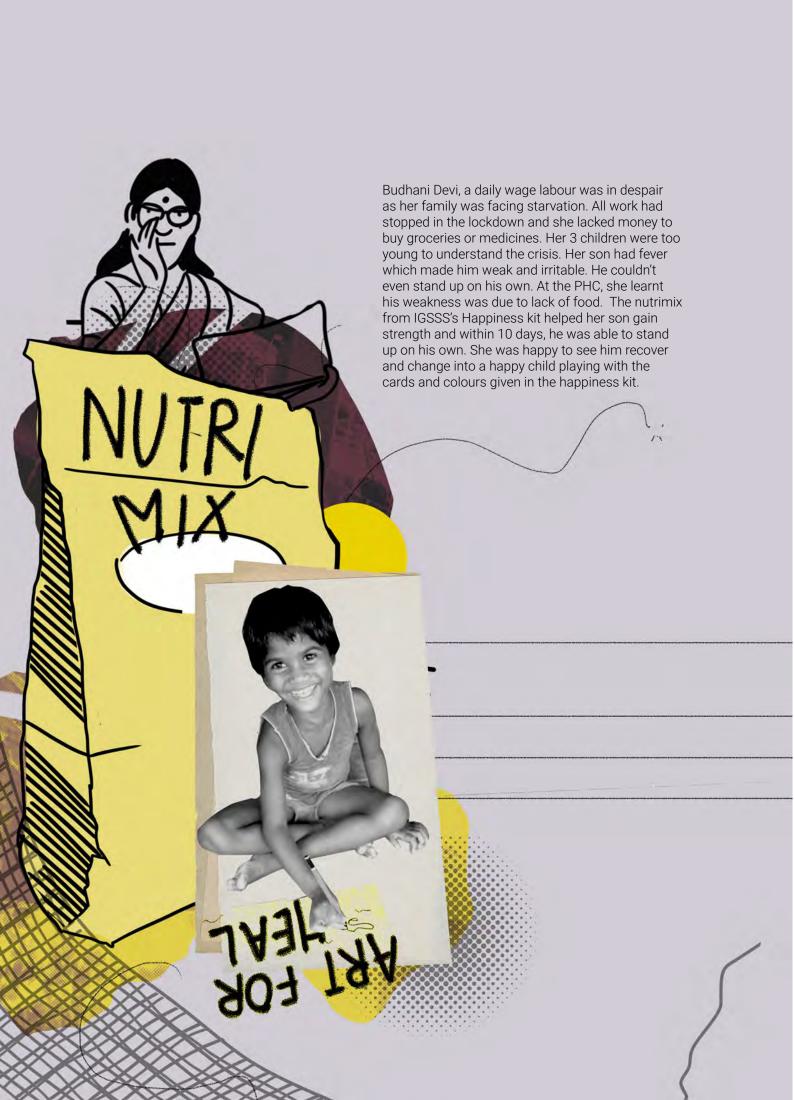
Meeru Murmu, Borio, Sahebganj, Jharkhand

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.











A TOTAL OF
47,386 HOUSEHOLDS
IN 15 STATES OF INDIA
WERE SUPPORTED
WITH SANITATION KITS



UNCONDITIONAL CASH GRANTS

RS. 22,78,000
WAS DISTRIBUTED AMONG
789 Families
IN 5 STATES OF INDIA



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.

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.



Public Health





OVERCOMING VACCINE HESITANCY:

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.

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.



NO ONE WILL BE TURNED AWAY

SMALL ISSUES NO LONGER A BIG PROBLEM IN VACCINATION

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.







UNLOCKING DOORS & MINDSET

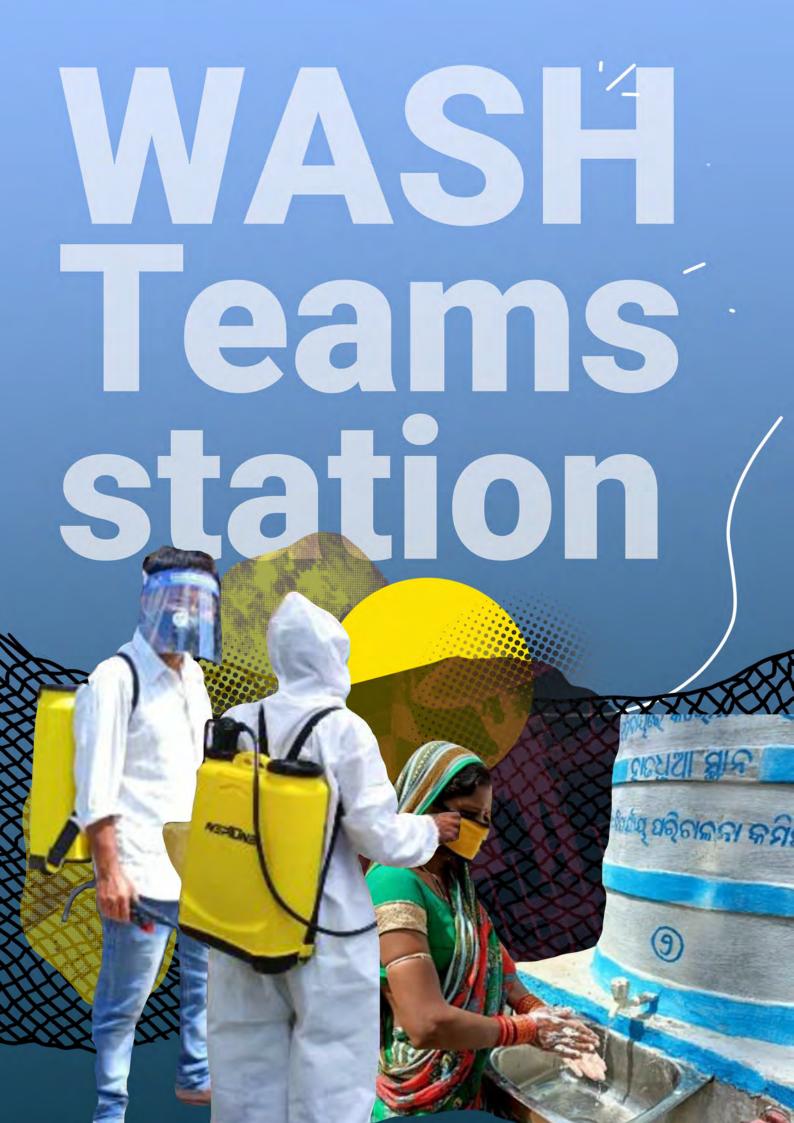
WATER SANITATION & HYGIENE

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.





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.

WE SUPPORTED PHC, CHC, COVID TESTING **CENTRES WITH** OXYGEN CONCENTRATORS, BP INSTRUMENT, NEBULISER MACHINE, BIPAP MACHINE, SEMI FOWLER BED, CANOPIES,

BED SIDE TABLE, APRON, BED

SHEET, PULSE OXIMETER

SURGICAL MASKS, PPE KITS, LONG GLOVES, TABLES. **MATTRESS, IV STAND FOR BED, RACK, INFRARED** THERMOMETER, DIGITAL THERMOMETER, REVOLVING **CHAIR, SHOE COVER, PLASTIC CHAIR, SANITISER, FACE SHIELD**

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



PSYCHOSOCIAL SUPPORT: THE HEALING TOUCH

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.

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.

1,027
calls out of which there were
37
INTERNATIONAL CALLS

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.





Livelihood Support



CASH GRANT (BEYOND FOOD & SANITATION)

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.



CONDITIONAL CASH GRANT

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.

38 year old Sunita Devi, Chhatarpur,

husband's death due to COVID. He

was a migrant worker. She bought

knows stitching, Sunita is hopeful

MP went into depression at her

a tailoring machine. Since she

to be able to take care of her

children from the income.

Krushna Pradhan. Haridamula, Ganjam lost his job in lockdown. Now he has his own

electric binding shop at home.

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

> 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.

" 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 titching business

readymade garments, masala grinding machine, flour grinding machine, statue making, musical instruments, cobbler, photocopy centers, mobile repairing"



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

WE SUPPORTED FOR SEED SUPPORT

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.



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.





Entitlements



NOT (MERELY) A HELP DESK

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 sensistised 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.

टे भाकरण के लिए निकला जागरूकता

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 messgage to the community. The campaign covered 5000 community members.

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. 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.

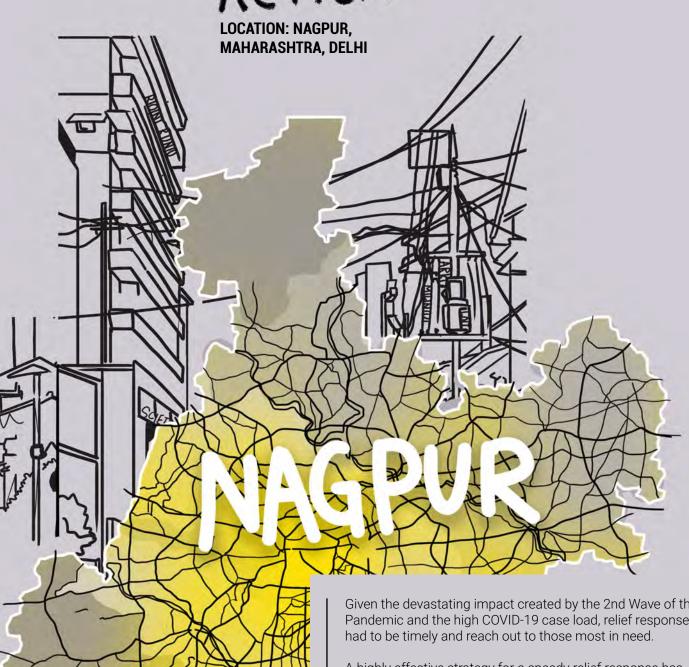
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Temporary Ration Card,
Health Card, MGNREGA
Job Card, Labour Card,
E-Shram Card, CM Bal Seva
Yojna, Garib Kalyan Yojna,
Mukhyamantri Sukanya
Yojana, PM Matru Vandana
Yojna, PM Awas Yojna Cash
Support of Rs. 1000 to Street
Vendors, Solar Street Lights,
Voter ID, Old Age Pension,
NRC referral.

Networking & Collaborations



FORGING COLLABORATION ACTION



Given the devastating impact created by the 2nd Wave of the Pandemic and the high COVID-19 case load, relief response

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.



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.





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**





"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

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.

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 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



COMMUNITY OWNED RELIEF RESPONSE

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 mitanins 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.

> 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

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 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



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, welcome change to the poor fare provided to the residents. Very soon, officials of the administration, SDM, Police Officers began buying vegetables officials of the farmers collectives. New Marketing avenues appeared. In the 2nd 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. 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





Research & Publication



The pandemic was unprecedented and everyday was a new learning. Along with relief response, IGSSS parallelly 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 I
- 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
 PandemicIndian 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



COULES from relief volunteers

CHANDRABHUSHAN

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



RESHMI, TAJ I



"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."

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."



SANGEETA MUTKURE, RAIPUR

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

94%

94% felt the assistance was given on time

98%

felt that the quality of the materials recieved was good 98.5%

reported staff behaviour was very good

96%

felt quantity of materials 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

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? Relook 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 quidelines 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-economiccultural 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

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- 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.

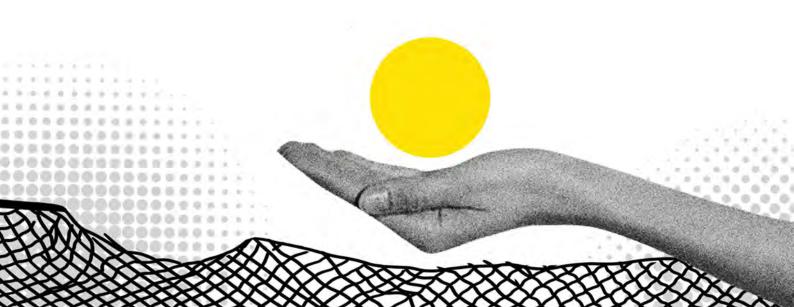
14. Accountability & Transparency

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







DRDA

IGSSS received the appreciation from DRDA Ganjam, Odisha



Councilor

Team of IGSSS volunteers were facilitated for their work during challenging situation of COVID 19



VANI

IGSSS case study featuredin the VANI's document in Global Standard, Accountability Practices and Indian CSOs in times of COVID



India Today Healthgiri Award 2020

IGSSS was nominated in top 5 best NGOs offering health care during COVID 19 for the special COVID healthgiri Award 2020



Dainik Jagran 2021

IGSSS received the Corona Yodha Samman for the special contribution during the times of COVID by Dainik Jagran



India Today Healthgiri Award 2021

IGSSS received Best NGO offering healthcare services during COVID 19.



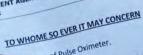


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India Today Healthgiri Awards: Indo-Global Social Service Society, New Delhi For Best NGO Combating Covid-19



कन्मा वात्म बत्रदाद व्यात्वा. क्रम्भातः क्षव्यव्य DISTRICT RURAL DEVELOPMENT AGENCY GANJAM : CHATRAPUR TO WHOM



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donors & partners Thank you!

ABBREVIATIONS	
AVA/O	
AWC	: Anganwadi Centre
: CBO	Community Based Organization
CHC	Community Health Centre
CHS	Core Humanitarian Standard
COVID-19	Corona Virus Disease 2019
CSO	Civil Society Organisation
DMHP	District Mental Health Program
DRR	Disaster Risk Reduction
DRDA	District Rural Development Agency
E-Rickshaws	Electric rickshaws (also known as
	electric tuk-tuks or e-rickshaws or toto or e-tricycles)
E-Shram	A portal for the welfare of Workers
: L-Siliaili	under Ministry of Labour &
	Employment India
GMR	Grandhi Mallikarjuna Rao Founda-
	tion
HIV	Human Immunodeficiency Virus
HHs	Households
ICDS	Integrated Child Development
	Scheme
IEC	Information Education Communication
IGSSS	Indo- Global Social Service Society
: LEARN	Labour Education and Research
LLAIN	: Network
MGNREGA	: : Mahatma Gandhi National Rural
	Employment Guarantee Act
MP	Madhya Pradesh
NFI	Non-Food Item
NGO	Non-government organisation
NMC	National Medical Commission
NO.	Number
NRC	Nutrition Rehabilitation Centre
NSB	Nilachala Seva Pratisthana
OCD	Obsessive Compulsive Disorder
OTP	One Time Password
PDM	Post Distribution Monitoring
PDS	Public Distribution System
PHC	Primary Health Centre
PPE	Personal Protective Equipment

PWD	Person with Disability
SDM	Sub Divisional Magistrate
SHG	Self Help Group
SRI	System of Rice Intensification
UT	Union Territory
WASH	Water, Sanitation and Hygiene
WPC	Women Peace Committee
WSHG	Women Self Help Group

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COMMON INDIAN TERMS		
Arhar	Types of pulses	
Basti	Urban Settlement	
Bhindi	Ladies finger	
Bigha	a measure of land area varying locally from 1/3 to 1 acre	
Chikki	Peanut jaggery biscuit	
Daliah	Porridge	
Dhania	Coriander	
Jhurga	Types of pulses	
Kan Safai Wala	Traditional profession of ear cleaning	
Karela	Bitter gourd	
Kothi	Transgenders living in family home but excluded	
Laal Bhaji	Red spinach	
Lauki	Bottle gourd	
Mahajan	Money lender	
Makka	Maize	
Methi	Fenugreek	
Moong	Types of pulses	
Naamghars	Places of worship	
PVTG	Particularly Vulnerable Tribal Group	
Sattu	Flour made from a mixture of roasted and ground pulses and cereals.	
Tinali	Cross roads; Intersection of 3 roads	



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