Response of a non-governmental organisation to COVID-19

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Abstract:

The COVID-19 pandemic has had a global impact with local or national lockdowns imposed in 172 countries. Morbidity and mortality due to the virus has seriously damaged both the health of populations and the economy. Government and non-governmental agencies (NGOs) have been hard pressed to respond meaningfully in the global crisis, the likes of which have not been experienced in recent times. A disability and development organization in India, a branch of a global non-governmental organization, reflects on the challenges and lessons learnt in responding to the crisis. The need to be alert, responsive, and consultative is highlighted.

Key words: COVID-19, leadership, partnership, expertise, inclusion, response, agility

Introduction

COVID-19 has had a global impact on health, with nearly 20 million cases and 732,000 deaths worldwide at the time of writing and equal or greater devastation on economies. The numbers are continuing to rise. In India, currently there are 2.2 million cases and 44,300 deaths in the second week of August. Globally, unemployment is expected to rise to the highest level since 1965.[1] Unemployment rose in India from an average of 6–8% in the months before the pandemic to 24% in May 2020.[2] Organizations may have learnt lessons from past responses to emergencies, but the scale and breadth of the impact have no precedent in recent history. A hundred years ago, after the 1918 influenza pandemic, the issue of disease prevention in a "mass society . . . connected by new forms of public education, transportation, and amusement"[3] was recognized. These issues are exacerbated today, with an even larger "mass society"; international and within country travel, sporting, and cultural events are much more accessible and large numbers participate with the potential to spread infections across continents. Along with this, there is easy access to information. Information technology and modern communication give access to up-to-date information from remote locations. It also brings the failures of appropriate response, of both government and non-governmental organisations, to the public domain. Public expectations of quick, appropriate action from those in authority has also increased.

COVID-19 came at a time when non-governmental organizations (NGOs) in India were facing other challenges with governance and the economy. The growing Indian economy, with a GDP growth rate in 2018 of 6.8%,[4] made India a low priority area for donors. For example, the UNESCO report highlights the decrease in aid to India in the field of education in 2019.[5] However, while the GDP was growing, inequality was increasing. India is among the countries with the highest inequality in the world, with the top 1% having 67% of the country's wealth.[6] The GDP growth did not improve the quality of lives of the majority who were poor. India has nearly 120 million people living on less than $1.90 a day.[7] India ranks 129 on the UN Human Development Index of 2019.[8] The need for NGO assistance was great but NGOs found their funding curtailed and resources shrinking.

Another reality confronting voluntary organisations was the shrinking of the space for NGOs with increasing government restriction and regulations. This changed a little with the pandemic. When the lockdown crisis started, the government reached out to NGOs and asked for their help. Most NGOs responded positively, some more than others. What made some organizations quicker and more active than others? What helped make a response relevant? The Indian branch of an international disability and development organization reflects on its own response and that of its partners. The lessons learned may help us and others to respond better with less disruption in a potential second rural wave of the pandemic or in a new crisis.[9]

CBM India works in the disability and development sector. With a Christian heritage and Christian values, we work with a nationwide network of both faith-based and secular partner organizations, including community-based organizations, major Christian medical teaching institutions, educational institutions, and specialist hospitals. These partners have different mandates, skills, capacities, and sizes. Our challenge was keeping our mandate of inclusion of people with disabilities in mind to respond in a relevant way. We had to work through our networks in very dynamic situations, disparate needs, and geographical locations.

Insights and Lessons

Alertness and preparedness

India went into lockdown on 24 March 2020. CBM in India anticipated this by late February and took measures to safeguard our staff while continuing to work. Our medical/public health experts, who were part of the team, helped to disentangle relevant and correct information from the mass of circulating information and make early decisions. In early March, we stopped people with disabilities who were using public transport from attending the office (about 18% of our staff are people with disabilities). Staff members whose homes/families were in different cities were supported to travel home before lockdown started. Staff were asked to ensure they carried laptops home each day and laptops were configured for remote server access so they could work from home. When the lockdown in India was declared with a four-hour notice, our staff were prepared.

Financial readiness

March 31st is the end of the Indian financial year, and a large number of transactions needed to be completed, and books of accounts closed soon after the lockdown. Year-end financial transactions were expedited before lockdown occurred. Access to online banking was already in place, but the transaction limit had to be increased. Good banking relationships and financial standing helped increase banking limits and enabled financial transactions to continue smoothly. Controls were set in place. The systems and processes were first documented and

then shared with partners. A digital financial competency mapping and improvement plan was made with the support of our financial advisor. This was then documented, and a workshop was held to allow partners to benefit. This is being written up for circulation to others.

Responsiveness

The issues we then needed to respond to were different from those upon which we regularly work.

The first issue in India was that of the migrant workers who had come from remote villages of faraway states to large cities in search of work and were engaged usually in low paying manual work like in the construction industry. When the lockdown started, these workers in the informal sector were without work, without wages, and away from home. An estimated 6 million people were trying to return to their homes to distant states. Most modes of transport had been suspended. Many had to walk all the way. People with disabilities were specially disadvantaged. They could not even access the free food being distributed. The lockdown of schools meant children with disabilities had no access to their usual rehabilitation or the nutritious mid-day meal.

It immediately became evident to us that among our partners, the readiness to respond was not related to the size of an organization. Some organizations saw the distress around them, managed to get the necessary permissions to move in the lockdown, and responded. While their regular activities were health services, eye care services, or education, we found both faith-based and secular organizations responded from the heart. Seeing people walking down the highways drove them to provide food and water and open their premises to those who had no place to shelter.

Internally too, this was observed among our own team. Some staff members immediately began to highlight the needs of our networks and areas for intervention. We learnt to start the work with those who were ready to work, and to push the boundaries of what we and our partners did.

Fostering engagement

Frequent discussions and sharing of what was being done internally helped the more remotely located team members engage and participate.

Sharing of experience between partners working on different mandate areas, such as education and health, inspired other organizations. An example was a virtual meeting in which organizations involved in inclusive education shared their experiences of teaching children during the lockdown. Some of this was very practical and down to earth: teachers guiding parents over the phone on the use of household items like lentils and rice to provide sensory stimulation for children with intellectual disability. Some appeared less realistic and said that all their children had access to good internet and zoom classrooms, despite being in remote rural locations. Such meetings allowed partners to learn from each other about how to provide services to their constituencies in spite of the lockdown.

Consultation

In all this, we were greatly helped by advice from other experts. We did not set ourselves as “the disability experts” but reached out for advice. Consulting others helped us make our responses relevant when we faced demands from both donors and implementing partners. Discussion with public health experts helped to refine our ideas. Our first thought was to provide accessible information and dry rations for people with disabilities during the lockdown. Advisors from the field suggested providing accessible hand-wash stations. We were flooded with requests for expensive personal protective equipment for eye hospitals. Public health specialists guided us as to the protective equipment needed by different health care providers according to their exposure risks.

Consultation with experts also enabled us to push our boundaries. We were keen not to bite off more than we could chew. We first declined funding of a corporate donor to set up an intensive care unit. However, later, we identified expertise in our networks to take up this project.

Leadership

It was important to have leaders and managers who cared about the poor and marginalized. They brought information to the organization about needs so that we could assess our potential to respond. Managers were passionate about finding resources for their areas of intervention.

Reading the news reports was often painful, but it was necessary to stay in touch with the situation. As Christians we felt it important to feel the pain of others and not distance ourselves from the situation.

It was important, though sometimes difficult, not to get hijacked by donor agendas, especially from large corporate organizations. The role of senior management was also to push the teams to do more, align opportunities with our mandate, take up new challenges, find new partners, and strengthen documentation and learning.

Discussion

Organizational agility is much valued in the corporate sector because of the need to exploit changes and convert them to opportunities for growth.[10] Haneberg defined agility as the efficiency with which organizations respond to continuous change by consistently adapting. In order to be agile, an organisation needs to be sensitive, with a heightened perception to minute changes in the environment which is brought to the attention of the leadership.[11] We too found that when people at different levels, from program officers to managers, had the opportunity to highlight needs and share information from our partner networks, this led to appropriate decision making and deployment of scarce resources. Whatsapp was a useful tool to quickly share ground situations.

Roundy *et al.* propose that agility allows some organizations to uncover entrepreneurial opportunities others do not find or do find much later.[12] They suggest that seeing change as an opportunity without immediately thinking about resources or capacities, helps in responding to significant disruptions.[13] We found that management could be sometimes entrepreneurial, thinking about opportunities to respond to, but at other times underestimated the capacities of the organization and its networks.

In a case study of an organization that deliberately set out to become an agile organization, Shafer *et al.* wrote of a three-pronged strategy of “initiate, adapt and deliver”.[14] Very few organizations consciously decide on developing such strategies. Conscious adoption of such policies in non–emergency situations or the chronic crises which NGOs are already facing may help in greater agility in emergency situations such as pandemics. Even for an organization where the workforce is dedicated and personally accountable for the organization’s success, being “comfortable with change as an essential feature of organizational life” will be a challenge, but essential in order to function effectively in crisis situations.[14]

Beyond agility, there is also a need for humanity. What helps build an organization with heart? In *Organizations with Soul* Hope Chigudu and Rudo Chigudu wrote, “Seeing and presence are key elements of being human . . . It means that you are conscious of what is going on within you and around you.”[15] Listening to people helps build an organization with a heart. In smaller organizations, a more junior person may be able to speak up about the realties around; in larger organizations, this voice may need to be nourished and fostered.

Stability and strong processes are essential attributes for good, quick decision making, a fact

that many may not recognize. In addition, team members at levels close to the field situation need to be empowered, not just for communication "upwards" in the hierarchy, but also for field level decision making with a clear mandate.[16] Financial readiness in some ways contributes to stability. Aaron De Smet noted that besides the ability to react quickly, a stable foundation in one's mission is needed.[17] Having systems and processes in place makes for that stable foundation.

CBM is an international Christian development organization, committed to improving the quality of life of people with disabilities in the poorest communities of the world. Valuing and accepting each person as Jesus values and accepts them, CBM seeks to change attitudes, practices, and policies that lead to marginalization, exclusion, and poverty because of disability and to strive for peace, justice, and dignity for each and every person. CBM India has worked in partnership to create an inclusive society for all irrespective of caste, creed, gender, and ethnicity for over 50 years. As the needs of the communities we work with change, we need to remain relevant and responsive in order to continue our witness of service. COVID has been the latest and perhaps the greatest of these challenges.

Conclusion

In summary, an organization needs to have heart, mind, and systems to respond in a relevant fashion to a situation such as the COVID-19 pandemic. Finally, there is also a need for humility. In the face of the huge humanitarian challenge in India, our inability to do more mirrors the helplessness of the most marginalized. We are aware that what we do is a drop in the ocean of need, two copper coins in the words of the biblical parable. We need to play our part but also to acknowledge the contribution of others.

We need to be prepared for the impending international economic collapse that is sure to follow, leaving huge swathes of people dependent on our agile humanitarian response.

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